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## *Approved Entities*

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**Waiver Number**                    **177**

**Primary Entity Name**            **Jungian Psychoanalytic Association**

**Primary Address**                *9 West 31st St #18B*                    **Primary Phone**            *(718) 374-5120*  
**Number**

*New York*                                    **Current Waiver Issued Beginning Period**  
   *NY*    *3/15/2012*  
   *10001-*                                        **Current Waiver Ending Period**  
**County**                                *New York*                                    *3/31/2015*

**Professional Services to be Offered by Qualified Individuals:**

<input type="checkbox"/> Licensed Master Social Work	<input type="checkbox"/> Licensed Marriage and Family Therapy	<input checked="" type="checkbox"/> Licensed Psychoanalysis
<input type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

**Additional Sites if any - with Certificate Number**

<b>Certificate Number</b>	<b>CW - 177 - 23</b>	<b>Jungian Psychanalytic Association</b>
<b>Certificate Number</b>	<b>CW - 177 - 22</b>	<b>Jungian Psychanalytic Association</b>