

---

## *Approved Entities*

---

**Waiver Number**                    **188**

**Primary Entity Name**            **Washington Square Institute for Psychotherapy & Mental Health**

**Primary Address**                *41-51 East 11th St*

**Primary Phone Number**        *(212) 477-2600*

*New York*

*NY*

*10003-*

**Current Waiver Issued Beginning Period**

*4/15/2015*

**Current Waiver Ending Period**

*4/30/2018*

**County**                            *New York*

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

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

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

**Certificate Number**

- -