Approved Entities

Waiver Number	**195**		
Primary Entity Name	**Institute for Psychoanalytic Training and Research**		
Primary Address	*140 West 97th St*	***Primary Phone Number***	*(212) 427-7070*
	New York		
	NY	***Current Waiver Issued Beginning Period***	
	10025-	*3/15/2012*	
		Current Waiver Ending Period	
County	*New york*	*3/31/2015*	

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☑ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☑ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 195 - 75** **Institute for Psychoanalytic Training and Research**