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## *Approved Entities*

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**Waiver Number**                    **205**

**Primary Entity Name**            **The Counseling Center Inc.**

**Primary Address**                *180 Pondfield Rd*

**Primary Phone**                *(914) 793-3388*  
**Number**

*Bronxville*

*NY*

*10708-*

**Current Waiver Issued Beginning Period**  
*11/1/2013*

**Current Waiver Ending Period**  
*10/31/2016*

**County**                            *Westchester*

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

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

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

**Certificate Number**

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