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## *Approved Entities*

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**Waiver Number**                    **242**

**Primary Entity Name**            **Greenwich Institute for Psychoanalytic Studies at Hamilton-Madison**

**Primary Address**                    *253 South Street, 3rd Fl*

**Primary Phone Number**            *(212) 720-4540*

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*4/15/2012*

*10002-*

**Current Waiver Ending Period**

**County**                                *New York*

*4/30/2015*

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

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

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

**Certificate Number**

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