

Approved Entities

Waiver Number **264**

Primary Entity Name **Training Institute of the National Psychological Association for Psychoanalysis**

Primary Address *40 West 13th St*

Primary Phone Number *(212) 924-7440*

New York

NY

10011-

Current Waiver Issued Beginning Period
3/31/2016

Current Waiver Ending Period
3/30/2019

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 Behavioral Analyst | <input type="checkbox"/> Certified Behavioral Analyst Assistant |

Additional Sites if any - with Certificate Number

Certificate Number

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