
Approved Entities

Waiver Number **362**

Primary Entity Name **Center for Modern Psychoanalytic Studies**

Primary Address *16 West 10th St*

Primary Phone Number *(212) 260-7050*

New York

Current Waiver Issued Beginning Period

NY

7/11/2012

10011-

Current Waiver Ending Period

County *New York*

7/10/2015

Professional Services to be Offered by Qualified Individuals:

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

Additional Sites if any - with Certificate Number

Certificate Number

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