Approved Entities

Waiver Number	**386**		
Primary Entity Name	**Peninsula Counseling Center Inc**		
Primary Address	*50 West Hawthorne Ave* *Valley Stream* *NY* *11580-*	***Primary Phone Number***	*(516) 569-6600*
		Current Waiver Issued Beginning Period	*4/15/2012*
		Current Waiver Ending Period	*4/30/2015*
County	*Nassau*		

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	- -