

---

## *Approved Entities*

---

**Waiver Number**                    **403**

**Primary Entity Name**            **New York School for Psychoanalytic Psychotherapy and Psychoanalysis**

**Primary Address**                *200 West 57th St # 1307*

**Primary Phone**                *(212) 245-7045*  
**Number**

*New York*

*NY*

*10019-*

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

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

**County**                            *New York*

**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 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		

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

**Certificate Number**

- -