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## *Approved Entities*

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**Waiver Number**                    **433**

**Primary Entity Name**            **E.N.A.C.T. Inc.**

**Primary Address**                *630 Ninth Avenue, Ste 301*  
*New York*  
*NY*  
*10036-*

**Primary Phone Number**        *(212) 741-6591*

**Current Waiver Issued Beginning Period**  
*5/10/2015*

**Current Waiver Ending Period**  
*5/9/2018*

**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		

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

**Certificate Number**

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