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## *Approved Entities*

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**Waiver Number**                    **491**

**Primary Entity Name**            **Board of National Missions of the Presbyterian Church Inc.**

**Primary Address**                *475 Riverside Drive, Suite 140*

**Primary Phone**                *(212) 870-2966*  
**Number**

*New York*

*NY*

*10115-*

**Current Waiver Issued Beginning Period**  
*3/15/2015*

**Current Waiver Ending Period**  
*3/31/2018*

**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 type="checkbox"/> Licensed Creative Arts Therapy       | <input type="checkbox"/> Psychology                             |
| <input 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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