

Approved Entities

Waiver Number **582**
Primary Entity Name **SKIP of New York, Inc.**
Primary Address *601 West 26 St.* **Primary Phone** *(212) 268-5999*
 Suite 502 **Number**
 New York
 NY **Current Waiver Issued Beginning Period**
 10001- *7/1/2012*
 Current Waiver Ending Period
County *New York* *6/30/2015*

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 type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input type="checkbox"/> Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	CW - 582 - 2141	SKIP of NY, Inc.
Certificate Number	CW - 582 - 2139	SKIP of NY, Inc