Approved Entities

Waiver Number	**588**		
Primary Entity Name	**Suffolk Institute for Psychotherapy and Psychoanalysis**		
Primary Address	*2188 Nesconset Highway* *Stony Brook* *NY* *11790-*	***Primary Phone Number***	*(631) 724-3414*
		Current Waiver Issued Beginning Period	*3/15/2012*
		Current Waiver Ending Period	*3/31/2015*
County	*Suffolk*		

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	- -