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## *Approved Entities*

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**Waiver Number**                    **588**

**Primary Entity Name**            **Suffolk Institute for Psychotherapy and Psychoanalysis**

**Primary Address**                *2188 Nesconset Highway*

**Primary Phone Number**        *(631) 724-3414*

*Stony Brook*

**Current Waiver Issued Beginning Period**

*NY*

*3/15/2012*

*11790-*

**Current Waiver Ending Period**

**County**

*Suffolk*

*3/31/2015*

**Professional Services to be Offered by Qualified Individuals:**

<input 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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