

## ***Approved Entities***

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***Waiver Number***                **603**

***Primary Entity Name***                **The Metropolitan Institute for Training in Psychoanalytic Psychotherapy**

***Primary Address***                *160 West 86th St*

***Primary Phone***                *(212) 496-2858*  
***Number***

*New York*

***Current Waiver Issued Beginning Period***

*NY*

*3/15/2012*

*10024-*

***Current Waiver Ending Period***

***County***                *New York*

*3/31/2015*

**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 checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" 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***

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