Approved Entities

Waiver Number	**703**		
Primary Entity Name	**Center for Family Representation Inc**		
Primary Address	*40 Worth St, Suite 605* *New York* *NY* *10013-*	***Primary Phone Number***	*(212) 691-0950* *223*
		Current Waiver Issued Beginning Period	*4/1/2015*
		Current Waiver Ending Period	*3/31/2018*
County	*New York*		

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	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 703 - 2673**	**Center for family Representation -Queens**
Certificate Number	**CW - 703 - 6006**	**Center for Family Represetation - Queens**