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## *Approved Entities*

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**Waiver Number**                    **801**

**Primary Entity Name**            **St. Johns University**

**Primary Address**                *8000 Utopia Parkway*

**Primary Phone Number**        *(718) 990-1611*

*Queens*

*NY*

*11439-*

**Current Waiver Issued Beginning Period**  
*5/10/2012*

**Current Waiver Ending Period**  
*5/9/2015*

**County**                            *Queens*

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

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

**Additional Sites if any - with Certificate Number**

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**Certificate Number**

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