

---

## *Approved Entities*

---

**Waiver Number**                    **930**

**Primary Entity Name**            **The Object Relations Institute for Psychotherapy and Psychoanalysis**

**Primary Address**                *75-15 187th Street*

**Primary Phone Number**        *(646) 522-1056*

*Fresh Meadows*

**Current Waiver Issued Beginning Period**

*NY*

*7/9/2015*

*11366-1725*

**Current Waiver Ending Period**

**County**                            *Queens*

*7/8/2018*

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

<input checked="" 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	<input checked="" type="checkbox"/> Licensed Behavior Analyst	<input checked="" type="checkbox"/> Certified Behavior Analyst Assistant

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

**Certificate Number**

- -