Approved Entities

Waiver Number	**972**		
Primary Entity Name	**Association of the Bar of the City of New York Fund Inc.**		
Primary Address	*42 West 44th Street*	***Primary Phone Number***	*(212) 382-6620*
	New York		
	NY	***Current Waiver Issued Beginning Period***	
	10036-	*4/1/2016*	
		Current Waiver Ending Period	
County	*New York*	*3/31/2019*	

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 Behavioral Analyst	☐ Certified Behavioral Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -