
Approved Entities

Waiver Number **104**

Primary Entity Name **Valley Consultant Services, LLC.**

Primary Address *4184 Route 9W*

Primary Phone Number *(845) 247-0941*

West Camp

Current Waiver Issued Beginning Period

NY

7/1/2016

12490-

Current Waiver Ending Period

County

Ulster

6/30/2019

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed_Applied_Behavior_Analyst

Certified_Behavior_Analyst_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

Additional Sites if any - with Certificate Number

Certificate Number