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## *Approved Entities*

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**Waiver Number**                    **108**

**Primary Entity Name**            **Cantalician Center for Learning, Inc.**

**Primary Address**                *2049 Georghe Urban Blvd.*

**Primary Phone Number**        *(716) 901-8700*

*Depew*

*NY*

*14043-*

**Current Waiver Issued Beginning Period**

*5/1/2016*

**Current Waiver Ending Period**

*4/30/2019*

**County**

*Erie*

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***

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**Certificate Number**

**JT - 108 - 119**

**Cantalician Center**