Approved Entities

Waiver Number	**117**
Primary Entity Name	**Adirondack Enrichment, A Speech Pathology, Occupational Therapy, Physical Ther**
Primary Address	*13 Locust Street* *Glens Falls* *NY* *12801-*
Primary Phone Number	*(518) 761-2025*
Current Waiver Issued Beginning Period	*7/1/2016*
Current Waiver Ending Period	*6/30/2019*
County	*Warren*

- [ ] LMSW
- [ ] CAT
- [x] Physical Therapy
- [ ] Nursing (RN or Nurse Practitioner)
- [x] LCSW
- [x] Psychology
- [x] Occupational Therapy
- [x] Medicine (Physician, Physician Asst., Specialist Asst.)
- [ ] Licensed_Applied_Behavior_Analyst
- [ ] Certified_Behavior_Analyst_Assistant
- [x] Audiology/Speech Lang.
- [ ] Mental Health Counseling
- [ ] Optometry
- [ ] Other:

Additional Sites if any - with Certificate Number

Certificate Number - -