Approved Entities

Waiver Number	**133**		
Primary Entity Name	**Elizabeth Pierce Olmsted MD, Center for the Visually Impaired**		
Primary Address	*700 Sweet Home Road*	***Primary Phone Number***	*(716) 836-7556*
	Amherst		
	NY	***Current Waiver Issued Beginning Period***	
	14226-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Erie*	*6/30/2016*	

☐ LMSW	☐ CAT	☑ Physical Therapy	☐ Nursing (RN or Nurse Practitioner)
☐ LCSW	☐ Psychology	☑ Occupational Therapy	☐ Medicine (Physician, Physician Asst., Specialist Asst.)
☐ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☑ Other: TVI

Additional Sites if any - with Certificate Number

Certificate Number	- -