
Approved Entities

Waiver Number **28**

Primary Entity Name **WCEED, Inc.**

Primary Address *503 Grasslands Road*
Suite 101
Valhalla
NY
10595-

Primary Phone *(914) 593-0593*
Number

Current Waiver Issued Beginning Period
7/1/2013

Current Waiver Ending Period
6/30/2016

County *Westchester*

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|---|--|--|---|
| <input checked="" type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input checked="" type="checkbox"/> LCSW | <input checked="" type="checkbox"/> Psychology | <input checked="" type="checkbox"/> Occupational Therapy | <input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Mental Health Counseling | <input type="checkbox"/> Optometry | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Other: <input type="text"/> |

Additional Sites if any - with Certificate Number

Certificate Number

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