Approved Entities

Waiver Number	**285**		
Primary Entity Name	**Supreme Evaluation, Inc.**		
Primary Address	*1579 McDonald Avenue*	***Primary Phone Number***	*(718) 375-1460*
	Brooklyn		
	NY	***Current Waiver Issued Beginning Period***	
	11230-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Kings*	*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:

Additional Sites if any - with Certificate Number

Certificate Number - -