Approved Entities

Waiver Number	**316**		
Primary Entity Name	**The Center for Discovery, Inc.**		
Primary Address	*Box 840*	***Primary Phone Number***	*(845) 707-8453*
	Harris		
	New York	***Current Waiver Issued Beginning Period***	
	12742-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Sullivan*	*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	- -