Approved Entities

Waiver Number	**316**		
Primary Entity Name	**The Center for Discovery, Inc.**		
Primary Address	*Box 840* *Harris* *New York* *12742-*	***Primary Phone Number***	*(845) 707-8453*
		Current Waiver Issued Beginning Period	*7/1/2013*
		Current Waiver Ending Period	*6/30/2016*
County	*Sullivan*		

☑ 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 - -