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## *Approved Entities*

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**Waiver Number**                    **336**

**Primary Entity Name**            **NYSARC, Inc. Fulton County Chapter d/b/a Lexington Center**

**Primary Address**                    *127 East State Street*

**Primary Phone Number**            *(518) 736-3932*

*Gloversville*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*12078-*

**Current Waiver Ending Period**

**County**

*Fulton*

*6/30/2019*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

**Additional Sites if any - with Certificate Number**

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**Certificate Number**

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