
Approved Entities

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

Certificate Number

- -