Approved Entities

Waiver Number	**417**		
Primary Entity Name	**Association for Metroarea Autistic Children, Inc. d/b/a AMAC**		
Primary Address	*25 West 17th Street*	***Primary Phone Number***	*(212) 645-5005*
	New York		
	New York	***Current Waiver Issued Beginning Period***	
	10011-	*7/1/2013*	
		Current Waiver Ending Period	
County	*New York*	*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: Psychiatry & Applied Behavior Analysis (ABA

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 417 - 478**	**AMAC Early Intervention Program**