Approved Entities

Waiver Number	**433**		
Primary Entity Name	**Cortland Regional Medical Center**		
Primary Address	*134 Homer Avenue*	***Primary Phone Number***	*(607) 756-3500*
	Cortland		
	New York	***Current Waiver Issued Beginning Period***	
	13045-	*7/1/2013*	
		Current Waiver Ending Period	
County	*Cortland*	*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 - -