

## Approved Entities

**Waiver Number**                    **456**

**Primary Entity Name**            **Achievement Center, Inc.**

**Primary Address**                 *413 N. Main Street*

**Primary Phone Number**         *(716) 488-2155*

*Jamestown*

*NY*

*14701-*

**Current Waiver Issued Beginning Period**  
*7/1/2013*

**Current Waiver Ending Period**  
*6/30/2016*

**County**                                 *Chautauqua*

<input checked="" type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

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

***Certificate Number***

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