# Approved Entities

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| ***Waiver Number*** | **79** | | |
| ***Primary Entity Name*** | **Association for the Visually Impaired** | | |
| ***Primary Address*** | *260 Old Nyack Turnpike* | ***Primary Phone Number*** | *(845) 574-4950* |
| | *Spring Valley* | | |
| | *NY* | ***Current Waiver Issued Beginning Period*** | |
| | *10977-* | *7/1/2013* | |
| | | ***Current Waiver Ending Period*** | |
| ***County*** | *Rockland* | *6/30/2016* | |

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|---|---|---|---|
| ☐ 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: Teachers of the Visually Impaired |

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

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|---|---|
| ***Certificate Number*** | - - |