
Approved Entities

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

10977-

Current Waiver Issued Beginning Period

11/10/2016

Current Waiver Ending Period

11/30/2019

County

Rockland

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