
Approved Entities

Waiver Number **1017**

Primary Entity Name **Selden Centereach Youth Association**

Primary Address *1515 Middle Country Road*

Primary Phone Number *(631) 732-2186*

Centereach

Current Waiver Issued Beginning Period

NY

7/18/2015

11720-

Current Waiver Ending Period

County

Suffolk

7/17/2018

Professional Services to be Offered by Qualified Individuals:

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Licensed Master Social Work | <input type="checkbox"/> Licensed Marriage and Family Therapy | <input type="checkbox"/> Licensed Psychoanalysis |
| <input checked="" type="checkbox"/> Licensed Clinical Social Work | <input type="checkbox"/> Licensed Creative Arts Therapy | <input type="checkbox"/> Psychology |
| <input checked="" type="checkbox"/> Licensed Mental Health Counseling | <input type="checkbox"/> Licensed Behavior Analyst | <input type="checkbox"/> Certified Behavior Analyst Assistant |

Additional Sites if any - with Certificate Number

Certificate Number

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