

# Approved Entities

**Waiver Number**                    **1034**

**Primary Entity Name**            **The Charlton School**

**Primary Address**                    *322 Lake Hill Road/ P.O. Box47*

**Primary Phone**                    *(518) 399-8182*  
**Number**

*Burnt Hills*

**Current Waiver Issued Beginning Period**  
*5/10/2012*

*NY*

*12027-*

**Current Waiver Ending Period**  
*5/9/2015*

**County**                                *Saratoga*

**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 checked="" type="checkbox"/> Psychology   |
| <input checked="" type="checkbox"/> Licensed Mental Health Counseling |   |  |

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

**Certificate Number**                    -                    -