
Approved Entities

Waiver Number **1043**

Primary Entity Name **The Way Back Inc.**

Primary Address *1401 Main Street*

Primary Phone *(631) 928-0202*
Number

Port Jefferson

Current Waiver Issued Beginning Period

NY

5/1/2012

11777-

Current Waiver Ending Period

County *Suffolk*

4/30/2015

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		

Additional Sites if any - with Certificate Number

Certificate Number

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