

# Approved Entities

**Waiver Number**                    **1043**

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

**Primary Address**                    *1401 Main Street*

**Primary Phone Number**            *(631) 928-0202*

*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**                    -   -