

---

## *Approved Entities*

---

**Waiver Number**                    **1069**

**Primary Entity Name**            **Ripley Central School**

**Primary Address**                    *12 North State Street P.O. Box 688*

**Primary Phone Number**            *(716) 736-2631*

*Ripley*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2012*

*14775-*

**Current Waiver Ending Period**

**County**

*Chautauqua*

*4/30/2015*

**Professional Services to be Offered by Qualified Individuals:**

<input 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 type="checkbox"/> Licensed Mental Health Counseling		

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

**Certificate Number**

- -