

---

## *Approved Entities*

---

**Waiver Number**                    **1110**

**Primary Entity Name**            **United Cerebral Palsy Association of Nassau County, Inc.**

**Primary Address**                    *380 Washington Avenue*

**Primary Phone Number**            *(516) 378-2000*

*Roosevelt*

**Current Waiver Issued Beginning Period**

*NY*

*7/18/2015*

*11575-*

**Current Waiver Ending Period**

**County**                                *Nassau*

*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 checked="" type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> Licensed Mental Health Counseling	<input checked="" type="checkbox"/> Licensed Behavior Analyst	<input checked="" type="checkbox"/> Certified Behavior Analyst Assistant

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

**Certificate Number**

- -