
Approved Entities

Waiver Number **1142**

Primary Entity Name **Alzheimer's Disease and Related Disorders Association Northeastern New dba Alzhe**

Primary Address *4 Pine West Plaza, Suite 405*

Primary Phone Number *(518) 867-4999*

Albany

NY

12205-

Current Waiver Issued Beginning Period
3/1/2014

Current Waiver Ending Period
2/28/2017

County *Albany*

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

Additional Sites if any - with Certificate Number

Certificate Number

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