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## *Approved Entities*

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**Waiver Number**                    **1167**

**Primary Entity Name**            **Victims Information Bureau of Suffolk Inc**

**Primary Address**                *20 Peachtree Court  
Suite 201  
Holbrook  
NY  
11741-*

**Primary Phone Number**        *(631) 360-3730*

**Current Waiver Issued Beginning Period**  
*4/1/2013*

**Current Waiver Ending Period**  
*3/31/2016*

**County**                            *Suffolk*

**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 checked="" type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" 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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