
Approved Entities

Waiver Number **1185**

Primary Entity Name **Empowering Minds Therapy Inc**

Primary Address *38 Buckingham Drive*

Primary Phone Number *(631) 738-0310*

Holbrook

Current Waiver Issued Beginning Period

NY

5/1/2015

11741-

Current Waiver Ending Period

County *Suffolk*

4/30/2018

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

Additional Sites if any - with Certificate Number

Certificate Number

- -