
Approved Entities

Waiver Number **1238**

Primary Entity Name **Epilepsy Society of Southern New York Inc**

Primary Address *450 West Nyack Road*
Suite 9
West Nyack
NY
10994-

Primary Phone *(845) 627-0627*
Number

Current Waiver Issued Beginning Period
7/1/2012

Current Waiver Ending Period
6/30/2015

County *Rockland*

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 checked="" 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

CW - 1238 - 4729

Epilepsy Society of Southern New York Inc