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## *Approved Entities*

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**Waiver Number**                    **1444**

**Primary Entity Name**            **Master Faster, Inc.**

**Primary Address**                *3 Lemberg Court*  
*Suite 001*  
*Monroe*  
*New York*  
*10950-*

**Primary Phone**                *(845) 477-5130*  
**Number**

**Current Waiver Issued Beginning Period**  
*8/1/2015*

**Current Waiver Ending Period**  
*7/31/2018*

**County**                            *Orange*

**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**

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