
Approved Entities

Waiver Number **397**

Primary Entity Name **Alzheimers Disease and Related Disorders New York City Inc. DBA Alzheimers Ass**

Primary Address *360 Lexington Ave 4th Fl* **Primary Phone** *(646) 744-2900*
Number

New York **Current Waiver Issued Beginning Period**
 NY *6/1/2015*
 10017- **Current Waiver Ending Period**
County *New York* *5/31/2018*

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 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 *- -*