
Approved Entities

Waiver Number **459**

Primary Entity Name **Epilepsy Association of Western New York Inc.**

Primary Address *339 Elmwood Ave*

Primary Phone Number *(716) 883-5396*

Buffalo

Current Waiver Issued Beginning Period

NY

4/15/2015

14222-

Current Waiver Ending Period

County

Erie

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 type="checkbox"/> Psychology
<input checked="" 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

- -