

Approved Entities

Waiver Number **592**

Primary Entity Name **AIDS Council of Northeastern New York**

Primary Address *927 Broadway*

Primary Phone *(518) 434-4686*
Number

Albany

Current Waiver Issued Beginning Period

NY

4/1/2013

12207-

Current Waiver Ending Period

County

Albany

3/31/2016

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		

Additional Sites if any - with Certificate Number

Certificate Number	CW - 592 - 2160	Hudson Office
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Certificate Number	CW - 592 - 2158	Hudson Falls Office
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Certificate Number

CW - 592 - 2156

Plattsburgh Regional Office

Certificate Number

CW - 592 - 2154

Schenectady Office