
Approved Entities

Waiver Number **630**

Primary Entity Name **Sponsors for Educational Opportunity, Inc**

Primary Address *55 Exchange Place* **Primary Phone** *(646) 435-9580*
New York **Number**

NY **Current Waiver Issued Beginning Period**
10005- *7/30/2015*

County *New York* **Current Waiver Ending Period**
New York *7/29/2018*

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 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

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