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## *Approved Entities*

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**Waiver Number**                      **647**

**Primary Entity Name**              **Epilepsy Foundation of Rochester Syracuse Binghamton**

**Primary Address**                    *1650 South Avenue*                      **Primary Phone**              *(585) 442-4430*  
*Suite 300*                                      **Number**

*Rochester*                                      **Current Waiver Issued Beginning Period**  
*NY*    *5/10/2012*  
*14620-*    **Current Waiver Ending Period**

**County**                                  *Monroe*                                      *5/9/2015*

**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**

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