Approved Entities

Waiver Number	**647**		
Primary Entity Name	**Epilepsy Foundation of Rochester Syracuse Binghamton**		
Primary Address	*1650 South Avenue* *Suite 300* *Rochester* *NY* *14620-*	***Primary Phone Number***	*(585) 442-4430*
		Current Waiver Issued Beginning Period	*5/10/2012*
		Current Waiver Ending Period	*5/9/2015*
County	*Monroe*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☐ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☐ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	- -