
Approved Entities

Waiver Number **651**

Primary Entity Name **Alzheimer's Foundation of America Inc**

Primary Address *322 Eighth Avenue
7th Floor
New York
NY
10001-*

Primary Phone Number *(866) 232-8484*

Current Waiver Issued Beginning Period
5/10/2015

Current Waiver Ending Period
5/9/2018

County *New York*

Professional Services to be Offered by Qualified Individuals:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input checked="" 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

- -
