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## *Approved Entities*

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**Waiver Number**                    **680**

**Primary Entity Name**            **Southern Tier Independence Center Inc.**

**Primary Address**                *135 East Frederick Street*

**Primary Phone**                *(607) 724-2111*  
**Number**

*Binghamton*

*NY*

*13904-*

**Current Waiver Issued Beginning Period**  
*4/15/2012*

**Current Waiver Ending Period**  
*4/30/2015*

**County**                            *Broome*

**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**

<b>Certificate Number</b>	<b>CW - 680 - 2610</b>	<b>Traumatic Brain Injury Neurobehavioral Resource Project</b>
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