Approved Entities

Waiver Number	**750**		
Primary Entity Name	**East End Gay Organization**		
Primary Address	*34 Park Ave*	***Primary Phone Number***	*(631) 665-2300*
	Bay Shore		
	NY	***Current Waiver Issued Beginning Period***	
	11706-	*5/10/2012*	
		Current Waiver Ending Period	
County	*Suffolk*	*5/9/2015*	

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	- -