Approved Entities

Waiver Number	**769**		
Primary Entity Name	**Accelerated Childhood Education**		
Primary Address	*382 Main St* *Port washington* *NY* *11050-*	***Primary Phone Number***	*(516) 767-7216*
		Current Waiver Issued Beginning Period	*5/10/2015*
		Current Waiver Ending Period	*5/9/2018*
County	*Nassau*		

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	☐ Licensed Behavior Analyst	☐ Certified Behavior Analyst Assistant

Additional Sites if any - with Certificate Number

Certificate Number	- -