Approved Entities

Waiver Number	**814**		
Primary Entity Name	**National Association for the Dually Diagnosed**		
Primary Address	*132 Fair St.*	***Primary Phone Number***	*(845) 331-4336*
	Kingston		
	NY	***Current Waiver Issued Beginning Period***	
	12401-	*3/15/2012*	
		Current Waiver Ending Period	
County	*Ulster*	*3/31/2015*	

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	- -