Approved Entities

Waiver Number	**864**		
Primary Entity Name	**The ALS Association Greater New York Chapter**		
Primary Address	*42 Broadway Street*	***Primary Phone Number***	*(212) 619-1400*
	New York		
	NY	***Current Waiver Issued Beginning Period***	
	10004-	*11/1/2013*	
		Current Waiver Ending Period	
County	*New York*	*10/31/2016*	

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	**CW - 864 - 3312** **ALS Comprehensive Care Center**