Approved Entities

Waiver Number	**867**		
Primary Entity Name	**Fulton County Chapter NYSARC Inc.**		
Primary Address	*465 North Perry Street*	***Primary Phone Number***	*(518) 762-0024*
	Johnstown		
	NY	***Current Waiver Issued Beginning Period***	
	12095-	*5/10/2012*	
		Current Waiver Ending Period	
County	*Fulton*	*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	**CW - 867 - 3314**	**Oppenheim Day Hab**
Certificate Number	**CW - 867 - 3313**	**Gloversville Day Hab**