Approved Entities

Waiver Number	**883**		
Primary Entity Name	**John A. Coleman School**		
Primary Address	*300 Corporate Blvd. South* *Yonkers* *NY* *10701-*	***Primary Phone Number***	*(914) 294-6171*
		Current Waiver Issued Beginning Period	*4/1/2015*
		Current Waiver Ending Period	*3/31/2018*
County	*New York*		

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	**CW - 883 - 5328 John A. Coleman School**
Certificate Number	**CW - 883 - 3460 John A. Coleman School**