Approved Entities

Waiver Number	**898**		
Primary Entity Name	**Cancer Action**		
Primary Address	*255 Alexander Street*	***Primary Phone Number***	*(585) 423-9700*
	Rochester		
	NY	***Current Waiver Issued Beginning Period***	
	14607-	*4/1/2015*	
		Current Waiver Ending Period	
County	*Monroe*	*3/31/2018*	

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	- -