Approved Entities

Waiver Number	**100**		
Primary Entity Name	**Commack Speech & Language Disorders, PLLC**		
Primary Address	*145 Commack Rd- LL*	***Primary Phone Number***	*(631) 499-5360*
	Commack		
	New York	***Current Waiver Issued Beginning Period***	
	11725-	*5/1/2013*	
		Current Waiver Ending Period	
County	*Suffolk*	*4/30/2016*	

☐ LMSW	☐ CAT	☑ Physical Therapy	☐ Nursing (RN or Nurse Practitioner)
☐ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☐ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number **-** **-**