
Approved Entities

Waiver Number **111**
Primary Entity Name **Therapeutic Resources Physical, Occupational and Speech Therapy Services, LLP**
Primary Address *36-36 3rd Street* **Primary Phone Number** *(212) 529-9780*
Long Island City
NY **Current Waiver Issued Beginning Period**
11106- *5/1/2016*
County *Queens* **Current Waiver Ending Period**
4/30/2019

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|--|---|---|--|
| <input checked="" type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input checked="" type="checkbox"/> LCSW | <input type="checkbox"/> Psychology | <input checked="" type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: | <input style="width: 250px; border: 1px solid black;" type="text"/> | |

Additional Sites if any - with Certificate Number

Certificate Number

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