Approved Entities

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

- [x] LMSW
- [x] LCSW
- [ ] Licensed_Applied_Behavior_Analyst
- [ ] Optometry
- [ ] CAT
- [ ] Psychology
- [ ] Certified_Behavior_Analyst_Assistant
- [ ] Other:
- [x] Physical Therapy
- [x] Occupational Therapy
- [x] Audiology/Speech Lang.
- [ ] Nursing (RN or Nurse Practitioner)
- [ ] Medicine (Physician, Physician Asst., Specialist Asst.)
- [ ] Mental Health Counseling

Additional Sites if any - with Certificate Number

Certificate Number - -