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## *Approved Entities*

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**Waiver Number**                    **114**

**Primary Entity Name**            **OT, and Educational Services, PLLC**

**Primary Address**                *966 Manor Road*

**Primary Phone Number**        *(718) 982-7904*

*Staten Island*

**Current Waiver Issued Beginning Period**

*NY*

*5/1/2016*

*10314-*

**Current Waiver Ending Period**

**County**

*Richmond*

*4/30/2019*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

**Additional Sites if any - with Certificate Number**

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**Certificate Number**

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