

---

## *Approved Entities*

---

**Waiver Number**                    **130**

**Primary Entity Name**            **The Network for Children's Speech, Occupational, & Physical Therapy, LLC**

**Primary Address**                    *171 Intrepid Lane*

**Primary Phone Number**            *(315) 437-4689*

*Syracuse*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*13205-*

**Current Waiver Ending Period**

**County**

*Onondaga*

*6/30/2019*

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**

---

**Certificate Number**

**JT - 130 - 155**

**Children's Therapy Network**