

Approved Entities

Waiver Number **149**

Primary Entity Name **New York Therapy Placemant Services, Inc.**

Primary Address *500 BI County Blvd.
Suite 450
Farmingdale
NY
11735-*

Primary Phone Number *(516) 753-6507*

Current Waiver Issued Beginning Period
5/1/2016

Current Waiver Ending Period
4/30/2021

County *Suffolk*

- | | | | |
|--|---|--|--|
| <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 checked="" 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 checked="" type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

JT - 149 - 205 4410/EI

Certificate Number

JT - 149 - 202 4410

Certificate Number

JT - 149 - 204 4410/EI

Certificate Number

JT - 149 - 203 4410/EI