
Approved Entities

Waiver Number **15**

Primary Entity Name **Carolyn M. Machonis, O.T., PLLC**

Primary Address *534 Route 6*

Primary Phone Number *(914) 419-5267*

Mahopac

Current Waiver Issued Beginning Period

NY

7/1/2016

12533-

Current Waiver Ending Period

County

Putnam

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