## Approved Entities

<table>
<thead>
<tr>
<th>Waiver Number</th>
<th>153</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Entity Name</strong></td>
<td>Connections Family-Centered Speech and Language Therapy, PLLC</td>
</tr>
<tr>
<td><strong>Primary Address</strong></td>
<td>1744 West Genesee Street</td>
</tr>
<tr>
<td><strong>Primary Phone Number</strong></td>
<td>(315) 468-3414</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>Onondaga</td>
</tr>
<tr>
<td><strong>Certificate Number</strong></td>
<td>- -</td>
</tr>
</tbody>
</table>

### Current Waiver Issued Beginning Period

**NY** 7/1/2016

### Current Waiver Ending Period

13204- 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