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## *Approved Entities*

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**Waiver Number**                    **186**

**Primary Entity Name**            **Interactive Therapy Group Consultants, Inc.**

**Primary Address**                *19 West 21st Street*  
*Suite 701*  
*New York*  
*NY*  
*10010-*

**Primary Phone**                *(646) 230-8190*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/1/2016*

**Current Waiver Ending Period**  
*6/30/2019*

**County**                            *New York*

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|---|--|--|--|
| <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 checked="" type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input checked="" 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"/>                     |  |  |

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

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**Certificate Number**

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