Approved Entities

Waiver Number	**203**		
Primary Entity Name	**St. Joseph's School for the Deaf**		
Primary Address	*1000 Hutchinson River Parkway*	***Primary Phone Number***	*(718) 828-9000*
	Bronx		
	New York	***Current Waiver Issued Beginning Period***	
	10465-	*7/1/2013*	
		Current Waiver Ending Period	
County	*New York*	*6/30/2016*	

☑ LMSW	☐ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☐ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☐ Mental Health Counseling	☑ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number - -