Approved Entities

Waiver Number	**206**		
Primary Entity Name	**Communication Remediation Speech and Language Center, LLC**		
Primary Address	*2171 Jericho Tpke #340* *Commack* *New York* *11725-*	***Primary Phone Number***	*(631) 499-5595*
		Current Waiver Issued Beginning Period	*7/1/2013*
		Current Waiver Ending Period	*6/30/2016*
County	*Suffolk*		

☐ 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: Education

Additional Sites if any - with Certificate Number

Certificate Number	**-** **-**