Approved Entities

Waiver Number	**231**		
Primary Entity Name	**Achievement Therapies, LLC**		
Primary Address	*PO Box 878* *Shoreham* *New York* *11786-*	***Primary Phone Number***	*(631) 228-4828*
		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: Special Educater/Vision Teacher

Additional Sites if any - with Certificate Number

Certificate Number	- -