# Approved Entities

**Waiver Number**  231  
**Primary Entity Name**  Achievement Therapies, LLC  
**Primary Address**  PO Box 878  
**Primary Phone Number**  (631) 228-4828  
**Shoreham**  
**New York**  
**11786**  
**County**  Suffolk  
**Current Waiver Issued Beginning Period**  7/1/2013  
**Current Waiver Ending Period**  6/30/2016

<table>
<thead>
<tr>
<th>LMSW</th>
<th>CAT</th>
<th>Physical Therapy</th>
<th>Nursing (RN or Nurse Practitioner)</th>
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<tr>
<td>LCSW</td>
<td>✔</td>
<td>✔</td>
<td>Medicine (Physician, Physician Asst., Specialist Asst.)</td>
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<td>✔</td>
<td>✔</td>
<td>Other: Special Educater/Vision Teacher</td>
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**Mental Health Counseling**  
**Optometry**  
**Audiology/Speech Lang.**  
**Other:** Special Educater/Vision Teacher

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

**Certificate Number**  -  -