
Approved Entities

Waiver Number **235**

Primary Entity Name **Western New York Speech-Language Pathology, OT and PT Consultants, PLLC**

Primary Address *590 Fishers Station Drive*
Suite 130
Victor
NY
14564-

Primary Phone *(585) 924-7207*
Number

Current Waiver Issued Beginning Period
5/1/2016

Current Waiver Ending Period
4/30/2019

County *Ontario*

- | | | | |
|--|---|--|--|
| <input 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 type="checkbox"/> Psychology | <input checked="" type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

JT - 235 - 315

**Western New York Speech-Language Pathology, OT
and PT Consultants, PLLC**