

## Approved Entities

**Waiver Number**                    **251**  
**Primary Entity Name**            **First Step Therapy (OT,SLP & PT) PLLC**  
**Primary Address**                *2583 Ocean Avenue*                    **Primary Phone**            *(718) 332-0080*  
    *Lower Level*                                **Number**  
    *Brooklyn*  
    *New York*                                    **Current Waiver Issued Beginning Period**  
    *11229-*                                        *7/1/2013*  
  
**County**                                *Kings*                                        **Current Waiver Ending Period**  
       *6/30/2016*

<input type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

### Additional Sites if any - with Certificate Number

**Certificate Number**