
Approved Entities

Waiver Number **26**

Primary Entity Name **Our P.L.A.C.E. School, Inc**

Primary Address *329 Norway Avenue*

Primary Phone Number *(718) 987-9400*

Staten Island

Current Waiver Issued Beginning Period

NY

5/1/2013

10305-

Current Waiver Ending Period

County *Richmond*

4/30/2016

<input checked="" type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input checked="" type="checkbox"/> Physical Therapy	<input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input checked="" type="checkbox"/> Psychology	<input checked="" type="checkbox"/> Occupational Therapy	<input 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

- -
