

## Approved Entities

**Waiver Number**                    **262**

**Primary Entity Name**            **School for Language & Communication Development**

**Primary Address**                *100 Glen Cove Avenue*

**Primary Phone Number**        *(516) 609-2000*

*Glen Cove*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*11542-*

**Current Waiver Ending Period**

**County**

*Nassau*

*6/30/2019*

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input checked="" 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"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input checked="" 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 - 262 - 344**

**SLCD Middle School**

**Certificate Number**

**JT - 262 - 343**

**SLCD High School**

