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## *Approved Entities*

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**Waiver Number**                    **266**

**Primary Entity Name**            **NYSARC Inc. Rockland County Chapter d/b/a Prime Time for Kids**

**Primary Address**                *25 Hemlock Drive*

**Primary Phone Number**        *(845) 267-2500*

*Congers*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*10920-*

**Current Waiver Ending Period**

**County**

*Rockland*

*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"/>          |  |  |

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

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**Certificate Number**

**JT - 266 - 345**

**Prime Time For Kids**