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## *Approved Entities*

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**Waiver Number**                    **27**

**Primary Entity Name**            **Hallen Center for Education**

**Primary Address**                *97 Centre Avenue*

**Primary Phone**                *(914) 636-6600*

**Number**                            *3033*

*New Rochelle*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*10801-*

**Current Waiver Ending Period**

**County**

*Westchester*

*6/30/2019*

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|--|---|--|--|
| <input checked="" type="checkbox"/> LMSW                   | <input type="checkbox"/> CAT                                  | <input type="checkbox"/> Physical Therapy                  | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner)           |
| <input 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 type="checkbox"/> Mental Health Counseling                                |
| <input type="checkbox"/> Optometry                         | <input type="checkbox"/> Other: <input type="text"/>          |  |  |

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

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**Certificate Number**

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