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## *Approved Entities*

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**Waiver Number**                    **278**

**Primary Entity Name**            **Henry Viscardi School**

**Primary Address**                *201 I.U. Willis Avenue*

**Primary Phone Number**        *(516) 465-1575*

*Albertson*

*NY*

*11507-*

**Current Waiver Issued Beginning Period**

*7/1/2016*

**Current Waiver Ending Period**

*6/30/2019*

**County**

*Nassau*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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

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**Certificate Number**

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