
Approved Entities

Waiver Number **286**

Primary Entity Name **Learning Spring School**

Primary Address *247 East 20th Street*

Primary Phone *(212) 239-4926*
Number

New York

New York

10003-

Current Waiver Issued Beginning Period
7/1/2013

Current Waiver Ending Period
6/30/2016

County *New York*

<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 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

- -
