
Approved Entities

Waiver Number **290**

Primary Entity Name **Shield of David, Inc.**

Primary Address *144-61 Roosevelt Avenue*

Primary Phone *(718) 886-1682*
Number

Flushing

New York

11354-

Current Waiver Issued Beginning Period
7/1/2013

Current Waiver Ending Period
6/30/2016

County *Queens*

<input checked="" type="checkbox"/> LMSW	<input 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 checked="" 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

JT - 290 - 364

Shield Institute Bronx Early Learning Center