Approved Entities

Waiver Number	**299**		
Primary Entity Name	**Children's Speech and Rehabilitation Therapy and Speech-Language Pathology and**		
Primary Address	*7 Noel Lane*	***Primary Phone Number***	*(516) 827-1970*
	Jericho		
	NY	***Current Waiver Issued Beginning Period***	
	11753-	*5/1/2016*	
		Current Waiver Ending Period	
County	*Nassau*	*4/30/2019*	

- [x] LMSW
- [x] LCSW
- [ ] Licensed_Applied_Behavior_Analyst
- [ ] Optometry
- [ ] CAT
- [x] Psychology
- [ ] Certified_Behavior_Analyst_Assistant
- [x] Other: Dietetics & Nutritionist
- [x] Physical Therapy
- [x] Occupational Therapy
- [x] Audiology/Speech Lang.
- [ ] Nursing (RN or Nurse Practitioner)
- [x] Medicine (Physician, Physician Asst., Specialist Asst.)
- [ ] Mental Health Counseling

Additional Sites if any - with Certificate Number

Certificate Number - -