
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

11753-

Current Waiver Issued Beginning Period

5/1/2016

Current Waiver Ending Period

4/30/2019

County *Nassau*

- | | | | |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> LMSW | <input type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input 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"/> 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 checked="" type="checkbox"/> Other: <input type="text" value="Dietetics & Nutritionist"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

- -