Approved Entities

Waiver Number	**303**		
Primary Entity Name	**Beacon Speech-Language Pathology, Physical & Occupational Therapy, Psychologic**		
Primary Address	*1441 Old Northern Blvd.* *Roslyn* *NY* *11576-*	***Primary Phone Number***	*(516) 635-6846*
		Current Waiver Issued Beginning Period	*7/1/2016*
		Current Waiver Ending Period	*6/30/2019*
County	*Nassau*		

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

Additional Sites if any - with Certificate Number

Certificate Number - -