Approved Entities

Waiver Number	**305**		
Primary Entity Name	**Bank Street College of Education**		
Primary Address	*610 West 112th Street*	***Primary Phone Number***	*(212) 875-4683*
	New York *New York* *10025-*	***Current Waiver Issued Beginning Period***	*7/1/2013*
		Current Waiver Ending Period	*6/30/2016*
County	*New York*		

☑ LMSW	☐ CAT	☑ Physical Therapy	☑ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☐ Medicine (Physician, Physician Asst., Specialist Asst.)
☐ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number - -