
Approved Entities

Waiver Number **315**

Primary Entity Name **Prime Time Care, inc.**

Primary Address *163-03 Horace Harding Expressway*
Suite 302
Flushing
NY
11365-

Primary Phone *(718) 268-5236*
Number

Current Waiver Issued Beginning Period
5/1/2016

Current Waiver Ending Period
4/30/2019

County *New York*

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> LMSW | <input checked="" 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"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input checked="" type="checkbox"/> Mental Health Counseling |
| <input checked="" type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

- -
