
Approved Entities

Waiver Number **323**

Primary Entity Name **Center for Hearing and Communication**

Primary Address *50 Broadway*

Primary Phone Number *(917) 305-7700*

New York

New York

10004-

Current Waiver Issued Beginning Period

7/1/2013

Current Waiver Ending Period

6/30/2016

County *New York*

<input type="checkbox"/> LMSW	<input type="checkbox"/> CAT	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Nursing (RN or Nurse Practitioner)
<input checked="" type="checkbox"/> LCSW	<input type="checkbox"/> Psychology	<input type="checkbox"/> Occupational Therapy	<input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.)
<input checked="" type="checkbox"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input type="text"/>

Additional Sites if any - with Certificate Number

Certificate Number

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