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## *Approved Entities*

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**Waiver Number**                    **411**

**Primary Entity Name**            **Long Island Developmental Consulting, Inc.**

**Primary Address**                *1355 Stony Brook Road*

**Primary Phone Number**        *(631) 285-6400*

*Stony Brook*

**Current Waiver Issued Beginning Period**

*NY*

*7/1/2016*

*11790-*

**Current Waiver Ending Period**

**County**

*Suffolk*

*6/30/2019*

- |  |   |  |   |
|--|---|--|---|
| <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 type="checkbox"/> Other: <input type="text"/>          |  |   |

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***Additional Sites if any - with Certificate Number***

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**Certificate Number**

**JT - 411 - 476**

**Long Island Developmental Consulting, Inc.**