

Approved Entities

Waiver Number **419**

Primary Entity Name **Kidz Therapy Services, SLP, OT, PT, LMSW, Psychology, Audiology, PLLC**

Primary Address *300 Garden City Plaza
Suite 350
Garden City
NY
11530-*

Primary Phone Number *(516) 747-9030*

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County *Nassau*

- | | | | |
|--|---|--|---|
| <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"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

JT - 419 - 494

Kidz Therapy Services, PLLC