

Approved Entities

Waiver Number **429**
Primary Entity Name **QSAC, Inc.**
Primary Address 253 W. 35th Street
 16th Floor
 New York
 New York
 10001-
Primary Phone (212) 244-5560
Number
Current Waiver Issued Beginning Period
 7/1/2013
Current Waiver Ending Period
 6/30/2016
County New York

<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 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	JT - 429 - 500	QSAC
Certificate Number	JT - 429 - 499	QSAC Day School

<i>Certificate Number</i>	JT - 429 - 498	QSAC Preschool and Early Childhood Center
<i>Certificate Number</i>	JT - 429 - 497	QSAC
<i>Certificate Number</i>	JT - 429 - 496	QSAC