Approved Entities

Waiver Number	**443**
Primary Entity Name	**Children's Development Group for Speech, OT, PT, and Psychological Services, PL**
Primary Address	*187 Pleasant Street* *Keeseville* *NY* *12944-*
Primary Phone Number	*(518) 834-7071*
Current Waiver Issued Beginning Period	*7/1/2016*
Current Waiver Ending Period	*6/30/2019*
County	*Clinton*

- [ ] LMSW
- [ ] CAT
- [x] Physical Therapy
- [ ] Nursing (RN or Nurse Practitioner)
- [ ] LCSW
- [x] Psychology
- [x] Occupational Therapy
- [ ] Medicine (Physician, Physician Asst., Specialist Asst.)
- [ ] Licensed_Applied_Behavior_Analyst
- [ ] Certified_Behavior_Analyst_Assistant
- [x] Audiology/Speech Lang.
- [ ] Mental Health Counseling
- [ ] Optometry
- [ ] Other:

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 443 - 508**	**SUNY Plattsburgh Speech and Hearing Department**