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## *Approved Entities*

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**Waiver Number**                    **444**

**Primary Entity Name**            **All in 1 S.P.O.T with Theratalk, SLP, PT, OT, PLLC**

**Primary Address**                *150-50 14th Road*

**Primary Phone Number**        *(718) 767-0071*

*Whitestone*

*NY*

*11357-*

**Current Waiver Issued Beginning Period**

*7/1/2016*

**Current Waiver Ending Period**

*6/30/2019*

**County**

*Queens*

LMSW

CAT

Physical Therapy

Nursing (RN or Nurse Practitioner)

LCSW

Psychology

Occupational Therapy

Medicine (Physician, Physician Asst., Specialist Asst.)

Licensed\_Applied\_Behavior\_Analyst

Certified\_Behavior\_Analyst\_Assistant

Audiology/Speech Lang.

Mental Health Counseling

Optometry

Other:

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

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**Certificate Number**

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