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## *Approved Entities*

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**Waiver Number**                    **447**

**Primary Entity Name**            **OT Aspekt & Chiropractic, PLLC**

**Primary Address**                *42-77 65th Place*

**Primary Phone**                *(718) 429-2000*  
**Number**                            *7911*

*Woodside*

**Current Waiver Issued Beginning Period**  
*11/18/2016*

*NY*

*11377-*

**Current Waiver Ending Period**  
*11/30/2019*

**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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