Approved Entities

Waiver Number	**517**		
Primary Entity Name	**Out East Therapy of New York for OT, PT, SLP, RN and Psychology Services PLL**		
Primary Address	*P.O. Box 1312* *Center Moriches* *New York* *11934-*	***Primary Phone Number***	*(631) 874-0571*
		Current Waiver Issued Beginning Period	*10/29/2015*
		Current Waiver Ending Period	*10/31/2018*
County	*Suffolk*		

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

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 517 - 652** **Sensory Gym**