
Approved Entities

Waiver Number **530**

Primary Entity Name **Pediatric Developmental Services, Inc.**

Primary Address *501 W. 214 Street, Suite 43*

Primary Phone Number *(347) 687-6057*

New York

NY

10034-

Current Waiver Issued Beginning Period

11/5/2015

Current Waiver Ending Period

10/31/2018

County

New York

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

Certificate Number