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## *Approved Entities*

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**Waiver Number**                    **535**

**Primary Entity Name**            **Manhattan Occupational, Physical and Speech Therapies, PLLC**

**Primary Address**                *130 Shore Road, #125*

**Primary Phone Number**        *(212) 679-4319*

*New York*

**Current Waiver Issued Beginning Period**

*NY*

*1/12/2016*

*10016-*

**Current Waiver Ending Period**

**County**

*Manhattan*

*1/13/2019*

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> LMSW                              | <input checked="" type="checkbox"/> CAT                       | <input checked="" type="checkbox"/> Physical Therapy       | <input type="checkbox"/> Nursing (RN or Nurse Practitioner)                      |
| <input checked="" type="checkbox"/> LCSW                              | <input type="checkbox"/> Psychology                           | <input checked="" type="checkbox"/> Occupational Therapy   | <input type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input checked="" type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input type="checkbox"/> Mental Health Counseling                                |
| <input type="checkbox"/> Optometry                                    | <input type="checkbox"/> Other: <input type="text"/>          |  |  |

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

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**Certificate Number**

**JT - 535 - 701**

**Manhattan Occupational, Physical and Speech Therapies, PLLC**