
Approved Entities

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"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

JT - 535 - 701

Manhattan Occupational, Physical and Speech Therapies, PLLC