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## *Approved Entities*

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**Waiver Number**                    **536**

**Primary Entity Name**            **South Shore Center for Speech, Language and Swallowing Disorders, LLP**

**Primary Address**                *400 Montauk Highway, Suite 152*

**Primary Phone Number**        *(631) 669-7098*

*Babylon*

**Current Waiver Issued Beginning Period**

*NY*

*1/12/2016*

*11702-*

**Current Waiver Ending Period**

**County**

*Suffolk*

*1/31/2018*

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**