
Approved Entities

Waiver Number **540**

Primary Entity Name **Commack Speech & Languages Disorder, PLLC**

Primary Address *145 Commack Road*

Lower Level

Commack

NY

11552-

Primary Phone *(631) 499-5360*
Number

Current Waiver Issued Beginning Period

1/12/2016

Current Waiver Ending Period

1/31/2019

County

Suffolk

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

- -