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## *Approved Entities*

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**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**

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**Certificate Number**

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