
Approved Entities

Waiver Number **567**

Primary Entity Name **Pauline K. Winkler Speech Language Hearing Center**

Primary Address *432 Western Ave.*

Primary Phone Number *(518) 434-5263*

Albany

NY

12203-

Current Waiver Issued Beginning Period

9/28/2016

Current Waiver Ending Period

9/30/2019

County

Albany

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

- -