
Approved Entities

Waiver Number **65**

Primary Entity Name **Special Education Associates, Inc**

Primary Address *440 Avenue P
2nd Floor
Brooklyn
NY
11223-*

Primary Phone Number *(718) 376-5510*

Current Waiver Issued Beginning Period
7/1/2016

Current Waiver Ending Period
6/30/2019

County *Kings*

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> LMSW | <input checked="" type="checkbox"/> CAT | <input checked="" type="checkbox"/> Physical Therapy | <input checked="" type="checkbox"/> Nursing (RN or Nurse Practitioner) |
| <input checked="" type="checkbox"/> LCSW | <input checked="" type="checkbox"/> Psychology | <input checked="" type="checkbox"/> Occupational Therapy | <input checked="" type="checkbox"/> Medicine (Physician, Physician Asst., Specialist Asst.) |
| <input type="checkbox"/> Licensed_Applied_Behavior_Analyst | <input type="checkbox"/> Certified_Behavior_Analyst_Assistant | <input checked="" type="checkbox"/> Audiology/Speech Lang. | <input checked="" type="checkbox"/> Mental Health Counseling |
| <input checked="" type="checkbox"/> Optometry | <input type="checkbox"/> Other: <input type="text"/> | | |

Additional Sites if any - with Certificate Number

Certificate Number

- -
