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## *Approved Entities*

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**Waiver Number**                    **275**

**Primary Entity Name**            **Advanced Professional Resources, Inc.**

**Primary Address**                *224 Franklin Avenue*  
*Suite 4*  
*Hewlett*  
*New York*  
*11587-*

**Primary Phone**                *(516) 791-6200*  
**Number**

**Current Waiver Issued Beginning Period**  
*7/1/2013*

**Current Waiver Ending Period**  
*6/30/2016*

**County**                            *Nassau*

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> LMSW                   | <input type="checkbox"/> CAT   | <input checked="" type="checkbox"/> Physical Therapy       | <input 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 type="checkbox"/> Mental Health Counseling   |
| <input type="checkbox"/> Optometry                         | <input type="checkbox"/> Other: <input type="text" value="Registered Dietician, Special Education teacher,Teacher"/> |  |   |

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***Additional Sites if any - with Certificate Number***

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**Certificate Number**

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