Approved Entities

Waiver Number	**395**		
Primary Entity Name	**Jowonio School**		
Primary Address	*3049 East Genesee Street*	***Primary Phone Number***	*(315) 445-4010*
	Syracuse		
	New York	***Current Waiver Issued Beginning Period***	
	13224-	*5/1/2014*	
		Current Waiver Ending Period	
County	*Onondaga*	*4/30/2017*	

☑ LMSW	☐ CAT	☑ Physical Therapy	☐ Nursing (RN or Nurse Practitioner)
☑ LCSW	☑ Psychology	☑ Occupational Therapy	☑ Medicine (Physician, Physician Asst., Specialist Asst.)
☐ Mental Health Counseling	☐ Optometry	☑ Audiology/Speech Lang.	☐ Other:

Additional Sites if any - with Certificate Number

Certificate Number	**JT - 395 - 519**	**Bernice M. Wright Laboratory**