

## 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*

*13224-*

**Current Waiver Issued Beginning Period**

*5/1/2014*

**Current Waiver Ending Period**

*4/30/2017*

**County**

*Onondaga*

<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"/> Mental Health Counseling	<input type="checkbox"/> Optometry	<input checked="" type="checkbox"/> Audiology/Speech Lang.	<input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>

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

**Certificate Number**

**JT - 395 - 519**

**Bernice M. Wright Laboratory**