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## *Approved Entities*

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**Waiver Number**                    **66**

**Primary Entity Name**            **The Rowland Center, Inc.**

**Primary Address**                *120 Washington St.  
Suite 306  
Watertown  
NY  
13601-*

**Primary Phone Number**        *(315) 786-7202*

**Current Waiver Issued Beginning Period**  
*5/1/2016*

**Current Waiver Ending Period**  
*4/30/2019*

**County**                            *Jefferson*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> LMSW                              | <input type="checkbox"/> CAT                                  | <input checked="" type="checkbox"/> Physical Therapy       | <input type="checkbox"/> Nursing (RN or Nurse Practitioner)                                 |
| <input type="checkbox"/> LCSW                              | <input 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"/>          |  |   |

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

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**Certificate Number**

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