

Original

Technical Proposal packet

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Southern Counseling Services			
Address:	1970 Lyndale			
City:	Memphis	State:	TN	Zip Code: 38107
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation-related matters.			
Contact Person:	Bill Rubin	Title:	Manager
Phone:	(901) 277-2851	Alternate Phone:	
Email:	bill.rubinscs@comcast.net		

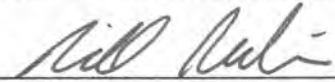
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: Manager
Use Ink Only.

Printed/Typed Name: Bill Rubin Date: 1/16/2020

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Southern Recycling Services	Date:	1/16/2020
Authorized Signature:	<i>Bill Rubin</i>	Title:	Manager
Print/Type Name:	Bill Rubin		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.


By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Southern Counseling Services	Date:	1/16/2020
Authorized Signature:	<i>Bill Rubin</i>	Title:	<i>Manager</i>
Print/Type Name:	Bill Rubin		

SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Southern Counseling Services	Date:	1/16/2020
Authorized Signature:		Title:	owner
Print/Type Name:	Bill Rubin		

PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Southern Counseling Services	Date:	1/16/2020
Authorized Signature:	<i>Bill Rubin</i>	Title:	Manager
Print/Type Name:	BILL RUBIN		

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
OFFICE OF PROCUREMENT
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

DATE: January 3, 2020
SUBJECT: 710-20-0011 Home Studies

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)**
- Additional specification(s)
- Change of bid submission/opening date and time**
- Cancellation of bid
- Other

BID OPENING DATE AND TIME

Bid opening date and time remains the same

CHANGE OF SPECIFICATION(S)

Delete 4.5 of Section 4 – Performance Bonding. This is no longer required.

4.5 PERFORMANCE BONDING

A. The Contractor ~~shall~~ be required to obtain performance bonds to protect the State's interest as follows:

- ~~1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for the protection of the State.~~
- ~~2. The State shall require additional performance bond protection when a contract price is increased or modified.~~
- ~~3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.~~
- ~~4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.~~
- ~~5. Failure to provide is a breach of contract and may result in immediate contract termination.~~

B. The Contractor ~~shall~~ submit documentation to the satisfaction of the State that a performance bond has

been obtained. The contractor **shall** notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer Margurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.


Vendor Signature

11/5/20
Date

Southern Counseling Services
Company

Contract Number _____
 Attachment Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

Subcontractor: _____
 Subcontractor Name: _____

Taxpayer ID Name: Bill Rubin IS THIS FOR: Goods? Services? Both?

Your Last Name: Rubin M.I.: _____

Address: 1970 Lyndale FIRST NAME Bill

City: Memphis STATE: TN ZIP CODE: 38107 COUNTRY: USA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>[Senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held <small>[Senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature *Bill Maki* Title *Mary* Date *11/6/2020*
Vendor Contact Person *Bill Rubin* Title *MARGEN* Phone No. *901 277-2857*

Agency use only
Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____
Contact Phone No. _____ Contract or Grant No. _____

Jan 1, 2020

EEO Policy

It is the policy of Southern Counseling Services LLC to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran, recently separated or other covered veteran, or any other characteristic protected by federal, state, or local law. In addition, Southern Counseling LLC will provide reasonable accommodations for qualified individuals with disabilities.

Southern Counseling Services' goal is to achieve at least proportional representation of women and people of color across the company. Our programs are designed to comply with all applicable federal, state, and local laws, directives and regulations and cover all human resource actions including employment, compensation, benefits, training, education, tuition aid, transfers, promotions and social/recreational programs.

Southern Counseling Services' Managing Director has responsibility to monitor progress, reinforce policies and hold the organization accountable to meet objectives.

**DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
HOME STUDY
AREA(S)**

- *Please Check each area in which you are willing to provide the service.*
- ***Do not** include additional information if not pertinent to the itemized request.*
- *Please return with your response packet.*

AREA 1

AREA 2

AREA 3

AREA 4

AREA 5

AREA 6

AREA 7

AREA 8

AREA 9

AREA 10

Technical Proposal Response

Southern Counseling Services, LLC is proposing to continue to provide Home Studies for families referred by DHHS/DCFS in the State of Arkansas. These services will be for all eligible referrals made by DHHS/DCFS.

These studies will be performed in a timely manner and will meet all of the guidelines set forth in the performance indicators and in accordance with DCFS policy and regulations.

The experience and availability of the staff and the agency's built-in reviews and measures to guide the performance of these studies will guarantee that all program goals will be met with success.

This proposal will demonstrate that Southern Counseling Services has the organizational structure, staff, supervision, and day to day management procedures that meets all of the necessary requirements set forth in the performance based standards outlined in this RFP.

Technical Approach to Scope of Services

... Scope of services...

Sample of how the vendor will approach the gathering, assessing and providing of information used in evaluating the appropriateness of approval of homes:

Interviews of all family members who will be living in the home in which the child is to be placed, home visits to assess the appropriateness of the home, collateral interviews outside of the home and the review of references and other documentation.

From these sources the following information will be gathered:

- . The type of placement of children into the home: Demographic Information of Parents: DOB; Income, Sex, Education, Religion, Past Marriages,
- . Description of the children that will be placed in the home.
- . Description of the Home and the Community.
- .Daily routine of family: Privacy for the children in the home, child care arrangements.
- . Description of Parents, names and ages, education, type of activities, hobbies, how they present themselves, Health history and medication taken.
- . History of Parents; Type of family raised in; how they were disciplined, siblings and how they behaved, marriages, divorces, deaths, schooling.
- .Marital/Domestic partnership: Roles in the relationship, division of duties, strengths and skills, how they resolve disagreements.
- . Minor Son or Daughters: age, sex, health; education, personality, interest, school and routine, health and any presentation of emotional or physical problems, adaptability of child to other children coming into home.
- .Adult children living in or out of the home: names age, sex, martial/domestic union status, occupation, type of contact with child placed in home, issues of health, drug usage, history of criminal arrest or sexual abuse, do they pose a threat to the wellbeing of

others, their attitudes of a child coming into the home, their feelings about the way they were raised by their parents.

. Physical/Social Environment (Finances and Safety): Gross and Net income able to meet family's needs, able to organize, budget and spend within their budget, manage debts responsibly. Observation of potential safety hazards: swimming pools, lakes, fire arms, heavy machinery, description of pets and are they vaccination status, safety plan.

. Parenting; how where the applicants were disciplined as a child, how do they discipline their children or will discipline future children, what kind of discipline do they intend to use, do they have knowledge of appropriate & effective forms of discipline, have they received any specialized parenting training based on PRIDE training.

In addition: references, all necessary record check forms, including central and criminal and questionnaire form CFS-241 will be reviewed.

Impressions, conclusions and recommendations will be made based on the information collected and using SAFE psychosocial inventory.

Approach to face to face interview of families: All Home Studies will have a minimum of two visits with the family in their home and will have additional interviews in the home when it is indicated to ensure that adequate information is gathered. All household members will be interviewed including children. Interviews will be conducted with family members individually and together. All staff will be expected to conduct the interviews with respect for all family members and with the awareness of the sensitive nature of the information being gathered.

Time frame Standard: Home Studies will be completed within 45 working days or sooner if needed and will be initiated within 72 hours of referral. Contractor will contact staff who is working on home studies every two weeks to update their progress. Contractor will have staff notify DCFS worker and contractor when they are unable to reach family.

....Meeting Additional Requirements

Timely Reporting will adhere to the requirement to contact DCFS Foster Care Manager within 72 hours of any changes in the business and personnel that will impact the contract services.

Mode of transportation: All staff providing home studies currently have reliable cars that they own.

.... *minimum qualifications*

Meeting on nights and weekends: Southern Counseling Services has hired therapists that understand the expectation is to meet with the clients at times that are practical for the families. These times might need to be during after school hours, times planned around parent's work hours, and visits on weekends. Licensed therapists that live close to these counties will provide Home Studies services which will ensure that they can meet at the time that is best for the clients. All staff hired has reliable cars for transportation to the client's home.

Maintaining staffing Levels: Southern Counseling currently has 38 LCSW and LMSW licensed social workers available to provide home studies. The majority of the staff has worked with SCS for over ten years. Other staff can be added quickly if needed as the current staff has contacts with other licensed social workers in their area that can be recruited.

Staffing patterns have been based on the estimated number of referrals that will be made for Home Studies and staff will be utilized that live close to the client's home. Southern Counseling Services has 38 staff available for Home Studies in the counties listed in this proposal.

With this staffing pattern Southern Counseling Services has been able to provide all of the clients with excellent coverage over the period of the current Home Study contract. Other staff will be added depending on the funding or scope this contract requires and will meet all standards currently proposed.

See Attached

...see 38 staff licenses

...see letters of recommendation

...organizational chart

...Articles of Organization

...Current License

...SAFE Training Certificates

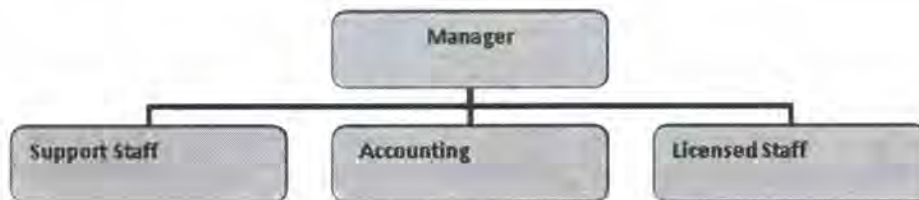
Experience:

Southern Counseling Services is an LLC owned and operated by a LCSW licensed in the state of Arkansas for independent practice. Southern Counseling has a history of successful experiences providing IFS and similar services for DHHS/DCFS in Arkansas. Southern Counseling Services LLC was formed in November of 1994 after a year of providing IFS through the status of an independent contractor. In July 1995, Southern Counseling Services in addition to IFS, began providing In-Home Counseling Services to Crittenden County, Arkansas. Southern Counseling continued to provide both these services in 1996. During the 1997-1998 contract years, Southern Counseling Services extended the In-Home Counseling and IFS to St. Francis County and added the Home Study Contract for Crittenden County. Southern Counseling continued to provide these services in 1999. In 2000 and 2001 Southern Counseling extended In-Home Counseling services to also include Cross, Lee, Monroe, and Phillips Counties; IFS for Poinsett and Cross County and Home Studies for all the above Counties. Southern Counseling added Adoptions in 2004 to cover counties in Area nine and ten. In 2008 Southern Counseling Services added these services to some of the counties in Area eight. In addition Southern Counseling Services has provided Intensive Family Services and Counseling Services in Areas 4,5,8,9,10 from 2012 through June 2019.

Southern Counseling Services is currently providing Relative placement Home Studies, and Adoption Home studies and Summaries in AREAS 3, 4, 5, 8,9,10.

The Role of the Respondent in providing the above services has been General Manager. The responsibilities of this position have been to oversee all of the Quality Assurance, Staffing, Budgeting and Accounting duties required by these projects. The contract period for the above contracts were on a twelve month basis for each of the contract years and staff months for each year was for 12 months.

Project Organization & Staffing



....Reporting and Billing

Contractor will attend the one day DCFS orientation and training regarding the agency policy, procedure and form requirements within the first ten business days of the contract effective date.

Timely billing will be managed by contractor and will be submitted by the 10th of the month. All home studies completed and billed for will be turned in by the staff on the 5th of the month. This gives the contractor time to organize and submit billing to DCFS

Contractor's policy on confidentiality is to ensure that all home study documentation will only be given to the appropriate DCFS staff and not made available to any other person. In addition all records that the contractor has will be held for 7 years.

ATTACHMENTS

Michael Sean Todd, LCSW
7440 S. A1A, Unit A-224
Jensen Beach FL 34957
901- 409-8525
mstodd1@mac.com

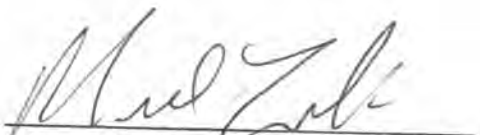
January 5, 2020

To Whom It May Concern:

I have known Mr. Bill Rubin for the past thirty years. He has excellent clinical and administrative skills. He is able to supervise staff well and to administer and coordinate the needs of an agency that provides psychological services, social services, and home studies. He has a long history of working well with diverse groups and is a good problem solver.

If you have any questions please feel free to contact me.

Sincerely,


Michael Todd, LCSW

Herschel E. Schwartz, Ph.D.

Consultant

49 Verde Dr.

Asheville, NC 28806

hschwartz@aol.com

(901)378-9005

January 7, 2020

To Whom It May Concern:

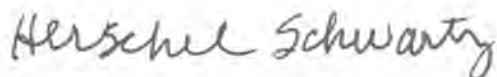
I have known Bill Rubin during my career of more than 30 years in local community mental health center work in the Memphis area. Bill and I have discussed our mutual areas of professional experience and interest. My background has been somewhat in clinical work but predominantly in grant writing, management, evaluation, research, and college teaching of social work. For the past ten or more years, I have been familiar with his work in providing a variety of counseling services and home studies for the State of Arkansas.

I am confident that he has the ability and interest to provide the requisite organizational and clinical direction that these types of services typically demand.

Mr. Rubin has many years of experience in providing the leadership and day to day management of programs that are designed to increase the skills and functioning level of clients with a variety of needs. He demonstrates the ability to manage staff, clients and administrative and budgetary concerns.

I believe him to be a level-headed and patient man of integrity with compassion for the consumers he serves.

Sincerely,



Herschel Schwartz, Ph.D.
Consultant

Thomas W. Stacy, PhD
4774 SW Julia St.
Portland OR 97221

January 14, 2020

To Whom it may Concern:

I have known Bill Rubin for over thirty-five years and worked closely with him in a clinical psychiatric program for adolescents for nearly ten years.

I have frequently met with Mr. Rubin and discussed with him the different programs he is currently involved with.

Mr. Rubin demonstrates a strong understanding of policies that lead to good clinical supervision and understands how to implement organizational structure and effective programing. In addition he also displays a broad knowledge of clinical skills and has a long history of supervising and proving counseling services and home studies to clients.

Mr. Rubin is very committed to the population he services and demonstrates a high commitment to providing quality services that will enhance their lives.

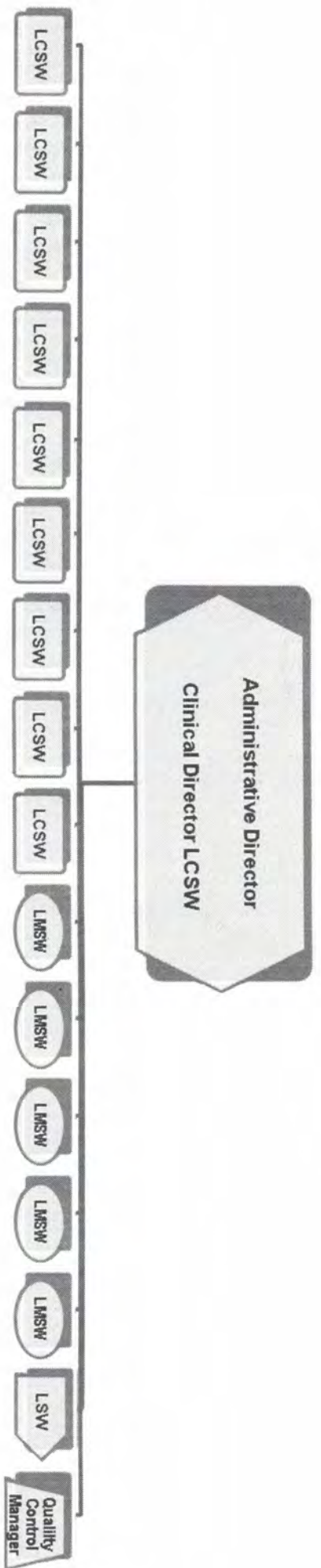
He has outstanding clinical and management skills. His dedication and determination are exemplary. I have no reservations in recommending Bill for any clinical or administrative position. If you have any questions, please contact me at 410-964-0425 or 410-707-7274.

Sincerely,

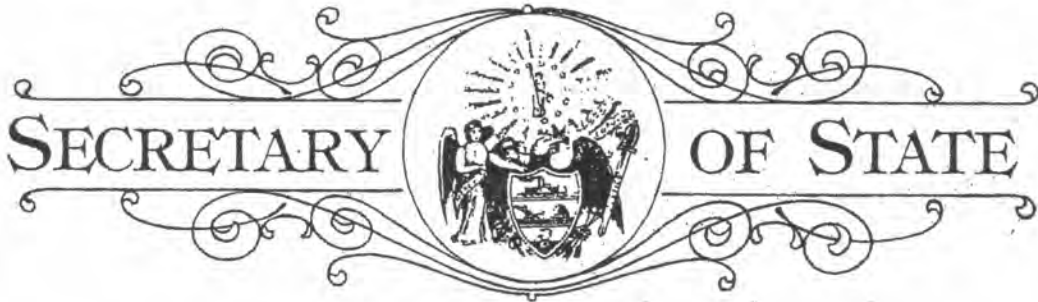


Thomas W. Stacy, PhD
Licensed Psychologist

Licensed Staffing Organizational Chart



STATE OF ARKANSAS



W. J. "Bill" McCuen
Secretary of State

To All to Whom These Presents Shall Come, Greetings:

I, Bill McCuen, Secretary of State of the State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

ARTICLES OF ORGANIZATION

OF

SOUTHERN COUNSELING SERVICES, LC

ORIGINAL ARTICLES FILED:

OCTOBER 25, 1994



In Testimony Whereof

OF

SOUTHERN COUNSELING SERVICES, LC

ORIGINAL ARTICLES FILED:

OCTOBER 25, 1994



*In Testimony Whereof, I have hereunto
set my hand and affixed my official Seal.
Done at office in the City of Little Rock,
this 25TH day of OCTOBER 19 94*

Bine McCuen

Secretary of State

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

July 8, 2019

William E. Rubin, LCSW
1970 Lyndale Ave.
Memphis, TN 38107-5109

William E. Rubin, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **August 1, 2019** through **July 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**July 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **August 1, 2019** through **July 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

928-C

William E. Rubin, LCSW

1970 Lyndale Ave.

Memphis TN 38107-5109

Expiration Date:

7/31/2021

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "William E. Rubin, LCSW".

Chairman

Certificate of Completion

This certificate is presented to

Bill Rubin

For successfully completing

Structured Analysis Family Evaluation (SAFE) Training

For a total of 12.00 credit hours on

05/18/2011



**MIDSOUTH
TRAINING ACADEMY**

SCHOOL OF SOCIAL WORK

A handwritten signature in black ink, appearing to read 'Gigi Peters'.

Gigi Peters, LMSW
Executive Director

Certificate of Completion

This certificate is presented to

Bill Rubin

For successfully completing

SAFE Supervisor Training

For a total of 6.00 credit hours on

06/23/2011



MIDSOUTH
TRAINING ACADEMY

SCHOOL OF SOCIAL WORK

A handwritten signature in black ink, appearing to read 'Gigi Peters'.

Gigi Peters, LMSW
Executive Director

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

October 8, 2018

Van Michelle Hall, LCSW
2700 Woodland Apt 407
Texarkana, AR 71854

Van Michelle Hall, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **October 1, 2018** through **September 30, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**September 30, 2020**) you must obtain 48 hours of social work continuing education between the dates of **October 1, 2018** through **September 30, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

2512-C

Expiration Date:

9/30/2020

Van Michelle Hall, LCSW
2700 Woodland Apt 407
Texarkana AR 71854

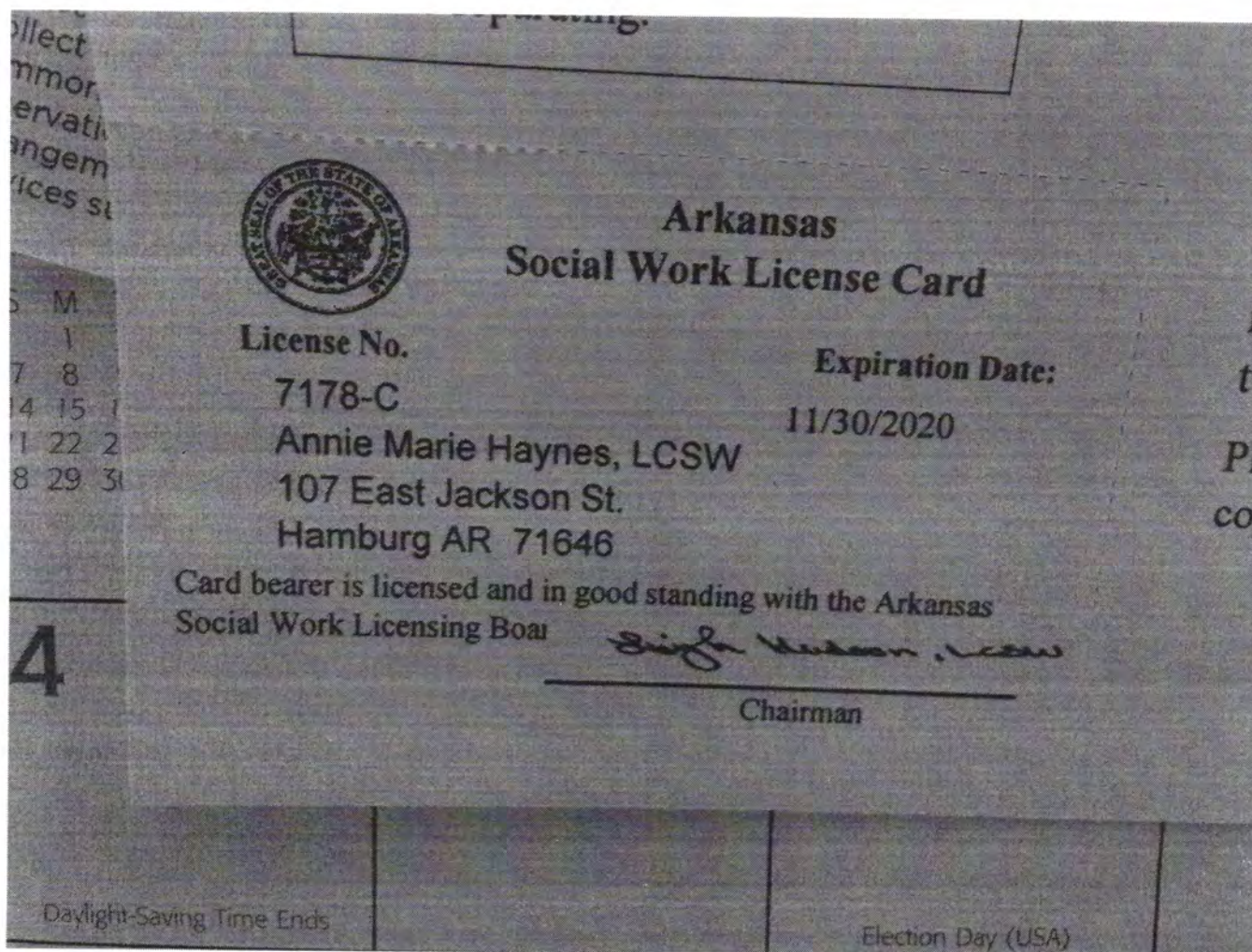
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman

Subject: Fwd: My license renewal
From: Annie Haynes <anniemhaynes16@gmail.com>
Date: 12/27/2019, 9:16 AM
To: Bill Rubin <bill.rubinscs@comcast.net>

----- Forwarded message -----

From: Annie Haynes <anniemhaynes16@gmail.com>
Date: Thu, Nov 8, 2018 at 8:18 PM
Subject: My license renewal
To: <t.lindsey@deltacounseling.org>



STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

August 12, 2019

Yasheka Kanete Somlar, LCSW
5555 Macedonia Rd, Apt N53
Jonesboro, AR 72405

Yasheka Kanete Somlar, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **September 1, 2019 through August 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**August 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **September 1, 2019 through August 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

5733-C

Expiration Date:

8/31/2021

Yasheka Kanete Somlar, LCSW

5555 Macedonia Rd, Apt N53

Jonesboro AR 72405

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman

Attachments: _____

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

May 14, 2018

Monique L. Randle, LCSW
9300 Treasure Hill Rd, Apt 307
Little Rock, AR 72227-7222

Monique L. Randle, LCSW:

This is to notify you that your licensure as a Social Worker has been approved for the period of **May 1, 2018** through **April 30, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**April 30, 2020**) you must obtain 48 hours of social work continuing education between the dates of **May 1, 2018** through **April 30, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

5364-C

Expiration Date:

4/30/2020

Monique L. Randle, LCSW

9300 Treasure Hill Rd, Apt 307

Little Rock AR 72227-7222

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

March 11, 2019

Lynda LaRue, LCSW
2409 Lakeview Dr.
Heber Springs, AR 72543

Lynda LaRue, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **April 1, 2019** through **March 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**March 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **April 1, 2019** through **March 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

2027-C

Lynda LaRue, LCSW

2409 Lakeview Dr.

Heber Springs AR 72543

Expiration Date:

3/31/2021

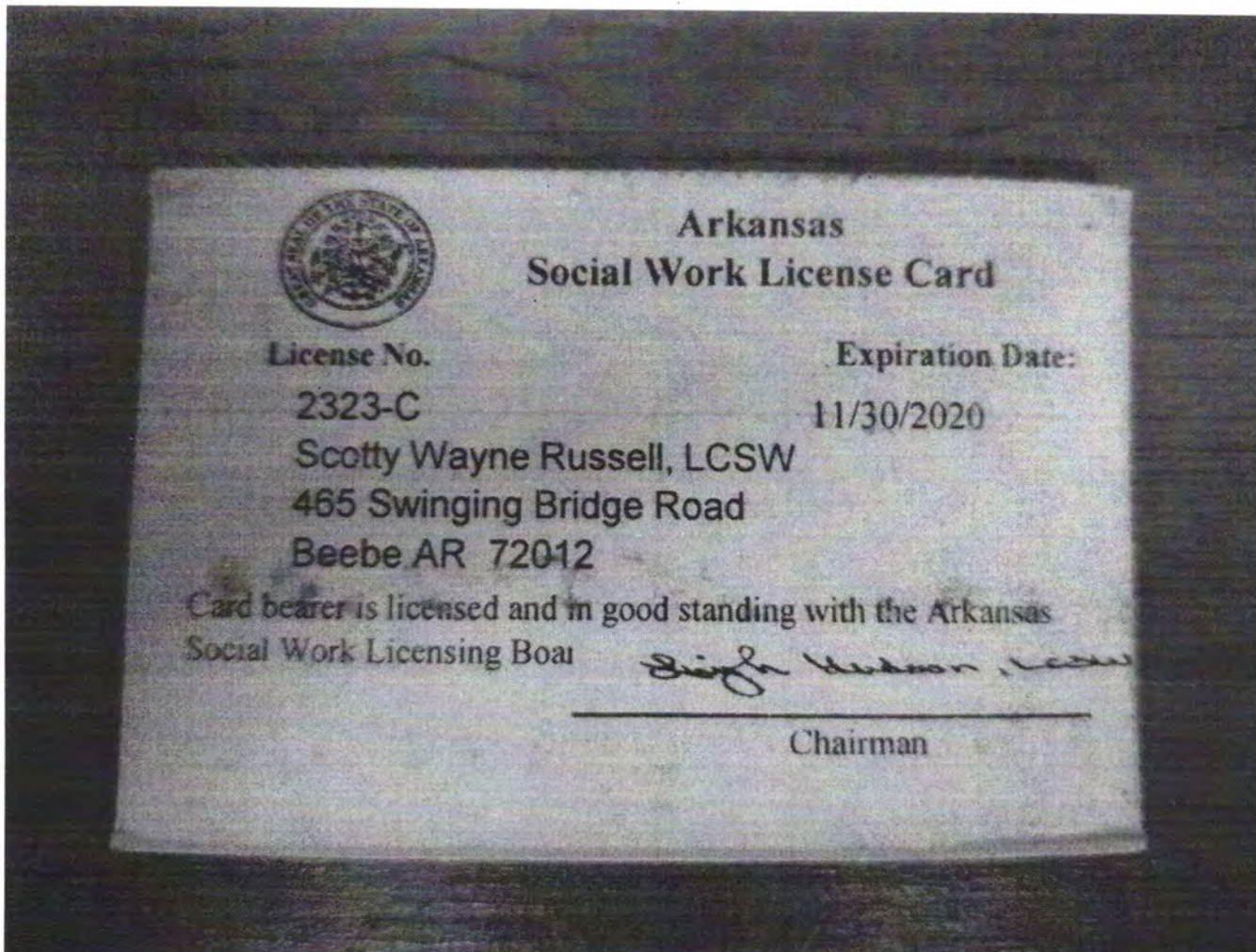
Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in blue ink, appearing to read "Sigh...".

Chairman

Subject: imagejpeg_0.jpg
From: Comcast <bill.rubinscs@comcast.net>
Date: 1/1/2020, 12:29 PM
To: Home <bill.rubinscs@comcast.net>

— imagejpeg_0.jpg —



Bill Rubin

— Attachments: —

imagejpeg_0.jpg

164 KB



Arkansas
Social Work License Card

License No.

2623-C

Expiration Date:

6/30/2021

Vicki L. White, LCSW

4569 State Hwy NN

Gobler MO 63849

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Vicki L. White

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
 P. O. Box 251965
 Little Rock, AR 72225



Asa Hutchinson
 Governor

Ruthie Bain
 Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

December 10, 2018

Benjamin L. Cravens, LCSW
 39 Hillcrest Rd
 Hardy, AR 72542

Benjamin L. Cravens, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **January 1, 2019 through December 31, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**December 31, 2020**) you must obtain 48 hours of social work continuing education between the dates of **January 1, 2019 through December 31, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
 Social Work License Card

License No. Expiration Date:

2324-C 12/31/2020

Benjamin L. Cravens, LCSW
 39 Hillcrest Rd
 Hardy AR 72542

Card bearer is licensed and in good standing with the Arkansas
 Social Work Licensing Board

Asa Hutchinson
 Chairman

Chairman



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

August 13, 2018

Peggy Sue Goodwin, LCSW
1360 N Heights
Batesville, AR 72501

Peggy Sue Goodwin, LCSW:

This is to notify you that your licensure as a Social Worker has been approved for the period of **August 1, 2018** through **July 31, 2020**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**July 31, 2020**) you must obtain 48 hours of social work continuing education between the dates of **August 1, 2018** through **July 31, 2020**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

4100-C

Expiration Date:

7/31/2020

Peggy Sue Goodwin, LCSW
1360 N Heights
Batesville AR 72501

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

August 12, 2019

Mia L. Polk, LCSW
17 Bentley Cir.
Little Rock, AR 72210

Mia L. Polk, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **October 1, 2019** through **September 30, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**September 30, 2021**) you must obtain 48 hours of social work continuing education between the dates of **October 1, 2019** through **September 30, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No. Expiration Date:
2401-C 9/30/2021
Mia L. Polk, LCSW
17 Bentley Cir.
Little Rock AR 72210

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman



Arkansas
Social Work License Card

License No.

5956-C

Expiration Date:

1/31/2020

Jeannie Rebecca Tucker, LCSW
519 Spring Branch Dr.
Monticello AR 71655

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Diana Hudson, LCSW".

Chairman



Arkansas Social Work License Card

License No.

8051-C

Expiration Date:

4/30/2021

Theresa Danielle Flowers, PhD, LCSW

3321 S Bowman Rd #125

Little Rock AR 72211

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Deigh Hudson, LCSW

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Issue Date: March 5, 2019

April Gale Kirk, LCSW
268 N. Clay St
London, AR 72847

Dear April;

The Social Work Licensing Board is pleased to notify you of your licensure as a Licensed Certified Social Worker since you have successfully completed the licensure examination. You are now entitled to all rights, privileges and responsibilities as prescribed in the Social Work Licensing Act (No. 791 of 1981), including the use of the initials "LCSW" after your name on all professional correspondence.

Your license, No. 8571-C, is subject to renewal March 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (April 1, 2019 - March 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

A renewal notice will be mailed to the most current address on file with the Board approximately two months prior to your renewal date. It is your responsibility to keep the Board informed of any change of address.

A license certificate is being prepared and will be mailed to you at a later date. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

Congratulations on your licensure, and please contact the Board office for any additional information or assistance.

Sincerely,

Leigh Hudson, LCSW
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal.

The card to the left is your new social work license card, which reflects your license number and expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.

Please remove card carefully!
Bend back and forth along crease
before separating.



Arkansas
Social Work License Card

License No. 8571-C
Expiration Date: 3/31/2021
April Gale Kirk, LCSW
268 N. Clay St
London AR 72847

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Chairman



**Arkansas
Social Work License Card**

License No.

7512-C

Expiration Date:

11/30/2021

Karlesha D. Haygood, LCSW

1305 Alex Street

Conway AR 72032

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board.

Jeff Hudson, LCSW

Chairman

?



**Arkansas
Social Work License Card**

License No.

4904-C

Expiration Date:

12/31/2020

Marquita S. McField, LCSW
13201 Hummingbird Lane
Alexander AR 72002

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Shirley Hudson, LCSW

Chairman



Arkansas Social Work License Card

License No.

5230-C

Angela M. Pereira, LCSW
308 Glines Ct
Harrison AR 72601

Expiration Date:

4/30/2021

License bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Dianna Anderson, LCSW

Chairman



Arkansas
Social Work License Card

License No.

6022-C

Marie Ruth Jenkins, LCSW
601 Maple Street
Crossett AR 71635

Expiration Date:

10/31/2020

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Signature

Chairman



Arkansas
Social Work License Card

License No.

1897-C

Karla A. Dotson, LCSW

301 Racquet Run

Harrison AR 72601-7260

Expiration Date:

8/31/2020

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Dianna Dotson, LCSW

Chairman



**Arkansas
Social Work License Card**

License No.

3091-C

Expiration Date:

7/31/2020

Amy Lizette Ashcraft, LCSW
113 Ashley Dr.
Searcy AR 72143

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Bryce Anderson, LCSW".

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

July 8, 2019

Joseph Michael Messina, LCSW
550 Files Rd. Apt. R240
Hot Springs, AR 71913

Joseph Michael Messina, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **September 1, 2019** through **August 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**August 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **September 1, 2019** through **August 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

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Arkansas
Social Work License Card

License No.

Expiration Date:

6905-C

8/31/2021

Joseph Michael Messina, LCSW

550 Files Rd. Apt. R240

Hot Springs AR 71913

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Dign...".

Chairman



Arkansas Social Work License Card

License No.

2345-C

Jodi Jaye Leeker, LCSW

70 Circle Dr.

Gainesville MO 65655

Expiration Date:

2/28/2021

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in cursive script, appearing to read "Diana Hudson, LCSW".

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

May 13, 2019

Gertrude Terrell Thompkins, LCSW
900 Kings Mountain Drive
Little Rock, AR 72211

Gertrude Terrell Thompkins, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **May 1, 2019** through **April 30, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**April 30, 2021**) you must obtain 48 hours of social work continuing education between the dates of **May 1, 2019** through **April 30, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No. Expiration Date:
5902-C 4/30/2021
Gertrude Terrell Thompkins, LCSW
900 Kings Mountain Drive
Little Rock AR 72211

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Asa Hutchinson

Chairman



Arkansas
Social Work License Card

License No.

2573-C

Expiration Date:

1/31/2021

Kimberly L. Baggett, LCSW

1242 CR 2108

Hooks TX 75561

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in cursive script, appearing to read "Diana Hudson, LCSW".

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

December 10, 2018

Dale Christian, LCSW
202 Foxfire Drive
Paragould, AR 72450-2610

Dale Christian, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2019** through **January 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**January 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2019** through **January 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

Please watch the Board's website on a regular basis for updates or changes that may affect your license.

Please remove card carefully!
Bend back and forth along crease
before separating.

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line.

If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No. 692-C
Expiration Date: 1/31/2021
Dale Christian, LCSW
202 Foxfire Drive
Paragould AR 72450-2610

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

A handwritten signature in black ink, appearing to read "Asa Hutchinson".

Chairman

Arkansas Department of Health
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



December 9, 2019

Nathaniel Smith, MD, MPH.
Secretary of Health

Cole Ray Smith, LCSW
4048 Terrapin Rd.
Harrison, AR 72601

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Cole Ray Smith, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2020 through January 31, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

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In order to renew your license for your new expiration date, (**January 31, 2022**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2020 through January 31, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

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Arkansas Department of Health
Social Work License Card

License No.

6939-C

Cole Ray Smith, LCSW

4048 Terrapin Rd.

Harrison AR 72601

Expiration Date:

1/31/2022

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board

Chairman

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

October 14, 2019

Katrina L. Hoofman, LCSW
PO Box 8022
Searcy, AR 72143

Katrina L. Hoofman, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **November 1, 2019 through October 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

Please remember to retain your continuing education documentation for a period of two-years in the event you are audited. If audited, you will be required to submit documented proof that you attended *all* of the continuing education you listed on your summary sheet. If you are unable to provide proof that you attended the workshops, an administrative hearing will be held to consider revocation of your license.

In order to renew your license for your new expiration date, (**October 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **November 1, 2019 through October 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

Future renewal notice reminders will be mailed to the address on file in the Board office approximately two months prior to the expiration date of your license. It is your responsibility to notify the Board of any change in address and to renew your license in a timely manner even if you do not receive the reminder.

Congratulations on your license renewal, and please contact the Board office if you have questions or need additional information.

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Please keep this letter for your records. You may wish to make a copy before you remove the card.



Arkansas
Social Work License Card

License No.

4365-C

Katrina L. Hoofman, LCSW

PO Box 8022

Searcy AR 72143

Expiration Date:

10/31/2021

Card bearer is licensed and in good standing with the Arkansas
Social Work Licensing Board


Chairman

STATE OF ARKANSAS

SOCIAL WORK LICENSING BOARD

In the Name and By the Authority of the State of Arkansas, the Arkansas Social Work Licensing Board hereby certifies that:

Lauren Elizabeth White

has been duly examined and found qualified to practice as a Licensed Certified Social Worker and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 791 of 1981.

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this 9th day of September Two Thousand Fourteen.



Andrew M. [Signature]
Chairperson

Lauren [Signature] LSW
Vice-Chairperson

[Signature]
Secretary

Certificate No. 6677-C