

**September 2011-July 2014 School Based Therapist in Hope, AR, Riverview Behavior Health**

Conducted diagnostic evaluations including diagnostic impressions. Interviewed client and family to formulate and implement a treatment plan, identifying patient's strengths, weaknesses, and coping skills. Worked with a wide variety of individuals with diversified backgrounds, applying the principals of human growth and development and behavior. Provided cognitive/behavioral therapy to individuals, families, and groups. Utilized problem solving and crisis intervention when appropriate. Linked patients to community resources and made appropriate referrals. Participated in interdisciplinary team to assure quality treatment. Supervised and consult with mental health paraprofessional to provide interventions to work on treatment goals with the patient. Participated in collateral contacts with others involved with patient to assist and educate about the mental health diagnosis and how the symptoms manifested in everyday settings. Conducted monthly peer reviews/chart audits. Assessed on continual basis for the need for a more intensive treatment setting to address acute and sub-acute mental health needs.

**May 2010-August 2011 Social Worker/ECI Region 8 Early Childhood Intervention**

Completed developmental intakes and evaluations, assessing for eligibility for early childhood services based on developmental deficits using ages and stages knowledge. Met with family to formulate and implement treatment plan. Provided in-home direct developmental services. Coordinated with speech, occupation, and physical therapists to provide home based services. Worked with a variety of individuals from various socio-economic, cultural, ethnic, and educational backgrounds successfully. Referred clients to other community resources available.

**October 2008-March 2009 Texarkana Regional Dialysis Center, Social Worker**

Assisted in providing social services to patients with end stage renal disease. Visited potential patients at local hospitals at the Nephrologists' referral. Completed 2728 and submitted to Social Security and ESRD. Assisted patients with enrollment in Texas Kidney Health Program, Arkansas Kidney Disease Commission, Indigence Programs, Medicare, and Medicaid. Assisted patients with transient treatment plans. Conducted new staff training and pre-ESRD class presentation, educating patients on end stage renal disease.

**October 2004-October 2008 Office of Children's Services, Social Worker II, Intake and Investigations**

Investigated allegations of child abuse/neglect; completing initial safety assessment and safety planning with the family when appropriate. Interviewed clients, assessed for service needs, referred for appropriate community services and case planned with the client. Coordinated services and supervised client compliance. Participated in interdisciplinary team meetings to discuss client progress. Interfaced with community partners for treatment progress. Prepared court reports and testified in court proceedings.

**July 2004-September 2008 Office of Public Advocacy, Court Visitor, contractor**

Investigated initial petition for guardian/conservator cases; including interviewing respondent and petitioner in their home environment. Assessed the ability of individuals to provide guardian/conservator

Attachment #  
389

services. Reviewed annual reports completed by guardian/conservator for accurate reporting and statutory fulfillment and report findings to the court. Testified in court proceedings. Made recommendations to the court in best interest of the respondent. Evaluated mental health patients for ability to make informed consent of psychotropic medications.

**October 2000-October 2004 Presbyterian Hospitality House, Substance Abuse Counselor**

Conducted screening and substance abuse assessments to determine level of care. Facilitated process and education group for approximately twenty SED youth in the group home setting. Trained and educated staff on state requirements regarding youth and minor in possession. Participated in interdisciplinary meetings to address treatment needs and interventions to meet treatment goals.

**Teaching Parent; live-in position in the group home setting**

Provided therapeutic care to each youth addressing the problems that caused the youth to be placed outside their natural home and to enable them to work through deficits and traumatic experiences necessary for growth. Provided a naturalized family-style environment and the encouragement, concern, direction, assistance and support that would normally be received from a parent. Participated in individual treatment planning with the desired goals of the referral agency, input from the youth the youth's family, and the agency worker.

Maintained treatment records in an accurate and timely manner. Supervised the assistant teaching parent by giving ongoing feedback, scheduling, training, and reviewing work performance.

**October 1995-September 1996 Big Brothers/Big Sisters, Case Manager**

Interviewed clients and completed a home study with the family to determine interests, hobbies, personality to better match that child with a volunteer. Completed an extensive interview, home study, initiated the criminal background check and checked references for each volunteer. Matched clients with volunteers, set up their initial contact and then supervised the match for policy adherence. Helped organize agency major fund raiser and agency events.

**July 1994-September 1995 Presbyterian Hospitality House, Assistant Teaching Parent**

Assisted the live-in teaching parents with providing therapeutic residential treatment for five SED males. Completed treatment documents in a timely manner. Collaborated with school personnel, probation offices, social workers, families.

**September 1990-October 1992 Nacogdoches Boys Ranch, Social Worker, Case Manager**

Completed intakes, assessments, and social histories on each new resident. Maintained medical, dental, and quarterly reports on each resident. Participated in treatment team and IEP meetings for each resident. Transported client to/from medical/dental appointments.

Coordinated activities for residents. Supervised social work interns placed at the agency.

---

**EDUCATION/LICENSURE:**

---

1986-1990      Stephen F. Austin State University, Nacogdoches, TX BSW  
2009-2010      Stephen F. Austin State University, Nacogdoches, TX MSW

LCSW State of Arkansas 5497-C

LCSW State of Texas 52587

LCSW State of Louisiana- 15126

Previously Certified Chemical Dependency Counselor I, State of Alaska

Trained in EMDR

---

**REFERENCES:**

---

Allee Griffith, Risk Manager, Riverview BH, 870-772-5028

Robert Strayhan, Medical Director Riverview, 903-280-6666

Charlotte Mitchell, Director of Business Development, Genesis PrimeCare, 870-260-6657



EL DORADO  
PROMISE

## EL DORADO PUBLIC SCHOOLS

Administrative Offices • 200 West Oak • El Dorado, Arkansas 71730

Attachment I

Keeping the Promise

Teaching and Learning for All

March 7, 2019

Dear Department of Human Services

In 2013 the El Dorado School District received a grant through the Arkansas Department of Education to implement a school based health center (SBHC). The health center has been providing physical, dental and mental health care services to students for 6 years. We value the health and wellbeing of our local children and understand the importance good health care brings to academic success.

School based health centers play a critical role in efforts to reduce disparities in health care access and child health status by providing a consistent source of physical, dental, and mental health services in the most accessible environment. South Arkansas Regional Health Center has been a valuable mental health provider to the El Dorado School District for many years. The partnership greatly meets the needs of our students that require additional support to be successful in the classroom.

South Arkansas Regional Health Center personnel also serve on the El Dorado School District's Wellness committee. They help to collaborate with other local initiatives to promote school health. The El Dorado School District values and supports the behavioral health services that South Arkansas Regional Health Center brings to our students.

Children are the future. If we want to make a difference it takes everyone working together to see change. South Arkansas Regional Health Center is an important team player in bringing behavioral health care to our students.

Sincerely

Debbie McAdams, MSM, MT (ASCP)  
SBHC Administrator / Coordinated School Health Director  
601 Dr. Martin Luther King, Jr. Blvd.  
El Dorado, AR 71730  
1-870-639-3875  
Email: [dmcadams@esd-15.org](mailto:dmcadams@esd-15.org)



# MAGNOLIA SPECIALIZED SERVICES, INC.

1616 N. Vine, P.O. Box 595, Magnolia, AR 71754

www.magnoliaspecializedservices.com

Attachment J

**ACS Medicaid**

**Waiver**

(870) 234-6118

**Amalia Weiser**

March 8, 2019

**Child**

South Arkansas Regional Health Center

**Enrichment**

412 S. Vine Street

**Center**

Magnolia, AR 71753

(870) 234-8979

**Jay Johnston**

**Group Living**

**Center**

(870) 234-3297

Magnolia Specialized Services, Inc., a program for children and adults with special abilities, is privileged to have a remarkable relationship with South Arkansas Regional Health Center. Some examples of ways South Arkansas Regional Health Center collaborates with Magnolia Specialized Services are: providing educational training to our staff members; responding to crisis that develop with the people we serve; providing all psychological and adaptive behavior testing and providing and working with us on referrals.

**Ralph Weiser**

**Independent**

We are very fortunate to have the relationship we have with SARHC. They are an asset to our community.

**Living Center**

(870) 234-7557

Sincerely,

**Verbie Graney**

**CARC Center**

(870) 234-6118

Sara Carrington

Executive Director, Magnolia Specialized Services, Inc.



**CAMDEN FAIRVIEW PUBLIC SCHOOLS**  
OFFICE OF THE SUPERINTENDENT  
625 Clifton  
Camden, Arkansas 71701

Attachment K

STATE OF ARKANSAS  
Department of Human Services  
Office of Procurement  
700 Main Street  
Little Rock, Arkansas 72201

To Whom It May Concern:

Camden Fairview School District has been a longtime supporter of South Arkansas Regional Health Center. SARHC does an outstanding job servicing the needs of the children and parents of our district. They provide individual therapy, family therapy, crisis intervention to students and families in our district as well as collaborating with staff to ensure best possible service to meet the needs of our students. We have had a contract with SARHC to provide services to our students for over 15 years. We are very satisfied with the service they provide. Please call if further information is needed. My contact information is 870-836-4193 or [mkeith@cfsd.k12.ar.us](mailto:mkeith@cfsd.k12.ar.us).

Sincerely



Mark Keith  
Superintendent  
Camden Fairview School District

**OUACHITA COUNTY SHERIFF'S DEPARTMENT**  
**DETENTION COMPLEX**



**CAMERON OWENS, JAILER ADMINISTRATOR**  
**CARLEE MOSELEY, JAIL SECRETARY**  
**CAMDEN, ARKANSAS 71701**  
**Phone: 870-231-5300 Fax: 870-231-9520**

Attachment L

March 11, 2019

To: Whom it may concern  
From: Captain Cameron Owens

The Ouachita County Detention Complex has been working with the SARHC for approximately a year on several occasions. They have sent several different personnel to the Detention Complex to evaluate inmates. The personnel have always been prompt in their responses to the complex and are very diligent in assessing the needs and the best course of action for the inmates. In our dealings with SARHC, they have always been willing to assist the Detention Center personnel any and all inmates, even though in difficult circumstances.

We are thankful to have such professionals to count on at any moment. The willingness and support from SARHC allows the Detention Center personnel to perform their duties and insure that the inmates are in the best care.

Sincerely,

Capt. *C. Owens*  
Jail Administrator

## SELECTION OF REGIONS

Attachment M

**Instructions:** Bidder may submit proposals for up to two regions indicated in Attachment G: Map of Regions. Bidder must list selected regions in order of preference using the table below.

**NOTICE TO BIDDERS:** Bidders submitting proposals for multiple regions and who do not assign preference rankings for all regions bid may be awarded a region at the discretion of DHS.

Bidder Preference	Region by Number (as shown in Attachment G: Map of Regions)
Certifications: Columbia Co. 412 North Vine Avenue; Magnolia, AR <b>First (1<sup>st</sup>) Choice</b> Ouachita Co. 211 Jackson Street SW; Camden, AR Union Co. 715 North College Avenue; El Dorado, AR Grove Street;	<b>Region #: Region 10</b> Union Co. 710 West Grove Street; El Dorado, AR
<b>Second (2<sup>nd</sup>) Choice</b>	<b>Region #:</b>
<b>Third (3<sup>rd</sup>) Choice</b>	<b>Region #:</b>
<b>Fourth (4<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Fifth (5<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Sixth (6<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Seventh (7<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Eighth (8<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Ninth (9<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Tenth (10<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Eleventh (11<sup>th</sup>) Choice</b>	<b>Region #:</b>
<b>Twelfth (12<sup>th</sup>) Choice</b>	<b>Region #:</b>



OGDEN UT 84201-0038

Attachment N.  
In reply refer to: 0437758652  
July 07, 2008 LTR 4168C E0  
71-0388012 000000 00 000  
00022887  
BODC: TE

SOUTH ARKANSAS REGIONAL HEALTH  
CENTER  
715 N COLLEGE AVE  
EL DORADO AR 71730-4403155

Employer Identification Number: 71-0388012  
Person to Contact: Mrs. Wardleigh  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 25, 2008, regarding your tax-exempt status.

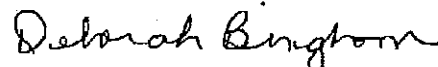
Our records indicate that a determination letter was issued in December 1967, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(iii).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Deborah Bingham  
Accounts Management I

**MHP Initial Crisis Assessment Competency Checklist**

Attachment 0

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Location: \_\_\_\_\_

Mental Health Professional (MHP) staff must complete a competency checklist prior to, or during orientation for his/her position, before providing crisis services independently; annually thereafter.

- 1 = proficient
- 2 = need for supervision/proficiency development;
- 3 = no knowledge or experience

Areas given a rating of 2 or 3 will result in special training during orientation and demonstrated competency prior to independent assignment. **Evaluator will validate through examination, verbal response, or observation.**

	ITEM	EMPLOYEE	DATE	SUPERVISOR	METHOD VALIDATED	DATE
1.	MHP attended one-hour training with CCO during orientation (involuntary commitment, 72 hour hold, placement facilities/insurance accepted, consultation form, indigent contract, CMHC contacts, catchment areas)					
2.	MHP accompanied MHP to emergency room and oriented to that setting, observed crisis screen/assessment					
3.	MHP accompanied MHP to jail and oriented to that setting, observed crisis screen/assessment					
4.	Able to complete safety plan or crisis plan to address any areas of safety concern when the crisis is not resolved by Acute hospitalization					
5.	CCO has read crisis note written while MHP shadowed MHP for accuracy in documenting clear crisis and resolution					
6.	MHP conducts crisis screen/assessment, documentation with CCO or other seasoned MHP					
7.	MHP demonstrates ability to assess suicide, homicide and gravely disabled					
8.	Crisis assessment and referral skills, including the accuracy of assessments and ability to place in least restrictive setting.					
9.	Able to use placement facilities list to accurately place a patient in Acute setting based on insurance or authorize bed days for indigent					

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (please print)

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date

Arkansas Department of Human Services

Licensure Renewal Application for Behavioral Health Agency
To be completed upon initial application to become licensed as a Behavioral Health Agency

Name of Agency: South Arkansas Regional Health Center

Chief Executive Officer (or equivalent): Regina D. Perce

Corporate Compliance Officer (or equivalent): Angela J. Huitt

Site Director: Terri Rowe, LCSW Chief Clinical Officer

Administrative Address: 715 N. College Ave, El Dorado, AR 71730

Physical Address: 715 N. College Ave El Dorado AR 71730
Street Address City State Zip

Mailing Address: 715 N. College Ave El Dorado AR 71730
Street Address City State Zip

County: Union Phone: 870-862-7921 Fax: 870-864-2490

E-mail: angela.huitt@sarhc.org Website: www.sarhc.org

For existing certification renewal please check below:

- Acute Crisis Unit Residential Community Integration Partial Hospitalization
Therapeutic Community Level 1 Therapeutic Community Level 2 Substance Abuse

The provider named above is fully accredited and in good standing with one of the following accreditation organizations. (Please check your accreditation organization)

- The Joint Commission (TJC)
Commission on Accreditation for Rehabilitation Facilities (CARF)
Council on Accreditation (COA)

Date(s) of most recent survey: March 16-18, 2016 next April 1-3, 2019

Accreditation Period: April 1, 2016 - May 31, 2019

The accredited provider is located within the State of Arkansas.
Yes No

As the Chief Executive Officer (or equivalent) of the agency named above, I verify that all information contained in this form and in all attachments, is correct and complete.

Regina D. Pierce  
Signature of Chief Executive Officer (or equivalent)

2/28/19  
Date

Regina D. Pierce  
Name of Chief Executive Officer (or equivalent) typed or printed

Department of Human Services  
Licensure and Certification Unit  
ATTN: Dana "Dee" Briscoe  
PO Box 8059, Slot S408  
Little Rock, AR 72203  
[dana.briscoe@dhs.arkansas.gov](mailto:dana.briscoe@dhs.arkansas.gov)  
501-320-6110

GERALDENE DOLLAR  
UNION COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires October 6, 2025  
Commission No. 12692439

*Geraldene Dollar*  
*Notary Public*

**SOUTH ARKANSAS REGIONAL**  
 101470 AR. DEPT. OF HUMAN SERVICES PMT0025537 2/21/2019 007012

REFERENCE	INVOICE NUMBER	INV DATE	INVOICE AMOUNT	ADJUSTMENT	DISCOUNT	WRITE OFF	NET AMOUNT PAID
INV0025450	2/19 ANNUAL FEE	2/20/2019	\$225.00	\$225.00	\$0.00	\$0.00	\$225.00
1-#75.00	715 N. COLLEGE EL DORADO, AR. 71730						
1-#75.00	412 N. VINE MAGNOLIA, AR 71753						
1-#75.00	211 JACKSON ST SW CAMDEN AR. 71601						
	Substance Abuse Annual fees						
			\$225.00	\$225.00	\$0.00	\$0.00	\$225.00

TO VERIFY AUTHENTICITY, SEE REVERSE SIDE FOR DESCRIPTION OF THE 11 SECURITY FEATURES

**SOUTH ARKANSAS REGIONAL**  
 HEALTH CENTER, INC.  
 715 North College Ave.  
 El Dorado, Arkansas 71730

REGIONS BANK  
 100 EAST PEACH ST  
 EL DORADO, AR 71730

007012  
 DATE: 2/21/2019



\$\*\*\*225.00

PAY Two Hundred Twenty Five Dollars and 00 Cents Dollars

VALID FOR 90 DAYS

TO THE ORDER OF AR. DEPT. OF HUMAN SERVICES  
 DHS-DPSQA  
 P. O. BOX 8059, SLOT S408  
 LITTLE ROCK, AR 72203

*Regina D. Pierce*

⑈007012⑈ ⑆082000109⑆ 0198536885⑈

Attachment P  
 Pg 3

**DIRECTOR INFORMATION SHEET**

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**FACILITY INFORMATION**NAME: South Arkansas Regional Health CenterSTREET ADDRESS: 715 N. College AveCITY, STATE, & ZIP: El Dorado, AR 71730**DIRECTOR INFORMATION**NAME: Terri Rowe

EXPIRATION DATE OF

CURRENT CERTIFICATE: 6/30/19 BHA**ATTACH A COPY OF ANY/ALL CURRENT CERTIFICATIONS**



April 19, 2016

Angela J. Huitt, M.B.A.  
South Arkansas Regional Health Center  
715 North College Avenue  
El Dorado, AR 71730

Dear Ms. Huitt:

It is my pleasure to inform you that South Arkansas Regional Health Center has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

This accreditation will extend through May 31, 2019. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's program(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Daniel Miller by email at [dmiller@carf.org](mailto:dmiller@carf.org) or telephone at (888) 281-6531, extension 7129.

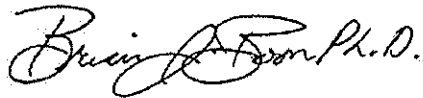
Ms. Huitt

2

April 19, 2016

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,



Brian J. Boon, Ph.D.  
President/CEO

Enclosures



# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTH ARKANSAS REGIONAL HEALTH CENTER  
715 NORTH COLLEGE AVENUE  
EL DORADO, AR 71730**

Dates of Certification: 06/30/2018 - 06/30/2019

Vendor Number: 11127

BHA License Number: 128

Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

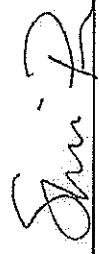
**Division of Provider Services and Quality Assurance**

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTH ARKANSAS REGIONAL HEALTH CENTER  
715 NORTH COLLEGE AVENUE  
EL DORADO, AR 71730**

Dates of Certification: 07/23/18 - 06/30/2019

Vendor Number: 11127 Specialty Vendor# 11120  
BHA License Number: 128 Specialty Certificate # 153



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



---

**EMAIL ADDRESS**

For our records, please supply a facility email address below:

angela.huitt@sarhc.org

If there is an additional email address for the administrator, please supply below:

---

ARKANSAS STATE POLICE  
**Arkansas Criminal History Report**

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

**Subject of Record**

Last: Pierce                      First: Regina                      Middle: Diane  
Date of Birth: 12/15/1955                      Sex: F                      Race: W  
Social Security Number: 429119351 (not verified, supplied at time of request)

**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**

**Requestor Information**

Transaction Number: 002282285  
Date: 09/01/2017                      Agency Reporting: Arkansas State Police  
Purpose: I am an employer legally doing business in the State of Arkansas  
Released To: Geraldene Dollar  
Representing: South Arkansas Regional Health Center, Inc.  
Mailing Address: 715 North College El Dorado, AR 71730

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



# ARKANSAS STATE POLICE

ASP-122  
(Rev. 12/10)

## Identification Bureau STATE ONLY Individual Record Check Form FOR NON-MANDATED (RN, LPN, ETC.) EMPLOYEES (FOR ALL OTHER EMPLOYEES, COMPLETE THE DMS-736)

**NATIONAL BACKGROUND CHECKS ARE NOT AVAILABLE ON "NON-MANDATED" EMPLOYEES**

Full Name: REGINA Diane PIERCE Burton/Lavender  
First Middle Last Name Maiden/Other

Date of Birth: 12/15/55 State of Birth: AR Race: CAU Sex: F  
(Month/Day/Year)

Social Security #: 429-11-9351 Driver's License #: 910638429AR  
State

Mailing Address: 800 N. Euclid Ave.; El Dorado AR 71730  
Street City State ZIP

Daytime Phone #: (870) 315-2912

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: SOUTH ARKANSAS REGIONAL HEALTH CENTER  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 715 N COLLEGE EL DORADO AR 71730  
Street City State ZIP

Signature: Regina D. Pierce Date: 9/1/17  
(First/MI/Last Name) (Month/Day/Year)

**(REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF Arkansas  
COUNTY OF Union §

GERALDENE DOLLAR  
UNION COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires October 6, 2025  
Commission No. 12692439

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the 1<sup>st</sup> day of September, 2017

Geraldene Dollar  
Notary Public

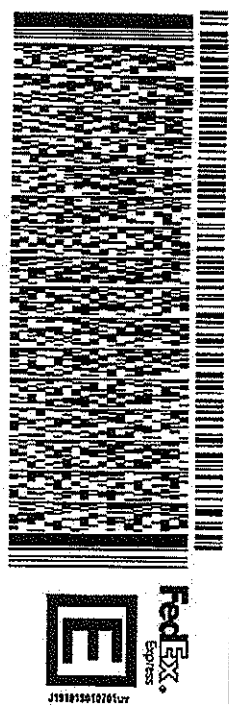
**NATIONAL BACKGROUND CHECKS ARE NOT AVAILABLE ON "NON-MANDATED" EMPLOYEES**

82005 Civil Record Check

ORIGIN: DELEDA (070) 862-7921  
KRISTI ROSE  
SOUTH ARKANSAS REGIONAL HEALTH  
715 N. COLLEGE AVENUE  
E. DORADO, AR 71730  
UNITED STATES US  
SHIP DATE: 19FEB19  
ACTWGT: 1.00 LB  
CAD: 1666450IN/ET4:100  
BILL SENDER

TO ELECTRONIC SUMMARY REQUEST  
FBI CJIS DIVISION  
1000 CUSTER HOLLOW ROAD

CLARKSBURG WV 26306  
(304) 625-5590  
PO: DEPT: REF:



TRK# 7745 0849 6643  
WED - 20 FEB 3:00P  
STANDARD OVERNIGHT

XH CKBA  
26306  
PIT  
WV-US

**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*Proof of Federal Criminal Record Check that's been sent to FBI. Meets requirement per Sherri Proffer. Will send report results as soon as I receive them.*

FBI LEAVE BLANK

pg 13

**APPLICANT**

700001001209

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME

PIERCE, REGINA

SIGNATURE OF PERSON FINGERPRINTED

*Regina Pierce*

ALIASES AKA

O  
R  
I

AR0700000  
SO  
AR0700000

RESIDENCE OF PERSON FINGERPRINTED

, AR

CITIZENSHIP CTZ

DATE OF BIRTH DOB  
Month Day Year  
12/15/1955

DATE  
20190203

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

*David Walsh*

US

SEX F RACE W HGT 506 WGT 200 EYES GRN HAIR BRO  
PLACE OF BIRTH POB  
AR

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS \_\_\_\_\_

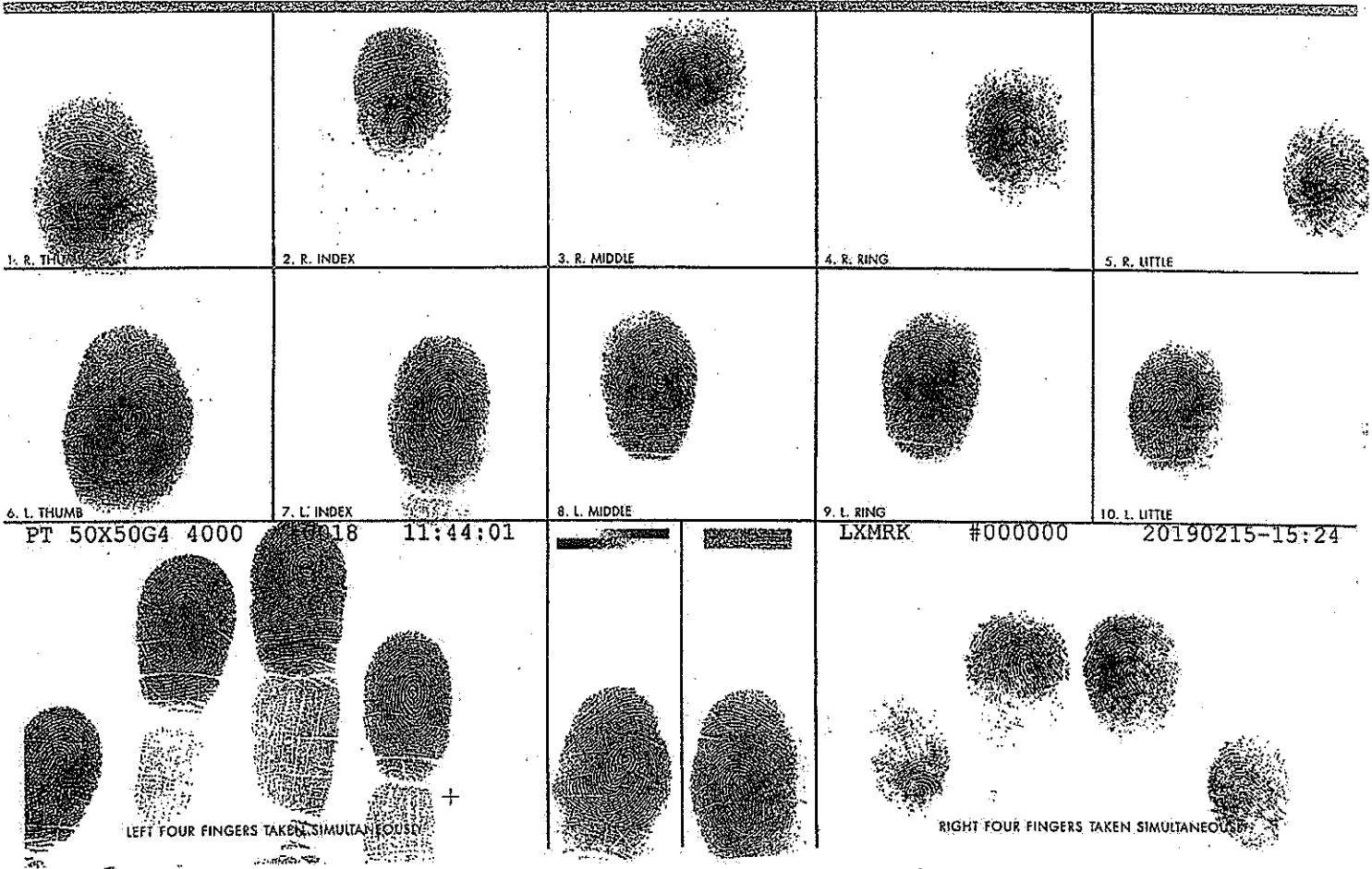
REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. \_\_\_\_\_

APPLICANT

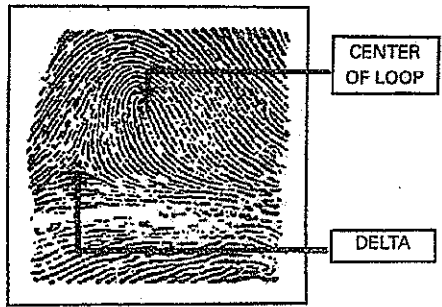
429-11-9351  
MISCELLANEOUS NO. MNU



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION / CLARKSBURG, WV 26306

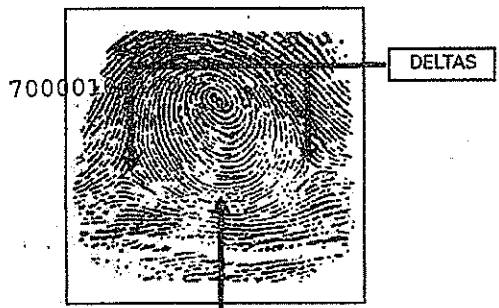
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SUP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

LEAVE THIS SPACE BLANK

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD; OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).



**Geraldene Dollar**

---

**From:** Regina Pierce  
**Sent:** Tuesday, February 12, 2019 4:09 PM  
**To:** Geraldene Dollar  
**Subject:** FW: Identity History Summary Request Confirmation

**From:** Criminal Justice Information Services [mailto:edo@services.fbi.gov]  
**Sent:** Tuesday, February 12, 2019 4:04 PM  
**To:** Regina Pierce <regina.pierce@SARHC.org>  
**Subject:** Identity History Summary Request Confirmation

Your Identity History Summary Request has been accepted and will be processed in the date order in which it was received.

Regina Diane Pierce  
Your Order number is: D49709919043  
Your payment verification code is: 26FCJSH9

You indicated your fingerprints would be delivered by: MAIL

Please refer to the following details when submitting your fingerprints:

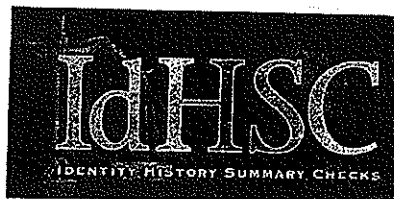
If delivering your fingerprints via Mail, please send your completed fingerprint card along with a copy of this confirmation email to:

FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

If you have any questions regarding this e-mail contact 304-625-5590 or [identity@fbi.gov](mailto:identity@fbi.gov)

This message has been transmitted to you by the FBI Criminal Justice Information Services Division. If you are not the intended recipient of this message, please destroy it promptly without any retention, dissemination, or reproduction (unless required by law), and please notify the sender of the error immediately by separate e-mail to [identity@fbi.gov](mailto:identity@fbi.gov) or by calling the Customer Service Group at 304-625-5590.

This is an automated message. Please do not reply to this e-mail.



[Need Assistance? Click Here.](#)

Current processing time for Identity History Summary requests submitted electronically is estimated to be three to five business days upon receipt of the fingerprint card. Allow additional time for mail delivery if this option was selected during the request process.

\*\*\*\*We are currently experiencing issues with Google Chrome and Safari browsers. We recommend that Internet Explorer or Mozilla Firefox be used to submit requests to obtain or challenge your Identity History Summary information.\*\*\*\*

## Overview

For a fee, the FBI can provide individuals with an Identity History Summary, often referred to as a criminal history record or a "rap sheet," listing certain information taken from fingerprint submissions kept by the FBI and related to arrests and, in some instances, federal employment, naturalization, or military service.

If the fingerprint submissions are related to an arrest, the Identity History Summary includes the name of the agency that submitted the fingerprints to the FBI, the date of the arrest, the arrest charge, and the disposition of the arrest, if known. All arrest information included in an Identity History Summary is obtained from fingerprint submissions, disposition reports, and other information submitted by authorized criminal justice agencies.

The U.S. Department of Justice Order 556-73, also known as Departmental Order, establishes rules and regulations for you to obtain a copy of your Identity History Summary for review or proof that one does not exist.

Only you may request a copy of your own Identity History Summary (or proof that one does not exist). You would typically make this request for personal review, to challenge information on record, to meet a requirement for adopting a child, or to meet a requirement to live, work, or travel in a foreign country.

## Obtaining Your Identity History Summary

### Identity History Summary Checks For Employment Or Licensing

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. The FBI's authority to conduct an Identity History Summary check for noncriminal justice purposes is based upon Public Law (Pub. L.) 92-544. Pursuant to that law, the FBI is empowered to exchange Identity History Summary information with officials of state and local governments for employment, licensing — which includes volunteers — and other similar noncriminal justice purposes, if authorized by a state statute which has been approved by the Attorney General of the United States. The U.S. Department of Justice has advised that the state statute establishing guidelines for a category of employment or the issuance of a license must, in itself, require fingerprinting and authorize the governmental licensing or employing agency to exchange fingerprint data directly with the FBI.

Pg 17

An Identity History Summary search obtained pursuant to U.S. Department of Justice Order 556-73 may not meet employment requirements. Governmental licensing or employing agencies covered by federal laws and/or state statutes may refuse to accept Identity History Summary information directly from the subject of the summary, as there would be no way to verify that the information contained on the summary had not been altered. Also, an Identity History Summary provided to the subject for personal review contains only information maintained by the FBI and may lack dispositional data and/or arrest records that are maintained only at the state level.

## How To Submit A Request

An e-mail address must be provided in order to initiate the application process. A secure link, along with a personal identification number, will be sent to the specified address and will be used to complete the online application. The same secure link and personal identification number will be used to check the status of your application and to access your results. You may optionally elect to have your results sent to you by First-Class Mail via the U.S. Postal Service.

Please select each step below to view additional information. Enter your e-mail address below to start the Identity History Summary Check process.

Step 1: Complete the Applicant Information Form ()



Step 2: Select Your Preferences ()



Step 3: Submit Your Fingerprints ()



You may mail your completed fingerprint card along with a copy of your confirmation e-mail to:

FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, WV 26306

- The FBI will process your request upon receipt of your completed fingerprint card in the date order it was received.
- Your fingerprints should be placed on a standard fingerprint form (FD-258) (artifacts/standard-fingerprint-form-fd-258-1.pdf) commonly used for applicant or law enforcement purposes. The FBI will accept FD-258 fingerprint cards on standard white paper stock.
- You must provide a current fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth must be provided on the fingerprint card.
- You must include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken at the same time (these are sometimes referred to as plain or flat impressions). If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- Fingerprints taken with ink or via live scan are acceptable. If your fingerprints are taken via a live scan device, a hard-copy must be generated so the fingerprint card can be mailed to the FBI.
- To ensure the most legible prints possible, refer to the Recording Legible Fingerprints (<https://www.fbi.gov/services/cjis/fingerprints-and-other-biometrics/recording-legible-fingerprints>) page. If fingerprints are not legible, the fingerprint card will be rejected. This could cause delays in processing and could also result in additional fees.
- The name on your response letter will match the name that you entered on your electronic DO request.
- If the last four digits of your Social Security number are needed on your response letter, then please ensure the full nine-digit or last four digits of your Social Security number is on the fingerprint card when submitting your request.

Step 4: Submit Payment ()



Step 5: Review and Confirm Your Request ()



Step 6: Check Request Status ()



Step 7: Receive Your Results ()



Enter your e-mail address to get started!

Enter your e-mail address

Submit

# Challenging Your Identity History Summary Or Your Firearm-Related Denial

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you may request a change or correction to your Identity History Summary information.

**Challenge Your Identity History Summary:** To challenge your Identity History Summary, you must provide either your FBI Universal Control Number (FBI Number) from your Identity History Summary or your State Identification Number (SID) from your state criminal history record. If providing your SID, you must include the two-letter state abbreviation for the state in which your offense occurred. Please select each step below to view additional information. Enter your e-mail address below to start the challenge process.

**Challenge Your Firearm-Related Denial:** To challenge your firearm-related denial, you must provide either a NICS Transaction Number (NTN), which is a unique number assigned to each valid firearm-related background check inquiry received by the FBI; or a State Transaction Number (STN), which is a unique number assigned by a State Point of Contact to a valid firearm-related background check inquiry. If you are not already in possession of your NTN or STN, you must contact the Federal Firearm Licensee (FFL) or state agency who initiated your firearm-related background check and request the applicable identifier. Please select each step below to view additional information. Enter your e-mail address below to start the challenge process. Click here for more information on challenging your firearm-related denial.

- Step 1: Complete the Challenge Information Form () >
- Step 2: Select Your Preferences () >
- Step 3: Submit Your Fingerprints to Challenge Your Firearm-Related Denial () >
- Step 4: Upload Supporting Documents () >
- Step 5: Review and Confirm Your Request () >
- Step 6: Check Request Status () >
- Step 7: Receive Your Results () >

Enter your e-mail address to get started!

Enter your e-mail address

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**South Arkansas Regional Health Center, Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ **Non-Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**715 N College Ave**

6 City, state, and ZIP code  
**El Dorado, AR 71730**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

**Employer identification number**

7	1	-	0	3	8	8	0	1	2
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property; cancellation of debt; contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person ▶ *Christi Rose*    Date ▶ *2-22-19*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

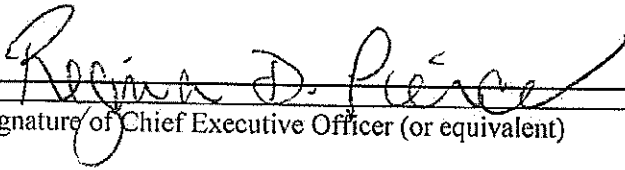
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*




  
Signature of Chief Executive Officer (or equivalent)

2/28/19  
Date

Regina D. Pierce  
Name of Chief Executive Officer (or equivalent) typed or printed

Department of Human Services  
Licensure and Certification Unit  
ATTN: Dana "Dee" Briscoe  
PO Box 8059, Slot S408  
Little Rock, AR 72203  
[dana.briscoe@dhs.arkansas.gov](mailto:dana.briscoe@dhs.arkansas.gov)  
501-320-6110

GERALDENE DOLLAR  
UNION COUNTY  
NOTARY PUBLIC - ARKANSAS  
My Commission Expires October 6, 2025  
Commission No. 12692439

  
Notary Public

REFERENCE	INVOICE NUMBER	INVD DATE	INVOICE AMOUNT	ADJUSTMENT	DISCOUNT	WRITE OFF	NET AMOUNT PAID
INVO025450	2/19 ANNUAL FEE	2/20/2019	\$225.00	\$225.00	\$0.00	\$0.00	\$225.00
1-975.00	715 N. COLLEGE EL DORADO, AR 71730						
1-975.00	412 N. VINE MAGNOLIA, AR 71753						
1-975.00	211 JACKSON ST SW CAMDEN AR 71601						
			\$225.00	\$225.00	\$0.00	\$0.00	\$225.00

TO VERIFY AUTHENTICITY, SEE REVERSE SIDE FOR DESCRIPTION OF THE 11 SECURITY FEATURES

**SOUTH ARKANSAS REGIONAL HEALTH CENTER, INC.**  
715 North College Ave.  
El Dorado, Arkansas 71730

REGIONS BANK  
100 EAST PEACH ST  
EL DORADO, AR 71730

007012

DATE: 2/21/2019



\$\*\*\*225.00

PAY Two Hundred Twenty Five Dollars and 00 Cents Dollars

VALID FOR 90 DAYS

TO THE ORDER OF AR DEPT. OF HUMAN SERVICES  
DHS-DPSQA  
P. O. BOX 8059, SLOT S408  
LITTLE ROCK, AR 72203

*Regina D. Pierce*

⑈007012⑈ ⑆082000109⑆ 0198536885⑈

Original check included in 715 N. College, El Dorado, AR licensure packet.

Substance Abuse Annual fee



**DIRECTOR INFORMATION SHEET**

---

**FACILITY INFORMATION**

NAME: South Arkansas Regional Health Center - Magnolia Clinic

STREET ADDRESS: 412 N. Vine

CITY, STATE, & ZIP: Magnolia, AR 71753

**DIRECTOR INFORMATION**

NAME: Dr. Dieder Hayman, PhD

EXPIRATION DATE OF  
CURRENT CERTIFICATE: 4/30/19 BAA

**ATTACH A COPY OF ANY/ALL CURRENT CERTIFICATIONS**

April 19, 2016

Angela J. Huitt, M.B.A.  
South Arkansas Regional Health Center  
715 North College Avenue  
El Dorado, AR 71730

Dear Ms. Huitt:

It is my pleasure to inform you that South Arkansas Regional Health Center has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s):

- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Community Integration: Mental Health (Adults)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)

This accreditation will extend through May 31, 2019. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The survey report is intended to support a continuation of the quality improvement of your organization's program(s). It contains comments on your organization's strengths as well as any consultation and recommendations. A quality improvement plan (QIP) demonstrating your organization's efforts to implement the survey recommendation(s) must be submitted within the next 90 days to retain accreditation. The QIP form is posted on Customer Connect ([customerconnect.carf.org](http://customerconnect.carf.org)), CARF's secure, dedicated website for accredited organizations and organizations seeking accreditation. Please log on to Customer Connect and follow the guidelines contained in the QIP form.

Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to your referral and funding sources, the media, and local and federal government officials can promote and distinguish your organization. Enclosed are some materials that will help you publicize this achievement.

Your organization's complimentary accreditation certificate will be sent separately. You may use the enclosed form to order additional certificates.

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Daniel Miller by email at [dmiller@carf.org](mailto:dmiller@carf.org) or telephone at (888) 281-6531, extension 7129.

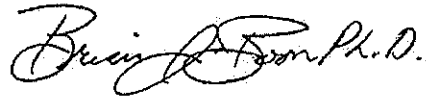
Ms. Huitt

2

April 19, 2016

CARF encourages your organization to continue fully and productively using the CARF standards as part of its ongoing commitment to accreditation. CARF commends your organization's commitment and consistent efforts to improve the quality of its program(s) and looks forward to working with your organization in its ongoing pursuit of excellence.

Sincerely,

A handwritten signature in cursive script that reads "Brian J. Boon Ph.D.".

Brian J. Boon, Ph.D.  
President/CEO

Enclosures

# BEHAVIORAL HEALTH AGENCY

Arkansas Department of Human Services

## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTH ARKANSAS REGIONAL HEALTH CENTER  
412 NORTH VINE AVENUE  
MAGNOLIA, AR 71753**

Dates of Certification: 06/30/2018 - 06/30/2019

Vendor Number: 11125

BHA License Number: 126



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



# SUBSTANCE ABUSE TREATMENT

Arkansas Department of Human Services

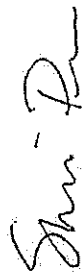
## Division of Provider Services and Quality Assurance

This certificate acknowledges the completion of the Arkansas State Certification Process

**SOUTH ARKANSAS REGIONAL HEALTH CENTER  
412 NORTH VINE AVENUE  
MAGNOLIA, AR 71753**

Dates of Certification: 07/23/18 - 06/30/2019

Vendor Number: 11125 Specialty Vendor# 11118  
BHA License Number: 126 Specialty Certificate# 151



Sherri Proffer, RN  
Assistant Director Community Services Licensure and Certification  
Division of Provider Services and Quality Assurance



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**EMAIL ADDRESS**

For our records, please supply a facility email address below:

angela.huitt@sarhc.org

If there is an additional email address for the administrator, please supply below:

---

ARKANSAS STATE POLICE  
**Arkansas Criminal History Report**

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

**Subject of Record**

Last: Pierce                      First: Regina                      Middle: Diane  
Date of Birth: 12/15/1955                      Sex: F                      Race: W  
Social Security Number: 429119351 (not verified, supplied at time of request)

- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -

**Requestor Information**

Transaction Number: 002282285  
Date: 09/01/2017                      Agency Reporting: Arkansas State Police  
Purpose: I am an employer legally doing business in the State of Arkansas  
Released To: Geraldene Dollar  
Representing: South Arkansas Regional Health Center, Inc.  
Mailing Address: 715 North College El Dorado, AR 71730

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



# ARKANSAS STATE POLICE

ASP-122  
(Rev. 12/10)

## Identification Bureau STATE ONLY Individual Record Check Form FOR NON-MANDATED (RN, LPN, ETC.) EMPLOYEES (FOR ALL OTHER EMPLOYEES, COMPLETE THE DMS-736)

**NATIONAL BACKGROUND CHECKS ARE NOT AVAILABLE ON "NON-MANDATED" EMPLOYEES**

Full Name: REGINA Diane PIERCE Burton/Lavender  
First Middle Last Name Maiden/Other

Date of Birth: 12/15/55 State of Birth: AR Race: CAW Sex: F  
(Month/Day/Year)

Social Security #: 429-11-9351 Driver's License #: 910638429AR  
State

Mailing Address: 800 N. Euclid Ave. El Dorado AR 71730  
Street City State ZIP

Daytime Phone #: (870) 315-2912

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: SOUTH ARKANSAS REGIONAL HEALTH CENTER  
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 715 N COLLEGE EL DORADO AR 71730  
Street City State ZIP

Signature: Regina D. Pierce Date: 9/1/17  
(First/MI/Last Name) (Month/Day/Year)

**(REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)**

STATE OF Arkansas

COUNTY OF Union §

GERALDENE DOLLAR
UNION COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires October 6, 2025
Commission No. 12692439

Subscribed and sworn before me, a Notary Public, in and for the county and state

aforsaid, this the 1<sup>st</sup> day of September, 2017

Geraldene Dollar  
Notary Public

**NATIONAL BACKGROUND CHECKS ARE NOT AVAILABLE ON "NON-MANDATED" EMPLOYEES**

82005 Civil Record Check



ORIGIN: D-ELDA (870) 862-7921  
KRISTI ROSE  
SOUTH ARKANSAS REGIONAL HEALTH  
715 N. COLLEGE AVENUE  
EL DORADO, AR 71730  
UNITED STATES US

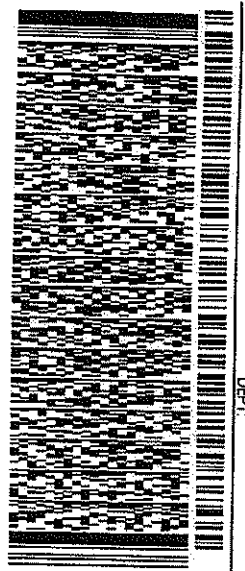
SHIP DATE: 19FEB19  
ACTWGT: 1.00 LB  
CAD: 1666450MNET14100

BILL SENDER

TO: ELECTRONIC SUMMARY REQUEST  
FBI CJIS DIVISION  
1000 CUSTER HOLLOW ROAD

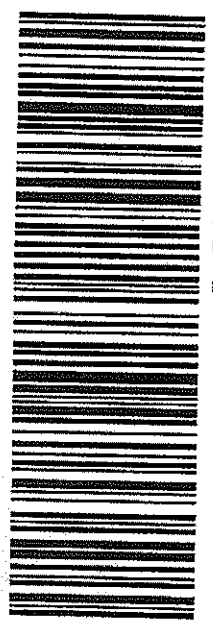
CLARKSBURG WV 26306  
REF: (304) 826-5590  
PO: DEPT:

565J20E3D/23AD



TRK# 7745 0849 6643  
L201  
WED - 20 FEB 3:00P  
STANDARD OVERNIGHT

XHCKBA  
WV-US  
26306  
PIT



**After printing this label:**

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*Proof of Federal Criminal Record Check that's been sent to FBI. Meets requirement per Sherri Proffer. Will send report results as soon as I receive them.*

Attachment P  
Pg 32

APPLICANT  
700001001209

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME MIDDLE NAME  
PIERCE, REGINA

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED  
*Regina Pierce*

ALIASES AKA

O  
R  
I  
AR0700000  
SO  
AR0700000

DATE OF BIRTH DOB  
Month Day Year  
12/15/1955

RESIDENCE OF PERSON FINGERPRINTED  
AR

CITIZENSHIP CTZ  
US

SEX F RACE W HGT 506 WGT 200 EYES GRN HAIR BRO

PLACE OF BIRTH POB  
AR

DATE 20190203 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS  
*[Signature]*

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS \_\_\_\_\_

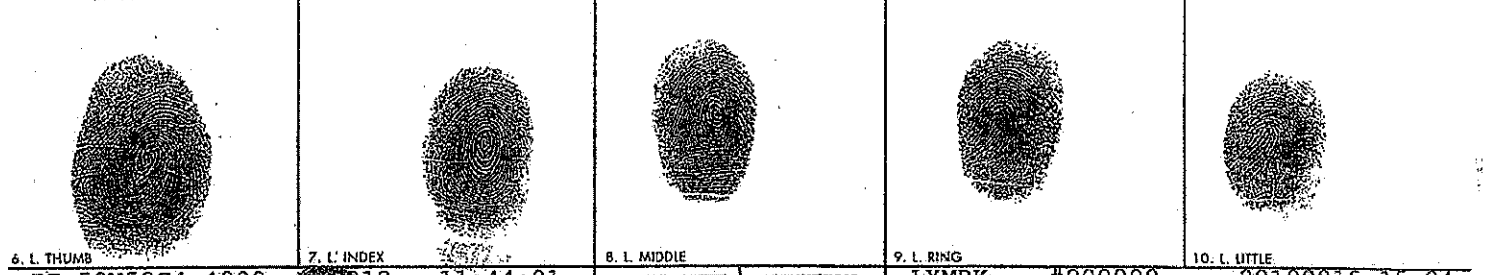
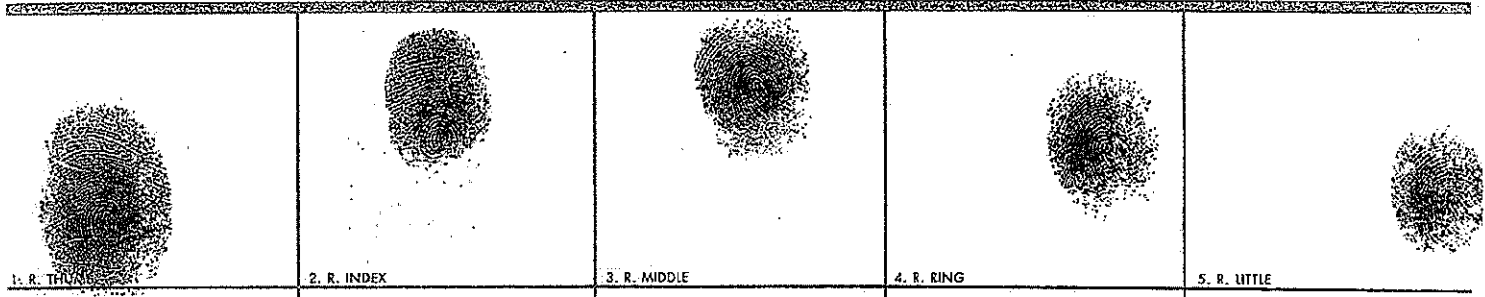
REASON FINGERPRINTED  
APPLICANT

ARMED FORCES NO. MNU

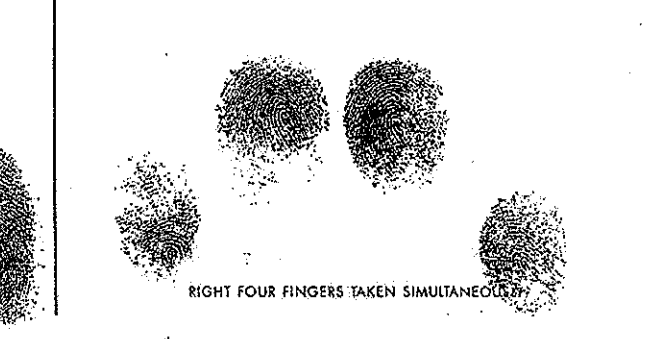
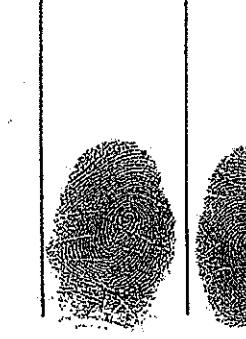
REF. \_\_\_\_\_

SOCIAL SECURITY NO. SOC  
429-11-9351

MISCELLANEOUS NO. MNU



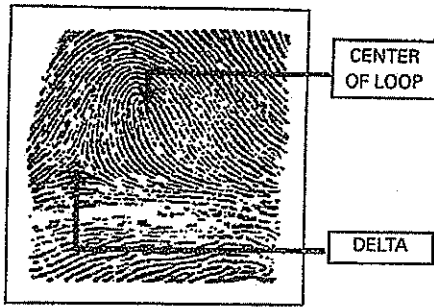
PT 50X50G4 4000 18 11:44:01 LXMRK #000000 20190215-15:24



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION / CLARKSBURG, WV 26306

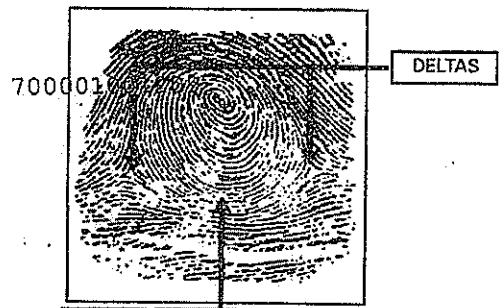
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

1. USE BLACK PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

LEAVE THIS SPACE BLANK

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
  2. PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
  3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
  4. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

**Geraldene Dollar**

---

**From:** Regina Pierce  
**Sent:** Tuesday, February 12, 2019 4:09 PM  
**To:** Geraldene Dollar  
**Subject:** FW: Identity History Summary Request Confirmation

**From:** Criminal Justice Information Services [mailto:edo@services.fbi.gov]  
**Sent:** Tuesday, February 12, 2019 4:04 PM  
**To:** Regina Pierce <regina.pierce@SARHC.org>  
**Subject:** Identity History Summary Request Confirmation

Your Identity History Summary Request has been accepted and will be processed in the date order in which it was received.

Regina Diane Pierce  
Your Order number is: D49709919043  
Your payment verification code is: 26FCJSH9

You indicated your fingerprints would be delivered by: MAIL

Please refer to the following details when submitting your fingerprints:

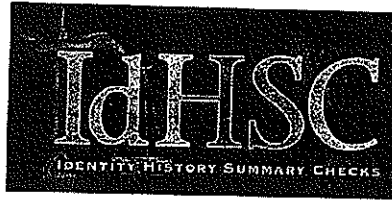
If delivering your fingerprints via Mail, please send your completed fingerprint card along with a copy of this confirmation email to:

FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

If you have any questions regarding this e-mail contact 304-625-5590 or [identity@fbi.gov](mailto:identity@fbi.gov)

This message has been transmitted to you by the FBI Criminal Justice Information Services Division. If you are not the intended recipient of this message, please destroy it promptly without any retention, dissemination, or reproduction (unless required by law), and please notify the sender of the error immediately by separate e-mail to [identity@fbi.gov](mailto:identity@fbi.gov) or by calling the Customer Service Group at 304-625-5590.

This is an automated message. Please do not reply to this e-mail.



Need Assistance? [Click Here.](#)

Current processing time for Identity History Summary requests submitted electronically is estimated to be three to five business days upon receipt of the fingerprint card. Allow additional time for mail delivery if this option was selected during the request process.

\*\*\*\*We are currently experiencing issues with Google Chrome and Safari browsers. We recommend that Internet Explorer or Mozilla Firefox be used to submit requests to obtain or challenge your Identity History Summary information.\*\*\*\*

## Overview

For a fee, the FBI can provide individuals with an Identity History Summary, often referred to as a criminal history record or a "rap sheet," listing certain information taken from fingerprint submissions kept by the FBI and related to arrests and, in some instances, federal employment, naturalization, or military service.

If the fingerprint submissions are related to an arrest, the Identity History Summary includes the name of the agency that submitted the fingerprints to the FBI, the date of the arrest, the arrest charge, and the disposition of the arrest, if known. All arrest information included in an Identity History Summary is obtained from fingerprint submissions, disposition reports, and other information submitted by authorized criminal justice agencies.

The U.S. Department of Justice Order 556-73, also known as Departmental Order, establishes rules and regulations for you to obtain a copy of your Identity History Summary for review or proof that one does not exist.

Only you may request a copy of your own Identity History Summary (or proof that one does not exist). You would typically make this request for personal review, to challenge information on record, to meet a requirement for adopting a child, or to meet a requirement to live, work, or travel in a foreign country.

## Obtaining Your Identity History Summary

### Identity History Summary Checks For Employment Or Licensing

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. The FBI's authority to conduct an Identity History Summary check for noncriminal justice purposes is based upon Public Law (Pub. L.) 92-544. Pursuant to that law, the FBI is empowered to exchange Identity History Summary information with officials of state and local governments for employment, licensing — which includes volunteers — and other similar noncriminal justice purposes, if authorized by a state statute which has been approved by the Attorney General of the United States. The U.S. Department of Justice has advised that the state statute establishing guidelines for a category of employment or the issuance of a license must, in itself, require fingerprinting and authorize the governmental licensing or employing agency to exchange fingerprint data directly with the FBI.

An Identity History Summary search obtained pursuant to U.S. Department of Justice Order 556-73 may not meet employment requirements. Governmental licensing or employing agencies covered by federal laws and/or state statutes may refuse to accept Identity History Summary information directly from the subject of the summary, as there would be no way to verify that the information contained on the summary had not been altered. Also, an Identity History Summary provided to the subject for personal review contains only information maintained by the FBI and may lack dispositional data and/or arrest records that are maintained only at the state level.

## How To Submit A Request

An e-mail address must be provided in order to initiate the application process. A secure link, along with a personal identification number, will be sent to the specified address and will be used to complete the online application. The same secure link and personal identification number will be used to check the status of your application and to access your results. You may optionally elect to have your results sent to you by First-Class Mail via the U.S. Postal Service.

Please select each step below to view additional information. Enter your e-mail address below to start the Identity History Summary Check process.

- Step 1: Complete the Applicant Information Form () >
- Step 2: Select Your Preferences () >
- Step 3: Submit Your Fingerprints () >

You may mail your completed fingerprint card along with a copy of your confirmation e-mail to:

FBI CJIS Division  
ATTN: ELECTRONIC SUMMARY REQUEST  
1000 Custer Hollow Road  
Clarksburg, WV 26306

- The FBI will process your request upon receipt of your completed fingerprint card in the date order it was received.
- Your fingerprints should be placed on a standard fingerprint form (FD-258) (artifacts/standard-fingerprint-form-fd-258-1.pdf) commonly used for applicant or law enforcement purposes. The FBI will accept FD-258 fingerprint cards on standard white paper stock.
- You must provide a current fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth must be provided on the fingerprint card.
- You must include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken at the same time (these are sometimes referred to as plain or flat impressions). If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- Fingerprints taken with ink or via live scan are acceptable. If your fingerprints are taken via a live scan device, a hard-copy must be generated so the fingerprint card can be mailed to the FBI.
- To ensure the most legible prints possible, refer to the Recording Legible Fingerprints (<https://www.fbi.gov/services/cjis/fingerprints-and-other-biometrics/recording-legible-fingerprints>) page. If fingerprints are not legible, the fingerprint card will be rejected. This could cause delays in processing and could also result in additional fees.
- The name on your response letter will match the name that you entered on your electronic DO request.
- If the last four digits of your Social Security number are needed on your response letter, then please ensure the full nine-digit or last four digits of your Social Security number is on the fingerprint card when submitting your request.

- Step 4: Submit Payment () >
- Step 5: Review and Confirm Your Request () >
- Step 6: Check Request Status () >
- Step 7: Receive Your Results () >

**Enter your e-mail address to get started!**

# Challenging Your Identity History Summary Or Your Firearm-Related Denial

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you may request a change or correction to your Identity History Summary information.

**Challenge Your Identity History Summary:** To challenge your Identity History Summary, you must provide either your FBI Universal Control Number (FBI Number) from your Identity History Summary or your State Identification Number (SID) from your state criminal history record. If providing your SID, you must include the two-letter state abbreviation for the state in which your offense occurred. Please select each step below to view additional information. Enter your e-mail address below to start the challenge process.

**Challenge Your Firearm-Related Denial:** To challenge your firearm-related denial, you must provide either a NICS Transaction Number (NTN), which is a unique number assigned to each valid firearm-related background check inquiry received by the FBI; or a State Transaction Number (STN), which is a unique number assigned by a State Point of Contact to a valid firearm-related background check inquiry. If you are not already in possession of your NTN or STN, you must contact the Federal Firearm Licensee (FFL) or state agency who initiated your firearm-related background check and request the applicable identifier. Please select each step below to view additional information. Enter your e-mail address below to start the challenge process. Click here for more information on challenging your firearm-related denial.

- Step 1: Complete the Challenge Information Form () >
- Step 2: Select Your Preferences () >
- Step 3: Submit Your Fingerprints to Challenge Your Firearm-Related Denial () >
- Step 4: Upload Supporting Documents () >
- Step 5: Review and Confirm Your Request () >
- Step 6: Check Request Status () >
- Step 7: Receive Your Results () >

**Enter your e-mail address to get started!**

Enter your e-mail address