



STATE OF ARKANSAS
OFFICE OF PROCUREMENT
ARKANSAS DEPARTMENT OF HUMAN SERVICES
700 Main Street
Little Rock, Arkansas 72203

RESPONSE PACKET
710-21-0003

CAUTION TO VENDOR

Vendor's failure to submit required items and/or information as specified in the *Bid Solicitation Document* **shall** result in disqualification.

SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Ozark Guidance Center, Inc.			
Address:	P.O. Box 6430			
City:	Springdale	State:	AR	Zip Code: 72766
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Laura H. Tyler	Title:	CEO
Phone:	479-750-2020	Alternate Phone:	479-725-5121
Email:	Laura.Tyler@ozarkguidance.org		

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: CEO
 Use Ink Only.
 Printed/Typed Name: Laura H. Tyler Date: 9/25/2020

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.

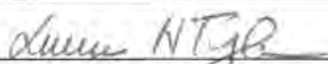
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Ozark Guidance Center, Inc.	Date:	9/25/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura H. Tyler		

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:	Ozark Guidance Center, Inc.	Date:	9/25/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura H. Tyler		

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:	Ozark Guidance Center, Inc.	Date:	9/25/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura H. Tyler		

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: Yes No SUBCONTRACTOR NAME: _____

TAXPAYER ID NAME: Ozark Guidance Center, Inc. IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME: Tyler FIRST NAME: Laura M.I.: H

ADDRESS: P.O. Box 6430 STATE: AR ZIP CODE: 72766 COUNTRY: United States of America

CITY: Springdale

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?	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

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 Laura H. Tyler Title CEO Date 9/25/2020

Vendor Contact Person Laura H. Tyler Title CEO Phone No. 479-750-2020

Agency use only

Agency Number _____ Agency Name _____

Agency Contact Person _____

Agency Contact Phone No. _____ Contract Grant No. _____

Ozark Guidance Center, Inc. is an affiliate of Arisa Health; therefore, both the Ozark Guidance Center and Arisa Health Employee handbook language are included in this packet.



EQUAL EMPLOYMENT OPPORTUNITY POLICY

OGC is an Equal Opportunity Employer. Equal Employment Opportunity has been, and will continue to be, a fundamental principle at OGC. Employment at OGC is based upon personal capabilities and qualifications without regard to race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, citizenship status, veteran status or any other protected characteristic as established by law.

This policy applies to all terms and conditions of employment, including, but not limited to, recruitment, hiring, placement, promotion, termination, layoff, compensation benefits, and all other terms and conditions of employment. It is OGC's intent to comply with all federal and state laws regarding employment practices.

The HR Department has overall responsibility for this policy and maintains reporting and monitoring procedures. Staff members' questions or concerns should be referred to the HR Department. Any staff member or applicant who believes he or she has been subjected to unlawful discrimination should report the incident immediately. Staff members, or applicants for employment, who seek assistance pursuant to this policy will not have their employment opportunities adversely affected because of such a complaint, or be subject to any other type of retaliation.

Appropriate corrective action, up to and including termination, may be taken when any staff member violates this policy.

YOUR EMPLOYMENT WITH ARISA HEALTH

EQUAL EMPLOYMENT OPPORTUNITY

Arisa is an Equal Opportunity Employer. Employment at Arisa is based upon personal capabilities and qualifications without regard to race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, citizenship status, veteran status or any other protected characteristic as established by law.

This policy applies to all terms and conditions of employment, including, but not limited to, recruitment, hiring, placement, promotion, termination, layoff, compensation, benefits, and all other terms and conditions of employment. It is Arisa's intent to comply with all federal and state laws regarding employment practices.

The Human Resources Department has overall responsibility for this policy and maintains reporting and monitoring procedures. Staff members' questions or concerns should be referred to the Human Resources Department. Any staff member or applicant who believes he or she has been subjected to unlawful discrimination should report the incident immediately. Staff members, or applicants for employment, who seek assistance pursuant to this policy will not have their employment opportunities adversely affected because of such a complaint or be subject to any other type of retaliation.

Appropriate corrective action, up to and including termination, may be taken when any staff member violates this policy.

NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

Arisa is committed to a work environment in which all individuals are treated with respect and dignity. Everyone has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Arisa expects that all relationships among persons in the workplace will be respectful, business-like and free of bias, prejudice and harassment.

Arisa prohibits discrimination and harassment based on race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, disability, genetic information, marital status, citizenship status, veteran status, association with a person of a protected status, or any other characteristic protected by law. Arisa prohibits and will not tolerate any such discrimination or harassment.

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
Methodist Family Health	1600 Aldersgate Road	Little Rock, AR 72205
Northeast Arkansas CMHC; Midsouth Health Systems, Inc.	2707 Browns Lane	Jonesboro, AR 72401
Northeast Arkansas Regional Recovery Center	6009 C.W. Post Road	Jonesboro, AR 72401
Recovery Centers of Arkansas	9219 Sibley Hole Road	Little Rock, AR 72209

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:	Ozark Guidance Center, Inc.	Date:	9/25/2020
Authorized Signature:		Title:	CEO
Print/Type Name:	Laura H. Tyler		

Please check each county in which you are willing to provide the service.
Please return with your response packet.

DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)
(SERVICE)
AREAS/COUNTIES

AREA 1

- Benton
- Carroll
- Madison
- Washington

AREA 2

- Crawford
- Franklin
- Johnson
- Logan
- Scott
- Sebastian
- Yell

AREA 3

- Clark
- Garland
- Hot Springs
- Howard
- Montgomery
- Perry
- Pike
- Polk
- Saline

Area 4

- Columbia
- Hempstead
- Lafayette
- Little River
- Miller
- Nevada
- Ouachita
- Sevier
- Union

AREA 5

- Baxter
- Boone
- Conway
- Faulkner
- Marion
- Newton
- Pope
- Searcy
- Van Buren

AREA 6

- Pulaski

AREA 7

- Bradley
- Calhoun
- Cleveland
- Dallas
- Grant
- Jefferson
- Lincoln
- Lonoke
- Prairie

AREA 8

- Clay
- Craighead
- Fulton
- Greene
- IZard
- Lawrence
- Mississippi
- Randolph
- Sharp

Area 9

- Cleburne
- Crittenden
- Cross
- Independence
- Jackson
- Poinsett
- Stone
- White
- Woodruff

Area 10

- Arkansas
- Ashley
- Chicot
- Desha
- Drew
- Lee
- Monroe
- Phillips
- St. Francis

2.2 Minimum Qualifications

D. Vendor Active Registration from Arkansas Secretary of State



Search Corporations, Companies, Banks and Insurance Companies

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

For service of process contact the _____

Corporation Name	OZARK GUIDANCE CENTER, INC
Fictitious Names	
Filing #	100038904
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp, 176 of 1963
Status	Good Standing
Principal Address	2400 S 48TH STREET SPRINGDALE, AR 72762
Reg. Agent	RAYBURN GREEN
Agent Address	234 E. MILLSAP ROAD, SUITE 200 FAYETTEVILLE, AR 72703
Date Filed	07/28/1970
Officers	SEE FILE, Incorporator/Organizer WILLIAM M SCHEERER , Principal DONNIE DAVIS , Director WOODROW ACORD , Director LAURA BAZYK , Director REBECCA JONES , Director FARRIS DEBOARD , Director DEBBIE SHINN , Director CONNIE GARDNER , Director CHRIS THORTON , Director DAWN ALLEN , Director ROGER COLLINS , Director KEVIN HATFIELD , Director MIKE MORGENTHALER , Director JOHN RYAN , Principal LAURA TYLER , Principal JUSTIN HUNT , Principal NANCY KAHANAK , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR
Purchase a Certificate of Good Standing for this Entity	_____

INFORMATION FOR EVALUATION

Minimum Qualifications

Ozark Guidance Center, Inc. (Ozark Guidance) is a private, local, CARF accredited nonprofit, community mental health center (CMHC), certified as a behavioral health agency (BHA) and substance abuse treatment provider (SATP). See **Attachment 1 for copy of DPSQA License and CARF Certificate of Accreditation**. Ozark Guidance is an enrolled Arkansas Medicaid Program service provider. See **Attachment 2 for copy of Medicaid Provider Numbers**. Ozark Guidance is an affiliate of Arisa Health, Inc that employs more than 500 individuals to serve an eight county catchment area in northwest Arkansas, including Benton, Carroll, Madison, Washington, Baxter, Marion, Newton, and Boone counties. Ozark Guidance Center has several clinic locations spread across its coverage area. Ozark Guidance proposes to provide Comprehensive Substance Abuse Treatment Services for adults, in compliance with the licensure standards outlined by DPSA, for the Arkansas Department of Human Services, Division of Children and Family Services (DCFS). Ozark Guidance will provide comprehensive alcohol and/or other drug abuse treatment services onsite to the adult residents of DCFS service Area 1 (Benton, Carroll, Madison, Washington) and portions of DCFS service Area 5 (Baxter, Boone, Marion, Newton), in the form of Outpatient Counseling – Individual and Outpatient Counseling-Group. For the purposes of this contract and to ensure continuity of care for individuals receiving substance abuse treatment services, Ozark will subcontract with DAABHS licensed and approved service providers for RADD Observation Detox, Residential, and Specialized Women’s Services (SWS). See **Attachment 3 for copy of Subcontractors’ DPSQA License**.

E.1 Approach to providing substance abuse treatment services. When Ozark Guidance receives a referral from the DCFS Financial Coordinator, Ozark Guidance has a dedicated Customer Support Specialist to process all incoming referrals to schedule the client’s initial substance abuse assessment within five (5) working days of receiving the referral from DCFS. Ozark Guidance has established a centralized email account for the sole purpose of receiving and processing DCFS referrals. Ozark Guidance accepts one hundred percent of DCFS referrals. Moreover, Ozark Guidance works to ensure that a referral is obtained before scheduling a client for services, unless emergency approval is given by the DCFS Central Office Substance Abuse Program Manager. A dedicated Registration Specialist verifies if the DCFS referred client has a current funding source. If the referred client has Medicaid or other medical insurance, it is considered primary insurance and will be billed prior to billing the DCFS contract for any services. If the client has no insurance or is not enrolled in Medicaid, the Registration Specialist can assist the client with any application processes for insurance. Ozark Guidance has established mechanisms in place for billing Medicaid, Medicare, and third party payers. If no other funding source is available, Ozark Guidance will contact the DCFS Financial Coordinator for approval of DCFS funding for substance abuse services.

Substance Abuse outpatient services for adults is offered across Ozark Guidance Center's eight county areas (Baxter, Benton, Boone, Carroll, Madison, Marion, Newton, Washington). Individuals can be self-referred to any of the outpatient clinics or may be court ordered or DHS referred to receive services. Ozark Guidance also receives referrals from clinics, physicians or medical professionals, the judicial system, community providers, or family members. Outpatient substance abuse services primarily operate Monday through Friday, 8:00am to 5:00pm though some services may be available evenings or weekends. Ozark Guidance provides a large array of services and has a multi-disciplinary team approach. For the purposes of this proposal, Ozark Guidance staff includes Clinical Social Workers, Licensed Professional Counselors, Licensed/Certified Substance Abuse Counselors and Counselors in Training. Additional team members include a Program Director, Program Manager, Registration Specialists, and Customer Support Representatives. Ozark Guidance has medical services if needed for medication management by psychiatrists and advanced practice nurses. The program is designed with the philosophy that behaviors can change. The program goals are to provide tools and resources to empower individuals that will assist them in changing behaviors leading toward a healthy lifestyle.

Ozark Guidance will directly provide outpatient substance abuse services for adults. Outpatient substance abuse services focuses on providing individuals with access to care and support for addiction recovery in a non-residential setting. Services may be provided in individual counseling, family counseling, and group counseling or a combination of services in order to meet the goals of the client. Ozark Guidance utilizes a variety of therapeutic modalities including Cognitive Behavioral Therapy (CBT), Trauma Focused-CBT (TF-CBT) and Dialectical Behavior Therapy (DBT). Substance Abuse staff will assist clients in exploring a variety of topics in session including but not limited to: what behaviors brought them to treatment, choices and consequences of substance use, family dynamics, relapse prevention, healthy coping strategies, effective communication strategies, the impact of use on their family/children, healthy leisure, daily structure, and feelings identification.

Ozark Guidance will subcontract residential substance abuse treatment, specialized women's services, and observational detox for adults. The Residential subcontractors include Northeast Arkansas CMHC; Mid-South Health Systems, Inc., Crowley's Ridge Development Council, Inc/Northeast Arkansas Regional Recovery Center, and Recovery Centers of Arkansas. The observational detox subcontractor is Crowley's Ridge Development Council, Inc/Northeast Arkansas Regional Recovery Center. The SWS subcontractor is Methodist Family Health-Arkansas Cares. **See Attachment 4 for copy of License and Certification for Vendor and Subcontractor Staff proposed to carry out the scope of work**

When a DCFS referred individual is recommended for residential substance abuse treatment or Specialized Women's Services (SWS), Ozark Guidance will notify the DCFS caseworker and DCFS Financial Coordinator for approval. Once the services are approved for DCFS funding, Ozark Guidance will coordinate admission to one of the approved subcontracted residential

facilities. Ozark Guidance will provide the subcontracted facility with clinical and demographic information necessary for coordinating an admission to the residential, observational detox, or SWS program. Ozark Guidance will confirm the facility location, admission date, and time and communicate this information to the DCFS Financial Coordinator and caseworker. Ozark Guidance has ongoing communication and care coordination with the subcontracted facility during the client's stay. Subcontracted providers are expected to follow the DCFS contract performance indicators as it relates to services and communication about client care. Ozark Guidance will notify DCFS Financial Coordinator and caseworker of discharge plans. Upon successful completion of residential or SWS services, the client will be recommended for continued care in outpatient services at Ozark Guidance.

Ozark Guidance maintains current and accurate progress notes for each individual and/or family receiving substance abuse treatment. A treatment progress note includes, but is not limited to, the following elements: Client Name, Provider Name, Date/Time of Service, demographic information, how the client presented for session, the treatment goals/objectives targeted in session, the interventions provided to the client, how the client responded to intervention(s), client's overall progress/regression, and plans for next session, including homework assignments. **See E.5 for Sample Progress notes.**

Discharge planning begins at the time of admission. Staff provide ongoing evaluation of the appropriateness of the clients treatment plan and may make adjustments in recommendations based upon ASAM placement criteria and whether the client is making progress or demonstrating regression. Clients are recommended for successful discharge based upon several criteria including successfully meeting their treatment goals and objectives, demonstrating progress in the identified problem areas, active participation in treatment sessions, attendance in self meetings, if required, and completion of an Aftercare plan. Prior to discharge, the care team members will be responsible for establishing an aftercare plan designed to support and increase the progress made during the course of treatment. An Aftercare Plan is included as part of a Discharge Planning and includes but is not limited to the following elements: summary of treatment, overall progress in treatment, and list of recommendations for services or ongoing supports after discharge, if applicable. **See E.2 Sample Aftercare Treatment Plan/Discharge Summary.**

Ozark Guidance provides comprehensive outpatient substance abuse treatment services and will continue to see clients for services through successful discharge or client termination. Because Ozark Guidance is able to provide a large array of services and remains a primary treatment provider until client has met treatment goals, Aftercare plans typically focus on providing clients with a list of services they may need in the future. Ozark Guidance works in coordination with a variety of local community organizations providing key services to those in our program including local primary care providers, emergency medical centers, acute psychiatric services, homeless shelters, domestic violence shelters, sober living and transitional housing programs. **See E.3 Community Partnership Matrix and Letters of Support.**

E. 2 Sample Aftercare Plan



Ozark Guidance
 2400 S. 48th Street
 Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 6:00 PM to 6:30 PM
Address:	3102 W MORLAN AVE SPRINGDALE AR 727664	Insurance:	Self Pay 2 - SELFPAYMD
Employee Name:	MARY BIER LPC	SSN:	999-99-9999
Service Type / CPT:	Discharge Summary / 99999	DOB / Axis I:	1/1/2010 / 303.90
Notes:		Program:	OR-Outpatient Recovery
Location:	SPR CLN		

Discharge

Presenting condition at admission:

Per mom, client has impulsive and inattentive bxh issues in class that are also occurring at home. Per client, he talks a lot and gets in trouble in class.

Admission Date:

11/9/2015

Discharge/Transition Date: 9/25/2020

Is this a Unplanned or Planned Discharge from Ozark Guidance services? : Planned

If an unplanned discharge occurs, the information presented in the discharge summary is based on a clinical review of the service notes leading up to the unplanned discharge. Prior to unplanned discharges, attempts to contact the client are completed to provide necessary notifications, clarify the reasons for the unplanned discharge, determine with the client (if reached) whether further services are needed, and offer or refer to needed services. Reason for Discharge/Transition: Goals met; no additional services needed at this time.

Attempts to contact client: : N/A - Planned discharge.

Full Diagnosis Injected:

Effective Date : 09/25/2020

1 (303.90 / F10.20) Alcohol use disorder, Moderate

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

2 (309.9 / F43.9) Unspecified trauma- and stressor-related disorder

Diagnosed By : Diagnosed Date : 9/16/2020

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:

Raw Score: Avg Score:

Cognition: Mobility: Self-care: Getting along: Life activities: Participation:



Ozark Guidance
2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 6:00 PM to 6:30 PM
Address:	3102 W MORLAN AVE	Insurance:	Self Pay 2 - SELFPAYMD
	SPRINGDALE AR 727664	SSN:	999-99-9999
Employee Name:	MARY BIER LPC	DOB / Axis I:	1/1/2010 / 303.90
Service Type / CPT:	Discharge Summary / 99999	Program:	OR-Outpatient Recovery
Notes:			
Location:	SPR CLN		

Client reported medical conditions:

Had to have stitches after hitting head with swing last year, per mom.

Medications (This may also include self-reported medications):

Medication:Klonopin 1 mg tablet

Start Date:8/3/2020

Sig:1 po am and 1 po afternoon

Medication:Klonopin 0.5 mg tablet

Start Date:3/16/2018

Services Provided during Course of Treatment: Family Therapy/Counseling, Group Therapy/Counseling, Individual Therapy/Counseling, Substance Abuse Assessment ,

Summarize course of treatment and describe achievement of goals/objectives. If unplanned discharge, description is based on review of service notes prior to discharge.:

Jane entered treatment on 6/1/20 as referral from DCFS based upon a DWI with her daughter in the car. During the course of treatment Jane actively engaged in treatment and shifted from an attitude of compliance with DCFS to a desire for long term recovery for herself and her daughter. Jane developed insight into her initial relapse a year ago after several years of sobriety and has learned health coping skills, more effective communication, health boundaries and the importance of a strong and sober support system. Jane has been accepted into a local transitional housing for her and her daughter and is now working part time at a local gas station. She has completed all goals at outlined in her master treatment and developed a relapse prevention plan.

Describe the client's status at last contact. If unplanned discharge, description is based on review of service notes prior to discharge.: N/A

Client reviewed her relapse prevention plan and expressed appreciation for her treatment.

Evidence of Progress in Treatment: Much Improved

Additional Information at DischargeStrengths (Choose all that apply): Has Supportive Social Environment (Family, Friends, School), Is Intelligent, Has Basic Needs Met, Has Faith or Religious Beliefs, Has Morals/Principles, Is Hopeful/Optimistic

Needs (Choose all that apply): Transportation, To Maintain/Obtain Employment, Healthy Recreation/Leisure, Services from Other Agencies (please describe below)*,

ongoing self help groups, and supportive services at Havenwood Transitional Housing

Abilities (Choose all that apply): Has Problem Solving Skills, Has Hobbies/Talents, Listens to Adults or Authority Figures, Attends to Activities of Daily Living, Asks for Help, Has the Capacity to Learn, Is Able to Work/Attend School, Is Able to Care for Others Despite Own Concerns

Preferences (Choose all that apply): Continue to have family/friends involved in my life, Continue with current living situation,

Are there any unresolved issues that would lead the client to be a danger to self or others, this would include gravely disabled? If unplanned discharge, this is based on the review of the last contact with the client and/or parent/guardian.: No

Does the client have physical illness symptoms that exacerbate their mental health disorder? If unplanned discharge, this information is based on a review of the client's chart and client reported medical conditions listed above.: No

Have substance abuse issues been addressed during the course of treatment? If unplanned discharge, this information is based on a review of the client's chart and diagnoses. : Yes

Has client been out of Ozark Guidance prescribed medication and refills for at least 90 days?: No (Treating Prescriber Signature Required to complete discharge)

List recommendations for services/supports after discharge. Services/Supports: Return to Ozark Guidance for additional services if/when needed. Locations are available across Northwest Arkansas. Normal business hours are 8am-5pm Monday-Friday.

Contact 479-750-2020 for more information. . Other (describe)*,

Havenwood



Ozark Guidance
2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 6:00 PM to 6:30 PM
Address:	3102 W MORLAN AVE	Insurance:	Self Pay 2 - SELFPAYMD
	SPRINGDALE AR 727664	SSN:	999-99-9999
Employee Name:	MARY BIER LPC	DOB / Axis I:	1/1/2010 / 303.90
Service Type / CPT:	Discharge Summary / 99999	Program:	OR-Outpatient Recovery
Notes:			
Location:	SPR CLN		

Employee Signature

MARY BIER, LPC

Parent/Guardian Signature

Jane Credible

E. 3. Matrix of Aftercare Partner Providers

Community Partnership Matrix

Community Partner	Services Provided
Havenwood	Transitional Housing
Salvation Army	Homeless Shelter



DOING
THE MOST
GOOD

William Booth, Founder
Brian Peddle, General
Commissioner Willis Howell, Territorial Commander
Major Lewis Reckline, Divisional Commander
Captains Josh & Ashley Robinett, Area Commanders
Northwest Arkansas Area Command

September 29, 2020

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Proposal for Division of Children and Family Services Substance Abuse Treatment across the eight county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past two years in my role as Director of Social Services with Salvation Army, I can confidently speak to the qualifications of Ozark Guidance.

We work closely with Ozark Guidance in the following ways: supplementing substance use services for beneficiaries in our adult drug & rehabilitation program, referring our shelter guests for mental health services, and assisting our shelter guests access to transitional housing that is managed by Ozark Guidance. We have also given many clients access to longer term substance use treatment by connecting them with the local Crisis Stabilization Unit that is operated by Ozark Guidance to get short-term stability and a referral to a more appropriate facility. As one of the only community-based mental health treatment facilities in the area, Ozark Guidance is the first place we turn to help our clients access services when financial constraints are a barrier to getting help.

DCFS is welcome to contact me directly should they have further questions about this reference and the crucial work that Ozark Guidance provides in the local community.

Sincerely,

Ambra Bruce

Signature
Ambra Bruce, LMSW
Director of Social Services



September 26, 2020

Ozark Guidance Center, Inc.
Attention: Laura H. Tyler, CEO
P.O. Box 6430
Springdale, AR 72766

Via e-mail to: laura.tyler@ozarkguidance.org

Dear Laura,

I am writing this letter in support of Ozark Guidance Center, Inc. It is my understanding that your organization is responding to a Request for Proposal for Division of Children and Family Services Substance Abuse Treatment across the eight-county region including (Baxter, Boone, Benton, Carroll, Madison, Marion, Newton and Washington) currently served by Ozark Guidance.

Having worked with Ozark Guidance over the past five years in as the Executive Director of Havenwood, I can confidently speak to the qualifications of Ozark Guidance.

I have the privilege of working with Ozark Guidance in multiple ways. One vital way that our two agencies collaborate is through the NWA Continuum of Care and case conferencing. As it is both Ozark Guidance and the partnering agencies of the NWACoC's desire to house individuals and families that are experiencing housing instability, their contribution from a mental health perspective is so vitally needed. As you know, many of our homeless in the area have a wide array of mental health and substance abuse issues which Ozark Guidance provides us with the much-needed services that these individuals need for success. Our agencies have also collaborated by providing group counseling and mental health services to many of our clients at Havenwood. While we can put them in safe and stable housing, often their mental health and substance abuse needs are greater that our organization can handle by itself. Ozark Guidance continues to participate in our holistic approach to care.

DCFS is welcome to contact me directly should they have further questions about this reference and the vital work that Ozark Guidance provides in the local community.

Sincerely,
Debbie Martin

Debbie Martin, MS
Executive Director
Havenwood
479.273.1060

Havenwood, Inc. is recognized as a non-profit organization by the IRS.
IRS Code: Section 501(c)(3); Tax Identification Number: 84-2595892

808 N. Main #1 Bentonville, AR 72712 Phone: 479-273-1060 Fax: 479-464-7169
Visit Us: www.nwahavenwood.org

E.5 Sample Progress Notes



Ozark Guidance

2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 1:15 PM to 1:57 PM
Address:	3102 W MORLAN AVE SPRINGDALE AR 727664	Insurance:	Self Pay - SELFPAY
Employee Name:	MARY BIER LPC	SSN:	999-99-9999
Service Type / CPT:	Individual Therapy / 90834	DOB / Axis I:	1/1/2010 / 303.90
Notes:		Program:	OR-Outpatient Recovery
Location:	SPR CLN		

Demographics/Observations

AGE:

10

FULL DIAGNOSIS INJECTED:

Effective Date : 09/25/2020

1 (303.90 / F10.20) Alcohol use disorder, Moderate

Diagnosed By : Diagnosed Date :

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

2 (309.9 / F43.9) Unspecified trauma- and stressor-related disorder

Diagnosed By : Diagnosed Date : 9/16/2020

Onset Date : Previous Onset Date :

Onset Prior to Admission:

R/O: No

Notes:

Date Updated: 09/25/2020

SNOMED: -

WHODAS 2.0 General Disability Assessment Date:

Raw Score: Avg Score:

Cognition: Mobility: Self-care: Getting along: Life activities: Participation:

Where was the service provided?: OGC Building or Property

Have there been any changes in the following medications: (if yes, describe any action taken): No changes reported ,

Describe interval history (I.e., improvement or worsening of symptoms, new issues or stressors) since last visit: Yes (describe)

Jane reports not being able to see her daughter for her last scheduled visit due to a miscommunication about the transportation. Her caseworker is helping to set up a new time.

Brief Mental Status Exam and Observations

Mood: (Choose one or more of the following that apply): Depressed

Abnormal/Psychotic Thoughts: None.

Affect: (Choose one or more of the following that apply): Full , Tearful

Behavior: (Choose one or more of the following that apply): Cooperative

Cognitive Impairment of: (Choose one or more of the following that apply): None Reported,

Client Observations

Appearance: Well Groomed

Attitude: Cooperative

Current Risk of Harm to Self/Others/Safety Plan:

Date of Last Risk Assessment:

7/13/2020

Risk Rating of Last Assessment:



Ozark Guidance

2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 1:15 PM to 1:57 PM
Address:	3102 W MORLAN AVE SPRINGDALE AR 727664	Insurance:	Self Pay - SELFPAY
Employee Name:	MARY BIER LPC	SSN:	999-99-9999
Service Type / CPT:	Individual Therapy / 90834	DOB / Axis I:	1/1/2010 / 303.90
Notes:		Program:	OR-Outpatient Recovery
Location:	SPR CLN		

Low

Triggers to Complete a new Risk Assessment: No Additional information to warrant a new risk assessment ,
Was the Crisis Safety Plan Reviewed Today: No
Was the Client screened/assessed for inpatient psychiatric hospitalization during the visit?: No - was not screened ,
Intervention Summary

Prognosis:: FAIR

Describe the client's overall progress or regression: Mixed Progress

Progress/Regression is evidenced by: Mixed progress as evidenced by client did arrive 10 minutes late for scheduled service saying she forgot the time of the appointment. She is more actively engaging in sessions and appears to be more internally motivated for change.

Plan for next Session, including homework assignments: Jane will journal daily including uncomfortable feelings she experienced and how she coped using the skills gleaned today in session. Jane has agreed to having one positive and meaningful contact daily as she continue to struggle with isolation. **Is there any revision indicated for the following (check all that apply)?:** No revisions indicated at this time,

The client and/or client's guardian participated in a review of the client's treatment plan.: No

TX Plus

Problem: Client / Family Involvement in Tx Planning

Start Date: 9/17/2020 **Target Date:** **End Date:**

Description: Address each of the following: 1) Input of client/guardian in treatment plan development; 2) Method of Communication with client/guardian; 3) Role of guardian in treatment; 4) Barriers to involvement of client/guardian in treatment planning

Documentation:N/A- no changes

Problem: Recovery Services - Initial TX Plan

Start Date: 9/25/2020 **Target Date:** 12/25/2020 **End Date:**

Description: Based on assessments that determined all immediate problems and needs, please the address the following if applicable and describe action take to meet these needs: 1. Medical Condition, 2. Nutrition, 3. Clothing, 4. Personal Hygiene, 5. Legal Issues, 6. Emergency Contacts, 7. Who has Custody of Dependents while Client is in Treatment

Documentation:N/A- no changes

Problem: Alcohol Use Disorder

Start Date: 9/25/2020 **Target Date:** 12/25/2020 **End Date:**

Description: Jane was referred by DCFS after a DWI related accident with her daughter in the car. Jane has hx of prior tx and says she relapsed approximately a year ago and has been drinking near daily since.

Documentation:Jane reports last use of alcohol was 17 days ago.

Goal: LTG 1

Start Date: 9/25/2020 **Target Date:** 12/25/2020 **End Date:**

Description: Jane will develop a recovery plan for long term sobriety to "get my daughter back and be the mom I know I can be and my daughter deserves".

Objective: STO 1

Start Date: 9/25/2020 **Target Date:** 12/25/2020 **End Date:**

Description: Jane will abstain from alcohol and/or other drugs and utilize healthy coping strategies and report use of skills daily as evidenced by self report and DCFS staff report.

Documentation: Jane reports her last drink of alcohol was 17 days ago. She presented today 15 minutes late saying she had thought her appointment was at 2pm and not 1pm. She was well groomed and was prepared to talk openly about her recent plans for a visit with her daughter that did not work out due to some miscommunication. MHP praised Jane and pointed out that Jane was able to express her feelings and appeared more calm and less angry than in previous times she was faced with disappointment. Today's session was primarily focused on the importance of ongoing self care and daily structure as Jane tends to isolate right now due to not having much sober support in her life. Jane agrees that when she focuses on self care and being around others who are positive she



Ozark Guidance

2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 1:15 PM to 1:57 PM
Address:	3102 W MORLAN AVE SPRINGDALE AR 727664	Insurance:	Self Pay - SELFPAY
Employee Name:	MARY BIER LPC	SSN:	999-99-9999
Service Type / CPT:	Individual Therapy / 90834	DOB / Axis I:	1/1/2010 / 303.90
Notes:		Program:	OR-Outpatient Recovery
Location:	SPR CLN		

tends to handle life stressors in a more positive way and has less thoughts of drinking. Jane participated in making a list of things she can do both on her own or with others that promotes ongoing recovery. She committed to daily journaling and to return in one week for follow up.

Intervention: Individual Counseling by MHP 1-2x/monthly

Start Date: 9/25/2020 **Target Date:** **End Date:**

Description: Client Centered, CBT (monitoring/restructuring maladaptive thoughts, reframe, problem-solving skills training), open ended questions, trigger identification, relapse prevention, coping skills, feelings identification, narrative, relaxation strategies, homework, family dynamics, confrontation, 12-step based recovery concepts. These services are needed to provide a safe, supportive environment to process emotions and develop coping skills necessary to reduce Jane's current level of impairment.

Documentation: Intereventions from today's session included ongoing rapport building, open ended questions, trigger identification, reflective listening, feelings identification, installation of hope and encouragement, homework.

Transition Plan

Service admit date:

11/9/2015

Service transition date: 9/25/2020

****If for any reason you are experiencing difficulty after your transition from this service and are not able to get needed assistance, please contact us at our 24 hour crisis line: 1-800-234-7052**

Client Signature - Box 1 Parent/Guardian Signature - Box 2 Staff/Provider Signature - Box 3

Date Transition form signed: 9/25/2020

Client First Name:

JANE

Client Last Name:

CREDIBLE

Client ID:

310185

ASAM - Recovery Only

Level I: Outpatient Services- Treatment/Strategies for recovery or motivational enhancement(<9 hours/week for Adults; <6 hours/week for Adolescents):

ASAM Placement Criteria:

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Include past and current experiences of substance use and withdrawal:

no current alcohol use

Dimension 2: Biomedical Conditions/Complications

Include physical health, medical problems, and physical activity and nutrition:

denies

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

Include thoughts, emotions, and mental health issues:

continues to have some low level emotional lability but is manageable at current level of care.

Dimension 4: Readiness to Change

Include what motivates client and their readiness and interest in changing:

expresses strong desire to remain sober and to get her daughter back.

Dimension 5: Relapse/Continued Use/Continued Problem Potential

Include concerns for continued substance use, mental health or a relapse:

is in early stages of recovery (last use 17 days ago), has history of being successful with long term sobriety.

Dimension 6: Recovery Environment



Ozark Guidance
2400 S. 48th Street
Springdale, AR 72762-0000

Client Name:	JANE CREDIBLE - 310185	Date/Time:	9/25/2020 1:15 PM to 1:57 PM
Address:	3102 W MORLAN AVE SPRINGDALE AR 727664	Insurance:	Self Pay - SELFPAY
Employee Name:	MARY BIER LPC	SSN:	999-99-9999
Service Type / CPT:	Individual Therapy / 90834	DOB / Axis I:	1/1/2010 / 303.90
Notes:		Program:	OR-Outpatient Recovery
Location:	SPR CLN		

Include living situation and the people, places and things that are important to the client : .
lives alone with boyfriend who is in/out of her life. fairly isolated and has minimal sober supports.

ASAM Continued Service and Discharge Criteria: : Continued Service Criteria: It is appropriate to retain the patient at the present level of care if:

1.The patient is making progress, but has not yet achieved the goals articulated in the individualized treatment plan.
Continued treatment at the present level of care is assessed as necessary to permit the patient to continue to work toward his or her treatment goals;: .

Or
And/Or
Or
Or
Or

Employee Signature



E. 4. Approach to assessments. DCFS referred clients complete a comprehensive substance abuse assessment with a licensed mental health professional, a licensed or certified substance abuse counselor, or certified substance abuse counselor-in training. The comprehensive substance abuse assessment includes a face-to-face interview with the client utilizing standardized drug and/or alcohol assessment tools including the Substance Abuse Subtle Screening Inventory (SASSI), when appropriate, and the Addiction Severity Index (ASI). The assessor will gather collateral information from the initial DCFS referral documents or by contacting the DHS caseworker if further information is needed. Additionally clients are given the Mental Health Screening Form (MHSEF) for screening for possible co-occurring issues. Identifying a substance use disorder is based upon the interview, screening tools, and the most recent version of the DSM diagnostic criteria. The recommended course of care will be based upon the individual's strengths, needs, abilities, and preferences in conjunction with American Society of Addiction Medicine (ASAM) placement criteria for level of care. The substance abuse counselor, with client collaboration, will develop an individualized treatment plan which will include the treatment service level and/or frequency of counseling service: outpatient (individual, family, and/or group therapy), residential, observational detox, or specialized women's service. Women who are pregnant will be admitted to treatment within forty eight (48) hours of the recommended services.

Attachment 1

**DPSQA License and CARF
Certificate of Accreditation**

Survey Accreditation Detail

As of 5/26/2020

Survey Number: 102683
Company Number: 256290
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 3/31/2021
Company Submitting Application: Ozark Guidance Center
2400 South 48th Street
Springdale, AR 72762

Program Summary:

Community Integration: Mental Health (Adults)
Crisis Stabilization: Integrated: AOD/MH (Adults)
Day Treatment: Mental Health (Children and Adolescents)
Diversion/Intervention: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Specialized or Treatment Foster Care: Mental Health (Children and Adolescents)
Governance Standards Applied

Companies with Programs:

Ozark Guidance Center (256290)

2400 South 48th Street
Springdale, AR 72762
Community Integration: Mental Health (Adults)
Day Treatment: Mental Health (Children and Adolescents)
Diversion/Intervention: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Specialized or Treatment Foster Care: Mental Health (Children and Adolescents)
Governance Standards Applied

Ozark Guidance Center Bentonville (260963)

2508 Southeast 20th Street
Bentonville, AR 72712
Community Integration: Mental Health (Adults)
Diversion/Intervention: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center Berryville (263053)

208 Highway 62 West
Berryville, AR 72516
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/26/2020

Ozark Guidance Center Fayetteville (260962)

60 West Sunbridge
Fayetteville, AR 72701

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center Harrison Clinic (308260)

117 Sawgrass Point
Harrison, AR 72601

Community Integration: Mental Health (Adults)

Diversion/Intervention: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Specialized or Treatment Foster Care: Mental Health (Children and Adolescents)

Ozark Guidance Center Huntsville (260960)

1104 North College
Huntsville, AR 72740

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center Jasper Clinic (331955)

411 East Court Street
Jasper, AR 72641

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center Northwest Arkansas Crisis Stabilization Unit (315075)

105 North Mill Avenue
Fayetteville, AR 72701

Crisis Stabilization: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Ozark Guidance Center Rogers/Bentonville Children's Services (260961)

2003 Southeast Walton Boulevard
Bentonville, AR 72712

Day Treatment: Mental Health (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center Siloam Springs (260957)

710 Holly Street
Siloam Springs, AR 72761

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/26/2020

Ozark Guidance Center Siloam Springs Harvard Street (260958)

827 West Harvard Street

Siloam Springs, AR 72761

Day Treatment: Mental Health (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Ozark Guidance Center, Inc. (309621)

#8 Medical Plaza

Mountain Home, AR 72653

Diversion/Intervention: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Company Count: 12



License Number: 34110

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 4960 Springhouse Springdale, AR 72762 _____,

_____ , County of _____ Washington _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34106

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2003 SE Walton Blvd Bentonville, AR 72712 _____,

_____, County of _____ Benton _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34085

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2508 Southeast 20th Street Bentonville, AR 72712 _____,

_____, County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34086

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 208 Hwy 63 West Berryville, AR 72616 _____,

_____ , County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34088

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 60 West Sunbridge Drive Fayetteville, AR 72703 _____,

_____, County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34127

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 117 Sawgrass Point Harrison, AR 72601 _____,

_____ , County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34090

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 1104 N. College Street Huntsville, AR 72740 _____,

_____, County of _____, Madison _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34097

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ #8 Medical Plaza Mountain Home, AR 72653 _____,

_____, County of _____, Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34099

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____
on the premises located at _____ 710 Holly Street Siloam Spring, AR 72761 _____,
_____ , County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





License Number: 34100

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2400 South 48th Street Springdale, AR 72762 _____,

_____, County of _____ Boone _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 34102

This Is to Certify That

Ozark Guidance Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 4912 Springdale Drive Springdale, AR 72762 _____,

_____, County of _____, Washington _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022



Attachment 2

Medicaid Provider Numbers

2.2 E. Vendor Medicaid Provider Number

Address	City	State	Zip	Medicaid Provider ID
2003 SE Walton Blvd	Bentonville	AR	72712	174733526
2508 Southeast 20th Street	Bentonville	AR	72712	137522726
208 HWY 62 West	Berryville	Ar	72616	137445726
60 W Sunbridge Dr.	Fayetteville	AR	72703	174862526
117 Sawgrass Point	Harrison	AR	72601	230363526
1104 N College St	Huntsville	AR	72740	137446726
# 8 Medical Plaza	Mountain Home	AR	72653	230364526
710 Holly Street	Siloam Springs	AR	72761	137523726
2400 South 48th St.	Springdale	AR	72762	116235726
4912 Springhouse Drive	Springdale	AR	72762	116235726
4960 Springhouse Drive.	Springdale	AR	72762	116235726

Attachment 3

Subcontractors' DPSQA License



License Number: 32549

This Is to Certify That

Northeast AR Regional Recovery Center

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 6009 C W Post Road _____

Jonesboro _____ County of _____ Craighead _____, Arkansas.

License Effective: 03/28/2019 | License Expires: 03/28/2022





License Number: 34066

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Program _____

on the premises located at _____ 4451 North Washington _____,

Forrest City _____, County of _____ Saint Francis _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 33200

This Is to Certify That

Recovery Centers of Arkansas

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 1201 River Road _____,
North Little Rock, AR. 72114 _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





Certificate Number: 33040

This Is to Certify That

Recovery Centers of AR (Father Tribou)
6301 Father Tribou Little Rock, AR 72205

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 07/01/2019 to 02/28/2023 (unless sooner revoked).





License Number: 33751

This Is to Certify That

Recovery Centers of Arkansas

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 6301 Father Tribou _____,

Little Rock, AR 72205 _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2018 | License Expires: 07/01/2021





License Number: 33750

This Is to Certify That

Recovery Centers of Arkansas

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 14913 Cooper Orbit Rd _____,

Little Rock, AR 72223 _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/18/2018 | License Expires: 07/18/2021





Certificate Number: 32513

This Is to Certify That

Recovery Centers of AR (Copper Orbit Rd)

14913 Cooper Orbit Road Little Rock, AR 72223

has met provider requirements to operate a(n)/as _____ Behavioral Health Agency.

Certificate effective from 07/01/2019 to 02/28/2023 (unless sooner revoked).





License Number: 33776

This Is to Certify That

United Methodist Children's Home / AR CARES

is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a
N/A capacity _____ Alcohol and Other Drug Abuse Treatment Programs _____

on the premises located at _____ 2002 South Fillmore Street _____,
Little Rock _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022



Attachment 4

**License and Certification for
Vendor and Subcontractor Staff**

Vendor: Ozark Guidance Center

Staff Licensure and Certification



Arkansas
Social Work License Card

License No.

9681-M

Alina O Anima, LMSW

413 N West End St

Springdale AR 72764

Expiration Date:

7/31/2021

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

Sigfrid Johnson

Chairman

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Rachel Antionette Bannert

5000 Hawthorne Way

Springdale, AR 72762

License # P2002017

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Rachel Antionette Bannert

License: P2002017

LPC

Effective: 2/25/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

A handwritten signature in cursive script, likely belonging to the Chair of the Board.

Arkansas Psychology Board
101 E. Capitol Avenue, Suite 415
Little Rock

Tammy J. Berke
PFH Health Resources, #8 Medical Plaza
Mountain Home, AR 72653

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Tammy J. Berke

Is licensed as a

Psychologist - Active Status

6/20/1986


Date Issued

6/30/2021

Expiration Date

86-14P

License Number

ARKANSAS PSYCHOLOGY BOARD		
101 E. Capitol Ave., Ste. 415 Little Rock, AR 72201-3824 (501) 682-6167		
THIS CERTIFIES THAT		
IS DULY LICENSED IN THE STATE OF ARKANSAS AS A		
		
Active Status		
License No.	<u>86-14P</u>	
Issued	<u>6/20/1986</u>	Expires <u>6/30/2021</u>
Signature	_____	

License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy
501-683-5800

Mary Bier

LICENSE #: P1403039 | TYPE: LPC | STATUS: ACTIVE

Fayetteville, 72704

ADDITIONAL INFO

Date of Issue: 3/27/2014

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: libby.bier@live.com

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Dru Ellen Cessna
18 Deddington Dr.
Bella Vista, AR 72714

Date 12/27/2019
For LAC
License # A1912189



Arkansas State Board of Examiners in
Counseling

Licensee: Dru Ellen Cessna
License: A1912189
LAC
Effective: 12/27/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

Payor

Date 12/27/2019

Receipt No. 1683

Item	Licensee	License No	Type	Amount
1829	Dru Ellen Cessna	A1912189	LAC	\$200.00
Total				\$200.00



SEARCH

GO

[Home](#)

Name	Childers, Joyce Colleen
Location	Springdale, AR
Level	LCSW
License Number	3522-C
Date Issued	6/5/2012
Expiration	6/30/2022

[Back](#)**Licensure Level Key:**

- LCSW:** Licensed Certified Social Worker
- LMSW:** Licensed Master Social Worker
- LSW:** Licensed Social Worker
- PLMSW:** Provisional Licensed Master Social Worker
- PLSW:** Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

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Arkansas
Social Work License Card

License No.

8491-C

Crystal Cotton, LCSW

1571 Henley Dr.

Harrison AR 72601

Expiration Date:

7/31/2021

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

Debra Johnson, 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

Russell Edwin DeGroat, LCSW
2433 E. Magnolia Dr.
Fayetteville, AR 72703

Russell Edwin DeGroat, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **June 1, 2019** through **May 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, (**May 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **June 1, 2019** through **May 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.

6549-C

Expiration Date:

5/31/2021

Russell Edwin DeGroat, LCSW

2433 E. Magnolia Dr.

Fayetteville AR 72703

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 License Card

Expiration Date:
7/31/2022

License No.
8036-M
Joshua Dye, LMSW
1200 Jean Lane
Harrison AR 72601

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

Debra Hope Spivey, PhD, LSW
Chair

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Robyn Maranda Dye
1612 Crestwood
Harrison, AR 72601

Date 12/23/2019
For LPC
License # P1912147



Arkansas State Board of Examiners in
Counseling

Licensee: Robyn Maranda Dye
License: P1912147
LPC

Effective: 12/23/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Payor

Date 12/23/2019
Receipt No. 1677

Item	Licensee	License No	Type	Amount
1821	Robyn Maranda Dye	P1912147	LAC to LPC	\$100.00
Total				\$100.00

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

Miguel A Garcia, LMSW
201 N. 40th Street
Springdale, AR 72762

Miguel A Garcia, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **June 1, 2019** through **May 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, (**May 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **June 1, 2019** through **May 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.

8291-M

Miguel A Garcia, LMSW

201 N. 40th Street

Springdale AR 72762

Expiration Date:

5/31/2021

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

Chairman



Arkansas
Social Work License Card

License No.

7261-C

Whitney Lynn Gates, LCSW

34954 Hwy 295

Hindsville AR 72738

Expiration Date:
12/31/2020

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


Chairman

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Diana Louise Haberman
3135 N Hughmount Road
Fayetteville, AR 72704

Date 6/6/2020
For LPC
License # P9201003

 Arkansas State Board of Examiners in Counseling

Licensee: Diana Louise Haberman
License: P9201003
LPC
Effective: 6/6/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Rossie Clark*

Payor Diana Haberman
Date 6/6/2020
Receipt No. 3330

Item	Licensee	License No	Type	Amount
3521	Diana Louise Haberman	P9201003	LPC	\$300.00
Total				\$300.00

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

June 10, 2019

Sheryll A. Harbaugh, LCSW
3000 W. Seminole Rd.
Rogers, AR 72758-1341

Sheryll A. Harbaugh, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **June 1, 2019** through **May 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, (**May 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **June 1, 2019** through **May 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.

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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. 1268-C
Expiration Date: 5/31/2021
Sheryll A. Harbaugh, LCSW
3000 W. Seminole Rd.
Rogers AR 72758-1341

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

Chairman

License Search

MCD # 227796719



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy
501-683-5800

Dwight Hignite

LICENSE #: P1602012 | TYPE: LPC | STATUS: ACTIVE

Siloam Springs, 72761

ADDITIONAL INFO

Date of Issue: 2/4/2016

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: dwithhignite@yahoo.com; dwithhignite@ozarkguidance.org

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



Nathaniel Smith, MD, MPH
Secretary of Health

July 13, 2020

Dana Ilie-Stout, LCSW
2571 Cave Creek Lane
Springdale, AR 72764

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dana Ilie-Stout, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **July 1, 2020** through **June 30, 2022**. 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, (**June 30, 2022**) you must obtain 48 hours of social work continuing education between the dates of **July 1, 2020** through **June 30, 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.

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 Department of Health
Social Work License Card**

License No.

4445-C

Expiration Date:

6/30/2022

Dana Ilie-Stout, LCSW
2571 Cave Creek Lane
Springdale AR 72764

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

Dana Ilie-Stout, LCSW
Chair

License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy
501-683-5800

Brenden Jones

LICENSE #: A1808107 | TYPE: LAC | STATUS: ACTIVE

Lowell

Lowell,Lowell, 72745,72745

ADDITIONAL INFO

Date of Issue: 8/10/2018

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: brendenjones93@att.net

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



February 10, 2020

Nathaniel Smith, MD, MPH.
Secretary of Health

Lockie Barnett Jones, LCSW
1844 Sycamore Springs Rd
Mountain Home, AR 72653

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

Lockie Barnett Jones, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **March 1, 2020 through February 28, 2022**. 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, (**February 28, 2022**) you must obtain 48 hours of social work continuing education between the dates of **March 1, 2020 through February 28, 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.

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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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 Department of Health
Social Work License Card**

License No.

1848-C

Lockie Barnett Jones, LCSW
1844 Sycamore Springs Rd
Mountain Home AR 72653

Expiration Date:

2/28/2022

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 8, 2018

M. Raylene Lamb, LCSW
4191 CR 939
Berryville, AR 72616-7261

M. Raylene Lamb, LCSW:

This is to notify you that your licensure as a Social Worker has been approved for the period of **November 1, 2018** through **October 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, (**October 31, 2020**) you must obtain 48 hours of social work continuing education between the dates of **November 1, 2018** through **October 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.

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. 7426-C
Expiration Date: 10/31/2020
M. Raylene Lamb, LCSW
4191 CR 939
Berryville AR 72616-7261

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

Issue Date: February 26, 2019

Stephanie J. Litzinger, LCSW
213 Shane Drive
Centerton, AR 72719

Dear Stephanie;

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. 7992-C, is subject to renewal February 28, 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 (March 1, 2019 – February 28, 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. 7992-C Expiration Date: 2/28/2021

Stephanie J. Litzinger, LCSW
213 Shane Drive
Centerton AR 72719

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

Chairman



**Arkansas
Social Work License Card**

License No.

8495-C

Expiration Date:

8/31/2021

Kristen Elizabeth McAllister, LCSW

239 White Rd

Fayetteville AR 72703

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 Jackson, LCSW", is written over a horizontal line.

Chairman



Arkansas State Board of Examiners in
Counseling

Licensee: Sean Ryan Millhouse

License: P1306059

LPC

Effective: 4/24/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

[Signature]

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

November 5, 2018

Kristie D. Morgan, LCSW
1103 Latisha Lane
Siloam Springs, AR 72761-9094

Kristie D. Morgan, 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.

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



Arkansas
Social Work License Card

License No.

1396-C

Kristie D. Morgan, LCSW

1103 Latisha Lane

Siloam Springs AR 72761-9094

Expiration Date:

12/31/2020

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

Asa Hutchinson, Governor

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 State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



MS April Dee Morris
135 Sugar Leaf Court
Siloam Springs, AR 72761

License # P1012085

Speciality:
PLAY THERAPY



Arkansas State Board of Examiners in
Counseling

Licensee: MS April Dee Morris

License: P1012085

LPC

Effective: 5/20/2019 Expires: 6/30/2021

CHAIR OF THE BOARD

A handwritten signature in blue ink, appearing to read "April Dee Morris".

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Michael Donald Mowrey
1007 Flamingo Road
Rogers, AR 72756

Date 5/3/2019
For LPC
License # P1506062



Arkansas State Board of Examiners in
Counseling

Licensee: Michael Donald Mowrey

License: P1506062

LPC

Effective: 5/3/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Payor Mowrey, Michael

Date 5/3/2019

Receipt No. 169

Item	Licensee	License No	Type	Amount
176	Michael Donald Mowrey	P1506062	LPC	\$300.00
Total				\$300.00

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Ariel Roshelle Nations
521 Oakshire Circle
Jonesboro, AR 72401

Date 3/2/2020
For LAC
License # A1807085



Arkansas State Board of Examiners in
Counseling

Licensee: Ariel Roshelle Nations
License: A1807085
LAC

Effective: 3/2/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

Payor Ariel Nations
Date 3/2/2020
Receipt No. 2293

Item	Licensee	License No	Type	Amount
2453	Ariel Roshelle Nations	A1807085	LAC	\$250.00
Total				\$250.00

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



MS Erica Michelle Olson
501 E Centerton Blvd. Apt. 1414
Centerton, AR 72719

License # P1806074



Arkansas State Board of Examiners in
Counseling

Licensee: MS Erica Michelle Olson

License: P1806074

LPC

Effective: 5/4/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Arkansas State Board of Examiners in Counseling


101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Robert D. Parke
102 Deer Lane Apartment 6
Eureka Springs, AR 72632

Date 6/12/2020
For LPC
License # P1607067

 Arkansas State Board of Examiners in Counseling

Licensee: Robert D. Parke
License: P1607067
LPC
Effective: 6/12/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Rossie Clark*

Payor Robert Parke

Date 6/12/2020

Receipt No. 3415

Item	Licensee	License No	Type	Amount
3606	Robert D. Parke	P1607067	LPC	\$300.00
Total				\$300.00



**Arkansas
Social Work License Card**

License No.

10145-M

Expiration Date:

8/31/2022

**Nicole Marie Tougaw Plummer, LMSW
1107 N Flamingo Rd
Rogers AR 72756**

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

Diana Stage Plummer PhD, LSW

Chairman

License Search



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy
501-683-5800

Joshua Pursifull

LICENSE #: P1312118 | TYPE: LPC | STATUS: ACTIVE

Harrison, 72601

ADDITIONAL INFO

Date of Issue: 12/17/2013

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: jpursifull@hra.pfh.org



Arkansas Department of Health Social Work License Card

License No. 81663-C Expiration Date: 8/31/2022

Kate Rhames, LCSW
5734 W Legacy Street
Fayetteville AR 72704

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

Debra Sage Hund PhD, LSW
Chair

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Brandy Gail Scholl
2963 Dorothy Jeanne St. #4
Fayetteville, AR 72704

Date 5/26/2020
For LPC
License # P1902020



Arkansas State Board of Examiners in
Counseling

Licensee: Brandy Gail Scholl
License: P1902020
LPC

Effective: 5/26/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Thomas Schell*

Payor Brandy Scholl
Date 5/26/2020
Receipt No. 3115

Item	Licensee	License No	Type	Amount
3303	Brandy Gail Scholl	P1902020	LPC	\$300.00
Total				\$300.00

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



MR TERRY MICHAEL SHOTT
246 MAE STREET
HUNTSVILLE, AR 72740

Date 5/15/2019
For LPC
License # P1008059



Arkansas State Board of Examiners in
Counseling

Licensee: MR TERRY MICHAEL SHOTT

License: P1008059

LPC

Effective: 5/15/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Nicholas Schmitz*



SEARCH

GO

[Home](#)

Name	Smith, Rachel
Location	Fayetteville, AR
Level	LMSW
License Number	8923-M
Date Issued	8/7/2018
Expiration	8/31/2022

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

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No responsibility is assured or implied for error or omissions created or caused by technical difficulties. No one shall be entitled to claim detrimental reliance thereon.

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**Arkansas
Social Work License Card**

License No.

9676-M

Expiration Date:

7/31/2021

Madelyn Claire Spence, LMSW

15 W Prospect St, Apt A-1

Fayetteville AR 72701

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

A handwritten signature in cursive script that reads "Leigh Hudson, LMSW".

Chairman



SEARCH

GO

MCD # 236658719

[Home](#)

Name	Storm, Beth A.
Location	Mountain Home, AR
Level	LCSW
License Number	5798-C
Date Issued	5/20/2014
Expiration	5/31/2022

[Back](#)**Licensure Level Key:****LCSW:** Licensed Certified Social Worker**LMSW:** Licensed Master Social Worker**LSW:** Licensed Social Worker**PLMSW:** Provisional Licensed Master Social Worker**PLSW:** Provisional Licensed Social Worker

The data in this website is maintained by the Information Network of Arkansas and is endorsed by the Arkansas Social Work Licensing Board as primary source verification. Each item of data has been provided by Board personnel from the primary source, unless otherwise specified. The Social Work Licensing Board maintains updates to this website once each month after the Board meets. Disciplinary information is located under the Complaints Tab.

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**Arkansas Department of Health
Social Work License Card**

License No.

8960-M

Expiration Date:

7/31/2022

Morgan Vaughn, LMSW
3961 Abby Lane, Apt. 111
Springdale AR 72762

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

Debra Kaye Hund PhD, LSW

Chair

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



Issue Date: August 6, 2020

Patrick D. Yang, LCSW
985 S. Washington Ave.
Fayetteville, AR 72701

Governor Asa Hutchison
José R. Romero, MD,
Interim Secretary of Health

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dear Patrick;

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. 8222-C, is subject to renewal August 31, 2022 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 (September 1, 2020 – August 31, 2022). 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. Your LMSW license is hereby retired and is not subject to renewal.

Sincerely,

Debra Gage Hurd, PhD, LSW
Chair of the Board

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.



Arkansas
Social Work License Card

License No.

8222-C

Expiration Date:

8/31/2022

Patrick D. Yang, LCSW
985 S. Washington Ave.
Fayetteville AR 72701

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

Chairman

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



Dear MALLORY
CORNETT

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/08/30 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Dear NICHOLAS JONES

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/04/08 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Dear **MICHAEL
LEONARD**

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of **2017/12/13** your CIT registration is **valid for 5 years.**

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



May 31, 2017

Betty Stonesifer
804 NW 11th St.
Bentonville, AR. 72712

Dear Betty,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of May 31st, 2017 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB



Dear MALLORY
CORNETT

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/08/30 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



August 22, 2018

David Pennington
2417 Water Way
Fayetteville, AR. 72704

Dear David,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of August 22nd, 2018 your CIT registration is valid & active.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Subcontractors

Staff Licensure and Certification



Dear TERESA WILLIAMS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/08/26 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Awanna Leigh Smith
1314 W. Washington Ave.
Jonesboro, 72401

License # P2007041

*logged
7-29-20 is
verified
sent to C. Jones
credible
Scanned to
D. Hays
7-30-20*



Arkansas State Board of Examiners in
Counseling

Licensee: Awanna Leigh Smith

License: P2007041

LPC

Effective: 7/28/2020 Expires: 6/30/2023

CHAIR OF THE BOARD *[Signature]*

Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201

Received to J. Hays
7-15-2020
ds
Credit 21620


Christie Dawn Ring
P.O. Box 372
Ravenden, AR 72459

License # P1901013

Specialty:
Rehabilitation



Arkansas State Board of Examiners in
Counseling

Licensee: Christie Dawn Ring

License: P1901013

LPC

Effective: 3/25/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*



March 13, 2020

Jimmy Dixon
3204 E. Moore
Searcy, AR. 72143

Dear Jimmy,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 11, 2020 your CIT registration is **valid for 5 years**.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Certificate of Recognition

nife Washington

IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS **COMMUNITY MENTAL HEALTH CENTER, INC.**
UNDER PROFESSIONAL SUPERVISION.

THIS CERTIFICATION IS NON-TRANSFERABLE.

June 13, 2018

Date



Ruth Allison Dover, Executive Director



AS
Credible 7/10/19
for logged 7-10-19

Dear SARIAH VALLEY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/07/08 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Certificate of Recognition

Saviah Valley

IS CERTIFIED AS A QUALIFIED BEHAVIORAL HEALTH PROVIDER
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
UNDER PROFESSIONAL SUPERVISION

THIS CERTIFICATION IS NON-TRANSFERABLE.

February 6, 2019

Date


Ruth Allison Dover, Executive Director



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

March 19, 2018

Demetric Johnson
120 S. 8th St.
West Helena, AR. 72390

Dear Demetric,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 19th, 2018 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACR

*Logged
Credits 8-22-19
3/30/19*

5

Certificate of Recognition

Demetric Johnson

IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
UNDER PROFESSIONAL SUPERVISION.

THIS CERTIFICATION IS NON-TRANSFERABLE.

March 21, 2018

Date

RADover
Ruth Allison Dover, Executive Director



[Home](#)

Name	Cartwright, Angela William
Location	Conway, AR
Level	LCSW
License Number	3489-C
Date Issued	10/15/2014
Expiration	10/31/2020

[Back](#)

Licensure Level Key:

- LCSW:** Licensed Certified Social Worker
- LMSW:** Licensed Master Social Worker
- LSW:** Licensed Social Worker
- PLMSW:** Provisional Licensed Master Social Worker
- PLSW:** Provisional Licensed Social Worker

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27 # 7912

FOR 11/15/21

April 26, 2016

Angela Cartwright
1515 Appalachian Dr.
Conway, AR. 72034

Dear Angela,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of April 7th, 2016 your CIT registration is **valid for 5 years**.

This letter is to give to your agency to start your practicum.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB



Dear **ELIZABETH
GROBMYER**

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/11/07 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Dear ELIZABETH
GROBMYER

This letter is to let you know that you are a Registered Peer in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 09/26/2019 your PIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your email, address or name changes.**

Beginning April 12th 2019 ONLY Peer Supervisors may sign off on areas requiring a supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph: (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Dear KRISTIE ESAW

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/06/03 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Kristie Esaw

Has successfully completed 40 hours of mental health training as required by OBHS to meet training requirements as a

Qualified Behavioral Health Provider

Training Hours

40

Date of Completion

May 19, 2020

6621 - 161

QBHP Training

CARES

5/19/20

Verification Report

Primary Source Board of Nursing Report Summary for:

LESLIE MARIE BROWN

Monday, August 17 2020 12:49:02 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above or enter name searched below.

This online verification system is a free service available to the public for primary source verification by Registered Nurse (RN), Licensed Psychiatric Technician Nurse (LPTN), and Medication Assistant - Certified (MA-C) license/certification issued in the state of Arkansas. The information contained within this verification is true and complete to the best of the Board's knowledge.

For nurses (RNs and CNPs) this report is not sufficient as primary source verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (NLV) (<https://www.ark.gov/nlv/>) advice to obtain the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
BROWN, RN LESLIE MARIE		R037036	Active	03/18/1991	08/31/2021	Multistate	NO

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

Nurse Licensure Compact (NLC) Information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- More information about the Nurse Licensure Compact (NLC) (<https://www.ncsbn.org/nurse-licensure-compact.htm>)

Arkansas Psychology Board
101 E. Capitol Avenue, Suite 415
Little Rock

Carole Smith Baxter
406 Goshen Avenue
North Little Rock, AR 72116

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Carole Smith Baxter

Is licensed as a

Psychological Examiner

12/2/1977

Date Issued

6/30/2020

Expiration Date

77-50E

License Number



ARKANSAS PSYCHOLOGY BOARD

101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201-3824
(501) 682-6167

THIS CERTIFIES THAT

Carole Smith Baxter

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A

Psychological Examiner

License No. 77-50E

Issued 12/2/1977

Expires 6/30/2020

Signature _____

0218
Credible 74-18-19



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

CIT-HS-00023

Dear **JENNIFER
WASHINGTON**

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/03/26 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph, (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Dear LIZ VAN DALSEM

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/08/05 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



July 19, 2017

Lyndsy Anderson
1500 Phillip Dr.
Jacksonville, AR. 72076

Dear Lyndsy,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of July 19th, 2017 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board

Has conferred upon

CAROLE BAXTER

The Certification of

Co-occurring Disorders Professional Diplomat

And all the Rights, Privileges and Honors thereto appertaining.

In Witness Whereof, this certification duly signed has been issued and the seal of the Arkansas Substance Abuse Certification Board hereunto affixed.

Issued by the Arkansas Substance Abuse Board of Directors

03/04/2019

Issue Date

Diane Byrnes
President

Dr. K. Reg. M.S.
Vice-President

509

Certificate Number



03/04/2021

Expiration Date

Myriam Carter, SOC.CS.PK
Secretary



Arkansas State Board of Examiners in Counseling
101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



ANDREW H BEAVERS
37 WALTON RD
SHERWOOD, AR 72201

Date 3/17/2020
For LPC
License # P1906069



Arkansas State Board of Examiners in
Counseling

Licensee: ANDREW H BEAVERS
License: P1906069
LPC

Effective: 3/17/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

Payor ANDREW H BEAVERS
Date 3/17/2020
Receipt No. 2352

Item	Licensee	License No	Type	Amount
2512	ANDREW H BEAVERS	P1906069	LPC	\$300.00
Total				\$300.00



State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors

certifies that

Andrew H. Beavers

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue

License No.

Expiration Date

08/13/2010

291L

12/31/21

Pam Ste

Board Administrator

Arkansas Substance Abuse Certification Board

Hereby Certifies

ANDREW H. BEAVERS

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Advanced Alcohol Drug Counselor

10/31/2019

Issue Date

Diane Bynum
President

Dr. K. Ry MSLS
Vice-President

A-299

Certificate Number

Myran Carter, SOC.CS.PK
Secretary

12/31/2021

Expiration Date

Myran Carter, SOC.CS.PK
Secretary





July 19, 2017

Lyndsy Anderson
1500 Phillip Dr.
Jacksonville, AR. 72076

Dear Lyndsy,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of July 19th, 2017 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB



Dear B AARON BOND-
MARTIN

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/01/30 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board

Hereby Certifies

GARY DON CAMPBELL

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Advanced Alcohol Drug Counselor

10/02/2019

Issue Date

A-103

Certificate Number

12/31/2021

Expiration Date

Diane Byrnes
President

Myraun Carter, SOC.CS.PK
Secretary

Gary Don Campbell
Vice-President





State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors
certifies that

Gary Don Campbell

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue	License No.	Expiration Date
10/12/2001	181L	12/31/2021

Pam Site

Board Administrator

Arkansas Substance Abuse Certification Board

Hereby Certifies

DOUGLAS CLARK

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

12/13/2019

Issue Date

1631

Certificate Number

12/31/2021

Expiration Date

Diane Byrnes
President

Myrian Carter, SOC.CSP
Secretary

Dr. H. R. M.S.
Vice-President





June 26, 2018

Rachel Crites
3321 S. Bowman Rd. #915
Little Rock, AR. 72211

Dear Rachel,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of June 26th, 2018 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the event your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board

Hereby Certifies

TAMMIE JONES

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

12/04/2019

Issue Date

Doree Byrnes
President
Dr. K. Ray M.S.C.
Vice-President

1725

Certificate Number

12/31/2021

Expiration Date

Mignon Carter, SOC.CS.P.
Secretary





November 2, 2017

English Peteron
6 Eagle Nest Ct.
Little Rock, AR. 72210

Dear English,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of November 2nd, 2017 your CIT registration is valid for 3 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the even your address or name changes.**

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB



Dear JOSEPH REYNOLDS

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/04/30 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors

certifies that
Jerry Rushing

is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue 10/12/2001 License No. 083L Expiration Date 12/31/21

[Signature]
Board Administrator

State of Arkansas

Board of Examiners of Alcoholism and Drug Abuse Counselors

Certifies that

Jerry Rushing

0083 L

has complied with the requirements in accordance with the laws of the State and is hereby licensed with all rights, privileges and responsibilities prescribed by Act 1588 of 1999 to practice as a
Licensed Alcoholism and Drug Abuse Counselor.

September 1, 2001

Date

[Signature]
Chairperson

[Signature]
Vice-Chair

[Signature]
Secretary



Expires December 31, 2021

Arkansas Substance Abuse Certification Board

Hereby Certifies

JERRY RUSHING

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Advanced Alcohol Drug Counselor

11/21/2019

A-263

12/31/2021

Issue Date

Certificate Number

Expiration Date

Diane Byrnes
President

Myrian Carter, SOC.CS.PK
Secretary

Jerry Rushing
Vice-President





May 14, 2020

Heidi Earls
3300 Barrett Cir. Apt. B
Jonesboro, AR. 72401

Dear Heidi,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of May 11th, 2020 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. **It is your responsibility to notify us in the even your address or name changes.**

Beginning January 1st, 2018, ONLY clinical supervisors may sign off on areas requiring a Clinical Supervisor signature.

This letter is to give to your agency to start your practicum.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas Substance Abuse Certification Board

Hereby Certifies

KENNETH MCCOY

Who has complied with the requirements established by the Board and has successfully obtained these standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

10/28/2019

Issue Date

1450

Certificate Number

12/31/2021

Expiration Date

Dean Dymally
President

Ch. K. H. H. H.
Vice-President

Miriam Carter, AOC, CS, P
Secretary



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:

Kenneth Dale McLoy

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

In testimony hereof we have set forth our hands upon this document at Little Rock, Arkansas this **20th** day of **November** Two Thousand **Two**.

Michael W. Hundley
Chairperson

Jelena M. Stevens
Vice-Chairperson

Kathy T. Bulewa
Secretary



Certificate No. 2679 -B



Dear TRISTA BOTCHWAY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/08/13 your CIT registration is ~~valid for 5 years.~~

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Arkansas State University

Upon the recommendation of the Faculty and by virtue of
the authority vested in the Board of Trustees
confers upon

Trista Botchway

the degree of

Master of Social Work

all the rights and privileges thereunto appertaining.

Issued at Jonesboro, Arkansas on this

Fourteenth Day of May, Two Thousand-sixteen



Howard P. Skinkard
Chair of the Board

Charles H. ...
President

Joe Huber
Chancellor

Lynita M. Cooksey
Vice Chancellor and Provost

Arkansas State University

Upon the recommendation of the Faculty and by virtue of
the authority vested in the Board of Trustees
confers upon

Trista Botchway

the degree of
Certificate Program
Addiction Studies

all the rights and privileges therunto appertaining.
Issued at Jonesboro, Arkansas on this
Fourteenth Day of May, Two Thousand-sixteen

Howard P. Skirland

Chair of the Board

Charles L. ...

President



Joe Hudson

Chancellor

Lynita M. Cooksey

Vice Chancellor and Provost

Phi Kappa Phi



The Honor Society of Phi Kappa Phi
awards this certificate to

Trista Botchway

in recognition of outstanding academic achievement at

Create @ STATE: A Symposium of Research, Scholarship & Creativity!

by vote of the Chapter at

Arkansas State University



April 11, 2013

Date

Stacy Hilbert

Chapter President

Paul M. Johnson

Chapter Secretary

Arkansas State University

Upon the recommendation of the Faculty and by virtue of
the authority vested in the Board of Trustees
confers upon

Trista Lee Hotchway

the degree of

**Bachelor of Science
Interdisciplinary Studies**

all the rights and privileges thereunto appertaining.

Issued at Jonesboro, Arkansas on this
Seventeenth Day of December, Two Thousand-eleven

Howard H. Skerik

Chair of the Board

Clark

President



S. David Howard

Chancellor

Benedict Jones, Jr.

Executive Vice Chancellor and Provost



Dear STEPHANIE
 BARKER

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2020/07/17 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Offender Employment Specialist *Building Bridges*

This certificate recognizes that
Stephanie Doyle
has successfully completed the
Offender Employment Specialist Training
Forrest City Correctional Complex


Ms. Zaneta Vaughn, GCDF/IOWDS/OES


Mr. Brian Gray, GCDF/IOWDS/OES




Ms. Faye Ballard, GCDF/IOWDS/OES

July 16, 2014

ARKANSAS DEPARTMENT OF COMMUNITY CORRECTION
EAST CENTRAL CENTER

Gratefully acknowledges your contribution to our
resident population. Your time and involvement is
greatly appreciated.

Stephanie Barker

National Re-Entry Week 2017

Phyllis B. Castorbaugh

Phyllis Silas, Center Supervisor

Suzanne Bowers, Treatment Supervisor

Janice Gray

Janice Gray, Program Specialist

UNIVERSITY OF ARKANSAS at Little Rock

To all to whom these presents shall come

Greeting

Be it known that

Stephanie Jean Hoyle

having completed the studies and fulfilled the requirements of the faculty for
the degree of
Bachelor of Arts
Criminal Justice

has accordingly been admitted to the degree with all the rights, honors,

and privileges thereto attached, and she is hereby authorized to receive the degree of
in the year of our Lord one thousand nine hundred and twenty

John Van Camp
Chancellor of the University of Arkansas
University of Arkansas

Donald B. [Signature]
University of Arkansas

[Signature]
University of Arkansas





Dear CHRISTIE DUKE

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/10/09 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the event your address or name changes.

Beginning Jan 1st 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

If you have any questions, please contact me at ar.asacb@gmail.com or ph. (501) 749-4040

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Black River Technical College

Upon recommendation of the Faculty and by virtue of
the authority vested in the Board of Trustees
confers upon

Christie Dawn Duke

the degree of

Associate of Arts

and all the rights and privileges thereunto appertaining.

Issued at Pocahontas, Arkansas on this

December 14, 2017

Date of Award

Doug Cox
Chairman of the Board

David L. Lee
Secretary of the Board



[Signature]

President

Sheila Inger

Vice President, Students

University of Central Arkansas

has conferred upon
Christie Dixon Duke
the degree of
Bachelor of Science
Summum Cum Laude

and all the Rights, Privileges and Honors thereto appertaining.
In Witness Whereof, this diploma duly signed has been issued and
the seal of this University hereunto affixed.

Issued by the Board of Trustees upon recommendation of the Faculty at Conway, Arkansas.

December 11, 1919

Samuel Alcock
Chairman, Board of Trustees

Ray Dinkler
Secretary, Board of Trustees



Robert D. Davis
President of the Board of Trustees

Thomas L. Carter
President and Ex-officio Vice President

Status:

Succeeded

Certificate name:

CIT - Bachelors Degree

Step name:

Application Fee

Professional's first name + last name:

Tabitha Hicks

Certifier's name (company name):

ASACB

Transaction ID:

txn_1HNKVLY5a5kANQv1yGYL6PP

Payment ID:

ch_1HNKVZLY5a5kANQvQN7HYB7P

Date of transaction:

2020-09-03

Amount paid in \$:

100

Arkansas State University

Upon the recommendation of the Faculty and by virtue of
the authority vested in the Board of Trustees
confers upon

Tabitha Etta Hicks

the degree of

Bachelor of Social Work

Social Work

Cum Laude

all the rights and privileges thereunto appertaining.

Issued at Jonesboro, Arkansas on this
Thirteenth Day of May, Two Thousand-seventeen

Howard P. Skinkard

Chair of the Board

Charles H. ...

President



Angela ...

Chancellor

Lynita M. Cooksey

Vice Chancellor and Provost