# BID RESPONSE PACKET 710-24-025

Western Arkansas Counseling and Guidance Center, Inc. 3111 S 70<sup>th</sup> Street Fort Smith, AR 72903

## BID SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION  |  |              |                            |                       |                            |                 |  |  |  |  |  |
|---|--|--------------|----------------------------|-----------------------|----------------------------|-----------------|--|--|--|--|--|
| Company:  | ompany: Western Arkansas Counseling & Guidance Center, Inc.                            |              |                            |                       |                            |                 |  |  |  |  |  |
| Address:  | PO Box 11818, 3111 South 70th Street   |              |                            |                       |                            |                 |  |  |  |  |  |
| City:   | Fort Smith State: AR Zip Code: 72917-181   |              |                            |                       |                            |                 |  |  |  |  |  |
| Business<br>Designation:  | <ul><li>☐ Individual</li><li>☐ Partnership</li></ul>                                   |              | Proprietorship<br>poration |                       | Public Servio<br>Nonprofit | ce Corp         |  |  |  |  |  |
| Minority and<br>Women-Owned<br>Designation*:  | <ul> <li>Not Applicable</li> <li>African American</li> <li>Asian American</li> </ul>   |              |                            | Service-Di<br>Women-O | sabled Veterar<br>wned     | 1               |  |  |  |  |  |
|   | AR Certification #:  |              | * See Minority             | and Womer             | n-Owned Busin              | ess Policy      |  |  |  |  |  |
|   |  |              | FOR CONTACT INFO           |                       |                            |                 |  |  |  |  |  |
| Contact Person:   | Monica Bowes   |              | Title:                     | Administ              | rative Special             | ist             |  |  |  |  |  |
| Phone:  | 479-785-9432   |              | Alternate Phone:           | 479-452-              | 479-452-6650 x 10032       |                 |  |  |  |  |  |
| Email:  | monica.bowes@wacg  | jc.org       |                            |                       |                            |                 |  |  |  |  |  |
| 1   | COM  | FIRMATION    | OF REDACTED COP            | Y                     |                            |                 |  |  |  |  |  |
| 🔳 NO, a redacted  | ed copy of submission docu<br>d copy of submission docu<br>l be released if requested. |              |                            | id a full cop         | by of non-redac            | cted submission |  |  |  |  |  |
| Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's Bid Response Packet,<br>and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than<br>pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).<br>See Bid Solicitation for additional information. |  |              |                            |                       |                            |                 |  |  |  |  |  |
|   | COI  | VIBINDED CER | RTIFICATIONS FOR           | N                     |                            |                 |  |  |  |  |  |
| Prospective Contractor has included in this submission packet the signed Attachment H: Combined Certifications for Contracting with the State of Arkansas.  |  |              |                            |                       |                            |                 |  |  |  |  |  |
| 1.16.20   |  |              |                            |                       |                            |                 |  |  |  |  |  |

### 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: | 0 AL                     | Title: CEO       | _ |
|-----------------------|--------------------------|------------------|---|
|                       | Aaron L. "Rusti" Holwick | Date: 03/07/2025 |   |

## SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are <u>NON-mandatory</u> 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 the bid solicitation.

| Vendor Name:  | Western Arkansas Counseling& Guidance Center, Inc. | Date:  | 03/07/2025 |
|---------------|--|--------|------------|
| Signature:    |  | Title: | CEO        |
| Printed Name: | Aaron L."Rusti" Holwick                            |        |            |

## PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information.

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

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

## COUNTIES

Instructions: Select each county in which services can be provided by the Prospective Contractor.

| Arkansas   |   |
|------------|---|
| Ashley     |   |
| Baxter     |   |
| Benton     |   |
| Boone      |   |
| Bradley    |   |
| Calhoun    |   |
| Carroll    |   |
| Chicot     |   |
| Clark      |   |
| Clay       |   |
| Cleburne   |   |
| Cleveland  |   |
| Columbia   |   |
| Conway     |   |
| Craighead  |   |
| Crawford   | x |
| Crittenden |   |
| Cross      |   |
| Dallas     |   |
| Desha      |   |
| Drew       |   |
| Faulkner   |   |
| Franklin   | x |
| Fulton     |   |

| Garland      |   |
|--------------|---|
| Grant        |   |
| Greene       |   |
| Hempstead    |   |
| Hot Spring   |   |
| Howard       |   |
| Independence |   |
| Izard        |   |
| Jackson      |   |
| Jefferson    |   |
| Johnson      |   |
| Lafayette    |   |
| Lawrence     |   |
| Lee          |   |
| Lincoln      |   |
| Little River |   |
| Logan        | Х |
| Lonoke       |   |
| Madison      |   |
| Marion       |   |
| Miller       |   |
| Mississippi  |   |
| Monroe       |   |
| Montgomery   |   |
| Nevada       |   |
|              |   |

| Newton      |   |
|-------------|---|
| Ouachita    |   |
| Perry       |   |
| Phillips    |   |
| Pike        |   |
| Poinsett    |   |
| Polk        | х |
| Роре        |   |
| Prairie     |   |
| Pulaski     |   |
| Randolph    |   |
| Saline      |   |
| Scott       | Х |
| Searcy      |   |
| Sebastian   | х |
| Sevier      |   |
| Sharp       |   |
| St. Francis |   |
| Stone       |   |
| Union       |   |
| Van Buren   |   |
| Washington  |   |
| White       |   |
| Woodruff    |   |
| Yell        |   |

All counties (Statewide)

## SERVICE TYPES

<u>Instructions:</u> Select each type of substance abuse treatment service that can be provided by the Prospective Contractor. **All services will include intake and assessment.** 

| Residential - Full day           | x |
|----------------------------------|---|
| <b>Residential - Partial Day</b> | x |
| <b>Residential - Adolescent</b>  |   |
| Outpatient – Individual          | x |
| Outpatient – Family              | x |
| Outpatient – Group               | x |

| Outpatient - multi-family group |   |
|---------------------------------|---|
| Outpatient – Adolescent         |   |
| Outpatient - Intensive          | x |
| Specialized Women Services      |   |
| RADD Observation Detox          | x |
| Medication Management           | x |

## **SECTION 2.4 MINIMUM QUALIFICATIONS**



Currently enrolled as a service provider in the Arkansas Medicaid Program. Prospective Contractor's Medicaid Service Provider Number: 116380726

NOT currently enrolled as a service provider in the Arkansas Medicaid Program.

## STATEMENT OF ATTESTATION

The Contractor **must** be enrolled as a service provider in the Arkansas Medicaid Program by the contract start date of May 1, 2024. Failure to do so will result in contract termination. Services and payments shall not be provided under any resulting contract without enrollment. Any enrollment information after the bid opening must be submitted to ....

By signature below, the Prospective Contractor agrees to and shall fully comply with all requirements as described in this attestation.

**Authorized Signature** Printed/Typed Name: Aaron L."Rusti" Holwick, CEO\_\_ Date: \_03/07/2025\_

## **DOCUMENTATION CHECKLIST**

As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Certificate of Accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF)
- List of proposed staff
- Official Bid Price Sheet
- All documents provided in the Bid Response Packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Contract and Grant Disclosure Form (Attachment A)
- Certifications and Restrictions (Attachment H)

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| Contract Number  |              |            |  |                |                                   |   |   |   |
|--|--------------|------------|--|----------------|-----------------------------------|---|---|---|
| Attachment Number                                      |              |            |  |                |                                   | AND CERTIFICATION FORM  |   |   |
| Action Number<br>Failure to complete all of the follow | wina infor   | _          |  |                |                                   | e agreement, or grant award with any Arkans   |   |   |
| SUBCONTRACTOR: SUBCON                                  | TRACTOR      |            |  |                |                                   |   | <u></u>                                     |   |
| □ Yes ☑No  |              |            |  |                | · · · · · · · · · · · · · · · · · | IS THIS FOR:  |   |   |
| TAXPAYER ID NAME: Westerr                              | n Arkans     | sas Co     | unseling & Guidance Center   | , Inc.         |                                   |   | s? 🗹 Both?                                  |   |
| OUR LAST NAME: HOIWICK                                 |              |            | FIRST NAME A   | aron "Ru       | sti"                              | M   | n.i.: L                                     |   |
| DDRESS: PO Box 11818                                   |              |            |  |                |                                   |   |   |   |
| CITY: Fort Smith                                       |              |            | STATE:   | AR             | ZIP COL                           | <sub>E:</sub> 72917   | COUNTRY                                     | USA   |
|  |              |            |  |                |                                   | A CONTRACT, LEASE, PURCH  |   | <u>MENT,</u>                                      |
| <u> OR GRANT AWARD WI</u>                              | <u>TH AN</u> | Y ARK      | (ANSAS STATE AGENC)  | <u>, THE F</u> | OLLOW                             | ING INFORMATION MUST BE D   | DISCLOSED:                                  |   |
|  |              | _          | FOR  | IND            | Ινιι                              | OUALS*  |   |   |
| ndicate below if: you, your spous                      | se or the    | prother, s |  |                |                                   | former: member of the General Assembly, (   | Constitutional Office                       | er, State Board or Com                            |
| Member, or State Employee:                             | 1            |            | 1  | 1              | -                                 | What is the person(s) name and  | how are they relate                         | cut to you?                                       |
| Position Held  | Mar          | k (√)      | Name of Position of Job Held<br>[senator, representative, name of  | For Ho         | w Long?                           | [i.e., Jane Q. Public, spouse, Jo   | ohn Q. Public, Jr., c                       | hild, etc.]                                       |
|  | Current      | Former     | board/ commission, data entry, etc.]   | From<br>MM/YY  | To<br>MM/YY                       | Person's Name(s)  |   | Relation  |
| General Assembly                                       | _            |            |  |                |                                   |   |   |   |
| Constitutional Officer                                 |              |            |  |                |                                   |   |   |   |
| State Board or Commission<br>Member                    |              |            |  |                |                                   |   |   |   |
| State Employee   |              |            |  |                |                                   |   |   |   |
| None of the above appli                                | es           |            |  |                |                                   |   |   | <u>.</u>  |
|  |              |            | FOR AN E   | NTIT           | гу (                              | BUSINESS)*  |   |   |
| Officer, State Board or Commission                     | on Memb      | er, State  | nt or former, hold any position of co<br>Employee, or the spouse, brother, s<br>cans the power to direct the purchas | sister, parer  | nt, or child a                    | ship interest of 10% or greater in the entity:<br>If a member of the General Assembly, Consti<br>a the management of the entity | member of the Ger<br>itutional Officer, Sta | neral Assembly, Constil<br>ate Board or Commissio |
|  | 1            | k (√)      | Name of Position of Job Held   |                | w Long?                           | What is the person(s) name and what is I  |   | ship interest and/or                              |
| Position Held  |              | Former     | [senator, representative, name of board/commission, data entry, etc.]  | From<br>MM/YY  |                                   | what is his/her pos<br>Person's Name(s)   | Owners                                      | •   |
| General Assembly                                       |              |            |  |                |                                   |   | macreat                                     |   |
| Constitutional Officer                                 |              |            |  |                |                                   |   |   |   |
| State Board or Commission<br>Member                    | 1            |            |  |                |                                   |   |   |   |
| State Employee   |              |            |  |                |                                   |   |   |   |
|  |              | L          |  |                |                                   |   |   |   |

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Contract Number

Attachment Number

Action Number

### **Contract and Grant Disclosure and Certification Form**

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

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

- 1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
- 2. I will include the following language as a part of any agreement with a subcontractor:

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

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

| I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein. |  |                         |  |  |  |  |  |
|---|--|-------------------------|--|--|--|--|--|
| SignatureDate_03/07/2025  |  |                         |  |  |  |  |  |
| Vendor Contact Person Monica Bowes  |  |                         |  |  |  |  |  |
| Agency use only         Agency       Agency         Number_0710       Name_Department of Human Services   | Agency Contact<br>_ Contact PersonPhone No | Contract<br>or Grant No |  |  |  |  |  |



### COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. Israel Boycott Restriction: For contracts valued at \$1,000 or greater.

A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. *See* Arkansas Code Annotated § 25-1-503.

2. Illegal Immigrant Restriction: For contracts valued at \$25,000 or greater.

No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.

3. Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction: For contracts valued at \$75,000 or greater.

A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.

4. Scrutinized Company Restriction: Required with bid or proposal submission.

A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. *See* Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

 Contract Number:
 710-24-025
 Description:
 Substance Abuse Treatment

 Agency Name:
 AR Department of Human Services, Division of Children and Family Services

 Vendor Number:
 600003408
 Vendor Name:
 Western Arkansas Counseling & Guidance Center, Inc.

Vendor/Signature

03/07/2025

Date

Details

For service of process contact the Secretary of State's office.

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service click here.

Corporation Name WESTERN ARKANSAS COUNSELLING AND GUIDANCE CENTER, INCORPORATED

Fictitious Names RIVER VALLEY COUNSELING GROUP THE GUIDANCE CENTER THE GUIDANCE CENTER PRIMARY CARE

Filing # 100054795

Filing Type Nonprofit Corporation

Filed Under Act Dom Nonprofit Corp; 1147 of 1993



Principal Address 3111 SOUTH 70TH FORT SMITH, AR 72903

Reg. Agent AARON L HOLWICK

Agent Address 3111 S. 70TH STREET FORT SMITH, AR 72903

Date Filed 05/19/1969

Officers SEE FILE, Incorporator/Organizer H VARNADORE, Director SHARON SICARD, Director JONATHAN WEAR, Director H. C. VARNADORE, Chairman ROGER SPARKS, Director RITA WATKINS, Director JARROD YARNELL, Director TAMMY YOUNG, Director TAMMY YOUNG, Secretary LARRY NELSON, Director AARON HOLWICK, CEO LARRY NELSON, Treasurer JOSEPH LEE, CFO

Foreign Name

Foreign Address

-

State of Origin AR Purchase a Certificate of Good Standing for this Entity Submit a Nonprofit Annual Report Change this Corporation's Address

### 3.01.00.00

### EQUAL EMPLOYMENT OPPORTUNITY POLICY

**Policy:** Western Arkansas Counseling and Guidance Center, Inc. is committed to the concept of equal employment opportunity without regard to race, color, sex, gender, gender-identity, sexual-orientation, political or religious opinions or national origin, affiliations, age, genetic information or disabilities. It shall be the policy of the Center to comply with the nondiscrimination provisions of all State and Federal regulations, such as the Equal Opportunity Act of 1972, the Rehabilitation Act of 1975, and the Americans with Disabilities Act of 1990.

**Purpose:** It is the purpose of this policy to comply with all federal, state, and local legislation, regulations and guidelines regarding non-discrimination in employment.

### Guidelines:

- 1. The Center assures that efforts to recruit, hire, and promote in all job classifications will be carried out on a nondiscriminatory basis. We further insure that all other personnel actions such as compensations, benefits, transfers, demotions, terminations, assignments, layoffs, returning from layoffs, training, education, and tuition assistance will not be denied on the grounds of race, color, sex, gender, gender-identity, sexual-orientation, political or religious opinions or national origin, affiliations, age, genetic information or disabilities (except where age, gender, or physical requirements constitute a Bona Fide Occupational Qualification).
- 2. The Board of Directors and employees are also committed to compliance with applicable legal requirements and regulations of all governmental agencies under whose authority it operates.
- 3. All employees and potential employees of Western Arkansas Counseling and Guidance Center, Inc. shall be informed of their civil rights including the right to complain regarding employment practices if they believe they have been discriminated against. These complaints shall be dealt with in a confidential manner so that the employee or potential employee is free of workplace harassment, reprisal, intimidation, and/or insults.
- 4. This Center policy will be carried out in all activities and programs which are conducted in conjunction with other agencies, institutions, organizations or political subdivisions where financial assistance, through sub-grants, sub-contracts, formula funds or other transactions involving the utilization of Federal and State funds, is received.
- 5. All management, administrative and supervisory employees are charged with the responsibility for ensuring the implementation of this policy and not employ tactics designed to circumvent the goals of this policy. They are also charged to assure that subordinate employees are aware of this Affirmative Action Plan and are committed to compliance with its goal.
- 6. Employees of Western Arkansas Counseling and Guidance Center, Inc. who fail to adhere to the Equal Employment Opportunity Policies and/or Programs will be subject to appropriate disciplinary action, up to and including termination.

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### Procedures:

- **1.** The Board of Directors designates the Chief Executive Officer as the responsible agent for implementation of the Equal Employment Opportunity Policy.
- 2. The Chief Executive Officer and/or the designee shall ensure that all criteria for employment related decision making are program-based and job related.
- **3.** Upon request, the Center will make available to interested persons and funding sources information regarding its Affirmative Action Policy.

## 710-24-025

## Substance Abuse Treatment Proposed Staff

## **Medication Management:**

- Alice Welch, APRN
- Amber Mobley, APRN
- Ashley Crow, APRN
- Cari Overstreet, APRN
- Carrie Poole, APRN
- Chasity Stephens, APRN
- Jenna Campbell, APRN
- Katie Waller, APRN

## **Clinicians:**

- Ashley McKenzie, LCSW
- Brittney Drost, LAC
- Caleb Clingan, LPC
- Carrie Shoeppey, LPC
- Christine Preston, LPC
- Daniel Warwick, LPE
- Darlena Cochran, LCSW
- David Quach, PLMSW
- Diana Ajtun, LPC
- Donna Parks, LPC
- Eileene Sharma,LMSW
- Erica Truelove, LAC
- Heather Hart, LAC
- Holley Zarlingo, LPC
- Jamie Webb, LAC

## **Clinicians Continued:**

- Jerry Stearman, LPE-I
- Krista Boncheff, LCSW
- Kristy Peters, LMSW
- Lacey Roberts, LCSW
- McKala Dillard, LCSW
- Rachel Taylor, LAC
- Steven Nelson, LCSW
- Stuart Whitlow, LPC

## Support Staff( QBHP's, CIT, ADC):

- Brittany Goldsmith, CIT
- Cynthia Moore, APR
- Graham Baty, PR, CIT
- Jamie Fletcher, QBHP
- Katelien Pitts, CIT
- Kurtis Bell,PIT,
- Latisha French, Intern-MHP, PR
- Mark Hadlock, CIT
- Noah Burris, CIT,
- Samantha Lovell, CIT
- Sierra Nichols, CIT
- Summer Koons, QBHP
- Tim Grant, AADC
- Tyler (Tye) Brown, APR



Primary Source Board of Nursing Report Summary for

#### ALICE ANN WELCH [NCSBN ID: 40647789] 0

Thursday, January 16 2025 03:02:57 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| Name on<br>License  | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|---------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| WELCH,<br>ALICE ANN | RN                          | R035674                       | Active            | 05/30/1990             | 12/31/2025                    | Multistate        | NO         |

| Name on<br>License  | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|---------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| WELCH,<br>ALICE ANN | APRN-CNP                    | A003212                       | Active            | 03/13/2009             | 12/31/2025                    | N/A               | NO         |

#### Primary Source Board of Nursing Messages & Notifications

• Full Practice Authority: Collaborative Practice Agreement not required.

#### Advanced Practice license/recognition information

- Population Focus/Specialty:
  - Focus/Specialty: Psychiatric/mental Health
    - Certification expiration date: 02/24/2029
- · Prescriptive Authority
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 3116

#### 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 s 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)



Primary Source Board of Nursing Report Summary for

## AMBER DAWN MOBLEY [NCSBN ID: 21056379]

Friday, March 07 2025 10:50:33 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the <u>Nurse License</u> <u>Verification</u> service to request the required verification of licensure.

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

| Name on<br>License       | License/Cer<br>tificate<br>Type | License/Cer<br>tificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------|---------------------------------|-----------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| MOBLEY,<br>AMBER<br>DAWN | RN                              | RTP-003256                        | Inactive          | 01/16/2008             | 06/12/2008                    | N/A               | NO         |
| Primary Sou              | irce Board of                   | Nursing Mess                      | ages & Notif      | ications               |                               |                   |            |

This temporary license is issued until the applicant meets all of the licensure requirements for a
permanent license.

| Name on<br>License       | License/Cer<br>tificate<br>Type | License/Cer<br>tificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------|---------------------------------|-----------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| MOBLEY,<br>AMBER<br>DAWN | RN                              | R081263                           | Active            | 06/12/2008             | 08/31/2026                    | Multistate        | NO         |

| Name on<br>License       | License/Cer<br>tificate<br>Type | License/Cer<br>tificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------|---------------------------------|-----------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| MOBLEY,<br>AMBER<br>DAWN | APRN-CNP                        | A005022                           | Active            | 01/31/2017             | 08/31/2026                    | N/A               | NO         |

#### **Primary Source Board of Nursing Messages & Notifications**

• Full Practice Authority: Collaborative Practice Agreement not required.

#### Advanced Practice license/recognition information

- Population Focus/Specialty:
  - Focus/Specialty: Family/Individual Across the Lifespan

- Certification expiration date: 01/03/2027
- Prescriptive Authority:
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 004807
- Population Focus/Specialty:
  - Focus/Specialty: Psychiatric/mental Health
  - Certification expiration date: 09/18/2029
- Prescriptive Authority:
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 004807

#### 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)



Primary Source Board of Nursing Report Summary for

#### ASHLEY NICOLE CROW [NCSBN ID: 21694911] 0

Thursday, January 16 2025 02:36:26 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| Name on<br>License        | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|---------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| CROW,<br>ASHLEY<br>NICOLE | RN                          | RTP-007794                    | Inactive          | 06/10/2010             | 08/16/2010                    | N/A               | NO         |
| Primary S                 | ource Board of Nursing      | g Messages & Notificat        | ions              |                        |                               |                   |            |

• This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

| Name on<br>License        | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|---------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| CROW,<br>ASHLEY<br>NICOLE | RN                          | R086902                       | Active            | 08/17/2010             | 02/28/2025                    | Multistate        | NO         |

| Name on<br>License  | License/Certificate<br>Type   | License/Certificate<br>Number                  | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|---|---|--|-------------------|------------------------|-------------------------------|-------------------|------------|
| CROW,<br>ASHLEY<br>NICOLE   | APRN-CNP  | A005493  | Active            | 01/31/2018             | 02/28/2025                    | N/A               | NO         |
| <ul> <li>Population</li> <li>Fo</li> <li>Ce</li> <li>Prescri</li> <li>Pr</li> </ul> | Practice license/recog<br>tion Focus/Specialty:<br>ocus/Specialty: Family/In-<br>ertification expiration data<br>ptive Authority<br>rescriptive Authority Stata | dividual Across the Lifesp<br>e:<br>us: Active | ban               |                        |                               |                   |            |

#### 1/16/25, 2:36 PM

#### Print

#### 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 s 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)



Primary Source Board of Nursing Report Summary for

#### CARI ANN OVERSTREET [NCSBN ID: 1524435] 0

Thursday, January 16 2025 02:51:44 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| Name on<br>License      | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|-------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| OVERSTREET,<br>CARI ANN | LPN                         | L032534                       | Expired           | 12/27/1994             | 10/31/2000                    | N/A               | NO         |
| Name on<br>License      | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
| OVERSTREET,             | RN                          | R065317                       | Active            | 06/29/2000             | 10/31/2026                    | Multistate        | NO         |

| Name on<br>License      | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|-------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| OVERSTREET,<br>CARI ANN | APRN-CNP                    | 217960                        | Active            | 11/08/2021             | 10/31/2026                    | N/A               | NO         |

#### Advanced Practice license/recognition information

Population Focus/Specialty:

- Focus/Specialty: Psychiatric/mental Health
- Certification expiration date: 10/07/2026
- Prescriptive Authority
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 13252

#### License type information

CARI ANN

- 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

#### 1/16/25, 2:51 PM

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 s 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)

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Primary Source Board of Nursing Report Summary for

#### CARRIE LYNN POOLE [NCSBN ID: 5264485] 0

Thursday, January 16 2025 02:53:24 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| Name on<br>License       | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| POOLE,<br>CARRIE<br>LYNN | RN                          | R054339                       | Active            | 06/18/1997             | 02/28/2026 ,                  | Multistate        | NO         |

| Name on<br>License         | License/Certificate<br>Type                     | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|----------------------------|---|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| POOLE,<br>CARRIE<br>LYNN   | APRN-CNP  | 124204                        | Active            | 03/11/2020             | 02/28/2026                    | N/A               | NO         |
| <ul> <li>Popula</li> </ul> | Practice license/recog<br>tion Focus/Specialty: |                               |                   |                        |                               |                   |            |

- Focus/Specialty: Psychiatric/mental Health
- Certification expiration date: 02/13/2025
- Prescriptive Authority
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 7170

#### 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 s
  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)



Primary Source Board of Nursing Report Summary for

#### CHASTITY STEPHENS [NCSBN ID: 22108346] 0

Thursday, January 16 2025 02:57:41 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status   | Discipline  |
|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|---|---|
| LPN                         | LTP-005805                    | Inactive          | 12/21/2011             | 04/07/2014                    | N/A   | NO  |
|                             | Туре                          | Type Number       | Type Number Status     | Type Number Status Issue Date | License/Certificate License/Certificate License Original Expiration<br>Type Number Status Issue Date Date | License/CertificateLicenseOriginalExpirationCompactTypeNumberStatusIssue DateDateStatus |

| Name on<br>License    | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|-----------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| STEPHENS,<br>CHASTITY | LPN                         | L052543                       | Expired           | 01/23/2012             | 05/31/2016                    | N/A               | NO         |

| Name on<br>License    | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|-----------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| STEPHENS,<br>CHASTITY | RN                          | RTP-016522                    | Inactive          | 01/26/2015             | 02/11/2015                    | N/A               | NO         |

#### **Primary Source Board of Nursing Messages & Notifications**

• This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license.

| Name on<br>License    | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|-----------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| STEPHENS,<br>CHASTITY | RN                          | R099877                       | Active            | 11/03/2015             | 05/31/2026                    | Multistate        | NO         |

#### Print

| Name on Lic<br>License Typ |          | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Expiration<br>Date | Compact<br>Status | Discipline |
|----------------------------|----------|-------------------------------|-------------------|------------------------|--------------------|-------------------|------------|
| STEPHENS, APP<br>CHASTITY  | RN-CNP 1 | 124190                        | Active            | 03/09/2020             | 05/31/2026         | N/A               | NO         |

#### **Primary Source Board of Nursing Messages & Notifications**

• Full Practice Authority: Collaborative Practice Agreement not required.

#### Advanced Practice license/recognition information

- Population Focus/Specialty:
  - Focus/Specialty: Psychiatric/mental Health
  - Certification expiration date: 03/02/2025
- · Prescriptive Authority
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 7140

#### 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 s 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)



Primary Source Board of Nursing Report Summary for

## JENNA CAMPBELL

Friday, September 29 2023 11:03:20 AM

For a more accurate search, select Search by License Number or Search by NCSBN ID above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the <u>Nurse License</u> <u>Verification</u> service to request the required verification of licensure.

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

| Name on<br>License             | License/Cer<br>tificate<br>Type | License/Cer<br>tificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------------|---------------------------------|-----------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| CAMPBELL,<br>JENNA<br>CHRISTEN | RN                              | R092319                           | Active            | 10/29/2012             | 05/31/2025                    | Multistate        | NO         |

| Name on<br>License             | License/Cer<br>tificate<br>Type | License/Cer<br>tificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|--------------------------------|---------------------------------|-----------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| CAMPBELL,<br>JENNA<br>CHRISTEN | APRN-CNP                        | A003780                           | Active            | 10/30/2012             | 05/31/2025                    | N/A               | NO         |
| Advanced                       | Practice lice                   | ense/recog                        | nition infor      | mation                 |                               |                   |            |

- Population Focus/Specialty:
  - Focus/Specialty: Psychiatric/mental Health
  - Certification expiration date: 09/20/2027
- Prescriptive Authority:
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 003652

#### 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



Primary Source Board of Nursing Report Summary for

#### KATIE MICHELLE WALLER [NCSBN ID: 23358754] 0

Thursday, January 16 2025 03:00:31 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

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

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary ve transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

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

| Name on<br>License           | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|------------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| WALLER,<br>KATIE<br>MICHELLE | RN                          | R106500                       | Active            | 03/02/2018             | 11/30/2026                    | Multistate        | NO         |

| Name on<br>License           | License/Certificate<br>Type | License/Certificate<br>Number | License<br>Status | Original<br>Issue Date | Current<br>Expiration<br>Date | Compact<br>Status | Discipline |
|------------------------------|-----------------------------|-------------------------------|-------------------|------------------------|-------------------------------|-------------------|------------|
| WALLER,<br>KATIE<br>MICHELLE | APRN-CNP                    | 227616                        | Active            | 02/01/2024             | 11/30/2026                    | N/A               | NO         |
|                              | Practice license/recogn     | ition information             |                   |                        |                               |                   |            |

- Population Focus/Specialty:
  - Focus/Specialty: Psychiatric/mental Health
  - Certification expiration date: 01/25/2029
- Prescriptive Authority
  - Prescriptive Authority Status: Active
  - Prescriptive Authority Number: 14467

#### 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 s
  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)



# Ashley Mozelle McKenzie

Location: Poteau, OK Level: LCSW License Number: 9395-C Date Issued: 5/12/2021 Expiration: 5/31/2025 Disciplinary Action: no

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.

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.

### 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 Print



## **Brittney Drost**

License Number A2105017

License Status Active

License Expiration Date 05/31/2026

License Type

Initial Date of Licensure 05/19/2021

Phone (479) 452-6650

E-mail Address brittany.drost@wacgc.org

#### **Primary Place of Practice**

Employer Western Arkansas Counseling and Guidance

Street 3111 S. 70th Street

City Fort Smith

Province / State

Arkansas

Zip Code 72903



## Caleb Clingan

License Number P2403011

License Status Active

License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 03/11/2024

Phone

E-mail Address



## **Carrie Schoeppey**

License Number P2212008

License Status Active

License Expiration Date 05/31/2026

License Type

Initial Date of Licensure 12/09/2022

Phone (479) 394-5277

E-mail Address carrie.schoeppey@wacgc.org

### Primary Place of Practice

Employer The Guidance Center Street

307 Cherry Street

City Mena

Province / State

Arkansas

**Zip Code** 71953



## **Christine Preston**

License Number P2411012

License Status Active

License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 11/15/2024

Phone

E-mail Address

### Arkansas Psychology Board

101 E. Capitol Avenue, Suite 415 Little Rock

Daniel T. Warwick 1000 Hudson Rd. Pottsville, AR 72858

### STATE OF ARKANSAS



# ARKANSAS PSYCHOLOGY BOARD

Attests that

## Daniel T. Warwick

Is licensed as a

## Psychological Examiner - Active Status

1/15/2010

6/30/2025

10-02E

Date Issued

**Expiration Date** 

License Number

| ste. 415<br>1-3824<br>7<br>HAT |            |
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| ARKANSAS                       | AJA        |
| miner                          |            |
| S                              |            |
|                                |            |
| Expires                        | 6/30/2025  |
|                                |            |
|                                | F ARKANSAS |



# Darlena Lynn Cochran

Location: Mena, AR Level: LCSW License Number: 7823-C Date Issued: 11/6/2018 Expiration: 11/30/2026 Disciplinary Action: No

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.

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.

### 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 Print



# **David Quach**

Location: Fort Smith, AR Level: PLMSW License Number: PLMSW Date Issued: 6/6/2024 Expiration: 6/6/2025 Disciplinary Action: No

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.

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.

### 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


#### Diana Ajtun

License Number P1602024

License Status Active

License Expiration Date 05/31/2026

License Type

Initial Date of Licensure 02/23/2016

Phone (479) 474-8084

E-mail Address diana.ajtun@tgconline.org

#### **Primary Place of Practice**

Employer

Western Arkansas Counseling and Guidance Center

Street

2705 A Oak Lane

City Van Buren

Province / State

Arkansas

Zip Code 72956

Powered by Thentia Cloud (https://www.thentia.com)



#### Donna Parks

License Number P1711380

License Status Active

License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 11/14/2017

Phone (479) 394-5277

E-mail Address donna.parks@wacgc.org

#### Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

307 South Cherry Street

City Mena

Province / State

Arkansas

Zip Code 71953

Powered by Thentia Cloud (https://www.thentia.com)



### **Eileene Summer Sharma**

Location: Van Buren, AR Level: LMSW License Number: 11319-M Date Issued: 8/10/2022 Expiration: 8/31/2026 Disciplinary Action: No

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.

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.

#### 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 Print



#### Erica Truelove

License Number A2302018

License Status Active

License Expiration Date 05/31/2026

License Type

Initial Date of Licensure 02/09/2023

Phone (479) 637-2468

E-mail Address erica.truelove@wacgc.org

#### Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street 1857 Rice Road

City

Waldron

Province / State

Arkansas

Zip Code 72958

Powered by Thentia Cloud (https://www.thentia.com)



#### **Heather Hart**

License Number A1902023

License Status Active

License Expiration Date 05/31/2026

License Type

Initial Date of Licensure 02/14/2019

Phone (479) 474-8084

E-mail Address heather.hart@wacgc.org

#### **Primary Place of Practice**

Employer

Western Arkansas Counseling and Guidance Center

Street

2705 Oak Lane

City Van Buren

Province / State

Arkansas

Zip Code 72956

Employer

Shared Families of NWA, LLC

Street 805 N 20th Place, Suite 1

City Rogers

Province / State Arkansas

Zip Code



#### Holley Zarlingo

License Number P1608100

License Status Active

License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 08/03/2016

Phone (479) 675-3909

E-mail Address holley.zarlingo@wacgc.org

#### **Primary Place of Practice**

Employer The Guidance Center Street

174 North Welch

**City** Booneville

Province / State

Arkansas

Zip Code 72927

Powered by Thentia Cloud (https://www.thentia.com)



#### Jamie Webb

License Number A2106010

License Status Active License Expiration Date

05/31/2026

License Type LAC

Initial Date of Licensure 06/15/2021

Phone

E-mail Address

Powered by Thentia Cloud (https://www.thentia.com)

Arkansas Psychology Board (501) 682-6167

### Jerry M. Stearman

#### WACGC 3111 S. 70TH Fort Smith, AR 72917

LICENSE #: 90-28EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

<u>ADDITIONAL INFO</u> License Issued - 12/14/1990 License Expires - 6/30/2025 Good Standing - Yes Sanctions - N Verification Check - https://www.ark.org/psych\_lic\_ver/index.php



## **Krista Boncheff**

Location: Fort Smith, AR Level: LCSW License Number: 10152-C Date Issued: 4/4/2023 Expiration: 4/30/2027 Disciplinary Action: no

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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#### 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 Print



### **Kristy Marie Peters**

Location: Van Buren, AR Level: LMSW License Number: 11877-M Date Issued: 2/14/2023 Expiration: 2/28/2027 Disciplinary Action: No

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.

#### 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 Print



### Lacey Rose Roberts

Location: Van Buren, AR Level: LCSW License Number: 11507-C Date Issued: 3/29/2024 Expiration: 3/31/2026 Disciplinary Action: no

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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#### 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



SOCIAL WORK LICENSING BOARD ROSTER

### McKala Alyssa Dillard

Location: Fort Smith, AR Level: LCSW License Number: 11508-C Date Issued: 3/29/2024 Expiration: 3/31/2026 Disciplinary Action: no

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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#### 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 Print



#### **Rachel Taylor**

License Number A2405003

License Status Active

License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 05/13/2024

Phone (479) 471-5951

E-mail Address rachel.taylor@tgconline.org

#### **Primary Place of Practice**

Employer The Learning Center-Western Arkansas Guidance and Counseling Street 207B Oak Ln City Van Buren Province / State Arkansas Zip Code 72956

Powered by Thentia Cloud (https://www.thentia.com)



### **Steven Paul Nelson**

Location: Alma, AR Level: LCSW License Number: 852-C Date Issued: 11/15/1991 Expiration: 1/31/2026 Disciplinary Action: no

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.

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.

#### 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 Print



#### **Stuart Whitlow**

License Number P1804046

License Status Active License Expiration Date 05/31/2025

License Type

Initial Date of Licensure 04/13/2018

Phone (479) 462-1906

E-mail Address stuart.whitlow@wacgc.org

#### **Primary Place of Practice**

Employer The Guidance Center Street 3111 South 70th Street

City Fort Smith

Province / State

Arkansas

Zip Code 72903

Powered by Thentia Cloud (https://www.thentia.com)



#### Dear BRITTANY GOLDSMITH

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 2021/06/24 your CIT registration is <u>valid for 5 years</u>.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner, Administrator ASACB



# ARKANSAS PEER SPECIALIST PROGRAM



# Arkansas Department of Human Services, Division of Provider Services and Quality Assurance hereby certifies

# CYNTHIÀ MOORE

has complied with the requirements established by the Arkansas Peer Specialist Program and has successfully obtained these standards of professional performance, and in doing so, has earned the following state credential

# **Advanced Peer Recovery Peer Specialist (APR)**

20016

08/01/2023

08/01/2025

Certificate Number

Lee Honorable, Assistant Director

Date Awarded

Expiration Date



# **ARKANSAS PEER SPECIALIST PROGRAM**



# **Arkansas Department of Human Services, Division of Provider Services and Quality Assurance** hereby certifies

# AHAM BA

has complied with the requirements established by the Arkansas Peer Specialist Program and has successfully obtained these standards of professional performance, and in doing so, has earned the following state credential

# **Peer Recovery Peer Specialist (PR)**

10063

07/13/2023

07/13/2025

Certificate Number

Lee Honorable. Assistant Director

Date Awarded

Martina Smith,

Expiration Date



#### Dear GRAHAM BATY

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 2024/02/08 your CIT registration is <u>valid for 5 years</u>.

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

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

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

## QUALIFIED BEHAVIORAL HEALTH PROVIDER CERTIFICATION

Be It Known That

# Jamie Fletcher

Has Completed 40 Hours of Training Curriculum and Successfully Passed a Written Examination and Daily Living Skills Test

## 4/16/24

Hence, This Behavioral Health Provider is certified by Western Arkansas Counseling and Guidance Center, Inc. to Work in an Agency Under Supervision of a Mental Health Professional

Marla Kendrick

Marla Kendrick,LPC CHIEF OPERATIONS OFFICER Western Arkansas Counseling & Guidance Center, Inc.



#### Dear KATELIEN PITTS

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 2025/01/03 your CIT registration is <u>valid for 5 years</u>.

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

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

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

### Certificate of Completion

150-100

This certificate is presented to

### Kurtis Bell

For successfully completing

Peer Recovery Core Training

For a total of 30.00 credit hours on 10/27/2023 LITTLE ROCK



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Mi**dSOUTH** Counter of Bosiness Heston, was Honord Service



# ARKANSAS PEER SPECIALIST PROGRAM



# Arkansas Department of Human Services, Office of Substance Abuse and Mental Health hereby certifies

# Latisha French

has complied with the requirements established by the Arkansas Peer Specialist Program and has successfully obtained these standards of professional performance, and in doing so, has earned the following state credential

# Advanced Peer Recovery Support Specialist (APR)

20037

Certificate Number

my/Webb, Deputy Director

06/04/2024

06/04/2026

Date Awarded

Expiration Date

Paula Stone, Division Director



#### Dear MARK HADLOCK

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 2024/07/08 your CIT registration is <u>valid for 5 years</u>.

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 1<sup>st</sup> 2018 ONLY Certified Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB



#### Dear NOAH BURRIS

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 2024/08/29 your CIT registration is valid for 5 years.

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

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

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB



Dear

#### SAMANTHA LOVELL

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 2024/08/15 your CIT registration is <u>valid for 5 years</u>.

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

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

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

.



#### Dear SIERRA NICHOLS

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 2024/08/16 your CIT registration is <u>valid for 5 years</u>.

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

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

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

Jason C. Skinner

Jason C. Skinner, Administrator ASACB

# QUALIFIED BEHAVIORAL HEALTH PROVIDER CERTIFICATION

Be It Known That

# Summer Koons

Has Completed 40 Hours of Training Curriculum and Successfully Passed a Written Examination and Daily Living Skills Test

### 11/30/24

Hence, This Behavioral Health Provider is certified by Western Arkansas Counseling and Guidance Center, Inc. to Work in an Agency Under Supervision of a Mental Health Professional

Marla Kendrick

Marla Kendrick,LPC CHIEF OPERATIONS OFFICER Western Arkansas Counseling & Guidance Center, Inc.



### Tim Grant

|                     | The set of |  |
|---------------------|---|--|
| Name:               | Grant Tim   |  |
| Credential acronym: | AADC  |  |
| Credential ID:      | A-069   |  |
| Active Status:      | Not Expired   |  |
| Expiration date:    | 2025-12-31  |  |
| Application Status: | Completed   |  |



# ARKANSAS PEER SPECIALIST PROGRAM



# Arkansas Department of Human Services, Division of Provider Services and Quality Assurance hereby certifies

# Tye Brown

has complied with the requirements established by the Arkansas Peer Specialist Program and has successfully obtained these standards of professional performance, and in doing so, has earned the following state credential

# Advanced Peer Recovery Support Specialist (APR)

20036

Certificate Number

/Webb, Deputy Director

06/04/2024

06/04/2026

Date Awarded

**Expiration** Date

Paula Stone, Division Director



# TYE BROWN

has complied with the requirements established by the Arkansas Peer Specialist Program and has successfully obtained these standards of professional performance, and in doing so, has earned the following state credential

# **Peer Recovery Peer Specialist (PR)**

10083

Certificate Number

Lee Honorable, Assistant Director

09/14/2023 Date Awarded

09/14/2025 Expiration Date

# CORFINTERNATIONAL

A Three-Year Accreditation is issued to

# Western Arkansas Counseling and Guidance Center, Inc.

for the following program(s)/service(s):

Case Management/Services Coordination: Integrated: SUD/Mental Health (Adults) Case Management/Services Coordination: Integrated: SUD/Mental Health (Children and Adolescents) Community Integration: Integrated: SUD/Mental Health (Adults) Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults) Crisis Programs - Crisis Intervention: Integrated: SUD/Mental Health (Adults) Crisis Programs - Crisis Stabilization: Integrated: SUD/Mental Health (Adults) Crisis Programs - Crisis Stabilization: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Outpatient Treatment: Integrated: SUD/Mental Health (Adults) Residential Treatment: Integrated: SUD/Mental Health (Adults) Residential Treatment: Integrated: SUD/Mental Health (Adults) Covernance Standards Applied

### This accreditation is valid through May 31, 2027

First accredited in 1997

The accreditation seals in place below signify that the organization has met annual conformance requirements for quality standards that enhance the lives of persons served.

cond yet seal of annual find yea



This accreditation certificate is granted by authority of:



License Number: 34119

# This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC.

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

| 61/6                         |       |  |  |
|------------------------------|-------|--|--|
| N/A                          | cana  |  |  |
| A State of the second second | capad |  |  |

city \_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at \_\_\_\_\_ 3111 SOUTH 70TH STREET

FORT SMITH

, County of SEBASTIAN

License Effective: 07/31/2022 | License Expires: 07/30/2025

, Arkansas.





License Number: 34123

### This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC.

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

 NA
 capacity
 ALCOHOL & SUBSTANCE ABUSE TREATMENT

 on the premises located at
 3113 SOUTH 70TH STREET
 ,

 FORT SMITH
 , County of
 SEBASTIAN
 , Arkansas.

 License Effective:
 07/31/2022
 License Expires:
 07/30/2025



License Number: 34126

## This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC.

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

N/A

capacity \_\_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at \_\_\_\_\_ 3109 SOUTH 70TH STREET

FORT SMITH , County of \_\_\_\_\_\_ SEBASTIAN , Arkansas.

License Effective: 07/31/2022 | License Expires: 07/30/2025





License Number: 34121

# This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

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

| ALIA |          |  |  |
|------|----------|--|--|
| N/A  | capacity |  |  |
|      | capacity |  |  |

ARKANSE

ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at \_\_\_\_\_

2705 OAK LANE SUITE A & B

VAN BUREN , County of

CRAWFORD

\_\_\_\_, Arkansas.

License Effective: 07/31/2022 | License Expires: 07/30/2025







License Number: 50931

### This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

| N/A ca | pacity              | ALCOHOL & SUBST | ANCE ABUSE TREATMENT |             |
|--------|---------------------|-----------------|----------------------|-------------|
| on the | premises located at | 39              | 8 E 2ND STREET       |             |
|        | BOONEVILLE          | , County of     | LOGAN                | , Arkansas. |
|        |                     |                 |                      |             |



License Number: 34122

### This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC.

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

N/A

capacity \_\_\_\_\_\_ ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at \_\_\_\_\_ 174 NORTH WELSH AVENUE

, County of LOGAN BOONEVILLE , Arkansas.



License Effective: 07/31/2022 | License Expires: 07/30/2025





License Number: 34117

# This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

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

N/A capacity

SECONS

ALCOHOL & SUBSTANCE ABUSE TREATMENT

on the premises located at \_\_\_\_\_ 415 SOUTH 6TH STREET



, County of LOGAN

\_\_\_\_\_, Arkansas.

License Effective: 07/31/2022 | License Expires: 07/30/2025





License Number: 34118

## This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC.

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

| capacity<br>on the premises located at   |                    | ALCOHOL & SUBST    | ANCE ABUSE TREATMENT |             |
|--|--------------------|--------------------|----------------------|-------------|
|  |                    | 1857 RICE STREET   |                      |             |
| M44  | WALDRON            | , County of        | SCOTT                | , Arkansas. |
| 10 1   | License Effective: | 07/31/2022   Licer | nse Expires: 07/30/2 | 025         |
| MBAS 0   |                    |                    |                      |             |
| and the second sec |                    | B                  |                      |             |
|  |                    |                    |                      |             |



License Number: 34120

## This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

#### OFFICIAL BID PRICE SHEET

#### 710-24-025 Substance Abuse Treatment

All costs **must** be included in the unit price. Costs not included in the unit price below are not billable under a contract established from this solicitation. Bidder must submit a printed copy of the completed *Official Bid Price Sheet* with bid submission.

Instructions:

Enter a unit price for each item. Totals for each table and the total average cost will automatically calculate. DCFS will not accept any rate above the current Medicaid rates.

|      | Table 1: Intake & Assessment  | Unit of Measure    | Unit P | rice     |
|------|-------------------------------|--------------------|--------|----------|
|      | Intake and Assessment         | Rate per Each      | \$     | 200.00   |
|      |                               | Total              | \$     | 200.00   |
|      | Table 2: Residential Services | Unit of Measure    | Unit P | rice     |
|      | Residential Treatment         | Rate per Day       | \$     | 186.36   |
|      | Partial Day Treatment         | Rate per 4 Hours   | S      | 115.74   |
|      | Adolescent                    | Rate per Day       | S      | 241.24   |
|      | Specialized Women Services    | Rate per Day       |        |          |
|      | RADD Observation Detox        | Rate per Each      | \$     | 500.00   |
|      | Medication Management         | Rate per Each      | \$     | 49.92    |
|      |                               | Total              | \$     | 1,093.26 |
|      | Table 3: Outpatient Services  | Unit of Measure    | Unit P | rice     |
| 1.54 | Individual                    | Rate per 0.25 Hour | S      | 28.78    |
|      | Family                        | Rate per 0.25 Hour | S      | 19.65    |
|      | Group                         | Rate per 0.25 Hour | \$     | 7.76     |
|      | Multi-Family Group            | Rate per 0.25 Hour | \$     | 44.79    |
|      | Adolescent                    | Rate per 0.25 Hour | \$     | 23.19    |
|      | Intensive                     | Rate per Day       | S      | 92.00    |
|      |                               | Total              | \$     | 216.17   |
| -    |                               | TOTAL AVERAGE COST | S      | 1,365.32 |

#### AUTHORIZED SIGNATURE:

By my signature below, I certify that the I am authorized by the respondent to submit this bid on his/her behalf.

| Vendor Name:  | Western Arkansas Coupseling & Guidance Center, Inc. |   |
|---------------|---|---|
| Signature:    | OPAT  | _ |
| Printed Name: | Aaron L. "Rushi" Holmick, CEO                       |   |