

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	ARVAC, Inc. Lake Point Recovery and Wellness			
Address:	227 SR 333			
City:	Russellville	State:	AR	Zip Code: 72802
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit			
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Stephanie Garner	Title:	Chief Executive Officer
Phone:	479-219-5292	Alternate Phone:	
Email:	sgarner@arvacinc.org		

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

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

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

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

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

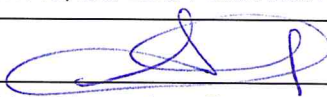
Authorized Signature:  Title: Chief Executive Officer
Use Ink Only.

Printed/Typed Name: Stephanie Garner Date: 11-18-2021

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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

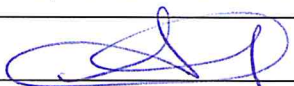
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARVAC, Inc. Lake Point Recovery and Wellness	Date:	11-18-2021
Signature:		Title:	Chief Executive Officer
Printed Name:	Stephanie Garner		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	ARVAC, Inc. Lake Point Recovery and Wellness	Date:	11-18-2021
Signature:		Title:	Chief Executive Officer
Printed Name:	Stephanie Garner		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

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

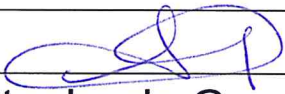
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	ARVAC, Inc. Lake Point Recovery and Wellness	Date:	11-18-2021
Signature:		Title:	Chief Executive Officer
Printed Name:	Stephanie Garner		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	ARVAC, Inc. Lake Point Recovery and Wellness	Date:	11-18-2021
Signature:		Title:	Chief Executive Officer
Printed Name:	Stephanie Garner		

PROPOSED SUBCONTRACTORS FORM

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


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

Type or Print the following information

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

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

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

Vendor Name:	ARVAC, Inc. Lake Point Recovery and Wellness	Date:	11-18-2021
Signature:		Title:	Chief Executive Officer
Printed Name:	Stephanie Garner		

Contract Number _____
Attachment Number _____
Action Number _____
Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.
SUBCONTRACTOR: _____
SUBCONTRACTOR NAME: _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

TAXPAYER ID NAME: ARVAC, Inc. Lake Point Recovery and Wellness
IS THIS FOR: ☐ Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Garner FIRST NAME: Stephanie

ADDRESS: 227 SR 333

CITY: Russellville

STATE: AR

ZIP CODE: 72802

COUNTRY: USA

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

FOR INDIVIDUALS *

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

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

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

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

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her position of control?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly									
Constitutional Officer									
State Board or Commission Member	✓		ADFA Board of Directors	01/18	Present		Stephanie Garner	0%	none
State Employee									

☐ None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

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

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

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

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature _____ Title Chief Executive Officer Date 11-18-2021

Vendor Contact Person Stephanie Garner Title Chief Executive Officer Phone No. (479) 219-5292

Agency use only

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

ARVAC Inc.
Policy Excerpts

EMPLOYMENT WITH ARVAC

A. Statement of Assurance and Equal Opportunity

ARVAC is an equal opportunity agency, employer, and provider in making decisions regarding employment, administration, services provided, and other functions within the day-to-day operations, and adheres to a policy of non-discrimination and complies with all applicable federal regulations and requirements. It is the policy of ARVAC that ARVAC and its employees do not discriminate against or refuse services to any person or child receiving services, attempting to receive services, applying for employment, or any other employment related decision (hiring, promotion, re-assignment, transfer) on the basis of race, color, creed, religion, national origin, sex, gender, pregnancy, childbirth, medical conditions, genetic information, age, disability or handicap, citizenship status, marital status, service member status, or any other category protected by federal, state, or local law. Any violation to this policy will result in discipline up to and including termination. Employees who have questions regarding ARVAC's compliance with and implementation of the above-mentioned regulations should contact their supervisor or the HR Department.

B. No Harassment Policy

Harassment is a form of unlawful discrimination and violates ARVAC's policy. We do not tolerate the harassment of applicants, employees, customers, clients, families, or vendors. Any form of harassment relating to an individual's race; color; religion; national origin; sex (including same sex); marriage rights, pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; or any other category protected by federal, state, or local law is a violation of this policy and will be treated as a disciplinary matter.

Violation of this policy will result in disciplinary action, up to and including immediate termination.

If you have any questions about what constitutes harassing behavior or what conduct is prohibited by this policy, please discuss the questions with your immediate supervisor or one of the contacts listed in this policy. At a minimum, the term "harassment" as used in this policy includes:

- Offensive remarks, comments, jokes, slurs, or verbal conduct pertaining to an individual's race; color; religion; national origin; sex (including same sex); pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; or any other category protected by federal, state, or local law.
- Offensive pictures, drawings, photographs, figurines, or other graphic images, conduct, or communications, including e-mail, faxes, and copies pertaining to an individual's race; color; religion; national origin; sex (including same sex); pregnancy, childbirth, or related medical conditions; age; disability or handicap; citizenship status; service member status; or any other category protected by federal, state, or local law.
- Offensive sexual remarks, sexual advances, or requests for sexual favors regardless of the gender of the individuals involved.

- Offensive physical conduct, including touching and gestures, regardless of the gender of the individuals involved.

Retaliation

We also absolutely prohibit retaliation, which includes: threatening an individual or taking any adverse action against an individual for (1) reporting a possible violation of this policy, or (2) participating in an investigation conducted under this policy.

Our supervisors and managers are covered by this policy and are prohibited from engaging in any form of harassing, discriminatory, or retaliatory conduct. No supervisor or other member of management has the authority to suggest to any applicant or employee that employment or advancement will be affected by the individual entering into (or refusing to enter into) a personal relationship with the supervisor or manager, or for tolerating (or refusing to tolerate) conduct or communication that might violate this policy. Such conduct is a direct violation of this policy.

Even non-employees are covered by this policy. We prohibit harassment, discrimination, or retaliation of our employees in connection with their work by non-employees. Immediately report any harassing or discriminating behavior by non-employees, including contractor or subcontractor employees and including outside individuals. Any employee who experiences or observes harassment, discrimination, or retaliation should report it using the steps listed below.

If you have any concern that our No Harassment policy may have been violated by anyone, you must immediately report the matter. Due to the very serious nature of harassment, discrimination, and retaliation, you must report your concerns to one of the individuals listed below:

1. First, discuss any concern with your supervisor.
2. If you are not satisfied after you speak with your supervisor, or if you feel that you cannot speak to your supervisor, discuss your concern with the HR Department.
3. If at any time, you feel the need to speak to other members of management, you may contact the CEO.

You should report any actions that you believe may violate our policy no matter how slight the actions may seem.

We will investigate the report and then take prompt, appropriate remedial action. The agency will protect the confidentiality of employees reporting suspected violations of this or any other agency policy to the extent possible consistent with our investigation.

You will not be penalized or retaliated against for reporting improper conduct, harassment, discrimination, retaliation, or other actions that you believe may violate this policy.

We are serious about enforcing our policy against harassment. Persons who violate this or any other agency policy are subject to discipline, up to and including immediate termination. We cannot resolve a potential policy violation unless we know about it. You are responsible for reporting possible policy violations to us so that we can take appropriate actions to address your concerns.



Conway, Franklin, Johnson, Logan, Perry, Polk, Pope, Scott, Yell

Helping People. Changing Lives.

Scott Dorminy

BOARD PRESIDENT

Stephanie Garner

CHIEF EXECUTIVE OFFICER

227 SR 333

Russellville, AR 72802

Ph.: 479-219-5292

Fax: 479-219-5296

E-mail: arvac@arvacinc.org

Website: www.arvacinc.org

November 18, 2021

Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

ARVAC Inc. (EIN: 71-0386402) is the parent company of Freedom House ADTC. Due to our recent purchase of a new property, ARVAC Inc. is in the process of rebranding our image. ARVAC Inc. has changed the dba "doing business as" business name from Freedom House ADTC to Lake Point Recovery and Wellness. This will not modify or change the official EIN/Tax ID number for the agency or its programs. All agency substance abuse licensure, accreditations, credentialing, etc. is in the process of the official name change. These name changes have been submitted to the appropriate authorities.

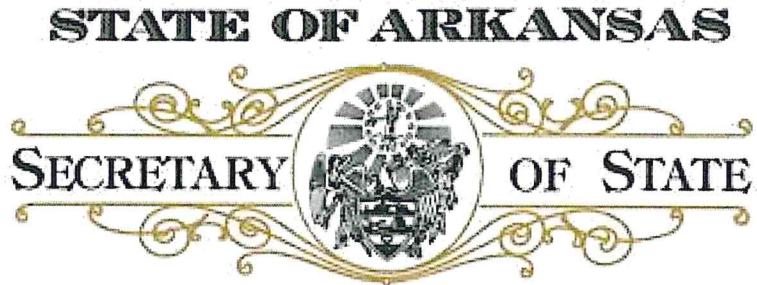
Enclosed is a copy of the new name registration with the Secretary of State. All other name change certifications are under review and approval by the appropriate authority and are expected to be received by mid-December.

If you have any questions or need to request additional data, please do not hesitate to contact Amanda Atkinson, Chief Compliance Officer, ARVAC Inc. at 501-242-1535 or aatkinson@arvacinc.org.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stephanie Garner", enclosed within a blue oval.

Stephanie Garner, CEO
ARVAC Inc.
227 SR 333
Russellville, AR 72802
sgarner@arvacinc.org



John Thurston
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

Application for Fictitious Name

of

LAKE POINT RECOVERY AND WELLNESS

for

ARVAC, INC.

filed in this office
November 10, 2021

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 10th day of November 2021.




John Thurston
Secretary of State

Online Certificate Authorization Code: 481721618c390b6dbd9
To verify the Authorization Code, visit sos.arkansas.gov



Conway, Franklin, Johnson, Logan, Perry, Polk, Pope, Scott, Yell

Helping People. Changing Lives.

Scott Dorminy

BOARD PRESIDENT

Stephanie Garner

CHIEF EXECUTIVE OFFICER

227 SR 333

Russellville, AR 72802

Ph.: 479-219-5292

Fax: 479-219-5296

E-mail: arvac@arvacinc.org

Website: www.arvacinc.org

ARVAC Inc.
Lake Point Recovery and Wellness
Formally ARVAC Freedom House ADTC

State of Arkansas

November 18, 2021

To Whom It May Concern:

I, Stephanie Garner, ARVAC Chief Executive Officer, attest that *Lake Point Recovery and Wellness*, formally known as *ARVAC Inc. Freedom House ADTC*, owned and operated by ARVAC Inc. is located within the State of Arkansas at 227 SR 333, Russellville, AR 72802. The facility that will be occupied by the Specialized Women Services Program will accommodate a minimum of 20 beds for pregnant women and women with children.

A handwritten signature in blue ink, appearing to read "Stephanie Garner", enclosed in a blue oval.

Stephanie Garner
Chief Executive Officers
ARVAC, Inc.



**Division of Provider Services &
Quality Assurance**

Community Services Licensure and Certification
<https://humanservices.arkansas.gov/about-dhs/dpsqa>

PO Box 8059, Slot S408, Little Rock, AR 72203-8059
501-320-6287 · Fax: 501-682-8551



06/10/2020

Stephanie Ellis
ARVAC Freedom House
P.O. Box 11690
Russellville, AR 72802

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is 34009. Your previous license number is 381. Your previous vendor number is 11439.

The following service location is associated with this provider:

400 Lake Front Drive
Russellville, AR 72802

New Certification #: 34009

Certification Dates: 05/01/2019-05/01/2022

On an ongoing basis, if circumstances change regarding your service delivery, site address(es), or organizational structure, you must notify DPSQA/Substance Abuse Licensure and Certification office with applicable updates. Additionally, please remember that all alcohol and other drug abuse treatment programs in Arkansas are required to report client-related data in accordance with the requirements of the current Alcohol and Drug Management Information System (ADMIS). Tascha Petersen is our staff dedicated to ADMIS training and data. She can be reached at (501) 686-9953.

Should you have any questions, please do not hesitate contact Dana Briscoe by email at DPSQA.ProviderApplications@dhs.arkansas.gov or at (501) 320-6110.

Sincerely,

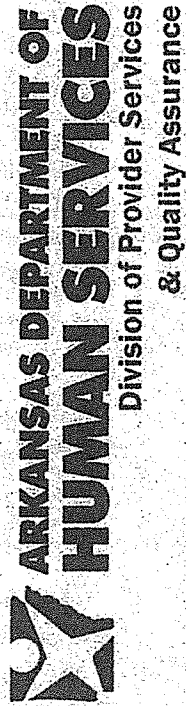
A handwritten signature in black ink, appearing to read "Johnathan Jones".

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
Johnathan.Jones@dhs.arkansas.gov

C: Licensure File
Daphne Burkins, DXC
Tamera Belin, OMIG

Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/JR



License Number: 34009

This Is to Certify That

ARVAC Freedom House

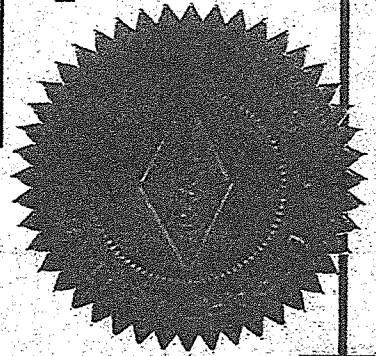
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

on the premises located at _____ 400 Lake Front Drive Russellville, AR 72802 _____,

_____, County of _____, Pope _____, Arkansas.

License Effective: 05/01/2019 | License Expires: 05/01/2022





Conway, Franklin, Johnson, Logan, Perry, Polk, Pope, Scott, Yell

Helping People. Changing Lives.

Scott Dorminy

BOARD PRESIDENT

Stephanie Garner

CHIEF EXECUTIVE OFFICER

227 SR 333

Russellville, AR 72802

Ph.: 479-219-5292

Fax: 479-219-5296

E-mail: arvac@arvacinc.org

Website: www.arvacinc.org

ARVAC, Inc.
Lake Point Recovery and Wellness
(Formerly ARVAC Freedom House)

BHA License

Medicaid License # 33084 and Medicaid #260655744

December 21, 2020

Stephanie Garner
ARVAC, Inc. dba Freedom House ADTC
400 Lake Front Drive
Russellville, AR 72802

Dear Ms. Garner:

It is my pleasure to inform you that ARVAC, Inc. dba Freedom House ADTC has been issued CARF accreditation based on its recent survey. The Three-Year Accreditation applies to the following program(s)/service(s):

Day Treatment: Integrated: SUD/Mental Health (Adults)
Intensive Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Outpatient Treatment: Integrated: SUD/Mental Health (Adults)
Residential Treatment: Integrated: SUD/Mental Health (Adults)

This accreditation will extend through June 30, 2023. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

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

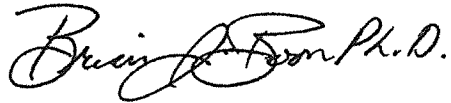
Your organization should take pride in achieving this high level of accreditation. CARF will recognize this accomplishment in its listing of organizations with accreditation and encourages your organization to make its accreditation known throughout the community. Communication of the accreditation to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

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

If you have any questions regarding your organization's accreditation or the QIP, you are encouraged to seek support from Jessica Montijo Soto by email at jmontijo@carf.org or telephone at (888) 281-6531, extension 7075.

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

Sincerely,

A handwritten signature in black ink, reading "Brian J. Boon Ph.D." in a cursive script.

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

Enclosures

Sample Staffing Pattern

ARVAC Specialized Women Services									
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL HRS
Tramekia	LPN	1ST Detox	1ST Detox	1ST Detox	1ST Detox	1ST Detox	OFF	OFF	40
Chelsea	TS/RDS	1ST	1ST	1ST	1ST	1ST	OFF	OFF	40
TS/	TS/RDS	1ST	1ST	1ST	1ST	1ST	OFF	OFF	40
TS/	TS/RDS	OFF	OFF	3RD DETOX	3RD DETOX	3RD DETOX	3RD DETOX	3RD DETOX	40
Mittie	TS/CIT/RDS	2ND Detox	2ND Detox	OFF	OFF	2ND Detox	2ND Detox	2ND Detox	40
TS/	TS/RDS	3RD DETOX	3RD DETOX	3RD DETOX	3RD	3RD	OFF	OFF	40
TS/	TS/RDS	2ND	2ND	2ND	OFF	OFF	1ST	1ST	40
TS/	TS/RDS	3RD	3RD	3RD	OFF	OFF	3RD	3RD	40
TS/	TS/RDS	OFF	OFF	2ND Detox	2ND Detox	2ND	2ND	2ND	40
TS/	TS/RDS	1ST	1ST	1ST	OFF	OFF	1ST	1ST	40
FA	Family Advocate	OFF	OFF	2ND	2ND	2ND	2ND	2ND	40
Cook		1ST	OFF	OFF	1ST	1ST	1ST	1ST	40
Cook		1ST	1ST	1ST	1ST	1ST	OFF	OFF	40
Jamie Zimmerman	MSN-APRN-FMP-C								
Kristin Martin D.O.	Addiction Medicine								
Lindsey Sharp	MSN-APRN-FMP-C								

ADDITIONAL ADMINISTRATIVE STAFF/MEDICAL STAFF/MENTAL HEALTH STAFF

TS /The Treatment Specialist serves as support staff

CIT/ Counselor in training

RDS/ Regional Detox specialist

FA/ Family Advocate

Mat Clinic and Head start Early Head start Facilities located on premise

Medical Director - MD

Psychiatrist

Mental Health Staff

Mental Health Child Therapist

Mental Health Therapist

Licensed Professional Examiner-I

LPC

Multidisciplinary Team

Qualified Head Staff with BA, AA, and/or CDA

Director of Monitoring and Compliance

Nutrition Director

Nutrition Specialists

Teacher Aids

Teachers



Primary Source
License Verification

Verification Report

Primary Source Board of Nursing Report Summary for

TRAMEKIA EALY

Tuesday, October 20 2020 02:31:46 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 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 [Nurse License Verification](#) service to request the required verification of licensure.

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

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
EALY, TRAMEKIA SHAVONNE	LPN	TPSLPN890534393	Inactive	07/29/2004	07/12/2018	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 License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
EALY, TRAMEKIA SHAVONNE	LPN	L042997	Active	09/13/2004	07/31/2022	Multistate	NO

License type information

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

Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact.



Name: Tramikia Ealy

has completed 4 hours of training in
the Nonviolent Crisis Intervention® training program.

Issued: 11-11-18 The Preventive Techniques II

Expires: 11-11-20 Instructor: Cheryl Hewitt

Go to crisisprevention.com/Bluecard and
add this course to your personal training log.

NEA070FE



American CPR Training Certification Card

Tramekia Ealy

Has successfully completed an American CPR Training
course with the curriculum for:

Adult Child Infant C.A.R.E. CPR™ & First Aid

01/10/2022

B. Ealy
Instructor Signature

Renewal Date

This certificate is issued to the bearer in recognition of participation in an American CPR Training™ course consistent with the curriculum set forth by International, ILCOR and ECC guidelines, U.S. Dept. of Labor, OSHA and The "Good Samaritan" Act.

AmericanCPR.com | FirstAidMart.com | AedGrant.com

Tramekia Ealy
Cardholder's Signature

This recognition is subject to the provisions and limitations of applicable State statutes and licensing acts.
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Call for recertification: 1-888-228-6694

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral
Health Services

This is to certify that

Mittie Granger

Has successfully completed (6) hours of training in

Regional Alcohol and Drug Detoxification

October 12, 2020

Expires (2) years from completion date

Tramekia Ealy-LPN
Tramekia Ealy, LPN
RADD Instructor

Jennifer Shuler, APRN
Jennifer Shuler, APRN
DAABHS Nurse Practitioner

Phillip D. Hall
Phillip D. Hall
State Opioid Treatment Authority

FH 1075



American CPR Training

Certification Card

Mittie Granger

Has successfully completed an American CPR Training
course with the curriculum for:

Adult Child Infant C.A.R.E. CPR™ & First Aid

Sharon Duwall

Instructor Signature

232699

08/14/2022

Renewal Date



Name: Mittie Granger

has completed 4 hours of training in
the Nonviolent Crisis Intervention® training program.

Issued: 6-17-21 The Preventive Techniques II

Expires: 6-17-22 Instructor: [Signature]

Go to crisisprevention.com/Bluecard and
add this course to your personal training log.

NE3262FE

Arkansas Department of Human Services
Division of Aging, Adult, and Behavioral
Health Services

This is to certify that

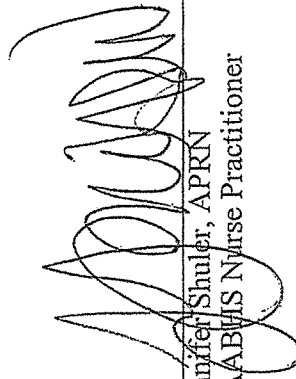
Chelsea Norman

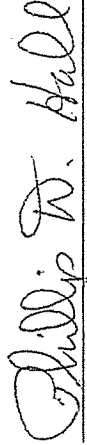
Has successfully completed training for

Regional Detoxification Specialist

January 10, 2020

Expires (2) years from completion date


Jennifer Shuler, APRN
DAABHS Nurse Practitioner


Phillip D. Hall
State Opioid Treatment Authority

FH 1070 R

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral
Health Services

This is to certify that

Chelsea Norman

Has successfully completed (6) hours of training in

Regional Alcohol and Drug Detoxification

October 25, 2019

Expires (2) years from completion date

Tramekia Ealy
Tramekia Ealy, LPN
RADD Instructor

Jennifer Shuler
Jennifer Shuler, APRN
DAAABHS Nurse Practitioner

Phillip D. Hall
Phillip D. Hall
State Opioid Treatment Authority

FH 1070

Certificate of Course Completion

This is to certify that

Chelsea Norman of Arvac Freedom House

has completed the course

15 Passenger Van Training

Sponsored By



**PHILADELPHIA
INSURANCE COMPANIES**

Score: 90%

Date: 2/15/2018

CERTIFICATE of ACHIEVEMENT

THIS ACKNOWLEDGES THAT

Chelsea Norman

HAS SUCCESSFULLY COMPLETED THE

3.0 Hours ETHICS

OCTOBER, 10
2018

ARVAC, Inc.
community
Action
PARTNERSHIP
Freedom House
Healing Mind, Body, and Spirit

SIGNED, Katelyn Coney, MS LPC AADC, COO

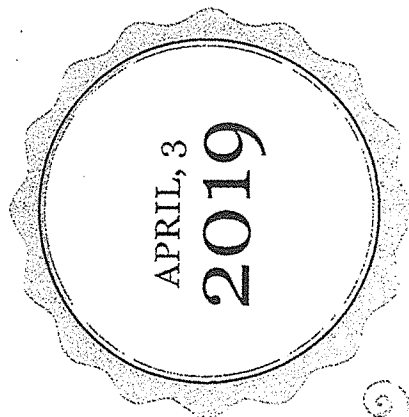
CERTIFICATE of ACHIEVEMENT

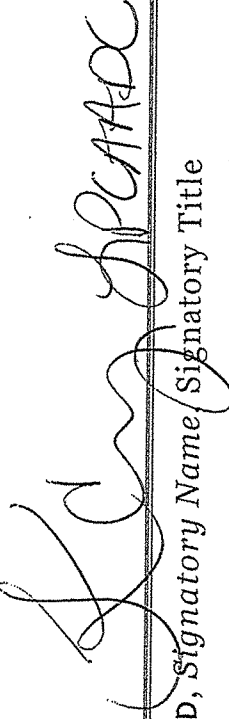
THIS ACKNOWLEDGES THAT

Chelsea Norman

HAS SUCCESSFULLY COMPLETED THE

Federal Regulations &
Urinalysis 0.5 Hours




SIGNED, Signatory Name/Signatory Title

ARVAC, Inc.
community
Action.
PARTNERSHIP
— CHANGING LIVES —
Facing. Head. Heart. Mind. Spirit.



American CPR Training

Certification Card

Chelsea Norman

Has successfully completed an American CPR Training course
with the curriculum for:

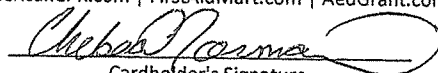
Adult, Child & Infant C.A.R.E. CPR™ & First Aid


Instructor Signature

01/10/2022
Renewal Date

This certificate is issued to the bearer in recognition of participation in an American CPR Training™ course consistent with the curriculum set forth by international; ILCOR and ECC guidelines, U.S. Dept. of Labor, OSHA and The "Good Samaritan" Act.

AmericanCPR.com | FirstAidMart.com | AedGrant.com


Cardholder's Signature

Local Training www.preparednessandtraining.com

This recognition is subject to the provisions and limitations of applicable State statutes and licensing acts.

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Call us 479-857-0715



Name: Chelsea Norman

has completed 4 hours of training in
the Nonviolent Crisis Intervention® training program.

Issued: 11-19 The Preventive Techniques II

Expires: 11-21 Instructor: Chelsea Norman

Go to crisisprevention.com/Bluecard and
add this course to your personal training log.

NE2C60FB

Arkansas Department of Human Services
Division of Aging, Adult and Behavioral
Health Services

This is to certify that

Cheryl Howard

Has successfully completed (6) hours of training in

Regional Alcohol and Drug Detoxification

October 12, 2020

Expires (2) years from completion date

Tramekia Ealy
Tramekia Ealy, LPN
RADD Instructor

Jennifer Shuler
Jennifer Shuler, APRN
DAABHS Nurse Practitioner

Phillip D. Hall
Phillip D. Hall
State Opioid Treatment Authority

FH 1040

CERTIFICATE OF COMPLETION

Cheryl Howard

has completed the Renewal course for

CPI *Nonviolent Crisis Intervention*® Training

and is certified to teach at

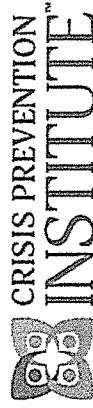
Arkansas River Valley Area Council Inc

10/15/2020

Date of Certification

Course Date: 10/15/2020 -- 10/15/2020
Course Location: Central Time Zone, -
Contact Hours: 3

IACET CEUs: 0.3
Certification Level: Associate
Instructor ID #: 1369815



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

Susan Driscoll
CPI President



Child Development Associate®

Having satisfactorily demonstrated competence in working with young children through an assessment by the CDA National Credentialing Program

CHRYL HOWARD

is hereby awarded this

CDA Credential

by the

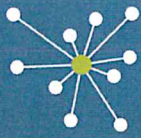
Council for Early Childhood Professional Recognition

Council for Early Childhood Professional Recognition

Sally Halmer
Chairperson, Executive Board

Carol Brumson Phillips
Executive Director

OCTOBER 1, 1991



FYI db

It's easy... and it works!

FYI db Security

At FYI db Software Inc. we take security and confidentiality VERY seriously.

We have spent considerable time and energy making the FYI db system as secure as possible. Here are some of the highlights:

1. We own all of our servers and are the only ones who use them and have access to them.
2. We are a Canadian company but have servers located in Canada and the US.
3. Our servers are running the latest stable releases of Linux and Apache - the most secure web server software available.
4. Because we manage the servers, we constantly upgrade the software on the servers whenever a new stable release comes out.
5. Not only are our servers running the latest and most secure software, they are also behind an advanced firewall. This is very important when preventing intrusion attempts.
6. Significant server hardening has been performed and security scripts and patches have been installed on our servers to ensure the highest level of protection.
7. The connection between the client computers and our servers is encrypted using 256-bit SSL encryption protocols. This is same type of encryption used for online banking.
8. The user passwords stored in the database are encrypted using an MD5 hash.
9. Sensitive data stored in the database is encrypted with an SHA1 hash.
10. All of the configuration files in the software package are stored in non-public folders.
11. All folders writable by the software package have only local permissions so that malicious scripts cannot be uploaded and run.
12. Built-in security features of the software include an automatic lockout after 3 failed login attempts. An Administrator must re-activate the account once this happens.
13. The tier-3, certified data centers in which our servers are housed utilize sophisticated security measures (including biometric scanners) to prevent unauthorized physical access.
14. All database and account passwords on the server use the highest form of complexity possible – a random combination of upper and lowercase letters, numbers and symbols.
15. Within the software, on the "Add a User" page in the Admin Panel, there is an explanation of how to create strong passwords. Also, the software checks to make sure that the username and passwords are not the same and that the passwords are at least 6 characters in length. As with most systems, the weakest link is usually the passwords that are created for the users. Using weak passwords is the easiest way for someone to hack into any system. We encourage our clients to educate their staff to treat their FYI db passwords the same as they treat their banking PIN numbers and to not share their passwords with anyone.



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FYIdb Software Inc. will refund the full price of the Software if the Software is damaged or defective, and only if you notify FYIdb Software Inc. of the refund request within fourteen (14) days of the date you purchased the Software.

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You agree that if, during the Warranty Period, a defect in the Software media appears, your exclusive remedy will be, in FYIdb Software Inc.'s sole option, to replace the media or to credit the amounts paid by you to FYIdb Software Inc., if any, and terminate this License.

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10. General.

This agreement shall be governed by the laws of Canada.

[Back](#)

Reports

Please select a Report

Activity Attendance by Topic

- Shows client attendance based on program, session topic and date range.

Alerts

- Shows which current clients have alerts.

All Client data

- Choose which fields you would like to view for a given date range.

Alumni

- A list of all past Client's contact info.

Alumni Notes

- Shows the Alumni Notes for Clients within a certain date range.

Arrivals

- Shows Clients who are in the system but who have not arrived yet.

Bed Report

- Comprehensive report of Room Assignment, Program, Departure Date, etc. for each location

Beds Occupied

- Shows beds occupied for a specified date range.

Billing Advances

- Shows the current balances from all current clients' Advances Log on one page.

Billing Future Actions

- A list of all Clients who have Future Actions required in their Billing section.

Client access

- Shows which users have accessed which Client files.

Case Note access

- Shows which users have accessed a Case Note in a Client and when.

Case and Support Staff Notes Combined

- View all Case and Support Staff Notes for a Client on one page.

Case and Support Staff Notes made by selected user

- View all Case and Support Staff Notes made by a certain user during a specified date range.

Counselor Assignments

- A list of all Clients who have been assigned to a selected Counselor.

Critical Information

- Shows all CURRENT Clients and whether or not their Financial Forms have been signed, Personal Health Number is on file, and which Forms have been filled out.

Critical Information 2

- Shows all Clients from a date range and whether or not their Financial Forms have been signed, Personal Health Number is on file, and which Forms have been filled out.

Current Client data

- Choose which fields you would like to view for current Clients.

Discharges

- Shows the Discharge Reason for Clients discharged within a specified date range

Donors and Donations

- Shows the donations made (sorted by Donor) within a specified date range.

Donor Future Actions

- A list of all Donors who have Future Actions.

Drug Tests

- Shows how many drug tests by type have been performed for a specified date range.

Drug Tests by Client

- Shows a list of Client who have had drug tests for specified date range.

Faces

- Shows all current Clients and their photos.

Forms Filled Out

- Generate a report that shows who filled out each form in the system for a specified date range.

Forms Filled Out by Staff

- Generate a report that shows forms filled out by a selected staff member for a specified date range.

Forms Results

- Generate a report that shows the multiple choice, dropdown and checkbox answers for all Clients who have filled out forms within a specified date range.

Forms Statistics

- Generate a report that shows the percentage of answers on filled out forms.

Funding Sources

- Shows the Clients and their number of days in treatment for selected funding sources in a date range.

Head Count

- Blank printable form for performing head counts.

History

- Shows Intake Date, Discharge Date and Number of Days for specified date range for each Program

Income Statement

- Shows invoices and totals for a specified date range.

Jobs

- Shows all Jobs for all Clients for a specified date range.

Logins

- Shows when and from where users have logged in to the system.

Medication Schedule

- Shows a printable report for today's medication schedule and if any clients have missed their medications.

Medications Missed

- For active medications, shows who has missed taking their medication and when.

Outstanding Invoices

- A list of outstanding invoices.

Referrals Provided

- Shows the Referrals Provided and number of Clients referred for specified date range

Referral Sources

- Shows the Referral Source and number of Clients for each referral source for specified date range

Session Attendance

- Shows client attendance based on program, session type and date range.

Session Attendance by Topic

- Shows client attendance based on program, session topic and date range.

Session Hours

- Shows number of sessions, length, rate and totals based on date range and session type.

Session Types

- Shows a breakdown of session types within a specified date range.

Sessions by Staff

- Shows a breakdown of session types within a specified date range for a selected staff member.

Statistics

- Generate a stats report based on a date range.

Statistics 2

- Generate a stats report based on a date range and selected criteria.

Support Staff Assignments

- A list of all Clients who have been assigned to a selected Support Staff member.

Support Notes

- Shows Support Notes for all current Clients in a selected program

Wait List

- Shows Date Added, Date Removed, Removal Reason and Number of Days for specified date range for the Wait List