

BID RESPONSE PACKET

710-24-0014

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Western Arkansas Counseling & Guidance Center, Inc.			
Address:	3111 S 70th Street			
City:	Fort Smith	State:	AR	Zip Code: 72905
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" 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"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American			
AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Monica Bowes	Title:	Administrative Specialist	
Phone:	479-452-6650 X10032	Alternate Phone:		
Email:	monica.bowes@wacgc.org			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract. <input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				

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

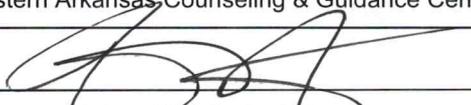
The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: _____ Title: CEO
 Printed/Typed Name: Aaron 'Rusti' Holwick Date: 12/06/2023

SECTIONS 1 - 4 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 the bid solicitation.

Vendor Name:	Western Arkansas Counseling & Guidance Center, Inc.	Date:	12/06/2023
Signature:		Title:	CEO
Printed Name:	Aaron '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/SERVICE TYPE

Instructions: Select each county in which services can be provided by the Prospective Contractor. Refer to Attachment I for State Map of Counties.

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	X
Lonoke	
Madison	
Marion	
Miller	
Mississippi	
Monroe	
Montgomery	
Nevada	

Newton	
Ouachita	
Perry	
Phillips	
Pike	
Poinsett	
Polk	X
Pope	
Prairie	
Pulaski	
Randolph	
Saline	
Scott	X
Searcy	
Sebastian	X
Sevier	
Sharp	
St. Francis	
Stone	
Union	
Van Buren	
Washington	
White	
Woodruff	
Yell	

All counties (Statewide)	
--------------------------	--

Instructions: Select each type of counseling service that can be provided by the Prospective Contractor.

Individual	<input checked="" type="checkbox"/>
Family	<input checked="" type="checkbox"/>
Group	<input checked="" type="checkbox"/>
Medication Management	<input checked="" type="checkbox"/>

Performance and History Form

Instructions: DHS requests that Prospective Contractors disclose historical information intended to help DHS gain a full understanding of Prospective Contractor's history. This form **must** be accurately completed and signed by the same signatory who signed the Signature Page (Refer to page 2). Failure to disclose information may be grounds for disqualification of the Prospective Contractor's bid.

- Do not include additional information if not pertinent to the request.

DHS reserves the right to verify the accuracy of responses by contacting any of the listed clients; therefore, all applicable clients **must** be listed. For purposes of this form, the "client" is not an individual, but the entity which held the contract. For each listed client, Prospective Contractor **must** include the client entity's name, address, and phone number. Additionally, Prospective Contractors are encouraged to provide an individual's contact information for a person at the client entity who is knowledgeable of the named project. If DHS contacts the clients listed, DHS reserves the right to either contact the listed individual and/or another person at the client entity. Omission of a relevant client will constitute a failure of form completion.

If there are no contracts which meet the definition, Respondent **must** state "none."

1. Provide the total number of therapists/clinicians available and describe your capacity to provide services in each county selected.

30 - Crawford County(LAC, LPC, LAMFT, LMFT, PLMSW,LMSW, LCSW, LPE-I)
4-Franklin County(LPE-I, LPC, LCSW)
9- Logan County (LAC, LPC,LMSW, LCSW)
8-Polk County(LMSW, LCSW, LPC)
4- Scott County (LAC, LPC,LCSW)
59- Sebastian County (LAC, LPC, PLMSW, LMSW, LCSW, LPE, LPE-I, PsyD)

2. Has the Prospective Contractor had therapist/clinicians on probation with the State Licensing Board?

Yes No

If yes, include the number and reason(s) for the probation.

3. Has the Prospective Contractor received formal negative contract actions pertaining to contracted services from a party to which the Prospective Contractor's services were provided within the last three (3) years? A formal negative contract action is considered as any formal communication to Prospective Contractor from the state/entity receiving services that identifies failure(s) to satisfy performance obligations in the contract in a manner that represents significant non-performance or a material deviation from contractual obligations. A formal negative contract action is considered a corrective action plan, a below standard vendor performance report, or these equivalents in the State of Arkansas.

Yes No

If yes, include the number of formal negative contract actions in the space provided below. Provide the contact information for a person with the contracted party who is knowledgeable of the contractual obligations.

Authorized Signature:  Title: CEO

Printed/Typed Name: Aaron 'Rusti' Holwick Date: 12/06/2023

DOCUMENTATION CHECKLIST

As outlined in section 2.2 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
- Copy of licensure or proof of supervision for each service provider
- Copy of certification of enrollment as a behavioral health service provider (for each service provider) in the Arkansas Medicaid Program
- 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)
- Certification for Boycott and Illegal Immigrant Restrictions (Attachment H)

WESTERN ARKANSAS COUNSELING & GUIDANCE CENTER, INC.

Who we are: In 1960, under the guiding hand of Dr. Roger Bost, the Child Family Guidance Center was established. Financial assistance came enthusiastically from Sebastian and Crawford County Quorum Courts, Fort Smith School System, Junior League, Rosalie Tilles Home Board, Sebastian County United Fund, and many private citizens. A non-profit, charitable corporation, it had as its goal to provide relatively low-cost psychological services for citizens of Sebastian and Crawford Counties. Among the services offered by the Child Family Guidance Center were diagnostic and treatment services, training programs, consultation services to other community institutions and agencies, and psychological testing.

The Arkansas Rehabilitative Services joined the Child Family Guidance Center in 1968, further expanding their capabilities for service. In 1972, a federal staffing grant was received to establish a community mental health center. Therefore, in April of 1972, the Child Family Guidance Center, the Family Service Agency, and the Traveler's Aid were consolidated into one entity--the Western Arkansas Counseling and Guidance Center, Inc. (WACGC).

WACGC is a private, non-profit, tax-exempt corporation and Community Mental Health Center serving a 6 county catchment area including Sebastian, Crawford, Franklin, Logan, Scott and Polk counties.

For more than 50 years, Western Arkansas Counseling and Guidance Center (WACGC) dba The Guidance Center is a private non-profit organization (501C3), one of twelve community mental health centers in Arkansas and has recently become a Certified Community Behavioral Health Clinic (CCBHC) via SAMHSA grants. WACGC is a CARF accredited organization in good standing with DHS, DPSQA and DMS. WACGC has an independent audit on an annual basis. WACGC is a Medicaid provider and has a highly diversified payer mix. WACGC is licensed as Behavioral Health Agency (BHA) and Community Support Services Provider (CSSP) along with Substance Use Treatment Licenses.

WACGC adheres to the most ethical and stringent business practices in order to be good stewards of its funds and services. WACGC provides a wide range of services to persons over the life span for all aspects of behavioral health and integrated care to include serious mental

illness(SMI), and/or substance use disorders (SUD), including opioid disorders; children and adolescents from 0+ with serious emotional disturbance(SED), and individuals with co-occurring mental and substance disorders (COD). WACGC serves targeted populations that are jail or justice-involved, and ASH involved. WACGC has treated these populations with complex confounding issues of trauma, foster care, domestic violence, LGBTQ, veteran or other; and provides a comprehensive coordinated 24/7/365 crisis services system that are culturally and linguistically prepared to aid in providing the public safety net for psychiatric and behavioral health crises.

Western Arkansas Counseling and Guidance Center promotes the “No wrong door” philosophy in handling behavioral health issues no matter where they fall on the spectrum. We welcome individuals and will help them find the right path whether they walk in off of the street, come in by law enforcement, brought by DCFS, hospital, school or other source. We want confidence within our community to have the knowledge if someone comes to us by whatever means, they can be assured that person/family was taken care of once they have been touched by our agency. This agency holds as a priority efforts of creating a value based organization by instilling and enhancing the values of each employee, having well informed and trained staff and only recruiting and retaining passionate persons who are champions for the organization and its mission. We want this to truly be the best place to work. We aim to achieve a pipeline of diverse talent. We believe this adds to the quality of life for our staff, their families and ultimately to the community. Western Arkansas Counseling and Guidance Center ensures the delivery of necessary behavioral health and co-occurring services to anyone who needs them, regardless of sex, gender, gender identity, race, religion, ethnic background, education, social class, economic status, or ability to pay. A trauma informed care service system is ensured that recognizes the potential for certain vulnerabilities of trauma survivors. The agency is innovative and eager to continue to develop programming such as the establishment expanding programs for children

and families in foster care, juvenile sex offenders and expanding treatment programs to better provide seamless, integrated care for co-occurring issues, especially in efforts to overcome the lives effected by trauma or other adverse life experiences using evidence based treatment approaches.

Geographic area to be served: Western Arkansas Counseling & Guidance (WACGC) is comprised of a 6 county catchment area in the most western portion of Arkansas. Counties include Sebastian, Crawford, Franklin, Logan, Scott and Polk counties. The 6 catchment area counties are HRSA-designated Medically Underserved Areas and Health Professional Shortage Areas in the primary health and behavioral health domain.

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER, INC.

Western Arkansas Counseling and Guidance Center, Inc. offers the following services at all locations unless otherwise specified:

1. Co-Occurring Contract with DHS: Contract #4600048365: Western Arkansas Counseling and Guidance Center provides professional services designed for adults with co-occurring mental health and substance abuse issues and those clients who are court referrals. The co-occurring clients enter via referral or walk-in which begins with orientation, a substance abuse screening by _credentialed staff, followed by a MHP completing a Comprehensive Diagnostic Assessment and establishing a Treatment Plan of Care individualized to the client's needs. A phase of treatment is recommended based on the information gathered during the assessment process. Monthly progress reports are submitted to DHS. The WACGC staff work closely with DHS supervisors and Family Service Workers to ensure clear communication on each individual client's progress is adhered to. The clients are staffed weekly during a multidisciplinary treatment team meeting. Urine drug screens are collected. Court appearances are necessary. Services may include individual psychotherapy, individual substance abuse counseling, family therapy, group therapy, and medication management. This contract is for children and adults.

2. Western Arkansas Therapeutic Children's Homes (WATCH) - Therapeutic Foster Care (TFC) caters to the physical, emotional and social needs of children and youths in a supportive family setting until the natural family can be reunited or a permanent placement through adoption can be arranged. The foster household is viewed as the primary treatment setting, and the foster parent(s) are trained and supported to implement the goals outlined in the child's treatment plan.

These goals include:

- community integration
- meeting the medical needs of the children
- eliminating inappropriate behaviors
- supporting the child's educational needs

These goals are carried out under the direction of a treatment team assigned to each child. The team is made up of the foster parent(s), licensed therapist, therapeutic case manager the child and his/her family, the state family service worker and other community resource professionals for the child. Support from all of the team members allows the child to benefit from a home environment and community-based setting while receiving intensive treatment and clinical services. WATCH serves foster children with trauma resulting in serious emotional disturbances. WATCH is currently working with families and providers in the Texarkana area as well.

3. Counseling Services 4600040575: Western Arkansas Counseling and Guidance Center provides professional Counseling services designed for adults and adolescents. We provide individual therapy , family therapy, and group therapy in our catchment area with this contract.



Western Arkansas Counseling & Guidance Center Adult Programs & Services

Locations in Crawford, Franklin, Logan, Polk, Sebastian, and Scott Counties

Primary Service Center: 479.452.6650

24 Hours Crisis Hotline: 800.542.1031 Non-Crisis Warm Line: 479.452.6655

www.wacgc.org

Outpatient Counseling – Available for adults with behavioral, emotional and/or mental health problems. Licensed mental health professionals (MHPs) evaluate, treat, and refer if necessary to provide the most effective behavioral healthcare treatment.

Group Therapy – A form of psychotherapy where a small group of clients meet regularly under the guidance of professionally trained MHPs for treatment of specific problems. There are several topical groups available, including co-occurring and anger management.

Case Management Services – Qualified Behavioral Health Providers (QBHPs) coordinate services for qualifying adults and assist with daily living skills, social skills, basic needs, referrals, treatment goals, medication management, and communication skills to maximize treatment.

Psychological Testing – A wide range of psychological tests are offered to help determine the best possible treatment for an individual.

NEW Beginning Day Treatment – A program for Seriously Mentally Ill (SMI) clients to facilitate therapy goals, enhance independence, and network the clients within their community. Clients are given a variety of group choices in which they can participate that target areas such as stress management, trauma, and self-esteem.

Drug Alcohol Safety Education Program (DASEP) - A mandatory court ordered education program for adults and adolescents who have received DUI, DWI, and/or minor in possession violations. Safety instructors are certified by the state and provide screenings and classroom instruction.

University Counseling Center – An outpatient counseling clinic for students enrolled at the University of Arkansas Fort Smith. Students may schedule a session with a licensed MHP up to eight sessions per academic year. Fees for the sessions are included in the Student Activity Fees.

WACGC: Embracing Change through Clear Communication, Respect, Compassion,
and adhering to a Strong Work Ethic.



Retired Senior Volunteer Program (RSVP) – A proactive volunteer-placement organization that recruits and connects active adults 55 years of age and over with a variety of volunteer opportunities. Volunteers are placed at various venues and events such as schools, community centers, hospitals, and museums.

Addiction Services - Dual licensed mental health and substance abuse professionals provide a therapeutic, comprehensive approach to individuals that exhibit a combination of both substance abuse and mental health disorders that affect recovery. The program includes psychological, psychiatric, and clinical services.

Crisis Stabilization Unit – The Five West CSU is designed to provide crisis services through Law Enforcement Referral, but a client can be self-referred. It is a 72-hour treatment facility created to provide immediate crisis care with establishing a long-term treatment plan for the individual. (479-785-9480)

Adult Specialty Court in Sebastian County –Veterans Court and Mental Health Treatment Court.

PCC – This clinic is for primary care, for clients, employees, and employees' families.

CCBHC grant – The purpose of Certified Community Behavioral Health Clinic grant is to increase access to, and improve the quality of community mental and substance use disorder treatment services through expansion of CCBHCs.

Ozark Program Center – Currently serves Seriously Mentally Ill (SMI) adult clients residing at Clarksville RCF, Mulberry RCF, and Paris RCF. OPC offers the clients the opportunity to access treatment away from the facility that they reside in. It also offers the clients the opportunity to interact with peers other than only those at their RCF. There is access to more diverse staff, as the OPC is centrally located, so clients do not see only one or two staff repeatedly. They have an indoor basketball court, workout equipment, clothing room, token booth store, sewing room, laundry facilities, cooking classes, and recreational outings in the community. OPC offers Group Therapy, Individual Therapy, Psychosocial Day Rehab Groups, Case Management and Peer Support Services. Clients eat 2 meals per day at the OPC, arriving at 8:30 am and leaving for the day at 3:00 pm.

WACGC: Embracing Change through Clear Communication, Respect, Compassion,
and adhering to a Strong Work Ethic.



Children & Adolescents Programs & Services

Locations in Crawford, Franklin, Logan, Polk, Sebastian, and Scott Counties

Primary Service Center: 479.452.6650

24 Hours Crisis Hotline: 800.542.1031 Non-Crisis Warm Line: 479.452.6655

www.wacgc.org

Outpatient Counseling – Available for adults with behavioral, emotional and/or mental health problems. Licensed Mental Health Professionals (MHPs) evaluate, treat, and refer if necessary to provide the most effective behavioral healthcare treatment.

Western Arkansas Therapeutic Children's Homes (WATCH) – Temporary substitute family care for children when their own families are unable or unwilling to care for them. The key to the program's success is the therapeutic foster family. Therapeutic foster care is a method of treatment for children and youth with emotional/behavioral disturbances which uses the home as treatment. Therapeutic parents are specially trained and WATCH provides intensive therapeutic services.

Group Therapy – A form of psychotherapy where a small group of clients meet regularly under the guidance of professionally trained MHPs to talk, interact, and discuss problems. There are several topical groups available.

Case Management Services – Qualified Behavioral Health Providers (QBHP) help children with daily living skills, social skills, basic needs, referrals, treatment goals, medication management, and communication skills. QBHPs can coordinate services with the home and school environments to maximize treatment and provide information to parents or guardians throughout a child's treatment process.

School-Based Services – MHPs and QBHPs provide outpatient counseling and case management to school-aged children in the schools. These professionals work closely with teachers, guidance counselors, and families to coordinate services.

Psychological Testing – A wide range of psychological tests help determine the best possible treatment and/or diagnosis for a child.

Addiction Services – Dual licensed mental health and substance abuse professionals provide a therapeutic, comprehensive approach to individuals that exhibit a combination of both substance abuse and mental health disorders that affect recovery. The program includes psychological, psychiatric, and clinical services.

Fostering Change – This is a foster care center designed to help "hard to place" teenagers reintegrate into the community.

Robin's House – This program is a step down from Fostering Change.

Supported Independent Living (SIL) – This program is for kids that have aged out of foster care, which assists with maintaining or increasing skills necessary for independence.

Safe Care – This is a parenting program that helps the parent and provider work together to create a safe home environment. The client must have a DHS referral.

Vaping Cessation – This program is for school aged kids to help quit vaping and smoking

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

Status

Good Standing

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

AARON HOLWICK, CEO
H. C. VARNADORE, Chairman
JARROD YARNELL, Director
RITA WATKINS, Director
H C VARNADORE, Director

TAMMY YOUNG, Director
JONATHAN WEAR, Director
SHARON SICARD, Director
TAMMY YOUNG, Secretary
LARRY NELSON, Treasurer
LARRY NELSON, Director
ROGER SPARKS, Director
SEE FILE, Incorporator/Organizer

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](#)



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32445

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

174 NORTH WELSH AVENUE BOONEVILLE AR 72927

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33786

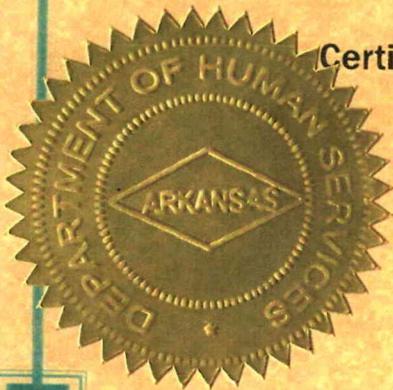
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

2721 WEST WALNUT PARIS AR 72855

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

Certificate effective from 10/20/2022 to 11/31/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33780

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

1200 WEST CENTER GREENWOOD AR 72936

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33784

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

949 NORTH MAIN STREET MULBERRY AR 72947

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33782

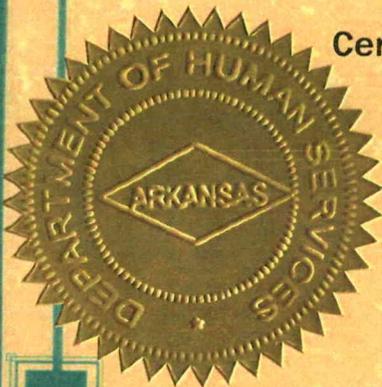
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

311 SOUTH CENTRAL STREET CLARKSVILLE AR 72830

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33781

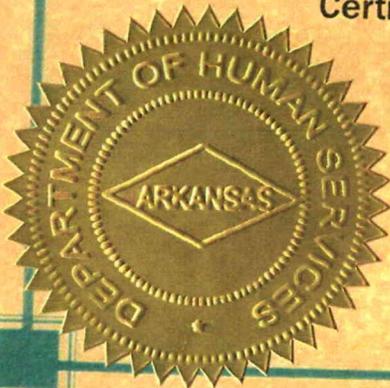
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

115 FORT STREET BARLING AR 72923

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 34124

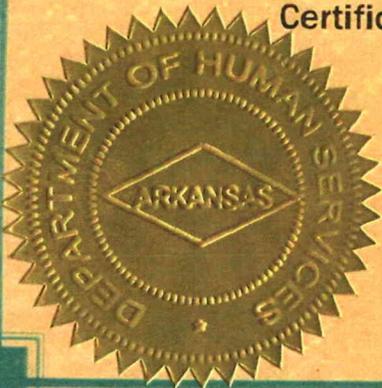
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

3113 SOUTH 70TH STREET FORT SMITH AR 72903

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

License Number: 45395

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC
DBA THE GUIDANCE CENTER

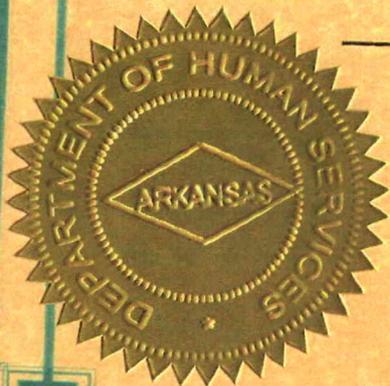
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

N/A capacity COMMUNITY SUPPORT SYSTEMS PROVIDER- ENHANCEMENT

on the premises located at 418 SOUTH 17TH STREET,

FORT SMITH, County of SEBASTIAN, Arkansas.

License Effective: 08/29/2022 | License Expires: N/A





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32744

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

3111 SOUTH 70TH STREET FORT SMITH AR 72903

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32925

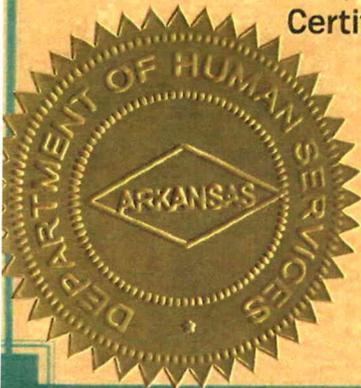
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

2705 OAK LANE SUITE A & B VAN BUREN AR 72956

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32953

This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

307 SOUTH CHERRY STREET MENA AR 71953

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32478

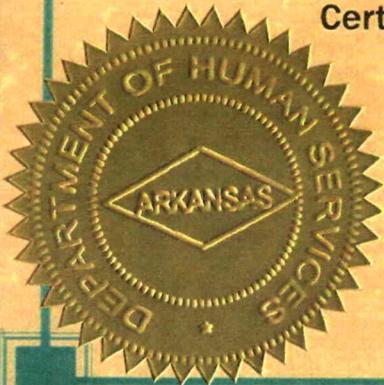
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

3109 SOUTH 70TH STREET FORT SMITH AR 72903

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33241

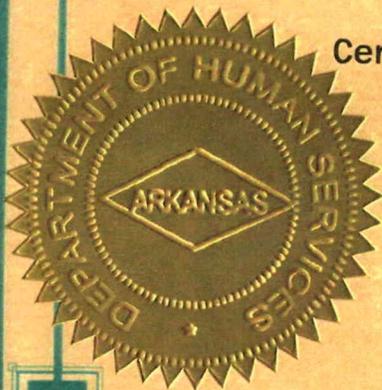
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

1857 RICE STREET WALDRON AR 72958

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33210

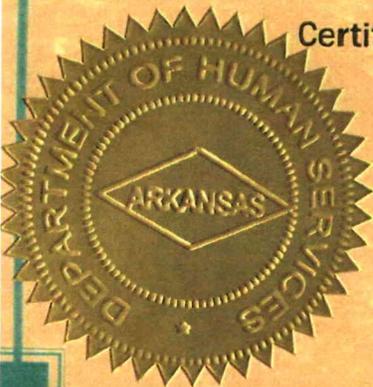
This Is to Certify That

WESTERN ARKANSAS COUNSELING AND GUIDANCE CENTER INC

415 SOUTH 6TH STREET PARIS AR 72855

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY.

Certificate effective from 07/31/2022 to 11/30/2024 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 48630

This Is to Certify That

WESTERN ARKANSAS COUNSELLING AND GUIDANCE CENTER INCORPATED

980 AIRPORT RD OZARK AR 72949-9301

has met provider requirements to operate a(n)/as BEHAVIORAL HEALTH AGENCY

Certificate effective from 11/30/2023 to 11/30/2024 (unless sooner revoked).



**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Amy Keener

holds ACTIVE status as a

LAMFT

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #

F2110001

Issue Date:

06/01/2023

Expiration Date:

05/31/2025

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

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



Issue Date: November 30, 2022

Anastasia Christine Anderson, LMSW
5611 S 5th St
Fort Smith, AR 72901

Governor Asa Hutchison
Renee Mallory, RN, BSN
Interim Secretary of Health

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dear Anastasia;

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

Your license, No. 11753-M, is subject to renewal November 30, 2024 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the two-year licensure period (December 1, 2022 – November 30, 2024). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

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

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

Sincerely,

Tammy Charlton, LMSW
Tammy Charlton, LMSW
Chair of the Board

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

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



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

License No.

11753-M

Expiration Date:

11/30/2024

Anastasia Christine Anderson, LMSW

5611 S 5th St

Fort Smith AR 72901

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

Tammy Charlton, LMSW

Chair

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

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



November 3, 2022

Governor Asa Hutchinson
Renee Mallory, RN, BSN
Interim Secretary of Health

Angela Sue Heckle, LCSW
8106 Hermitage Dr
Fort Smith, AR 72908

Ruthie Bain
Director

Phone: 501-372-5071
Fax: 501-372-6301

Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

Angela Sue Heckle, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **December 1, 2022** through **November 30, 2024**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**November 30, 2024**) you must obtain 30 hours of social work continuing education between the dates of **December 1, 2022** through **November 30, 2024**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



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

License No. 1389-C Expiration Date: 11/30/2024
Angela Sue Heckle, LCSW
8106 Hermitage Dr
Fort Smith AR 72908

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

Tammy Charlton, LCSW
Chair



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Ashley Mozelle McKenzie

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

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

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

**Arkansas Board of Examiners in Counseling
And Marriage & Family Therapy**



LICENSE CARD

This is to certify that
Angelia Ruiz
holds ACTIVE status as a(n):
LPC
in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27
— 101 et seq.

License #:
P2311001
Initial Date:
11/02/2023
Expiration Date:
05/31/2024

**PLEASE NOTIFY ARBOEC OF ANY CHANGE
OF ADDRESS IMMEDIATELY**

A handwritten signature in black ink that reads "Suzanne B. Casey".

Suzanne B. Casey
BOARD CHAIR





SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Amanda Leann Siddons

Location: Greenwood, AR**Level:** LMSW**License Number:** 10136-M**Date Issued:** 8/19/2020**Expiration:** 8/31/2024**Disciplinary Action:** no

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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

[Print](#)

Amanda Annette Spears

Location: Waldron, AR**Level:** LCSW**License Number:** 9622-C**Date Issued:** 9/1/2022**Expiration:** 9/30/2024**Disciplinary Action:** no

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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

Arkansas Board of Examiners In Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that
Amanda Stevenson
holds ACTIVE status as a
LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #
A2206004
Issue Date:
06/01/2023
Expiration Date:
05/31/2025

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR

x Amanda Stevenson



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Brandi Titsworth

License Number	P0812089
License Status	Active
License Expiration Date	05/31/2024
License Type	LPC
Initial Date of Licensure	12/17/2008
Phone	N/A
E-mail Address	N/A

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Brittney Drost

License Number A2105017
License Status Active
License Expiration Date 05/31/2024
License Type LAC
Original Date of Licensure 05/19/2021
Phone (479) 452-6650
E-mail Address brittney.drost@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling and Guidanc e	3111 S 70th St	Fort Smith	Arkansas	72903	

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Bonnie Kathleen Morton

Location: Van Buren, AR

Level: LCSW

License Number: 3294-C

Date Issued: 12/30/2019

Expiration: 12/31/2023

Disciplinary Action: no

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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



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Brooke Pschierl

License Number

A2202015

License Status

Active

License Expiration Date

05/31/2025

License Type

LAC

Initial Date of Licensure

02/25/2022

Phone

(479) 522-2878

E-mail Address

brooke.pschierl@wacgc.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3111 S 70th St, Fort Smith, AR 72903

City

Fort Smith

Province / State

Arkansas

Zip Code

72916



SOCIAL WORK LICENSING BOARD ROSTER

Print

BAILEY RENEE WHITEIS

Location: Rudy, AR

Level: LMSW

License Number: 12421-M

Date Issued: 10/25/2022

Expiration: 10/31/2024

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

[Print](#)

Brittany Taylor Wooden

Location: Van Buren, AR**Level:** LMSW**License Number:** 9169-M**Date Issued:** 7/21/2023**Expiration:** 7/31/2025**Disciplinary Action:** No

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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



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

CATHERINE CASSINGHAM

License Number P1109075
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 09/30/2011
Phone (479) 221-2611
E-mail Address cathy.cassingham@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Counseling and Guidance Center	3111 South 70th St	Fort Smith	Arkansas	72903	

ENTERED
5-25-23 RC

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

Caleb Clingan

holds ACTIVE status as a

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #

A2107012

Issue Date

06/01/2023

Expiration Date

05/31/2025

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Clayton Connelly

License Number P1607064
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 07/01/2016
Phone (479) 452-6650
E-mail Address clay.connelly@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
WACGC	3111 S. 70th St	Fort Smith	Arkansas	72903	

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**SOCIAL WORK LICENSING BOARD ROSTER**[Print](#)**CAISA ELIZABETH DOYLE****Location:** Fort Smith, AR**Level:** LMSW**License Number:** 13055-M**Date Issued:** 8/14/2023**Expiration:** 8/31/2025**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.

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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



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Catherine Cruz-Bejarano

License Number

A2203017

License Status

Active

License Expiration Date

05/31/2025

License Type

LAC

Initial Date of Licensure

03/29/2022

Phone

(479) 685-3851

E-mail Address

cathy.cruz-bejarano@wacgc.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

2705 Oak Ln

City

Van Buren

Province / State

Arkansas

Zip Code

72956

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Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

Carrie Hall

License Number

P2212008

License Status

Active

License Expiration Date

05/31/2024

License Type

LPC

Initial Date of Licensure

12/09/2022

Phone

E-mail Address



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Cara Hicks

License Number P1206059
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Initial Date of Licensure 06/03/2012
Phone (479) 452-6650
E-mail Address cara.hicks@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Guidance Center	3111 S 70th	Fort Smith	Arkansas	72903	

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Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

Charlotte Kraiger

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

P1607081

Issue Date

06/20/2022

Expiration Date:

05/31/2024

PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY

Please sign this wallet ID card and carry it with you as you would your drivers license.

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR

x C Kraiger



SOCIAL WORK LICENSING BOARD ROSTER

Print

Cynthia McLellan

Location: Mena, AR

Level: LMSW

License Number: 10304-M

Date Issued: 9/13/2022

Expiration: 9/30/2024

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



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Chelsea Neal

License Number P2303002
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Initial Date of Licensure 03/02/2023
Phone (479) 452-6650
E-mail Address chelsea.neal@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling and Guidanc e Center	3111 South 70th St	Fort Smith	Arkansas	72908	

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

ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD

P. O. Box 251965
Little Rock, AR 72225



Issue Date: May 25, 2023

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN
Interim Secretary of Health

Candy Mechelle Phillips, PLMSW
3300 Old Chismville Road
Greenwood, AR 72936

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dear Candy;

The Social Work Licensing Board has approved your application for licensure as a Licensed Master Social Worker. Your licensing status is considered **PROVISIONAL (PLMSW)** until you have successfully completed the examination for your level of licensure and the Board has issued your license. A provisional license is valid for one year and up to three attempts to pass the examination. This letter will confirm your eligibility to take the **MASTER'S** level of the examination the first of up to three times. Your provisional license is considered valid until **May 25, 2024**. If your provisional license expires before you pass the exam and your license is issued, you must cease practicing social work.

This letter will serve as your authorization to practice social work in accordance with the provisions of the Social Work Licensing Law. (A copy of the Social Work Licensing Law and Rules can be found on the board's website.) Please check the website frequently for updates.

Please contact The Association of Social Work Board (ASWB) to register for the exam. You may register for the exam online at www.aswb.org or by calling ASWB Candidate Services at 888.579.3926. Please refer to the ASWB Examination Guidebook at www.aswb.org/ for information about the examination process, testing procedures, and other ways of registering for the exam.

Please register for the exam with ASWB as soon as possible to allow adequate time for registering and scheduling a test appointment. Please allow up to two weeks for the licensing board to receive, process and issue your license *after* your test date.

If you have questions or need additional information, please contact the Board office at the above address or phone number. Please read page two.

Sincerely,

Tammy Charlton, LMSW

Tammy Charlton, LMSW
Chair of the Board

Candy Mechelle Phillips
License Number: PLMSW
Issue Date: 5/25/2023
Expiration Date: 5/25/2024

ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD

P. O. Box 251965
Little Rock, AR 72225



Issue Date: August 17, 2022

Governor Asa Hutchison
Renee Mallory, RN, BSN
Interim Secretary of Health

Candace J. Rice, LCSW
2311 Pearl Circle
Van Buren, AR 72956

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dear Candace;

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

Your license, No. 9464-C, is subject to renewal August 31, 2024 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the two-year licensure period (September 1, 2022 – August 31, 2024). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

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

Congratulations on your licensure, and please contact the Board office for any additional information or assistance. Your LMSW license is hereby retired and is not subject to renewal.

Sincerely,

Tammy Charlton, LMSW
Tammy Charlton, LMSW
Chair of the Board

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

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



Arkansas Department of Health
Social Work License Card

License No.

9464-C

Expiration Date:

8/31/2024

Candace J. Rice, LCSW
2311 Pearl Circle
Van Buren AR 72956

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

Tammy Charlton, LMSW
Chair

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



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

Christine Shaffer

License Number

A2208007

License Status

Active

License Expiration Date

05/31/2025

License Type

LAC

Initial Date of Licensure

08/17/2022

Phone

(479) 452-6650

E-mail Address

christine.shaffer@wacgc.org



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Darlena Lynn Cochran

Location: Mena, AR**Level:** LCSW**License Number:** 7823-C**Date Issued:** 11/6/2018**Expiration:** 11/30/2024**Disciplinary Action:** no

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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



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Diana Ajtun

License Number P1602024
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Original Date of Licensure 02/25/2013
Phone (479) 474-8084
E-mail Address diana.ajtun@tgconline.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling and Guidanc e Center	2705 A Oak Lane	Van Buren	Arkansas	72956	

Authorizations

Category	Type	Effective Date	Expiration Date
This licensee has no authorizations to display.			

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SOCIAL WORK LICENSING BOARD ROSTER

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Donald Michael Block III

Location: Fort Smith, AR**Level:** LCSW**License Number:** 10220-C**Date Issued:** 2/3/2023**Expiration:** 2/28/2025**Disciplinary Action:** no

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

David Gibbons

License Number

A2210000

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

Initial Date of Licensure

10/07/2022

Phone

N/A

E-mail Address

N/A

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

David Harris

License Number

P2010083

License Status

Active

License Expiration Date

05/31/2024

License Type

LPC

Initial Date of Licensure

10/02/2020

Phone

(479) 452-6650

E-mail Address

david.harris@wacgc.org

Primary Place of Practice

Employer

The Guidance Center

Street

3111 S. 71st

City

Fort Smith

Province / State

Arkansas

Zip Code

72904



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Donna Parks

License Number P1711380
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 11/14/2017
Phone (479) 394-5277
E-mail Address donna.parks@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Counseling and Guidance Center	307 South Cherry Street	Mena	Arkansas	71953	

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Arkansas Psychology Board
(501) 682-6167

Daniel T. Warwick

1000 Hudson Rd.
Pottsville, AR 72858

LICENSE #: 10-02E | TYPE: Psychological Examiner | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 1/15/2010
License Expires - 6/30/2024
Good Standing - Yes
Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php



**SOCIAL WORK LICENSING BOARD ROSTER**[Print](#)

Eric Selby

Location: Fort Smith, AR**Level:** LMSW**License Number:** 12272-M**Date Issued:** 12/19/2022**Expiration:** 12/31/2024**Disciplinary Action:** No

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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

[Print](#)

Eileene Summer Sharma

Location: Van Buren, AR**Level:** LMSW**License Number:** 11319-M**Date Issued:** 8/10/2022**Expiration:** 8/31/2024**Disciplinary Action:** No

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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

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that

Erica Truelove

holds ACTIVE status as a

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

A2302018

Issue Date

02/09/2023

Expiration Date

05/31/2024

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ADDRESS IMMEDIATELY

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Gary Greenwood

License Number P9010021
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Initial Date of Licensure 10/09/1990
Phone (479) 221-2098
E-mail Address grg05@aol.com

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Counseling and Guidance Center	3111 South 70th St.	Fort Smith	Arkansas	72903	

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

Gina Marie Miesner
P.O. Box 11818
Fort Smith, AR 72903

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Gina Marie Miesner

Is licensed as a

Psychological Examiner - Independent - Active Status

1/31/2008

Date Issued

6/30/2024

Expiration Date

94-20EI

License Number

	ARKANSAS PSYCHOLOGY BOARD 101 E. Capitol Ave., Ste. 415 Little Rock, AR 72201-3824 (501) 682-6167
THIS CERTIFIES THAT Gina Marie Miesner	
IS DULY LICENSED IN THE STATE OF ARKANSAS AS A Psychological Examiner - Independent Active Status	
License No. <u>94-20EI</u>	
Issued <u>1/31/2008</u>	Expires <u>6/30/2024</u>
Signature _____	



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Heather Hart

License Number

A1902023

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

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

72762



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Holly Jarvis

License Number A2206017
License Status Active
License Expiration Date 05/31/2025
License Type LAC
Initial Date of Licensure 06/24/2022
Phone (479) 831-9667
E-mail Address holly.jarvis@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Counseling and Guidance Center	3111 S. 70th St.	Fort Smith	Arkansas	72903	

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Hunter Jennings

License Number	A2302038
License Status	Active
License Expiration Date	05/31/2024
License Type	LAC
Initial Date of Licensure	02/15/2023
Phone	
E-mail Address	

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Heather Olson

License Number

P1512142

License Status

Active

License Expiration Date

05/31/2024

License Type

LPC Supervisor

Initial Date of Licensure

12/22/2015

Phone

(479) 452-6650

E-mail Address

heather.olson@wacgc.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3111 S. 70th St

City

Fort Smith

Province / State

Arkansas

Zip Code

72903

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Haley Rogers

holds ACTIVE status as a

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #

A2301009

Issue Date:

01/17/2023

Expiration Date:

05/31/2024



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Holley Zarlingo

License Number P1608100
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 08/03/2016
Phone (479) 675-3909
E-mail Address holley.zarlingo@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
The Guidance Center	174 North Welch	Booneville	Arkansas	72927	

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SOCIAL WORK LICENSING BOARD ROSTER

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Isamar Gonzalez-Urive

Location: Fort Smith, AR**Level:** LMSW**License Number:** 12190-M**Date Issued:** 8/24/2022**Expiration:** 8/31/2024**Disciplinary Action:** No

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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

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



Issue Date: June 13, 2022

Governor Asa Hutchinson
Renee Mallory, RN, BSN
Interim Secretary of Health

Isamar Gonzalez-Urive, PLMSW
3721 Morris Dr
Fort Smith, AR 72904

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

<https://www.arkansas.gov/swlb>

Dear Isamar;

The Social Work Licensing Board has approved your application for licensure as a Licensed Master Social Worker. Your licensing status is considered **PROVISIONAL (PLMSW)** until you have successfully completed the examination for your level of licensure and the Board has issued your license. A provisional license is valid for one year and up to three attempts to pass the examination. This letter will confirm your eligibility to take the **MASTER'S** level of the examination the first of up to three times. Your provisional license is considered valid until **June 13, 2023**. If your provisional license expires before you pass the exam and your license is issued, you must cease practicing social work.

This letter will serve as your authorization to practice social work in accordance with the provisions of the Social Work Licensing Law. (A copy of the Social Work Licensing Law and Rules can be found on the board's website.) Please check the website frequently for updates.

Please contact The Association of Social Work Board (ASWB) to register for the exam. You may register for the exam online at www.aswb.org or by calling ASWB Candidate Services at 888.579.3926. Please refer to the ASWB Candidate Handbook at www.aswb.org/ for information about the examination process, testing procedures, and other ways of registering for the exam.

Please register for the exam with ASWB as soon as possible to allow adequate time for registering and scheduling a test appointment. Please allow up to two weeks for the licensing board to receive, process and issue your license *after* your test date.

If you have questions or need additional information, please contact the Board office at the above address or phone number. Please read page two.

Sincerely,

Tammy Charlton, LMSW

Tammy Charlton, LMSW
Chair of the Board

Isamar Gonzalez-Urive
License Number: PLMSW
Issue Date: 6/13/2022
Expiration Date: 6/13/2023



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Jennifer Montgomery

License Number P1507081
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 07/27/2015
Phone (479) 452-6650
E-mail Address jmont1022@gmail.com

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code		
Western Arkansas Guidance and Counseling Center	3111 S 70th Street	Fort Smith	Arkansas	72903		

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James Otis Ellison
3418 East Lincoln Trail
Van Buren, AR 72958

Date 10/24/2022
For LMFT
License # M2210002



Arkansas State Board of Examiners in
Counseling

Licensee: James Otis Ellison
License: M2210002
LMFT
Effective: 10/24/2022 Expires: 5/31/2024

CHAIR OF THE BOARD *James Otis Ellison*

Payor

Date 10/24/2022

Receipt No. 7461

Item	Licensee	License No	Type	Amount
7741	James Otis Ellison	M2210002	LMFT	\$220.00
Total				\$220.00

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that:

Jason Hatcher

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

P1608109

Issue Date:

06/01/2023

Expiration Date:

05/31/2025

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ADDRESS IMMEDIATELY

Please sign this wallet ID card and carry it with you as you would your driver license.

Suzanne D. Casey

Suzanne D. Casey
BOARD CHAIR



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Joanie Henry

License Number

P1111087

License Status

Active

License Expiration Date

05/31/2025

License Type

LPC

Initial Date of Licensure

11/01/2011

Phone

(479) 452-6650

E-mail Address

joanie.henry@wacgc.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3111 South 70th Street

City

Fort Smith

Province / State

Arkansas

Zip Code

72903



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Janice Newton

Location: Van Buren, AR**Level:** LMSW**License Number:** 11328-M**Date Issued:** 8/25/2021**Expiration:** 8/31/2025**Disciplinary Action:** no

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Arkansas Psychology Board

(501) 682-6167

Jerry M. Stearman

WAGGC 3111 S. 70TH

Fort Smith, AR 72917

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

ADDITIONAL INFO

License Issued - 12/14/1990

License Expires - 6/30/2024

Good Standing - Yes

Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php





SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Katie Bland

Location: Van Buren, AR**Level:** LMSW**License Number:** 12115-M**Date Issued:** 5/15/2023**Expiration:** 5/31/2025**Disciplinary Action:** No

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SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Krista Boncheff

Location: Fort Smith, AR**Level:** LCSW**License Number:** 10152-C**Date Issued:** 4/4/2023**Expiration:** 4/30/2025**Disciplinary Action:** no

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SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Kendra Dawn Brown

Location: Van Buren, AR**Level:** LMSW**License Number:** 12095-M**Date Issued:** 5/11/2023**Expiration:** 5/31/2025**Disciplinary Action:** No

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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

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that
Kelsey Cheek
holds ACTIVE status as a
LAC
in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #
A2109018
Issue Date
06/01/2023
Expiration Date
05/31/2025

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ADDRESS IMMEDIATELY**

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Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

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

Kristen W Eckelhoff
5200 Hardscrabble Way
Fort Smith, AR 72903

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Kristen W Eckelhoff

Is licensed as a

Psychologist - Active Status

11/9/2007

6/30/2024

07-29P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD

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



THIS CERTIFIES THAT

Kristen W Eckelhoff

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



License No. 07-29P

Issued 11/9/2007

Expires 6/30/2024

Signature

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Krista England

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

P2212018

Issue Date

06/01/2023

Expiration Date

05/31/2025

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Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Kyley Hood

holds ACTIVE status as a

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #:

A1710308

Initial Date:

10/17/2017

Expiration Date:

05/31/2025

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Klaire Howard

License Number	A2210009
License Status	Active
License Expiration Date	05/31/2024
License Type	LAC
Initial Date of Licensure	10/24/2022
Phone	N/A
E-mail Address	N/A

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Kathy Patton

License Number P0602009
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 02/07/2006
Phone (479) 452-6650
E-mail Address kathy_patton@aol.com

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling and Guidanc e Center	2801 South 97th Circl e	Fort Smith	Arkansas	72903	

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

Arkansas Psychology Board
(501) 682-6167

Kathryn Lee Lara

10301 Mayo Dr.
Barling, AR 72923

LICENSE #: 08-08EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 7/1/2012

License Expires - 6/30/2024

Good Standing - Yes

Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php







Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Marla Corcoran

License Number

A2105015

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

Initial Date of Licensure

05/19/2021

Phone

(479) 479-4748

E-mail Address

marla.corcoran@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

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

Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy



LICENSE CARD

This is to certify that
MELISSA CHAVEZ
holds ACTIVE status as a
LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #
P0606033
Issue Date
06/01/2023
Expiration Date
05/31/2025

PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Melinda Daniel

License Number

A2106011

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

Initial Date of Licensure

06/15/2021

Phone

(479) 739-0097

E-mail Address

mdypoet@gmail.com

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3109 So. 70th St.

City

Fort Smith

Province / State

Arkansas

Zip Code

72903

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Patty Thrift

License Number P2104008
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Initial Date of Licensure 04/19/2021
Phone (479) 709-9880
E-mail Address office@preferredcounseling.net

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Preferred Counseling	4951 Old Greenwood Road	Fort Smith	Arkansas	72903	

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Robin Williford

License Number P1104026
License Status Active
License Expiration Date 05/31/2024
License Type LPC
Initial Date of Licensure 04/29/2011
Phone (479) 452-6650
E-mail Address robin.williford@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling and Guidanc e Center	3111 S 70th St.	Fort Smith	Arkansas	72903	

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ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD

P. O. Box 251965
Little Rock, AR 72225



Issue Date: September 21, 2023

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN
Interim Secretary of Health

Racheal Dawn Phillips, LMSW
1342 Kalamazoo Rd
Paris, AR 72855

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Dear Racheal;

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

Your license, No. 11520-M, is subject to renewal September 30, 2025 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 30 hours of social work continuing education during the two-year licensure period (October 1, 2023 – September 30, 2025). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

A license certificate is enclosed. Your license number and your renewal date appear on the attached wallet-size license card. Please note your license number on all correspondence with the Board.

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

Sincerely,

Tammy Charlton, LMSW
Tammy Charlton, LMSW
Chair of the Board

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

If lost or stolen, an additional card may be requested by written request and a check or money order in the amount of one dollars (\$1). A request form is available on our website.



Arkansas Department of Health
Social Work License Card

License No.

11520-M

Racheal Dawn Phillips, LMSW

1342 Kalamazoo Rd

Paris AR 72855

Expiration Date:

9/30/2025

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

Tammy Charlton, LMSW
Chair

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



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Roger George Hemmert

Location: Barling, AR**Level:** LCSW**License Number:** 12296-C**Date Issued:** 8/8/2022**Expiration:** 8/31/2024**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

Arkansas Psychology Board
(501) 682-6167

Aaron Lynn Holwick

4004 South Q Street
Fort Smith, AR 72903

LICENSE #: 97-03EI | TYPE: Psychological Examiner - Independent | STATUS: ACTIVE

ADDITIONAL INFO

License Issued - 11/15/2007

License Expires - 6/30/2024

Good Standing - Yes

Sanctions - N

Verification Check - https://www.ark.org/psych_lic_ver/index.php







[Home](#)

Name	Kestner, Maureen D.
Location	Van Buren, AR
Level	LCSW
License Number	822-C
Date Issued	7/22/1991
Expiration	1/31/2024

[Back](#)

Licensure Level Key:

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

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SOCIAL WORK LICENSING BOARD ROSTER

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Monique Bristol

Location: Fort Smith, AR**Level:** LMSW**License Number:** 12839-M**Date Issued:** 9/8/2023**Expiration:** 9/30/2025**Disciplinary Action:** No

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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



Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy

Paul Hickerson

License Number

P1408057

License Status

Active

License Expiration Date

05/31/2024

License Type

LPC

Initial Date of Licensure

08/13/2014

Phone

(479) 692-1208

E-mail Address

phickerson@protonmail.com

Primary Place of Practice

Employer

Invocation LLC

Street

106 E. Main St.

City

Russellville

Province / State

Arkansas

Zip Code

72801



**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Melissa Whitlow

License Number P1804045
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 04/13/2018
Phone (479) 462-7585
E-mail Address melissa.whitlow@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Counseling and Guidance Center	3111 S 70th Street	Fort Smith	Arkansas	72903	

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Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

Meredith Hartsock

License Number A2107009
License Status Active
License Expiration Date 05/31/2025
License Type LAC
Initial Date of Licensure 07/21/2021
Phone (479) 452-6650
E-mail Address meredith.hartsock@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Co ounseling & Guidance	3111 S 70th Street	Fort Smith	Arkansas	72903	

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Marla Kendrick

License Number	P1306056
License Status	Active
License Expiration Date	05/31/2024
License Type	LPC
Initial Date of Licensure	06/04/2013
Phone	(479) 452-6650
E-mail Address	marla.kendrick@wacgc.org

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SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Lavatria Nicole Williamson

Location: Fort Smith, AR**Level:** LMSW**License Number:** 9050-M**Date Issued:** 6/8/2023**Expiration:** 6/30/2025**Disciplinary Action:** No

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SOCIAL WORK LICENSING BOARD ROSTER

Print

Kaye T. Pryor

Location: Fort Smith, AR

Level: LCSW

License Number: 5341-C

Date Issued: 10/24/2012

Expiration: 10/31/2024

Disciplinary Action: no

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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

Print

Kristy Marie Peters

Location: Van Buren, AR

Level: LMSW

License Number: 11877-M

Date Issued: 2/14/2023

Expiration: 2/28/2025

Disciplinary Action: No

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LMSW: Licensed Master Social Worker

LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Leslie Caves

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27—
101 et seq.

License #

P2110001

Issue Date:

06/01/2022

Expiration Date:

05/31/2024



SOCIAL WORK LICENSING BOARD ROSTER

[Print](#)

Laurn Adriana Lima

Location: Fort Smith, AR**Level:** LMSW**License Number:** 11251-M**Date Issued:** 7/26/2022**Expiration:** 7/31/2024**Disciplinary Action:** No

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Lakin Dean

License Number

A2105014

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

Initial Date of Licensure

05/19/2021

Phone

(479) 471-5950

E-mail Address

lakin.dean@tgconline.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3111 S. 70th.

City

Fort Smith

Province / State

Arkansas

Zip Code

72903

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Lanna Hutson

License Number	A2204001
License Status	Active
License Expiration Date	05/31/2025
License Type	LAC
Initial Date of Licensure	04/11/2022
Phone	(479) 452-6650
E-mail Address	rachel.abshere@wacgc.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Bly-Thomas Mental Health Counseling Organization	1501 S Waldron Rd STE 102	Fort Smith	Arkansas	72904	
Western Arkansas Counseling Guidance Center Inc	3111 S 70th St	Fort Smith	Arkansas	72903	

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Leticia Rodriguez

License Number

A2103221

License Status

Active

License Expiration Date

05/31/2024

License Type

LAC

Initial Date of Licensure

03/10/2021

Phone

(479) 452-6650

E-mail Address

lety.rodriquez@tgconline.org

Primary Place of Practice

Employer

Western Arkansas Counseling and Guidance Center

Street

3111 S. 70th St.

City

Fort Smith

Province / State

Arkansas

Zip Code

72903



SOCIAL WORK LICENSING BOARD ROSTER

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McKala Alyssa Dillard

Location: Fort Smith, AR**Level:** LMSW**License Number:** 11508-M**Date Issued:** 11/23/2021**Expiration:** 11/30/2025**Disciplinary Action:** no

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**Arkansas Board of Examiners in Counseling
And Marriage & Family Therapy**



**PLEASE NOTIFY ARBOEC OF ANY CHANGE
OF ADDRESS IMMEDIATELY**

LICENSE CARD

This is to certify that

Sarah Strom

holds ACTIVE status as a(n):

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27
— 101 et seq.

License #:

A2003057

Initial Date:

03/23/2020

Expiration Date:

05/31/2025

A handwritten signature in black ink that reads "Suzanne B. Casey".

Suzanne B. Casey
BOARD CHAIR





Lacey Rose Roberts

Location: Van Buren, AR

Level: LMSW

License Number: 11507-M

Date Issued: 11/23/2021

Expiration: 11/30/2025

Disciplinary Action: no

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LSW: Licensed Social Worker

PLMSW: Provisional Licensed Master Social Worker

PLSW: Provisional Licensed Social Worker

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Lauren Loum

holds ACTIVE status as a

LAC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

A2206013

Issue Date

06/01/2023

Expiration Date

05/31/2025

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ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

Suzanne B. Casey
BOARD CHAIR



Arkansas Board of Examiners in Counseling and Marriage & Family Therapy

LUZ SHAEFFER

License Number P0508053
License Status Active
License Expiration Date 05/31/2025
License Type LPC
Initial Date of Licensure 02/02/2004
Phone (479) 414-3543
E-mail Address luz.shaeffer@tgconline.org

Primary Place of Practice

Employer	Street	City	Province / State	Zip Code	
Western Arkansas Guidance and Counseling	3117 South 70th Street	Fort Smith	Arkansas	72903	

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**Arkansas Board of Examiners
in Counseling and Marriage
& Family Therapy**

Lisa Sisco

License Number

P2105008

License Status

Active

License Expiration Date

05/31/2024

License Type

LPC

Initial Date of Licensure

05/12/2021

Phone

(479) 785-9480

E-mail Address

lisa.sisco@wacgc.org

Primary Place of Practice

Employer

WACGC/Five West Crisis Stabilization Center

Street

3113 South 70th Street

City

Fort Smith

Province / State

Arkansas

Zip Code

72903

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Rachel Abshere

holds ACTIVE status as a

LPC

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

P1607072

Issue Date

06/01/2023

Expiration Date

05/31/2025

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

**Arkansas Board of Examiners in Counseling
and Marriage & Family Therapy**



LICENSE CARD

This is to certify that

Eva Martindale-Orite

holds ACTIVE status as a

LPC Supervisor

in the state of Arkansas in accordance
with Arkansas Code Annotated §17-27-
101 et seq.

License #

P9510031

Issue Date:

06/01/2022

Expiration Date:

05/31/2024

**PLEASE NOTIFY ARBOEC OF ANY CHANGE OF
ADDRESS IMMEDIATELY**

Please sign this wallet I.D. card and carry it with you as you would your drivers license.

Suzanne B. Casey

x

Suzanne B. Casey
BOARD CHAIR

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Policy: The Western Arkansas Counseling and Guidance Center, Inc. is committed to the concept of equal employment opportunity without regard to race, color, gender, religion, age, disabilities, marital status, ethnicity, or national origin. 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, gender, political or religious opinions or national origin, affiliations, age, 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 the 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 goals.
6. Employees of the 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.

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 his/her 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.

BUSINESS ASSOCIATE AGREEMENT

Arkansas Department of Human Services, Division of Children and Family Services (“**Covered Entity**”)
and Western Arkansas Counseling and Guidance Center, Inc
 (“**Business Associate**”) enter into this Business Associate Agreement (“**BAA**”) as of (“**Effective Date**”).

12/11/23

Covered Entity and Business Associate agree that under entered into by Covered Entity and Business Associate (the “**Agreement**”), Business Associate provides services for or on behalf of Covered Entity that may involve access to PHI (as defined below) and that, as such, the parties agree as follows:

I. DEFINITIONS

Unless otherwise specified in this BAA, all capitalized terms used in this BAA not otherwise defined have the meanings ascribed by HIPAA and ARRA, as each may be amended from time to time.

- A. “**ARRA**” means the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009, Pub. Law No.111-5 and its implementing regulations.
- B. “**Breach**” means the actual or reasonably suspected acquisition, access, Use or Disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI.
- C. “**Breach Notice Rule**” means the federal breach notification regulations issued pursuant to ARRA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- D. “**Compliance Date**” means, in each case, the date by which compliance is required under the referenced provision of ARRA’s or HIPAA’s implementing regulations, as applicable.
- E. “**Discovery**” means the first day on which Business Associate, or any workforce member, agent, or Subcontractor of Business Associate, knows, or, by exercising reasonable diligence would have known, of a Breach.
- F. “**Encrypt**” means to use an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without use of a confidential process or key, which process conforms to NIST Special Publications 800–111, 800–52, 800–77, or 800–113, as appropriate, or that is otherwise validated against the Federal Information Processing Standards (FIPS) 140–2.
- G. “**ePHI**” means PHI as defined below, which is transmitted or maintained in electronic media.
- H. “**HIPAA**” means the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations.
- I. “**PHI**” means Protected Health Information, as defined in 45 C.F.R. § 160.103, limited to the Protected Health Information received from, or received, created, or accessed on behalf of, Covered Entity.
- J. “**Privacy Rule**” means the federal privacy regulations issued pursuant to HIPAA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- K. “**Security Incident**” means the successful unauthorized access, Use, Disclosure, modification or destruction of ePHI or interference with system operations in an information system. Unsuccessful attempts to breach security, including pings and other broadcast attacks on Business Associate’s firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as such incidents do not result in unauthorized access, use or disclosure of PHI, shall not be deemed Security Incidents. However, more than 20 unsuccessful attempts or other patterns of successive attempts, that are not individual deemed Security Incidents in themselves shall be considered Security Incidents due to the number or pattern of such events.

- L. **“Security Rule”** means the federal security regulations issued pursuant to HIPAA, as amended from time to time, 45 C.F.R. Parts 160 and 164.
- M. **“Subcontractor”** means Business Associate’s subcontractors and agents that create, receive, maintain or transmit PHI for the purpose of performing any of Business Associate’s obligations under the Agreement.

II. RESPONSIBILITIES OF BUSINESS ASSOCIATE.

- A. Business Associate shall provide relevant training on HIPAA and the requirements of this agreement to all persons accessing PHI or ePHI. The training materials and records shall be provided to the covered entity upon request.
- B. Business Associate shall implement and use appropriate Technical, Physical and Administrative Safeguards to reasonably and appropriately protect the Confidentiality, Integrity and Availability of PHI and to prevent Use or Disclosure of PHI, other than as permitted by this BAA.
- C. Business Associate shall, within the earlier of the Compliance Date or 90-days from the Effective Date, comply with all applicable provisions of the Security Rule. The Business Associate shall conduct a risk assessment to evaluate compliance with the Security Rule and shall, at the request of the Covered Entity, provide a written attestation acknowledging completion and communicating the results of the risk assessment.
- D. Business Associate shall Encrypt all transmissions of ePHI and all portable media or storage devices on which ePHI may be stored, including laptops, back-up media, CDs, or USB drives.
- E. Within 30-days after receiving a written request from Covered Entity, make available information necessary for Covered Entity to make an accounting of disclosures of PHI about an Individual, as provided in 45 C.F.R. § 164.528; and in accordance with 42 U.S.C. § 17935(c) and its implementing regulations as of the Compliance Date, make that accounting directly to the Individual if directed to do so by Covered Entity.
- F. At the request of Covered Entity and in the time, manner, and form designated by Covered Entity, not to exceed 15-days, provide access to PHI in a Designated Record Set to Covered Entity or, if directed by Covered Entity, to an Individual or to a recipient designated by the Individual, in accordance with the requirements of 45 C.F.R. § 164.524. Business Associate shall not charge Covered Entity or any Individual any fee associated with the production of PHI in accordance with this section that exceeds fees described at 45 C.F.R. § 164.524.
- G. Make available PHI in a Designated Record Set, no more than 30-days following receipt of a written request by Covered Entity, PHI for amendment and incorporate any amendments to the PHI as directed by Covered Entity, all in accordance with 45 C.F.R. § 164.526.
- H. Business Associate shall notify Covered Entity, in writing, no more than 3-days following Business Associate’s receipt directly from an Individual of any request for an accounting of disclosures or access to or amendment of PHI as contemplated in Sections II (D) (E) or (F), above.
- I. Business Associate shall require each Subcontractor to agree, in writing, to the same restrictions and conditions that apply to Business Associate. Furthermore, to the extent that Business Associate provides ePHI to Subcontractor, Business Associate shall require Subcontractor to comply with all applicable provisions of the Security Rule upon the earlier of the Compliance Date or 90-days from the Effective Date. If Subcontractor is not subject to the jurisdiction or laws of the United States, or if any use or disclosure of PHI in performing the obligations under this BAA or the Agreement will be outside of the jurisdiction of the United States, Business Associate must require Subcontractor to agree by written contract with Business Associate to be subject to the jurisdiction of the Secretary, the laws, and the courts of the United States, and waive any available jurisdictional defenses that pertain to the parties’ obligations under this BAA, HIPAA, or ARRA.

- J. Business Associate shall not Use or Disclose PHI except as necessary to perform its obligations under the Agreement or as otherwise required by this BAA, provided that such Use or Disclosure is permitted by applicable law and complies with each applicable requirement of 45 C.F.R. § 164.504(e).
 - 1. In compliance with 45 C.F.R. § 164.502(b)(1), as of its Compliance Date or no more than 90-days following the Effective Date, whichever is earlier, Business Associate shall request, Use, and Disclose only the minimum amount of PHI necessary to accomplish the purpose of the request, Use, or Disclosure.
 - 2. Business Associate shall not use PHI to make or cause to be made any communication that would constitute Marketing.
- K. Without unreasonable delay, and in any event, no more than 24-hours after Discovery, Business Associate shall notify Covered Entity of any Breach, Use or Disclosure of PHI not permitted under this BAA, or any Security Incident. Business Associate shall deliver the initial notification of such Breach, in writing, which must include a reasonably detailed description of the Breach and the steps Business Associate is taking and would propose to mitigate or terminate the Breach. Furthermore, Business Associate shall supplement the initial notification, no more than 5 calendar-days following Discovery, with information including the identification of each individual whose PHI was or is believed to have been involved; a reasonably detailed description of the types of PHI involved, and written updates every 5 calendar-days until the event has been concluded; all other information reasonably requested by Covered Entity, including all information necessary to enable Covered Entity to perform and document a risk assessment in accordance with 45 C.F.R. Part 164 subpart D; and all other information necessary for Covered Entity to provide notice to individuals, the U.S. Department of Health & Human Services (“HHS”), or the media, if required. Despite anything to the contrary in the preceding provisions, in Covered Entity’s sole and absolute discretion and in accordance with its directions, Business Associate shall conduct, or pay the costs of conducting, an investigation of any Breach and shall provide or pay the costs of providing any notices required by the Breach Notice Rule or other applicable law.
- L. Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of PHI by Business Associate that is not permitted by this BAA.
- M. Business Associate shall make available to HHS its internal practices, books, and records, relating to the Use and Disclosure of PHI pursuant to the Agreement for purposes of determining Business Associate’s and Covered Entity’s compliance with the Privacy Rule.
- N. Business Associate shall not directly or indirectly receive remuneration in exchange for any PHI.
- O. To the extent Business Associate is to carry out one or more of Covered Entity’s obligations under the Privacy Rule, the Business Associate shall comply with the requirements of the Privacy Rule that apply to Covered Entity in the performance of such obligations.
- P. Business Associate shall provide contact information for one primary person and one secondary person in Appendix A. Any changes in the contact information shall be forwarded to the Covered Entity.
- Q. The Business Associate shall respond in writing within 10 business days to the Covered Entity’s request(s) to attest to the Business Associate’s compliance with the Privacy Rule, the Security Rule, and the Responsibilities of the Business Associate as specified in this BAA. The Business Associate shall make available to the Covered Entity its internal practices, books, and records, relating to the Use and Disclosure of PHI as necessary to substantiate the attestation of compliance.

III. RESPONSIBILITIES OF COVERED ENTITY

Covered Entity shall notify Business Associate, in writing, of an Individual’s request to restrict the Use or Disclosure of such Individual’s PHI, any limitations in Covered Entity’s Privacy Notice relevant to Business Associate’s performance of its obligations under this BAA or the Agreement, or any revocation by an Individual of authorization to Use or Disclose PHI.

IV. TERM, TERMINATION AND DAMAGES

- A. This BAA is effective as of the Effective Date and terminates when Business Associate and its Subcontractors no longer have access to PHI, and when all of the PHI in Business Associate's possession, inclusive of PHI in the possession of Business Associate's Subcontractors, has been returned or destroyed, unless earlier terminated in accordance with Sections IV(B) through (C) of this BAA.
- B. Upon Covered Entity's determination of a breach of a material term of this BAA by Business Associate, Covered Entity may terminate this BAA. As of the Compliance Date of 45 C.F.R. § 164.504(e)(1)(iii), if either party knows of a pattern of activity or practice of the other party that constitutes a material breach or violation of this BAA, the non-breaching party will provide notice thereof to the other party. Such notice must clearly specify the nature of the breach or violation. Each party must take reasonable steps to cure the breach or end the violation. If after 30-days or such longer time specified in writing by the non-breaching party, the non-breaching party reasonably determines that such steps are unsuccessful in curing the breach or ending the violation, the non-breaching party may terminate this BAA and the Agreement, if feasible. In the event that termination is not feasible, the non-breaching party shall report the problem to HHS.
- C. Except as provided below, Business Associate shall return or destroy all PHI, including all PHI in possession of its Subcontractors, immediately following the termination or expiration of this BAA. However, in the event that Business Associate is legally obligated to retain such PHI, Business Associate may do so provided that:
 - 1. Business Associate notifies Covered Entity of such legal obligation, in writing, immediately upon Business Associate's notice of such legal obligation, which such writing must describe in detail the legal obligation;
 - 2. Business Associate extends all protections, limitations, and restrictions contained in this BAA to Business Associate's Use or Disclosures of any PHI retained after termination or expiration of this BAA;
 - 3. Business Associate limits any further Use or Disclosures solely to satisfying such legal obligation for which it has provided Covered Entity with written notice in accordance with Section IV(C)(1), above.
 - 4. Business Associate returns or destroys all PHI when such legal obligation has been fulfilled or has concluded.
- D. In addition to any damages recoverable under this BAA, the parties acknowledge that certain breaches or violations of this BAA may result in litigation or investigations pursued by federal or state governmental authorities of the United States resulting in civil liability or criminal penalties. Each party shall cooperate in good faith in all respects with the other party in connection with any request by a federal or state governmental authority for additional information and documents or any governmental investigation, complaint, action, or other inquiry.

V. INDEMNIFICATION

Business Associate shall indemnify Covered Entity, its owners, employees and representatives in the event Business Associate's performance or failure to perform under this BAA has given rise to liabilities, costs, damages, and losses (including attorneys' fees) reasonably and properly incurred by Covered Entity in connection with any actual, threatened, or pending, civil, criminal, or administrative cause of action, claim, inquiry, investigation, lawsuit, or other proceeding (collectively a "Claim"). Upon demand by Covered Entity, Business Associate shall defend any Claim brought or threatened against Covered Entity, at Business Associate's expense, by counsel acceptable to Covered Entity. Business Associate shall not authorize or enter into any settlement without Covered Entity's written consent.

VI. GENERAL TERMS

- A. This BAA amends and is made a part of the Agreement. Any changes or modification to this BAA must be in writing and signed by both parties.
- B. To the extent not clear, the terms of this BAA are to be construed to allow for compliance by the parties with HIPAA or ARRA. If any provision of the BAA is in conflict with any provision of the Agreement, the conflicting provision of this BAA prevails to the extent necessary for the parties to comply with HIPAA and ARRA.
- C. Nothing in this BAA confers upon any person other than the parties and their respective successors or assigns, any rights, remedies, obligations, or liabilities, whatsoever.
- D. Sections II(G)(H)(J)(M) and Sections IV, V, VI(E)(F) survive the termination for any reason or expiration of this BAA.
- E. In the event Business Associate receives a notification from or on behalf of HHS regarding a compliance review, an audit, or an investigation or inquiry of any kind pertaining to the services provided under the Agreement or Covered Entity, it will notify Covered Entity no more than 3-days following its receipt of that notice.
- F. The law of the State of Arkansas without regard to its internal law on the conflict of laws, controls this BAA. The Business Associate consents and submits to the jurisdiction of the federal and/or state courts of Arkansas, and hereby waives any defense based upon venue, inconvenience of forum, or lack of personal jurisdiction in any action or suit brought in connection with or relating to this BAA or related matters. The Business Associate will bring any action or suit concerning this Agreement or related matters in federal or state court or the Arkansas Claims Commission with appropriate subject matter jurisdiction in Little Rock, Arkansas. **The Business Associate acknowledges that it has read and understands this clause and agrees willingly to these terms.**
- G. The parties may execute this BAA in a number of counterparts and each counterpart signature, when taken with the other counterpart signatures, is treated as if executed upon one original of this BAA. A facsimile or pdf signature, or a scanned image of an original signature, of any party to this BAA is binding upon that party as if it were an original.

Signed:

BUSINESS ASSOCIATE: Western Arkansas Counseling and Guidance Center, Inc

Signed:



Title: CEO

Date: 12/11/23

COVERED ENTITY Division of Children and Family Services

Signed:

Title:

Date:

Appendix A: Business Associate Contact Information

Business Associate Primary Contact:

Business Associate Secondary Contact:

Name: Aaron Rusti Holwick
Title: CEO
Address: 3111 S 70th Street
City: Fort Smith
State: AR
Phone: 479-452-6650
Fax: 479-785-9495
Email: Rusti.holwick@wacgc.org

Name: Monica Bowes
Title: Administrative Specialist
Address: 3111 S 70th Street
City: Fort Smith
State: AR
Phone: 479-452-6650
Fax: 479-785-9495
Email: monica.bowes@wacgc.org

Contract Number _____

Attachment Number _____

Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: SUBCONTRACTOR NAME:

Yes No Western Arkansas Counseling and Guidance Center, Inc.

IS THIS FOR:

Goods? Services? Both?

TAXPAYER ID NAME: 23-7015826

YOUR LAST NAME: Holwick

FIRST NAME Aaron 'Rusti'

M.I.:

ADDRESS: 3111 S 70th Street

CITY: Fort Smith

STATE: AR

ZIP CODE: 72903

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	Person's Name(s)	Relation
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 % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number _____
Attachment Number _____
Action Number _____

Contract and Grant Disclosure and Certification Form

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

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

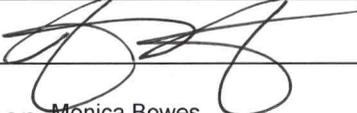
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign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

2. I will include the following language as a part of any agreement with a subcontractor:

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

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

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

Signature _____  Title CEO Date 12/06/2023
Vendor Contact Person Monica Bowes Title Administrative Specialist Phone No. (479) 452-6650

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



Department of Transformation and Shared Services

Governor Sarah Huckabee Sanders

Secretary Joseph Wood

Director Edward Armstrong

CERTIFICATION FOR BOYCOTT AND ILLEGAL IMMIGRANT RESTRICTIONS

Pursuant to Arkansas law, a vendor must submit the below certifications prior to entering into a contract with a public entity for an amount as designated by the applicable laws.

- 1. Israel Boycott Restriction: For contracts valued at \$1,000 or greater. A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in a boycott of Israel. If at any time after signing this certification the contractor decides to engage in a boycott of Israel, the contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. Illegal Immigrant Restriction: For contracts exceeding \$25,000. No state agency may enter into or renew a public contract for services with a contractor who employs or contracts with an illegal immigrant. A contractor shall certify that it does not 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, or exceeding, \$75,000. A public entity shall not enter into a contract with a company unless the contract includes a written certification that the person or company is not currently engaged in, and agrees for the duration of the contract not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry. If a company does boycott any of these industries, see Arkansas Code Annotated § 25-1-1102.

By signing this form, the contractor agrees and certifies that it does not, and shall not for the remaining aggregate term of the contract, participate in the activities checked below:

- [x] Do not boycott Israel.
[x] Do not employ illegal immigrants.
[x] Do not boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.

Table with 2 columns: Field Name, Value. Rows include Contract Number & Description (710-24-0014 Counseling Services RFP), Name of Public Entity (DHS, DAABHS), Name of Vendor/Contractor (Western Arkansas Counseling and Guidance Center, Inc.), and AASIS Vendor Number (600003408).

Contractor Signature [Handwritten Signature] Date 12/06/2023