

BID RESPONSE PACKET
710-22-0007

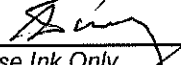
PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Woodridge Northwest, LLC				
Address:	2520 Northwinds Parkway, Suite 550				
City:	Alpharetta	State:	GA	Zip Code:	30009
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input checked="" 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 Minority and Women-Owned Business Policy					
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
Provide contact information to be used for RFP solicitation related matters.					
Contact Person:	Bill Garrison	Title:	VP, RCM & Managed Care Contracts		
Phone:	470.233.7456	Alternate Phone:			
Email:	bgarrison@perimeterhealthcare.com				
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 RFP Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this RFP Solicitation, Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this RFP.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this RFP.					
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.					

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

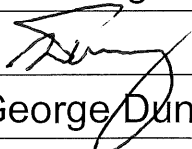
The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: CFO
 Printed/Typed Name: George Dunaway Date: 03/03/2022
Use Ink Only.

SECTION 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 this section of the bid solicitation. **Use Ink Only**

Vendor Name:	Woodridge Northwest, LLC	Date:	03/03/2022
Authorized Signature:		Title:	CFO
Print/Type Name:	George Dunaway		

MINIMUM QUALIFICATIONS

Please select one of the following:

☐ Currently providing CRT and/or SRP services. Contract Number: _____

If the Respondent currently provides Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent may check the box above and provide contract number(s) in lieu of submitting each item detailed in 2.2 Minimum Qualifications A-G.

☐ Not currently providing CRT and/or SRP services. Submit the following information:

If the Respondent does not currently provide Acute, Subacute, or Sexual Rehabilitative services for Arkansas Department of Human Services, the Respondent shall:

- A. Contractors providing acute care **must** be licensed by the Arkansas Department of Health (ADH). For verification purposes, prospective contractor must submit copy of licensure.
- B. Contractors providing sub-acute care must be licensed by the Arkansas Department of Health (ADH) or by the Division of Child Care and Early Childhood Education (DCCECE). For verification purposes, prospective contractors must submit copy of licensure.
- C. Contractors providing sexual rehabilitation services **must** be licensed under Arkansas law for the independent practice of social work or counseling to provide all diagnosis, evaluation, and therapy. Personnel providing direct client service **shall** have a current Arkansas license and degree in one or more of the following: psychology, psychological examiner, licensed associate counselor under appropriate supervision, licensed professional counselor, licensed master social worker under appropriate supervision, licensed certified social worker, licensed psychologist, or psychiatrist. For verification purposes, prospective contractor **must** submit copy of licensure, with bid submission, for all personnel providing sexual rehabilitation services.
- D. All facilities must be certified by Joint Commission on Accreditation of Healthcare Organization (JCAHO), or Commission on Accreditation of Rehabilitation Facilities (CARF), now known as Rehabilitation Accreditation Commission, or the Council on Accreditation (COA). For verification purposes, Prospective Contractor **must** submit copy of certification.
- E. Contractors must be currently enrolled as a Medicaid Provider. For verification purposes, Prospective Contractor **must** submit current Medicaid Provider ID number: _____
- F. The Contractor **shall** be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit official documentation of their active registration from the Arkansas Secretary of State's Office.
- G. The Contractor **shall** maintain a copy of the current Arkansas license/certification of staff who are required by state laws, rules, or regulations to be licensed. These licenses **shall** remain current throughout the duration of the contract.

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

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

☐ Yes ☒ No

TAXPAYER ID NAME: Woodridge Northwest, LLC

YOUR LAST NAME: Dunaway

ADDRESS: 2520 Northwinds Parkway, Suite 550

CITY: Alpharetta

STATE: GA

ZIP CODE: 30009

COUNTRY: US

M.I.: _____

IS THIS FOR: ☐ Goods? ☐ Services? ☒ Both? ☐

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.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

FOR AN ENTITY (BUSINESS) *

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

Position Held	Mark (✓)		Name of Position of Job Held [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?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
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 George Dunaway Title CFO Date 03/03/2022

Digitally signed by George Dunaway
Date: 2022.03.03 15:47:54 -0500

Vendor Contact Person Bill Garrison Title VP, RCM & Managed Care Contracting Phone No. (470) 233-7456

Agency use only

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

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: February 14, 2022
SUBJECT: 710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitative Program

The following change(s) to the above referenced IFB have been made as designated below:

- ☒ Change of specification(s)
☒ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

CHANGE OF SPECIFICATIONS

- IFB, page 12, Section 2.4.5.F, delete and replace with the following:

Requirements in IFB Section 2.4.6 (F-W) apply to both acute and sub-acute care.

- IFB, page 14, Section 2.4.6.U, delete and replace with the following:

The Contractor shall provide for discharge of youth from the program. The Contractor shall produce a letter of recommendation for the mental health treatment team to review. Discharge summaries may be provided at the date and time of discharge to the DCFS family service worker.

- IFB, page 14, Section 2.4.6.W, delete and replace with the following:


In rare circumstances, a client may need one-to-one treatment. Contractor shall submit a written request to DCFS for authorization prior to providing services along with a copy of physician orders. DCFS reserves the right to deny or approve requests for one-to-one treatment. If one-to-one treatment is provided, the Contractor shall not bill more than the hourly rate of non-licensed direct care staff for one-to-one treatment.

ADDITIONAL SPECIFICATIONS

- **ATTACHMENT J**, add Certification of Compliance to the list of attachments.

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.


Vendor Signature

03/03/2022
Date

Woodridge Northwest, LLC
Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: February 23, 2022
SUBJECT: 710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitation Services

The following change(s) to the above referenced IFB have been made as designated below:

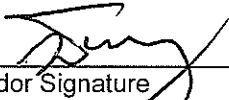
☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

CHANGE OF BID OPENING DATE AND TIME

Bid Submission Date and Time has changed to March 4, 2022, 1:00 P.M. CST
Bid Opening Date and Time has changed to March 4, 2022, 2:00 P.M. CST

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.



Vendor Signature

03/03/2022

Date

Woodridge Northwest, LLC

Company

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 3

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: March 2, 2022
SUBJECT: 710-22-0007 Comprehensive Residential Treatment/Sexual Rehabilitation Services

The following change(s) to the above referenced IFB have been made as designated below:

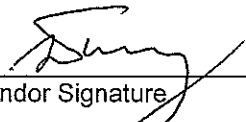
☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

CHANGE OF BID OPENING DATE AND TIME

Bid Submission Date and Time has changed to March 11, 2022, 1:00 P.M. CST
Bid Opening Date and Time has changed to March 11, 2022, 2:00 P.M. CST

The specifications by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.


Vendor Signature _____ Date 03/10/2022
Woodridge Northwest, LLC
Company _____

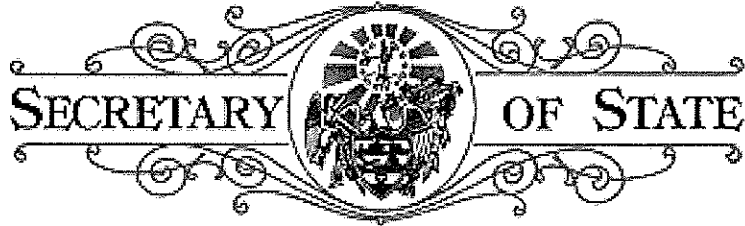


DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY

Perimeter Healthcare actively promotes diversity in its workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect. We will comply with all laws, regulations, and policies related to non-discrimination in all of our personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline, and promotions.

Perimeter Healthcare is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion or creed, sex (includes pregnancy or related medical conditions), national origin, citizenship, age, handicap, disability, veteran status or other protected characteristics as required by state and federal law with respect to any offer, or term or condition of employment. We will make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities.

STATE OF ARKANSAS



John Thurston

ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

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

Application for Fictitious Name

of

PERIMETER BEHAVIORAL OF THE OZARKS

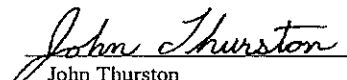
for

WOODRIDGE NORTHWEST, LLC

filed in this office
December 31, 2019

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 31st day of December 2019.




John Thurston
Secretary of State

Online Certificate Authorization Code: 2832465e0bf544e3dbb
To verify the Authorization Code, visit sos.arkansas.gov



App. for Fictitious Name for Foreign LLC

Filing Information

Entity File Number: 811005378

Alt Entity Type: ForeignLLCLimitedLiabilityCompany

Entity Name: WOODRIDGE NORTHWEST, LLC

Fictitious Name: PERIMETER BEHAVIORAL OF THE OZARKS

File Date: 2019-12-31 16:49:35

Alt Tax Type: LLC

Filing Signature: JAMES LAUGHLIN

The character of the business being, or to be conducted under such fictitious name:
Psychiatric Residential Treatment Facility

Principal

Entity Name: WOODRIDGE NORTHWEST, LLC

Address 1: 2466 S. 48TH STREET, SUITE B

City: SPRINGDALE

State: AR

Zip: 72762

Country: USA

WoodRidge Northwest, LLC

Perimeter of the Ozarks

Springdale, AR

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Behavioral Health Care and Human Services Accreditation Program

December 5, 2020

Accreditation is customarily valid for up to 36 months.


Jane Englebright, PhD, RN, CENP, EAAN
Chair, Board of Commissioners

ID #515486
Print/Reprint Date: 12/15/2021


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's licenses of care.

THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



In cooperation with

The Arkansas Department of Human Services
Division of Child Care and Early Childhood Education



Certifies that

Woodridge Northwest, LLC
Owner

Woodridge of the Ozarks
Agency

2466 SOUTH 48TH STREET
SPRINGDALE, AR 72766

Is hereby issued Residential license #: 237

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY FOR 28 CHILDREN AGES 6 TO 18

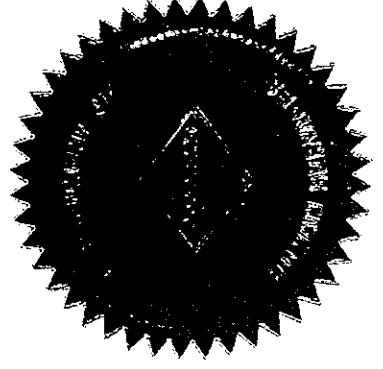
THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 04/26/2016 AND WILL REMAIN IN EFFECT UNLESS
THERE IS A STATUS CHANGE.

In Witness whereof



Chairman, Child Welfare Agency Review Board

DATE: 4/26/2016



[Home](#)

Name	Carson, Raymon Guy
Location	Praire Grove, AR
Level	LCSW
License Number	7213-C
Date Issued	3/10/2021
Expiration	3/31/2023

[Back](#)

Licensure Level Key:

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

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

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

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



Daveeda Collins
1800 S K Street
Rogers, AR 72756

Date 2/18/2022
For LAC
License # A2202013



Arkansas State Board of Examiners in
Counseling

Licensee: Daveeda Collins

License: A2202013

LAC

Effective: 2/18/2022 Expires: 5/31/2023

CHAIR OF THE BOARD

Payor

Date 2/18/2022

Receipt No. 6767

Item	Licensee	License No	Type	Amount
7042	Daveeda Collins	A2202013	LAC	\$130.00
Total				\$130.00

[Home](#)

Name	Spence, Madelyn Claire
Location	Huntsville, AR
Level	LMSW
License Number	9676-M
Date Issued	7/10/2019
Expiration	7/31/2023

[Back](#)

Licensure Level Key:

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

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

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.



AMA Physician Profile

PREPARED FOR

Perimeter Behavioral Hospital of Springfield, Springfield, MO

Name and Mailing Address

KYLE STEVEN JOHN
15740 S OUTER 40 RD
CHESTERFIELD, MO 63017-2004

Primary Office Address

SAME AS MAILING ADDRESS

Birth date 09/06/1967

Phone (636) 735-4919

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

CHILD & ADOLESCENT PSYCHIATRY (PSYCHIATRY)
(primary)
PSYCHIATRY (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1518031699	11/20/2006	NOT RPTD	NOT RPTD	NOT RPTD	10/22/2021

Current and/or historical medical school

UNIVERSITY OF MISSOURI COLUMBIA SCHOOL OF MEDICINE

Degree Awarded: YES
Degree Year: 1993



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: MAYO CLINIC COLLEGE OF MEDICINE
Sponsoring State: MINNESOTA
Specialty: CHILD & ADOLESCENT PSYCHIATRY (PSYCHIATRY)
Training Type:
Dates: 6/1996 - 6/1998 (Verified)

Sponsoring Institution: MAYO CLINIC COLLEGE OF MEDICINE
Sponsoring State: MINNESOTA
Specialty: PSYCHIATRY
Training Type:
Dates: 6/1993 - 6/1996 (Verified)

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1994

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-



approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
 Certificate: CHILD & ADOLESCENT PSYCHIATRY
 Certificate type: SUB-SPECIALTY

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	04/23/2018	n/a	03/01/2022	RE-CERT	11/02/2021	Y
TIME LIMITED	Expired	07/13/2009	12/31/2019		RE-CERT	11/02/2021	Y
TIME LIMITED	Expired	11/12/1999	12/31/2009		INITIAL	11/02/2021	Y

Certifying board: AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY
 Certificate: PSYCHIATRY
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	04/23/2018	n/a	03/01/2022	RE-CERT	11/02/2021	Y
TIME LIMITED	Expired	03/10/2008	12/31/2018		RE-CERT	11/02/2021	Y
TIME LIMITED	Expired	03/31/1998	12/31/2008		INITIAL	11/02/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

ALABAMA (RN)	KENTUCKY (RN)	NORTH DAKOTA (RN)
ARIZONA (RN)	LOUISIANA (RN)	OKLAHOMA (RN)
ARKANSAS (RN)	MAINE (RN)	SOUTH CAROLINA (RN)
COLORADO (RN)	MARYLAND (RN)	SOUTH DAKOTA (RN)
DELAWARE (RN)	MISSISSIPPI (RN)	TENNESSEE (RN)
FLORIDA (RN)	MISSOURI (RN)	TEXAS (RN)
GEORGIA (RN)	MONTANA (RN)	UTAH (RN)
GUAM (RN)	NEBRASKA (RN)	VERMONT (RN)
IDAHO (RN)	NEW HAMPSHIRE (RN)	VIRGINIA (RN)
INDIANA (RN)	NEW JERSEY (RN)	WEST VIRGINIA (RN)
IOWA (RN)	NEW MEXICO (RN)	WISCONSIN (RN)
KANSAS (RN)	NORTH CAROLINA (RN)	WYOMING (RN)

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details.

APRN authorization to practice details are not available.

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

License type Information

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

License status Information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TREVOR WILLIAM ENGLAND [NCSBN ID: 23802025]

As of Tuesday November 09 2021 11:19:37 AM US Central Time

Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
ENGLAND, TREVOR WILLIAM	RN	ARKANSAS	121778	YES	UNENCUMBERED	08/05/2019	10/31/2022	MULTISTATE

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

ALABAMA (RN)	KENTUCKY (RN)	NORTH DAKOTA (RN)
ARIZONA (RN)	LOUISIANA (RN)	OKLAHOMA (RN)
ARKANSAS (RN)	MAINE (RN)	SOUTH CAROLINA (RN)
COLORADO (RN)	MARYLAND (RN)	SOUTH DAKOTA (RN)
DELAWARE (RN)	MISSISSIPPI (RN)	TENNESSEE (RN)
FLORIDA (RN)	MISSOURI (RN)	TEXAS (RN)
GEORGIA (RN)	MONTANA (RN)	UTAH (RN)
GUAM (RN)	NEBRASKA (RN)	VIRGINIA (RN)
IDAHO (RN)	NEW HAMPSHIRE (RN)	WEST VIRGINIA (RN)
INDIANA (RN)	NEW JERSEY (RN)	WISCONSIN (RN)
IOWA (RN)	NEW MEXICO (RN)	WYOMING (RN)
KANSAS (RN)	NORTH CAROLINA (RN)	

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details.

APRN authorization to practice details are not available.

UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

License type information

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

- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

Nurse Licensure Compact (NLC/eNLC) Information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC/eNLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC/eNLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
21876	MD	OK	11/27/2000	11/01/2022		ACT	UNL	11/03/2021	KYLE STEVEN JOHN
E-10330	MD	AR	02/10/2017	09/30/2022		ACT	UNL	10/18/2021	John, Kyle Steven
2000158907	MD	MO	06/20/2000	01/31/2022	11/17/2020	ACT	UNL	10/04/2021	Kyle Steven John
MD-32388	MD	IA	05/07/1998	09/01/2021		INA	UNL	11/03/2021	Kyle Steven John
036.144919	MD	IL	01/09/2018	09/30/2020		INA	UNL	08/17/2021	KYLE JOHN
37152	MD	MN	07/16/1994	09/30/2020		INA	UNL	11/03/2021	Kyle Steven John
04-40554	MD	KS	12/14/2017	07/31/2020	05/15/2019	INA	UNL	05/10/2021	Kyle Steven John

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
-----121	C-1	22N 33N 4 5	Active	12/31/2021	Paid	10/29/2021	15740 S Outer 40 Rd Chesterfield, MO 63017-2004

* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification



Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfmg.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

< Back to Search Results (LQCSearch.aspx)

QuickConfirm License Verification Report

- ← Back to search results (LQCSearch.aspx)
- + New search

Primary Source Boards of Nursing Report Summary for

ERIN ELIZABETH DUVALL [NCSBN ID: 10252187] ⓘ

Report Date: Friday, June 04 2021 09:37:34 AM

This report is not sufficient when applying to another board of nursing for licensure. Use the Nurse License Verification for Endorsement (/NLV/NLVSearch.aspx) service to request the required verification of licensure. Contact the board of nursing (<https://www.ncsbn.org/contact-bon.htm>) for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

✓ **UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.



Where can the nurse practice as an RN and/or PN?

A visual representation of all the states where the selected nurse has authorization to practice

View Now ➤

Name on License	DUVALL, ERIN ELIZABETH
Type	RN
License State	MISSOURI
License	2001016508
Active	YES
License Status	✓ UNENCUMBERED
License Original Issue Date	07/09/2001
License Expiration Date	04/30/2023
Compact Status	MULTISTATE
Name on License	DUVALL, ERIN ELIZABETH
Type	CERTIFIED NURSE PRACTITIONER
License State	MISSOURI
License	2013017565
Active	YES
License Status	✓ UNENCUMBERED
License Original Issue Date	06/10/2013
License Expiration Date	04/30/2023
Compact Status	N/A

📘 Advanced practice license/recognition information



Advanced Practice license/recognition information

FOCUS/SPECIALTY: Family/Individual across the lifespan

PRESCRIPTION AUTHORITY: YES

CERTIFICATION EXPIRATION DATE: NOT SUPPLIED

FOCUS/SPECIALTY EXPIRATION DATE: 04/30/2023

Name on License	DUVALL, ERIN ELIZABETH
Type	CERTIFIED NURSE PRACTITIONER
License State	MISSOURI
License	2017041095
Active	YES
License Status	✓ UNENCUMBERED
License Original Issue Date	11/21/2017
License Expiration Date	04/30/2023
Compact Status	N/A

i Advanced practice license/recognition information**Advanced Practice license/recognition information****FOCUS/SPECIALTY: Psychiatric/mental health****PRESCRIPTION AUTHORITY: YES****CERTIFICATION EXPIRATION DATE: NOT SUPPLIED****FOCUS/SPECIALTY EXPIRATION DATE: 10/11/2022**

✓ **UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

**Nursys e-Notify - Free License Status Updates**

- Institutions receive updates on your entire nurse list
- Nurses receive updates and license renewal reminders

[Sign up \(/EN/ENDefault.aspx\)](/EN/ENDefault.aspx)**Nurse Licensure Verification for Endorsement**

- Send license information to a board of nursing when applying for licensure in a new state or U.S. territory.

[Send now \(/NLV/NLVSearch.aspx\)](/NLV/NLVSearch.aspx)**License type information**

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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

ERIN ELIZABETH DUVALL [NCSBN ID: 10252187]

Friday, April 10 2020 02:04:35 PM

Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

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UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
DUVALL, ERIN ELIZABETH	RN	MISSOURI	2001016508	YES	UNENCUMBERED	07/09/2001	04/30/2021	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
DUVALL, ERIN ELIZABETH	CERTIFIED NURSE PRACTITIONER	MISSOURI	2013017565	YES	UNENCUMBERED	06/10/2013	04/30/2021	N/A
Advanced Practice license/recognition information <ul style="list-style-type: none">• Focus/Specialty: Family/individual across the lifespan• Prescription authority: YES• Certification expiration date: NOT SUPPLIED• Focus/Specialty expiration date: 04/30/2021								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
DUVALL, ERIN ELIZABETH	CERTIFIED NURSE PRACTITIONER	MISSOURI	2017041095	YES	UNENCUMBERED	11/21/2017	04/30/2021	N/A
Advanced Practice license/recognition information <ul style="list-style-type: none">• Focus/Specialty: Psychiatric/mental health• Prescription authority: YES• Certification expiration date: NOT SUPPLIED• Focus/Specialty expiration date: 04/30/2021								

4/10/2020

AL

Where can the nurse practice as an RN and/or PN?

Authorized to Practice in

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ARKANSAS (RN)	MARYLAND (RN)	SOUTH CAROLINA (RN)
COLORADO (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
DELAWARE (RN)	MISSOURI (RN)	TENNESSEE (RN)
FLORIDA (RN)	MONTANA (RN)	TEXAS (RN)
GEORGIA (RN)	NEBRASKA (RN)	UTAH (RN)
IDAHO (RN)	NEW HAMPSHIRE (RN)	VIRGINIA (RN)
IOWA (RN)	NEW JERSEY (RN)	WEST VIRGINIA (RN)
KANSAS (RN)	NEW MEXICO (RN)	WISCONSIN (RN)
KENTUCKY (RN)	NORTH CAROLINA (RN)	WYOMING (RN)

Non-participating: ME. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

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- Expired
- Other license action
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- Restriction
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