

BID RESPONSE PACKET
710-22-0007

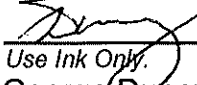
PROPOSAL SIGNATURE PAGE

Type or Print the following information.

| PROSPECTIVE CONTRACTOR'S INFORMATION | | | | | |
|---|--|------------------|----------------------------------|-----------|-------|
| Company: | Woodridge of West Memphis, 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.

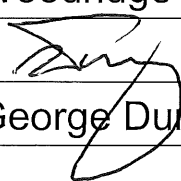
The signature below signifies agreement that any exception that conflicts with a Requirement of this RFP Solicitation may cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: CFO
 Printed/Typed Name: George Dunaway Date: 03/03/2022

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 of West Memphis, 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.

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:

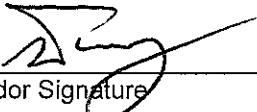
In rare circumstances, a client may need one-to-one treatment. Contractor shall submit a written request to DCFS for authorization prior to providing services along with a copy of physician orders. DCFS reserves the right to deny or approve requests for one-to-one treatment. If one-to-one treatment is 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 of West Memphis, 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:

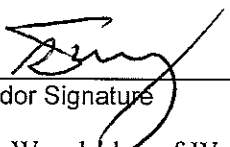
☐ Change of specification(s)
☐ Additional specification(s)
☒ Change of bid opening date and time
☐ Cancellation of bid
☐ Other

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 of West Memphis, 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

03/10/2022
Date

Woodridge of West Memphis, LLC
Company

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 of West Memphis, LLC
YOUR LAST NAME: Dunaway FIRST NAME: George
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 Digitally signed by George Dunaway
Date: 2022.03.03 15:31:14 -05'00' Title CFO Date 03/03/2022

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

Agency use only

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

Arkansas State Board of Health



No. AR5628

This is to Certify That

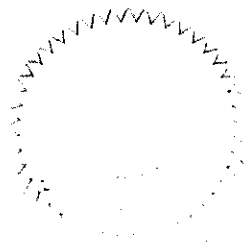
PERIMETER BEHAVIORAL HOSPITAL OF WEST MEMPHIS

is hereby granted a License by the State Board of Health to maintain and operate a Psychiatric Hospital on the premises located at 600 North Seventh Street, West Memphis, County of Crittenden, Arkansas.

In Witness Whereof we have hereunto set our hands and seal of the State Board of Health.

By Jose R. Romero, MD

Jose R. Romero, MD
Secretary of Health



Nell Smith

By

Nell Smith
Branch Chief, Health Systems Licensing and Regulation

Woodridge of West Memphis Perimeter Behavioral of West Memphis

West Memphis, AR

has been Accredited by




The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the
Hospital Accreditation Program

November 25, 2021

Accreditation is customarily valid for up to 36 months.


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

ID #557907
Print/Reprint Date: 02/01/2022


Ana Pujols McKee, MD
Interim President & CEO

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.



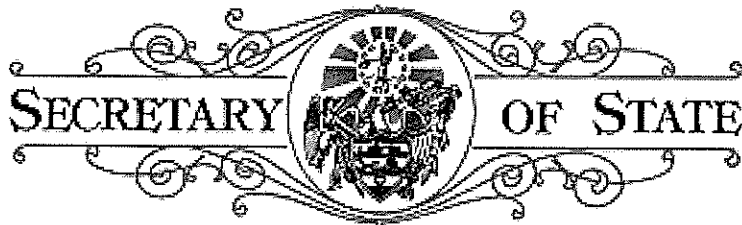


DIVERSITY AND EQUAL EMPLOYMENT OPPORTUNITY

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

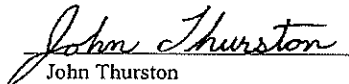
PERIMETER BEHAVIORAL HOSPITAL OF WEST MEMPHIS

for

WOODRIDGE OF WEST MEMPHIS, LLC

filed in this office
August 20, 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 20th day of August 2019.


John Thurston
Secretary of State

Online Certificate Authorization Code: 2618385d5c73a3f1367
To verify the Authorization Code, visit sos.arkansas.gov





App. for Fictitious Name for Foreign LLC

Filing Information

Entity File Number: 811025969

Alt Entity Type: ForeignLLCLimitedLiabilityCompany

Entity Name: WOODRIDGE OF WEST MEMPHIS, LLC

Fictitious Name: PERIMETER BEHAVIORAL HOSPITAL OF WEST MEMPHIS

File Date: 2019-08-20 15:37:10

Alt Tax Type: LLC

Filing Signature: JAMES LAUGHLIN

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

Principal

Entity Name: WOODRIDGE OF WEST MEMPHIS, LLC

Address 1: 600 N. 7TH STREET

City: WEST MEMPHIS

State: AR

Zip: 72301

Country: USA

| Name | Status | Job | Department |
|--|--------|--------------------------|-------------------|
| Abbott, Terry M. | Active | RN | Adolescent Acute |
| Allen, Danesha D. | Active | Infection Control / QA C | Quality Assurance |
| Anderson (Anderson), LaTaria R. | Active | Therapist | Adolescent Acute |
| Aycock, Tiffany M. | Active | Mental Health Tech | Adolescent Acute |
| Bailey, Corrie | Active | LPN | RTC - General |
| Bailey, Paul | Active | Therapist | Adolescent Acute |
| Bailey (Pickins), Tonya | Active | Mental Health Tech | RTC - General |
| Ballard, Jarryl | Active | Mental Health Tech | Adolescent Acute |
| Banks, Janice | Active | Mental Health Tech | Adolescent Acute |
| Baptist, Jonathan | Active | Mental Health Tech | RTC - General |
| Barrington, Heather | Active | RN | Adolescent Acute |
| Barrington, Morris D. | Active | RN | Adolescent Acute |
| Barrow, Malik | Active | Mental Health Tech | Adolescent Acute |
| Beecham, Tamika | Active | RN | Adolescent Acute |
| Berryhill, Summer M. | Active | House Supervisor | RTC - General |
| Blockmon, Aerial | Active | Mental Health Tech | RTC - General |
| Blue, Cinthia L. | Active | RN | RTC - General |
| Boyd, LeBreana | Active | Mental Health Tech | Adolescent Acute |
| Bryant, Conneshia | Active | RN | Adolescent Acute |
| Bulluck, Aliya | Active | Mental Health Tech | Adolescent Acute |
| Carter, Stephanie | Active | RN | Adolescent Acute |
| Clark, Breyanna | Active | Mental Health Tech | Adolescent Acute |
| Clarks, Willie | Active | Mental Health Tech | Adolescent Acute |
| Crawford, Sharon D. | Active | Leadtech | Adolescent Acute |
| Crume, Debra | Active | RN | Adolescent Acute |
| Cuble, Fortune D. | Active | House Supervisor | Adolescent Acute |
| Davis (Carter), Latasha R. | Active | RN | RTC - General |
| Davis-Metcalf (Davis), Chayeda W. | Active | Therapist | Adolescent Acute |
| DeJohnette, LaNee | Active | Therapist | Adolescent Acute |
| Dent, Adrian D. | Active | Leadtech | Adolescent Acute |
| Dockery, Odessa | Active | Mental Health Tech | RTC - General |
| Duke (Biby), Sarah | Active | RN | Adolescent Acute |
| Edwards, Carolen J. | Active | Mental Health Tech | Adolescent Acute |
| Ellis, Michael T. | Active | Mental Health Tech | RTC - General |
| Evans, Janna D. | Active | RN | Adolescent Acute |
| Gathright, April | Active | RN | RTC - General |
| Gatlin, Sara | Active | Director, Clinical Svs | Clinical |
| Gordon, Robin | Active | House Supervisor | Adolescent Acute |
| Griffin, Catherine | Active | Mental Health Tech | RTC - General |
| Hall, Sherider | Active | Mental Health Tech | Adolescent Acute |
| Harper, Thorashia | Active | Mental Health Tech | RTC - General |
| Henry, Lynda W. | Active | RN | Adolescent Acute |
| Hernandez, Sarah | Active | RN | Adolescent Acute |
| Hooper, Donterrio D. | Active | Mental Health Tech | Adolescent Acute |
| Hummel-Young, Stephanie | Active | RN | Adolescent Acute |
| Jackson, Alice E. | Active | Mental Health Tech | Adolescent Acute |
| Jackson, LaQueedra | Active | Mental Health Tech | RTC - General |
| Jackson, Victoria | Active | Mental Health Tech | Adolescent Acute |
| Johnson, Jasmine S. | Active | RN | Adolescent Acute |
| Johnson, Marquetta | Active | Therapist | RTC - General |
| Jones (Beech, Furlow, Laird), Vonna C. | Active | Mental Health Tech | Adolescent Acute |
| Lane, Briona N. | Active | Mental Health Tech | Adolescent Acute |
| Lawson, Brenda | Active | Mental Health Tech | Adolescent Acute |
| Lewis, Chantel | Active | RN | Adolescent Acute |
| Lovell, Jessica L. | Active | RN | Adolescent Acute |
| Mangum, Lillie | Active | Mental Health Tech | RTC - General |
| Marshall, Staffone | Active | Mental Health Tech | Adolescent Acute |
| Matthews, Jamil E. | Active | Therapist | Adolescent Acute |
| McNutt, Casper | Active | Mental Health Tech | Adolescent Acute |
| Mickens, Britnee | Active | Mental Health Tech | Adolescent Acute |

| | | | |
|--------------------------------------|--------|----------------------|------------------|
| Mitchell, Dionndra R. | Active | Mental Health Tech | RTC - General |
| Mosley I, Daron R. | Active | Mental Health Tech | Adolescent Acute |
| Parker, Jasmine T. | Active | Mental Health Tech | RTC - General |
| Parks-Tobar, Lynda C. | Active | Mental Health Tech | RTC - General |
| Perry, Kenya | Active | Mental Health Tech | Adolescent Acute |
| Perry, Ryan | Active | Mental Health Tech | Adolescent Acute |
| Pitchford, Marqual L. | Active | Mental Health Tech | Adolescent Acute |
| Pope, Katamara | Active | Mental Health Tech | Adolescent Acute |
| Pope, Tanshameka | Active | Mental Health Tech | Adolescent Acute |
| Quarrels, Cedric | Active | Mental Health Tech | Adolescent Acute |
| Robertson, Joe L. | Active | Mental Health Tech | Adolescent Acute |
| Robinson (Woods), Sylvia D. | Active | RN | RTC - General |
| Rogers, Tonette | Active | RN | Adolescent Acute |
| Ross, Casandra | Active | LPN | RTC - General |
| Schaitel (Roberson-Smith), Janice R. | Active | Mental Health Tech | Adolescent Acute |
| Scullark, April L. | Active | RN | Adolescent Acute |
| Smith, Amber M. | Active | Mental Health Tech | Adolescent Acute |
| Smith, Crystal S. | Active | Mental Health Tech | Adolescent Acute |
| Smith-Patterson (Smith), Matashia R. | Active | Mental Health Tech | RTC - General |
| Strong, Perion | Active | LPN | RTC - General |
| Suggs, Jelissa | Active | Mental Health Tech | Adolescent Acute |
| Sykes, Christopher M. | Active | Mental Health Tech | Adolescent Acute |
| Taylor, Kyerra D. | Active | Mental Health Tech | Adolescent Acute |
| Turner, Angela D. | Active | Mental Health Tech | Adolescent Acute |
| Ulibarri, Deborah | Active | Mental Health Tech | Adolescent Acute |
| Vaughn, David | Active | RN | Adolescent Acute |
| Walton, Tony | Active | Mental Health Tech | RTC - General |
| Ward, Quintarius | Active | Director, Youth Care | Adolescent Acute |
| Washington, Katera | Active | Mental Health Tech | Adolescent Acute |
| Williams, Keith L. | Active | Mental Health Tech | RTC - General |
| Williams, Nakenya | Active | Leadtech | Adolescent Acute |
| Wilson, Darneisha | Active | Mental Health Tech | Adolescent Acute |
| Woodson, Matyra | Active | Mental Health Tech | RTC - General |
| Woody, Jeremy D. | Active | Mental Health Tech | RTC - General |
| | Active | Mental Health Tech | RTC - General |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TERRY MESHELLE ABBOTT [NCSBN ID: 11537739]

As of Thursday March 10 2022 11:07:09 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 |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ABBOTT, TERRY MESHELLE | RN | ARKANSAS | R068193 | YES | UNENCUMBERED | 06/24/2002 | 08/31/2022 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ABBOTT, TERRY MESHELLE | PN | ARKANSAS | L031084 | NO | EXPIRED | 12/06/1993 | 08/31/2002 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|----------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| ABBOTT, TERRY MESHELLE | RN | ARKANSAS | TPSRN157907010 | NO | EXPIRED (see history) | 05/24/2002 | 08/24/2002 | NONE |

Primary source Boards of Nursing message & notification history

- 06/04/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

DANESHA DAYAN ALLEN [NCSBN ID: 11466105]

As of Thursday March 10 2022 11:10:42 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 |
|----------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ALLEN, DANESHA DAYAN | RN | ARKANSAS | R102445 | YES | UNENCUMBERED | 09/22/2016 | 08/31/2022 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|----------|--------|----------------|-----------------------------|-------------------------|----------------|
| ALLEN, DANESHA JACKSON | RN | LOUISIANA-RN | RN105481 | NO | EXPIRED | 08/14/2002 | 01/31/2003 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|--------------------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ALLEN, DANESHA JACKSON DAYAN JACKSON | RN | MISSISSIPPI | 866404 | NO | EXPIRED | 09/17/2002 | 12/31/2016 | NONE |

Our Lady of the Lake University of San Antonio

has conferred upon

Edwina Bernard' Anderson

the degree of

Master of Social Work

with all the honors and privileges pertaining thereto
in witness whereof this diploma is signed and sealed at Austin,
Texas, this 14th day of May, 1934.

Edwina Bernard' Anderson

Dean of the University, Texas Christian University, a Christian and non-sectarian



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

CORRIE ALEXANDRIA BAILEY [NCSBN ID: 24063072]

As of Thursday March 10 2022 11:22:24 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 |
|---------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BAILEY, CORRIE ALEXANDRIA | PN | ARKANSAS | 125607 | YES | UNENCUMBERED | 06/12/2020 | 04/30/2023 | MULTISTATE |

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

Authorized to Practice in

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

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

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

Paul Bailey III

Marion

Marion, Marion, 72364, 72364

LICENSE #: P1608101 | TYPE: LPC | STATUS: ACTIVE

ADDITIONAL INFO

Date of Issue: 8/3/2016

Date of Expiration: 5/31/2023

Standing: Good Standing

Email: bailey.pauliii@gmail.com; paul.bailey@lscihelp.com



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

MORRIS DEAN BARRINGTON [NCSBN ID: 23752405]

As of Thursday March 10 2022 11:35:45 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 |
|-------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BARRINGTON, MORRIS DEAN | RN | MISSISSIPPI | 912127 | YES | UNENCUMBERED | 02/19/2019 | 12/31/2022 | 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) | 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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

HEATHER BARRINGTON [NCSBN ID: 23703895]

As of Thursday March 10 2022 11:46:41 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 |
|---------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BARRINGTON, HEATHER | RN | MISSISSIPPI | 912103 | YES | UNENCUMBERED | 02/14/2019 | 12/31/2022 | 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) | 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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TAMIKA ANN BEECHAM [NCSBN ID: 7079159]

As of Thursday March 10 2022 11:33:34 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 |
|---------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BEECHAM, TAMIKA ANN | RN | ARKANSAS | R069730 | YES | UNENCUMBERED | 07/01/2003 | 03/31/2024 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BEECHAM, TAMIKA ANN | PN | ARKANSAS | L036308 | NO | EXPIRED | 07/28/1998 | 03/31/2004 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------|------|---------------|----------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| BEECHAM, TAMIKA ANN | RN | ARKANSAS | TPSRN983744493 | NO | EXPIRED (see history) | 05/27/2003 | 08/27/2003 | NONE |

Primary source Boards of Nursing message & notification history

- 06/04/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

SUMMER MICHELLE BERRYHILL [NCSBN ID: 23382589]

As of Thursday March 10 2022 11:48:40 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 |
|----------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BERRYHILL, SUMMER MICHELLE | RN | TENNESSEE | 224080 | YES | UNENCUMBERED | 08/03/2017 | 08/31/2022 | 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) | 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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

CINTHIA LYNN COLE JONES BLUE [NCSBN ID: 2790558]

As of Thursday March 10 2022 11:50:02 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.

All Discipline/final orders data are submitted by the primary source Boards of Nursing. Boards may choose whether or not to report discipline actions with accompanying NPDB codes and copies of final orders. No distinction should be drawn from the presence or absence of this supplementary information. Please contact the boards of nursing for all questions.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-------------------------------|------|---------------|---------|--------|---------------------------|-----------------------------|-------------------------|----------------|
| BLUE, CINTHIA LYNN COLE JONES | RN | MISSISSIPPI | 869150 | YES | RESTRICTION (see history) | 01/12/2004 | 12/31/2022 | MULTISTATE |

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** MISSISSIPPI
- **Date action was taken:** 12/09/2005
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** F2 - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE
- **NPDB code:** 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
- **Revision action date:** 12/08/2010
- **Effective date(s):** 12/08/2010
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED

- **NPDB code:** 1147 - LIMITATION OR RESTRICTION ON LICENSE
- **Initial action date:** 12/09/2005
- **Effective date(s):** 12/09/2005 - INDEFINITE/UNSPECIFIED
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - Jones_ Cinthia 12-8-10_ 2005.pdf

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** MISSISSIPPI
- **Date action was taken:** 12/22/2004
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** 99 - OTHER - NOT CLASSIFIED

- **NPDB code:** 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
- **Revision action date:** 12/22/2004
- **Effective date(s):** 12/22/2004
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED

- **NPDB code:** 1199 - OTHER LICENSURE ACTION, NOT CLASSIFIED
- **Initial action date:** 12/22/2004
- **Effective date(s):** 12/22/2004 - INDEFINITE/UNSPECIFIED
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - Jones_ Cynthia Cole R-869150.pdf

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** MISSISSIPPI
- **Date action was taken:** 12/03/2004
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** A5 - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER

- **NPDB code:** 1140 - REPRIMAND OR CENSURE
- **NPDB code:** 1173 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- **Initial action date:** 12/03/2004
- **Effective date(s):** 12/03/2004 - PERMANENT
- **Is license automatically reinstated after the effective date(s):** NO
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - Jones_ Cynthia Cole R-869150.pdf

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** MISSISSIPPI

| Name on License | License Type | State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---|--------------|-------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| <ul style="list-style-type: none"> Date action was taken: 01/07/2004 Against privilege to practice (PTP): NO Basis for action <ul style="list-style-type: none"> NPDB code: 19 - CRIMINAL CONVICTION NPDB code: 56 - SUBMITTING FALSE CLAIMS NPDB code: 1140 - REPRIMAND OR CENSURE NPDB code: 1147 - LIMITATION OR RESTRICTION ON LICENSE Initial action date: 01/07/2004 Effective date(s): 01/07/2004 - INDEFINITE/UNSPECIFIED Is license automatically reinstated after the effective date(s): NO Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders. <ul style="list-style-type: none"> Jones_ Cynthia Cole R-869150.pdf | | | | | | | | |

| Name on License | License Type | State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------|--------------|-----------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| JONES, CINDY C | RN | TENNESSEE | 104644 | NO | EXPIRED | 07/03/1995 | 01/31/2005 | NONE |

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.

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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

CONNESHIA KEILENE BRYANT [NCSBN ID: 22735913]

As of Thursday March 10 2022 11:51:13 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 |
|---------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BRYANT, CONNESHIA KEILENE | RN | ARKANSAS | 124209 | YES | UNENCUMBERED | 03/12/2020 | 06/30/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| BRYANT, CONNESHIA KEILENE | PN | ARKANSAS | L055653 | NO | EXPIRED | 08/05/2014 | 06/30/2021 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| BRYANT, CONNESHIA KEILENE | PN | ARKANSAS | LTP-008042 | NO | EXPIRED (see history) | 07/23/2014 | 05/19/2017 | NONE |

Primary source Boards of Nursing message & notification history

- 03/18/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

STEPHANIE CARTER [NCSBN ID: 21223786]

As of Thursday March 10 2022 11:51:57 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 |
|-------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CARTER, STEPHANIE | RN | TENNESSEE | 184604 | YES | UNENCUMBERED | 09/30/2011 | 09/30/2022 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------------|------|---------------|----------|--------|----------------|-----------------------------|-------------------------|----------------|
| CARTER, STEPHANIE ROSHAUNDA | RN | GEORGIA | RN257684 | NO | EXPIRED | 05/31/2016 | 01/31/2020 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------|------|---------------|-----------|--------|----------------|-----------------------------|-------------------------|----------------|
| CARTER, STEPHANIE R | RN | ILLINOIS | 041370575 | NO | EXPIRED | 08/08/2008 | 05/31/2012 | N/A |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CARTER, STEPHANIE ROSHAUNDA | RN | MISSISSIPPI | 889793 | NO | EXPIRED | 10/12/2011 | 12/31/2018 | NONE |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

DEBRA CRUME [NCSBN ID: 6442011]

As of Thursday March 10 2022 11:52:47 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 |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CRUME, DEBRA | RN | TENNESSEE | 205382 | YES | UNENCUMBERED | 01/29/2015 | 01/31/2024 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CRUME, DEBRA YVETTE | PN | TENNESSEE | 55294 | NO | EXPIRED | 04/21/1998 | 01/31/2016 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CRUME, DEBRA YVETTE | PN | KENTUCKY | 2034357 | NO | EXPIRED | 09/10/1999 | 10/31/2001 | NONE |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

FORTUNE DENEEN CUBLE [NCSBN ID: 22013420]

As of Thursday March 10 2022 11:53:21 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 |
|-----------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CUBLE, FORTUNE DENEEN | RN | ARKANSAS | R096536 | YES | UNENCUMBERED | 07/11/2014 | 02/28/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| CUBLE, FORTUNE DENEEN | PN | ARKANSAS | L052165 | NO | EXPIRED | 09/13/2011 | 02/28/2015 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| CUBLE, FORTUNE DENEEN | RN | ARKANSAS | RTP-015478 | NO | EXPIRED (see history) | 06/20/2014 | 07/11/2014 | NONE |

Primary source Boards of Nursing message & notification history

- 02/22/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| CUBLE, FORTUNE DENEEN | PN | ARKANSAS | LTP-005667 | NO | EXPIRED (see history) | 08/29/2011 | 09/13/2011 | NONE |

Primary source Boards of Nursing message & notification history

- 02/22/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

LATASHA RENEE DAVIS [NCSBN ID: 23736862]

As of Thursday March 10 2022 11:53:51 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 |
|----------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| DAVIS, LATASHA RENEE | RN | ARKANSAS | R109195 | YES | UNENCUMBERED | 02/19/2019 | 11/30/2022 | MULTISTATE |

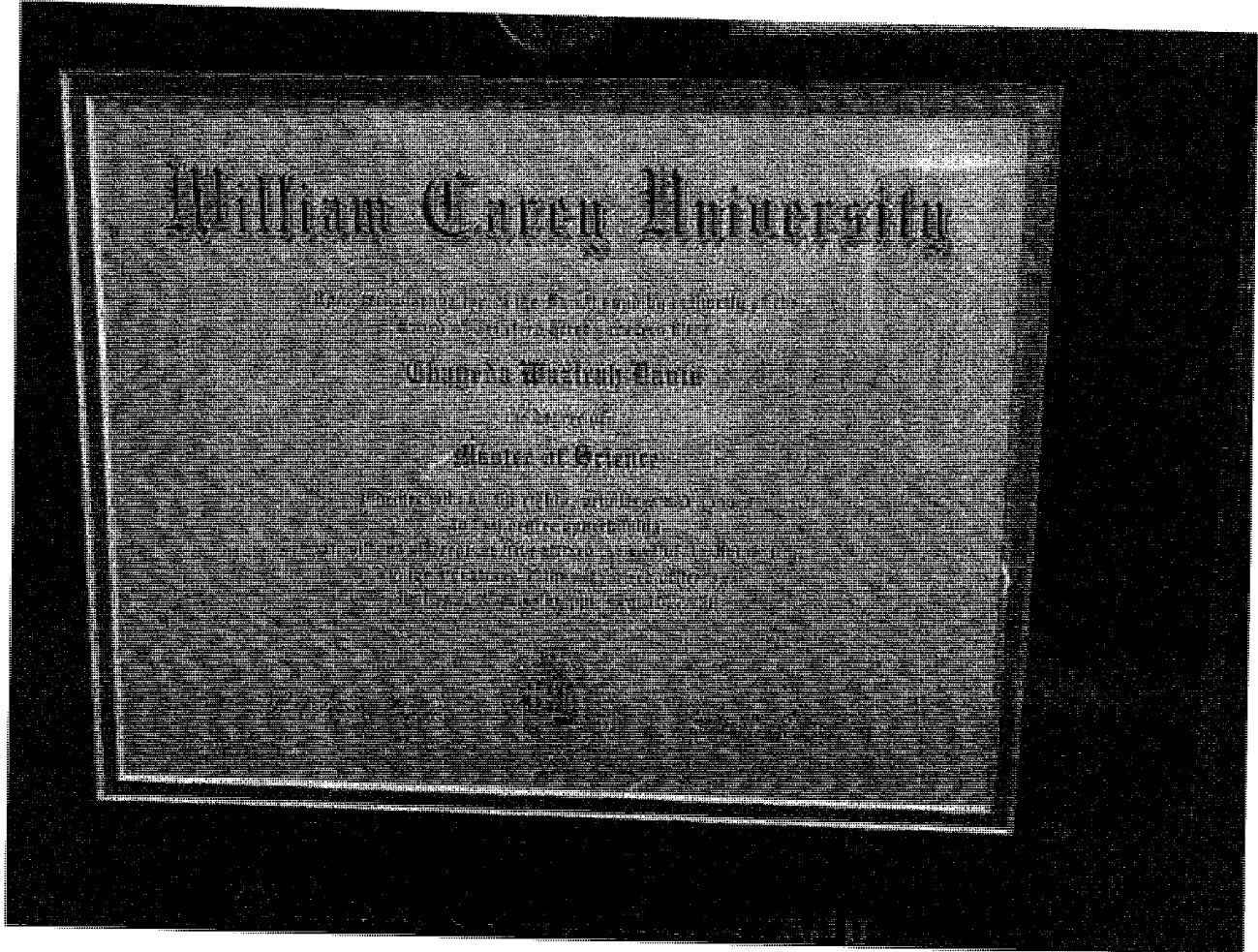
| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|--|------|---------------|-------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| DAVIS, LATASHA RENEE | RN | TEXAS | TEMP1018316 | NO | EXPIRED (see history) | 10/29/2020 | 02/26/2021 | NONE |
| Primary source Boards of Nursing message & notification history <ul style="list-style-type: none"> 10/29/2020 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license. | | | | | | | | |

Education

Chayeda Metcalf <cmetcalf1913@hotmail.com>

Mon 10/18/2021 8:24 AM

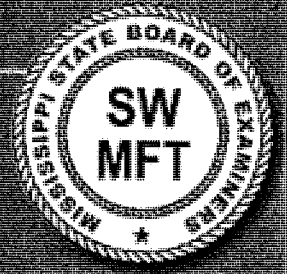
To: Monique Johnson <mojohnson@perimeterhealthcare.com>





MISSISSIPPI STATE BOARD OF EXAMINERS

FOR SOCIAL WORKERS AND
MARRIAGE & FAMILY THERAPISTS


[Home](#)
[Site Map](#)
[Contact Us](#)
[Search](#)
[Go](#)
[Board Information](#)

Today is: Thursday, March 10, 2022

[Social Workers](#)

Data Detail

[Continuing Education
Offerings for Social
Workers](#)
License: M9665
[Designated Providers for
Social Work Continuing
Education & CE
Applications](#)
Type: R**Status:** A
[Marriage & Family
Therapists](#)
Prefix: Ms.**First Name:** Lanee
[Continuing Education
Offerings for Marriage and
Family Therapist](#)
Expiration Date: 04/30/2023**Middle Initial:**
[Board Approved MFT
Continuing Education
Sponsors and Related
Information](#)
Last Name: DeJohnette**Who:** Social Worker
[Forms](#)
[Statutes](#)
[Rules & Regulations](#)
[Filing A Complaint](#)
[Links](#)
[FAQ's](#)
[License Verification](#)
[Disciplinary Actions](#)
[WHAT'S NEW](#)
[ONLINE LICENSE
RENEWAL](#)
[LCSW Supervisor Training](#)
[Background Check](#)

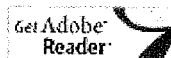
Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists Website Disclaimer

Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

350 West Woodrow Wilson Avenue, 1st floor, Suite 761 Jackson, MS 39213

Post Office Box 4508 • Jackson, MS 39296-4508

(601) 987-6806 • Fax: (601) 987-6808





QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

SARAH LOUISE DUKE [NCSBN ID: 21774810]

As of Thursday September 30 2021 01:43:24 PM 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 |
|--------------------|------|---------------|------------|--------|----------------|-----------------------------|-------------------------|----------------|
| DUKE, SARAH LOUISE | RN | MISSOURI | 2016021547 | YES | UNENCUMBERED | 06/22/2016 | 04/30/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|--------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| DUKE, SARAH LOUISE | PN | MISSOURI | 2010024821 | NO | EXPIRED (see history) | 07/15/2010 | 05/31/2018 | NONE |

Primary source Boards of Nursing message & notification history

- This LPN is IV-Certified by the Missouri State Board of Nursing.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

JANNA DENICE EVANS [NCSBN ID: 11567523]

As of Thursday March 10 2022 12:01:08 PM 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.

All Discipline/final orders data are submitted by the primary source Boards of Nursing. Boards may choose whether or not to report discipline actions with accompanying NPDB codes and copies of final orders. No distinction should be drawn from the presence or absence of this supplementary information. Please contact the boards of nursing for all questions.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------|------|---------------|---------|--------|-------------------------|-----------------------------|-------------------------|----------------|
| EVANS, JANNA DENICE | RN | ARKANSAS | R068897 | YES | PROBATION (see history) | 12/12/2002 | 10/31/2023 | MULTISTATE |

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** ARKANSAS
- **Date action was taken:** 08/10/2005
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** A5 - VIOLATION OF OR FAILURE TO COMPLY WITH LICENSING BOARD ORDER

- **NPDB code:** 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
- **Revision action date:** 10/03/2007
- **Effective date(s):** 10/03/2007
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - ACTION CLEARED-10/3/2007

- **NPDB code:** 1125 - PROBATION OF LICENSE
- **NPDB code:** 1173 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- **Initial action date:** 08/10/2005
- **Effective date(s):** 08/10/2005 - 09/08/2007
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - PROBATION CONSENT AGREEMENT ORDER-9/8/2006-9/8/2000

Primary source Boards of Nursing discipline/final orders history**Contact the boards of nursing for any questions**

- **Discipline/Final Orders state:** ARKANSAS
- **Date action was taken:** 09/08/2004
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** D8 - OTHER UNPROFESSIONAL CONDUCT
 - **NPDB code:** F2 - UNABLE TO PRACTICE SAFELY BY REASON OF ALCOHOL OR OTHER SUBSTANCE ABUSE

- **NPDB code:** 1125 - PROBATION OF LICENSE
- **NPDB code:** 1173 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- **Initial action date:** 09/08/2004
- **Effective date(s):** 09/08/2004 - 09/08/2006
- **Is license automatically reinstated after the effective date(s):** NO
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - PROBATION CONSENT AGREEMENT ORDER-9/8/2004-9/8/2000

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------|------|---------------|----------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| EVANS, JANNA DENICE | RN | ARKANSAS | TPSRN382514344 | NO | EXPIRED (see history) | 05/24/2002 | 07/23/2002 | NONE |

Primary source Boards of Nursing message & notification history

- 06/04/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| WORSHAM, JANNA | RN | TENNESSEE | 140177 | NO | EXPIRED | 02/07/2003 | 10/31/2005 | NONE |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

APRIL VALENCIA GATHRIGHT [NCSBN ID: 22804048]

As of Thursday March 10 2022 12:01:45 PM 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 |
|---------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| GATHRIGHT, APRIL VALENCIA | RN | TENNESSEE | 247353 | YES | UNENCUMBERED | 10/02/2020 | 04/30/2024 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|---------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| GATHRIGHT, APRIL VALENCIA | PN | TENNESSEE | 85826 | YES | UNENCUMBERED | 12/03/2014 | 04/30/2022 | MULTISTATE |



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS

665 Mainstream Dr.
Nashville, TN 37243

tn.gov/health

TENNESSEE BOARD FOR PROFESSIONAL COUNSELORS, MARITAL AND FAMILY THERAPISTS,
AND CLINICAL PASTORAL THERAPISTS
1-800-778-4123 or (615) 532-5138

March 10, 2022

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists. The Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists is pleased to furnish the following information from our files:

PROFESSION : Licensed Professional Counselor
RANK : Licensed Professional Counselor
NAME : Gatlin, Sara Allison
LICENSE NUMBER: 5032
ISSUE DATE : 03/25/2020
EXPIRATION DATE : 05/31/2023
STATUS : Licensed
STATUS DATE : 03/25/2020
SPECIAL ENDORSEMENTS : Mental Health Service Provider

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board for Professional Counselors, Marital and Family Therapists, and Clinical Pastoral Therapists



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

ROBIN S GORDON [NCSBN ID: 23912170]

As of Thursday March 10 2022 12:02:37 PM 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 |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| GORDON, ROBIN S | RN | MISSISSIPPI | 914265 | YES | UNENCUMBERED | 10/14/2019 | 12/31/2022 | 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) | 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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

LYNDA W HENRY [NCSBN ID: 45435229]

As of Thursday March 10 2022 12:11:22 PM 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 |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| HENRY, LYNDA W | RN | TENNESSEE | 72595 | YES | UNENCUMBERED | 03/16/1987 | 01/31/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-------------------|------|---------------|----------|--------|----------------|-----------------------------|-------------------------|----------------|
| HENRY, LYNDA FAYE | RN | MASSACHUSETTS | RN183651 | NO | EXPIRED | 11/12/1987 | 01/04/1992 | N/A |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|----------------------|------|----------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| HENRY, LYNDA WILFONG | RN | NORTH CAROLINA | 123582 | NO | EXPIRED | 10/16/1992 | 12/31/1996 | NONE |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

SARAH HERNANDEZ [NCSBN ID: 22551916]

As of Thursday March 10 2022 12:13:13 PM 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 |
|------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| HERNANDEZ, SARAH | RN | ARKANSAS | R102527 | YES | UNENCUMBERED | 10/10/2016 | 02/28/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| HERNANDEZ, SARAH | PN | ARKANSAS | L054887 | NO | EXPIRED | 11/18/2013 | 02/28/2017 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| HERNANDEZ, SARAH | RN | ARKANSAS | RTP-015451 | NO | EXPIRED (see history) | 06/19/2014 | 08/13/2014 | NONE |

Primary source Boards of Nursing message & notification history

- 01/16/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

STEPHANIE HUMMEL-YOUNG [NCSBN ID: 23943485]

As of Thursday March 10 2022 12:14:13 PM 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 |
|-------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| HUMMEL-YOUNG, STEPHANIE | RN | ARKANSAS | 124448 | YES | UNENCUMBERED | 05/07/2020 | 09/30/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-------------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| HUMMEL-YOUNG, STEPHANIE | RN | ARKANSAS | TEMP124448 | NO | EXPIRED (see history) | 03/28/2020 | 05/07/2020 | NONE |

Primary source Boards of Nursing message & notification history

- 03/28/2020 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

JASMINE JOHNSON [NCSBN ID: 23797051]

As of Thursday March 10 2022 12:16:30 PM 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).

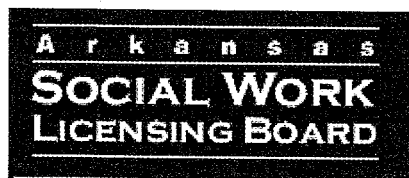
UNENCUMBERED means that the nurse has a full and unrestricted license to practice by the state board of nursing.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| JOHNSON, JASMINE | RN | ARKANSAS | 121174 | YES | UNENCUMBERED | 07/02/2019 | 04/30/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| JOHNSON, JASMINE | RN | ARKANSAS | RTP-023989 | NO | EXPIRED (see history) | 05/21/2019 | 07/02/2019 | NONE |

Primary source Boards of Nursing message & notification history

- 05/22/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



SEARCH

GO

[Home](#)

| | |
|----------------|---------------------|
| Name | Johnson , Marquetta |
| Location | Memphis, TN |
| Level | LMSW |
| License Number | 10492-M |
| Date Issued | 9/13/2021 |
| Expiration | 9/30/2023 |

[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.

[Site Map](#) | [Accessibility Policy](#) | [Privacy Statement](#) | [Security Statement](#)



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

CHANTEL DENEQUA LEWIS [NCSBN ID: 21508397]

As of Thursday March 10 2022 12:17:47 PM 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 |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| LEWIS, CHANTEL DENEQUA | RN | ARKANSAS | R104825 | YES | UNENCUMBERED | 07/14/2017 | 12/31/2022 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| LEWIS, CHANTEL DENEQUA | PN | ARKANSAS | L049728 | NO | EXPIRED | 01/07/2010 | 12/31/2018 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| LEWIS, CHANTEL DENEQUA | RN | ARKANSAS | RTP-020746 | NO | EXPIRED (see history) | 05/25/2017 | 06/30/2017 | NONE |

Primary source Boards of Nursing message & notification history

- 12/31/2018 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| LEWIS, CHANTEL DENEQUA | PN | ARKANSAS | LTP-003303 | NO | EXPIRED (see history) | 07/09/2009 | 12/28/2016 | NONE |

Primary source Boards of Nursing message & notification history

- 12/31/2018 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

JESSICA LYNN LOVELL [NCSBN ID: 21844742]

As of Thursday March 10 2022 12:19:47 PM 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 |
|----------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| LOVELL, JESSICA LYNN | RN | ARKANSAS | R088070 | YES | UNENCUMBERED | 02/28/2011 | 08/31/2023 | 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) | 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



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS

665 Mainstream Dr.
Nashville, TN 37243

tn.gov/health

TENNESSEE BOARD OF SOCIAL WORKERS
1-800-778-4123 or (615) 532-5088

March 10, 2022

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board of Social Workers. The Board of Social Workers is pleased to furnish the following information from our files:

PROFESSION : Licensed Clinical Social Worker
RANK : Licensed Clinical Social Worker
NAME : Matthews, Jamil E.
LICENSE NUMBER: 7871
ISSUE DATE : 12/12/2021
EXPIRATION DATE : 05/31/2024
STATUS : Licensed
STATUS DATE : 12/12/2021
SPECIAL ENDORSEMENTS :

COMMENTS : There is no history of disciplinary action on this license. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Tennessee Board of Social Workers



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

JOE L ROBERTSON [NCSBN ID: 22685176]

As of Thursday March 10 2022 12:20:56 PM 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 |
|------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ROBERTSON, JOE L | RN | ARKANSAS | R096382 | YES | UNENCUMBERED | 07/03/2014 | 03/31/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|------------------|------|---------------|------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| ROBERTSON, JOE L | RN | ARKANSAS | RTP-015498 | NO | EXPIRED (see history) | 06/20/2014 | 07/03/2014 | NONE |

Primary source Boards of Nursing message & notification history

- 12/17/2018 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

SYLVIA DENISE ROBINSON [NCSBN ID: 10640212]

As of Thursday March 10 2022 12:21:25 PM 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 |
|-------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ROBINSON, SYLVIA DENISE | RN | ARKANSAS | R088174 | YES | UNENCUMBERED | 03/10/2011 | 09/30/2023 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ROBINSON, SYLVIA DENISE | PN | ARKANSAS | L039884 | NO | EXPIRED | 07/16/2001 | 09/30/2011 | NONE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| WOODS, SYLVIA | PN | TENNESSEE | 60626 | NO | EXPIRED | 09/04/2001 | 09/30/2003 | NONE |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TONETTE M ROGERS [NCSBN ID: 6347604]

As of Thursday March 10 2022 12:22:53 PM 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 |
|-------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| ROGERS, TONETTE M | PN | TENNESSEE | 55061 | YES | UNENCUMBERED | 02/25/1998 | 06/30/2023 | MULTISTATE |

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

Authorized to Practice in

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

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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

JANICE RENEA ROBERSON SCHAITEI [NCSBN ID: 20585678]

As of Thursday March 10 2022 12:23:41 PM 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 |
|---------------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| SCHAITEI, JANICE RENEA ROBERSON | RN | MISSISSIPPI | 873832 | YES | UNENCUMBERED | 02/24/2006 | 12/31/2022 | 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) | 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



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

MATASHIA R SMITH-PATTERSON [NCSBN ID: 22399986]

As of Thursday March 10 2022 12:24:22 PM 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 |
|-----------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| SMITH-PATTERSON, MATASHIA R | PN | ARKANSAS | L054084 | YES | UNENCUMBERED | 05/23/2013 | 10/31/2022 | MULTISTATE |

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------------|------|---------------|---------|--------|----------------|-----------------------------|-------------------------|----------------|
| SMITH-PATTERSON, MATASHIA R | PN | MINNESOTA | 819078 | NO | EXPIRED | 09/21/2018 | 10/31/2020 | N/A |



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

DEBORAH FAY ULIBARRI [NCSBN ID: 20260968]

As of Thursday March 10 2022 12:24:53 PM 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.

All Discipline/final orders data are submitted by the primary source Boards of Nursing. Boards may choose whether or not to report discipline actions with accompanying NPDB codes and copies of final orders. No distinction should be drawn from the presence or absence of this supplementary information. Please contact the boards of nursing for all questions.

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|---------|--------|----------------------------|-----------------------------|-------------------------|----------------|
| ULIBARRI, DEBORAH FAY | RN | ARKANSAS | R098464 | YES | UNENCUMBERED (see history) | 05/22/2015 | 09/30/2023 | MULTISTATE |

Primary source Boards of Nursing discipline/final orders history

Contact the boards of nursing for any questions

- **Discipline/Final Orders state:** ARKANSAS
- **Date action was taken:** 05/08/2018
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** A6 - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATION OR RULES
 - **NPDB code:** D8 - OTHER UNPROFESSIONAL CONDUCT
- **NPDB code:** 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
- **Revision action date:** 05/06/2019
- **Effective date(s):** 05/06/2019
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - Action Cleared
- **NPDB code:** 1140 - REPRIMAND OR CENSURE
- **Initial action date:** 05/08/2018
- **Effective date(s):** 05/08/2018 - INDEFINITE/UNSPECIFIED
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - LETTER OF REPRIMAND-05-08-2018.pdf

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|---------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| ULIBARRI, DEBORAH FAY | PN | ARKANSAS | L043305 | NO | EXPIRED (see history) | 11/19/2004 | 09/30/2015 | NONE |

Primary source Boards of Nursing discipline/final orders history

Contact the boards of nursing for any questions

- **Discipline/Final Orders state:** ARKANSAS
- **Date action was taken:** 05/08/2018
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** A6 - VIOLATION OF FEDERAL OR STATE STATUTES, REGULATION OR RULES
 - **NPDB code:** D8 - OTHER UNPROFESSIONAL CONDUCT

- **NPDB code:** 1280 - LICENSE RESTORED OR REINSTATED, COMPLETE
- **Revision action date:** 05/06/2019
- **Effective date(s):** 05/06/2019
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - Action Cleared

- **NPDB code:** 1140 - REPRIMAND OR CENSURE
- **Initial action date:** 05/08/2018
- **Effective date(s):** 05/08/2018 - INDEFINITE/UNSPECIFIED
- **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - LETTER OF REPRIMAND-05-08-2018.pdf

| Name on License | Type | License State | License | Active | License Status | License Original Issue Date | License Expiration Date | Compact Status |
|-----------------------|------|---------------|-----------------|--------|-----------------------|-----------------------------|-------------------------|----------------|
| ULIBARRI, DEBORAH FAY | PN | ARKANSAS | TPSLPN289466715 | NO | EXPIRED (see history) | 05/21/2004 | 08/08/2004 | NONE |

Primary source Boards of Nursing message & notification history

- 06/04/2019 - This temporary license/permit is issued until the applicant meets all of the licensure requirements for a permanent license.