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SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.		
Address:	2707 Browns Lane		
City:	Jonesboro	State:	AR Zip Code: 72401
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Christie Ring	Title:	Director of Substance Abuse Services
Phone:	870-886-7924	Alternate Phone:	870-878-1128
Email:	cring@mshs.org		

CONFIRMATION OF REDACTED COPY YES, a redacted copy of submission documents is enclosed. NO, a redacted copy of submission documents is not enclosed. I understand a full copy of non-redacted submission documents will be released if requested.

Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.

ILLEGAL IMMIGRANT CONFIRMATION

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

ISRAEL BOYCOTT RESTRICTION CONFIRMATION

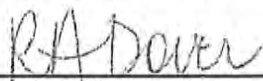
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.

 Prospective Contractor does not and will not boycott Israel.**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

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

Authorized Signature: _____

Use Ink Only.


Title: Executive DirectorPrinted/Typed Name: Ruth Allison DoverDate: 9-30-20

Agreement and Compliance Pages

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.	Date:	9-30-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Ruth Allison Dover		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

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


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

Vendor Name:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.	Date:	9-30-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Ruth Allison Dover		

SECTION 3.4.5 - VENDOR AGREEMENT AND COMPLIANCE

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

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

Vendor Name:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.	Date:	9-30-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Ruth Allison Dover		

E.O. 98-04

Contract

Grant and

Disclosure

Form

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

SUBCONTRACTOR: Yes No SUBCONTRACTOR NAME: Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.

TAXPAYER ID NAME: 71-0774925

IS THIS FOR: Goods? Services? Both?

YOUR LAST NAME:

FIRST NAME:

M.I.:

ADDRESS: 2707 Browns Lane

CITY: Jonesboro

STATE: Arkansas

ZIP CODE: 72401

COUNTRY: United States

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.]	Person's Name(s)	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?	Person's Name(s)	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY				
General Assembly									
Constitutional Officer									
State Board or Commission Member									
State Employee	✓	✓	State University Employee				Henry Torres	0%	Board Mem

None of the above applies

Contract and Grant Disclosure and Certification Form

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

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

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

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

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

Signature _____



Title Executive Director

Date _____

Vendor Contact Person Christie Ring

Title Director of Substance Abuse Services

Phone No. 870-878-1128

Agency use only

Agency Number _____ Agency Name _____

Agency Contact Person _____

Contact Phone No. _____

Contact or Grant No. _____

Equal Opportunity Policy

Mid-South Health Systems, Inc.
PERSONNEL POLICIES AND PROCEDURES

SUBJECT Equal Employment Opportunity	POLICY NUMBER 1.10
EFFECTIVE DATE: July 1, 1999	PAGE NO. 1 OF 1 FILE UNDER SECTION: Employment Practices
REVISION DATE: November 12, 2008; August 1, 2013	APPROVED BY: Bonnie White, Chief Executive Officer

POLICY:

It is the official policy of this organization that no one will be denied service or be subjected to any form of discrimination on the basis of race, color, national origin, age, gender, sexual orientation, veteran's status, disability, ancestry or religion. The organization will not discriminate against individuals in the admission or access to, or treatment, or employment in, its programs and activities. This policy is adopted pursuant to Section 601, Title VI and Title VII of the Civil Rights Act of 1964, Public Law 88-352, section 504 of the Rehabilitation Act of 1973 and Title VI and XVI of the Public Health Service Act and Americans with Disabilities Act of 1992.

We will endeavor to ensure that qualified applicants are employed, and that employees are treated equally during employment without regard to their race, color, religion, gender, sexual orientation, national origin, disability, veteran's status, ancestry, age or other legally protected status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, transfer recruitment or recruitment advertising, lay-off or termination, rates of pay, other forms of compensation and selection of training. We will post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.

The Human Resources Department will promote principles of equity in its efforts to staff available positions. The department will monitor labor market information and maintain contact with staffing sources to further these principles.

We will comply with all provisions of applicable laws prohibiting discrimination.

Any employee may request a reasonable accommodation under the Americans with Disabilities Act of 1992. Such requests should be made to the Human Resources Director. The HR Director shall review the request and respond in writing to the employee within a reasonable amount of time. The written response shall be retained in the employee's personnel file.

YOUR EMPLOYMENT WITH ARISA HEALTH

EQUAL EMPLOYMENT OPPORTUNITY

Arisa is an Equal Opportunity Employer. Employment at Arisa is based upon personal capabilities and qualifications without regard to race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, age, disability, genetic information, marital status, citizenship status, veteran status or any other protected characteristic as established by law.

This policy applies to all terms and conditions of employment, including, but not limited to, recruitment, hiring, placement, promotion, termination, layoff, compensation, benefits, and all other terms and conditions of employment. It is Arisa's intent to comply with all federal and state laws regarding employment practices.

The Human Resources Department has overall responsibility for this policy and maintains reporting and monitoring procedures. Staff members' questions or concerns should be referred to the Human Resources Department. Any staff member or applicant who believes he or she has been subjected to unlawful discrimination should report the incident immediately. Staff members, or applicants for employment, who seek assistance pursuant to this policy will not have their employment opportunities adversely affected because of such a complaint or be subject to any other type of retaliation.

Appropriate corrective action, up to and including termination, may be taken when any staff member violates this policy.

NON-DISCRIMINATION AND ANTI-HARASSMENT POLICY

Arisa is committed to a work environment in which all individuals are treated with respect and dignity. Everyone has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Arisa expects that all relationships among persons in the workplace will be respectful, business-like and free of bias, prejudice and harassment.

Arisa prohibits discrimination and harassment based on race, color, religion, sex, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity or expression, national origin, disability, genetic information, marital status, citizenship status, veteran status, association with a person of a protected status, or any other characteristic protected by law. Arisa prohibits and will not tolerate any such discrimination or harassment.

Proposed Subcontractors' Form

PROPOSED SUBCONTRACTORS FORM

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


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

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Northeast Arkansas Regional Recovery Center	6009 C.W. Post Road	Jonesboro, AR, 72401
Arkansas Cares-Methodist Family Health	1600 Aldersgate Road	Little Rock, AR 72205

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORSTO PERFORM SERVICES.

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

Vendor Name:	Northeast Arkansas Community Mental Health Center d/b/a Midsouth Health Systems, Inc. affiliate of Arisa Health, Inc.	Date:	9-30-20
Authorized Signature:		Title:	Executive Director
Print/Type Name:	Ruth Allison Dover		

Contents of other Documents

First Solid Blue	1.23 Prohibition of Employment of Illegal Immigrants
Solid Orange	2.2 Minimum Qualifications, A.
Solid Red	2.2 Minimum Qualifications, B.
Solid Green	2.2 Minimum Qualifications, C.
Solid Yellow	2.2 Minimum Qualifications, D.
Second Solid Blue	2.2 Minimum Qualifications, E.

[Home](#)[Welcome Agency - Login](#)

Submission Confirmation

Thank you for your submission. This submission is valid for one year.

We have recorded your submission. Please [click here](#) to return to the home page.

Print Disclosure Submission

Disclosure forms are valid for one year.

Vendor:	NEACMHC dba Mid-South Health Systems, Inc.
Tax ID:	4925
Disclosure Statement:	I certify that I DO NOT employ or contract with an illegal immigrant.
Contact E-mail:	ahufsted@mshs.org
Submitted on:	01-27-20
Valid through:	01-26-21

**Contractor
and
Subcontractors'
Division of
Provider Services
and Quality
Assurance
Licenses**



Division of Provider Services & Quality Assurance

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

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



8/20/2020

Ruth Allison
Mid-South Health System
2400 S. 48th St.
Springdale, AR 72762

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes

The following service location is associated with this provider:

623 North 9th Street, Suite 200
Augusta, AR 72006

Substance Abuse Program
Vendor # 25170
License # 426
New Certification # 33722
Certification Dates 07/01/2019- 06/30/2022

1650 White Drive
Batesville, AR 72501

Substance Abuse Program
Vendor # 25171
License # 427
New Certification # 33725
Certification Dates 07/01/2019- 06/30/2022

209 South Lockard
Blytheville, AR 72315

Substance Abuse Program
Vendor # 251172
License # 428
New Certification # 33726
Certification Dates 07/01/2019- 06/30/2022

490 Broadmoor Drive
Brinkley, AR 72021

Substance Abuse Program
Vendor # 25173
License # 429
New Certification # 33727
Certification Dates 07/01/2019- 06/30/2022

35 Choctaw Trace
Cherokee Village, AR 72529

Substance Abuse Program
Vendor # 25174
License # 430
New Certification # 33728
Certification Dates 07/01/2019- 06/30/2022

602 David Street
Coming, AR 72422

Substance Abuse Program
Vendor # 25175
License # 431
New Certification # 33729
Certification Dates 07/01/2019- 06/30/2022

211 Missouri
Helena, AR 72342

Substance Abuse Program
Vendor # 25176
License # 432
New Certification # 33732
Certification Dates 07/01/2019- 06/30/2022

2707 Browns Lanes
Jonesboro, AR 72401

Substance Abuse Program
Vendor # 25194
License # 450
New Certification # 34052
Certification Dates 07/01/2019- 06/30/2022

444 Atkins Boulevard
Marianna, AR 72360

Substance Abuse Program
Vendor # 25177
License # 433
New Certification # 34053
Certification Dates 07/01/2019- 06/30/2022

589 Main Street
Melbourne, AR 72556

Substance Abuse Program
Vendor # 25178
License # 434
New Certification # 34055
Certification Dates 07/01/2019- 06/30/2022

28 Southpointe Drive
Paragould, AR 72450

Substance Abuse Program
Vendor # 25179
License # 435
New Certification # 34056
Certification Dates 07/01/2019- 06/30/2022

2560 Old Country Road
Pocahontas, AR 72455

Substance Abuse Program
Vendor # 25180
License # 436
New Certification # 34057
Certification Dates 07/01/2019- 06/30/2022

642 North Main Street
Salem, AR 72576

Substance Abuse Program
Vendor # 25181
License # 437
New Certification # 34058
Certification Dates 07/01/2019- 06/30/2022

111 West Booth Road
Searcy, AR 72143

Substance Abuse Program
Vendor # 25182
License # 438
New Certification # 34059
Certification Dates 07/01/2019- 06/30/2022

807 West Main
Trumann, AR 72472

Substance Abuse Program
Vendor # 25183
License # 439
New Certification # 34060
Certification Dates 07/01/2019- 06/30/2022

905 North 7th Street
West Memphis, AR 72301

Substance Abuse Program
Vendor # 25184
License # 440
New Certification # 34063
Certification Dates 07/01/2019- 06/30/2022

102 South Larkspur
Walnut Ridge, AR 72476

Substance Abuse Program
Vendor # 25185
License # 441
New Certification # 34064
Certification Dates 07/01/2019- 06/30/2022

661 Addison Drive
Wynne, AR 72342

Substance Abuse Program
Vendor # 25186
License # 442
New Certification # 34065
Certification Dates 07/01/2019- 06/30/2022

4451 North Washington
Forrest City, AR 72335

Substance Abuse Program
Vendor # 25187
License # 443
New Certification # 34066
Certification Dates 07/01/2019- 06/30/2022

1507 Pecan
Newport, AR 72112

Substance Abuse Program
Vendor # 25188
License # 444
New Certification # 34067
Certification Dates 07/01/2019- 06/30/2022

1011 Morgan Street
Paragould, AR 72450

Substance Abuse Program
Vendor # 25189
License # 445
New Certification # 34069
Certification Dates 07/01/2019- 06/30/2022

837 Willett Road
Jonesboro, AR 72401

Substance Abuse Program
Vendor # 25190
License # 425
New Certification # 34103
Certification Dates 07/01/2019- 06/30/2022

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

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

Sincerely,



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

C: Licensure File
Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Oris Hogan
Patricia Gann
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/JR



ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services & Quality Assurance

License Number: 33722

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 623 North 9th Street, Suite 200 _____,

Augusta _____, County of _____ Woodruff _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 33725

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

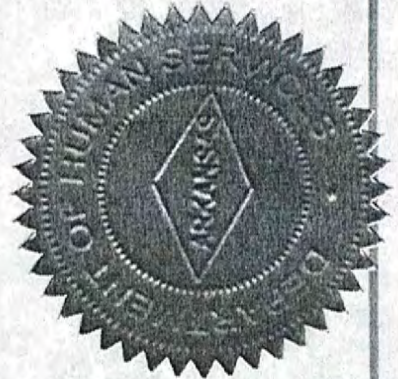
is hereby granted a license by the Arkansas Department of Human Services to maintain and operate a

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

on the premises located at _____ 1650 White Drive _____,

Batesville _____, County of _____ Independence _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 33726

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 209 South Lockard _____,

Blytheville _____, County of _____ Mississippi _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services
& Quality Assurance

License Number: 33727

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 490 Broadmoore Drive _____,

Brinkley _____, County of _____ Monroe _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 33728

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 35 Choctaw Trace _____,

Cherokee Village _____, County of _____ Sharp _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 33729

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 602 David Street _____,

Corning _____, County of _____ Clay _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 33732

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 801 Newman Drive _____,

Helena _____, County of _____ Phillips _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services & Quality Assurance

License Number: 34052

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 2707 Browns Lane _____,

Jonesboro _____, County of _____ Craighead _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34053

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 444 Atkins Boulevard _____,

Marianna _____, County of Lee _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34055

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 589 Main Street _____,

Melbourne _____, County of Izard _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 34056

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

N/A capacity _____ Alcohol and Other Drug Abuse Treatment Program _____
on the premises located at _____ 28 Southpointe Drive _____,

Paragould _____, County of _____ Greene _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 34057

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 2560 Old Country Road _____,

Pocahontas _____, County of _____ Randolph _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 34059

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____, 111 West Booth Road _____,

Searcy _____, County of _____, White _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services & Quality Assurance

License Number: 34060

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 807 West Main _____,

Trumann _____, County of _____ Poinsett _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





License Number: 34063

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____, 905 North 7th Street _____,

West Memphis _____, County of _____, Crittenden _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34064

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 102 South Larkspur _____,

Walnut Ridge _____, County of _____ Lawrence _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

License Number: 34065

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 611 Addison Drive _____

Wynne _____, County of _____ Cross _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34066

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 4451 North Washington _____,

Forrest City _____, County of Saint Francis _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

License Number: 34067

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____, 1507 Pecan _____,

Newport _____, County of _____, Craighead _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

License Number: 34069

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 1011 Morgan Street _____,

Paragould _____, County of _____ Greene _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

License Number: 34103

This Is to Certify That

Northeast Arkansas CMHC; Mid-South Health Systems, Inc.

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

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

on the premises located at _____ 837 Willett Road _____,

Jonesboro _____, County of _____ Craighead _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 06/30/2022





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

Certificate Number: 33730

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
602 David Street; Corning, AR; 72422

Therapeutic Communities - Level 1

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to N/A (unless sooner revoked).





Division of Provider Services & Quality Assurance

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

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



08/05/2020

Ruth Allison Dover, CEO
Jared Sparks, VPC
Mid South Health Systems, Inc
2707 Browns Lane
Jonesboro, AR 72401

RE: License to Provide Substance Abuse Treatment

Dear Provider,

Mid South Health Systems, Inc.'s license has been approved from **July 23, 2020** through **July 22, 2023**, as long as there has not been a lapse in Licensure Standards for Alcohol and Other Drug Abuse Treatment Programs.

The DPSQA Program License is included with this mailing. The DPSQA Program License should be displayed at a prominent public location within the licensed site(s).

The following service location is associated with this provider:

3204 E. Moore Ave
Searcy, AR 72143

3202 E. Moore Ave
Searcy, AR 72143

Certification # 34059

Certification Dates: 07/23/2020-07/22/2023

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

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

Sincerely,

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

Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification
P: 501.320.6599
F: 501.682.8551
700 S. Main St., Slot S-427

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

Little Rock, AR 72203

Jonathan.Jones@dlis.arkansas.gov

C: Licensure File
 Daphne Burkins, DXC
 Tamera Belin, OMIG
 Tascha Petersen
 Contessa Clark
 Tanya Giles
 Christina Westminster
 Patricia Gann
 Sharon Donovan
 Vivian Jackson
 Melissa Ward

File

JJ/wh



License Number: 34059

This Is to Certify That

Mid South Health Systems, Inc

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

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

on the premises located at _____ 3202 E. Moore Ave _____,

Searcy, AR 72143 _____, County of _____, White _____, Arkansas.

License Effective: 07/23/2020 | License Expires: 07/22/2023





License Number: 34059

This Is to Certify That

Mid South Health Systems, Inc

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

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

on the premises located at _____ 3204 E. Moore Ave _____,

Searcy, AR 72143 _____, County of _____ White _____, Arkansas.

License Effective: 07/23/2020 | License Expires: 07/22/2023





Division of Provider Services & Quality Assurance

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

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



08/20/2020

Ruth Allison
Mid-South Health System
2400 S. 48th St.
Springdale, AR 72762

RE: Behavioral Health Agency (BHA) Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your previous license number are 311,67,68,716,717,413,411,54,375,69,56,63,64,57,58,59,60,61,65,348,386,312,66,307, and 313.

Your previous vendor number is

11053,11433,11068,11055,11062,11063,11056,11057,11058,11059,11060,11064,11406,11446,11312,11065,11307,11127,11311,11066,11067,12015,12016,11473, and 11471.

Enclosed certification (s):

4451 North Washington
Forrest City, AR 72335

Behavioral Health Agency

Vendor # 11053
License # 54
New Certification # 32034
Certification Dates 07/01/2019- 04/30/2021

623 North 9th Street, Suite 200
Augusta, AR 72006

Behavioral Health Agency

Vendor # 11433
License # 375
New Certification # 32186
Certification Dates 07/01/2019- 04/30/2021

211 Missouri
Helena, AR 72342

Behavioral Health Agency

Vendor # 11068
License # 69
New Certification # 32190
Certification Dates 07/01/2019- 04/30/2021

905 North 7th Street
West Memphis, AR 72301

Behavioral Health Agency

Vendor # 11055
License # 56
New Certification # 32362
Certification Dates 07/01/2019- 04/30/2021

28 Southpointe Drive
Paragould, AR 72450

Behavioral Health Agency

Vendor # 11062

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

1011 Morgan Street
Paragould, AR 72450

License # 63
New Certification # 32364
Certification Dates 07/01/2019- 04/30/2021
Behavioral Health Agency
Vendor # 11063
License # 64
New Certification # 32370
Certification Dates 07/01/2019- 04/30/2021

801 Newman Drive
Wynne, AR 72396

Behavioral Health Agency
Vendor # 11056
License # 57
New Certification # 32551
Certification Dates 07/01/2019- 04/30/2021

661 Addison Drive
Wynne, AR 72342

Behavioral Health Agency
Vendor # 11057
License # 58
New Certification # 32555
Certification Dates 07/01/2019- 04/30/2021

602 David Street
Corning, AR 72422

Behavioral Health Agency
Vendor # 11058
License # 59
New Certification # 32557
Certification Dates 07/01/2019- 04/30/2021

490 Broadmoor Drive
Brinkley, AR 72021

Behavioral Health Agency
Vendor # 11059
License # 60
New Certification # 32611
Certification Dates 07/01/2019- 04/30/2021

444 Atkins Boulevard
Marianna, AR 72360

Behavioral Health Agency
Vendor # 11060
License # 61
New Certification # 32614
Certification Dates 07/01/2019- 04/30/2021

2707 Browns Lanes
Jonesboro, AR 72401

Behavioral Health Agency
Vendor # 11064
License # 65
New Certification # 32643
Certification Dates 07/01/2019- 04/30/2021

35 Choctaw Trace
Cherokee Village, AR 72529

Behavioral Health Agency
Vendor # 11406
License # 348
New Certification # 32711
Certification Dates 07/01/2019- 04/30/2021

807 West Main
Trumann, AR 72472

Behavioral Health Agency
Vendor # 11446
License # 386
New Certification # 32812
Certification Dates 07/01/2019- 04/30/2021

111 West Booth Road
Searcy, AR 72143

Behavioral Health Agency
Vendor # 11312
License # 312
New Certification # 32815
Certification Dates 07/01/2019- 04/30/2021

102 South Larkspur
Walnut Ridge, AR 72476

Behavioral Health Agency
Vendor # 11065
License # 66
New Certification # 32948
Certification Dates 07/01/2019- 04/30/2021

589 Main Street
Melbourne, AR 72556

Behavioral Health Agency
Vendor # 11307
License # 307
New Certification # 32984
Certification Dates 07/01/2019- 04/30/2021

1650 White Drive
Batesville, AR 72501

Behavioral Health Agency
Vendor # 11127
License # 313
New Certification # 32985
Certification Dates 07/01/2019- 04/30/2021

642 North Main Street
Salem, AR 72576

Behavioral Health Agency
Vendor # 11311
License # 311
New Certification # 32987
Certification Dates 07/01/2019- 04/30/2021

2560 Old Country Road
Pocahontas, AR 72455

Behavioral Health Agency
Vendor # 11066
License # 67
New Certification # 33180
Certification Dates 07/01/2019- 04/30/2021

209 South Lockard
Blytheville, AR 72315

Behavioral Health Agency
Vendor # 11067
License # 68
New Certification # 33182
Certification Dates 07/01/2019- 04/30/2021

211 Missouri
Helena, AR 72342

Therapeutic Communities Level 2
Vendor # 12015
License # 716
New Certification # 33731
Certification Dates 07/01/2019- N/A

3700 Access Road
Jonesboro, AR 72450

Therapeutic Communities Level 1
Vendor # 12016
License # 717
New Certification # 33735
Certification Dates 07/01/2019- N/A

1507 Pecan
Newport, AR 72112

Behavioral Health Agency
Vendor # 11473
License # 413
New Certification # 33955
Certification Dates 07/01/2019- 04/30/2021

837 Willett Road
Jonesboro, AR 72401

Acute Crisis Unit
Vendor # 11471
License # 411
New Certification # 33956
Certification Dates 07/01/2019- N/A

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.Provider.Applications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,



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

C: Daphne Burkins, DXC
Tamera Belin, OMTG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann
Sharon Donovan

Vivian Jackson
Melissa Ward

JJ/JR



Certificate Number: 32034

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
4451 North Washington; Forrest City, AR; 72335

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32186

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
623 North 9th Street, Suite 200; Augusta, AR; 72006

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32190

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.

211 Missouri; Helena, AR; 72342

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32362

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
905 North 7th Street; West Memphis, AR; 72301

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

Certificate Number: 32364

This Is to Certify That

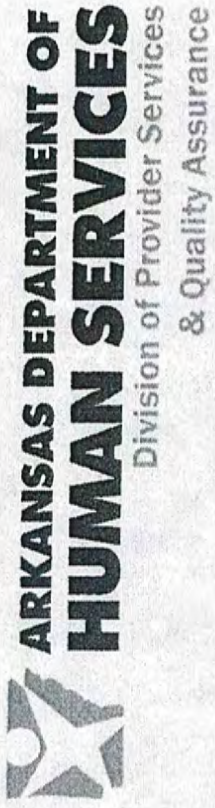
Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
28 Southpointe Drive; Paragould, AR; 72450

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32370

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
10111 Morgan Street; Paragould, AR; 72450

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32551

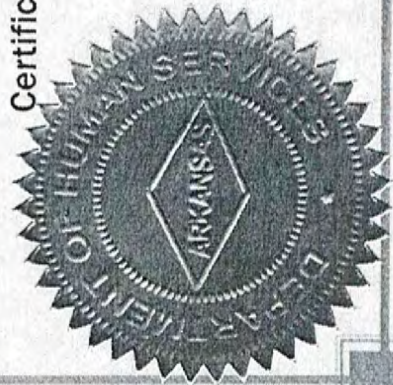
This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
801 Newman Drive; Helena, AR; 72342

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32555

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
661 Addison Drive; Wynne, AR; 72396

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32557

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
602 David Street; Corning, AR; 72422

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services
& Quality Assurance

Certificate Number: 32611

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
490 Broadmoor Drive; Brinkley, AR; 72021

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32614

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
444 Atkins Boulevard; Marianna, AR; 72360

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32643

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
2707 Browns Lane; Jonesboro, AR; 72401

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32711

This Is to Certify That

Northeast Arkansas CMHC: dba Mid-South Health Systems, Inc.
35 Choctaw Trace; Cherokee Village, AR: 72529

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32812

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.

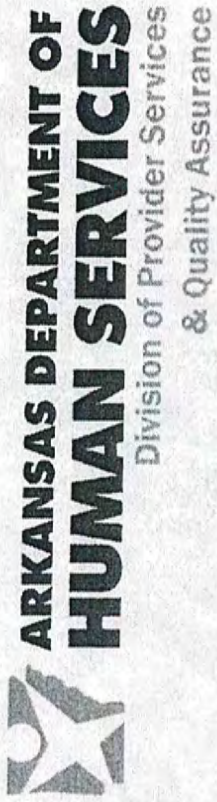
807 West Main; Trumann, AR: 72472

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32815

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
111 West Booth Road; Searcy, AR; 72143

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32948

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
102 South Larkspur, Walnut Ridge, AR; 72476

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32984

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
589 Main Street; Melbourne, AR; 72556

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 32985

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
1650 White Drive; Batesville, AR; 72501

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 32987

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
642 North Main Street; Salem, AR; 72576

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 33180

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
2560 Old Country Road; Pocahontas, AR; 72455

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 33182

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
209 South Lockard, Blytheville, AR; 72315

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

Division of Provider Services
& Quality Assurance

Certificate Number: 33735

This Is to Certify That

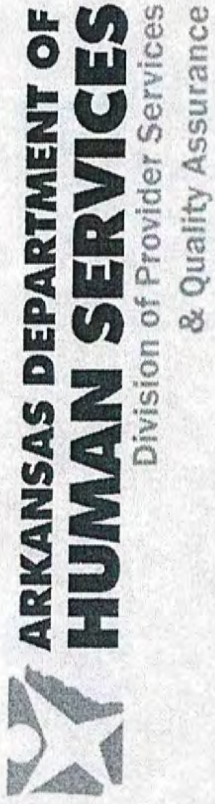
Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
3700 Access Road; Jonesboro, AR; 72450

Therapeutic Communities - Level 1

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to N/A (unless sooner revoked).





Certificate Number: 33956

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
837 Willett Road; Jonesboro, AR; 72401

Acute Crisis Unit

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to N/A (unless sooner revoked).





ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Provider Services & Quality Assurance

Certificate Number: 33955

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
1507 Pecan; Newport, AR; 72112

Behavioral Health Agency

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to 4/30/2021 (unless sooner revoked).





Certificate Number: 33731

This Is to Certify That

Northeast Arkansas CMHC; dba Mid-South Health Systems, Inc.
211 Missouri; Helena, AR; 72342

Therapeutic Communities - Level 2

has met provider requirements to operate a(n)/as _____

Certificate effective from 07/01/2019 to N/A (unless sooner revoked).



3202 E. Moore Ave
Searcy, AR 72143

New Certification # 32815

Certification Dates: 07/23/2020– 04/30/2021

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements. Please provide a copy of your current professional licensure and a copy of any accreditation date changes (if applicable) to DPSQA for our records prior to all expiration dates.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.Provider.Applications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,



Johnathan Jones
Assistant Director
Division of Provider Services and Quality Assurance
Community Services Licensure and Certification

P: 501.320.6599

F: 501.682.8351

700 S. Main St., Slot S-427

Little Rock, AR 72203

Johnathan.Jones@dhs.arkansas.gov

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

**Division of Provider Services &
Quality Assurance**

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

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



08/05/2020

Ruth Allison Dover, CEO
Jared Sparks, VPC
Mid South Health Systems, Inc
2707 Browns Lane
Jonesboro, AR 72401

RE: Behavioral Health Agency (BHA) Certification Approval

Dear Provider,

The Division of Provider Services and Quality Assurance (DPSQA) has determined that all Arkansas Behavioral

C: Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Patricia Gann
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/wh



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**
Division of Provider Services
& Quality Assurance

Certificate Number: 32815

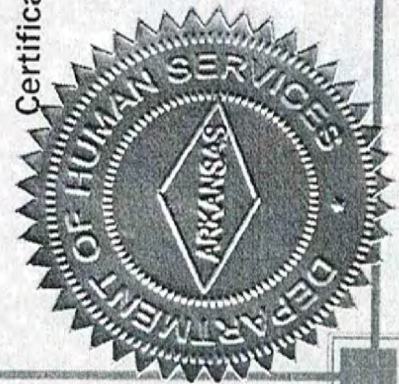
This Is to Certify That

Mid South Health Systems, Inc

3202 E. Moore Ave Searcy, AR 72143

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

Certificate effective from 07/23/2020 to 04/30/2021 (unless sooner revoked).





Certificate Number: 32815

This Is to Certify That

Mid South Health Systems, Inc

3204 E. Moore Ave Searcy, AR 72143

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

Certificate effective from 07/23/2020 to 04/30/2021 (unless sooner revoked).





**Division of Provider Services &
Quality Assurance**

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

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



05/12/2020

WILLIAM A ALTON CEO
UNITED METHODIST CHILDRENS HOME
1600 ALDERSGATE ROAD
LITTLE ROCK AR 72205

RE: Behavioral Health Agency (BHA) Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your previous license number is **070**. Your previous vendor number is **11069**.

Enclosed certification (s):

2002 S. Fillmore St.
Little Rock AR 72204

New Certification #32343

Certification Dates: 07/01/2019 – 12/30/2021

Your certification remains in effect contingent upon compliance with all program specific national accreditations (if applicable), state licensing certification requirements, and all state and federal Medicaid regulatory requirements.

Should you have any questions or concerns, contact the Licensing and Certification department at DPSQA.ProviderApplications@dhs.arkansas.gov or (501) 320-6287. You may also contact Dana Briscoe at Dana.Briscoe@dhs.arkansas.gov. Any questions related to Behavioral Health Medicaid Services, contact Sharon Donovan with DMS at Sharon.donovan@dhs.arkansas.gov or (501) 396-6003.

Sincerely,

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

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

C: Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann

Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/wh



Certificate Number: 32343

This Is to Certify That

United Methodist Children's Home / AR CARES

2002 S. Fillmore St. Little Rock AR 72204

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

Certificate effective from 07/01/2019 to 12/30/2021 (unless sooner revoked).





Division of Provider Services & Quality Assurance

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

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



06/08/2020

Andy Altom, CEO
United Methodist Children's Home
1600 Aldergate Road
Little Rock, AR 72205

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is **11069**. Your previous license number is **070**. Your previous vendor number is **33776**.

The following service location is associated with this provider:

2002 South Fillmore Street
Little Rock, AR 72204

New Certification #33776

Certification Dates: 07/01/2019 – 07/01/2022

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

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

Sincerely,

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

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

C: Licensure File

Daphne Burkins, DXC
Tamera Belin, OMIG
Tascha Petersen
Contessa Clark
Tanya Giles
Christina Westminster
Otis Hogan
Patricia Gann
Sharon Donovan
Vivian Jackson
Melissa Ward

JJ/wh



License Number: 33776

This Is to Certify That

United Methodist Children's Home / AR CARES

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

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

on the premises located at _____ 2002 South Fillmore Street _____,

Little Rock _____, County of _____ Pulaski _____, Arkansas.

License Effective: 07/01/2019 | License Expires: 07/01/2022





**Division of Provider Services &
Quality Assurance**

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

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



08/06/2020

Tony Thomas
Northeast AR Regional Recovery Center
6009 C W Post Road
Jonesboro, AR 72401

RE: Substance Abuse Treatment Recredential Certification

Dear Provider,

You have been assigned a new license number due to internal process changes. Your new certification number is 32549. Your previous license number is 295. Your previous vendor number is 25040.

The following service location is associated with this provider:

6009 C W Post Road
Jonesboro, AR 72401

New Certification #: 32549

Certification Dates: 03/28/2019 – 03/28/2022

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

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

Sincerely,

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

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

C: Licensure File
Daphne Burkins, DMC
Jamera Belin, OMI
Taseha Petersen
Cintessa Clark



License Number: 32549

This Is to Certify That

Northeast AR Regional Recovery Center

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

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

on the premises located at _____ 6009 C W Post Road _____

Jonesboro _____, County of _____ Craighead _____, Arkansas.

License Effective: 03/28/2019 | License Expires: 03/28/2022



Survey Accreditation Detail

As of 5/19/2020

Survey Number: 98412
Company Number: 20323
Accreditation Decision: Three-Year Accreditation
Accreditation Expiration Date: 10/31/2020
Company Submitting Application: Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc.
2707 Browns Lane
Jonesboro, AR 72401

Program Summary:

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)
Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Companies with Programs:

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20323)

2707 Browns Lane
Jonesboro, AR 72401

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307610)

1650 White Drive
Batesville, AR 72501

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/19/2020

Mid-South Health Systems (307611)

35 Choctaw Trace

Cherokee Village, AR 72529

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307614)

642 North Main Street

Salem, AR 72567

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307618)

589 East Main Street

Melbourne, AR 72556

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307619)

1507 North Pecan

Newport, AR 72112

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems (307877)

111 West Booth Road

Searcy, AR 72143

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/19/2020

Mid-South Health Systems (311460)

623 North Ninth Street, Suite 200

Augusta, AR 72006

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Mid-South Health Systems Acute Crisis Unit (320822)

837 Willett Road

Jonesboro, AR 72401

Outpatient Treatment: Integrated: AOD/MH (Adults)

MSHS Trumann Clinic (315221)

807 West Main Street

Trumann, AR 72472

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Helena Clinic (75625)

801 Newman Drive

Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - West Memphis (203514)

905 North Seventh Street

West Memphis, AR 72301

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/19/2020

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems - Wynne Clinic (32842)

661 Addison Drive

Wynne, AR 72396

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (203466)

602 David Street

Corning, AR 72422

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (205675)

1500 West Main

Corning, AR 72422

Crisis Intervention: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20607)

102 South Larkspur

Walnut Ridge, AR 72476

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Survey Accreditation Detail

As of 5/19/2020

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20609)

2560 Old County Road
Pocahontas, AR 72455

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (20610)

209 South Lockhard
Blytheville, AR 72315

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (224736)

28 Southpointe Drive
Paragould, AR 72450

Case Management/Services Coordination: Integrated: AOD/MH (Adults)
Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)
Crisis Intervention: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)
Outpatient Treatment: Integrated: AOD/MH (Adults)
Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc. (30673)

1011 Morgan Street
Paragould, AR 72450

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems, Inc./NorthWest (63423)

3700 Access Road
Jonesboro, AR 72401

Community Integration: Integrated: AOD/MH (Adults)
Crisis Intervention: Integrated: AOD/MH (Adults)
Residential Treatment: Integrated: AOD/MH (Adults)

Survey Accreditation Detail

As of 5/19/2020

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Brinkley Clinic (33421)

490 Broadmore

Brinkley, AR 72021

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Forrest City (203513)

4451 North Washington

Forrest City, AR 72335

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Residential Treatment: Integrated: AOD/MH (Adults)

Northeast Arkansas Community Mental Health Center, Inc. dba Mid-South Health Systems-Marianna Clinic (32848)

444 Atkins Boulevard

Marianna, AR 72360

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)

Northeast Arkansas Community Mental Health Center, Inc.-Delta Care II Community Based Rehabilitation (75624)

211 Missouri Street

Helena, AR 72342

Case Management/Services Coordination: Integrated: AOD/MH (Adults)

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Wilbur D. Mills Treatment Center Mid South Health Systems, Inc. (222707)

3202 East Moore

Searcy, AR 72143

Outpatient Treatment: Integrated: AOD/MH (Adults)

Survey Accreditation Detail

As of 5/19/2020

Wilbur D. Mills Treatment Center Mid South Health Systems, Inc. (22516)

3302 & 3308 East Moore Avenue

Searcy, AR 72143

Community Integration: Integrated: AOD/MH (Adults)

Crisis Intervention: Integrated: AOD/MH (Adults)

Outpatient Treatment: Integrated: AOD/MH (Adults)

Residential Treatment: Integrated: AOD/MH (Adults)

Wilbur D. Mills Treatment Center Mid South Health Systems, Inc. (22517)

3204 East Moore Avenue

Searcy, AR 72145

Residential Treatment: Alcohol and Other Drugs/Addictions (Adults)

Company Count: 28

**Contractor and
Subcontractors'
Staff
Licensure
and
Certification**

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



Joshua Hayden Morrison
3601 Savannah Circle
Jonesboro, AR 72404

Date 5/8/2020
For LPC
License # P1507082

*verified
logged
sent to C. Jones
5-8-2020
by
Credible*

Speciality:
Technology Assisted Counseling

5-11-20 JB



Arkansas State Board of Examiners in
Counseling

Licensee: Joshua Hayden Morrison
License: P1507082
LPC
Effective: 5/8/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Thomas C. Jones*

Payor Joshua Morrison

Date 5/8/2020

Receipt No. 2873

Item	Licensee	License No	Type	Amount
3056	Joshua Hayden Morrison	P1507082	LPC	\$300.00
Total				\$300.00

00100
Creditable 7-15-19



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

CIT-HS-00023

Dear JENNIFER
WASHINGTON

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/03/26 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Certificate of Recognition

Jennifer Washington

IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
UNDER PROFESSIONAL SUPERVISION.

THIS CERTIFICATION IS NON-TRANSFERABLE.

June 13, 2018

Date

Ruth Dover

Ruth Allison Dover, Executive Director



AS
Credible 7/10/19
to logged 7-10-19

Dear SARIAH VALLEY

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of 2019/07/08 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

Certificate of Recognition

Sariah Valley

IS CERTIFIED AS A QUALIFIED BEHAVIORAL HEALTH PROVIDER
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
UNDER PROFESSIONAL SUPERVISION.

THIS CERTIFICATION IS NON-TRANSFERABLE.

February 6, 2019

Date



Ruth Allison Doyer, Executive Director



March 19, 2018

Demertic Johnson
120 S. 8th St.
West Helena, AR. 72390

Dear Demertic,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 19th, 2018 your CIT registration is valid for 5 years.

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

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

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB

8-27-19
8/30/19 JS
Loggins
Credible

Certificate of Recognition

Demetric Johnson

IS CERTIFIED AS A MENTAL HEALTH PARAPROFESSIONAL
AND IS QUALIFIED TO WORK AT
NORTHEAST ARKANSAS COMMUNITY MENTAL HEALTH CENTER, INC.
UNDER PROFESSIONAL SUPERVISION.

THIS CERTIFICATION IS NON-TRANSFERABLE.

March 21, 2018

Date

R. A. Dover

Ruth Allison Dover, Executive Director



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

March 13, 2020

Jimmy Dixon
3204 E. Moore
Searcy, AR. 72143

Dear Jimmy,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of March 11, 2020 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

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

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Awanna Leigh Smith
1314 W. Washington Ave.
Jonesboro, 72401

License # P2007041

*logged
7-29-20 to
-verified
sent to C. Jones
credible
Scanned to
D. Hays
7-30-20*



Arkansas State Board of Examiners in
Counseling

Licensee: Awanna Leigh Smith

License: P2007041

LPC

Effective: 7/28/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Theresa J. Smith*

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

Scanned to J. Hays
7-15-2020
ds
Credit 2/6/20



Christie Dawn Ring
P.O. Box 372
Ravenden, AR 72459

License # P1901013

Speciality:
Rehabilitation



Arkansas State Board of Examiners in
Counseling

Licensee: Christie Dawn Ring

License: P1901013

LPC

Effective: 3/25/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Christie Dawn Ring*

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Leighann Ratton Howard
101 Pickens Dr.
Newport, AR 72112

Date 7/9/2020
For LAC
License # A1810146



Arkansas State Board of Examiners in
Counseling

Licensee: Leighann Ratton Howard

License: A1810146

LAC

Effective: 7/9/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Theresa C. Lewis*

Payor Leighann Howard

Date 7/9/2020

Receipt No. 3727

Item	Licensee	License No	Type	Amount
3927	Leighann Ratton Howard	A1810146	LAC	\$250.00
Total				\$250.00


*Accepted
Credible 7-3-19
VS -
Verified 8-14-19*



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

Thomas Lee Norton
10518 County Road 9690
West Plains, MO 65775

Date 5/29/2019
For LPC
License # P1712388

 Arkansas State Board of Examiners in Counseling

Licensee: Thomas Lee Norton
License: P1712388
LPC
Effective: 5/29/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Thomas Lee Norton*

Payor Thomas Norton
Date 5/29/2019
Receipt No. 562

Item	Licensee	License No	Type	Amount
589	Thomas Lee Norton	P1712388	LPC	\$312.36
Total				\$312.36

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

6-10-19
6-10-19
Credentialed
logged
sent to V. Seay
LB



Ralph Irvin Wray
P.O. Box 476
Swifton, AR 72471

Date 5/20/2019
For LPC
License # P1704280



Arkansas State Board of Examiners in
Counseling

Licensee: Ralph Irvin Wray
License: P1704280
LPC

Effective: 5/20/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Payor Ralph Wray
Date 5/20/2019
Receipt No. 411

Item	Licensee	License No	Type	Amount
422	Ralph Irvin Wray	P1704280	LPC	\$312.36
Total				\$312.36

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



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

June 10, 2019

Leslie Ann Tullos, LMSW
2106 Executive Loop
Horseshoe Bend, AR 72064

Leslie Ann Tullos, LMSW;

*6-14-19 verified sent to Day
stopped Credible 6-14-19 BT*

This is to notify you that your licensure as a Social Worker has been approved for the period of **July 1, 2019** through **June 30, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**June 30, 2021**) you must obtain 48 hours of social work continuing education between the dates of **July 1, 2019** through **June 30, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas
Social Work License Card

License No. Expiration Date:
2604-M 6/30/2021
Leslie Ann Tullos, LMSW
2106 Executive Loop
Horseshoe Bend AR 72064

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

Asa Hutchinson

*verified
logged
sent to C. Jones
scanned to S. Hay
7-1-2020
ls*

License Search

Credits 7-1-20



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

Robbie Robinson

LICENSE #: P0503012 | TYPE: LPC | STATUS: ACTIVE

Jonesboro, 72404

ADDITIONAL INFO

Date of Issue: 3/2/2005

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: robblrobinson@hotmail.com

Logged
3-26-2020
by
Credible
4-6-20
js

Arkansas Substance Abuse Certification Board

I hereby Certifies

BARBARA OSBORN

Who has complied with the requirements established by the Board and has successfully obtained these Standards of Professional Performance, and in doing so, has earned recognition as a

Certified Alcohol and Drug Counselor

11/05/2019

Issue Date

1419

Certificate Number

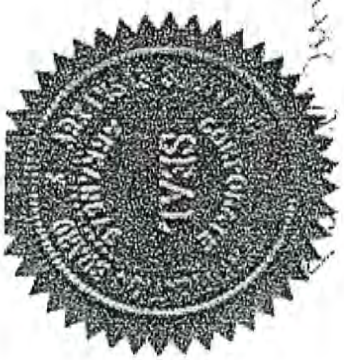
12/31/2021

Expiration Date

Debra B. Brown
President

John A. King
Vice-President

Marian Carter
Secretary



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



Charles Jerome Jackson
P.O. Box 201
Paragould, AR 72451

Date 5/12/2020
For LMFT LPC
License # M0806008 P0803027

*verified
logged
sent to C. Jones
5-19-2020
LB*

*Credible
5-19-2020
LB*



Arkansas State Board of Examiners in
Counseling

Licensee: Charles Jerome Jackson

License: M0806008 P0803027

LMFT LPC

Effective: 5/12/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Theresa Ellis*

Payor Charles Jackson

Date 5/12/2020

Receipt No 2917

Item	Licensee	License No	Type	Amount
3102	Charles Jerome Jackson	M0806008 P0	LMFT LPC	\$450.00
Total				\$450.00

no age.
verified 8-19-19
Creech
VS



Arkansas
Social Work License Card

License No.

1462-C

Expiration Date:

8/31/2021

Kelli Leann Statler, LCSW
3304 Windover Garden CR
Jonesboro AR 72401-5614


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

A handwritten signature in cursive script, likely belonging to the Chairman of the Arkansas Social Work Licensing Board.

Chairman

Arkansas Department of Health
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225

*verified
logged
sent to C. Jones
7-15-20
ls
Credible 7-16-20
ST*



July 13, 2020

Nathaniel Smith, MD, MPH.
Secretary of Health

Kellie Lynn Letbetter, LCSW
5117 S Caraway Rd
Jonesboro, AR 72404

Ruthie Bain
Director
Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

Kellie Lynn Letbetter, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **August 1, 2020** through **July 31, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**July 31, 2022**) you must obtain 30 hours of social work continuing education between the dates of **August 1, 2020** through **July 31, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas Department of Health
Social Work License Card

License No. Expiration Date:
4716-C 7/31/2022
Kellie Lynn Letbetter, LCSW
5117 S Caraway Rd
Jonesboro AR 72404

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

Dora Sage Hand, PhD, LCSW
Chair



June 24, 2016

Vicki Thomas
440 Lower Guntharp Rd.
Ravenden Springs, AR. 72460

Dear Vicki,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of June 24th, 2016 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum. It is your responsibility to notify us in the even your address or name changes.

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

Sincerely,

Jason C. Skinner

Jason C. Skinner,
Administrator ASACB



Arkansas
Social Work License Card

License No.

9742-C

Expiration Date:

8/31/2021

Lauren Ericka Pitman LCSW
9880 Pacific Heights Blvd.
San Diego CA 92121

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

Deirdre Hudson, LCSW

Chairman

*verified
logged
sent to K. Long
11-12-19
LS*

*Credible
11/22/19
LS*

Loggs
Verified
Credible } *answ*
VS



Arkansas
Social Work License Card

License No.

7843-M

Debra Denise Hayes, LMSW

PO Box 1924

Forrest City AR 72336

Expiration Date:

1/31/2021

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

Sign

Chairman

*verified
logged
sent to C. Jones
scanned to
D. Harp
7-1-2020
ds*

License Search

Credited 7/1/2020



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

Cynthia Hampton

LICENSE #: P1006045 | TYPE: LPC | STATUS: ACTIVE

Jonesboro, 72401

ADDITIONAL INFO

Date of Issue: 6/30/2010

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: hamptoncynthia@yahoo.com

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



Jeremy Leland Beasley
5289 Greene 628 Road
Paragould, AR 72450

Date 3/26/2019
For LPC
License # P1707328

*5-23-19
hw
5-verified
logged
into the system
5-23-19
hw
Credible*



Arkansas State Board of Examiners in
Counseling

Licensee: Jeremy Leland Beasley
License: P1707328
LPC

Effective: 3/26/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Robert Clark*

Payor Beasley, Jeremy

Date 3/26/2019

Receipt No. 28

Item	Licensee	License No	Type	Amount
32	Jeremy Leland Beasley	P1707328	LPC	\$300.00
Total				\$300.00

20992d
verified
Credit 7-11-19
VB



Arkansas
Social Work License Card

License No.

7976-C

Expiration Date:

7/31/2021

Tisha Randa Maxwell, LCSW
4700 McPhill Dr.
Paragould AR 72450

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

Debra Johnson, LCSW

Chairman



Rec'd 5-31-16 SA

May 25, 2016

Tisha Maxwell
4700 Mc Phil Dr.
Paragould, AR. 72450

Dear Tisha,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of May 25th, 2016 your CIT registration is valid for 5 years.

This letter is to give to your agency to start your practicum.

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

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



MS Wenoka Lynne Young

186 Verkler Lane

Searcy, AR 72143

License # P1907090



Arkansas State Board of Examiners in
Counseling

Licensee: MS Wenoka Lynne Young

License: P1907090

LPC

Effective: 7/29/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Wendy Clark*

*verified
logged
sent to W. Young
9-24-19
LW
Credible 10/8/19
WB*

Newport News
logged
12-25-19
Credite
12-30-19
AS



Arkansas Department of Health Social Work License Card

License No.

3085-C

Bobby Davies Armstrong, LCSW
136 Western Hills Drive

Searcy AR 72143

Expiration Date:

1/31/2022

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

Bobby Armstrong, LCSW

Chairman



ARKANSAS
SUBSTANCE ABUSE
CERTIFICATION
BOARD

April 20, 2017

Darrel Levy
608 Campbell Dr.
Marion, AR. 72364

Dear Darrel,

This letter is to let you know that you are a Registered Counselor in Training with the Arkansas Substance Abuse Certification Board. We have received all your paperwork toward your registration. As of April 20th, 2017 your CIT registration is valid for 5 years.

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

Beginning Jan 1st 2018 ONLY Clinical Supervisors may sign off on areas requiring a Clinical Supervisor signature.

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

Sincerely,

Jason C. Skinner

Jason Skinner,
Administrator ASACB

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Stephanie Ann Hawkins

1116 Union Ave East

Wynne, AR 72396

License # A1808115

*verified
logged
sent to C Jones
scanned to
J. Bickers
8-4-20
credible
8-5-20
ls*

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Stephanie Ann Hawkins

License: A1808115

LAC

Effective: 5/6/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Stephanie Ann Hawkins*

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



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

6-14-19 } verified
is sent to T. Leay
logged
Credited
6-14-19

June 10, 2019

Amanda Suzanne Myers, LMSW
5964 Pamela Ann Drive South
Bartlett, TN 38135

Amanda Suzanne Myers, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **July 1, 2019** through **June 30, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**June 30, 2021**) you must obtain 48 hours of social work continuing education between the dates of **July 1, 2019** through **June 30, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas
Social Work License Card

License No. 8483-M Expiration Date: 6/30/2021
Amanda Suzanne Myers, LMSW
5964 Pamela Ann Drive South
Bartlett TN 38135

Asa Hutchinson

Chairman

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

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



Eric Dane Busby
3719 Stadium Blvd Apt B20
Jonesboro, AR 72404

License # P1901007

*verified
logged
sent to C. Jones
5-26-2020
ls
Credible
5-27-2020
ds*

Speciality:
Tech Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Eric Dane Busby

License: P1901007

LPC

Effective: 5/11/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

A handwritten signature in cursive script, likely belonging to the Chair of the Board.

verified
logged
sent to C. Jones
2-18-2020
verified
3-10-2020
ds
Already in
Cred file
3/12/20 JB



Arkansas

Social Work License Card

License No.

9913-M

Expiration Date:

2/28/2022

Sarah Anna Kendall, LMSW

1903 Briarwood St

Pocahontas AR 72455

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

[Handwritten signature]

2/28/2022



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

*9-16-19 Credit
verified by 26-19
sent to heavy [unclear]
logged 9-16-19 [unclear]*

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

Issue Date: July 23, 2019

Chelsea E Thielemier, LMSW
500 Marion St
Paragould, AR 72450

Dear Chelsea;

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

Your license, No. 9534-M, is subject to renewal July 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (August 1, 2019 – July 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

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

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

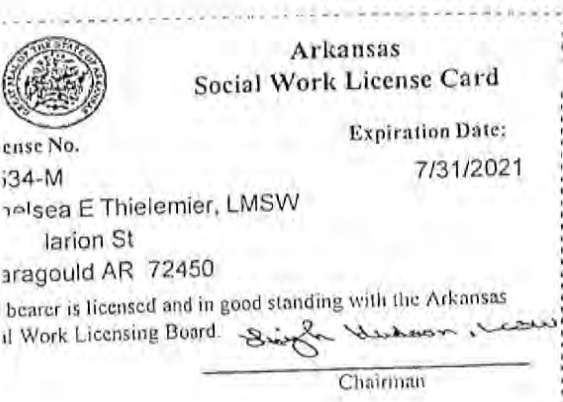
Sincerely,

Leigh Hudson, LCSW

Leigh Hudson, LCSW
Chairman of the Board

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

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



Arkansas
Social Work License Card

License No. 9534-M
Expiration Date: 7/31/2021

Chelsea E Thielemier, LMSW
500 Marion St
Paragould AR 72450

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

Leigh Hudson, LCSW
Chairman

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

License Search

*logged
sent to C. Jones
scanned to
S. Harp
7-1-2020*

*LA
Creditable 7/1/20*



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

Sarah Elkins

LICENSE #: P1403029 | TYPE: LPC | STATUS: ACTIVE

Searcy, 72143

ADDITIONAL INFO

Date of Issue: 3/13/2014

Date of Expiration: 6/30/2022

Standing: Good Standing

Email: sdavis1@harding.edu

Speciality:

Tech Assisted Counseling



Arkansas
Social Work License Card

License No.
8576-C
Debra Alberts, LCSW
307 Fairway Dr.
Horseshoe Bend AR 72512

Expiration Date:
8/31/2021

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

Debra Alberts

Chairman

200988
Verified
Credible 9-13-19
VB

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



CASANDRA QUINN PATTERSON
5400 DEERFIELD DR.
JONESBORO, AR 72404

Date 6/2/2019
For LPC
License # P9804008

Speciality:
Play Therapy



Arkansas State Board of Examiners in
Counseling

Licensee: CASANDRA QUINN PATTERSON

License: P9804008

LPC

Effective: 6/2/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Thomas Albino*

*6-5-19 [unclear] sent to W. Dean
6-6-19 Credible 6/19/19
logged*

Payor CASANDRA PATTERSON

Date 6/2/2019

Receipt No. 657

Item	Licensee	License No	Type	Amount
688	CASANDRA QUINN PATT	P9804008	LPC	\$312.36
Total				\$312.36

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



AMANDA N. POLSTON
308 RUSSELL DR. APT. 20
JONESBORO, AR 72401

Date 6/5/2019
For LPC
License # P1501001



Arkansas State Board of Examiners in
Counseling

Licensee: AMANDA N. POLSTON
License: P1501001
LPC

Effective: 6/5/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Theresa: Ellis*

*8-20-19
LH } verified to H. Seay
D. H. sent to H. Seay
already logged
DH*

Payor AMANDA POLSTON
Date 6/5/2019
Receipt No. 745

Item	Licensee	License No	Type	Amount
796	AMANDA N. POLSTON	P1501001	LPC	\$312.36
Total				\$312.36

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

*verified
logged
sent to C. Jones
5-5-2020
ds*



*Credible
5/8/2020
SB*

*Scanned to Dr. Hays
6-17-2020
ds*

Haley L. Thomas
2105 Spring Hollow Drive
Jonesboro, AR 72404

Date 5/1/2020
For LPC
License # P1201011



Arkansas State Board of Examiners in
Counseling

Licensee: Haley L. Thomas

License: P1201011

LPC

Effective: 5/1/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Payor Haley Thomas

Date 5/1/2020

Receipt No. 2778

Item	Licensee	License No	Type	Amount
2958	Haley L. Thomas	P1201011	LPC	\$300.00
Total				\$300.00

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



MICHAEL CRAIG PATTERSON
2504 ALEXANDER DR #214
JONESBORO, AR 72401

Date 6/2/2019
For LPC
License # P0009027

*8-15-19 } file
for } logged - already
sent to V. Seay
create 9-7-19*



Arkansas State Board of Examiners in
Counseling

Licensee: MICHAEL CRAIG PATTERSON
License: P0009027
LPC
Effective: 6/2/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *Michael Seay*

Payor MICHAEL PATTERSON
Date 6/2/2019
Receipt No. 646

Item	Licensee	License No	Type	Amount
677	MICHAEL CRAIG PATTERSON	P0009027	LPC	\$312.36
Total				\$312.36

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

verified
logged
sent to C. Jones
6-8-2020
do
Credible
6-8-2020
JA

Del R. Thomas
2707 Browns Lane
Jonesboro, AR 72401

STATE OF ARKANSAS



ARKANSAS PSYCHOLOGY BOARD

Attests that

Del R. Thomas

Is licensed as a

Psychologist - Active Status

6/20/1994

6/30/2021

94-18P

Date Issued

Expiration Date

License Number

ARKANSAS PSYCHOLOGY BOARD



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

THIS CERTIFIES THAT

IS DULY LICENSED IN THE STATE OF ARKANSAS AS A



License No. 94-18P

Issued 6/20/1994

Expires 6/30/2021

Signature _____



Arkansas
Social Work License Card

License No.

8576-C

Debra Alberts, LCSW

307 Fairway Dr.

Horseshoe Bend AR 72512

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

Expiration Date:

8/31/2021

Debra Alberts
Chairman

*new or
verified
Credible 9-13-19
VS*

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



Nathaniel Smith, MD, MPH
Secretary of Health
Ruthie Bain
Executive Director
Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

*Credible
1-9-20 JS
verified
logged
sent to C Jones
1-14-20 JS*

Issue Date: December 30, 2019

Priscilla Lee Alexander, LCSW
126 Harper Drive
Brookland, AR 72417

Dear Priscilla:

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

Your license, No. 8314-C, is subject to renewal December 31, 2021 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (January 1, 2020 – December 31, 2021). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

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

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

Leigh Hudson, LCSW

Leigh Hudson, LCSW
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal

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

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

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



Arkansas
Social Work License Card

License No. 8314-C
Expiration Date: 12/31/2021
Priscilla Lee Alexander, LCSW
126 Harper Drive
Brookland AR 72417

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

Leigh Hudson, LCSW
Chairman

ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Division of Aging, Adult, and Behavioral
Health Services

Mental Health Services
PO Box 1437, Slot W241 · Little Rock, AR 72203
Telephone · 501-686-9164



November 21, 2019

Pricilla Lee Alexander, LMSW
Mid South Health System
2707 Brown Lane
Jonesboro, AR 72401

RE: APPROVAL AS AN INFANT MENTAL HEALTH THERAPIST

Dear Ms. Alexander,

This correspondence confirms that Pricilla Lee Alexander, LMSW, has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective November 21, 2019, and will extend until November 20, 2021, as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

MidSouth Health System 2707 Brown Lane, Jonesboro AR MCD# 128707526

If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.

Please contact the DAABHS office at (501) 682-0235 or email at DHS.BehavioralHealth@dhs.arkansas.gov for any updates, questions or clarification.

Respectfully,

A handwritten signature in black ink that reads "Christina Westminster".

Christina Westminster
Program Coordinator
Division of Aging, Adult & Behavioral Health Services
Office: 501-682-0235
Christina.Westminster@dhs.arkansas.gov

Cc: EQ Health; CW

humanservices.arkansas.gov

Protecting the vulnerable, fostering independence and promoting better health

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

*new
logged
sent to C. Jones
3-19-2020
do
verified
4-14-20
lx*



Nathaniel Smith, MD, MPH
Secretary of Health

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

Issue Date: March 10, 2020

Michael Anthony Allensworth, LCSW
506 Fair Oaks Circle
Marion, AR 72364

Dear Michael,

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

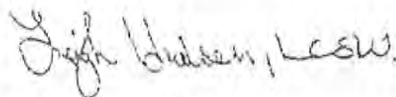
Your license, No. 7636-C, is subject to renewal March 31, 2022 and every two years thereafter. Your license may be renewed by submitting the renewal fee and verification that you completed 48 hours of social work continuing education during the two-year licensure period (April 1, 2020 – March 31, 2022). The specifics of the continuing education requirement can be found online at www.arkansas.gov/swlb. Please bookmark and review the website often for any updates or changes.

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

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

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

Sincerely,



Leigh Hudson, LCSW
Chairman of the Board

Your LMSW license is hereby retired and is not subject to renewal.

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

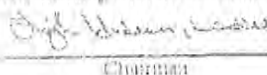
If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20). A request form is available on our website.



Arkansas
Social Work License Card

License No. 7636-C Expiration Date: 3/31/2022
Michael Anthony Allensworth, LCSW
506 Fair Oaks Circle
Marion AR 72364

This holder is licensed and in good standing with the Arkansas
Social Work Licensing Board


Chairman

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

*never
verified
credibility
VS* 6-219 002/002



Arkansas Social Work License Card

License No.

7292-C

Expiration Date:

5/31/2021

Brittany Rachelle Anders, LCSW
3010 Norman Rockwell St.
Paragould AR 72450

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

Sign [Signature]

Chairman

NPI# 1639104920

Arkansas Department of Health
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225

June 8, 2020

Heather Hunter Baker, LCSW
1209 Osage St.
Wynne, AR 72396

Heather Hunter Baker, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **July 1, 2020** through **June 30, 2022**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**June 30, 2022**) you must obtain 48 hours of social work continuing education between the dates of **July 1, 2020** through **June 30, 2022**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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



Arkansas Department of Health
Social Work License Card

License No.

6404-C

Heather Hunter Baker, LCSW

1209 Osage St.

Wynne AR 72396

Expiration Date:

6/30/2022

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

Chairman

verified &
logged
sent to C. Jones
6-12-2020
is
Credible
6-16-20
scanned
6-16-2020
is



Nathaniel Smith, MD, MPH
Secretary of Health

Ruthie Bain
Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

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

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

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

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

Verified
Credit 7/6/19
VS



PHILLIP G. BEASLEY
1905 CLOVERDALE
PARAGOULD, AR 72450

Date 4/8/2019
For LPC
License # P0512070



Arkansas State Board of Examiners In
Counseling

Licensee: PHILLIP G. BEASLEY
License: P0512070
LPC
Effective: 4/8/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Payor PHILLIP BEASLEY

Date 4/8/2019

Receipt No. 60

Item	Licensee	License No	Type	Amount
66	PHILLIP G. BEASLEY	P0512070	LPC	\$312.36
Total				\$312.36

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



MS. Carla Leann Blackburn

411 West Pyburn Street

Pocahontas, AR 72455

License # P1608117

8-6-19 } verified
already logged
by S. H. Sent to N. Seay
8-7-19 } already in Credit
by per S. H.

Specialty:
Technology-Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: MS. Carla Leann Blackburn

License: P1608117

LPC

Effective: 5/24/2019 Expires: 6/30/2021

CHAIR OF THE BOARD *[Signature]*

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201

*verified
I got
sent to C. Jones
5-5-2020
ls
Credible
5/8/2020
ls*



Taelor Fay Blankenship
2110 Munos Lane
Jonesboro, AR 72401

Date 2/19/2020
For LPC
License # P1906078

Speciality:
Technology Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: Taelor Fay Blankenship

License: P1906078

LPC

Effective: 2/19/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Russell Smith*

Payor Taelor Blankenship

Date 2/19/2020

Receipt No. 1875

Item	Licensee	License No	Type	Amount
2028	Taelor Fay Blankenship	P1906078	LPC	\$300.00
Total				\$300.00



Arkansas Department of Health Social Work License Card

License No.

2506-C

Janice Kathryn Bonner, LCSW

499 Sue Lane

Pocahontas AR 72455

Expiration Date:

8/31/2022

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

Debra Gage Hund PhD, LSW

Chair

*verified
logged
sent to C. Jones
credible
scanned to J. Harper
8-14-2020
js*

verified 5-12-20
logged
sent to C. Jones
5-8-2020
ls
Credited
5/12/2020
JB

ARKANSAS DEPARTMENT OF HEALTH
SOCIAL WORK LICENSING BOARD

Mailing Address:
PO Box 251965 Little Rock, AR 72225-1965

Physical Address:
2020 W. Third, Suite 518 Little Rock, AR 72205

Phone: 501-372-5071 www.arkansas.gov/swlb
Fax: 501-372-6301 Email: swlb@arkansas.gov



Arkansas
Social Work License Card

License No. 7266-C
Expiration Date: 5/31/2022
Cathy Ilene Boyd, LCSW
216 Hope St.
Coring AR 72422

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

Digit Wilson, LCSW
Chairman

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



MS Kimberley Beth Boyett
1902 Sandbrook
Jonesboro, AR 72404

License # P1206075

*verified
logged
sent to C. Jones
6-1-2020
ls*

*Already in the file
6-2-2020
13*

Speciality:
Tech Assisted Counseling



Arkansas State Board of Examiners in
Counseling

Licensee: MS Kimberley Beth Boyett

License: P1206075

LPC

Effective: 4/6/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *Kimberley Beth Boyett*

Original
Unjust
Credit
VS 9-19



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

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

August 12, 2019

Connie Lynn Bromley, LMSW
465 Crestmont Cir
Blytheville, AR 72315

Connie Lynn Bromley, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **August 1, 2019 through July 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**July 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **August 1, 2019 through July 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

The card to the left is your new social work license card, which reflects your new expiration date. This is the only card you will receive. Please punch it out carefully along the perforated line. If lost or stolen, an additional card may be requested by written request and a cashier's check or money order in the amount of twenty dollars (\$20).

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



Arkansas
Social Work License Card

Expiration Date:

7/31/2021

License No.

2613-M

Connie Lynn Bromley, LMSW
465 Crestmont Cir
Blytheville AR 72315

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

[Signature]

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202
Little Rock, AR 72201



Kristen Nicole Bruce
27 Ashcraft Court
Paragould, AR 72450

License # P2005014

*verified
logged
sent to C. Jones
5-28-2020
K
Credible
5-28-2020
SB*



Arkansas State Board of Examiners in
Counseling

Licensee: Kristen Nicole Bruce

License: P2005014

LPC

Effective: 5/22/2020 Expires: 6/30/2021

CHAIR OF THE BOARD

Credentialed 10/20/19



Division of Aging, Adult, and Behavioral Health Services



Mental Health Services
PO Box 1437, Slot W241 · Little Rock, AR 72203
Telephone · 501-686-9164

July 1, 2019

Kristen Bruce, LAC
27 Ashcraft Court
Paragould, AR 72450

RE: APPROVAL AS AN INFANT MENTAL HEALTH THERAPIST

Dear Ms. Bruce,

This correspondence confirms that Kristen Bruce, LAC, has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective July 1, 2019, and will extend until June 30, 2021, as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

Mid-South Health Systems 2707 Browns Lane, Jonesboro Medicaid # 172106526

If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.

Please contact the DAABHS office at (501) 686-9858 or email at Lindsay.Collins@dhs.arkansas.gov for any updates, questions or clarification.

Respectfully,

[Handwritten signature of Lindsay Collins]

Lindsay Collins, MPA
Program Coordinator
Division of Aging, Adult & Behavioral Health Services
Office: 501-686-9858
lindsay.collins@dhs.arkansas.gov

Cc: EQ Health; LC

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



Arkansas
Social Work License Card

License No. 6897-M
Amanda Jo Caldwell, LMSW
1770 Harmony Rd
Pocahontas AR 72455
Expiration Date: 7/31/2021

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

Sandra Johnson, DDS

Chairman

The card to the
reflects your ne
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If lost or stolen
request and a c
twenty dollars (c
Please keep this
copy before you

*8-20-19
Sandra Johnson, DDS
Chairman
Arkansas Social Work Licensing Board*

ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Division of Aging, Adult, and Behavioral
Health Services

Mental Health Services
PO Box 1437, Slot W241 · Little Rock, AR 72203
Telephone · 501-686-9164



March 9, 2020

Amanda Caldwell, LMSW
1770 Harmony Rd.
Pocahontas, AR 72455

*Credited 4-16-20
logged 4-17-20
JW*

RE: APPROVAL AS AN INFANT MENTAL HEALTH THERAPIST

Dear Ms. Caldwell,

This correspondence confirms that Amanda Caldwell, LMSW, has met the requirements of the Division of Aging, Adult, and Behavioral Health Services (DAABHS) as an Infant Mental Health (IMH) Therapist to provide outpatient behavioral health services for the Arkansas Medicaid population under the age of forty-seven (47) months. This approval will be effective March 9, 2020, and will extend until March 8, 2022, as long as there is no lapse in professional licensure or compliance with any Department of Human Services (DHS) requirements related to Behavioral Health Agency (BHA), Independently Licensed Practitioner (ILP) certification, or Infant Mental Health Therapist Standards, whichever is applicable. Additionally, compliance with all applicable sections of the Arkansas Medicaid Manual, including, but not limited to, the Outpatient Behavioral Health Services section, are mandatory. Furthermore, renewal applications are due with all required supporting documentation at least fifteen (15) business days prior to DHS Infant Mental Health Therapist status expiration date.

The sites at which DHS approves you to provide IMH Therapy services include the following:

Mid-South Health Systems, 2560 Old County Rd, Pocahontas, AR MCD# 17210526

If circumstances change regarding your BHA employer, ILP business, address(es), phone number or any other contact information, you will need to immediately notify DAABHS in writing of all changes. An updated approval letter will be sent to you reflecting all changes of which DAABHS was notified. You will also be responsible for notifying Medicaid/HP Provider Enrollment and DHS Division of Provider Services and Quality Assurance of any applicable changes.

Please contact the DAABHS office at (501) 682-0235 or email at DHS.BehavioralHealth@dhs.arkansas.gov for any updates, questions or clarification.

Respectfully,

A handwritten signature in black ink that reads "Christina Westminster".

Christina Westminster
Program Coordinator
Division of Aging, Adult & Behavioral Health Services
Office: 501-682-0235
Christina.Westminster@dhs.arkansas.gov

Cc: EQ Health; CW

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

*verified
original
sent to C. Jones
5-22-2020
ls*



Robbie Lee Cline
173 CR 369
Jonesboro, AR 72401

Date 2/19/2020
For LPC
License # P0910069

*Credible
5/22/20
js*

Speciality:
Tech Assisted Counseling
Drug & Alcohol
Pastoral Counseling

Supervision:
Supervision
Tech Assisted Supervision



Arkansas State Board of Examiners in
Counseling

Licensee: Robbie Lee Cline

License: P0910069

LPC

Effective: 2/19/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

Payor Robbie Cline

Date 2/19/2020

Receipt No. 1876

Item	Licensee	License No	Type	Amount
2029	Robbie Lee Cline	P0910069	LPC	\$300.00
Total				\$300.00



State of Arkansas
Board of Examiners of Alcoholism
and Drug Abuse Counselors
certifies that

Robbie Cline

Is currently licensed under the authority
of Act 443 of 2009 as a

LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR

Date of Issue	License No.	Expiration Date
09/09/2013	358L	12/31/21

Pam Fife
Board Administrator

*Transferred
Credits 11-8-20*

verified
logged
sent to C. Jones

6-1-2020

ls

Credible-

6-2-2020

js



Arkansas State Board of Examiners in
Counseling

Licensee: Ashley Morgan Counts

License: A1705214

LAC

Effective: 3/2/2020 Expires: 6/30/2022

CHAIR OF THE BOARD *[Signature]*

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



Asa Hutchinson
Governor

Ruthie Bain
Executive Director

Phone: 501-372-5071

Fax: 501-372-6301

Email: swlb@arkansas.gov

Website: arkansas.gov/swlb

January 14, 2019

Ken Jarvis Allen Cross, LMSW
5930 Rees Rd. #172
Jonesboro, AR 72401

Ken Jarvis Allen Cross, LMSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of **February 1, 2019** through **January 31, 2021**. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (**January 31, 2021**) you must obtain 48 hours of social work continuing education between the dates of **February 1, 2019** through **January 31, 2021**. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas
Social Work License Card

License No. 8109-M Expiration Date: 1/31/2021
Ken Jarvis Allen Cross, LMSW
5930 Rees Rd #172
Jonesboro AR 72401

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

Chairman

p.1 Notified
logged
sent to C. Yarn
scanned to
L. Becker
7-17-20
ls
Credible
7-20-20
AS



Arkansas Department of Health
SOCIAL WORK LICENSING BOARD
P. O. Box 251965
Little Rock, AR 72225

July 13, 2020

Nathaniel Smith, MD, MPH.
Secretary of Health

Walter A. Darnell, LCSW
930 College
Helena, AR 72342-2812

Ruthie Bain
Director
Phone: 501-372-5071
Fax: 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

Walter A. Darnell, LCSW;

This is to notify you that your licensure as a Social Worker has been approved for the period of August 1, 2020 through July 31, 2022. The attached wallet-size license card will serve as confirmation of license renewal.

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

In order to renew your license for your new expiration date, (July 31, 2022) you must obtain 30 hours of social work continuing education between the dates of August 1, 2020 through July 31, 2022. Only hours obtained between these dates will apply toward your next renewal period. Please see the Board's website for specific requirements for continuing education.

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

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

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

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

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

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

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



Arkansas Department of Health
Social Work License Card

License No. 062-C Expiration Date: 7/31/2022
Walter A. Darnell, LCSW
930 College
Helena AR 72342-2812

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

Debra Hope Hunt, PhD, LSW
Chair

Arkansas State Board of Examiners in Counseling

101 East Capitol Avenue, Ste 202

Little Rock, AR 72201



Ashlee Nichole Davis

1001 Goldsmith Rd.

Paragould, AR 72450

License # P1903029

*verified
logged
sent to C. Jones
6-11-2020
to
Credible
6-16-20
to
examined
6-16-2020
to*



Arkansas State Board of Examiners in
Counseling

Licensee: Ashlee Nichole Davis

License: P1903029

LPC

Effective: 5/5/2020 Expires: 6/30/2022

CHAIR OF THE BOARD

[Signature]



Arkansas Department of Health
Social Work License Card

License No.

3757-M

Expiration Date:

12/31/2021

Pamela Denice Diaz, LMSW

1600 Courtney Cove

Jonesboro AR 72401

Card bearer is licensed and in good standing with the Arkansas

Social Work Licensing Board

Shirley Johnson

Chairman

*verified
logical
sent to C. Jones
1-14-2020
ls*

Credited 1-21-20

verified
logged
sent to C Jones
Scanned to
T. Dickens
7-16-2020
is
Credit to 7-16-20



Arkansas Department of Health Social Work License Card

License No.

8870-M

Expiration Date:

7/31/2022

Anthony D Dickson, LMSW

3004 Canterbury Drive

Paragould AR 72450

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

Debra Hage Spindel PhD, LSW
Chair