



PINAL COUNTY
wide open opportunity

Offer and Acceptance

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

OFFER AND ACCEPTANCE FORM

TO PINAL COUNTY:

The undersigned hereby offers and agrees to furnish the material, service, or construction in compliance with all terms, conditions, specifications, and amendments in the Solicitation.

Norman E Mudd

Chief Executive Officer

Authorized Signature

Title

Norman E. Mudd

11/25/15

Printed Name

Date

Horizon Health and Wellness, Inc.

480-983-0065

Company Name

Telephone

625 N. Plaza Drive

Apache Junction, AZ 85120

Address

City, State, Zip

For clarification of this offer, contact:

Name: Barbara Roybal-Brown Phone: 480-474-5586 Fax: 480-671-4541

Email: BarbaraR@mhwaz.org

ACCEPTANCE OF OFFER (For Pinal County Use Only)

The offer is hereby accepted and the Responder is now bound to sell or provide the materials, services, or construction as indicated by the Purchase Order or Notice of Award and based upon the solicitation, including all terms, conditions, specifications, amendments, etc. and the Offer as accepted by Pinal County.

The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this 6th day of January 2016.

Todd House

Chairman

[Signature]

Name (Print)

Title

Signature

Approved as to form:

[Signature]
Pinal County Attorney's Office



P I N A L • C O U N T Y
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Florence, AZ 85132

OFFER AND ACCEPTANCE FORM – Page 2

By signing the previous page of the Offer and Acceptance Form, Responder certifies:

- A. The submission of the bid did not involve collusion or other anti-competitive practices.
- B. The Responder shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246.
- C. The Responder has not given, offered to give, nor intends to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the Submittal.
- D. The Responder certifies that it complies with Executive Order 12549 related to Federal Government Debarment and Suspension (see 4-7)
- E. The Responder certifies that the individual signing the bid is an authorized agent for the Responder and has the authority to bind them to the contract.

Horizon Health and Wellness, Inc.

Firm

Norman E Mudd

Authorized Signature



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TO PINAL COUNTY:

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Norman E Mudd

Chief Executive Officer

Authorized Signature

Title

Norman E. Mudd
Printed Name

11/25/15
Date

Horizon Health and Wellness, Inc.
Company Name

480-983-0065
Telephone

625 N. Plaza Drive
Address

Apache Junction, AZ 85120
City, State, Zip

For clarification of this offer, contact:

Name: Barbara Roybal-Brown Phone: 480-474-5586 Fax: 480-671-4541

Email: BarbaraR@mhwaz.org

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The contract is for: Behavioral Health Services

This contract shall henceforth be referenced to as Contract No. ROQ-150321. The Offeror is cautioned not to commence any billable work or to provide any material or service under this contract until Offeror receives an executed purchase order or notice to proceed.

Awarded this _____ day of _____ 2016.

Name (Print)

Title

Signature

Approved as to form:

Pinal County Attorney's Office



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OFFER AND ACCEPTANCE FORM – Page 2

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Horizon Health and Wellness, Inc.

Firm

Norman E. Mudd

Authorized Signature



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Addendum Acknowledgement Form

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Addendums are posted on the Pinal County website at the following address:
<http://pinalcountyaz.gov/Purchasing/Pages/CurrentSolicitations.aspx>. It is the responsibility of the Responder to periodically check this website for any Solicitation Addendum.

This page is used to acknowledge any and all addendums that might be issued. Any addendum issued within five days of the solicitation due date, will include a new due date to allow for addressing the addendum issues. Your signature indicates that you took the information provided in the addendums into consideration when providing your complete response.

Please sign and date:

ADDENDUM NO. 1 Acknowledgement Norman E Mudd
Signature Date

ADDENDUM NO. 2 Acknowledgement Norman E Mudd
Signature Date

ADDENDUM NO. 3 Acknowledgement _____
Signature Date

If no addendums were issued, indicate below, sign the form and return with your response.

Horizon Health and Wellness, Inc.

Firm

Norman E Mudd
Authorized Signature

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Horizon Health and Wellness, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____ <input checked="" type="checkbox"/> O Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 625 N. Plaza Drive	Requester's name and address (optional)
	6 City, state, and ZIP code Apache Junction, Arizona 85120	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
8	6		0	5	5	4	5	9	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <i>Charles Stachel</i> CFO	Date ▶ 9/1/2015
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/ir9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1088-E (student loan interest), 1088-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



PINAL • COUNTY
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ROQ-150321
Behavioral Health Services
Response Form 1

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Responder Name: Horizon Health and Wellness, Inc.

Responders shall complete the following Response Form, indicating their responses in the spaces provided. Additional pages may be added so long as they are clearly referenced in the spaces provided.

Acceptability of Responses

Offers that do not include this completed Response Form or that do include an incomplete Response Form or that include a completed Response Form with unacceptable responses may cause the entire offer to be deemed unacceptable and therefore non-responsive.

PROFESSIONAL LICENSES, CERTIFICATES AND INSURANCE

Each applicant must provide proof of current licensure and/or certification as well as Professional and General Liability insurance. Licensure/certifications vary for each discipline. Requirements for each discipline are outlined in the Statement of Work. Applicants are to provide proof of licensure and/or certification for the disciplines they would like to be considered for. This includes but is not limited to copies of the following items as applicable:

1. Copy of ADHS Behavioral Health License for each facility or location
2. Copy(s) of current valid professional licenses or certificates
3. Masters degree in education or a human services field
4. Degree in psychiatry or psychology
5. Malpractice insurance.
6. General liability insurance.
7. DEA number.
8. W-9 form listing the tax identification number of the applicant or business. Download W-9 Form from <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
9. Resume

BUSINESS / PROFESSIONAL QUESTIONNAIRE

A. Applicant's Legal Name: Horizon Health and Wellness, Inc.

B. Business Name: Horizon Health and Wellness, Inc.

C. Address: 625 N. Plaza Drive

City: Apache Junction State: AZ Zip: 85120

Phone: (480) 983-0065 Fax: (480) 983-0572

Email: barbarar@mhwaz.org



PINAL COUNTY
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ROQ-150321
Behavioral Health Services
Response Form 1

Pinal County
Finance Department
31 N. Pinal St.
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P.O. Box 1348
Florence, AZ 85132

D. Applicant is: (check one)

1. Sole Proprietor, attach a resume
2. Corporation or Limited Liability Company (LLC), attach a copy of the Certificate of Good Standing from the Arizona Corporation Commission or, if a foreign corporation, proof of registration with the Arizona Corporation Commission.
3. Other: _____ attach appropriate registration/certification

E. Number of years applicant has been providing this service: 20+ years

F. Please list other organizations and agencies that have contracted with the Proposer for professional services. Include name, contact person and telephone number.

Cenpatico Integrated Care, Teri Krantz, 866-495-6738

Mercy Maricopa Integrated Care, Eddy Broadway, 602-586-1841

FasPsych, Abraham Barton, 480-970-9097

Gila River Health Care, Rick Poulin, 800-259-3448

G. Civil Rights Compliance Data

Has any Federal or State agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to you? Yes No

If yes, please explain in writing:

H. Prior Convictions

Have you ever been convicted of a felony? Yes No

If yes, please explain in writing.

I. Submit a copy of your current professional license/certification.
Attached

3 **Cost**

Responder shall complete ROQ-150321 Response Form 2 Pricing Sheet. Any response that does not include this completed Pricing Sheet or includes an incomplete Pricing Sheet may cause the entire offer to be deemed unacceptable and therefore non-responsive.

Search Time:

11/23/2015 3:57:03 PM

File Number:

01870857

Corporation Name:

HORIZON HEALTH AND WELLNESS, INC.

Corporate Status Inquiry

This Corporation is in Good Standing

This information is provided as a courtesy and does not constitute legally binding information regarding the status of the entity listed above. To obtain an official Certificate indicating that the entity is in good standing click on Print Certificate and follow printing instructions. To re-print a previously generated Certificate of Good Standing click Reprint Certificate.

[Print Certificate \(/GoodStanding/PrintInstructions?corpId=%2001870857\)](/GoodStanding/PrintInstructions?corpId=%2001870857)

[Reprint Certificate \(/GoodStanding/Reprint?corpId=%2001870857\)](/GoodStanding/Reprint?corpId=%2001870857)

[Return to Corporate Details \(/Details/Corp?corpId=%2001870857\)](/Details/Corp?corpId=%2001870857)

Privacy Policy (<http://www.azcc.gov/Divisions/Administration/Privacy.asp>) | Contact Us
(<http://www.azcc.gov/divisions/corporations/contact-us.asp>)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/1/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Koty-Leavitt Insurance Agency, Inc. 6992 E. Broadway Blvd Tucson AZ 85710-2803		CONTACT NAME: *Michele Clough PHONE (A/C, No, Ext): (520) 571-1900 FAX (A/C, No): (520) 571-9667 E-MAIL ADDRESS: michele-clough@leavitt.com	
INSURED Horizon Health & Wellness, Inc. dba: Horizon Health & Wellness 210 W. Cottonwood Lane Casa Grande AZ 85122		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11150	

COVERAGES **CERTIFICATE NUMBER:** 2015-16 Merger **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NTPKG00120401	9/1/2015	1/4/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		NTAUT0048101	9/1/2015	1/4/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$		NTEXS0024701	9/1/2015	1/4/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$
A	Professional (Claims Made)		NTPKG00120401	9/1/2015	1/4/2016	1,000,000/3,000,000 Per Claim/Aggr
A	Abuse & Molestation (Occ)		Included			1,000,000/3,000,000 Occ/Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability is Claims Made Form; Abuse and Molestation are Occurrence Form

Behavioral/Integrated Health Services
Doctors: Dr. Ankur Bindal; Antonio Carr, MD; Amrita Dhanjal-Reddy, MD; Dr. John Lee; Diane Fletcher, MD
Nurse Practitioners: Mary Fisher-Pinson, NP; Debra Knop, NP; Kathy Casey, NP; Brenda Price, LISAC; Janet Patton Martinez, LISAC; Monique Mort, LPC; Robert Young, LCSW; Gustavo McGrew, LISAC; Michael Bonsaver,

CERTIFICATE HOLDER Horizon Health & Wellness, Inc. dba: Horizon Health & Wellness 625 N. Plaza Dr. Apache Junction, AZ 85120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE D Schneider (SG)/MICL <i>Daniel Schneider</i>
---	---

COMMENTS/REMARKS

NP; Emily Correa, PA; Caroline Olotu, NP; Mary Pinson, NP; Jennifer Peterson, PA; Mariza del Carman Marcili, NP; Troy Stephenson, PA; Steji Koshy, NP; Angela Webb, NP; Karen Lutostanki, NP; Debbie Allen, LISAC; Shauna Brown, LPC; Tim Haines, LPC; Billie Holliday, LISAC; Lisa Maher, LISAC; Leticia Marquez, LISAC; Linda Mitchell, NP; Sandra Murdock, LISAC; Lori Park, LCSW; Maria Sorensen, LPC; Pete Stanley, LISAC; Nanci Stone, LISAC; Michael Van Slyke, LISAC; Tyrae Word, LPC; Michael McMullen, NP; Scott Carroll, LPC; Karen Lombardi, LCSW

Ed: 09/29/15

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



HORIZON HEALTH AND WELLNESS, INC.
102 North Florence Street
Casa Grande, Arizona 85122

This facility is licensed to operate as a(n) OUTPATIENT TREATMENT CENTER

From: September 1, 2015

To: February 29, 2016

Issued: September 11, 2015


Recommended by: Connie Belden, RN
Bureau Chief

License: OTC5961 AMEND (Name Change)


Issued By: Colby Bower
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED.
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



HORIZON HEALTH AND WELLNESS, INC.
120 West Main Street
Casa Grande, Arizona 85122

This facility is licensed to operate as a(n) **OUTPATIENT TREATMENT CENTER**

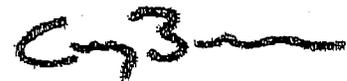
From: September 1, 2015

To: February 29, 2016

Issued: September 11, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: OTC5962 AMEND (Name Change)


Issued By: **Colby Bower**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
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PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



HORIZON HEALTH AND WELLNESS, INC.
447 East Broadway Road, Building B
Apache Junction, Arizona 85119

This facility is licensed to operate as a(n) **OUTPATIENT TREATMENT CENTER**

From: January 1, 2016

To: December 31, 2016

Issued: November 4, 2015

Connie Belden

Recommended by: Connie Belden, RN
Bureau Chief

License: OTC5937

Colby Bower

Issued By: Colby Bower
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

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PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



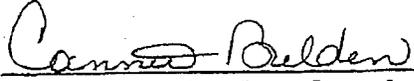
HORIZON HEALTH AND WELLNESS, INC.
222 East Cottonwood Lane
Casa Grande, Arizona 85122

This facility is licensed to operate as a(n) **OUTPATIENT TREATMENT CENTER**

From: September 1, 2015

To: February 29, 2016

Issued: September 11, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: OTC5960 AMEND (Name Change)


Issued By: **Colby Bower**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



HORIZON HEALTH AND WELLNESS, INC.
625 North Plaza Drive
Apache Junction, Arizona 85120

This facility is licensed to operate as a(n) **OUTPATIENT TREATMENT CENTER**

From: September 1, 2015

To: February 29, 2016

Issued: September 11, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: **OTC6220 AMEND (Name Change)**


Issued By: **Colby Bower**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

PROPERTY OF THE
ARIZONA DEPARTMENT OF HEALTH SERVICES



HORIZON HEALTH AND WELLNESS, INC.
150 North Ocotillo Drive, Building 1
Apache Junction, Arizona 85120

This facility is licensed to operate as a(n) **INPATIENT BEHAVIORAL HEALTH FACILITY**

Total Capacity: 14

From: September 1, 2015

To: February 29, 2016

Issued: September 11, 2015


Recommended by: **Connie Belden, RN**
Bureau Chief

License: IFBH6213 AMEND (Name Change)


Issued By: **Colby Bower**
Assistant Director

HEALTH AND WELLNESS FOR ALL ARIZONANS

PURSUANT TO A.R.S. §41-1092.11 (A), UPON SUBMITTAL OF A TIMELY AND SUFFICIENT APPLICATION
THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED
TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Brenda C. Price

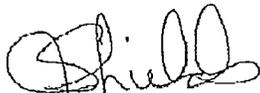
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-1383

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: September 30, 2017

Moreno Valley High School

Moreno Valley Unified School District
San Bernardino, California

State Certificate Grant

Brenda Carole Gullett

has completed Courses of Study in accordance with the requirements of the
State Board of Education and the Moreno Valley Unified School District
and is hereby awarded this

Diploma

Given at Sunnyvale, California, in the month of June, nineteen
hundred and eighty-three.



Val Leibel
President, Board of Regents

Raymond S. [Signature]

Mesa Community College

Alumni Association

Official Membership Card

Brenda Carole Price

Is a life member of the Association

Year May 12, 1983

State of Arizona Board of Behavioral Health Examiners

Information Current as of 7/9/2015.

Name: Brenda Price
 Mountain Health & Wellness
Address: 625 N Plaza Dr
 Apache Jct AZ 85120
Phone: (480) 474-5507

License (s):	License Type	License No	Status	Issued	Expires
	Certified Substance Abuse Counselor	SA-1383	Closed - Converted	10/1/1997	6/30/2004
	Licensed Independent Substance Abuse Counselor	LISAC-1383	ACTIVE	7/1/2004	9/30/2015

Pending Complaints: None

Discipline: There are no disciplinary actions

Dismissed complaints with a letter of concern and non-disciplinary actions do not appear on the Board's website. Information regarding licensees, including these types of actions, can be obtained by submitting a Public Records Request.

Written verifications are available by sending a request to the Board office include a \$20.00 fee for each verification. The verification includes a certified letter that indicates a person's licensure number, issuance date, expiration date, license status and past and pending complaint and discipline information.

Pending complaints represent unproven allegations. On investigation, many complaints are found to be without merit or not of sufficient seriousness to merit disciplinary action against the licensee and are dismissed.



7/12/2015

401 N. 96th Place
Mesa, Az. 85207
Phone 480-893-7534

Brenda Price

Education 1985-1988 Arizona State University

 1983 Mesa Community College
 Associates of Arts Degree

**Professional
experience** 1980 to 2004 PREHAB OF Arizona (A multifaceted behavioral health organization).
 Various Posillons

 2002-2004
 Substance Abuse Counselor for Adolescent Intensive Outpatient treatment Center
 providing Assessments, Individual, Group and Family counseling . Also facilitated an Anger
 Management group for teens and their parents.

 2000-2003
 Substance Abuse Counselor for Adults and some teens at our LaMesita Family Shelter . Provided
 Assessment, Individual, Group, and Family Counseling

 1983-1986 and 1988-2001
 Autumn House Domestic Violence Shelter .
 Crisis counselor, Substance abuse Counselor, Children's Counselor . Individual, group, family
 counseling.

 1988-1988
 Children's Shelters- Supervisor /Coordinator

 1980-1983
 Holaman House Residential treatment Center for Juvenile Boys.
 Special Education Classroom and Shift Director

 1984 MARC Center for Developmentally Disabled Adults—Group Home.

 1980-81 Arizona Crippled Children's Hospital , Child Development Center, Phx.
 Provided complete Care of Multiple Handicapped Individuals.

 1972-1979 Bedell School for Emotionally /Mentally Handicapped Children, A.J , Az.

Awards 1982—Achievement Award

 1985 Wilbert Grey Award for dedication above and beyond.

 Sept. 1997 - Employee of the Month Award

**Certifications
/Licenses** 1997 to 2004 Certified Substance Abuse Counselor. Arizona Board of Behavioral Health

 2004 to Current Licensed Independent Substance Abuse Counselor

MD PROFILE PAGE



Arizona Medical Board

azmd.gov

Printed on 08/27/15 @ 12:13

General Information

Frantz Muse MD	License Number: 32635
Valle Del Sol	License Status: Active
1209 S. 1st Ave.	Licensed Date: 03/24/2004
Phoenix AZ 85003	License Renewed: 06/16/2014
Phone: (602) 258-6797	Due to Renew By: 06/15/2016
	If not Renewed, License Expires: 10/15/2016

Education and Training

Medical School:	UNIV C.E.T.E.C., SCH OF MED Santo Domingo, Dominican Republic
Graduation Date:	12/18/1982
Residency:	07/01/1993 - 06/30/1997 (Psychiatry) HARLEM HOSPITAL CENTER NEW YORK, NY
Fellowship:	07/01/1997 - 06/30/1998 (Addiction Psychiatry) BRONX-LEBANAN HOSPITAL CENTER BRONX, NY
Fellowship:	07/01/1998 - 06/30/2000 (Child and Adolescent Psychiatry) NEW YORK MEDICAL COLLEGE - METROPOLITAN HOSPITAL NEW YORK, NY
Fellowship:	07/01/2000 - 06/30/2002 (Forensic Psychiatry) SUNY UPSTATE MEDICAL UNIVERSITY AT STRACUSE SYRACUSE, NY
Area of Interest	Forensic Psychiatry (Psychiatry & Neurology)
Area of Interest	Pediatrics/Psychiatry/Child and Adolescent Psychiatry

Board Actions

None

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org/> to determine if the physician has earned a specialty certification from this private agency.

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

Area of Interest

Pediatrics/Psychiatry/Child and Adolescent Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org/> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

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Board actions taken against physicians in the past 24 months are also available in a chronological list.

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM8757126 XM8757126	01-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER-DW/30	12-22-2012
MUSE, FRANTZ MD CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH 402 S 4TH AVE YAKIMA, WA 98902		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

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Form DEA-223 (05/04)

Primary Taxonomy			License Number
YES	2084F0202X - PSYCHIATRY & NEUROLOGY - FORENSIC PSYCHIATRY	AZ	32635
NO	2084P0802X - PSYCHIATRY & NEUROLOGY - ADDICTION PSYCHIATRY	AZ	32635
NO	2084P0804X - PSYCHIATRY & NEUROLOGY - CHILD & ADOLESCENT PSYCHIATRY	AZ	32635

Other Provider Identifier:

Issuer	Number	State	Issuer
MEDICARE UPIN	I19203	AZ	
MEDICARE PIN	Z125770	AZ	

[Back to Results](#)



[Home Help](#)

[Back to Results](#)

The information for the Provider you selected is displayed. The NPI Registry data was last updated on 08/02/2015.

NOTE: Some health care providers reported their SSNs or IRS ITINs in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example, a provider may have reported an SSN or an IRS ITIN as an "Other Provider Identification Number" or as a "License Number". To protect the privacy of these individuals, we have made every attempt to locate and remove those SSNs and IRS ITINs from being displayed in the information provided below.

Provider Information:

Name: FRANTZ MUSE M.D.
Gender: MALE
Sole Proprietor: NO

NPI Information:

NPI: 1558339168
Entity Type: 1-INDIVIDUAL
Enumeration Date: 03/09/2006
Last Update Date: 07/22/2011
Replacement NPI:
Deactivation Date:
Reactivation Date:

Provider Business Mailing Address:

Address: 3807 N 7TH ST
 PHOENIX, AZ 85014-5005
Phone Number: 6022586797
Fax Number: 6022581134

Provider Business Practice Location Address:

Address: 1209 S 1ST AVE
 PHOENIX, AZ 85003-2605
Phone Number: 6022586797
Fax Number: 6022547121

Provider Taxonomy:

Selected Taxonomy	State
-------------------	-------



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Alpharetta, GA 30022

www.jacksoncoker.com
phone 800.272.2707
fax 800.936.4562

Frantz Muse M.D
Psychiatry
Page 2

CERTIFICATION

American Board of Psychological Specialties
American Board of Forensic Examiners
American Board of Disability Analysis
American Board of Physician Specialties

LICENSURE

Active- Washington

WORK EXPERIENCE

Attending Psychiatric Valle del Sol Phoenix, Arizona	8/2008-Present
Medical Director Yetc Evaluation Treatment Center Phoenix, AZ	11/2013 – 12/2014
Attending Psychiatrist Value Options Mesa, Arizona	5/2004-2006
Private Practice	2005-2008
Attending Psychiatrist Banner Desert Hospital Mesa, Arizona	7/2005-7/2006
Psychiatrist Binghamton Psychiatric Center Binghamton, New York	7/2002-5/2004
Medical Analyst Health and Rehabilitative Services Miami, Florida	10/1992-6/1993
Assistant Director/Counselor Westside Youth Network Chicago, Illinois	9/1989-3/1991



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Frantz Muse M.D
Psychiatry
Page 3

9/1984-6/1986

Teacher
Westside School for Exceptional Children
Chicago Illinois

6/1984-6/1986

Counselor
Old Orchard Hospital
Skokie, Illinois



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www.jacksoncoker.com

phone 800.272.2707

fax 800.936.4562

Frantz Muse M.D. Psychiatry

EDUCATION

DePaul University
Chicago, Illinois
B.A. Physiology

6/1981

Universidad Del Noressa
Tampico, Mexico
Medical Program

8/1979-6/1981

CETEC School of Medicine
Santo Domingo, Dominican Republic
M.D.

2/1983

Professional Career Development Institute
Norcross, Georgia
Paralegal studies diploma

10/1997-10/1992

La Salle University
New Orleans, Louisiana
Master of Sciences in Public Administration

11/1999

Columbus University
New Orleans, Louisiana
Master of sciences in Public Health

10/2002

Harlem Hospital Center
New York, New York
Residency in General Psychiatry

7/1993-6/1997

Bronx- Lebanon Hospital
Bronx, New York
Fellowship in Addiction Psychiatry

7/1997-6/1988

Metropolitan Hospital
New York, New York
Fellowship and Residency Child and Adolescent Psychiatry

7/1998-6/2000

Upstate Medical University
Syracuse, New York
Fellowship in Forensic Psychiatry

6/2002

De Paul University

RECEIVED
MAR 19 2015
BY

To all to whom these presents may come, Greeting:

Be it Known that
the Board of Trustees on the nomination and approval of the Faculty do hereby confer upon

Frantz Muse

who has satisfactorily completed the required course of study appropriate for this distinction
the degree of

Bachelor of Arts

together with all the rights, privileges and honors which appertain thereto.

In Witness Whereof the President of the University and the Secretary of the Board of Trustees have

hereunto set their hands and affixed the seal of the University at Chicago, Illinois, June 11, 1978.

Cheryl Ann Bowman
" OFFICIAL SEAL "
CHERYL ANN BOWMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/13/93

This is a true copy of the original, with nothing added or amended.

January 31 1990

John R. Costigan, Ph.D.
President



J. Patrick Murphy, com.
Secretary

Patricia L. Lure, Ph.D.
Dean

RECEIVED
MAR 19 2005
DK

The Bronx-Lebanon Hospital Center



A Teaching Affiliate of the
Albert Einstein College of Medicine
of Yeshiva University

This is to certify that

Frantz Muse, M.D.

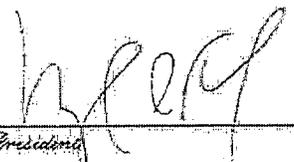
has served as

Fellow in Addiction Psychiatry

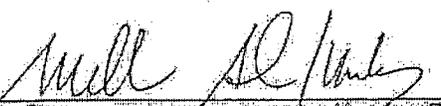
from July 1, 1997 to June 30, 1998

*and has discharged the duties of this position to the satisfaction of the
authorities of the Hospital Center.*

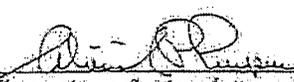
*In Witness Whereof, the undersigned have affixed their signatures and the
seal of the Hospital Center.*



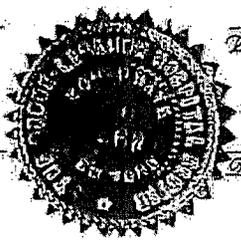
President



Vice President, Medical Affairs, Medical Director



Dean, Albert Einstein College of Medicine





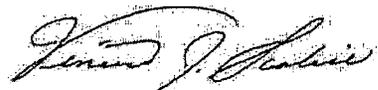
Director of Services

The American College of Forensic Examiners
hereby awards
Frantz Muse, M.D.
with the designation

RECEIVED
MAR 19 2015

Diplomate of the American Board of Forensic Examiners

with all the rights and privileges pertaining thereto, as long as annual membership requirements are met and The American Board of Forensic Examiners Principles of Professional Practice is upheld.



Vincent Scalice
Chairman of the Board of Scientific and Technical Advisors



Cheryl J. Campbell
Director of Diplomate Certification

9794
Board Certified Identification Number

January 1997



This certificate is the property of the American College of Forensic Examiners and in the event of its suspension, revocation or invalidation for any reason, it must on demand be returned to the American College of Forensic Examiners.

RECEIVED
MAR 19 2015
BY:

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

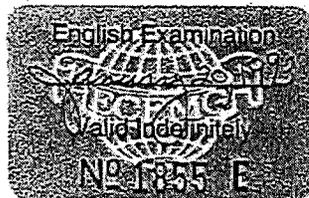
FRANTZ MUSE

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS

AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 355-981-2
MEDICAL EXAMINATION FEBRUARY 29, 1984
ENGLISH EXAMINATION FEBRUARY 29, 1984
VALID THROUGH



Madison B. Brown, M.D.
CHAIRMAN, BOARD OF TRUSTEES

Samuel P. Ager, M.D.
PRESIDENT, CHIEF EXECUTIVE OFFICER

Ray L. Coates, M.D.
VICE PRESIDENT, CHIEF OPERATING OFFICER

DATE ISSUED

SEP 29 1986

RECEIVED
MAR 19 2003
BY:

State University of New York
Upstate Medical University
Syracuse, New York

This is to certify that
Frantz Muse, MD

has served as

Fellow in Forensic Psychiatry

from July 1, 2000 to June 30, 2002



Joseph Centurino MD

President

Ronald Swanson

Chairman, Department of Psychiatry

RECEIVED
MAR 19 2013

The American College of Forensic Examiners
hereby awards
Frantz Muse, M.D.
with the designation

Diplomate of the American Board of Forensic Examiners

with all the rights and privileges pertaining thereto, as long as annual membership requirements are met and The American Board of Forensic Examiners Principles of Professional Practice is upheld.



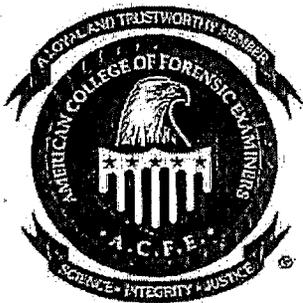
Vincent Scalice
Chairman of the Board of Scientific and Technical Advisors



Cheryl J. Campbell
Director of Diplomate Certification

9794
Board Certified Identification Number

January 1997



This certificate is the property of the American College of Forensic Examiners and in the event of its suspension, revocation or invalidation for any reason, it must on demand be returned to the American College of Forensic Examiners.

The American College of Forensic Examiners

hereby recognizes the high level of professional scientific involvement as well as the contribution to the field of forensic examination and bestows upon

Frantz Muse, M.D., B.A.

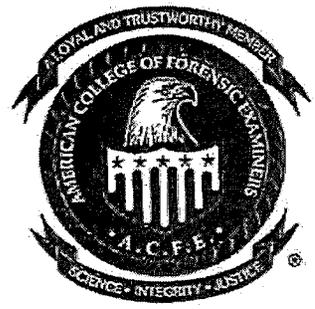
the title of Member of The American College of Forensic Examiners with all the rights and privileges thereto, as long as annual membership requirements are met and the principles of a professional practice are upheld.

David Ely Rosegard

David Rosegard, M.D., Ph.D.
Chairman, Executive Advisory Boards

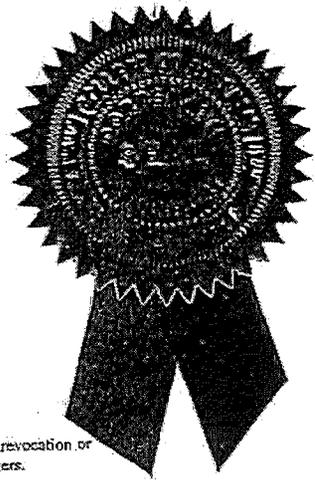
Robert L. O'Block

Robert L. O'Block, Ph.D.
Executive Director



9794
Identification Number

November 1996



RECEIVED
MAR 19 2000
BY

This certificate is the property of the American College of Forensic Examiners and in the event of its suspension, revocation or invalidation for any reason, it must on demand be returned to the American College of Forensic Examiners.

RECEIVED
MAR 19 2005
BY

De Paul University

To all to whom these presents may come, Greeting:

Be it Known that
the Board of Trustees on the nomination and approval of the Faculty do hereby confer upon

Frantz Muse

who has satisfactorily completed the required course of study appropriate for this distinction
the degree of

Bachelor of Arts

together with all the rights, privileges and honors which appertain thereto.

In Witness Whereof the President of the University and the Secretary of the Board of Trustees have

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Cheryl Ann Bowman
"OFFICIAL SEAL"
CHERYL ANN BOWMAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/13/93

This is a true copy of the original, with nothing added or amended.

January 31, 1990
John R. Covatzen, M.A.
President



J. Patrick Murphy, cm.
Secretary

Patricia L. Lurie, Ph.D.
Dean

REC'D
MAR 19 2015

AMERICAN BOARD OF DISABILITY ANALYSTS



Be it hereby established that

FRANTZ MUSE

has fully met all requirements of this duly constituted Board
of professionals dedicated to practicing the highest standards of achievement
in evaluation, treatment and rehabilitation services and is hereby certified forthwith as a

DISABILITY ANALYST AND FELLOW

having demonstrated exceptional professional qualifications,
training, and work experience in the multi-disciplinary consultative domain
of comprehensive disability analysis.

In witness whereof, the American Board of Disability Analysts
confers this certificate under its official Seal and Signature.

To remain valid annual requirements must be met.

Alex E. Harvey, M.D.
Executive Officer

Kenneth N. Archer, Ph.D.
Administrative Officer

Diploma Certificate Number and Year 6054-04

DEA REGISTRATION NUMBER FRENCHES	THIS REGISTRATION EXPIRES 01-31-2018	REC. NO. \$731
SCHEDULES 2, 3, 4, 5	SIGNERS ACTIVITY PRACTITIONER	ISSUE DATE 07-07-2015
MUSE PRINCE PAH WALLE DEL SOL 1908 S FIRST AVE PHOENIX, AZ 85033-0000		



**JACKSON
& COKER**

Jackson & Coker

3000 Old Alabama Road

Suite 119-608

Alpharetta, GA 30022

www.jacksoncoker.com

phone 800.272.2707

fax 800.936.4562

Frantz Muse M.D.
Psychiatry

EDUCATION

DePaul University Chicago, Illinois B.A. Physiology	6/1981
Universidad Del Noressa Tampico, Mexico Medical Program	8/1979-6/1981
CETEC School of Medicine Santo Domingo, Dominican Republic M.D.	2/1983
Professional Career Development Institute Norcross, Georgia Paralegal studies diploma	10/1997-10/1992
La Salle University New Orleans, Louisiana Master of Sciences in Public Administration	11/1999
Columbus University New Orleans, Louisiana Master of sciences in Public Health	10/2002
Harlem Hospital Center New York, New York Residency in General Psychiatry	7/1993-6/1997
Bronx- Lebanon Hospital Bronx, New York Fellowship in Addiction Psychiatry	7/1997-6/1988
Metropolitan Hospital New York, New York Fellowship and Residency Child and Adolescent Psychiatry	7/1998-6/2000
Upstate Medical University Syracuse, New York Fellowship in Forensic Psychiatry	6/2002



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Frantz Muse M.D
Psychiatry
Page 2

CERTIFICATION

American Board of Psychological Specialties
American Board of Forensic Examiners
American Board of Disability Analysis
American Board of Physician Specialties

LICENSURE

Active- Washington

WORK EXPERIENCE

Attending Psychiatric Valle del Sol Phoenix, Arizona	8/2008-Present
Medical Director Yetc Evaluation Treatment Center Phoenix, AZ	11/2013 – 12/2014
Attending Psychiatrist Value Options Mesa, Arizona	5/2004-2006
Private Practice	2005-2008
Attending Psychiatrist Banner Desert Hospital Mesa, Arizona	7/2005-7/2006
Psychiatrist Binghamton Psychiatric Center Binghamton, New York	7/2002-5/2004
Medical Analyst Health and Rehabilitative Services Miami, Florida	10/1992-6/1993
Assistant Director/Counselor Westside Youth Network Chicago, Illinois	9/1989-3/1991



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Frantz Muse M.D
Psychiatry
Page 3

Teacher
Westside School for Exceptional Children
Chicago Illinois

9/1984-6/1986

Counselor
Old Orchard Hospital
Skokie, Illinois

6/1984-6/1986

LICENSURE AND CERTIFICATION

Arizona State Medical License #4150

Unrestricted DEA License

Illinois Pharmacy License

Basic Life Support Certification

HONORS

Chief Resident, Banner Good Samaritan Hospital July 2006 – 2007.
Administrator and mentor for residents, interns and medical students. Coordinator for weekly grand rounds, monthly journal club, and monthly career options.

Vice President House Officer, Maricopa Medical Center July 2004 – June 2005.
Represented the department of psychiatry during monthly meetings with the director of medical education.

Department of Behavioral Medicine Award – Highest Distinction in Class of 2003.

National Health Service Corps Scholar

JOHN J. LEE, D.O.

Address

2040 S. Alma School Rd STE 1 BOX 210
Chandler, AZ 85286-0987
(480) 612-5981
joohanses@hotmail.com

SUMMARY

Detailed oriented, motivated and responsible psychiatrist with a solid foundation in various aspects of mental health. Demonstrated ability and proven track record of exceeding expectations in the areas of quality, production, and efficiency. Excellent communication and problem solving skills with a commitment to improving patient care and company performance.

PROFESSIONAL EXPERIENCE

2013 – Present ConnectionsAZ, Inc., Phoenix, Arizona
Psychiatrist

Responsibilities: Specialize in the diagnosis, treatment, and prevention of mental health and emotional problems. Review petition forms, medical records and other relevant data to determine the level of care that is needed. Assist mid-level providers, nurses and other team members to provide the best care possible for patients.

- Excellent annual review
- Assisted Medical Director with high risk patients
- Review and sign off pertinent documents for mid-level providers
- High efficiency and dependability

2009 – Present Hu Hu Kam Memorial Hospital, Sacaton, Arizona
Psychiatrist

Responsibilities: Evaluate and treat patients with mental illness in various settings-treatment center, jail, and outpatient clinic. Provide consultation service to the main hospital. Determine SMI eligibility for the community.

- Superior annual reviews every year
- Assist Medical Director with coverage and PA supervision when not available
- Highest volume of patients seen at clinic
- Assist jail and treatment center with procedures and guidelines

2008 – 2013 Eloy Detention Center, Eloy, Arizona
Psychiatrist

Responsibilities: Led the mental health team at one of the largest detention centers in the United States. Trained psychologists, social workers, nurses and correctional officers in assessing risk. Assisted Clinical Director with achieving ACA accreditation.

- Managed the mental health department
- Developed guidelines for inpatient care that was utilized by other detention centers
- Trained medical staff and ICE officers
- Provided 24/7 emergency coverage

2005 – 2009 UPC (Magellan and Value Options), Phoenix, Arizona
Psychiatrist

Responsibilities: Provided emergent psychiatric services for voluntary and involuntary patients including psychiatric evaluation/diagnosis, risk assessment and coordination of care.

- Provided weekend coverage at CRU
- On call for inpatient service
- Coordinated overnight transfers to inpatient unit
- Assisted mid-level providers with difficult cases

2005 – 2006 The Meadows, Wickenburg, Arizona
Psychiatrist

Responsibilities: Provided psychiatric services to a dual diagnosis population.

- Admitted patients
- Coordinated treatment with multidisciplinary team
- Led team meetings
- Assisted with step down

PRESENTATIONS

April 2007 “Involuntary Process” Grand Rounds Presentation
July 2006 Personality Disorders, Medical Conditions Presenting as Psychiatric
Disorders-Medical Student Lectures
April 2005 “ECT Reporting in Arizona” Faculty Lecture
November 2004 “Violence Risk Assessment” Grand Rounds Presentation
October 2004 “Suicide Risk Assessment” Grand Rounds Presentation

EDUCATION

2005 – 2007 **Psychiatry Residency**
Banner Good Samaritan Medical Center, Phoenix, AZ

2003 – 2005 **Psychiatry Residency**
Maricopa Medical Center (Desert Vista Behavioral Health), Mesa, AZ

1999 – 2003 **Doctor of Osteopathic Medicine**
Midwestern University at Chicago College of Osteopathic Medicine

1995 – 1999 **Doctor of Pharmacy – Highest Honors**
University of Illinois at Chicago College of Pharmacy

1989 – 1993 **Bachelor of Science in Biology**
University of Illinois at Urbana-Champaign



Arizona Board of Osteopathic Examiners in Medicine and Surgery
2935 E. Doubletree Ranch Road, Scottsdale, Arizona 85258
Ph: 480-857-7703 | Fx: 480-857-7715 | www.azdo.gov | questions@azdo.gov

OFFICIAL LICENSE VERIFICATION

This is to certify that the below named individual was issued a license to practice medicine in the state of Arizona by the Arizona Board of Osteopathic Examiners in Medicine and Surgery.

Date: June 02, 2015

Licensee Name: John Joolian Lee

License Type: DO License

License Number: 4150

Initial Issue Date: 10/04/2004

Expiration Date: 05/01/2017

Current Status: Active

Board Actions: None

The public reporting of any action listed above is governed by A.R.S. §32-2209 and §32-1403 et al. If an action is reported, one documentation attached to this file and current state of the document on file at the Arizona Board of Osteopathic Examiners in Medicine & Surgery. Additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders if these exist, may be obtained with written request to www.azdo.gov. This form is in compliance with Arizona statutes regarding verification of licenses and contains public information.



Signature



Title

Midwestern University



Chicago College of Osteopathic Medicine

*On the recommendation of the Faculty, the Board of Trustees of
Midwestern University has conferred upon*

John Lee

the Degree of

Doctor of Osteopathic Medicine

*and has granted this Diploma as evidence that the requirements
prescribed by the College have been fulfilled for this Degree.*

*Awarded in the Village of Downers Grove in the State of Illinois on the
6th day of June, 2003.*

William A. Andrews
Chairman of the Board of Trustees

[Signature]
Secretary/Treasurer of the Board of Trustees



Karlson H. Goepferge, Ph.D.
President and Chief Executive Officer

Caren J. Gichow, D.O.
Dean

DEA REGISTRATION NUMBER	TWYS REGISTRATION TYPE	REG EXPIRES	FEE
BL8997186	03-31-2016		\$731
SCHEDULE	BUSINESS ACTIVITY	DATE ISSUED	
2,2M,3 3N,4S	PRACTITIONER	02-12-2013	
LEE, JOHN J 2040 S. ALMA SCHOOL RD SUITE 1 BOX 210 CHANDLER, AZ 85286 0987			

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 804 and 1008 (21 U.S.C. 804 and 1008) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may require or suspend a registration to manufacture, distribute, dispense, import or export controlled substances.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	TWYS REGISTRATION TYPE	REG EXPIRES	FEE
BL8997186	03-31-2016		\$731
SCHEDULE	BUSINESS ACTIVITY	DATE ISSUED	
2,2M,3 3N,4S	PRACTITIONER	02-12-2013	
LEE, JOHN J 2040 S. ALMA SCHOOL RD SUITE 1 BOX 210 CHANDLER, AZ 85286 0987			

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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Form DEA-200 (05/08)

MD PROFILE PAGE



Arizona Medical Board

azmd.gov
Printed on 02/20/15 @ 03:45

General Information

Antonio L. Carr MD
Connections Arizona
903 N 2nd St
Phoenix AZ 85004-1906
Phone: (602) 416-7600

License Number: 33489
License Status: Active
Licensed Date: 11/15/2004
License Renewed: 08/21/2014
Due to Renew By: 09/06/2016
If not Renewed, License Expires: 01/06/2017

Education and Training

Medical School: UNIV OF AZ COLL OF MED
Tucson, Arizona

Graduation Date: 05/11/2002

Residency: 06/23/2002 - 10/31/2004 (Psychiatry)
BANNER GOOD SAMARITAN MEDICAL CENTER
PHOENIX , AZ

Area of Interest Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click [here](#) for information on use of this website.

State Of Arizona



*The Arizona State Board Of Nursing, by virtue of
the authority vested in it by law, does hereby grant*

DANIEL PHILIP CHAFETZ

this
certificate
in

Advanced Nurse Practice

FAMILY NURSE PRACTITIONER

WITH PRESCRIBING AND DISPENSING AUTHORITY

*In witness whereof, the Seal of the Arizona Board of Nursing is hereto affixed
this 23rd day of June 2003 at Phoenix, Arizona.*

CERTIFICATE NO: AP1779

EXECUTIVE DIRECTOR

THE UNIVERSITY OF ARIZONA

*The Arizona Board of Regents
by virtue of the authority vested in it by law and
on recommendation of the University Faculty does hereby confer on*

ANTONIO LEE CARR

who has satisfactorily completed the Studies prescribed therefor the degree of

DOCTOR OF MEDICINE

*with all the Rights, Privileges, and Honors thereunto appertaining.
Awarded at Tucson, this eleventh day of May 2002.*

Gene Sperill
Governor of Arizona

Lay J. Maffey
President of the Board



Peter Hillino
President of the University

W S Dalton
Dean, College of Medicine

8/78/3

T-228 P0009/0010 F-839

6024167700

11-18-'10 07:02 FROM-UPC

NETWORK OPERATIONS

JUL 10 06 AM 8:19:16

RCVD

Banner Good Samaritan Medical Center

Be it known to all that

Antonio Lee Carr, M.D.

Has Satisfactorily Completed the Requirements of the
Residency Training Program in

Psychiatry

June 23, 2002 - June 30, 2006

Chief Resident - July 1, 2005 - June 30, 2006

In witness whereof the Corporate Seal of the Medical Center
and the signatures of its officers are affixed.

Given in Phoenix, Arizona this thirtieth day of June, 2006



Paul Kelly
Chief Executive Officer

Henry Smith
Chief of Staff

James P. McLoone, M.D.
Attending Psychiatrist, Banner Good Samaritan Medical Center

James P. McLoone, M.D.
Assistant Department of Psychiatry
and Director of the Residency Program

ANTONIO L. CARR, M.D.

18516 W. Denton Ave
Litchfield Park, AZ 85340

Phone: 602-448-6627

Email: acecarr331@gmail.com;
Antonio.carr@connectionsarizona.com

EDUCATION

- 06/2002 – 06/2006 Psychiatry Internship & Residency Program
Banner Good Samaritan Medical Center – Phoenix, AZ
Rotations at Carl T. Hayden Veterans Affairs Medical Center,
Phoenix Children's Hospital, Value Options, Arizona State Hospital,
Hospice of the Valley and Scottsdale Behavior Health Center
- 07/1998 – 05/2002 Doctor of Medicine
University of Arizona College of Medicine – Tucson, AZ
- 09/1993 – 12/1997 Bachelor of Arts, Biochemistry
University of Arizona – Tucson, AZ

PROFESSIONAL EXPERIENCE

- 8/2013 – Present Medical Director
Connections Arizona
- 8/2010 – Present Psychiatric Consultation Services LLC
- 6/2012 – 8/2013 Assistant Medical Director
Connections Arizona
- 09/2009 – 6/2012 Psychiatrist
Connections Arizona
- 08/2010 – 2/2011 Psychiatrist, Director of Forensic Unit
Aurora Behavioral Health Hospital
- 01/2005 – 08/2010 Psychiatrist
Correctional Health Services – Phoenix, AZ
- 09/2007 – 9/2009 Psychiatrist
Magellan Mental Health
- 08/2005 – 9/2007 Psychiatrist
Value Options, Psychiatric Urgent Care – Phoenix, AZ
- 06/1998 – 07/1998 Med-Start Coordinator
University of Arizona College of Medicine – Tucson, AZ
- 01/1998 – 05/1998 Youth Supervisor and Counselor

Maricopa County Juvenile Detention Center – Phoenix, AZ

1997 – 1998 Teaching Assistant, Biochemistry
University of Arizona – Tucson, AZ

1995 – 1997 Resident Assistant
University of Arizona – Tucson, AZ

1995 – 1996 Anesthesia Lab Assistant
Dr. Gandolfi at the University of Arizona – Tucson, AZ

06/1995 – 08/1995 Research Assistant, Pharmacology/Toxicology
University of Arizona – Tucson, AZ

LECTURES/ PRESENTATIONS

04/2005 Grand Rounds Presentation
"What to do now? Triage in Community Psychiatry"
Banner Good Samaritan Medical Center – Phoenix, AZ

04/2003 Grand Rounds Presentation
"Traumatic Brain Injury & Depression"
Banner Good Samaritan Medical Center – Phoenix, AZ

11/2005 Grand Rounds Presentation
"Managing Discontinuation Syndrome"
Banner Good Samaritan Medical Center – Phoenix, AZ

RESIDENCY ACTIVITIES

2005 – 2006 Chief Resident, Psychiatry
Banner Good Samaritan Medical Center

2005 – 2006 Medical Education Committee
Banner Good Samaritan Medical Center

2005 – 2006 Psychiatry Department Representative
Residency Advisory Committee, Banner Good Samaritan Medical Center

2003 - 2004 Psychiatry Department Representative
Residency Advisory Committee, Banner Good Samaritan Medical Center

2004 – 2006 Psychiatry Department Representative
Residency Advisory Committee, Banner Good Samaritan Medical Center

VOLUNTEER ACTIVITIES

2000 Volunteer, Mini-Medical School Heart Dissection
University of Arizona College of Medicine – Tucson, AZ

LICENSURE/CERTIFICATIONS

American Board of Psychiatry and Neurology – Board Eligible 07/2006

Arizona Medical License #33489 Expires 09/06/2015

DEA Controlled Substance License Expires 08/31/2016

Basic Cardiac Life Support (BCLS)
(for healthcare providers) Expires 07/2015

Seclusion/Restraint training Expires 11/2015

Nonviolent Crisis Intervention (CPI) Expires 7/2014

HONORS/AWARDS

2000 C.U.P. (Commitment to Underserved People) Leadership Award

2000 – 2002 Dougherty Foundation Scholarship

2000 Eddie and M. Earl Scholarship

2000 Elizabeth Leigh Morton Scholarship

2000 Arthur Present Scholarship

1999 Schuele Scholarship

1999 Dr. Delbert Secrist Scholarship

PROFESSIONAL ORGANIZATIONS

2001 – Present American Psychiatric Association

CITIZENSHIP

U.S. Citizen

REFERENCES

Available Upon Request

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
8C9030292	08-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	07-19-2013
CARR, ANTONIO L, MD URGENT PSYCHIATRIC CARE CENTER 903 N 2ND ST PHOENIX, AZ 85004		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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WASHINGTON, D.C. 20537

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8C9030292	08-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	07-19-2013
CARR, ANTONIO L, MD URGENT PSYCHIATRIC CARE CENTER 903 N 2ND ST PHOENIX, AZ 85004		

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Form DEA-223 (05/04)

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Gustavo E. McGrew

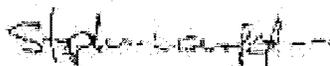
Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-0153

Under its seal and signatures,



Board Chair

Issue Date: July 1, 2004

Expiration Date: January 31, 2016

youth service workers and other HIV/AIDS trainers throughout the United States.

PUBLICATIONS & PRESENTATIONS:

Cited in "Promising Strategies for Peer Group-Based Risk Factors," Signs of Effectiveness in Preventing Alcohol and Other Drug Problems. DHHS Publication No. (SAM) 93-2001, 1993.

Glider, P., Kressler, H. and McGrew, G. Prevention and Intervention through Peer Support Retreats. OSAP Monograph – 12 DHHS Publication No. (ADM) 92-1815, 1992.

McGrew, G. (April 1990). Prevention Strategies for Primary and Secondary Schools. Teleconference with National University in Lima, Peru. (Video) Sponsored by U.S.I.A.

Glider, P., Kressler, H. and McGrew, G. (August 1989). Peer Support Retreats: Prevention and Early Intervention for Substance Abuse. Paper presented as part of a symposium entitled "Prevention of Adolescent Substance Abuse: Effective Programs and Evaluation Strategies" at the Annual Meeting of the American Psychological Association, New Orleans.

Glider, P., Kressler, H. and McGrew, G. (April 1988). Early Intervention Through Peer Support Retreats. Paper presented as part of an invited symposium at the Annual Meeting of the American Educational Research Association, New Orleans.

INTERNATIONAL EXPERIENCE:

Trainer for Nova Research Company. In-depth AIDS training to AIDS awareness/Prevention staff in La Paz, Bolivia, November 1995.

Presenter at Teleconference with the National University in Lima, Peru. "Prevention Strategies for Primary and Secondary Schools." Sponsored by U.S.I.A., April 1990.

Presenter at the University of Santo Tomas, Bogotá, Columbia, March 1989. Teleconference sponsored by U.S.I.A.

Trainer for Nova Research Company, AIDS Initial Assessment Survey in San Juan, Puerto Rico. February 1989.

Presenter at the First National Substance Abuse Prevention Conference in Guatemala City, Guatemala. October 1988. Coordinated through U.S. Information Agency.

BOARDS and COMMISSIONS:

Past Board Member, Arizona Department of Juvenile Corrections Advisory Board, 2008 - 2010

Past Commissioner and Chair, Arizona Parents Commission on Drug Education and Prevention, 2005 - 2009

Past Board Member, Arizona Council of Human Service Providers, 2005 - 2008

2905 W. Canyon Street
Apache Junction, AZ 85120
480.388.0420

Gustavo Eduardo McGrew

EDUCATION: **Bachelor of Arts in Political Science**
University of Arizona, 1977

Licensure: **Arizona State Licensed Independent Substance Abuse Counselor, 1992**
Certificate Number LISAC-0153

EMPLOYMENT:

- 12/09 – Present **Mountain Health & Wellness, Apache Junction, Arizona**
Sr. Director of Wellness Services
Directs development and implementation of wellness services for all MHW locations. Responsible for creating internal and external culture of wellness through asset based community development, fundraising and communications.
- 6/06 - 12/09 **PSA Behavioral Health Agency, Phoenix, Arizona**
President PSA Art Awakenings
Directed administrative responsibilities for 9 outpatient clinics oriented as art studios serving adult and youth clients in Maricopa, Pinal and Pima Counties. Additionally responsible for developing juvenile justice programming serving adolescent males 14-17 on probation in Maricopa County as an alternative to detention.
- 12/05 – 6/06 **ValueOptions Arizona, Phoenix, Arizona**
Vice President Community Relations
Directed administrative and supervisory responsibilities for both Diversity Initiatives and Communications Departments for the Regional Behavioral Health Authority in Maricopa County.
- 12/03-12/05 **Terros, Inc., Phoenix, Arizona**
Vice President of Diversity
Directed development and implementation of culturally and linguistically appropriate service standards throughout behavioral health organization.
- 12/00-12/03 **Chicanos Por La Causa, Inc., Phoenix, Arizona:**
Director of Behavioral Health Services
Directed administrative and supervisory responsibilities for all Behavioral Health Services including fiscal, programmatic and partnership development.
 - Centro de La Familia Outpatient Clinic
 - Corazon Men's Residential and Transitional Housing Facility
 - Via de Amistad Outpatient Clinic
 - Youth Intervention Services
 - LUCES HIV Outreach / Counseling Program
- 3/98–12/00
2/96–3/97 **Southeastern Arizona Behavioral Health Services, Douglas, Arizona:**
Clinic Site Coordinator & Substance Abuse Counselor II.
- 3/97–3/98 **Cochise Private Industry Council, Douglas / Sierra Vista, Arizona**
Center for Academic Success:
Charter School Director.

- 7/95-2/96 **Reflection Family Services, Inc, Tucson, Arizona:**
Substance Abuse Counselor.
- 12/92-6/95 **Nosotros, Inc., Tucson, Arizona:**
Program Director, Youth + Plus, funded by the Center for Substance Abuse Prevention (CSAP) / SAMHSA.
- 8/84-10/92: **Amity, Inc, Tucson and Phoenix, Arizona:**
- 1) **Manager, Phoenix Community Juvenile Treatment Services. Adobe Mountain / DYTR (ADJC), Phoenix, Arizona (5/91-10/92).**
 - 2) **Alternatives Program Manager, Amity's Matrix Prevention Program, Tucson, Arizona (4/86-5/91).**
 - 3) **Project Coordinator, U.S. Department of Education Grant, "Project Turnaround" (10/88-2/90).**
 - 4) **Project Coordinator, Office of Substance Abuse Prevention Grant, "Early Intervention: Peer Support Retreats" (10/87-12/88).**
 - 5) **Prevention Specialist / Director, Matrix Teen Theatre, dramas on teen issues (9/84-9/88).**
- 3/83-4/84: **Valle Del Sol, Inc., Phoenix, Arizona:**
Westside Youth Project Coordinator.
- 7/81-1/83: **KVVA-AM (KIFN-AM) Radio, Phoenix, Arizona:**
Bilingual Program Coordinator.
- 10/81-6/82: **Murphy Elementary School District, Phoenix, Arizona:**
Bilingual Resource Teacher (K-2nd Grades).
- 10/79-7/81: **Tolleson Union High School District, Tolleson, Arizona:**
Bilingual Program Coordinator and Chicano Studies Teacher.
- 10/78-10/79: **Glendale Elementary School District, Glendale, Arizona:**
Parent Involvement Specialist (ESEA Title VII Federal Program).

NATIONAL CONSULTATIONS:

- 12/88-10/91: **Nova Research Company, Bethesda, Maryland:**
Consultant and Trainer.
- Responsible for training interviewers on the AIDS Initial Assessment and the AIDS Follow-up Assessment Instrument; and training counselors for sexual partners outreach on National Institute on Drug Abuse (NIDA) projects (National AIDS Demonstration Research and AIDS Targeted Outreach Models) at 63 sites throughout the United States, Mexico and Puerto Rico.
- 3/88-12/90: **Westover Consultants, Inc., Washington, D.C.:**
Consultant and Trainer.
- Member of the national training team, which developed and piloted the curriculum developed for NIDA, "AIDS High Risk Adolescent Prevention." This curriculum was targeted to

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MC0480107	08-31-2017	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	07-21-2014

CASEY, KATHLEEN M NP
MOUNTAIN HEALTH AND WELLNESS
150 N. OCOTILLO DR.
APACHE JUNCTION, AZ 85217 3160

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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MC0480107	08-31-2017	\$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	07-21-2014

CASEY, KATHLEEN M NP
MOUNTAIN HEALTH AND WELLNESS
150 N. OCOTILLO DR.
APACHE JUNCTION, AZ 85217 3160

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (05/04)

Arizona State University

Greeting to all to whom these Letters shall come
The Arizona Board of Regents
by virtue of the authority vested in it by law and
on recommendation of the University Faculty does hereby confer on

Kathleen Casey

who has satisfactorily completed the Studies prescribed therefor
the Degree of

Master of Science

with all the Rights, Privileges and Honors thereunto appertaining
In Witness whereof the Seal of the University is hereto affixed

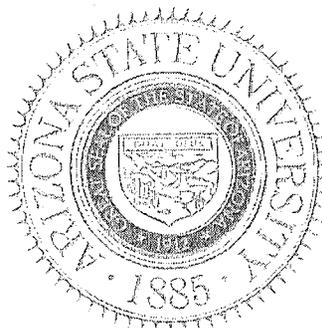
Awarded at the Main Campus
this fourteenth day of May, one thousand nine hundred and ninety-nine.

Jane Lee Shell

Governor of Arizona

Samuel C.

President of the Board

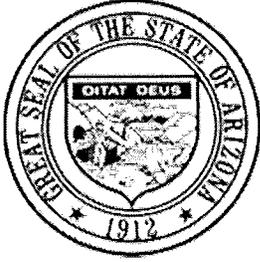


Chas. R. Lee

President of the University

Milton D. Glick

Sr. Vice President and Provost



KATHLEEN MARIE CASEY

AP6238

ADV PRACTITIONER

Original License Date:	7/10/1999
Due For Renewal:	2/28/2016
Lawful Presence:	Verified
License Status:	7/10/1999 - ACTIVE: GOOD STANDING, 5/2/2013 - AP ISSUED PRIOR TO NATL CERT REQUIREMENT, 7/1/2002 - VALID IN ARIZONA ONLY, 5/9/2011 - VERIFICATION SENT
Prescribing Privileges:	YES
Dispensing Privileges:	YES
AP Specialty Type:	FAMILY PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER
Original National Certification Date:	7/1/2003
National Certification Expiration Date:	6/30/2013
National Certification Required:	NO
Fingerprints:	YES
Fingerprints Date:	6/2/1999



The Arizona State Board of Nursing's online verification system is a free service provided to licensees, certificate holders, employers and the public for primary source verification. In addition to verifying the person is licensed or certified through the website, users are encouraged to ask to view the current license/certificate, request a picture identification such as a driver's license or passport or Social Security card to verify the person's identity. (Note: Accepting a photo copy of the license may not be a reliable verification that the person is licensed.)

1453 W. Jacinto Ave
Mesa, AZ 85202
United States

Phone (602) 743-3710
E-mail
rosemma@cox.net

Kathleen M. Casey

Professional experience

Psychiatric/Mental Health Nurse Practitioner

October 2000-present (full time from 10/2000-05/2007; part time (10-20 hours per week) from 05/2007-present), Superstition Mountain Mental Health, 150 N. Ocotillo, Apache Junction, AZ, 85120.

Supervisor: Deborah Mc Mullen, Director of Nursing (480) 223-7165 or Michael Vines, Medical Director, (480) 620-3742

Reason for leaving: still employed

Beginning Pay: \$40/hour Ending Pay: \$60/hour

- Psychiatric evaluation, medication management and coordination of care for adult patients in an acute involuntary inpatient setting.
- Psychiatric evaluation and medication management for adults and children in an outpatient clinic setting.
- Preceptor for psychiatric nurse practitioner and medical students.

Psychiatric/Mental Health Nursing Faculty

August 2007-August 2009, Phoenix College, 1202 W. Thomas Road, Phoenix AZ, 85013.

Supervisor: Irene Fawcett, Chair of Nursing Department (602) 285-7601

Reason for leaving: returned to nurse practitioner work

Beginning Pay: ~\$66,000/year Ending Pay: ~\$67,000/year

- Provided psychiatric nursing instruction to registered nurse students in a registered nurse program.
- Included instruction in both classroom and clinical settings. Clinical instruction took place on an acute psychiatric inpatient unit.

Faculty Associate

August 2000-December 2001 (part time, ~10 hours per week), Arizona State University, College of Nursing, 500 N. Third Street, Phoenix, AZ 85004.

Supervisor: Judith Pickens, Clinical Associate Professor, (602) 496-0809

Reason for leaving: took a new position

Beginning Pay: cannot recall Ending Pay: cannot recall

- Instructed undergraduate RN students in community health practicum.
- Instructed undergraduate RN students in psychiatric practicum.
- Instructed graduate psychiatric nurse practitioner students in mental health theory and practicum.

Psychiatric/Mental Health Nurse Practitioner

August 1999-August 2000 (full time), Jewish Family and Children's Service, 4747 N. 7th Street, Phoenix, AZ 85014.

Supervisor: Mark Callesen, Medical Director, (602) 279-7655

Reason for leaving: took a new position

Beginning Pay: ~50,000 per year Ending Pay: ~70,000 per year

- Outpatient evaluation and medication management of adults and children in an outpatient psychiatric clinic.
- Assisted in the development and implementation of a computerized medical record.

Psychiatric/Mental Health Registered Nurse

July 1998-August 1999 (part time (~ 24 hours per week), Alternative Behavioral Services/Com Care, Phoenix, AZ

Supervisor: Linda Ford

Reason for leaving: graduated from nurse practitioner school and took a new position

Beginning Pay: cannot recall Ending Pay: cannot recall

- Nursing care to adult psychiatric clients, most with serious mental illness, in an outpatient clinic setting.

Graduate Research Assistant

August 1997-May 1998 (part time, ~10 hours per week), Arizona State University, College of Nursing, 500 N. Third Street, Phoenix, AZ 85004.

Supervisor: Judith Pickens, Clinical Associate Professor, (602) 496-0809

Reason for leaving: took a new position

Beginning Pay: cannot recall Ending Pay: cannot recall

- Assisted in research for a phenomenological study of the lived experience of patients with serious mental illness.
- Duties included library research, application to ASU and hospital human subject boards, interviewing research subjects.

Psychiatric/Mental Health Registered Nurse

February 1998-July 1999 (part time, ~24 hours per week), Olsten Health Care Services, Phoenix, AZ

Supervisor: Agency no longer in business.

Beginning Pay: cannot recall Ending Pay: cannot recall

- Nursing care of adult psychiatric patients in a variety of settings.

Psychiatric/Mental Health Registered Nurse

October 1996-February 1998 (full time for 1 year, then part time ~24 hours per week for remainder of time), Maricopa Integrated Health Systems, Psychiatric Annex, 2601 E. Roosevelt, Phoenix, AZ, 85008.

Supervisor: Sue Erie, (602) 344-5011

Reason for leaving: took a new position

Beginning Pay: \$18/hour Ending Pay: @\$24/hour

- Nursing care of adult psychiatric patients in an acute involuntary hospital setting.

Psychiatric/Mental Health Registered Nurse

June 1995-September 1996 (full time), West Palm Beach VA Hospital, 7305 N. Military Trail, Palm Beach Gardens, FL 33410.

Supervisor: Gloria Hudnell, (561) 422-8262

Reason for leaving: moved to Arizona

Beginning Pay: ~\$34,000/year Ending Pay: ~36,000/year

- Nursing care of adult psychiatric patients in an acute care hospital setting.
- Participated in training of staff and students.
- Served as member of Nurse Professional Standards Board.
- Served as relief charge nurse for entire hospital including overseeing emergency room, nursing home, medical/surgical units, ICU and psychiatric units.

Registered Nurse

September 1994-June 1995 (full time), West Palm Beach VA Hospital, 7305 N. Military Trail, Palm Beach Gardens, FL 33410.

Supervisor: Gloria Hudnell, (561) 422-8262

Reason for leaving: transferred to new department

Beginning Pay: ~\$34,000/year Ending Pay: ~34,000/year

- Nursing care of adults in an outpatient medical clinic.
- Duties performed in a variety of areas of care including triage, emergency stabilization, primary care, employee health and gynecology clinic.

Psychiatric/Mental Health Registered Nurse and Psychiatric Nursing Assistant

October 1990-September 1994 (full time for 1 year and part time (~24 hours per week) for remainder of time), Badger Prairie Health Care Center, 1100 E. Verona Ave. Verona, WI, 53593.

Supervisor: Dee Heller, (608) 845-8601

Reason for leaving: moved to Florida

Beginning Pay: cannot recall Ending Pay: cannot recall

- Nursing care of adult patients with serious mental illness, dementia and/or developmental disabilities in a long term inpatient care setting.

Case Manager and Residential Staff

March 1987-July 1990 (full time), Mental Health Center of Champaign County, 1801 Fox Drive, Champaign, IL 61820.

Supervisor: Marlys Buelow, (217) 398-8080

Reason for leaving: moved to Wisconsin

Beginning Pay: cannot recall Ending Pay: cannot recall

- Community support and intensive case management services for adults with serious mental illness in a community setting.

Licensure and Certification

ANCC Family Psychiatric Mental Health Nurse Practitioner Certification

Registered Nurse in Arizona (eligible to work in WI as well under nursing licensure compact)

DEA registration with full prescriptive authority in Arizona

Education

Gestalt Therapy Training Program

October 2006-May 2008, Southwestern Gestalt Center, Phoenix, AZ

MSN in Nursing (Psychiatric Mental Health Nurse Practitioner and Clinical Specialist program)

August 1997-May 1999, Arizona State University, Tempe, AZ

- Received graduate tuition scholarship and federal traineeship.

BSN in Nursing

January 1992-May 1994, University of Wisconsin, Madison, WI

BS in Leisure Studies (Therapeutic Recreation Emphasis)

August 1984-May 1989, University of Illinois, Urbana, IL

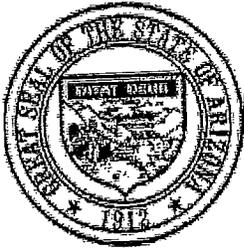
References

Deborah Mc Mullen, Director of Nursing, Superstition Mountain Mental Health Center, 150 N. Ocotillo, Apache Junction, AZ 85120. (480) 223-7165.

Michael Vines, MD, Medical Director, Superstition Mountain Mental Health, 150 N. Ocotillo, Apache Junction, AZ, 85120. (480) 620-3742.

Irene Fawcett, Chair, Phoenix College Nursing, 1202 W. Thomas Road, Phoenix AZ, 85013. (602) 295-7601.

Laura Emileane, NP, instructor/colleague, Southwestern Gestalt Center, 1855 E. Northern Ave, Phoenix, AZ. (480) 968-5677.



KATHLEEN MARIE CASEY

MSL116526WI

MULTI-STATE LICENSE

Original License Date:

Due For Renewal: 2/28/2014

Lawful Presence: Verified

License Status:

2/15/2012 - APPLICATION
WITHDRAWN,
4/6/2011 - HOLDS COMPACT LICENSE

Fingerprints: YES

Fingerprints Date: 6/2/1999

The Arizona State Board of Nursing's online verification system is a free service provided to licensees, certificate holders, employers and the public for primary source verification. In addition to verifying the person is licensed or certified through the website, users are encouraged to ask to view the current license/certificate, request a picture identification such as a driver's license or passport or Social Security card to verify the person's identity. (Note: Accepting a photo copy of the license may not be a reliable verification that the person is licensed.)



KATHLEEN MARIE CASEY

AP0066

ADV PRACTITIONER

Original License Date:	7/10/1999
Due For Renewal:	2/28/2014
Lawful Presence:	Verified
License Status:	7/10/1999 - ACTIVE: GOOD STANDING, 5/2/2013 - AP ISSUED PRIOR TO NATL CERT REQUIREMENT, 7/1/2002 - VALID IN ARIZONA ONLY, 5/9/2011 - VERIFICATION SENT
Prescribing Privileges:	YES
Dispensing Privileges:	YES
AP Specialty Type:	FAMILY PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER
Fingerprints:	YES
Fingerprints Date:	6/2/1999

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Mariza del Carmen Marcill

5426 E. Rockridge Road

Phoenix, AZ 85018

773 574-4715

PROFESSIONAL:

- 2009-present Connections Arizona/UPC, Phoenix, AZ
Psychiatric Nurse Practitioner, Acute Care
- 2010-present Marcann Health Services, Phoenix, AZ
Private Psychiatric Practice, Phoenix, AZ
- 2010-present St. Lukes Hospital, Phoenix, AZ
Acute care Psychiatric Nurse Practitioner
- 2008-2009 Chicago Lakeshore Hospital, Chicago, IL
Acute care Psychiatric Nurse Practitioner.
- 2006-2009 Heartland Health Outreach, Chicago, IL
Community care Psychiatric Nurse
Practitioner/Homeless Project
- 2004-2007 Chicago Read State Mental Hospital, Chicago, IL
Acute care Psychiatric Nurse Practitioner
- Education:**
- 2007- present, Ph. D student at the University of Illinois
- 2006 Certificate, Adult Nurse Practitioner, Rush University
- 2004 Master of Science, Nursing, Psychiatric Nurse Practitioner, Rush
- 1985 Bachelor of Science, Nursing, Loyola University

State Of Arizona



*The Arizona State Board of Nursing, by virtue of
The authority vested in it by law, does hereby grant*

MARIZA DEL CARMEN MARCILI

*This
Certificate
In
Advanced Nurse Practice
As*

ADULT PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER

WITH PRESCRIBING AND DISPENSING AUTHORITY

*In witness whereof, the Seal of the Arizona Board of Nursing is hereto affixed
This 10th day of April, 2009 at Phoenix, Arizona.*

CERTIFICATE NO: AP3318
EXPIRES WHEN RN LICENSE EXPIRES

Greg Henderson R.N. M.A. J.A.A.N.
EXECUTIVE DIRECTOR

**MARIZA DEL CARMEN MARCILI****AP3318****ADV PRACTITIONER**

Original License Date:	3/27/2009
Due For Renewal:	4/1/2017
Lawful Presence:	Verified
License Status:	3/27/2009 - ACTIVE: GOOD STANDING, 3/27/2009 - VALID IN ARIZONA ONLY
Prescribing Privileges:	YES
Dispensing Privileges:	YES
AP Specialty Type:	ADULT PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER
Original National Certification Date:	7/1/2004
National Certification Expiration Date:	6/30/2019
National Certification Required:	YES
Fingerprints:	YES; Fingerprint results have been received and processed
Date Fingerprinted:	3/23/2009

The Arizona State Board of Nursing's online verification system is a free service provided to licensees, certificate holders, employers and the public for primary source verification. In addition to verifying the person is licensed or certified through the website, users are encouraged to ask to view the current license/certificate, request a picture identification such as a driver's license or passport or Social Security card to verify the person's identity. (Note: Accepting a photo copy of the license may not be a reliable verification that the person is licensed.)

DEA Certificate

deadiversion.usdoj.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM1253157	01-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
3,4,5	MLP-NURSE PRACTITIONER	12-02-2013
MARCIL, MARIZA NP, 903 NORTH 2ND STREET PHOENIX, AZ 85004		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM1253157	01-31-2017	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
3,4,5	MLP-NURSE PRACTITIONER	12-02-2013
MARCIL, MARIZA NP 903 NORTH 2ND STREET PHOENIX, AZ 85004		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

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Form DEA-223 (05/04)

Loyola University

of Chicago

AD MAJOREM DEI GLORIAM

Upon certification by the faculty, that the requirements prescribed, have been duly fulfilled, Loyola University, by virtue of the authority vested in the Board of Trustees, has conferred upon

Mariza Marcoli

the degree of

Master of Business Administration

with all the honors and privileges pertaining to this degree. In witness thereof this diploma is given at Chicago, Illinois, on the ninth day of May in the year of Our Lord nineteen hundred ninety-two, bearing the signature of the President and the Dean and the seal of the University.



Donald G. Myer

Dean

Raymond Lambert S.J.

President

Rush University

College of Nursing

On the recommendation of the Faculty and by virtue of the
authority vested in the Trustees, the degree of

Master of Science in Nursing

has been conferred on

Mariza del Carmen Marcili

who has honorably fulfilled all the requirements prescribed
for that degree. In witness thereof this Diploma is given in the city of
Chicago this Thirteenth day of February, Two Thousand Four



Kathleen S. Andreoli
Dean

Jay Madman
President

Edward C. Brennan
Chairman of the Board



DEBRA SUE KNOP

AP4170

ADV PRACTITIONER

Original License Date:	8/22/2011
Due For Renewal:	4/1/2019
Lawful Presence:	Verified
License Status:	8/22/2011 - ACTIVE: GOOD STANDING, 3/28/2013 - AP ISSUED PRIOR TO NATL CERT REQUIREMENT, 8/22/2011 - VALID IN ARIZONA ONLY
Prescribing Privileges:	YES
Dispensing Privileges:	YES
AP Specialty Type:	ADULT PSYCHIATRIC & MENTAL HEALTH NURSE PRACTITIONER
National Certification Required:	NO
Fingerprints:	YES; Fingerprint results have been received and processed
Date Fingerprinted:	7/18/2011

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ARIZONA STATE BOARD OF NURSING

4747 North 7th Street, Ste 200
Phoenix, AZ 85014-3855
Phone: 602-771-7800

RN RENEWAL LICENSE ISSUED TO: **KNOP, DEBRA S**
LID : 3E94-Y2QA-V3XH-VFVT
7937 E SADDLEBACK CIRCLE
MESA, AZ 85207-1119

SIGNATURE: _____

DUE FOR RENEWAL	LICENSE NO.
04/01/2019	RN170099

Practicing nursing without a current license is unlawful. To avoid late fees or other penalties, renew online prior to the renewal date printed on the front of your license.

ADDRESS CHANGE AND DUPLICATE LICENSE REQUESTS: Go to www.azbn.gov/myservices. Enter your username and pin code, continue as directed.

NAME CHANGE: You must provide the Board with a copy of documentation to verify license/certificate holder's previous and current name (i.e. marriage license, divorce decree, driver's license, social security card). If you are requesting a new license reflecting the name change you can find the current fee by going to www.azbn.gov/AgencyFees.aspx.

ADDRESS, NAME CHANGES AND LOST/STOLEN LICENSE: Notify the Arizona State Board of Nursing within 30 days.

MULTI STATE LICENSURE: To determine which states are compact states, visit www.ncsbn.org.

Phone: 602-771-7800 Fax: 602-771-7888
E-Mail: arizona@azbn.gov Web: www.azbn.gov

(CUT HERE)

ARIZONA STATE BOARD OF NURSING 427 N. Seventh Street, Suite 200 Phoenix, AZ 85014-3655 (602) 771-7800		
ORIGINAL RN ENDORSEMENT License issued to:		
KNOP, DEBRA SUE 32219 N. 46TH AVE PHOENIX, AZ 85086		
Signature: <i>Debra Sue Knop</i>		
RENEWAL DUE DATE 04/01/2015	LICENSE NO. RN170099	

KEEP THE BOARD INFORMED

www.azbn.gov

IMPORTANT INFORMATION

Practicing nursing without a license is unlawful. To avoid late fees or other penalties, renew online prior to the renewal date printed on the front of your license.

ADDRESS CHANGE: Go to www.azbn.gov/myservices, click on login retrieval form for user name and pin number, continue as directed.

NAME CHANGE: You must provide the Board with a copy of the documentation evidencing that your name has changed (i.e. marriage license, divorce decree, driver's license, social security card). If you are requesting a new license reflecting the name change, you are required to send your current license along with the documents showing your name has changed. To find the current fee, go to Web page, resolution and then agency fee structure.

LOST/STOLEN LICENSE: Notify this office within 30 days, (602) 771-7800.

MULTI-STATE LICENSURE: To determine which states are compact states, contact www.hcsbn.org.

Phone: (602) 771-7800 Fax: (602) 771-7888
E-mail: arizona@azbn.gov Web: www.azbn.gov

The University of Nebraska

GRADUATE COLLEGE

THIS DIPLOMA MAKES KNOWN THAT THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA UPON THE RECOMMENDATION OF THE GRADUATE FACULTY AND BY AUTHORITY OF THE STATUTES OF THE STATE HAS BY ITS OFFICERS SPECIALLY AUTHORIZED HERETO CONFERRED THE DEGREE

MASTER OF SCIENCE IN NURSING

UPON

DEBRA S. KRISINGER KNOP

WHO IS ENTITLED TO ENJOY ALL THE RIGHTS, HONORS AND PRIVILEGES PERTAINING TO THAT DEGREE

IN TESTIMONY WHEREOF WE HAVE HEREUNTO SUBSCRIBED OUR NAMES AND CAUSED THE SEAL OF THE SAID BOARD TO BE AFFIXED THIS TWENTIETH DAY OF DECEMBER, NINETEEN HUNDRED NINETY-SIX.

ATTEST:



James B. Milliken
CORPORATION SECRETARY OF THE BOARD

Dwight Brent
CHAIRMAN OF THE BOARD

L. Dennis Smith
PRESIDENT OF THE UNIVERSITY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MK2303294	12-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	11-03-2013
KNOP, DEBRA SUE NP MOUNTAIN HEALTH & WELLNESS 625 N PLAZA DRIVE APACHE JUNCTION, AZ 85120 7454		

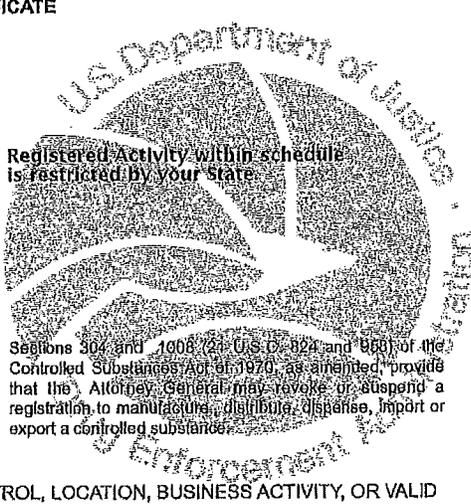
CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MK2303294	12-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	MLP-NURSE PRACTITIONER	11-03-2013
KNOP, DEBRA SUE NP MOUNTAIN HEALTH & WELLNESS 625 N PLAZA DRIVE APACHE JUNCTION, AZ 85120 7454		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.		



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Form DEA-223 (05/04)

PUBLICATIONS:

Knop, D., Bergman-Evans, B., McCabe, B. (1998). In sickness and in health: An exploration of the perceived quality of the marital relationship, coping, and depression in caregivers of spouses with Alzheimer's disease. *Journal of Psychosocial Nursing and Mental Health Services*, 36(1), 16-21.

Knop, D. Are you at risk for depression? (February, 2001). *Nebraska Health System Nursing Communicator*.

Knop, D., Keller, B. Aging the one certainty in life. (April, 2001). *Women's Health Overview*, University of Nebraska Medical Center, Olson Center for Women's Health, 6(2)

Deborah A. Allen

2073 N. Wildflower Lane
Casa Grande, Arizona 85222
520-876-4062 home 520-371-0920 cell

Summary of Qualifications

I am an Arizona Licensed Independent Substance Abuse Counselor with 11 years experience in providing Education, Group & Individual Counseling to over 1000 Inmates. I have implemented two Outpatient Clinics, successfully completed 9 State Audits and managed up to 6 staff members. I am a positive team player, loyal and dedicated to the field of recovery. I am an effective communicator and have demonstrated the ability to motivate a very resistant population to challenge their thinking and beliefs to promote positive behavioral change. I embrace the highest standards of ethics and integrity.

Experience

Clinician 1 Horizon Human Services, Casa Grande, Arizona, 11-29-2004 to present

- Provide Case Management support in the Outpatient Department & Triage
- Facilitate Wednesday Evening Men's Substance Abuse Education Group
- Facilitate Individual Counseling
- Facilitate Orientation for Intensive Outpatient Treatment Program
- Facilitate Intensive Outpatient Treatment Groups three times per week
- Facilitate Intensive Outpatient Aftercare Group
- Ensure Compliance with the AZ Department of Behavioral Health Standards
- Ensure Compliance with Horizon Human Services Policies / Procedures
- Ensure Compliance with the Federal Probation Monthly Reports

Addictions Treatment Manager, Corrections Corporation of America, Florence Correctional Center, Florence, Arizona 10-1999 to 11-29-2004

- Successfully applied for Outpatient Clinic License and passed Arizona Board Behavioral Health Audits for 5 years
- Ensured compliance with American Correctional Accreditation (ACA), compliance with corporate and contractual policies and procedures
- Supervised staff in the performance of their assigned duties, training new employees, prepared written performance evaluations
- Prepared monthly contractual reports
- Plan, development & implement group structure in specific area of Substance Abuse education / prevention
- Coordinate admissions, treatment, evaluation & release information with staff & other departments or contracting agencies. Completed progress reports.
- Monitored confidentiality of records
- Held staffings for problematic Inmates with a variety of staff to include Mental Health, Teachers, Chaplain, Case Managers, Unit Managers, Program Manager
- Participated in the transitioning of the Outpatient Clinic to a Therapeutic Community

Substance Abuse Counselor Corrections Corporation of America, Central Arizona Detention Center, 2-1995 to 10-1999, Florence, Arizona

- Assisted with the implementation of a Licensed Outpatient Clinic in 1995
- Assessment, Evaluation, Admissions, Treatment planning, Referrals, Discharge planning
- Facilitated group and individual counseling

Substance Abuse Counselor, West Oaks Hospital, Houston, Texas, 1994 to 1995

- Facilitated group and individual counseling
- Confidentiality of records
- Assessment, Evaluation, Treatment Planning, Referrals, Discharge Planning

Education

- Caldwell Behavioral Center, Houston, Texas, Addiction Studies, 1992 to 1994
- Huntsville High School 1977

Other

- Trainer – Gordon Graham & Company, *Breaking Barriers, A Framework for Recovery*
- Trainer – Don Lowry's *True Colors* (Personality Inventory Program)

CURRICULUM VITAE

Debra Knop, R.N., M.S.N., APRN

ADDRESS:

Home:

7937 E. Saddleback Circle
Mesa, AZ. 85207
(480) 203-2439
Email: tooneyenny1@cox.net

Work:

Mountain Health and Wellness
Apache Junction, AZ 85120
(480) 983-0065 Fax (480) 983-0896
Email:debrak@mhwarz.org

EDUCATION:

Nebraska Methodist Hospital College of Nursing, Diploma
Nursing, June 1972.

University of Nebraska Medical Center, Bachelor of Science
Nursing, December 1991

University of Nebraska Medical Center, Masters of Nursing,
December 1996

AREAS OF EXPERTISE: Study of Focus in Masters of Nursing Program:

Gerontological Nursing

Clinical Specialty in Geriatric Psychiatry

Adult Psychiatry and Mental Health Nursing

CERTIFICATION: American Nurses Credentialing Center, 1997-2016

LICENSES:

Arizona R.N.	170099 Exp. 04/2015
NP Certificate	AP4170 Exp. 04/20
NPI	1235417197
DEA	MK2303294 Exp. 12/31/16
Medicare	Z147488
AHCCCS	629240

**CURRENT AND PREVIOUS POSITIONS/ACADEMIC APPOINTMENTS:
(17 years history no gaps)**

Psychiatric Mental Health Advanced Practice Nurse Practitioner, Mountain Health & Wellness,
September 9, 2011 – present.

ICP the Hospitalist, Phoenix Region, July 1, 2104-present Advanced Practice Nurse
Practitioner Psychiatric Consultation to Assisted Living

Community Case Manager, Geriatrics for Senior Assist Program Nebraska Health System. In
home case management and consultant for people age 65 and older with mental health
issues. October 2002 – August 2011

Clinical Associate University of Nebraska Medical Center College of Nursing
May 2005 – December 2010

Program Coordinator for NHS Health & Wellness Clinical Program for People 50 and older,
June 1998 – October 2002

Facilitator for "Insight" Depression Prevention Program for Women, May 1999

Advanced Practice Nurse in Geriatric Psychiatry, Creighton/University of Nebraska
Department of Psychiatry, Jan 1995

Advanced Practice Nurse, Nursing Home Consultation for Heartland Behavioral, Overland
Park, Kansas, August 1998

Other:

Clinical Associate Visiting Nurses Association

Research Nurse for two research projects University of Nebraska Medical Center College of
Nursing

Staff Nurse Medical Surgical & General Psychiatric Nursing, Cass County Memorial Hospital,
Atlantic, Iowa

Staff Nurse, Head Nurse, Staff Development Director Richard Young Hospital, Omaha,
Nebraska

PROFESSIONAL AFFILIATION:

American Psychiatric Nurses Association

CONFERENCES/COMMUNITY PRESENTATIONS:

Poster Presentation: "In Sickness and in Health: An Exploration of the Perceived Quality of the Marital Relationship and Health of Caregivers of Spouses with Alzheimer's Disease" (with B. Bergman Evans, B. McCabe). Presented at the 23rd Annual Student Research Forum, University of Nebraska Medical Center, Omaha, NE, November 1996.

Oral Presentation: "Psychotherapeutic Interventions With Agitated Patients". Geriatric Care Quarterly Update, Saint Joseph Center for Mental Health, Omaha, Nebraska, December 8, 1995

Oral Presentation: "Assessment for Delirium in the Nursing Home Patient". Geriatric Quarterly Update, Saint Joseph Center for Mental Health, Omaha, Nebraska, March 29, 1996

Oral Presentation: "Depression in the Older Adult". Caring for the Older Adult, New and Practical Approaches, University of Nebraska Geriatric Center, and College of Nursing, Omaha, Nebraska, September 11, 1996

Poster Presentation: "Folie A Deux: In Three Demented Patients", Marcus, J., Burke, W. J., Knop, D., Roccaforte, W. H., and Wengel, S. P. Submitted for Presentation at the American Psychiatric Association Annual Meeting, San Diego, California, May, 1997.

Poster Presentation: "In Sickness and in Health: An Exploration of the Perceived Quality of the Marital Relationship and Health of the Caregivers of Spouses with Alzheimer's Disease" (with B. Bergman Evans, B. McCabe). Accepted for poster presentation to AGS, Nov 1997

Oral Presentation: "Alzheimer's Diagnosis and Treatment". Iowa Western Community College, for Washington County Nurses Association, Blair, Nebraska, March 25, 1997

Oral Presentation: "Caring for the Person with Alzheimer's in the Nursing Home". Two day workshop Crowell Memorial Home, Blair, Nebraska, July 30-31, 1997.

Oral Presentation: "Successful aging". Federal employees retirement seminar, Corp of Engineers, April 27, 2000, Omaha, Nebraska.

Oral Presentation: "Women and depression". Omaha Coalition for Breast and Cervical Cancer Group, May 4, 2000, Omaha, Nebraska.

Oral Presentation: "The art of healing touch", Nebraska Health System, Volunteer Lunch Bunch, May 9, 2000, Omaha, Nebraska.

Oral Presentation: "Speaking of pain". Bloomfield Forum Retirement Center, August 28, 2000, Omaha, Nebraska.

Oral Presentation: "Depression: More than just the blues". University of Nebraska Medical Center, Olson Center for Women's Health, Brown Bag Lunch n'Learn, Oct. 10, 2000, Omaha, Nebraska.

Poster Presentation: "The use of evidence-based practice by advanced practice nurses to support effectiveness of mental health promotion for depression prevention in women", Nebraska Methodist Reaching Up Conference, Oct. 12-14, 2000, Nebraska City, NE.

Oral Presentation: "The use of evidence-based practice by advanced practice nurses to support effectiveness of mental health promotion for depression prevention in women", Clarkson College of Nursing, December 4, 2000, Omaha, NE.

Oral Presentation: "I forgot: what is normal and what is not". Bloomfield Forum Retirement Community, February 26, 2001, Omaha, Nebraska.

Oral Presentation: "I forgot: what is normal and what is not". Sunridge Village Retirement Community, Aug. 10, 2001, Omaha, Nebraska.

Oral Presentation: "Is your blood pressure putting you at risk for stroke". Sunridge Village Retirement Community, Oct. 5, 2001. Nebraska Health System Health & Wellness Club Fall Festival, Nov. 2, 2001.

Oral Presentation: "A wellness perspective to successful aging". Trinity Lutheran Church, Nov. 1, 2001, Omaha, Nebraska.

Oral Presentation: "How to talk with your health care provider". Walnut Grove, May 13, 2002 Omaha, Nebraska.

Oral Presentation: "The pros and cons of advanced directives". Sunridge Village, April 19, 2002.

Oral Presentation: "Exploring options in arthritis management". Sunridge Village, May 17, 2002.

Oral Presentation: "Love and life: A healthy approach to sex for older adults". Sunridge Village, June 14, 2002.

Poster Presentation: "Senior ASSIST: Bridging a Gap in Care Coordination for High-Risk, Community-Dwelling Elderly". ANA Conference, Miami, Fl. January, 2011.

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Deborah A. Allen

Having exhibited to the Board of Behavioral Health Examiners satisfactory evidence of having met requirements to practice as prescribed by law, is hereby licensed as a

Licensed Independent Substance Abuse Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LISAC-10317

Under its seal and signatures,

Stephen Lawton

Board Chair

Issue Date: July 1, 2004

Expiration Date: March 31, 2016

State of Arizona Board of Behavioral Health Examiners

Information Current as of 10/9/2015.

Name: Deborah Allen
 Horizon Human Svcs
Address: 222 E Cottonwood Ln
 Casa Grande AZ 85122
Phone: (520) 421-9910

License(s):	License Type	License No	Status	Issued	Expires
	Certified Substance Abuse Counselor	SA-10317	Closed - Converted	4/1/2002	6/30/2004
	Licensed Independent Substance Abuse Counselor	LISAC-10317	ACTIVE	7/1/2004	3/31/2016

Discipline: There are no disciplinary actions

Dismissed complaints and nondisciplinary actions and orders do not appear on the Board's web site. Information on dismissed complaints and nondisciplinary actions and orders can be obtained by calling the Board office at 602 542-1882 or submitting a Public Records Request.

Written verifications are available by sending a request to the Board office including a \$20.00 fee for each verification.

State of Arizona
Board of Behavioral Health Examiners

Be It Known That

Shauna Brown

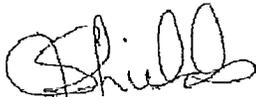
Having exhibited to the Board of Behavioral Health Examiners
satisfactory evidence of having met requirements to practice as
prescribed by law, is hereby licensed as a

Licensed Professional Counselor

The Arizona Board of Behavioral Health Examiners hereby grants this

License Number LPC-14459

Under its seal and signatures,



Board Chair

Issue Date: December 1, 2013

Expiration Date: November 30, 2017

Shippensburg University of Pennsylvania

of the State System of Higher Education
by authority of the Council of Trustees and upon recommendation
of the Faculty hereby confers upon

Shauna Brown

the degree of

Master of Science

together with all the rights, honors, and privileges appertaining
thereto in recognition of the satisfactory completion
of the course prescribed by the Faculty of the University
In testimony whereof, the seal of the University and the signatures
of the Authorized Officers are affixed.
Given at Shippensburg, Pennsylvania,
on this sixteenth day of December, two thousand and six.

George F. Rappster
Interim President

James P. Shomaker
Chairman, Council of Trustees



Judy B. Hamble
Chancellor, Pennsylvania State System of Higher Education

Kevin H. Jones
Chairman, Board of Governors

DEA REGISTRATION NUMBER			THIS REGISTRATION FEE EXPIRES PAID		
BF9202754			09-30-2016 \$731		
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED			
2,2N,3 3N,4,5	PRACTITIONER	08-16-2013			
FLETCHER, DIANA FAYE, MD CONNECTIONSAZ-UPC 903 N SECOND ST PHOENIX, AZ 85004					

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER			THIS REGISTRATION FEE EXPIRES PAID		
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Form DEA-223 (05/04)

Shauna Brown

(717) 348-5894

OBJECTIVE

To provide support, guidance, and tools for individuals to live their best life.

PROFESSIONAL EXPERIENCE

Clinician II (July 2009-Present)

Horizon Human Services, Casa Grande Arizona

Provide intake assessments, and conduct individual and group counseling to adults and teens within the general mental health field.

Clinical Coordinator (January 2009-April 2009)

Universal Community Behavioral Health, Lewistown Pennsylvania

Provided individual and family counseling to youth, within the community, in the Behavioral Health Rehabilitation service system. Also conducted clinical supervision with therapeutic support staff.

Psychotherapist (September 2008-October 2008)

ViaQuest Behavioral Health 7 Mountains Academy, Lewistown Pennsylvania

Provided individual, group, and family counseling to females ages 13-18 that reside at the Residential Treatment Facility.

Supports Coordinator (July 2008- September 2008)

Service Access Management Inc., Lewistown, Pennsylvania

Monitored, Coordinated, and Linked individuals with services based upon their Mental and Physical disabilities.

Mobile Therapist (August 2007-July 2008)

Northwestern Human Services, Yeagertown, Pennsylvania

Provided individual and family counseling to youth, within the community, in the Behavioral Health Rehabilitation service system.

Supports Coordinator (January 2002- June 2008)

Northwestern Human Services, Yeagertown, Pennsylvania

Monitored, Coordinated, and Linked individuals with services based upon their Mental and Physical disabilities.

Assistant Front Desk Manager (June 1998- January 2002)

Skytop Lodge, Skytop, Pennsylvania

Provided guest services while performing front desk operations
Answering phone calls, and making lodge reservations. Also assisted guest with registration procedures, maintaining cash drawer, and oversaw, and supervised front desk staff

Service Desk/Checkout Supervisor (1991-1998)

K-Mart, Carlisle, Pennsylvania

I worked intermittently for 7 years as a cashier, and then I filled a supervisory position after a promotion.

Service Desk opening/closing procedures, phone calls, customer service
Supervise cashiers, prepare schedules, and distribute cash

Physical Therapist Aide/Technician (1997-1998)

Alexander Spring Rehabilitation, Inc. Carlisle, Pennsylvania

Assisted physical therapist with patients' exercise and mobility skills and performed administrative duties in the office as required.

Facilitator (1994-1996)

Alternatives in Community Treatment, Mechanicsburg, Pennsylvania

Assisted resident clients with head injuries in attempt to improve cognitive, emotional, psychosocial vocational and physical capacities to the optimal level of independence.

Personal Care Aide (1993-1994)

Country Meadows Retirement Home, Mechanicsburg, Pennsylvania

Offered companionship and tended to residents by transporting, feeding, bathing, and helping them through daily activities.

Master's Degree Internships

Counselor Intern (August 2006-December 2006)

Cornell Abraxas Day Treatment, Harrisburg, Pennsylvania

Provided individual counseling to delinquent youth ages 12-18.

Mobile Therapist Intern (April 2006- August 2006)

Northwestern Human Services, Yeagertown, Pennsylvania

Provided home and community individual counseling to youth and their family.

Counselor Intern (November 2003-February 2004)

Huntingdon State Correctional Institution

Provided individual counseling to inmates and co-facilitated group counseling.

Supports Coordinator (January 2002- June 2008)

EDUCATION

Bachelor of Science in Human Development and Family Studies from Penn State University.

Master of Science in Community Counseling from Shippensburg University. Graduated with honors.

Licensed Professional Counselor

National Certified Counselor

Trained in Eye Movement Desensitization Reprocessing

DIANA F. FLETCHER, MD

3636 E Inverness
#1030
Mesa, AZ 85206
(602)570-5347 Cell / Daytime
Email: Dinafayemd@yahoo.com

PROFESSIONAL SUMMARY

Experienced psychiatric physician seeking a staff psychiatrist position in an outpatient facility to provide quality mental health care for the community

EXPERIENCE

ConnectionsAZ/Magellan Health Services/VALUEOPTIONS/FHC HEALTH SYSTEMS, July 2007-Present
Psychiatric Medical Provider (Psychiatrist)

- Evaluate and treat psychiatric patients that are in crisis
- Member of the Persistent and Acutely Disabled Team
- Participate in education of students (psychiatric Residents, Physician Assistance and medical students)
- Manage emergent medical problems as they occur
- Review emergent petitions for recommendation of acceptance or declination
- Coordinate care between Urgent Psychiatric and Outpatient Psychiatric providers in the community
- Coordinating care and identifying precipitating factors leading up to the current crisis
- Educate family members regarding psychiatric illnesses
- Provide brief intervention counseling to patients; educate patients on MH/SA matters
- Provide medication education for encouragement of medication adherence

CARL T. HAYDEN VETERAN'S MEMORIAL HOSPITAL, July 2004-July 2005
Outpatient Psychiatric Clinic Physician (Psychiatrist)

- Evaluate and treat psychiatric patients in outpatient clinic

OTHER MEDICAL POSITIONS HELD, Information available upon request

PHYSICIAN ASSISTANT, Family Practice
Heart Institute of the Desert, Rancho Mirage, CA January 1995 to May 1997

- Responsible for the operation and patient management of a rural health clinic

PHYSICIAN ASSISTANT, Cardiac Surgery
Heart Institute of the Desert, Rancho Mirage, CA January 1995 to May 1997

- Responsible for first assisting, rounds, and outpatient care for cardiovascular and thoracic surgical patients

ASSISTANT DIRECTOR OF NURSING,
Heart Institute of the Desert, Rancho Mirage, CA January 1985 to January 1994

- Responsibilities included staffing, training, and patient management for the cardiac surgical program

CARDIAC NURSE SPECIALIST,
Heart Institute of the Desert, Rancho Mirage, CA August 1980 to January 1985

- Responsibilities included direct patient care in the preoperative, intra-operative, and postoperative care of cardiac surgical patients

EDUCATION

CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE,
Cleveland, OH
Accredited Adult Psychiatry Residency Program

July 2000 to June 2004

- Trained extensively in Consultation/Liaison, Emergency room, child and adolescent services.
- ECT trained.

SABA UNIVERSITY SCHOOL OF MEDICINE
Saba, Netherland-Antillies
Medical Doctor

May 1998 to June 2000

SABA UNIVERSITY SCHOOL OF MEDICINE
Gardner, MA
Bachelor of Science in Health Sciences

May 1996 to December 1998

UNIVERSITY OF NORTH DAKOTA, Dept. of Rural Medicine
Grand Forks, ND
Physician Assistant Program

January 1994 to January 1995

LOS ANGELES COUNTY GENERAL HOSPITAL SCHOOL OF NURSING
Los Angeles, CA
Registered Nurse

September 1965 to June 1968

LICENSES

Arizona Medical Board License #33729 Exp: 04/19/2017

DEA Registration #9202754 Exp: 09/2018

Specialty Certification: American Board of Psychiatry & Neurology Exp: 2018

CPR/First Aid Exp: 2016

Saba University School of Medicine

in consideration of the satisfactory completion of all
requirements prescribed by the faculty
hereby confers upon

Diana Haje Metcher

the degree of

Doctor of Medicine

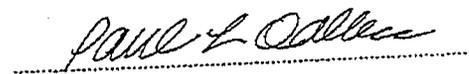
together with all the rights, privileges and responsibilities appertaining thereto.
In testimony whereof, the corporate seal and the signatures as authorized
by the Board of Trustees are hereunto affixed.

Given at Saba, Netherlands - Antilles

this third day of June, two thousand.


Chairman, Board of Trustees




Dean of Clinical Medicine

EDUCATIONAL COMMISSION
FOR
FOREIGN MEDICAL GRADUATES



CERTIFIES THAT

DIANA FAYE FLETCHER

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 0-595-348-4

MEDICAL EXAMINATION

BASIC SCIENCE OCTOBER 21, 1998

CLINICAL SCIENCE AUGUST 23, 1999

ENGLISH EXAMINATION MARCH 3, 1999

VALID THROUGH

CERTIFICATE NUMBER
0-595-348-4
ENGLISH EXAMINATION
March 3, 1999
VALID INDEFINITELY

CLINICAL SKILLS ASSESSMENT OCTOBER 18, 1999

VALID THROUGH

CERTIFICATE NUMBER
0-595-348-4
CLINICAL SKILLS
October 18, 1999
VALID INDEFINITELY

CHAIRMAN, BOARD OF TRUSTEES

PRESIDENT, CHIEF EXECUTIVE OFFICER

DATE ISSUED JUNE 9, 2000

MD PROFILE PAGE



Arizona Medical Board

Printer Friendly Version

General Information

Diana F. Fletcher MD
Urgent Psychiatric Care
903 N Second St
Phoenix AZ 85004
Phone: (602) 416-7600

License Number: 33729
License Status: Active
Licensed Date: 02/01/2005
License Renewed: 06/17/2015
Due to Renew By: 04/19/2017
If not Renewed, License Expires: 08/19/2017

Education and Training

Medical School: SABA UNIV SCH OF MED
Saba,
Netherlands
06/03/2000

Graduation Date:

Residency: 07/01/2000 - 06/30/2004 (Psychiatry)
UNIVERSITY HOSPITALS OF CLEVELAND, CASE WESTERN RESERVE
UNIVERSITY
CLEVELAND , OH

Area of Interest Psychiatry

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a [chronological list](#).

Credentials Verification professionals, please [click here](#) for information on use of this website.



PINAL COUNTY
wide open opportunity

**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Court Ordered Evaluation

Services	Total
Court Ordered Evaluation	\$ 825.00/per 24 hour day

Alcohol and Illegal Substance Abuse

Services	Total
Initial Intake or Psychiatric evaluation services	\$ 250.00 each
Crisis Services	\$ 100.00 per hour
Individual Counseling Services	\$ 156.00 per hour
Medication Monitoring Services	\$ 80.00 per 15 minutes
Group Therapy Services	\$ 40.00 per hour

Sex Abuse Treatment

Services	Total
Individual and Family Therapy	\$ N/A per hour
Group Therapy	\$ N/A per hour, per client
Full Psychophysiological evaluation	\$ N/A each
Abel Screen	\$ N/A each
Abel Re-test	\$ N/A each
MSI-II	\$ N/A each
MMPI-II	\$ N/A each
Polygraph	\$ N/A each
Plethysmograph (initial)	\$ N/A each
Plethysmograph (re-test)	\$ N/A each

1. The County will not reimburse the Contractor for probationer "no shows"
2. The Contractor shall bill assessment, motivation enhancement and relapse prevention, as a regular counseling session, unless requested by the county as a stand-alone visit.



PINAL • COUNTY
wide open opportunity

**Response Form 2 – Pricing
Sheet
ROQ-150321
Behavioral Health Services**

Pinal County
Finance Department
31 N. Pinal St.
Bldg. A
P.O. Box 1348
Florence, AZ 85132

Pre-Petition Screening

Services	Total
Crisis Intervention Services	\$ 50.00 per 15 minutes
Crisis Intervention Service (2 person team)*	\$ 90.00 per 15 minutes

* 2 person team may only be used in non-secured environments.

***NOTE: This is all-inclusive. No additional fees will be paid by the County.**

Norman E. Mudd

Firm/Individual

Norman E Mudd

11/25/15

Authorized Signature and Date

END OF PRICING SHEET