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 _____ day of _____ 2016.

Name (Print) — Title — Signature

Approved as to form:

Pinal County Attorney's Office

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

PINAL • COUNTY *wide open opportunity*	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

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
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.
☐ Other (see instructions) ▶

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)
(Applies to accounts maintained outside the U.S.)

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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ Charles Stachelli CFO Date ▶ 9/1/2015

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/fw9*.

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), 1098-E (student loan interest), 1098-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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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 *wide open opportunity*	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

D. Applicant is: (check one)

1. ( ) Sole Proprietor, attach a resume

2. (X) 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 (X) No

If yes, please explain in writing:

H. Prior Convictions

Have you ever been convicted of a felony? ( ) Yes (X) 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)

Reprint Certificate (/GoodStanding/Reprint?corpId=%2001870857)

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

Privacy Policy (http://www.azcc.gov/Divisions/Administration/Privacy.asp) I 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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Arch Insurance Company	11150
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Horizon Health & Wellness, Inc. dba:
Horizon Health & Wellness
210 W. Cottonwood Lane
Casa Grande AZ 85122

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			NTPKG00120401	9/1/2015	1/4/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			NTAUT0048101	9/1/2015	1/4/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 5,000
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			NTFXS0024701	9/1/2015	1/4/2016	EACH OCCURRENCE AGGREGATE $	$ 5,000,000 $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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

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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

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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

ADHS (Rev. 8/02)

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 THIS LICENSE WILL REMAIN IN EFFECT UNTIL REISSUED OR REVOKED

TO BE FRAMED AND DISPLAYED IN A CONSPICUOUS PLACE

ADHS (Rev. 8/02)

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

Recommended by: Connie Belden, RN
Bureau Chief

License: OTC5937

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

ADHS (Rev. 8/02)

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

ADHS (Rev. 8/02)

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

ADHS (Rev. 8/02)

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

ADHS (Rev. 8/02)

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
Sunnymead, California

This Certifies That

Brenda Carole Garland

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 therefore awarded this

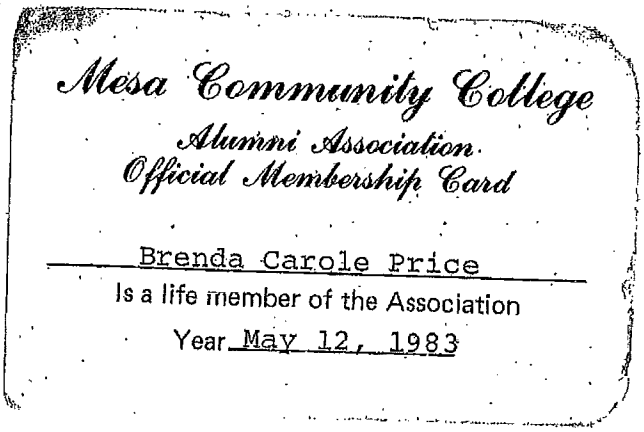
Diploma

Given at Sunnymead, California, in the month of June, nineteen hundred and seventy-two.

STATE OF CALIFORNIA HIGH SCHOOL

Fred Scurlock
President, Board of Trustees

Raymond E. Turner
Director



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.

401 N. 96th Place
Mesa, Az. 85207
Phone 480-693-7534

Brenda Price

Education

1985-1986 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 Positions

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.

1986-1988

Children's Shelters- Supervisor /Coordinator

1980-1983

Helaman 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, AJ , 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
Valle Del Sol
1209 S. 1st Ave.
Phoenix AZ 85003
Phone: (602) 258-6797

License Number: 32635
License Status: Active
Licensed Date: 03/24/2004
License Renewed: 06/16/2014
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 Phychiatry

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 Phychiatry

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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.

Credentials Verification professionals, please click here for information on use of this website.

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 manufacturer, 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 EXPIRES	FEE PAID
BM8757126 XM8757126	01-31-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
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MUSE, FRANTZ MD
CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH
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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

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

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

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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3000 Old Alabama Road
Suite 119-608
Alpharetta, GA 30022

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phone 800.272.2707
fax 800.936.4562

9/1984-6/1986

Teacher
Westside School for Exceptional Children
Chicago Illinios

6/1984-6/1986

Counselor
Old Orchard Hospital
Skokie, Illinois

JACKSON & COKER

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3000 Old Alabama Road
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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 Oleans, 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. Cantelupe, CM, Ph.D.
President

DE PAUL UNIVERSITY CHICAGO ILLINOIS

J. Patrick Murphy, CM.
Secretary

Patricia Lewis, Ph.D.
Dean

RECEIVED
MAR 19 2015
BY:

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 Service

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.

RECEIVED
MAR 19 2015
BY

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	English Examination Valid Indefinitely ECFMG № 1855 E

ECFMG

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

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

Ray L. Centeler 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

President

Chairman, Department of Psychiatry

RECEIVED
MAR 19 2005

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 Rosengard

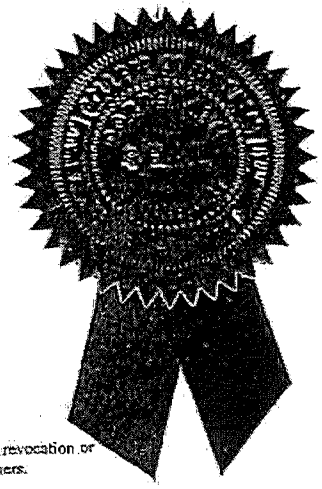
David Rosengard, M.D., Ph.D.
Chairman, Executive Advisory Boards

Robert L. O'Block

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

9794
Identification Number

November 1996



RECEIVED
MAR 13 2003
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 2015
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.

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

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" 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

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President

DE PAUL UNIVERSITY CHICAGO ILLINOIS

J. Patrick Murphy, CM.
Secretary

Patricia Ewers, Ph.D.
Dean

COPY
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. Anchor, Ph.D.
Administrative Officer

Diploma Certificate Number and Year 6054-04

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FM5[illegible]	01-31-2018	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	07-07-2015

MUSE, FRANTZ MD
VALLE DEL SOL
1209 S FIRST AVE
PHOENIX, AZ 85003-0000

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 Oleans, 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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Alpharetta, GA 30022

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phone 800.272.2707
fax 800.936.4562

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

JACKSON & COKER

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Suite 119-608
Alpharetta, GA 30022

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phone 800.272.2707
fax 800.936.4562

Teacher Westside School for Exceptional Children Chicago Illinios	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
9535 E. Doubletree Ranch Road, Scottsdale, Arizona 85258
Ph : 480-657-7703 | Fax 480-657-7715 | 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 Joohan Lee

License Type: DO License

License Number: 4150

Initial Issue Date: 10/04/2004

Expiration Date: 06/01/2017

Current Status: Active

Board Actions: None

The public reporting of any action listed above is governed by A.R.S. §32-3208 and §32-1403 et seq. If an action is reported, the documentation attached is a true and correct copy 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 questions@azdo.gov . This form is in compliance with Arizona statutes regarding verification of licensees and contains public information.

Signature

Administrative Assistant

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. Hubacz
Chairman of the Board of Trustees

Secretary-Treasurer of the Board of Trustees

Kathleen H. Goeppinger, Ph.D.
President and Chief Executive Officer

Karen Nichols, DO
Dean

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BL8997186	03-31-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	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

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

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BL8997186	03-31-2016	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	02-12-2013

LEE, JOHN J
2040 S ALMA SCHOOL RD
SUITE 1 BOX 210
CHANDLER, AZ 85286 0987

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Form DEA-223 (05/04)

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

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Board Actions

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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

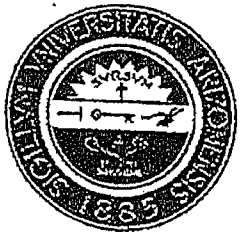
who has satisfactorily completed the Studies prescribed therefor the degree of

DOCTOR OF MEDICINE

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

Jane Hull
Governor of Arizona

Kay J. McKey
President of the Board



Peter Likins
President of the University

W. S. Dalton
Dean, College of Medicine

3/26/18

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

BANNER GOOD SAMARITAN MEDICAL CENTER
Banner Health
PHOENIX, ARIZONA

Chief Executive Officer

Chief of Staff

James B. McLorie, M.D.
Acting Designated Institutional Official

James B. McLorie, M.D.
Chairman, Department of Psychiatry
and Director of the Residency Program

RCVD
JUL 10'06 08:19:16
NETWORK OPERATIONS

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
BC9030292	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.

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 EXPIRES	FEE PAID
BC9030292	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

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)

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 manufacturer, distribute, dispense, import or export a controlled substance.

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON, D.C. 20537

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

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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 Dee Hull
Governor of Arizona

President of the Board

ARIZONA STATE UNIVERSITY · 1885 ·

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) 285-7601.

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

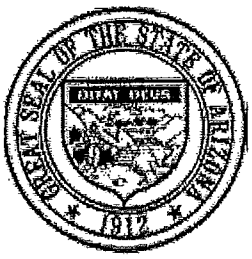
KATHLEEN MARIE CASEY

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 Marcili

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

Joey Ridenour RN MA FAAN
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

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

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

MARCILI, MARIZA NP
903 NORTH 2ND STREET
PHOENIX, AZ 85004

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 OR 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 EXPIRES	FEE PAID
MM1253157	01-31-2017	$731

SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
3,4,5	MLP-NURSE PRACTITIONER	12-02-2013

MARCILI, MARIZA NP
903 NORTH 2ND STREET
PHOENIX, AZ 85004

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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 Marcili

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 F. Meyer
Dean

Raymond Baumhart 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

RUSH UNIVERSITY COLLEGE OF NURSING

Kathleen G. Andreoli
Dean

President

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 85014-3655
Phone: 602-771-7800

RN RENEWAL LICENSE ISSUED TO:
LID : 3E94-Y2QA-V3XH-VFVT

KNOP, DEBRA S
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
4747 N. Seventh Street, Suite 200
Phoenix, AZ 85014-3655
(602) 771-7800

ORIGINAL RN ENDORSEMENT License issued to

KNOP DEBRA SUE
32219 N. 16TH AVE
PHOENIX AZ 85086

Signature: Debra Sue Knop

RENEWAL DUE DATE	LICENSE NO.
04/01/2015	RN170099

(CUT HERE)

KEEP THE BOARD INFORMED

www.azbn.gov

IMPORTANT INFORMATION

Practicing nursing without a valid 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, resources, 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.ncsbn.org.

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

Don S. Blom
CHAIRMAN OF THE BOARD

L. Dennis Smith
PRESIDENT OF THE UNIVERSITY

UNIVERSITAS NEBRASKENSIS
FEB. 15, 1869

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.

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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
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KNOP, DEBRA SUE NP
MOUNTAIN HEALTH & WELLNESS
625 N PLAZA DRIVE
APACHE JUNCTION, AZ 85120 7454

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.

Form DEA-223 (05/04)

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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

- Caldwalder 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: tooneyeenny1@cox.net
Work:
Mountain Health and Wellness
Apache Junction, AZ 85120
(480) 983-0065 Fax (480) 983-0896
Email:debrak@mhwaz.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 1996

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" (withB. 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 Retiermont 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 Lamkton

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

Address: Horizon Human Svcs
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. Harpster
Interim President

Kenneth R. Shoemaker
Chairman, Council of Trustees

SHIPPENSBURG UNIVERSITY OF PENNSYLVANIA FOUNDED IN 1871

Judy G. Hample
Chancellor, Pennsylvania State System of Higher Education

Kenneth R. Jones
Chairman, Board of Governors

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE 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

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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
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

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)

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 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, July 2000 to June 2004
Cleveland, OH
Accredited Adult Psychiatry Residency Program

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

SABA UNIVERSITY SCHOOL OF MEDICINE May 1998 to June 2000
Saba, Netherland-Antillies
Medical Doctor

SABA UNIVERSITY SCHOOL OF MEDICINE May 1996 to December 1998
Gardner, MA
Bachelor of Science in Health Sciences

UNIVERSITY OF NORTH DAKOTA, Dept. of Rural Medicine January 1994 to January 1995
Grand Forks, ND
Physician Assistant Program

LOS ANGELES COUNTY GENERAL HOSPITAL SCHOOL OF NURSING September 1965 to June 1968
Los Angeles, CA
Registered Nurse

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 Faye Fletcher

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

SABA University School of Medicine
MCMXCII
Saba, Netherlands-Antilles

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