

Ohio Department of Job and Family Services
**CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES
 AND MEMORANDUM OF UNDERSTANDING**

Child's Name <i>(first and last)</i>		Date of Birth
Specify the therapy being provided to the child		
<input type="checkbox"/> Assessment <input type="checkbox"/> QEEG <input type="checkbox"/> Attachment Therapy <input type="checkbox"/> Developmental Testing <input type="checkbox"/> Neurofeedback		
Professional Experience (please describe your professional experience with the therapy being provided to the child)		
-Providing adoption/attachment therapy services since 1995 -Author: "Welcoming a New Brother or Sister Through Adoption: From Navigating Relationships to Loving Families" -Trainer: Ohio Child Welfare Training Program since 2001 -Neurofeedback: Member of International Society for Neurofeedback and Research, adhere to ISNR ethical standards		
Education and Training (please list all specific education and training relative to the therapy being provided to the child)		
-MS Community Counseling -Licensed Professional Clinical Counselor E 3809 license # -Annual maintenance of education in neurofeedback, attachment and trauma via seminars/conferences		
Professional Credentials		
-Licensed Professional Clinical Counselor		
Name of Provider <i>(first and last)</i>		
Arleta James LPCC		
Name of Practice/Office		
ADOPTION & ATTACHMENT THERAPY PARTNERS LLC		
Street Address of Practice/Office		
3501 E. ROYALTON ROAD		
City, State and Zip Code		(Area Code) Telephone Number
BROADVIEW HTS. OHIO 44147		(440)746-9099
Ohio License #	Licensing Board	
E 3809	State of Ohio Counselor, Social Work MFT Board	
<i>My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-26-16 "Special treatment and safety measure," 5122-26-16.1 "Mechanical restraint and seclusion," 5122-26-16.2 "Physical restraint" And 5122-26-16.3 "Aversive behavioral interventions and plans." I proclaim competence to the therapeutic technique(s) Specified and acknowledge that my practice is governed under laws and rules of the occupational regulatory board specified above.</i>		
Signature of Provider		Date
<i>Arleta James LPCC</i>		