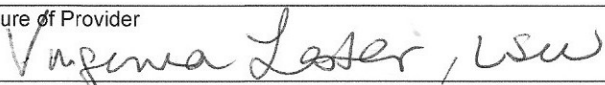


Ohio Department of Job and Family Services  
**CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES  
 AND MEMORANDUM OF UNDERSTANDING**

Child's Name <i>(first and last)</i>	Date of Birth
Specify the therapy being provided to the child <input type="checkbox"/> ATTACHMENT THERAPY <input type="checkbox"/> NEUROFEEDBACK <input type="checkbox"/> QEEG	
Professional Experience (please describe your professional experience with the therapy being provided to the child) ---In adoption field since 1993, research work in adoption (published), annual maintenance of education in attachment and trauma issues in seminars, retained by residential treatment center to provide attachment –based assessment and treatment. Neurofeedback training via EEG Spectrum with ongoing supervision with Roger deBeus, Ph.D.	
Education and Training (please list all specific education and training relative to the therapy being provided to the child) Cleveland State University, BA, Psychology major – 1990 Cleveland State University, MA, Psychology --1994	
Professional Credentials Love and Logic Facilitator #L51317122190 (member #) Infant massage therapist #CM2581 (member #)	
Name of Provider <i>(first and last)</i> VIRGINIA LESTER, LSW	
Name of Practice/Office ADOPTION & ATTACHMENT THERAPY PARTNERS LLC	
Street Address of Practice/Office 3501 E. ROYALTON ROAD	
City, State and Zip Code BROADVIEW HTS. OHIO 44147	(Area Code) Telephone Number 440-746-9099
Ohio License # S 020851	Licensing Board Counselor, Social worker, Marriage, Family Therapist 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