

BID RESPONSE PACKET
SP-18-0043

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	HealthPRO Heritage, LLC			
Address:	536 Old Howell Rd			
City:	Greenville	State:	SC	Zip Code: 29615
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input type="checkbox"/> Nonprofit	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Amber Rice	Title:	Director of Client Services
Phone:	513-268-4924	Alternate Phone:	707-706-3452
Email:	ARice@healthpro-heritage.com		

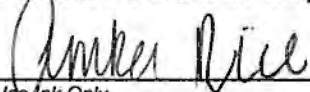
CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

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

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

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

Authorized Signature:  Title: Director of Client Services
Use Ink Only.

Printed/Typed Name: Amber Rice Date: 3.10.18

BID RESPONSE CHECKLIST

A. The following documents **must** be included with the bid response packet:

- ✓1. Complete & signed in ink *Bid Signature Page*
- ✓2. One (1) original hard copy of the *Official Bid Price Sheet*.

B. The following documents should be included with the bid response packet:

- ✓1. Contract and Grant Disclosure and Certification Form
- ✓2. Company's EEO Policy
- ✓3. Signed Addendum's if applicable
- ✓4. Official Price Sheet (Excel Sheet – Attachment "A")
- ✓5. Certifications and License copies, per therapy group, as indicated in the IFB.
- ✓6. Current Certificate of Insurance
- ✓7. National Provider Identifier or NPI and a Medicaid provider number.

NOTE: This list may not be all inclusive.

PROPOSED SUBCONTRACTORS FORM

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

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

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
NA		

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

SP-18-0043, Official Price Sheet (Attachment A)

Therapist

Note: Therapy Service total estimated units are based on fifteen(15) minute increments. Evaluation total estimated units are based on thirty (30) minutes increments.

Service Description	Estimated Units Per Year	Estimated Hours per Year/Per Estimated Units Shown	Rate per Hour	Extended Total per Year
Therapy Services by Groups				
Group A:				
Occupational Therapy	5580	1395.00	\$ 69.50	\$ 96,952.50
Occupational Therapy Assistant	557	139.25	\$ 58.50	\$ 8,146.13
Occupational Therapist Evaluation	376	188.00	\$ 69.50	\$ 13,066.00
Group "A" Total Cost for Services				\$ 118,164.63
Group B:				
Physical Therapy	3814	953.50	\$ 69.50	\$ 66,268.25
Physical Therapy Assistant	557	139.25	\$ 58.50	\$ 8,146.13
Physical Therapist Evaluation	63	31.50	\$ 69.50	\$ 2,189.25
Group "B" Total Cost for Services				\$ 76,603.63
Group C:				
Speech Therapy	1029	257.25	\$ 72.00	\$ 18,522.00
Speech Therapist Evaluation	269	134.50	\$ 72.00	\$ 9,684.00
Group "C" Total Cost for Services				\$ 28,206.00

* Total Cost per Year includes the estimated hours multiplied by the rate per hour indicated.

OFFICIAL BID PRICE SHEET

SEE EXCEL SHEET TITLED "OFFICIAL PRICE SHEET" (Attachment "A"). ALL COST MUST BE INCLUDED ON THE EXCEL OFFICIAL BID PRICE SHEET.

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

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

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER	SUBCONTRACTOR:	SUBCONTRACTOR NAME:
TAXPAYER ID #: <u>56-12</u> -	OR <u>56-2139377</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TAXPAYER ID NAME: <u>HealthPRO Heritage, LLC</u> IS THIS FOR: <input type="checkbox"/> Goods? <input checked="" type="checkbox"/> Services? <input type="checkbox"/> Both?			
YOUR LAST NAME: <u>Rice</u>	FIRST NAME: <u>Amber</u>	M.I.: <u>N</u>	
ADDRESS: <u>536 Old Howell Rd.</u>			
CITY: <u>Greenville</u>	STATE: <u>SC</u>	ZIP CODE: <u>29615</u>	COUNTRY: <u>USA</u>

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>(senator, representative, name of board/ commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

FOR AN ENTITY (BUSINESS) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>(senator, representative, name of board/commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

*NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

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

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

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

2. I will include the following language as a part of any agreement with a subcontractor:

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

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

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

Signature Amber Rice Title Director of Client Services Date 3-10-18

Entity Contact Person Amber Rice Title Director of Client Services Phone No. 513-2108-4924

AGENCY USE ONLY

Agency Number _____	Agency Name _____	Agency Contact Person _____	Contact Phone No. _____	Contract or Grant No. _____
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FORMS AVAILABLE FROM OFFICE OF DISCLOSURE AND REVIEW (501) 682-5407

**NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED*

EMPLOYMENT

Equal Employment Opportunity And Harassment Policy

The Company is strongly committed to complying with the requirements of Title VII of the Civil Rights Act, the Equal Pay Act, the Age Discrimination in Employment Act, the Pregnancy Discrimination Act, the Americans with Disabilities Act, the Immigration Reform and Control Act, Genetic Information Nondiscrimination Act and the Uniform Services Employment, the Reemployment Rights Act, California's Fair Employment and Housing Act ("FEHA") and all other federal and state equal employment and anti-discrimination and harassment laws. This policy is intended to comply with the requirements of these federal and state statutes and confers no further rights or remedies on associates other than those conferred upon them under these statutes.

THIS POLICY IS NOT INTENDED TO AND DOES NOT CREATE ANY CONTRACTUAL RIGHTS UNDER STATE LAW; NOR DOES IT ALTER YOUR AT-WILL EMPLOYMENT STATUS.

Pursuant to federal and state law, the Company prohibits discrimination and harassment based on protected categories such as race, color, national origin, ancestry, religion, religious creed, citizenship, sex, gender, pregnancy, gender identity, gender expression, sexual orientation, physical disability, mental disability, medical condition, genetic information, marital status, military or veteran status or age, or any other classification protected by law in any aspect of employment opportunity. The prohibition against discrimination applies to all aspects of employment, including, but not limited to, recruitment, hiring, promotions, compensation, benefits, discipline, transfers, layoffs, and terminations.

Disciplinary action, up to and including immediate dismissal, may be taken against any associate who violates this policy.

The prohibition against harassment applies to unwelcome verbal, written or physical conduct that denigrates, shows hostility or aversion toward, or is otherwise based upon an individual's protected status. Harassing conduct is conduct that (1) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (2) has the purpose or effect of unreasonably interfering with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

Harassing conduct may consist of acts, requests, spoken words, gestures, or the production, display or circulation of written words, pictures or other materials. Harassing conduct includes epithets, slurs or negative stereotyping, threatening or intimidating or hostile conduct, denigrating jokes, and written or graphic material that denigrates or shows hostility or aversion toward an individual or group based on a protected status.



For purposes of this policy, “harassment” does not prohibit vigorous debate or intemperate comments regarding wages, hours and other terms and conditions of employment protected by Section 7 of the National Labor Relations Act (“NLRA”).

While other forms of harassment are prohibited by these statutes, sexual harassment deserves special mention.

A. Definition of Sexual Harassment

The Equal Employment Opportunity Commission (EEOC) has issued guidelines regarding sexual harassment in the workplace.

“Sexual Harassment” is defined by the EEOC guidelines as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment includes threats or insinuations, either explicitly or implicitly, that an associate’s refusal to submit to sexual advances will adversely affect the associate’s employment, evaluation, wages, advancement, assigned duties, shifts or any other conditions of employment.

Other improper conduct in the workplace, whether committed by managers, co-workers, vendors, or clients is also prohibited by Title VII of the Civil Rights Act. This other conduct may include, but is not limited to, unwanted sexual flirtations; advances, propositions, or graphic verbal comments about an individual’s body; sexually degrading words used to describe an individual; the display in the workplace of sexually suggestive objects, pictures, writing, language or drawings; or unwelcome touching or physical contact.

B. Responsibility and Complaint Procedure

Any associate who is the target of or a witness to discrimination or harassment or who has a good faith concern that another associate is being discriminated against or harassed should report the matter to Human Resources. The Company encourages associates to promptly report complaints or concerns regarding discrimination, harassment, or retaliation so that rapid and constructive action may be taken. Therefore, although no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of discrimination, harassment, and retaliation.

Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy

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and, like harassment or discrimination itself, will be subject to disciplinary action, up to and including immediate termination. Acts of retaliation should be reported immediately to Human Resources, the Chief Executive Officer, or the President.

After discrimination, harassment, or retaliation is reported, an investigation of the complaint will be handled discreetly and confidentially to the fullest extent possible and lawful, consistent with adequate investigation and appropriate corrective action. However, nothing in this policy limits any associate's right to discuss the wages, hours, and terms and conditions of employment or to otherwise engage in activities protected by Section 7 of the NLRA.

Anyone who subjects another to discrimination, harassment or retaliation will be subject to disciplinary action up to and including discharge. It is the responsibility of Human Resources to make the intensely fact-specific determination of whether a violation of this policy actually has occurred, and to help determine what, if any, disciplinary or corrective action will be taken.

i heal.

i restore.

i rebuild.

i care.

i empower.

State of Arkansas
OFFICE OF STATE PROCUREMENT
1509 West Seventh Street, Room 300
Little Rock, Arkansas 72201-4222
501-324-9316

ADDENDUM 1

TO: Vendors Addressed
FROM: Judy Shirley, CPPB
DATE: February 23, 2018
SUBJECT: SP-18-0043; Therapy Services

The following change(s) to the above-referenced Invitation for Bid have been made as designated below:

- Change of specifications
 Additional specifications
 Change of bid opening time and date
 Cancellation of bid
 Other

BID OPENING DATE AND TIME WILL REMAIN THE SAME:

Bid Opening Date: March 8, 2018 Bid Opening Time: 2:00 p.m. Central Time

CHANGE:

SECTION 1.2 (B) Type of Contract – change as follows:

B. The anticipated starting date for any resulting contract is **July 1, 2018** except that the actual contract start date may be adjusted forward unilaterally by the State for up to three calendar months. By submitting a signed bid in response to the IFB, the Prospective Contractor represents and warrants that it will honor its bid as being held open as irrevocable for this period.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid. FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE OFFICE OF STATE PROCUREMENT.

If you have any questions please contact **Judy Shirley** at (501) 324-9314 or judy.shirley@dfa.arkansas.gov

Company: HealthPRO Heritage, LLC
Signature: Amber Rice Date: 3.8.18

SP-18-0043, Official Price Sheet (Attachment A)

Therapist

Note: Therapy Service total estimated units are based on fifteen(15) minute increments. Evaluation total estimated units are based on thirty (30) minutes increments.

Service Description	Estimated Units Per Year	Estimated Hours per Year/Per Estimated Units Shown	Rate per Hour	Extended Total per Year
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Physical Therapy Assistant	557	139.25	\$ 58.50	\$ 8,146.13
Physical Therapist Evaluation	63	31.50	\$ 69.50	\$ 2,189.25
Group "B" Total Cost for Services				\$ 76,603.63
Group C:				
Speech Therapy	1029	257.25	\$ 72.00	\$ 18,522.00
Speech Therapist Evaluation	269	134.50	\$ 72.00	\$ 9,684.00
Group "C" Total Cost for Services				\$ 28,206.00

* Total Cost per Year includes the estimated hours multiplied by the rate per hour indicated.



Sarah L., OTR/L - Occupational Therapist
501-206-XXXX

EDUCATION

EDUCATION MASTER'S OF SCIENCE IN OCCUPATIONAL THERAPY

University of Central Arkansas, Conway AR August 2016

BACHELOR OF SCIENCE IN FAMILY AND CONSUMER SCIENCES

University of Central Arkansas, Conway AR December 2012

LICENSES/CERTIFICATIONS

- Expected OTR License: August 2016
- Certified Nursing Assistant 2011
- Mandated Reporter
- Certification Child Maltreatment Certification
- Collaborative Institutional Training Initiative (CITI) Training
- CPR and First Aid Certification
- Infections Control Training HIPAA Training

EXPERIENCE PROFESSIONAL

OCCUPATIONAL THERAPIST

North Hills Life Care and Rehab
27 E Appleby Rd
August 2017-Current

OCCUPATIONAL THERAPIST

Jarvis Pediatric Therapy
2070 Mackenzie St. Suite C
Springdale, AR 72762
October 2016-2017

REHAB TECHNICIAN

Southridge Nursing and Rehabilitation Center
Heber Springs, AR
2012-2013

CLINICAL ROTATIONS

Unity Health-Specialty Care (Inpatient Rehabilitation) Searcy, AR November 2015

Therapy4Kids (Pediatric) Greenbrier, AR January 2016 – March 2016

Baptist Health (Mental Health) Little Rock, AR March 2016 – June 2016



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

Detailed License Verification

Queried on: Tuesday, March 06, 2018 at: 2:33 PM

General Information

Name: Sarah Elizabeth L., OT
Specialty:

Address Information

Mailing Address:
City/State/Zip: Heber Springs, AR 72543
Phone: (501) 206-XXXX
Fax:

License Information

License Number: OTR2971
Original Issue Date: 9/30/2016
Expiration Date: 12/31/2018
Basis: Exam
License Status: Active
License Category: Unlimited

No Information Found for: License Board History

Morgan Lea K., COTA
870-814-XXXX

Objective Seeking Occupational Therapy Assisting position upon graduating from Bossier Parish Community College and obtaining licensure to practice Occupational Therapy Assisting services in Arkansas and Texas.

Experience Volunteerism
Salvation Army-Texarkana, Arkansas
2011-2016
Preparing and serving the community dinner and dessert for residents and homeless population
Stocking and organizing the food pantry on site
Loading supplies in backpacks to donate to Texarkana's homeless population
Hardy Memorial United Methodist Church- Texarkana, Texas
Annually
Participating in the *One Day Mission of Mercy* each year to serve the community in areas of crafts, food, agriculture, infrastructure, and missionary services.

Cornerstone Retirement Community, Texarkana, Texas
Varying times between May 2011- March 2017
Selecting leisure/informal education activities according to client's specific needs
Assisting residents with simple grooming activities each morning
Facilitating socialization among residents through group leisure activities and discussions

Occupational Therapy Level Two Fieldwork
HealthSouth Rehabilitation Hospital, Texarkana, Texas
July 31st, 2017 September 22nd, 2017
Implementing occupational therapy interventions under the direct supervision of the fieldwork supervisor
Completing electronic/paper documentation for each client on the caseload
Participating in interdisciplinary team conferences focusing on client-centered care
Conducting family/caregiver education sessions prior to client discharge

Temple Memorial Rehabilitation Center, Texarkana, Texas
October 2nd, 2017-November 23rd, 2017
Planning and implementing treatment activities for clients with a variety of diagnoses
Completing SOAP style notes for each client in a timely manner
Performing needs assessments of facility to include specific therapeutic media into sessions
Collaborating with family/caregivers to provide education and assist in goal setting



Education Associates of Applied Science in Occupational Therapy Assisting
Bossier Parish Community College, Bossier City, Louisiana
Graduated: December 8th, 2017
4.0 GPA for entirety of program/fieldwork (Chancellors List)

General Studies-Prerequisites

Texas A&M University-Texarkana, Texas

Years 2013-2015

Listed each semester on the Dean's list of academic achievement, GPA: 4.0

Texarkana College- Texarkana, Texas

Years 2015-2016

GPA: 4.0



ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.amedicalboard.org

Detailed License Verification

Queried on: Tuesday, March 06, 2018 at: 2:37 PM

General Information

Name: Morgan Lea K., OT-A

Specialty:

Address Information

Mailing Address:

City/State/Zip: Texarkana, TX 75503

Phone:

Fax:

License Information

License Number: OT-A1312

Original Issue Date: 12/29/2017

Expiration Date: 10/31/2018

Basis: Exam

License Status: Active

License Category: Unlimited

No Information Found for: License Board History

Kimberly A. W., PT 501-517-XXXX

Education

Northwestern University Physical Therapy, Chicago, IL
Bachelor of Science in Physical Therapy (November 1989)

University of South Dakota, Vermillion, SD
Transitional Doctorate in Physical Therapy (Will graduate May 2018)

Experience

Pediatric physical therapist (January 2016 – Present)
All Children's Therapy (Little Rock, AR)
Part-time

Instructor (August 2015 – Present)
Little Rock Christian Academy (Little Rock, AR)
High school Anatomy and Physiology instructor/ blood drive coordinator

Pediatric physical therapist (March 2010 – Present)
Helping Hand Children's Center (North Little Rock, AR)
Part-time/PRN

Out-patient orthopedic physical therapist (August 2007 – May 2008)
Delta Physical Therapy (North Little Rock, AR)
Staff therapist. Also performed developmental evaluations/treatment on children at local child care center.

Out-patient orthopedic physical therapist (August 2006 – August 2007)
Touchstone Physical Therapy (Little Rock, AR)
Staff physical therapist

Out-patient orthopedic physical therapist (August 2003 – March 2006)
Progressive Rehabilitation Associates (Cedar Rapids, IA)
Staff physical therapist. Emphasis on osteoporosis education and ASTYM soft tissue mobilization; clinical instructor for PT student; assisted with clinic marketing; exercise class instructor at assisted living facility; assisted in starting aquatic therapy program.

Home care physical therapist (June 2002 – May 2003)
Prewett Physical Therapy (Little Rock, AR)

Out-patient orthopedic physical therapist (August 1999 – June 2002)
Central Plains Clinic/Sioux Valley Clinic, Sioux Falls, SD
Staff physical therapist with emphasis on occupational medicine; assisted with new employee orientation including ergonomics, posture, and body mechanics; performed on-site clinical ergonomic analyses; clinical instructor for PT students; PT representative at community health fair.

Out-patient orthopedic physical therapist (January 1995 – June 1999)



Alegent Health Physical Therapy, Omaha, NE
 Staff physical therapist; assisted with back school, developed protocols for Nebraska Spine Surgeons PT Clinic; clinical instructor for PT and PTA students.

Acute care/out-patient orthopedics/ home care/ minimal hand physical therapy (July 1992 – December 1994)

Helping Hands Physical Therapy, Omaha/Lincoln, NE
 Clinic manager – out-patient physical therapy, Glenwood, IA; industrial medicine – Pendleton Woolen Mills; provided on-call physical therapy services in surrounding communities; developed walking program for employees of health care facility in Glenwood, IA.

Acute care/phase I cardiac rehab/ out-patient orthopedics (March 1991 – June 1992)

St. Joseph Hospital, Omaha, NE
 Staff physical therapist; clinical instructor for PT student; Cardiac lab instructor for University of Nebraska PT students.

Acute care/out-patient orthopedics/home care (September 1990 – March 1991)

St. Mary's Hospital, Kankakee, IL
 Assistant director of physical therapy; coordinated weekly technician training program; community out-reach/postural screenings and body fat analysis.

Acute care/phase I cardiac rehab/industrial back school (November 1989 – September 1990)

St. Joseph Hospital, Omaha, NE
 Staff physical therapist, physical therapy promotions at Nebraska Physicians' Conference.

Activities

- Volunteer in Special Needs at Fellowship Bible Church – June 2017 - Present
- Half marathon participant – Jonesboro, AR 2017; Batesville, AR 2015; Jonesboro, AR 2014; Conway, AR 2012; Little Rock, AR 2012
- Certified Weight Trainer – October 2015
- Volunteer in café at Fellowship Bible Church – August 2010 – March 2015
- Co-leader of Women on a Mission – Fall 2014
- Disciple Group coordinator – August 2011 – present
- Haiti mission trip – July 2011
- Tutored students in math and reading at Franklin Elementary School – 2009 -2011
- Home school educator – August 2008 – May 2011
- Honduras medical mission trip – June 2007
- Member Fellowship Bible Church – June 2006 - Present

Continuing Education

- Myofascial/Osseous Integration, Omaha, NE, March 1994



- **Continuing Education (continued)**
- Dynamic Stabilization and Other Uses of the Therapy Balls, Omaha, NE, October 1994
- The Pelvic Girdle, Chicago, IL, October 1996
- Postural Restoration, Omaha, NE, November 1997
- Balance and Mobility in the Elderly, Lincoln, NE, August 1998
- The Upper Extremity, Sioux Falls, SD, July 2000
- Foot Biomechanics, Sioux Falls, SD, June 2001
- Brian Mulligan – Manual Therapy: NAGS, SNAGS, and MWM's – Des Moines, IA, April 2002
- Open and Closed Chain Exercises: A Functional Approach, Des Moines, IA, August 2003
- Manual Therapy Techniques of the Upper Extremity, Iowa City, IA March 2004
- Osteoporosis: A Comprehensive Treatment Strategy, Kansas City, MO, February 2004
- Solving the Mystery of Adhesive Capsulitis and Preventing Osteoporosis, Omaha, NE, January 2005
- Open and Closed Chain Exercises: A Functional Approach, Des Moines, IA, August 2013
- Manual Therapy Techniques of the Upper Extremity, Iowa City, IA March 2004
- Osteoporosis: A Comprehensive Treatment Strategy, Kansas City, MO, February 2004
- Solving the mystery of Adhesive Capsulitis and Preventing Osteoporosis, Omaha, NE
January 2005
- ASTYM – Lincoln, NE, January 2006
- Upper Extremity Fractures, Hand Therapy, and Then Some, Little Rock, AR May 2007
- Current Concepts in Rehabilitation for the TKR, Home Study Course, July 2008
- Hip Replacement – Surgery and Rehabilitation, Home Study Course, November 2009
- Patellofemoral Syndrome – Home Study Course, November 2009
- Shoulder Impingement – Diagnosis and Treatment, Home Study Course, January 2010
- Making Sense-ory Out of Motor Development – North Little Rock, AR, August 2010
- Childhood Neurology – Little Rock, AR, March 2011
- The Autism/Sensory Survival Kit, Little Rock, AR, May 2012
- Kinesiotaping: Integrating Movement assessments and Corrective Exercise Strategies, Little Rock,
AR, September, 2013
- Torticollis and Plagiocephaly, Home Study Course, May 2014
- Dynamic Stretching: The Missing Link to Fitness, Athletic Performance, Injury Prevention, and
Rehabilitation, Little Rock, AR, March, 2015
- Effective Strength Training, Little Rock, AR, October 2015
- The Orthopedic Patient: Musculoskeletal Concepts For Acute and Chronic Disorders, Little Rock, AR, May 2017



ARKANSAS STATE BOARD OF *Physical Therapy*

Roster

[<< Back to Search](#) 1 to 1 of 1 matches [Back to Search >>](#)

No.	First Name	Last Name	License Number	License Issue Date	License Status	CE Hours 2019	Juris Exam 2019	Expiration Date
1	Kimberly	W.	PT 2593	2002-03-19	Active	11.25	No	2019-03-01

[<< Back to Search](#) 1 to 1 of 1 matches [Back to Search >>](#)

[Back to Search](#)

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**Julie R., Physical Therapist Assistant****Work Experience****PTA**

Back and Neck Plus Physical Therapy - Little Rock, AR

October 2015 to Present

Outpatient innovative spine clinic

Part time/PRN

PTA

Concentra - Little Rock, AR

June 2015 to September 2015

Outpatient rehab

PTA

PTI (Physical Therapy Institute) & Intrepid HH - Little Rock, AR

May 2014 to November 2014

Responsibilities

Varied: Home health, assisted living facilities, outpatient clinic, personal training

Accomplishments

Some patients expressed that I made a difference in their rehab by really listening to them and spending time / truly caring for them as well teaching and motivating them. In part, I think it is because I have been "the patient" in the past, so I feel like I have a good understanding and compassion for what they are going through; it gives me a different perspective and perhaps makes me a unique PTA based on these personal experiences. It helps to be able to relate to the patients better and know how to motivate and support them along the way toward teaching their goals.

Skills Used

Computer documentation /scheduling /customer service /patient care in a variety of settings/time management/working in a team environment as well as independently (depending on the setting); also, good communication skills/caring for patients.

PTA

Campbell Clinic Orthopedics - Germantown, TN

April 2007 to October 2009

Responsibilities

Outpatient orthopedics , aquatic therapy

Accomplishments

Busy clinics - I treated up to 18 patients a day; I worked at all 4 locations so I had to be flexible and knowledgeable to see new patients on short notice; I also worked with new/different therapists frequently so very much learned to go with the flow



without a problem; I also worked the front desk at times, learning the system for scheduling/multi tasking with phone calls.. I am a fast learner

Skills Used

Computer and phone scheduling; I think I became excellent at customer (patients) service during this time as well; delegating tasks as to PT techs as a PTA and communicating well with PTs to assure high standards in patient care

PTA

Supplemental Healthcare/North Colorado Therapy Center - Greeley, CO

May 2006 to March 2007

Responsibilities

Various SNFs and rehab hospitals; outpatient rehab and aquatic therapy

Accomplishments

Assisted PTs in the care, treatment, and management, of patient's rehab goals; often worked with a team of therapists to achieve these standards (working with OT and speech therapists and coordinating scheduling/treatment/patient care)

Skills Used

I took courses in aquatic therapy and became more knowledgeable/experienced in this area; thus, spending a lot of days in the pool as well as progressing patients from pool ("back to land") to the gym / or combination in order to reach potential/ therapy goals and successful outcomes;

PTA/ certified personal trainer & Fitness Advisor

Trinity Rehab and Fitness Center - Erin, TN

September 2004 to April 2006

Responsibilities

PTA in a variety of settings daily: outpatient, inpatient (hospital -acute/subacute), school systems as well as pediatrics in general (in outpatient setting); Also In charge of overseeing/managing/coordinating patients in the transition phase between completing physical therapy and oftentimes continuing on with an exercise program; also personal trainer for people from the community in the gym who were not patients at the time, but wanted to achieve certain fitness/weight loss goals

Accomplishments

I enjoyed helping patients reach goals and feel better ... whether it be a patient post-surgery, a child with developmental delays improve and be proud of him/herself, or someone from the community losing weight as they set out to do. I developed a good rapport within the community.

Skills Used

As I was often multitasking, I learned quickly the importance of time management, "team building skills" ~ I work well with coworkers, and the importance of good documentation and communication.

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Education

AAS in Physical Therapy Assistant
Volunteer State Community College Gallatin, TN
January 2003 to January 2004
BS in Exercise Science/ Nutrition

Middle Tennessee State University Murfreesboro, TN
January 2000 to January 2002
NA (transferred) in Athletic Training

Lambuth University Jackson, TN
January 1998 to January 2000

i heal.

i restore.

i rebuild.

i care.

i empower.



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[<< Back to Search](#) 1 to 1 of 1 matches [Back to Search >>](#)

No.	First Name	Last Name	License Number	License Issue Date	License Status	CE Hours 2019	Juris Exam 2019	Expiration Date
1	Julie	R.	PTA 3811	2014-05-12	Active	6	No	2019-03-01

[<< Back to Search](#) 1 to 1 of 1 matches [Back to Search >>](#)

[Back to Search](#)

[About the Board](#) | [Applying for Licensure](#) | [Rules and Regulations, Practice Act](#) | [Forms Roster](#) | [FAQs](#) | [Filing a Complaint](#) | [Links](#) | [Continuing Education](#) | [Board News](#)

**Andrew R. S., Speech Therapist****Work Experience****Speech-Language Pathologist, CCC-SLP****BETHEL PUBLIC SCHOOLS (EBS HEALTHCARE) - Graham, WA**

January 2016 to January 2017

- Provided therapy for public school students.
- Conducted assessments, interpreted results, developed IEP goals.
- Held regular IEP meetings to address educational concerns.
- Collaborated with teachers and team on students' educational needs.
- Communicated with caregivers to address concerns and/or report progress.
- Maintained updated files and progress notes.
- Provided support for nonverbal population via AAC.
- Scheduled evaluations and reevaluations.
- Performed evaluations and written reports at a public elementary school to assist with new therapist completing her CFY.
- Caseload included children twelve to twenty-one with hearing deficits, TBI, autism, genetic disorders, articulation and language disorders.

Speech-Language Pathologist, CCC-SLP**HAWAII PUBLIC SCHOOLS (EBS HEALTHCARE) - Wahiawā, HI**

January 2015 to January 2016

- Provided therapy for students at a military school and public school.
- Conducted assessments, interpreted results, developed IEP goals.
- Held regular IEP meetings to address educational concerns.
- Collaborated with teachers and team on students' educational needs.
- Communicated with caregivers to address concerns and/or report progress.
- Maintained updated files and progress notes.
- Provided support for nonverbal population via AAC.
- Scheduled evaluations and reevaluations.
- Performed hearing screenings.
- Caseload included children five to thirteen with hearing deficits, Down syndrome, autism, genetic disorders, articulation and language disorders.

Speech-Language Pathologist, Clinical Fellow**TACOMA PUBLIC SCHOOLS (EBS HEALTHCARE) - Tacoma, WA**

January 2014 to January 2015

TACOMA, WA

Completed CFY in 9 months; awarded June 2015.

- Covered a caseload of 62 students between two public schools.
- Performed speech and language screenings, administered standardized speech and language assessments, interpreted assessment results, developed measurable IEP goals.



- Conducted regular IEP meetings to address educational concerns.
- Served as a member on the Student Focus Team,
- Collaborated with teachers and related team members on students' educational needs.
- Communicated regularly with parents to address concerns and progress.
- Maintained organized documentation and student files.
- Developed communication boards to address nonverbal student needs.
- Provided inservices to staff and colleagues to teach how to effectively use low-cost communication boards.
- Caseload included children three to twelve with autism, Down syndrome, stuttering, genetic disorders, mutism, and language and speech disorders.

Graduate Student Clinician

LAKEWOOD NURSING & REHAB CENTER - North Little Rock, AR

March 2014 to May 2014

Supervisor: Brittany Best, M.S. CCC-SLP

- Provided speech and language therapy for geriatric patients in individual settings.
- Collected and analyzed client data to adjust therapy goals.
- Served clients with dysphagia, articulation, cognition, and fluency disorders.
- Assessed client strengths and weaknesses, prepared diagnostic reports, created client specific materials, and provided training for family members and nurses.
- Served adults who had a range of diagnoses: CVA, Huntington's Disease, Parkinson's, dementia, and complications due to injury or infections.

Graduate Student Clinician

UALR / UAMS SPEECH & HEARING CLINIC - Little Rock, AR

January 2012 to January 2013

Supervisors: Greg Robinson, Ph.D. CCC-SLP; Terri Hutton, M.F.A. CCC-SLP

- Provided speech and language therapy for children and adults age 4 years to geriatric in both individual and group settings.
- Learned to collect and analyze client data to adjust therapy goals.
- Provided therapy for phonological processing, articulation disorders, dysarthria, accent modification, and apraxia of speech.
- Evaluated and assessed speech and language abilities through standardized testing and clinical observation.
- Created lesson plans and prepared diagnostic reports.
- Counseled clients regarding speech or language challenges and participated in staffing conferences with supervisors.

Oral English Professor

WUHAN POLYTECHNIC UNIVERSITY - WUHAN, CN

January 2009 to January 2010

WUHAN, CHINA

Responsibilities: Taught Oral English, which included the areas of articulation, accent



modification, and pragmatics; created and implemented lesson plans and learning activities, and judged public English speaking competitions.

Education

Master of Science in Communication Sciences and Disorders

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES Little Rock, AR

January 2014

Bachelor of Science in Horticulture Science

UNIVERSITY OF ARKANSAS Fayetteville, AR

January 2008

PROFESSIONAL AFFILIATIONS

2014-Present ASHA Member

2012-2014 National NSSLHA Member

2012-2014 UALR / UAMS NSSLHA Member

Summer 2013 AIM HI (Achieving in the Mainstream with Hearing Impairment) Camp:

Led group therapy sessions and team activities to improve oral communication.

2011-2012 University of Arkansas NSSLHA Member

2010-2011 Spring International Language Center: Conversation partner/mentor



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2017

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 have ADDITIONAL INSURED provisions or 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).

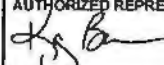
PRODUCER Marsh & McLennan Agency, LLC Company 870 South Pleasantburg Drive Greenville SC 29607	CONTACT NAME: Kathryn L. Buchanan, CIC, CPIW, AINS PHONE (A/C, No, Ext): 864-672-8576 FAX (A/C, No): 864-233-9291 E-MAIL ADDRESS: Kathryn.Buchanan@MarshMMA.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Homeland Insurance Company of New York</td> <td>34452</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Homeland Insurance Company of New York	34452	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED SPECTPROFE Spectrum Professional Services, LLC and all subsidiaries and affiliated entities 307 International Circle-Suite 100 Hunt Valley, Baltimore MD 21030														

COVERAGES **CERTIFICATE NUMBER:** 1320587135 **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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Ded 50k Ea Claim <input checked="" type="checkbox"/> 500k Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MFL-004746-017	10/9/2017	10/9/2018	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$Included GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MFL-004746-017	10/9/2017	10/9/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Healthcare Prof. Liab. Occurrence Coverage			MFL-004746-017	10/9/2017	10/9/2018	Each Claim/SIR \$2MM/50k Aggregate/SIR \$10MM/500k

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insureds include: Healthpro Management Services, LLC; Topsail Staffing, LLC; Healthmax, LLC; Healthpro Therapy Services, LLC; Affinity Rehabilitation, LLP; Wallace Management Corporation D/B/A Therapy Partners; Wallace Management Corporation D/B/A Rehabilitex; Wallace Management Corporation d/b/a HealthPRO Rehabilitation; Comprehensive Rehabilitation, LLC; Comprehensive Rehabilitation, Ltd; Comprehensive Therapeutics, Ltd. D/B/A The Comprehensive Group; HealthPRO Heritage, LLC; HealthPRO Heritage Rehab and Fitness, LLC; Md Rehab, LLC; Rehab Solutions, LLC; Therastat Data LLC; HPTS PA, LLC; Freedom Therapy, OT, PT & SLP, PLLC; New Life Physical Therapy Services, P.C.; Lingua Health LLC; Green Country Rehabilitation LLC; HealthPRO Heritage at Home, LLC; Connect Health Professionals; New Life Healthcare, LLC; New Life Rehabilitation, LLC

CERTIFICATE HOLDER HealthPRO Heritage, LLC and HealthPRO Heritage Rehab & Fitness, LLC 536 Old Howell Road Greenville SC 29615	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 
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NPI Number *Lookup*

Free National NPI Number Registry

NPI Number Detailed Information

Provider Information:

Name: Healthpro Heritage, LLC
Gender:
Provider License Number If Given:

NPI Information:

NPI: 1265965628
Entity Type (Individual or Organization): 2-org
Enumeration Date: 4/4/2017
Last Update Date: 4/4/2017

Provider Business Mailing Address:

Address: 536 OLD HOWELL RD
Greenville, SC 29615
Phone Number: 8642443626
Fax Number:

Provider Business Practice Location Address:

Address: 536 OLD HOWELL RD
Greenville, SC 29615
Phone Number: 8642443626
Fax Number:

Provider Taxonomy:

Primary: 225100000X
Secondary (if any):
State: SC