

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

Child's Name (first and last)	Date of Birth
Specify the therapy being provided to the child Attachment Assessment Attachment Therapy	
Professional Experience (please describe your professional experience with the therapy being provided to the child) Therapist at ABC of Ohio 1999 - Present	
Education and Training (please list all specific education and training relative to the therapy being provided to the child) MSW - Ohio State University 1995 Annual ATTACH Conference 1997 - Present Ongoing consultation with Gregory C. Keck, Ph.D.	
Professional Credentials: LISW-S	
Name of Provider (first and last) Paula Andree, LISW-S	
Name of Practice/Office Attachment and Bonding Center of Ohio	
Street Address of Practice/Office 3966 Brown Park Drive - Suite H	
City, State and Zip Code Columbus OH 43026	(Area Code) Telephone Number 614-850-9800 #1
Ohio License # 10007932	Licensing Board Ohio Counselor and Social Worker Board
<small>I certify that my therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-25-16 "Social 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.</small>	
Signature of Provider <i>Paula Andree, LISW-S</i>	Date 7/1/09