

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	
<input type="checkbox"/> Attachment Therapy <input type="checkbox"/> Neurofeedback	
Professional Experience (please describe your professional experience with the therapy being provided to the child)	
Providing adoption/attachment services since 1995 Author of "Brothers and Sisters in Adoption: Helping Children Navigate Relationships When New Kids Join The Family" Trainer - Ohio Child Welfare Training Program since 2001 Neurofeedback: Training via EEG Spectrum - Ongoing clinical supervision with Sebern Fisher	
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 Registered Clinical Member of the Association for the Treatment and Training in the Attachment of Children (ATTACH) - Attend ATTACH conference annually and follow their ethical standards for attachment-focused interventions. Ongoing clinical supervision with	
Professional Credentials	
Gregory C. Keck, Ph.D.  Licensed Professional Clinical Counselor (PCC)	
Name of Provider (first and last)	
ARLETA JAMES PCC	
Name of Practice/Office	
ATTACHMENT AND BONDING CENTER OF OHIO	
Street Address of Practice/Office	
12608 STATE ROAD - SUITE 1	
City, State and Zip Code	(Area Code) Telephone Number
CLEVELAND OH 44133	440-230-1960 #4
Ohio License #	Licensing Board
E3809	STATE OF OHIO COUNSELOR SOCIAL WORKER, MET BOARD
My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-25-16 "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.	
Signature of Provider	Date
<i>Arleta James PCC</i>	7/1/09