


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 Therapy	
Professional Experience (please describe your professional experience with the therapy being provided to the child)	
Have practiced for 18 years at the Attachment and Bonding Center of Ohio In adoption field since 1973 Have trained nationally and internationally on attachment therapy Co-authored ADOPTING THE HURT CHILD and PARENTING THE HURT CHILD	
Education and Training (please list all specific education and training relative to the therapy being provided to the child)	
BA Notre Dame College Masters Degree John Carroll University Over 500 CE units of Attachment and Adoption	
Professional Credentials	
LSW - Licensed Social Worker Adoption Trainer IHS Certified Assessor #25-05-96 Ohio Registered Clinical Therapist #ROE 02-004 with ATTACH (Association for Treatment and Training in the Attachment of Children)	
Name of Provider (first and last)	
REGINA M. KUPECKY, LSW	
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 #5
Ohio License #	Licensing Board
S0001449	State of Ohio Counselor and Social Worker Board
My therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-26-06 "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
	7/1/09