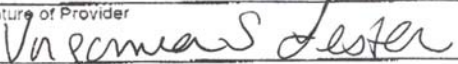


Ohio Department of Job and Family Services
**CREDENTIALS FOR PROVIDERS OF PASSS FUNDED THERAPEUTIC SERVICES
 AND MEMORANDUM OF UNDERSTANDING**

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)					
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 Sebern Fisher.					
Education and Training (please list all specific education and training relative to the therapy being provided to the child)					
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Cleveland State University, BA, Psychology major</td> <td style="border: none; text-align: right;">1990</td> </tr> <tr> <td style="border: none;">Cleveland State University, MA, Psychology</td> <td style="border: none; text-align: right;">1994</td> </tr> </table>		Cleveland State University, BA, Psychology major	1990	Cleveland State University, MA, Psychology	1994
Cleveland State University, BA, Psychology major	1990				
Cleveland State University, MA, Psychology	1994				
Professional Credentials					
Love & Logic Facilitator #L51317122190 (member #) Infant massage therapist #CM2581 (member #)					
Name of Provider (first and last)					
Virginia Lester, 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 #8				
Ohio License #	Licensing Board				
S 0020851	Counselor, Social Worker Marriage, Family Therapist Board				
I, my therapeutic interventions will comply with all treatment aspects contained in Ohio Administrative Code rules 5122-21-16 "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				
	7/1/09				