

THE STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

Service Contract
C-08-408-01-20

THIS AGREEMENT is made effective the 20th day of **January, 2009**, by and between **JUDGE MARIO E. RAMIREZ, JR. JUVENILE JUSTICE CENTER**, a department of **HIDALGO COUNTY, TEXAS**, a political subdivision of the State of Texas (hereinafter “Department”) and **Maria Cristina Quilantañ Diaz, d/b/a Counseling Center Of South Texas, LPC** (hereinafter “Licensed Professional Counselor”) to service at the pleasure of the Department.

WITNESSETH:

WHEREAS, Department desires to contract with a person to provide the services necessary to act as a provider of “Licensed Professional Counseling Services” for the youth probationers served by Department (the “Clients”) that are more specifically set forth hereinafter; and

WHEREAS, Contractor has agreed to provide the services enumerated hereinafter for the Department.

NOW, THEREFORE, for the mutual consideration expressed hereinafter, Department and Contractor agree as follows:

1. Contractor agrees to provide to Department and its Clients the services required of a “Licensed Professional Counselor” until replaced by Department. These services include, but are not limited to:
 - (a) Conducting “Individual/Family/Group Counseling” appropriate for the needs of each client;
 - (b) Conducting “Initial Clinical Intake”;

- (c) Conducting “Psychological Examinations” of the Clients as required by the Department;
- (d) Conducting “Consultation Services” as requested and required on an “As Needed Basis”;
- (e) Conducting other evaluations and tests on each Client as required by the Department;
- (f) Interpreting the results of any tests conducted under (a) (b) (c) (d) (e) or (f) stated above and submitting a written report to Department of the results of such tests and examinations, as required by Department;
- (g) Developing, implementing, monitoring and recommending to department appropriate counseling programs for the Client based on Contractor’s experience, professional training and personal observations.

All records, notes and/or reports created by Contractor and relating to services provided under this Contract shall be retained by Contractor and relating to services provided under this Contract shall be retained by Contractor for a minimum of three (3) years following the termination of this Contract, and thereafter, until any pending audit or litigation and all questions arising therefrom concerning such records are resolved by a final unappealable determination of any applicable court or agency. Contractor agrees to provide Department, the Texas Juvenile Probation Commission, and their employees, attorneys, and/or independent auditors access to such books and/or records to the extent permitted by any obligation of confidentiality between or among the Client and Contractor.

2. Contractor represent that it employs “Licensed Professional Counselors” licensed by the State of Texas and qualified to perform and execute the services provided above. If any such license is suspended or revoked, this Contract shall automatically be terminated as to such licensed professional counselor and Contractor shall immediately notify the Chief Juvenile Probation Officer of such suspension or revocation. In addition, under Section 236.006, Texas Family Code, Contractor certified that the individual or business entity named in this Contract, bid or application is not ineligible to receive the specified grant, loan or payment and

acknowledges that this Contract may be terminated if this certification is inaccurate.

3. Contractor shall prepare, maintain and submit all records that are designated, required or prescribed by either Department or the Texas Juvenile Probation Commission. In addition, Contractor shall permit Department and the Texas Juvenile Probation Commission to audit or inspect records and reports, review services and/or evaluate the performance of the services provided hereunder at any time. Contractor shall provide reasonable access to all records, books, reports and other pertinent data and information needed to accomplish reviews of activities, services and expenditures of the Department.

4. Contractor shall adopt and implement workplace guidelines concerning persons with AIDS and HIV infection and shall develop and implement guidelines regarding confidentiality of AIDS and HIV-related medical information for employees of Contractor and for Clients, inmates, patients and/or residents served by Contractor.

5. As consideration for the above and forgoing, Contractor shall submit a monthly billing statement to the Department (P.O. Box 267, Edinburg, Texas 78540). Said statement must provide an itemized list of services rendered to Department during the statement period, based on the following schedule of fees:

- a) Individual Counseling Fee Per Hour – \$85.00 Maximum/Per Hour/Per Individual
- b) Family Counseling Fee Per Hour – \$ 85.00 Maximum/Per Hour/Per Family
- c) Group Counseling Fee Per Hour – \$28.00 Maximum/Per Hour/Per Individual/Per Group
- d) Initial Intake Fee Per Hour – \$135.00 Maximum/Per Hour/Per Intake
- e) Court Fee Cost Per Hour – \$ 80.00 Maximum/Per Hour
- f) Consultation Fee Per Hour -- \$ 50.00 Maximum/Per Hour

Upon receipt of said statement, Department shall submit a requisition for payment of said

services in the customary manner provided for payments utilized by Hidalgo County, Texas.

Department will notify Contractor when state funds are used to pay for services. Contractor will account separately for the receipt and expenditure of state funds received from Department.

Contractor will comply with Department's specified accounting, reporting, and auditing requirements applicable to any state funds paid to Contractor under this Contract. In any event, Contractor agrees to separately account for the receipt and/or expenditure of funds received pursuant to this Contract and to keep adequate books and records of all such receipts and/or expenditures.

6. Contractor must comply with all applicable Department and Hidalgo County policies and with any applicable federal, state, or local laws, regulations, orders or ordinances applicable to the services provided by Contractor under this Contract. Notwithstanding the foregoing sentence, Contractor represents and maintains that it is an independent contractor and is not an employee of Department, Hidalgo County, Texas, or any agency thereof, and represents and warrants that it does not desire or request any fringe benefits provided to employees of Department, Hidalgo County, Texas, and/or any agency thereof, including, but not limited to benefits associated with Hidalgo County's civil service program. Contractor agrees to be responsible for any federal income tax, withholding or social security tax liability that might arise from payments received hereunder.

7. Department and Contractor agree that either party may terminate this contract at any time for any reason or no reason at all upon the giving of thirty (30) days prior written notice to the other party.

8. Department hereby notifies Contractor that this Contract may be wholly or partially funded with state grant funds and as such, this Contract shall be subject to termination without

penalty, either in whole or in part, if funds are not available or are not appropriated by the Texas Legislature.

9. Contractor agrees to provide liability insurance covering its activities in providing the Services for Department in an amount not less than the minimum amounts prescribed by the Texas Tort Claims Act, §100.001, et seq., Texas Civil Practices and Remedies Code, and shall furnish County a certificate issued by the professional liability insurance insurer that such insurance is in full force and effect. In addition, Contractor agrees to hold County harmless for any and all claims arising out of any activity conducted by Contractor in providing services under this Contract.

10. Except as otherwise herein provided, Contractor may not assign the obligations or rights under this Contract to any person without the prior written consent of Department.

11. It is intended that the "Term" of the contract will be for an initial period of one (1) year, with County's option to renew/extend for an additional two (2), one (1) year terms, under the same rates, terms and conditions. Hidalgo County reserves the right to continue this bid for an additional sixty (60) day grace period at the end of the contract term for unforeseen delay in award of new bid for next term, under the same rates, terms and conditions.

12. Contractor agrees to abide by all appropriate performance standards and sanctions and/or penalties that may be imposed by Department, the Texas Juvenile Probation Commission, and/or the Criminal Justice Division, Office of the Governor pursuant to contracts and/or grant arrangements with such entities, if any.

13. Nothing in this Contract shall be construed so as to require the commission of any act contrary to law, and whenever there is any conflict between any provision of this Contract and any present or future law, ordinance or administrative, executive or judicial regulation, order or

decree, or amendment thereof, contrary to which the parties have no legal right to contract, the latter shall prevail, but in such event the affected provision or provisions of this Contract shall be modified only to the extent necessary to bring them within the legal requirements and only during the time such conflict exists.

14. Department will conduct regular financial and programmatic monitoring of Contractor if Contractor is paid in whole or in part with state funds to ensure performance of and compliance with contractual provisions between Department and Contractor. If required by the Texas Juvenile Probation Commission, Department will complete and Contractor will cooperate with Department, upon request by Department, in furnishing such information and documentation as Department may require in completing the Texas Juvenile Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report to monitor Contractor's compliance with contractual requirements. If Contractor fails to deliver quality service, fails to achieve the defined goals, outcomes, strategies and outputs set by Department, or if Contractor fails to comply with any conditions in this Contract, then Department shall have the right to terminate this Contract upon the giving of ten (10) days prior written notice to Contractor.

15. No waiver by Department of any breach of any provision of this Contract shall be deemed to be a waiver of any preceding or succeeding breach of the same or any other provision hereof.

16. This Contract contains the entire agreement between the parties hereto, and each party acknowledges that neither has made (either directly or through any agent or representative) any representation or agreements in connection with this Contract not specifically set forth herein. This Contract may be modified or amended only by agreement in writing executed by Department and Contractor, and not otherwise.

17. This Contract shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Hidalgo County, Texas. The parties hereby consent to personal jurisdiction in Hidalgo County, Texas.

18. Except as may be otherwise specifically provided in this Contract, all notices, demands, requests or communications required or permitted hereunder shall in writing and shall either be (i) personally delivered against written receipt, or (ii) sent by registered or certified mail, return receipt requested, postage prepaid and addressed to the parties at the addresses set forth below, or at such other addresses as may have been theretofore specified by written notice delivered in accordance herewith:

If to Department: Judge Mario E. Ramirez, Jr. Juvenile Justice Center
Attention: Israel "Buddy" Silva, Jr.
P.O. Box 267
Edinburg, Texas 78540

If to Contractor: **Maria Cristina Quilantan Diaz d/b/a
Counseling Center Of South Texas
5400 S. Jackson Road
Edinburg, Texas 78539**

Each notice, demand, request or communication which shall be delivered or mailed in the manner described above shall be deemed sufficiently given for all purposes at such time as it is personally delivered to the addresses or, if mailed, at such time as it is deposited in the United States mail.

19. The parties hereto covenant and agree that they will execute such other and further instruments and documents as are or may become necessary or convenient to effectuate and carry out the terms of this Contract.

20. This Contract shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Contract.

21. All pronouns used in this Contract shall include the other gender, whether used in the masculine, feminine or neuter gender, and the singular shall include the plural whenever and as often as may appropriate.

22. The execution and performance of this Contract by Department and Contractor have been duly authorized by all necessary laws, resolutions or corporate action, and this Contract constitutes the valid and enforceable obligations of Department and Contractor in accordance with its terms.

EXECUTED as of the day and year first written above.

DEPARTMENT:

HIDALGO COUNTY JUVENILE PROBATION DEPARTMENT

BY: _____ DATE: _____

Israel "Buddy Silva, Jr.", Director
and Chief Juvenile Probation Officer

JUDGE MARIO E. RAMIREZ, JR. JUVENILE JUSTICE CENTER

BY: _____ DATE: _____

Hon. Mario E. Ramirez, Jr., 332nd District Court
Juvenile Department Overseer

CONTRACTOR:

BY: _____ DATE: _____

Request for Proposal
"JUDGE MARIO E. RAMIREZ, JR. JUSTICE CENTER -
EXPANSION FOR: POOL FOR LICENSED PROFESSIONAL COUNSELOR(S)"

RFP NO: 2008-408-11-05-VYG

To: Martha L. Salazar, CPPB, Purchasing Agent
Hidalgo County Purchasing Department
Physical Address: 2802 S. Business Hwy. 281
Mailing/US Postal Address: 2812 S. Business Hwy. 281
Edinburg, Texas 78539

In accordance with the Requirements, and subject to all laws and regulations of the United States and state and local laws, the undersigned proposer proposes and commits to furnish all labor, equipment, material, software and services as set forth in the documents hereinbefore mentioned. The undersigned proposer further agrees, upon acceptance of its proposal, to execute a contract and/or Purchase Order issued by Hidalgo County for performing and completing the work described in the Requirements within the time stated and for the prices proposed in the documents attached hereto and made a part hereof.

Proposer acknowledges receipt of all of the pages of the documents referenced in the Request for Proposal Checklist presented in connection with this procurement. Proposer understands that Hidalgo County reserves the right to reject any or all proposals and further reserves the right to design the evaluation criteria to be used in selecting the lowest and best proposal.

Proposer agrees that this proposal shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving proposals, as contained in the Requirements.

Respectfully submitted,

Proposer: Counseling Center of South Texas
Address: 5400 S. Jackson Road
Edinburg TX 78539

By: [Signature]
Printed Name: Maria Cristina Quintana, Esq.

EXHIBIT "D"

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

Counseling Center of South Texas

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

W/A
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A Is the local government officer named in this section receiving or likely to receive taxable income other than investment income, from the filer of the questionnaire?

Yes No

B Is the filer of the questionnaire receiving or likely to receive taxable income other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D Describe each employment or business relationship with the local government officer named in this section

4

[Signature]
Signature of person doing business with the governmental entity

11/3/07
Date

PROPOSER'S AFFIDAVIT
Exhibit "E"

PROPOSER'S AFFIDAVIT OF NON-COLLUSION
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING

STATE OF TEXAS
COUNTY OF HIDALGO

Affiant, Maria Cristina Buehler Diaz, being first duly sworn, deposes that:

- (1) Affiant does hereby state neither the Proposer nor any of the Proposer's officers, partners, owners, agents, representatives, employees, or parties in interest, has in any way colluded, conspired, agreed, directly or indirectly with any person, firm, corporation, or other proposer, or potential proposer, to provide any money or other valuable consideration for assistance in procuring or attempting to procure a contract or fix the prices in the attached proposed or the proposal of any other proposer, and further states that no such money or other reward will be hereinafter paid.
- (2) Affiant further states they have neither recommended or suggested to Hidalgo County or any of its officials or employees, any of the terms or provisions set forth in their Request for Proposal and subsequent agreement, except at a meeting open to all interested proposers, of which proper notice was given.
- (3) Affiant, further states their officers, employees, or agents have not, and will not attempt to lobby, directly or indirectly, the Hidalgo County Commissioner's Court between proposal submission date and award by the Hidalgo County County Commissioner's Court.
- (4) Affiant further states no officer, or stockholder of the Proposer is a member of the staff, or related to any employee of the Hidalgo County except as noted herein below:

Signature/Title: _____

Subscribed and sworn to before me this 7th day of April, 2008.

Notary Public Lorena Bocanegra

My commission expires: 2010, 2008.



HIDALGO COUNTY PURCHASING DEPARTMENT Proposer/Vendor Application

Complete in print or type. Please return this application to the Hidalgo County Purchasing Department
thru Facsimile: (956) 318-2629,
in person or regular mail to: 2802 South Hwy 281, Edinburg, Texas 78539
or e-mail: purchasing@co.hidalgo.tx.us

Company Name: <u>Consulting Corp. San Antonio</u> Telephone No. (956) <u>631-9000</u>	
dba Name:	
Legal Name:	
Mailing Address: <u>5400 S. JACKSON ROAD</u> Fax No. (956) <u>631-9013</u>	
Physical Address: <u>5400 S JACKSON ROAD</u>	
City, State, Zip <u>Edinburg, TX 78539</u> Tax I.D. No. <u>30-51-33010</u>	
Remit to Address: <u>SAN ANTONIO</u> City, State, Zip	
E-Mail Address: <u>POSTER@YAHOO.COM</u>	
Representative(s) Name(s) & Title(s) <u>Maria Cristina Quintana Diaz</u>	
Type of Organization (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other, Specify _____	
State Identification No. _____ (Please attached completed W-9 form with this application)	
Federal Identification No. or (if individual) SS No. <u>30-51-33010</u>	
State of Incorporation: <u>Texas</u> Date: <u>01/2006</u> Other: _____	
Type of Business (check one): <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Broker <input type="checkbox"/> Distributor <input checked="" type="checkbox"/> Service Organization <input type="checkbox"/> Other, Specify _____	
Name & Title of Person(s) Authorized to Sign Bids, Proposals, and/or Contracts: <u>Maria Cristina Quintana Diaz</u>	
Small and/or Disadvantaged Business Information (check application criteria)	
Small Business: <input type="checkbox"/> Less than 125,000 annual gross receipt <input type="checkbox"/> Less than 250,000 annual gross receipt <input type="checkbox"/> Less than 499,000 annual gross receipt <input type="checkbox"/> More than 500,000 annual gross receipt	
Disadvantaged Business (At Least 51% Ownership) <input type="checkbox"/> Black American <input type="checkbox"/> Native American <input checked="" type="checkbox"/> Hispanic American <input checked="" type="checkbox"/> Women <input type="checkbox"/> Asian Pacific American <input type="checkbox"/> Other	
Have you been certified as a HUB or an MBE/WBE source?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Indicate Certification No.(s): _____ or are Certificate(s) attached?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of product(s) is/are solicited by your company?: <u>Consulting</u>	
Would you like to be provided with specifications for procurements of such products?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
To Be Completed by the County: Rec'd by (Purchasing): _____ Date Rec'd by (Purchasing): _____	
Date Forwarded Information to Auditor's Office: _____ Entry Date: _____ Vendor No.: _____	

HISTORICALLY UNDERUTILIZED BUSINESS (HUB) DECLARATION

The primary objective of the Hidalgo County HUB Program is to ensure Historically Underutilized Businesses receive a fair and equal opportunity for participation in the County's procurement process. This fact holds true for Services (Professional & Non-Professional), Commodities, and Construction contracts and any subcontracts thereto. The program strongly encourages Prime Contractors to provide subcontracting opportunities to Certified Hub Contractors/Vendors. Our goal for HUB contractor/vendor participation, as well as HUB subcontractor participation is 30%. To be considered as a "Certified HUB Contractor/Vendor" the contractor/vendor must have been certified by, and hold a current and valid certification with any of the three agencies listed below.

Have you been Certified as a HUB or an MBE/WBE source?: Yes No

If yes, by whom?: Texas Building & Procurement Commission Other _____

Indicate Certification No(s): _____ or Are Certificate(s) Attached?: Yes No

LIST OF CERTIFIED HUB SUBCONTRACTORS

(Attach additional pages if necessary)

What percentage of the Bid, RFP, or RFQ is to be subcontracted with Certified HUB sources?: _____% (List HUB Subcontractor information below).

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

HUB Subcontractor Name: _____ HUB Status: _____
Certifying Agency (Check all applicable): Texas Building & Procurement Commission Other _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____ Title: _____ Phone No.: () _____
Subcontract Amount: \$ _____ Description of Work to be Performed: _____

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return):
Maria Cristina Baidantian Diaz

Business name, if different from above:
Counseling Center of South Texas

Check appropriate box: Individual/
 Sole proprietor Corporation Partnership Other Exempt from backup
 withholding

Address (number, street, and apt. or suite no.):
5400 S. Jackson Road

City, state, and ZIP code:
Edinburg TX 78539

Requester's name and address (optional):

List account number(s) here (optional):

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

or

Employer identification number

205133010

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person *Maria Cristina Baidantian Diaz* Date *10/1/08*

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

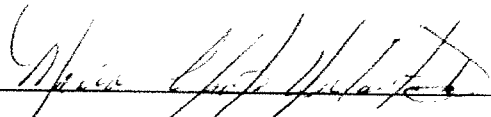
If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

**Certification
Regarding Debarment, Suspension Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, in the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid/proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, theory, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid/proposal and/or application had one or more public transactions terminated of cause or default.

Signature: 
Print Name: Maria Cristina Bustamante Diaz
Title: owner
Telephone Number: (954) 631-9000
Date: 10/17/08

If the proposer is unable to certify to all of the statements in this Certification, such proposer should attach an explanation to this proposal.



CNA Plaza,
Chicago, IL 60685

Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Healthcare Providers Service Organization

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	270481762-8	from: 12:01 AM Standard Time on: 07/30/08 to: 12:01 AM Standard Time on: 07/30/09
Named Insured and Address				Program Administrator
MARIA C QUILANTAN 5400 S JACKSON RD EDINBURG TX 78539-6672 Medical Specialty: Marriage/Family Counselor				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80723				Insurance Provided by
				American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604
COVERAGE PARTS				LIMITS OF LIABILITY

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	NONE per incident	NONE aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage of Property of Others	\$500.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to	\$150,000 sub-limit
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$254.00

Premium reflects self-employed, full-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-982-9491

G-121500 C G 121501-C G-121503-C G-145184-A G-147292-A G 144872-A G-123846-C42
G 53752-C42

Master Policy: 188711433

Chairman of the Board

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

 TEXAS STATE BOARD OF EXAMINERS
OF PROFESSIONAL COUNSELORS

certifies that the person identified below is a
LICENSED PROFESSIONAL COUNSELOR
Maria Cristina Quilantan, Ed.D.

14901
208596

LICENSE NUMBER:

CONTROL NUMBER:
7/13/1998

EXPIRES: 5/31/2008

Bobbi Alexander



Division for Regulatory Services - Online License Services [Return to the Main Menu](#)

Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria		Search By Name		
Last Name:	Quilantan			
First Name:	Maria C			
Name	License Number	License Rank	Status	Expiration Date
QUILANTAN, MARIA C	14901	Licensed Professional Counselor	Current, Active	05/31/2010
			Back	New Search



CERTIFICATE OF INSURANCE

INSURED

Name Yvonne Castillo

Address 413 W. Xanthisma

City, State, Zip McAllen, TX 78504

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

PRODUCER

David J. Smith, Agent Broker
3130 Broadway
PO Box 418131
Kansas City, MO 64141-8131

COMPANY AFFORDING COVERAGE

Savers Property & Casualty/Star Insurance Co.

COVERAGE

This is to certify that the policy of insurance listed below has 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 the 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.

TYPE OF INSURANCE

ASCA MEMBER EDUCATORS
PROFESSIONAL LIABILITY

POLICY NUMBER

CGL000011 Student

Member No. 81020

LIMIT OF LIABILITY

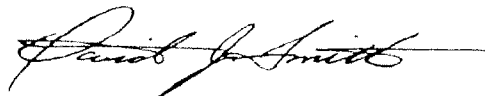
\$1,000,000.00 LIMIT \$1,000,000.00 AGGREGATE

MEMBERSHIP/POLICY EFFECTIVE DATE

8/29/08

POLICY EXPIRATION DATE

8/29/09



David J. Smith
Authorized Representative

B. Educators Employment Liability Acts or Omissions Limit of Liability:

\$ 1,000,000 per **Insured** for each **Educators Employment Liability Act or Omission**

\$ 1,000,000 Aggregate per **Insured** for all **Educators Employment Liability Acts or Omissions**

(see Item 4. F. for sublimit regarding **Claims** we elect to defend)

C. Bail Bond Coverage Limit:

\$ 1,000 Per Bail Bond, Per **Policy Period**

E. Sexual Misconduct Defense Coverage Limit:

\$ 35,000 Per **Claim**, Per **Policy Period**

\$ 35,000 Aggregate, Per **Policy Period**

D. Corporal Punishment Defense Coverage Limit:

\$ 10,000 Per **Claim**, Per **Policy Period**

F. Educators Employment Liability Act or Omission Defense Limit:

\$ 5,000 Per **Insured** for each **Educators Employment Liability Act or Omission**

\$ 5,000 Aggregate, per **Policy Period**

The following forms and endorsements are made a part of and attached to this policy at inception:

0901IL0903, 4382PL0805, 4394PL0804, 4395PL0804, 4397PL0804, 4223PL0104, 4289PL0104, 4169IL1004, 4459PL1004, Privacy Notice, State Mandatory Endorsements



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **60617**

Name	License Number	License Rank	Status	Expiration Date
CASTILLO, YVONNE	60617	Licensed Professional Counselor	Current, Active	07/31/2010

Back

New Search



**Texas State Board of Examiners
of Professional Counselors**

DOES HEREBY CERTIFY THAT

Yvonne Orozco Castillo, Ph. D.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to applicable law and rules.



Texas State Board of Examiners
of Professional Counselors

License Number 60617

Effective 07/23/2004

certifies that the person identified below is a

Licensed Professional Counselor

Yvonne Orozco Castillo, Ph. D.

INVALID WITHOUT CURRENT
RENEWAL CARD

License Number 60617

Control Number 227474

Expires 7/31/2010

Judith Powell, Presiding Officer

Cardholder Signature

Presiding Officer



**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

**Licensed Professional Counselor
Zonia G. Garza, M. Ed.**

License Number 60212

Control Number 220156

Expires 7/31/2009

J. Powell

Presiding Officer

Cardholder Signature

Display this card with your certificate



**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

**Licensed Professional Counselor
Zonia G. Garza, M. Ed.**

License Number 60212

Control Number 220156

Expires 7/31/2009

J. Powell

Presiding Officer

Cardholder Signature

Carry this card with you



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria				
Search by License Number				
License Type: Professional Counselor				
License Number: 60212				
Name	License Number	License Rank	Status	Expiration Date
GARZA, ZONIA G.	60212	Licensed Professional Counselor	Current, Active	07/31/2009

Back

New Search



Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	286289593-8	from: 12:01 AM Standard Time on: 08/01/08 to: 12:01 AM Standard Time on: 08/01/09
Named Insured and Address				Program Administrator
SANTIAGO SILVA 728 KANSAS ST MERCEDDES TX 78570-3236 Medical Specialty: Counselor Educator				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80723				Insurance Provided by
				American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604
COVERAGE PARTS				LIMITS OF LIABILITY

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	NONE per incident	NONE aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage of Property of Others	\$500.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C does not apply if Coverage part D is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to	\$150,000 sub-limit
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D does not apply if Coverage part C is made part of this policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$145.00

Premium reflects employed, full-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-982-9491

G-121500-C G-121501-C G-121503-C G-145184-A G-147292-A G-144872-A G-123846-C42
G-53752-C42 GSL-5587

Master Policy: 188711433

Chairman of the Board

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.



Texas State Board of Examiners
of Professional Counselors

certifies that the person identified below is a

Licensed Professional Counselor

Santiago Silva, Ph.D.

License Number 4629

Control Number 210890

Expires 10/31/2008

Santiago Silva

Cardholder Signature

Charles R. Powell

Presiding Officer



Division for Regulatory Services - Online License Services [Return to the Main Menu](#)

Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria **Search by License Number**

License Type: **Professional Counselor**

License Number: **4629**

Name	License Number	License Rank	Status	Expiration Date
SILVA, SANTIAGO	4629	Licensed Professional Counselor	Current, Active	10/31/2010

[Back](#) [New Search](#)





Healthcare Providers Service
Organization Purchasing Group
Certificate of Insurance
OCCURRENCE POLICY FORM



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	298735860-8	from: 12:01 AM Standard Time on: 12/13/08 to: 12:01 AM Standard Time on: 12/13/09
Named Insured and Address				Program Administrator
MARIBEL CORONA 303 N OREGANO ST EDINBURG TX 78541 7250 Medical Specialty: Licensed Professional Counselor				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80723				Insurance Provided by American Casualty Company of Reading, Pennsylvania 333 S Wabash Avenue Chicago, IL 60604
COVERAGE PARTS				LIMITS OF LIABILITY

A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$3,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

B. Coverage Extensions

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	NONE per incident	NONE aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage to Property of Others	\$500.00 per incident	\$10,000.00 aggregate

C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above	
Fire and Water Legal Liability	Included above subject to	\$150,000 sub-limit
Personal Liability		\$1,000,000.00 aggregate

D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

General Liability	None	None
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$158.00

Premium reflects self-employed, part-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-982-9491

G-121500-D G-121501-C G-121503-C G-145184-A G-147292-A GSL3886 GSL3908 G-123846-C42
G-53752-C42

Master Policy: 188711433

Irish Ken HF
Chairman of the Board

John A. White
Secretary

Keep this document in a safe place. This and
your cancelled check act as proof of coverage.



**Texas State Board of Examiners
of Professional Counselors**

DOES HEREBY CERTIFY THAT

Maribel Corona, M. Ed.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of
counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to
applicable law and rules.



**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

**Licensed Professional Counselor
Maribel Corona, M. Ed.**

License Number 61863
Control Number 221623

Expires 8/31/2009

Maribel Corona Judith D. Powell

Judith D. Powell

Judith Powell, Presiding Officer



Division for Regulatory Services - Online License Services

[Return to the Main Menu](#)

Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **61863**

Name	License Number	License Rank	Status	Expiration Date
CORONA, MARIBEL	61863	Licensed Professional Counselor	Current, Active	08/31/2009

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[New Search](#)



HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM

FORM NO. 03/15/00

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0296362113	from: 12:01 AM Standard Time on: 02/27/08 to: 12:01 AM Standard Time on: 02/27/09
Named Insured and Address:			Program Administrator:	
Roxanne A Trevino PO Box 466 Elsa, TX 78543-0466			Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty: Licensed Professional Counselor			Code: 80723	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	included above			
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 0	per incident	\$ 0	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	included above			
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above			
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit			
Personal Liability	included above			\$1,000,000 aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	none
Fire & Water Legal Liability	none	none
Personal Liability	none	none

Total Premium: \$ 120.00

QUESTIONS? CALL: 1-800-982-9491

Policy forms and endorsements attached at inception:

G-121500-C G-121503-C G-121501-C G-53752-C42
G-145184-A G-147292-A G-144872-A G-123846-C42

Master Policy # 188711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.


Chairman of the Board


Secretary

G-141241-A (07/2001)

Coverage Change Date:

Endorsement Change Date:



**Texas State Board of Examiners
of Professional Counselors**

DOES HEREBY CERTIFY THAT

Roxanne Aliza Trevino, Ph.D.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of
counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to
applicable law and rules.

License Number 62770
Effective 01/29/2007

INVALID WITHOUT CURRENT
RENEWAL CARD



Texas State Board of Examiners
of Professional Counselors
certifies that the person identified below is a
Licensed Professional Counselor
Roxanne Alisa Trevino, M.S.

License Number 62770
Control Number 229182

Expires 9/30/2010

Judith R. Powell
Judith Powell, Presiding Officer

Roxanne Trevino

Judith R. Powell



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **62770**

Name	License Number	License Rank	Status	Expiration Date
Trevino, Roxanne A.	62770	Licensed Professional Counselor	Current, Active	09/30/2010

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**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0273326589	from: 12:01 AM Standard Time on: 01/12/08 to: 12:01 AM Standard Time on: 01/12/09
Named Insured and Address:				Program Administrator:
Mary E Garcia 13389 farm road 1921 Lyford, TX 78569				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Mental Health Counselor		Code: 80723	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit				\$ 10,000 aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 0	per incident	\$ 0	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid				\$ 2,500 aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$1,000,000	aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total Premium: \$ 120.00 QUESTIONS? CALL: 1-800-982-9491

Policy forms and endorsements attached at inception:

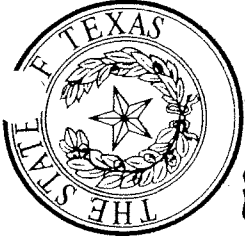
G-121500-C G-121503-C G-121501-C G-53752-C42
G-145184-A G-147292-A G-144872-A G-123846-C42

Master Policy # 188711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Chairman of the Board

Secretary



Texas State Board of Examiners of Professional Counselors

DOES HEREBY CERTIFY THAT

Mary Elisa Garcia, M.S.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to applicable law and rules.



Texas State Board of Examiners
of Professional Counselors

certifies that the person identified below is a

Licensed Professional Counselor

Mary Elisa Garcia, M.S.

License Number 61089

Control Number 210946

Expires 8/31/2008

Mary Elisa Garcia
Judith D. Powell

Judith D. Powell

Judith Powell, Presiding Officer



Division for Regulatory Services - Online License Services [Return to the Main Menu](#)

Search Results List

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Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria **Search by License Number**

License Type: **Professional Counselor**

License Number: **61089**

Name	License Number	License Rank	Status	Expiration Date
GARCIA, MARY E	61089	Licensed Professional Counselor	Current, Active	08/31/2010

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**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0296674299	from: 12:01 AM Standard Time on: 06/01/08 to: 12:01 AM Standard Time on: 06/01/09
Named Insured and Address:				Program Administrator:
Pablo Moreno 2316 W Elisa Ln Apt 5 Edinburg, TX 78541-3020				Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Medical Specialty: Licensed Professional Counselor				Insurance Provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604
			Code: 80723	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	included above			
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 0	per incident	\$ 0	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	included above			
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above			
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit			
Personal Liability	included above			\$1,000,000 aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none	none
Hired Auto & Non Owned Auto	none	none	none
Fire & Water Legal Liability	none	none	none
Personal Liability	none	none	none

Total Premium: \$ 317.00 **QUESTIONS? CALL: 1-800-982-9491**

Policy forms and endorsements attached at inception.

G-121500-C G-121503-C G-121501-C G-53752-C42
G-145184-A G-147292-A G-144872-A G-123846-C42

Master Policy # 188711433

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

[Signature]
Chairman of the Board

[Signature]
Secretary



**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

Licensed Professional Counselor

Pablo Moreno, M.Ed.

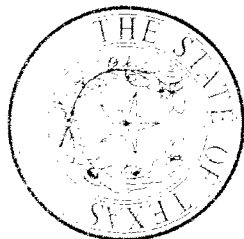
License Number 61659

Control Number 217336

Expires 2/28/2009

Pablo Moreno
Cardholder Signature

Pablo Moreno
Presiding Officer



**Texas State Board of Examiners
of Professional Counselors**

DOES HEREBY CERTIFY THAT

Pablo Moreno, M.Ed.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of
counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to
applicable law and rules.

License Number 61659

Effective 07/11/2007

INVALID WITHOUT
CURRENT RENEWAL CARD


Judith Powell, Presiding Officer



Search Results List

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Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **61659**

Name	License Number	License Rank	Status	Expiration Date
MORENO, PABLO	61659	Licensed Professional Counselor	Current, Active	02/28/2009

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[New Search](#)



**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0285188779	from: 12:01 AM Standard Time on: 09/30/08 to: 12:01 AM Standard Time on: 09/30/09
Named Insured and Address:			Program Administrator:	
Sonia Campos 8000 E Curry Rd Edinburg, TX 78542-4440			Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty: Licensed Professional Counselor		Code: 80723	Insurance Provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 0	per incident	\$ 0	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid			\$ 2,500	aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above			
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit			
Personal Liability			\$1,000,000	aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none		
Hired Auto & Non Owned Auto	none			
Fire & Water Legal Liability	none		none	
Personal Liability			none	

Total Premium: \$ 120.00	QUESTIONS? CALL: 1-800-982-9491
Policy forms and endorsements attached at inception:	
G-121503-C G-121500-D G-121501-C G-53752-C42 G-145184-A G-147292-A G-123846-C42 GSL3886 GSL3908	
Master Policy # 188711433	

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

Chairman of the Board

Secretary



**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

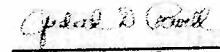
**Licensed Professional Counselor
Sonia Campos, M. Ed.**

License Number 61605

Control Number 216582

Expires 11/30/2008


Cardholder Signature


Presiding Officer



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **61605**

Name	License Number	License Rank	Status	Expiration Date
<u>CAMPOS, SONIA</u>	61605	Licensed Professional Counselor	Current, Active	11/30/2010

[Back](#)

[New Search](#)



CNA Plaza,
Chicago, IL 60685

Healthcare Providers Service
Organization Purchasing Group



Certificate of Insurance

OCCURRENCE POLICY FORM

Producer	Branch	Prefix	Policy Number	Policy Number
018098	970	HPG	312407940-8	from: 12:01 AM Standard Time on: 07/01/08 to: 12:01 AM Standard Time on: 07/01/09
Name Insured and Address			Program Administrator	
MARIA L SALINAS 12719 SCARLET SAGE SAN ANTONIO TX 78253-5484			Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty Mental Health Counselor		Code 80723	Insurance Provided by American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY			
Professional Liability	\$1,000,000.00	each claim	\$5,000,000.00 aggregate
Good Samaritan Liability	Included above		
Personal Injury Liability	Included above		
Malplacement Liability	Included above		

B. Coverage Extensions			
License Protection	\$10,000.00 per proceeding	\$25,000.00	aggregate
Defendant Expense Benefit		\$10,000.00	aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00	aggregate
Assault	NONE per incident	NONE	aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00	aggregate
First Aid		\$2,500.00	aggregate
Damage to Property of Others	\$500 per incident	\$10,000.00	aggregate

C. WORKPLACE LIABILITY Coverage part C. does not apply if Coverage part D. is made part of the policy.			
Workplace Liability	Included in A. Professional Liability Limit shown above		
Fire and Water Legal Liability	Included above subject to	\$150,000	sub-limit
Personal Liability		\$1,000,000.00	aggregate

D. GENERAL LIABILITY Coverage part D. does not apply if Coverage part C. is made part of the policy.			
General Liability	None		
Fire & Water Legal Liability	None		
Personal Liability	None		

Total Premium \$162.00 Premium reflects self-employed, part-time rate.
 Policy forms and endorsements attached at inception QUESTIONS? CALL: 1-800-982-9491

G-121500-C G-121501-C G-121503-C G-145184-A G-147292-A G-144872-A G-123846-C42
 G-53752-C42

Master Policy: 188711433

Irish Ken HF *John M. White*

Chairman of the Board Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.



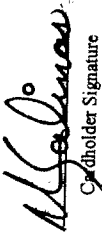
**Texas State Board of Examiners
of Professional Counselors**

certifies that the person identified below is a

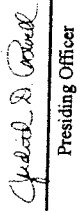
**Licensed Professional Counselor
Maria L. Salinas, M.Ed.**

License Number 60044

Control Number 221971


Counselor Signature

Expires 7/31/2009


Presiding Officer



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria **Search by License Number**

License Type: **Professional Counselor**

License Number: **60044**

Name	License Number	License Rank	Status	Expiration Date
SALINAS, MARIA L.	60044	Licensed Professional Counselor	Current, Active	07/31/2009

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**HEALTHCARE PROVIDERS
SERVICE ORGANIZATION
PURCHASING GROUP
CERTIFICATE OF INSURANCE
OCCURRENCE POLICY FORM**

Print Date: 07/11/08

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	0298914545	from: 12:01 AM Standard Time on: 07/31/08 to: 12:01 AM Standard Time on: 07/31/09
Named Insured and Address:			Program Administrator:	
Santa E Pena 3000 San Andres Mission, TX 78572-0548			Healthcare Providers Service Organization 159 East County Line Road Hatboro, PA 19040-1218	
Medical Specialty: Licensed Professional Counselor		Code: 80723	Insurance Provided by: American Casualty Company of Reading, Pennsy 333 S. Wabash Avenue, Chicago, IL 60604	
COVERAGE PARTS			LIMITS OF LIABILITY	

A. PROFESSIONAL LIABILITY

Professional Liability (PL)	\$ 1,000,000	each claim	\$ 3,000,000	aggregate
Good Samaritan Liability	included above			
Personal Injury Liability	included above			
Malplacement Liability	included above			

B. COVERAGE EXTENSIONS:

License Protection	\$ 10,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 2,500	per deposition	\$ 5,000	aggregate
Assault	\$ 0	per incident	\$ 0	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid			\$ 2,500	aggregate
Damage to Property of Others	\$ 500	per incident	\$ 10,000	aggregate

C. WORKPLACE LIABILITY

Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy.

Workplace Liability	included in A. PL limit shown above		
Fire & Water Legal Liability	included in A. PL limit shown above subject to \$150,000 sub-limit		
Personal Liability		\$1,000,000	aggregate

D. GENERAL LIABILITY

Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy.

General Liability (GL)	none	none
Hired Auto & Non Owned Auto	none	
Fire & Water Legal Liability	none	none
Personal Liability		none

Total Premium: \$ 158.00 **QUESTIONS? CALL: 1-800-982-9491**

Policy forms and endorsements attached at inception:

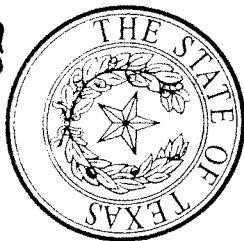
G-121500-C G-121503-C G-121501-C G-53752-C42
G-145184-A G-147292-A G-144872-A G-123846-C42

Master Policy # 188711

Keep this document in a safe place. It and proof of payment are evidence of your insurance coverage.

[Signature]
Chairman of the Board

[Signature]
Secretary



**Texas State Board of Examiners
of Professional Counselors**

DOES HEREBY CERTIFY THAT

Santa Elisa Pena, M.Ed.

meets the qualifications established in Texas Occupations Code, Chapter 503 to practice the profession of counseling and is authorized to employ the title

Licensed Professional Counselor

in the State of Texas, so long as this certificate is not revoked or suspended and is renewed according to applicable law and rules.

License Number 58212

Effective 05/17/2007

INVALID WITHOUT
CURRENT RENEWAL CARD

A handwritten signature in cursive script, reading "Judith Powell".

Judith Powell, Presiding Officer



Texas State Board of Examiners
of Professional Counselors

certifies that the person identified below is a

Licensed Professional Counselor
Santa Elisa Pena, M.Ed.

License Number 58212

Control Number 216243

Expires 3/31/2009

Santa Elisa Pena, M.Ed., LPC
Cardholder Signature

[Signature]
Presiding Officer



Search Results List

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business. For information on additional or disciplinary license statuses, please contact the board or program.

Click on "Name" to see details.

Press "Back" to return to the previous screen.

Press "New Search" to start a new search.

Search Criteria

Search by License Number

License Type: **Professional Counselor**

License Number: **58212**

Name	License Number	License Rank	Status	Expiration Date
PENA, SANTA E.	58212	Licensed Professional Counselor	Current, Active	03/31/2009

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