PROFESSIONAL SERVICES CONTRACT

THIS AGREEMENT is made as of the 15th day of July in the year 2019, between The School Board of Hamilton County, Florida, whose address is 5683 US Highway 129 South – Suite 1, Jasper, Fl 32052 (hereinafter referred to as the "SCHOOL BOARD"), and **Behavioral Solutions Consulting, Kim Lucker-Greene, Ph.D., BCBA-D**, whose address is **8700 Rolling Brook Lane, Jacksonville, Florida 32256** (hereinafter referred to as the "PROFESSIONAL").

NOW, THEREFORE, in consideration of the mutual benefits accruing to the parties to this Agreement, and for other good and valuable considerations, the receipt of which is hereby acknowledged, the parties agree as follows:

1. Services: The PROFESSIONAL shall perform the following services:

   A. Conducting Functional Behavioral Assessments on identified students
   B. Developing & Monitoring Individual Behavior Intervention Plans
   C. Conducting Classroom Observations for Requested Student
   D. Attending IEP Meetings, Parent Conferences and Staff Meetings as needed
   E. Providing Training/Workshops for Teachers & Paraprofessionals (*Marcus Sowcik, Kim Lucker-Greene and/or Catherine Dhanarajan*)
   F. Collaborating with the School Staff and Administrators
   G. Providing In-Class Educational Coaching and Supports for Teachers and Paraprofessionals (*Marcus Sowcik*)

   Nothing herein shall limit the SCHOOL BOARD's right to obtain proposals or services from other professionals for similar projects.

2. Insurance: The PROFESSIONAL shall maintain throughout this Agreement insurance in the types and amounts provided in Appendix A which is attached and made a part of this agreement. Further:

   A. "The School Board of Hamilton County, Florida and its members, officers and employees" shall be an additional named insured on all those coverages/policies listed in Appendix A except Workers' Compensation Insurance and Professional Liability Insurance.

   B. The insurance coverage required shall include those classifications, as listed in standard liability insurance manuals, which most nearly reflect the operations of the PROFESSIONAL.

   C. The PROFESSIONAL shall ensure that all insurance policies required by this section are issued by companies with either of the following qualifications:

      (i). The company must be (1) authorized by existing certificates of authority by the Department of Insurance of the State of Florida or (2) an eligible surplus lines insurer under Florida Statutes. In addition, the insurer must have a Best's Rating of "B+" or better according to the latest edition of Best's Key Rating Guide, published by A.M. Best Company; or

APPROVED BY HAMILTON SCHOOL BOARD
ON 7/15/19
Rex L Mitchell
SUPERINTENDENT

(ii). With respect only to the Workers' Compensation Insurance, the company must be (1) authorized as a group self-insurer pursuant to Florida Statutes or (2) authorized as a commercial self-insurance fund pursuant to Florida Statutes.

D. The PROFESSIONAL shall be responsible for assuring that the insurance remains in force for the duration of this Agreement, including any and all option years that may be granted to the PROFESSIONAL. The certificate of insurance shall contain the provision that the SCHOOL BOARD be given no less than thirty (30) days written notice of cancellation. If the insurance is scheduled to expire during the contractual period, the PROFESSIONAL shall be responsible for submitting new or renewed certificates of insurance to the SCHOOL BOARD at a minimum of fifteen (15) calendar days in advance of such expiration.

E. Unless otherwise notified, the certificate of insurance shall be delivered to:

Hamilton County Schools
Attn: Business Services Department
5683 US Highway 129 South – Suite 1
Jasper, Florida 32052

F. The name and address of the Certificate Holder on the certificate of insurance must be:

The School Board of Hamilton County, Florida
5683 US Highway 129 South – Suite 1
Jasper, Florida 32052

G. In the event that PROFESSIONAL fails to maintain insurance as described in Section 2 and Appendix A of this Agreement, such failure will constitute a material breach of this Agreement and will be cause for immediate termination of this Agreement. If such a breach occurs, then PROFESSIONAL agrees that SCHOOL BOARD may take any action necessary at law or in equity to preserve and protect SCHOOL BOARD'S rights.

3. Indemnification: The PROFESSIONAL agrees to make payment of all proper charges for labor required in the aforementioned work and PROFESSIONAL shall indemnify SCHOOL BOARD and hold it harmless from and against any loss or damage, claim or cause of action, and any attorneys' fees and court costs, arising out of: any unpaid bills for labor, services or materials furnished to this project; any failure of performance of PROFESSIONAL under this Agreement; or the negligence of the PROFESSIONAL in the performance of its duties under this Agreement, or any act or omission on the part of the PROFESSIONAL, his agents, employees, or servants. PROFESSIONAL shall defend, indemnify, and save harmless the SCHOOL BOARD or any of their officers, agents, or servants and each and every one of them against and from all claims, suits, and costs of every kind and description, including attorney's fees, and from all damages to which the SCHOOL BOARD or any of their officers, agents, or servants may be put by reason of injury to the persons or property of others resulting from the performance of PROFESSIONAL'S duties under this Agreement, or through the negligence of the PROFESSIONAL in the performance of its duties under this Agreement, or through any act or omission on the part of the PROFESSIONAL, his agents, employees, or servants.

4. Codes, Laws, and Regulations: PROFESSIONAL will comply with all applicable codes, laws, regulations, standards, and ordinances in force during the term of this Agreement.

5. Permits, Licenses, and Fees: PROFESSIONAL will obtain and pay for all permits and licenses required by law that are associated with the PROFESSIONAL'S performance of the Scope of Services.

6. Access to Records: PROFESSIONAL will maintain accounting records, in accordance with generally accepted accounting principles and practices, to substantiate all invoiced amounts. PROFESSIONAL shall ensure that such records are available for examination by the SCHOOL BOARD during PROFESSIONAL'S normal business hours. PROFESSIONAL shall maintain such records for a period of three (3) years after the date of the final invoice.

7. Payment: SCHOOL BOARD shall compensate PROFESSIONAL for their services in the following manner:

10 days per month on-site in Hamilton County School District – Daily Rate: $700.00
$110/hour for off-site programming, training development, and meeting preparation
PROFESSIONAL will not be paid or reimbursed for travel or travel time
If more hours of service are required any day, then prior written approval by the ESE Coordinator is needed.

Invoices for hourly rate services shall be submitted on a monthly basis and shall include the following detail for each separate task performed:

(a) The date the task was performed;
(b) identification, by name or initials, of the person performing the task;
(c) a description, with reasonable particularity, of the task;
(d) the actual time expended to perform the task; provided, however, that the actual time may be rounded up to the nearest one-tenth of an hour;
(e) the hourly rate applicable to the individual performing the task; and
(f) the fee being charged for the task.

8. Independent Contractor: The PROFESSIONAL agrees that it is an independent contractor and not an agent, joint venturer, or employee of the SCHOOL BOARD, and nothing in this Agreement shall be construed to be inconsistent with this relationship or status. None of the benefits provided by the SCHOOL BOARD to its employees, including but not limited to, workers' compensation insurance, unemployment insurance, or retirement benefits, are available from the SCHOOL BOARD to the PROFESSIONAL. PROFESSIONAL shall be responsible for paying its own Federal income tax and self-employment tax, or any other taxes applicable to the compensation paid under this agreement. The PROFESSIONAL shall be solely and entirely responsible for his or her acts during the performance of this Agreement.

9. Assignment: Neither party shall have the power to assign any of the duties or rights or any claim arising out of or related to the Agreement, whether arising in tort, contract, or otherwise, without the written consent of the other party. These conditions and the entire Agreement are binding on the heirs, successors, and assigns of the parties hereto.

10. No Third Party Beneficiaries: This Agreement gives no rights or benefits to anyone other than the PROFESSIONAL and the SCHOOL BOARD.

11. Jurisdiction: The laws of the State of Florida shall govern the validity of this Agreement, its interpretation and performance, and any other claims related to it. In the event of any litigation arising under or construing this Agreement, venue shall lie only in the appropriate court of subject matter jurisdiction, in and for Hamilton County, Florida.

12. Term and Termination: The term of this Agreement shall be for an initial term, up through and including one (1) year **from July 1, 2019 through June 30, 2020**. All or part of this Agreement may be terminated by the SCHOOL BOARD, for its convenience, upon no less than thirty (30) days written notice to the PROFESSIONAL of such intent to terminate. In such event, the PROFESSIONAL will be entitled to compensation for services competently performed up to the date of termination. The agreement may be renewed for an additional two year periods upon the mutual written consent of both parties.

13. Approval of Personnel: The SCHOOL BOARD reserves the right to approve the contact person and the persons actually performing the PROFESSIONAL services on behalf of PROFESSIONAL pursuant to this Agreement. If SCHOOL BOARD, in its sole discretion, is dissatisfied with the contact person or the person or persons actually performing the services on behalf of PROFESSIONAL pursuant to this Agreement, SCHOOL BOARD may require that the PROFESSIONAL assign a different person or persons to be the contact person or to perform the PROFESSIONAL services hereunder.

14. Disclosure of Conflict: The PROFESSIONAL has an obligation to disclose to the SCHOOL BOARD any situation that, while acting pursuant to this Agreement, would create a potential conflict of interest between the PROFESSIONAL and its duties under this Agreement.

15. Background Investigations: The PROFESSIONAL represents and warrants to the SCHOOL BOARD that the PROFESSIONAL has read and is familiar with Florida Statute Sections 1012.32, 1012.465, 1012.467, and 1012.468 regarding background investigations. PROFESSIONAL covenants to comply with all requirements of the above-cited statutes and shall provide SCHOOL BOARD with proof of compliance upon request. PROFESSIONAL agrees to indemnify and hold harmless the SCHOOL BOARD, its officers, agents and employees from any liability in the form of physical injury, death, or property damage resulting from the PROFESSIONAL'S failure to comply with the requirements of this paragraph or Florida Statute Sections 1012.32, 1012.465, 1012.467 and 1012.468.

16. Modifications and Amendments: This Agreement may be modified or amended only by a written document signed by authorized representatives of the PROFESSIONAL and SCHOOL BOARD.

17. Subcontracts and Assignment: PROFESSIONAL shall not subcontract or assign any of the work contemplated under this Agreement without first obtaining written approval from the SCHOOL BOARD. Any subcontractor or assignee shall be bound by the terms of this Agreement, including, but not limited to, the fingerprinting, insurance and indemnification provisions.

18. Entire Agreement: This constitutes the entire agreement between SCHOOL BOARD and PROFESSIONAL and supersedes any prior or contemporaneous understanding or agreement with respect to the services contemplated herein.

19. Severability Clause: If any provision of this Agreement is held in whole or in part to be unenforceable for any reason, the remainder of that provision and/or the entire agreement shall be severable and remain in effect.

20. Authority: Each person signing this Agreement on behalf of either party individually warrants that he or she has full legal power to execute this Agreement on behalf of the party for whom he or she is signing, and to bind and obligate such party with respect to all provisions contained in this Agreement.

21. Maintenance and Public Access to Records. Appendix B is attached and made a part of this agreement.

22. Suspension and Debarment. Appendix C is attached and made a part of this agreement and must be completed and signed by the vendor before services may commence under this contract.

23. Non-Collusion Affidavit. Appendix D is attached and made a part of this agreement and must be signed by the vendor before services may commence under this contract.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the respective dates under each signature.

"SCHOOL BOARD"
THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA

By: Rex L Mitchell
Superintendent

Date: 7/15/19

"PROFESSIONAL"

Behavioral Solutions Consulting,
Kim Lucker-Greene, Ph.D., BCBA-D,
8700 Rolling Brook Lane,
Jacksonville, Florida 32256

By: _____

Its: President
Corporate Officer

Date: 5/31/2019

Professional Services Provided by:
Catherine Dhanarajan
287 SW Cessna Ct.
Lake City, Florida 32025

By: _____

Date: 5/31/2019

Professional Services Provided by:
Marcus Sowcik

By: _____

Date: 5/31/2019

APPENDIX A

NEFEC recommended wording for contracts with a third party (**non-public entity**):

GENERAL LIABILITY

1. Contractor shall maintain commercial general liability insurance with a minimum limit of $1,000,000 per occurrence, $2,000,000 general aggregate, and $2,000,000 Products/Completed Operations Aggregate for bodily injury and property damage.
2. If work performed under the contract will require contact with students' coverage must include sexual abuse and molestation.
3. The policy must name The School Board of Hamilton County, Florida, its Officers, Employees, Volunteers and Agents as additional insured using ISO additional insured endorsement CG 20 26 or its equivalent.
4. This insurance shall apply as primary insurance with respect to any other insurance or self-insurance programs available to The School Board of Hamilton County, Florida using ISO endorsement CG 20 01 or its equivalent.

AUTOMOBILE LIABILITY

1. Contractor shall maintain automobile liability insurance with a minimum limit of $1,000,000 each accident for bodily injury and property damage.
2. Coverage must include all owned, leased, hired, non-owned, and employee non-owned vehicles and, where applicable, provide personal injury protection.

WORKERS' COMPENSATION/EMPLOYERS' LIABILITY

1. Contractor agrees to maintain workers' compensation coverage in accordance with Chapter 440, Florida Statutes as may be amended from time to time, including employer's liability insurance.
2. The minimum Employers' Liability limits required are $500,000/$500,000/$500,000.
3. Coverage will apply to all those persons rendering services to Contractor for The School Board of Hamilton County, Florida.
4. The policy will provide a Waiver of Subrogation endorsement in favor of The School Board of Hamilton County, Florida, its Officers, Employees, Volunteers and Agents.

NOTICE OF CANCELLATION:

1. Each insurance policy required by the insurance provisions of this contract shall provide the required coverage and shall not be suspended, voided, or canceled except after thirty (30) days' prior written notice has been given to The School Board of Hamilton County, Florida, except when cancellation is for non-payment of premium; then ten (10) days' prior notice may be given.
2. Such notice shall be sent directly to The School Board of Hamilton County, Florida.
3. If any insurance company refuses to provide the required notice, the Contractor or its insurance broker shall notify The School Board of Hamilton County, Florida of any cancellation, suspension, or non-renewal of any insurance within seven (7) days of receipt of insurer's notification to that effect.

IF APPLICABLE:

1. Contractor shall maintain professional liability insurance with a minimum limit of $1,000,000 each claim and $2,000,000 aggregate covering professional misconduct or lack of ordinary skill for those positions defined in the scope of services in the contract.
2. Consultant/service provider must provide proof of coverage for up to three (3) years after the completion of the project.

The Contractor agrees to provide the Board with a certificate or certificates of insurance evidencing the required insurance. Compliance with the requirements of this paragraph shall not relieve the Contractor of its liability and obligations under this Agreement.

APPENDIX B

THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA
Agreement Rider Maintenance and Public Access to Records

In compliance with Section 119.0701, Florida Statutes (2016) the Vendor shall:

A. Keep and maintain public records that would ordinarily and necessarily be required by Board in order to perform the services provided by the Vendor. Any documents created by the Vendor related to this contract shall be considered a Public Record. This includes, without limitation, any and all financial, accounting, instructional, curriculum, testing, operational or service records or reports kept, generated or issued as a normal part of the services provided.
B. Upon request from the Board's custodian of public records, provide the Board with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.
C. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the Vendor does not transfer the records to the Board.
D. Upon completion of the Agreement, transfer, at no cost, to the Board all public records in possession of the Vendor or keep and maintain public records required by the Board to perform the service. If the Vendor transfers all public records to the Board upon completion of the Agreement, the Vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Vendor keeps and maintains public records upon completion of the Agreement, the Vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Board, upon request from the Board's custodian of public records, in a format that is compatible with the information technology systems of the Board.
E. If the Vendor does not comply with a public records request, the School Board shall be entitled to enforce these contract provisions by any legal or equitable means available, including, without limitation, damages, injunctive relief or both.

Failure of Vendor to abide by the terms of this provision shall be deemed a material breach of this Agreement. This provision shall survive any termination or expiration of this Agreement. In the event a civil action is filed against the Vendor to compel production of public records where the Vendor has unlawfully refused to comply with the public records request within the time required by law, the Plaintiff may be entitled to recover its reasonable costs of enforcement, including reasonable attorney's fees from the Vendor as authorized by 119.0701, Fla. Stat.

IF THE VENDOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE VENDOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, THE VENDOR MUST CONTACT THE CUSTODIAN OF PUBLIC RECORDS FOR THE SCHOOL BOARD OF HAMILTON COUNTY, FLORIDA: Rex L. Mitchell, Superintendent, The School District of Hamilton County, Florida , 5683 South US Highway 129, Suite 1, Jasper, Florida 32052, email address: rex.mitchell@hamiltonfl.com. telephone number (386) 792-7802.

APPENDIX C

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transactions

This certification is required by the Department of Education regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," " person," "primary covered transaction," " principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled □Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions,□□without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment

Certification

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME OF APPLICANT	PR/AWARD NUMBER AND/OR PROJECT NAME
Kim Greene / Behavioral Solutions Consulting, Inc.	HCSB 2018-032
PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Kim Greene	5/29/2019
SIGNATURE	DATE
Kim Greene	

ED 80-0014, 9/90 (Replaces GCS-009 (REV.12/88), which is obsolete)

NON-COLLUSION AFFIDAVIT

State of Florida

County of ~~Hamilton~~ DUVAL

Kim Greene being first duly sworn, deposes and says that:

(1) He/she is the Owner, Partner, Officer, Representative, or Agent

of the Proposer that has submitted the attached Proposal;

(2) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

(3) Such Proposal is genuine and is not a collusive or sham Proposal;

(4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

(5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed, and delivered in the presence of:

Kim Greene

5/29/2019

BY: Randal Trinidad Ambar

Printed Name: RANDAL TRINIDAD AMBAR

Title: NOTARY PUBLIC

RANDAL TRINIDAD-AMBAR
NOTARY
My Comm. Expires
August 12, 2021
No. GG 117485
PUBLIC
STATE OF FLORIDA

HANDAL TRINIDAD-AMS LLC
NOTARY
My Comm. Expires
August 12, 2027
No. GG 177185
PUBLIC
STATE OF FLORIDA

SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted

   to **School Board of Hamilton County, Florida**

   by Kim Greene

   for Behavioral Solutions Consulting, Inc.

   Whose business address is: 8700 Rolling Brook Ln Jacksonville, FL 32256

   (If applicable) its Federal Employer Identification Number (FEIN) is: 46-1100094

   (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement on the attached sheet.) Required as per IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including but not limited to, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the Unites States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understate that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes means:
   a. A predecessor or successor of a person convicted of a public entity crime or;
   b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those offices, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length agreement, shall be a facie case that one person controls another person. A person who knowingly enters into a join venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of the entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting those sworn statements. (*Please indicate which statement applies.*)

   ☒ Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Kim Greene
(*Signature*)

5/29/2019
(*Date*)

STATE OF FLORIDA

COUNTY OF DUVAL

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Kim Greene
(*Name of individual signing*)

who, after first being sworn by me, affixed his/her signature in the space provided above on this 29th day of May, 2019.

Randal Trinidad Ambar
(NOTARY PUBLIC)

My Commission Expires: 08/12/2021

RANDAL TRINIDAD-AMBAR NOTARY PUBLIC STATE OF FLORIDA My Comm. Expires August 12, 2021 No. GG 117485


NOTARY
PUBLIC
STATE OF FLORIDA

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Kim Greene

2 Business name/disregarded entity name, if different from above
Behavioral Solutions Consulting, Inc.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
8700 Rolling Brook Lane

Requester's name and address (optional)

6 City, state, and ZIP code
Jacksonville, FL 32256

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
46 - 1100094

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here Signature of U.S. person ▶ Kim Greene Date ▶ 5/21/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Hamilton School Board
5683 US Highway 129 South – Suite 1
Jasper, Florida 32052
(386) 792-7801

NONEMPLOYEE'S 1099 FORM INFORMATION

TYPE OR PRINT

SOCIAL SECURITY NUMBER OR FEDERAL ID#
46-1100094

FIRST NAME	MIDDLE INITIAL	LAST NAME
Kim	D.	Greene

HOME ADDRESS (NUMBER & STREET OR RURAL ROUTE)
8700 Rolling Brook Lane

CITY OR TOWN, STATE, AND ZIP CODE
Jacksonville, FL 32256

SIGNATURE	DATE
Kim Greene	5/21/19

HCS 5043 (Reviewed 5-91)

Account Number: FL DHAC 1300 Date: 11/20/18 Initials: CA

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:
CATHERINE DHANARAJAN
287 SW CESSNA CT
LAKE CITY FL 32025

Additional Named Insureds:

Type of Work Covered: MENTAL HEALTH COUNSELOR
Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 12/14/2015

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5004-2072	12/14/18	12/14/19	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments: Defense Reimbursement Proceedings Limit is $5,000. 1 ADDL.INS.BELOW:
SCHOOL BOARD OF HAMILTON
COUNTY, MICHAEL VINSON
5683 UD HWY 129 S STE 1
JASPER FL 32052

This Certificate Issued to:
Name: CATHERINE DHANARAJAN
287 SW CESSNA CT
Address:
LAKE CITY FL 32025

Authorized Representative

APA 00138 00 (06/2014)

Account Number: FL SOWM 2130 Date: 8/23/18 Initials: KELLYG

CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY
C/O: American Professional Agency, Inc.
95 Broadway, Amityville, NY 11701
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.

Name and Address of Named Insured:
MARCUS SOWCIK
213 TOLLERTON AVE
SAINT JOHNS FL 32259

Additional Named Insureds:

Type of Work Covered: MENTAL HEALTH COUNSELOR
Location of Operations: N/A
(If different than address listed above)

Claim History:

Retroactive date is 11/01/2017

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5004-7911	11/01/18	11/01/19	1,000,000 3,000,000

NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSUREDS WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.

Comments:

This Certificate Issued to:
Name: MARCUS SOWCIK
213 TOLLERTON AVE
Address:
SAINT JOHNS FL 32259

Authorized Representative

APA 00138 00 (06/2014)

CERTIFICATE OF INSURANCE EFFECTED WITH CERTAIN UNDERWRITERS AT LLOYD'S, LONDON FOR THE MEMBERS OF THE MASTER POLICYHOLDER

PROFESSIONAL LIABILITY, GENERAL LIABILITY AND ADVERTISING LIABILITY CLAIMS MADE AND REPORTED INSURANCE

This Certificate of Insurance is issued as a Notice of Insurance for information only. It does not constitute a legal contract of insurance. The Master Policy, Declarations and Application of the Named Insured, if any, form the entire contract. This Certificate is furnished in accordance with, and in all respects is subject to all terms, conditions and exclusions of the Master Policy, a copy of which is attached hereto. The original Master Policy may be inspected at the offices of the Master Policyholder.

This Certificate is to notify the member named below (the "Named Insured") that the following insurance has been effected with certain Underwriters at Lloyd's, London (not incorporated) (the "Underwriters") for the Policy Period specified below under the Master Policy (the "Master Policy") issued to the Master Policyholder.

The attached Master Policy provides coverage on a claims made and reported basis and apply only to Claims first made against the Insured during the Policy Period or the Extended Reporting Period (if applicable) and reported to underwriters during the Policy Period or otherwise provided in clause VIII. of the attached Master Policy.

Coverage Reference No: 17657

1. Named Insured: Kim Greene
8700 Rolling Brook Lane, Jacksonville, FL 32256, US.

Additional Insureds: Duval County Public Schools
School Board of Hamilton County
St. Johns County School District
School Board of Clay County
6 Additional Professionals
Category 1:
Category 2: 3
Category 3: 3
Category 4:

2. Membership Number: 4996

Master Policyholder: ASSOCIATION FOR BEHAVIOR ANALYSIS INTERNATIONAL (ABAI)
c/o 23 Federal Plaza W BDM10 Youngstown, OH 44503

Master Policy Number: HGSCOM19008

3. Policy Period: The Policy Period shall commence during the **Policy Period** set forth below. Coverage shall commence from the date upon which the **Named Insured** holds a valid membership with the Master Policyholder during the **Policy Period** and shall continue up to but not exceeding 365 days in all.

From: 1ST MARCH 2019
To: 1ST MARCH 2020
Both dates at 12:01 a.m Local Time at the address stated in Item 1 above.

4. Policy Administrator: Huntington Insurance
23 Federal Plaza W
BDM10
Youngstown, OH 44503
ProgramServices@Huntington.com

5. **Limits of Liability:**

1. **Professional Liability Section**
   Limit of Liability for Insuring Agreement I.A.1., (Professional Liability)
   a. Each **Claim** including **Claims Expenses** — $1,000,000
      But sublimited to:
      i. Sexual/Physical Misconduct Each **Claim** including **Claims Expenses** — $25,000
   b. Aggregate including **Claims Expenses** — $3,000,000
      But sublimited to:
      i. Sexual/Physical Misconduct Each **Claim** including **Claims Expenses** — $75,000

2. **General Liability Section**
   Limit of Liability for Insuring Agreement I.A.2., (General Liability and Advertising Liability), and Insuring Agreement I.A.3., (Fire Legal Liability)
   a. Each **Claim** including **Claims Expenses** — $0
      But sublimited to:
      i. Fire Legal Liability (Insuring Agreement I.A.3.) each **Claim** including **Claims Expenses** — $0
   b. Aggregate including **Claims Expenses** — $0

3. **Computer Information Security Liability Section**
   Limit of Liability for Insuring Agreement I.A.4., (Computer Information Security Liability),
   a. Each Claim including **Claims Expenses** — $0
   b. Aggregate including **Claims Expenses** — $0

4. **Privacy Liability Section**
   Limit of Liability for Insuring Agreement I.A.5., (Privacy Liability),
   a. Each **Claim** including **Claims Expenses** — $0
   b. Aggregate including **Claims Expenses**
      But sublimited to:
      i. Aggregate for the **Policy Period** for all **Privacy Violation costs** covered under Insuring Agreement I.A.5. — $0

5. **Hired and Non Owned Auto**
   Limit of Liability for Insuring Agreement I.A.6., (Hired and Non Owned Auto),
   a. Each **Claim** including **Claims Expenses** — $0
   b. Aggregate including **Claims Expenses** — $0

6. **Policy Aggregate Limit of Liability** — $3,000,000

The Limits of Liability stated under 1, 2, 3, 4 and 5 above are part of, and not in addition to, the overall Policy Aggregate Limit of Liability stated under 6 above.

The Limits of Liability under 1 to 5 above shall apply separately to each Section. Under no circumstances shall any one Claim trigger multiple sections.

6. **Retroactive Dates:** Professional Liability: 1ST MARCH 2019

7. **Terrorism Coverage:** No

8. **Waiver of Subrogation:** N

9. **Territory:** Worldwide

10.	**Notification under this Policy:**	Huntington Insurance Inc Michael Dercoli, CPCU, CIC Senior Sales Executive 23 Federal Plaza W Youngstown, OH, 44503 Tel: 866-318-5028 Fax: 877-243-0712 Email: ProgramServices@Huntington.com
11.	**Notice of Claim or Circumstances:**	Claims Department Beazley Group 30 Batterson Park Road, Farmington CT 06032 Email: claims@beazley.com Tel: 888-222-1123 Fax: 866-910-1397

The Master Policy contains the following exclusions:

1. Exclusions applicable to Insuring Agreement I.A.1 (Professional Liability)

- **a. Bodily Injury, Property Damage** or **Advertising Liability**, except with respect to **Bodily Injury** arising out of any negligent act, error or omission of any **Insured** in rendering or failing to render **Professional Services**.
- **b.** Criminal, dishonest, fraudulent or malicious acts, error or omissions.
- **c.** Contractual liability
- **d.** Claims based upon an express or implied warranty or guarantee, or breach of contract in respect of an agreement to perform work for a fee
- **e. Insured's** activities as a trustee, partner, officer, director or employee of any trust, charitable organization, corporations, company or business other than that of the **Named Insured**
- **f.** Financial or investment advice
- **g.** Libel or slander
- **i.** No valid license for the performance of **Professional Services**
- **j.** Rendering or failing to render **Professional Services** to **Professional Athletes**

2. Exclusions applicable to Insuring Agreement I.A.2 (General Liability and Advertising Liability) and Insuring Agreement I.A.3 (Fire Legal Liability).

- **a. Claims** arising out of the rendering or failing to render **Professional Services;**
- **b.** Use of force expected or intended from the standpoint of the **Insured;**
- **c.** Ownership, maintenance, operation, use, loading or unloading of any **Automobile**, aircraft or watercraft.
- **d.** Transportation of **Mobile Equipment** by any **Automobile;**
- **e.** Alcoholic beverages;
- **f. Personal Injury** to any **Employee;**
- **g. Property Damage** to property owned, rented or temporarily occupied by the **Insured**, personal property in the care, custody and control of the **Insured;**
- **h.** Recall

3. Exclusions applicable to Insuring Agreement I.A.2 (General Liability and Advertising Liability) and Insuring Agreement I.A.3 (Fire Legal Liability).

a. **Claims** against or in connection with any business enterprise not named in the Declarations which is owned by the **Insured** or in which any **Insured** is a trustee, partner, officer, director or employee
b. Employee Retirement Income Security Act 1974 and amendments
c. **Claim** or circumstance in respect of which any **Insured** has given notice to any insurer of any other policy or self-insurance prior to the inception date
d. **Claim** or circumstance known to the Insured prior to the inception date
e. Acts, error, omissions or **Accidents** which first took place prior to the Retroactive Date
f. Discrimination
g. Insolvency or Bankruptcy of the **Insured**
h. Punitive and exemplary damages, fines, sanctions, taxes, costs or expenses
i. Employer-employee relations, policies, practices, acts or omissions.
j. Violation of Securities Acts, of Racketeer Influenced and Corrupt Organizations Act
k. Anti-trust
l. Regulatory actions
m. Plagiarism, misappropriation of likeness, infringement of any intellectual property right, including patent, trademark, trade secret, trade dress and copyright; unless covered under Insuring Agreement I.A.2.
n. Product Liability
o. Pharmacy services
p. Manufacture, handling sale or distribution of Phenylpropanolamine, Phenylpropanolamine Hydrochloride, PPA or any product or drug containing any of these substances
q. Asbestos, Mould, Electromagnetic Field or Radiation, Pollution.
r. **Insured** vs **Insured**
s. HIV, AIDS, hepatitis or any other infectious disease or any complex or syndrome related.

PLEASE NOTE THIS IS NOT AN EXHAUSTIVE LIST OF THE EXCLUSIONS AND YOU SHOULD READ THE MASTER POLICY FOR FULL DETAILS.

The underwriters shall have the right and duty to defend any **Claim** against the **Insured** seeking **Damages**. Underwriters will pay **Claims Expenses** with respect to any **Claim** seeking **Damages** which are payable under the terms of the Master Policy. **Claims Expenses** shall reduce and may exhaust the Limits of Liability.

If any payment is made under the Master Policy and there is available to the Underwriters any of the **Insured's** rights of recovery against any other party, then the Underwriters shall maintain all such rights of recovery. The **Insured** shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The **Insured** shall do nothing after an incident or event giving rise to a **Claim** to prejudice such rights.

By acceptance of the attached Master Policy, all **Insureds** agree that the statements contained in the **Application** are their agreements and representations, that they shall be deemed material to the risk assumed by the Underwriters, and that the Master Policy is issued in reliance upon the truth thereof.

NO ADMISSION OF LIABILITY, ASSUMPTION OF OBLIGATION OR PROMISE TO PAY EITHER EXPRESS OR IMPLIED MAY BE MADE EITHER VERBALLY OR IN WRITING.

IF THE INSURED RECEIVES ANY NOTICE OF A CLAIM OR IS AWARE OF A CIRCUMSTANCE WHICH MAY RESULT IN A CLAIM FULL DETAILS OF THE CLAIM, CIRCUMSTANCE OR INCIDENT SHOULD BE SENT IMMEDIATELY IN WRITING BY EMAIL OR LETTER (INCLUDING THE INSURED MEMBERSHIP NUMBER) TO THE ADDRESS STATED IN ITEM 10 OF THIS CERTIFICATE OF INSURANCE.

NOTE: THE MASTER POLICY APPLIES IN EXCESS OF ANY OTHER VALID AND COLLECTIBLE INSURANCE AVAILABLE TO ANY INSURED.

THE INSURANCE HEREBY EVIDENCED IS WRITTEN BY AN APPROVED NON-LICENSED INSURER IN THE STATE OF OHIO AND IS NOT COVERED IN CASE OF INSOLVENCY BY THE OHIO INSURANCE GUARANTY ASSOCIATION.

Austin, Jillian	Jacksonville	FL	United States	BCBA	Active	
Morrissey, Joanna	Jacksonville	IL	United States	BCBA	Active	B,C
Briere-Saltis, John	Jacksonville	FL	United States	BCBA	Active	
Brown, John	Jacksonville	FL	United States	BCBA-D	Active	B,C
Mortensen, John	JACKSONVILLE	FL	United States	BCaBA	Active	
Murphy, John	Jacksonville	FL	United States	BCBA	Active	B,C
Foster, Jordan	Jacksonville	AL	United States	BCBA	Active	
Harvey, Julia	Jacksonville	FL	United States	BCBA	Active	
Sparks, Kaitlin	Jacksonville	FL	United States	BCBA	Active	B,C
Marler, Katrina	Jacksonville	NC	United States	BCBA	Active	
Evans, Kayla	Jacksonville	NC	United States	BCBA	Active	B,C
Raulerson, Kayla	Jacksonville	FL	United States	BCBA	Active	C
Obamwonyi, Kaylavictoria	jacksonville	FL	United States	BCaBA	Active	
Ansteatt, Kayleigh	JACKSONVILLE	FL	United States	BCaBA	Active	
Armstrong, Kelli	Jacksonville	FL	United States	BCBA	Active	B,C
Noda, Kelly	Jacksonville	FL	United States	BCBA	Active	
Wassmer, Kelly	Jacksonville	FL	United States	BCBA	Active	
O'Keefe, Kevin	Jacksonville	FL	United States	BCaBA	Active	
Lucker-Greene, Kim	Jacksonville	FL	United States	BCBA-D	Active	B,C

Kim Lucker-Greene
Location: Jacksonville, FL United States
Certification Level: Board Certified Behavior Analyst-Doctoral
Certification Number: 1-00-0144
Status: Active
Original Certification Date: 2000-03-31
Next Recertification: 2021-06-30
Expiration Date: 2021-06-30
Contact: Kim Lucker-Greene via Email form
Supervision:
Meets Supervision Requirements as of: 2015-01-01
Please see Requirements for Supervisors to identify the type(s) of supervision you may provide

Behavior Analyst Certification Board, Inc.®

This certificate verifies that

Kim D. Lucker-Greene

BACB® Certification Number: **1-00-0144**

In accordance with generally recognized credentialing standards, has met the educational, experiential, and examination requirements of the Behavior Analyst Certification Board, Inc.® for certification as a

Board Certified Behavior Analyst - Doctoral®

BCBA-D®

President, Board of Directors

Chief Executive Officer

**This Certification must be recertified at the end of your certification period.*

Date First BACB Certified: **3/31/2000** Date of Issue: **3/31/2017** Recertification Date: **3/31/2019 ***

Behavior Analyst Certification Board, Inc.®

This certificate verifies that

Catherine E. Dhanarajan

BACB® Certification Number: **1-08-4647**

In accordance with generally recognized credentialing standards, has met the educational, experiential, and examination requirements of the Behavior Analyst Certification Board, Inc.® for certification as a

Board Certified Behavior Analyst®

BCBA®

President, Board of Directors

Chief Executive Officer

**This Certification must be recertified at the end of your certification period.*

Date First BACB Certified: **11/30/2008** Date of Issue: **11/30/2017** Recertification Date: **11/30/2019** *

State of Florida Department of Education

Professional Educator's Certificate

This Certifies That

MARCUS SOWCIK

Has satisfactorily completed all requirements of Florida Statutes and State Board of Education Rules for the coverages or endorsements listed below:

EXCEPTIONAL STUDENT EDUCATION (GRADES K - 12)

PHYSICAL EDUCATION (GRADES K - 12)

July 01, 2015 - June 30, 2020

Department of Education Number 1274219

BRIAN DASSLER
DEPUTY CHANCELLOR FOR EDUCATOR QUALITY

102358702

PAM STEWART
COMMISSIONER OF EDUCATION

Issued February 25, 2016

AMERICAN ACADEMY OF SPECIAL EDUCATION PROFESSIONALS

Upon Evaluation and Recommendation by the Examining Board Hereby Awards

MR. MARCUS EDWARD SOWCIK

THE PROFESSIONAL DESIGNATION OF B.C.S.E.
BOARD CERTIFICATION IN SPECIAL EDUCATION

WITH ALL THE ANNUAL CONTINUING EDUCATION TRAINING, ETHICAL REQUIREMENTS, PRIVILEGES AND HONORS THEREUNTO PERTAINING

Dr. Roger Pierangelo, Executive Director

Dr. George Giuliani, Executive Director

January 7, 2019
To
January 6, 2020

THE AMERICAN ACADEMY OF SPECIAL EDUCATION PROFESSIONALS