



**BEHAVIORAL HEALTH ADMINISTRATION
SGHC – VOCATIONAL REHABILITATION BUILDING
55 WADE AVENUE
CATONSVILLE, MARYLAND 21228**

AGREEMENT TO COOPERATE

Community-Based Behavioral Health Programs and Services, behavioral health programs in Maryland **must** enter into an Agreement to Cooperate with the CSA, LAA, or LBHA in each of the relevant counties or Baltimore City in which the program operates or is seeking to operate prior to being issued a COMAR 10.63 license.

Agreements are required when submitting an initial application, renewal application, addition of service, or when a change to a program's license is requested (e.g., change in service array or locations, ownership). In accordance with COMAR 10.63.01.05 the CSA, LAA, or LBHA as a designee of the Department will need to obtain copies of required documentation to include **but not limited** to the following, as part of the process of signing the agreement.

1. Accreditation Information (Final Accreditation Letter, Final Accreditation Report, QIP)
2. Organization Staff Information (Organizational Chart, Copies of Licenses, Supervision information, when applicable)
3. Patient Population(adults, minors, etc)
4. Current or Projected(new providers only) patient census
5. Lease or Deed for site location

Please note that separate agreements are not required per site, unless there is a change to the program's existing license, such as adding a new location.

Program Information

Program Name: University of Maryland Psychiatry Associates, PA, DBA University of Maryland Center for Infant Study/School Mental Health Program
(should match the corporate/business name included on the application for licensure)

PrimaryProgram Address: 701 West Pratt St., 4th Floor, Baltimore, MD
Primary Contact Name: Dr. Nancy Lever
Primary Contact Phone: 443-506-6326
Primary Contact Email: nlever@som.umaryland.edu

Local Behavioral Health Authority Information

Local Jurisdiction: Baltimore City - Behavioral Health System Baltimore (BHSB)
Primary Contact Name: Provider Relations Team
Primary Contact Phone: 410-637-1900
Primary Contact Email: provider-relations@bhsbaltimore.org

Type of Program

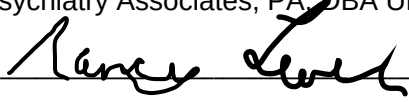
Non-Accredited Program Types	
☐ DUI Education	☐ Substance-Related Disorder Assessment and Referral

☐ Early Intervention Level 0.5	☐ Therapeutic Group Home
Accredited Program Types	
☐ Behavioral Health Crisis Stabilization (BHCSC)	☐ Psychiatric Rehabilitation Program for Minors (PRP-M)
☐ Integrated Behavioral Health	☐ Residential Crisis Services (RCS)
☐ Intensive Outpatient Treatment Level 2.1	☐ Residential: Low Intensity Level 3.1
☐ Mental Health Group Home for Adults	☐ Residential: Medium Intensity Level 3.3
☐ Mobile Crisis Team (MCT)	☐ Residential: High Intensity Level 3.5
☐ Mobile Treatment Services (MTS)	☐ Residential: Intensive Level 3.7
☐ Opioid Treatment Services (OTS)	☐ Residential Rehabilitation Program (RRP)
☒ Outpatient Mental Health Center (OMHC)	☐ Respite Care Services (RPCS)
☐ Outpatient Treatment Level 1	☐ Substance Related Disorder (SRD)
☐ Partial Hospitalization Treatment Level 2.5	☐ Supported Employment Program (SEP)
☐ Psychiatric Day Treatment Program (PDTP)	
☐ Psychiatric Rehabilitation Program for Adults (PRP-A)	
Accredited Services	
☐ Opioid Treatment	☐ Withdrawal Management

As required under COMAR 10.63.01.05, enters into the following agreement to provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including complaint investigation and the transition of services if the program closes.

Behavioral Health Program Name :

University of Maryland Psychiatry Associates, PA, DBA University of Maryland Center for Infant Study/School Mental Health Program



Signature Date 4/24/2026

Nancy Lever,

Print Name

Local Behavioral Health Authority



Signature Date 4/22/2026

Kristen Kuser, Provider Relations Manager

Print Name

Regulatory Authority

COMAR 10.63.01.02B(5)

B. Terms Defined.

(5) "Agreement to cooperate" means a written agreement between the program and a core service agency, local addictions authority, or local behavioral health authority that provides for coordination and cooperation in carrying out behavioral health activities in a given jurisdiction.

COMAR 10.63.01.05

.05 Requirements for Licensed Community-Based Behavioral Health Program.

A. A program licensed under this subtitle to provide community-based behavioral health services in Maryland shall comply with the requirements listed in this regulation.

B. Post-Licensing Inspections.

(1) The Department or its designees may make announced or unannounced visits to inspect a program to investigate a complaint.

(2) The Department or its designees may inspect and copy records, including, but not limited to:

- (a) Financial records;
- (b) Treatment records; and
- (c) Service records.

COMAR 10.63.01.05E

E. Agreement to Cooperate.

(1) Before applying for licensure, a program shall enter into an agreement to cooperate with the CSA, LAA, or LBHA that operates in the relevant county or Baltimore City.

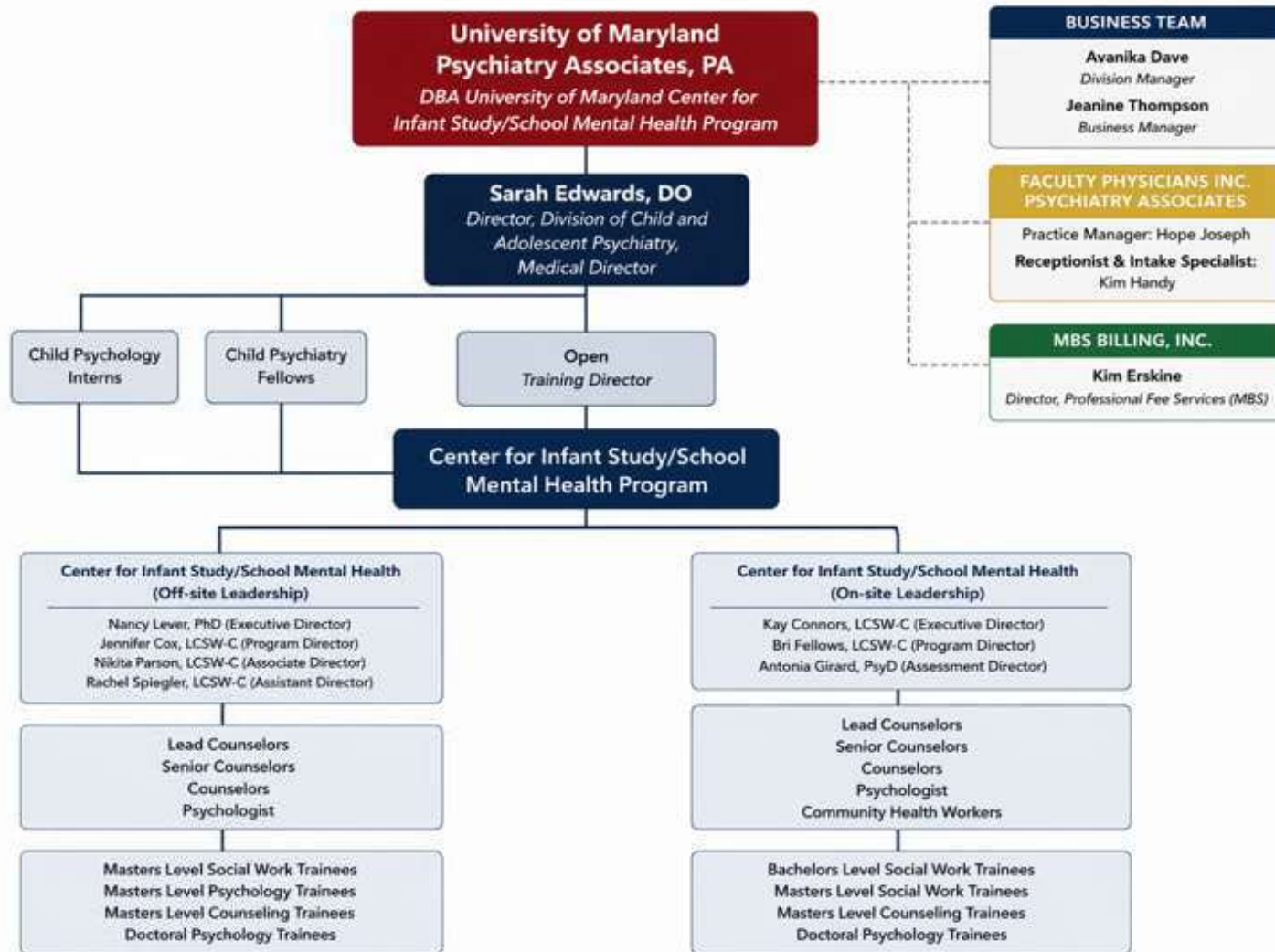
(2) The agreement to cooperate shall provide for coordination and cooperation between the parties in carrying out behavioral health activities in the jurisdiction, including but not limited to facilitating:

- (a) A complaint investigation; and
- (b) The transition of services if the program closes.

(3) The agreement to cooperate may not include a provision that authorizes the CSA, LAA, or LBHA to prohibit a program from offering services at any location

University of Maryland Psychiatry Associates, PA, DBA University of Maryland Center for Infant Study/School Mental Health Program

ORGANIZATIONAL CHART



*See next page for clinician service team members.

Clinical Services Team Members

- **Psychologists**
 - Rebecca Aronson PsyD – Assistant Professor
- **Lead Counselors**
 - Jennifer Lease, LCSW-C
 - Joseph Santangelo, LCSW-C
- **Senior Counselors**
 - Shanique Rogers LCSW-C
 - Hillarie Akinwale, LCPC
 - Ebonee Dixon, LCSW-C
 - Janai Springer, LCSW-C
- **Counselors**
 - Rebecca Sellman LCSW-C
 - Eliya Bernstien, LMSW
 - Anshruta Jadhav, LMSW
 - Jacarra Lowry, LMSW
 - Claire Noll, LMSW
 - Stephanie “Jordan” Negron, LMSW
 - Brittney O’Neal, LMSW
 - Nyjae Pride, LCSW-C
 - Erikah Roberts, LMSW
 - Maya Scott, LMSW
 - Morgan White, LGPC

Clinical Licenses/Certifications

SMHP Clinician Licenses



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Examiners of Psychologists

<https://mdbnc.health.maryland.gov/psychverification/Default.aspx>

LICENSE VERIFICATION

Full Name	NANCY ANN LEVER
Licensed as	Psychologist
License number	03468
Status	Active
Original License Date	6/12/1998
License Expiration Date	3/31/2028

This information is accurate as of 04/21/2026 14:49:02

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State Board Of Professional Counselors & Therapists

License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	MORGAN E. WHITE
	License Number	LGP16975
	Type of License	Licensed Graduate Professional Counselor
	Status	Active
	License Expiration Date	9/30/2027
	Original Lic Date	9/3/2025
	Background Check Date	5/8/2025
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Probation End Date	
	Suspension Date	

Notice:

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DISCIPLINARY ACTIONS:

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The fee for written verifications is \$20.00 per license or certificate holder.

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License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	ANSHRUTA S. JADHAV
	License Number	LGP15895
	Type of License	Licensed Graduate Professional Counselor
	Status	Active
	License Expiration Date	11/30/2026
	Original Lic Date	11/26/2024
	Background Check Date	9/19/2024
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Probation End Date	
	Suspension Date	

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State Board Of Professional Counselors & Therapists

License Verification Information

Verify Licensee Verify Supervisor Verify Alcohol-Drug Trainee Home Page	Full Name	Hillarie E. Akinwale
	License Number	LC15310
	Type of License	Licensed Clinical Professional Counselor
	Status	Active
	License Expiration Date	1/31/2028
	Original Lic Date	7/12/2024
	Background Check Date	6/27/2024
	Reinstatement Date	
	Reactivation Date	
	Reprimand Date	
	Revocation Date	
	Probation Date	
	Probation End Date	
	Suspension Date	

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	MAYA V. SCOTT
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	28703
	Status	Active / In Good Standing
	Original License Date	6/9/2022
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

2018

Effective July 1, 2018 the Board will no longer generate paper verification of licenses. The primary and sole source to verify a license is the Board's website.

Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

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Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	24805
	Status	Active / In Good Standing
	Original License Date	1/14/2022
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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BOARD APPROVED SUPERVISOR

Verify Licensee	Full Name	RACHEL A. SPIEGLER
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	20874
	Status	Active / In Good Standing
	Zip Code	21208
	Work Phone	443-738-5248
	Supervision Approval Date	8/9/2022
	Disciplinary Action	NO

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- LBSWs and LMSWs may apply to be a Board Approved Social Work Supervisor if the LBSW or LMSW has been approved for Independent Practice Status and meets the requirements for a Board Approved Social Work Supervisor.
- **Effective January 1, 2021:**
 - All social work supervisors must be Board Approved Supervisors in order to supervise a licensed social worker for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
 - A contract for supervision must be established before social work supervision is initiated for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
- An LBSW or LMSW Board Approved Supervisor may NOT supervise a licensed social worker pursuing advanced licensure or in the practice of clinical social work.
- An LCSW Board Approved Supervisor may supervise an LMSW for licensure as an LCSW.
- An LCSW-C Board Approved Supervisor may supervise an LMSW for licensure as an LCSW and LCSW-C.

COMAR 10.42.01 Regulations Governing Licensure

COMAR 10.42.02 Social Work Practice

COMAR 10.42.08 Supervision

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LICENSE VERIFICATION

Verify Licensee	Full Name	RACHELA A. SPIEGLER
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	20874
	Status	Active / In Good Standing
	Original License Date	6/28/2018
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

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DISCIPLINARY ACTIONS:

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BOARD APPROVED SUPERVISOR

Verify Licensee	Full Name	JOSEPH ANTHONY SANTANGELO
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	25900
	Status	Active / In Good Standing
	Zip Code	21213
	Work Phone	
	Supervision Approval Date	10/10/2024
	Disciplinary Action	NO

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- An LCSW-C Board Approved Supervisor may supervise an LMSW for licensure as an LCSW and LCSW-C.

COMAR 10.42.01 Regulations Governing Licensure

COMAR 10.42.02 Social Work Practice

COMAR 10.42.08 Supervision

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LICENSE VERIFICATION

Verify Licensee	Full Name	JOSEPH ANTHONY SANTANGELO
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	25900
	Status	Active / In Good Standing
	Original License Date	10/19/2022
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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2018

Effective July 1, 2018 the Board will no longer generate paper verification of licenses. The primary and sole source to verify a license is the Board's website.

Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

For Information concerning specific Disciplinary Actions, please check the [Public Orders / Disciplinary link](#).

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LICENSE VERIFICATION

Verify Licensee	Full Name	ERIKAH NIKOLE DIAZ ROBERTS
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	33060
	Status	Active / In Good Standing
	Original License Date	5/7/2025
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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2018

Effective July 1, 2018 the Board will no longer generate paper verification of licenses. The primary and sole source to verify a license is the Board's website.

Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

For Information concerning specific Disciplinary Actions, please check the [Public Orders / Disciplinary link](#).

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	NYJAE ALEXANDRIA PRIDE
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	28352
	Status	Active / In Good Standing
	Original License Date	12/16/2025
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

2018

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Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

For Information concerning specific Disciplinary Actions, please check the [Public Orders / Disciplinary link](#).

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State Board Of Social Work Examiners

BOARD APPROVED SUPERVISOR

Verify Licensee	Full Name	NIKITA ALISHA PARSON
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	15695
	Status	Active / In Good Standing
	Zip Code	21230
	Work Phone	—
	Supervision Approval Date	10/18/2018
	Disciplinary Action	NO

If the business phone is blank then the licensee did not provide it to the Board.

- LBSWs and LMSWs may apply to be a Board Approved Social Work Supervisor if the LBSW or LMSW has been approved for Independent Practice Status and meets the requirements for a Board Approved Social Work Supervisor.
- **Effective January 1, 2021:**
 - All social work supervisors must be Board Approved Supervisors in order to supervise a licensed social worker for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
 - A contract for supervision must be established before social work supervision is initiated for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
- An LBSW or LMSW Board Approved Supervisor may NOT supervise a licensed social worker pursuing advanced licensure or in the practice of clinical social work.
- An LCSW Board Approved Supervisor may supervise an LMSW for licensure as an LCSW.
- An LCSW-C Board Approved Supervisor may supervise an LMSW for licensure as an LCSW and LCSW-C.

COMAR 10.42.01 Regulations Governing Licensure

COMAR 10.42.02 Social Work Practice

COMAR 10.42.08 Supervision

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	NIKITA ALISHA PARSON
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	15695
	Status	Active / In Good Standing
	Original License Date	3/19/2013
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

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2018

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Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

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LICENSE VERIFICATION

Verify Licensee	Full Name	BRITTNEY O'NEAL
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	32525
	Status	Active / In Good Standing
	Original License Date	11/23/2024
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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LICENSE VERIFICATION

Verify Licensee	Full Name	STEPHANIE ANNE NEGRON
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	32303
	Status	Active / In Good Standing
	Original License Date	9/20/2024
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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LICENSE VERIFICATION

Verify Licensee	Full Name	CLAIRE EVA LOUISE NOLL
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	19363
	Status	Active / In Good Standing
	Original License Date	8/23/2022
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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DISCIPLINARY ACTIONS:

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LICENSE VERIFICATION

Verify Licensee Verify Supervisor Home Page	Full Name	JACARRA M. LOWRY
	License Level	LMSW - Master
	License Number	32797
	Status	Active / In Good Standing
	Original License Date	2/24/2025
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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DISCIPLINARY ACTIONS:

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State Board Of Social Work Examiners

BOARD APPROVED SUPERVISOR

Verify Licensee	Full Name	JENNIFER ANN LEASE
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	15044
	Status	Active / In Good Standing
	Zip Code	21044
	Work Phone	410-705-0499
	Supervision Approval Date	4/26/2023
	Disciplinary Action	NO

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- LBSWs and LMSWs may apply to be a Board Approved Social Work Supervisor if the LBSW or LMSW has been approved for Independent Practice Status and meets the requirements for a Board Approved Social Work Supervisor.
- **Effective January 1, 2021:**
 - All social work supervisors must be Board Approved Supervisors in order to supervise a licensed social worker for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
 - A contract for supervision must be established before social work supervision is initiated for Independent Practice or for Advanced Licensure (LCSW or LCSW-C)
- An LBSW or LMSW Board Approved Supervisor may NOT supervise a licensed social worker pursuing advanced licensure or in the practice of clinical social work.
- An LCSW Board Approved Supervisor may supervise an LMSW for licensure as an LCSW.
- An LCSW-C Board Approved Supervisor may supervise an LMSW for licensure as an LCSW and LCSW-C.

COMAR 10.42.01 Regulations Governing Licensure

COMAR 10.42.02 Social Work Practice

COMAR 10.42.08 Supervision

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	JENNIFER ANN LEASE
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	15044
	Status	Active / In Good Standing
	Original License Date	9/4/2013
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

2018

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Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

For Information concerning specific Disciplinary Actions, please check the [Public Orders / Disciplinary link](#).

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	EBONEE JANAE DIXON
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	25924
	Status	Active / In Good Standing
	Original License Date	2/2/2023
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

For printer friendly version, please use this link [Print Verification](#)

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

2018

Effective July 1, 2018 the Board will no longer generate paper verification of licenses. The primary and sole source to verify a license is the Board's website.

Effective July 1, 2018 the designation of LGSW was automatically changed to LMSW. Licensed Graduate Social Worker to Licensed Master Social Worker.

DISCIPLINARY ACTIONS:

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	JENNIFER M. COX
Verify Supervisor	License Level	LCSWC - Certified - Clinical
Home Page	License Number	16714
	Status	Active / In Good Standing
	Original License Date	1/25/2011
	Expiration Date	10/31/2027
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

REQUIREMENTS FOR THE LCSW-C LICENSE:

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2018

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DISCIPLINARY ACTIONS:

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State Board Of Social Work Examiners

LICENSE VERIFICATION

Verify Licensee	Full Name	ELIYAAHARON BERNSTEIN
Verify Supervisor	License Level	LMSW - Master
Home Page	License Number	28994
	Status	Active / In Good Standing
	Original License Date	8/9/2022
	Expiration Date	10/31/2026
	Independent Practice LBSW & LMSW	
	Disciplinary Action	NO

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REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2021 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 100 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

REQUIREMENTS FOR THE LCSW-C LICENSE:

Since October 1, 2000 applicants for the LCSW-C license must have obtained 2 years and at least 3,000 hours of clinical social work experience under clinical social work supervision and a minimum of 144 hours of face-to-face supervision in the assessment, formulation of a diagnostic impression, and treatment of mental disorders and other conditions and the provision of psychotherapy.

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DISCIPLINARY ACTIONS:

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CIS Clinician Licenses

LICENSE

BOARD MUST BE NOTIFIED OF ADDRESS CHANGES
WITHIN 60 DAYS OF CHANGE. CHANGE YOUR
ADDRESS ON OUR WEBSITE AT www.mbp.state.md.us/bpqapp

MARYLAND BOARD OF PHYSICIANS
4201 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215

DETACH WALLET CARD BELOW

STATE OF MARYLAND
DEPARTMENT OF HEALTH
LICENSE
1049029
MARYLAND BOARD OF PHYSICIANS CERTIFIES THAT

Sarah Michael Edwards

IS AN AUTHORIZED

Physician and Surgeon

In accordance with H.O.A. of the Annotated Code of Maryland

LIC. NO.
H0065349

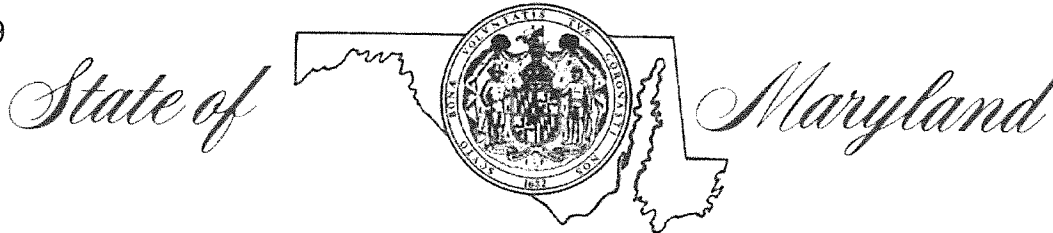
EXPIRATION DATE
9/30/2026

Christine A. Farrelly
Christine A. Farrelly
Executive Director

▼ FOLD AND DETACH HERE ▼

SIGNATURE OF BEARER

Control No. 1049029



DEPARTMENT OF HEALTH

LICENSE

MARYLAND BOARD OF PHYSICIANS
CERTIFIES THAT
IS AN AUTHORIZED
Sarah Michael Edwards
Physician and Surgeon

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. NO.
H0065349
EXPIRATION DATE
9/30/2026

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Christine A. Farrelly
Christine A. Farrelly
Executive Director

SIGNATURE OF BEARER

REGISTRATION / CERTIFICATE

DOWNLOAD CDS APPLICATION FOR NAME AND/OR
ADDRESS CHANGES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
MUST BE NOTIFIED OF THESE CHANGES IMMEDIATELY
MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
1223 W PRATT ST. BALTIMORE, MD 21223
Telephone number: 410-764-2890

SARAH M EDWARDS DO

SARAH M EDWARDS DO
103 CHARLEBROOKE ROAD

BALTIMORE MD 21212

DS REG. NO.

EXPIRATION DATE

o63849

06/30/2028


Secretary of Department of Health

25156030R



MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
1223 W PRATT ST. BALTIMORE, MD 21223
Telephone number: 410-764-2890

25156030R

This registration is granted pursuant to title 5 of the Criminal Law Article of the Annotated Code of Maryland, as amended from time to time and is subject to all applicable statutes, rules and regulations regarding Controlled Dangerous Substances.

DS REG. NO.

o63849

06/30/2028

EXPIRATION DATE

SARAH M EDWARDS DO

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
701 W. PRATT STREET

4TH FLOOR
BALTIMORE MD 21201

MDH-1237 (Non Transferable)


Meena Seshamani, M.D. Ph.D.
Secretary of Department of Health

POST IN A CONSPICUOUS PLACE

REPORTING AND SUBMITTING ADDRESS AND/OR NAME CHANGE REQUESTS

To request for an address or name change, visit the Office of Controlled Substances Administration website to download the Controlled Dangerous Substances application at <https://health.maryland.gov/ocsa/pages/cds-application.aspx>. The address and/or name change registration fee is \$50. There is no address change fee to change the mailing address or email address (other than the address on the CDS certificate). The check or money order is payable to MDH-OCSA.

Submit the CDS application and the supporting documents for a name change.

- * Official/sealed certified name change documentation must be submitted (i.e., marriage license, divorce decree, court order).
- * Copy of the establishment license that reflects the name change.

Submit the CDS application packet by mail to the Office of Controlled Substances Administration at the following address :

1223 West Pratt Street, 2nd Floor, Baltimore, MD 21223

If you have any questions, contact the Office of Controlled Substances Administration at 410-764-2890.

MDH-1237

Revised 02/2023

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FE0393734</td> <td>08-31-2028</td> <td>\$888</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FE0393734	08-31-2028	\$888	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>PRACTITIONER</td> <td>07-05-2025</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID												
FE0393734	08-31-2028	\$888												
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE												
2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EDWARDS, SARAH M. (D.O.) 701 W PRATT ST BALTIMORE, MD 212011023</td> </tr> </table>			EDWARDS, SARAH M. (D.O.) 701 W PRATT ST BALTIMORE, MD 212011023											
EDWARDS, SARAH M. (D.O.) 701 W PRATT ST BALTIMORE, MD 212011023														

Form DEA-223 (9/2016)

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FE0393734</td> <td>08-31-2028</td> <td>\$888</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FE0393734	08-31-2028	\$888	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>PRACTITIONER</td> <td>07-05-2025</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025	Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.
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FE0393734	08-31-2028	\$888												
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE												
2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025												
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EDWARDS, SARAH M. (D.O.) 701 W PRATT ST BALTIMORE, MD 212011023														

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>FE0393734</td> <td>08-31-2028</td> <td>\$888</td> </tr> </table>	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	FE0393734	08-31-2028	\$888	CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.	
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID						
FE0393734	08-31-2028	\$888						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>2,2N,3, 3N,4,5</td> <td>PRACTITIONER</td> <td>07-05-2025</td> </tr> </table>	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025	EDWARDS, SARAH M. (D.O.) 701 W PRATT ST BALTIMORE, MD 212011023	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE						
2,2N,3, 3N,4,5	PRACTITIONER	07-05-2025						

Form DEA-223/511 (9/2016) REPORT CHANGES PROMPTLY	REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE To request a change to your registered name, address, the drug schedule or the drug codes you handle, please 1. visit our web site at deadiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9539 - or 3. submit your change(s) in writing to: Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639 See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.
--	--

----- You have been registered to handle the following chemical/drug codes: -----



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Examiners of Psychologists

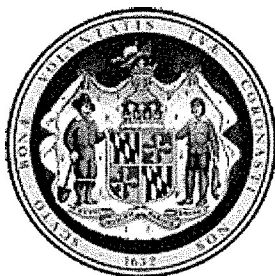
<https://mdbnc.health.maryland.gov/psychverification/Default.aspx>

LICENSE VERIFICATION

Full Name	REBECCA JANE ARONSON
Licensed as	Psychologist
License number	07453
Status	Active
Original License Date	6/17/2025
License Expiration Date	3/31/2027

This information is accurate as of 04/14/2026 15:18:22

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Maryland Board of Examiners of Psychologists

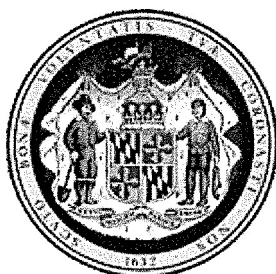
<https://mdbnc.health.maryland.gov/psychverification/Default.aspx>

LICENSE VERIFICATION

Full Name	ANTONIA J. GIRARD
Licensed as	Psychologist
License number	05465
Status	Active
Original License Date	4/14/2015
License Expiration Date	3/31/2027

This information is accurate as of 04/14/2026 15:18:45

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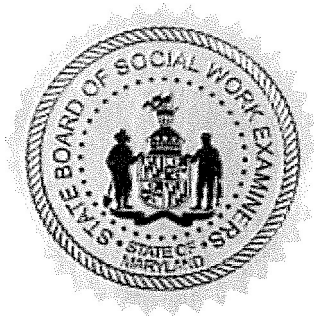
Maryland Board of Social Work Examiners

Full Name	KATHLEEN CONNORS
License Level	LCSWC - Certified - Clinical
License number	06624
Status	Active / In Good Standing
Independent Practice LBSW & LMSW	
Original License Date	10/20/1990
Expiration Date	10/31/2026
Disciplinary Action	NO

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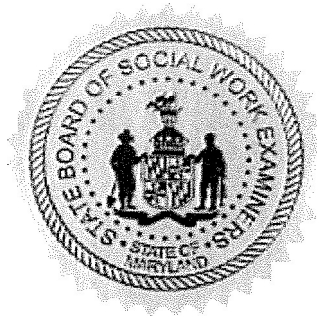
Maryland Board of Social Work Examiners

Full Name	REBECCA MARIE NANDI SELLMAN
License Level	LCSWC - Certified - Clinical
License number	29433
Status	Active / In Good Standing
Independent Practice LBSW & LMSW	
Original License Date	12/23/2025
Expiration Date	10/31/2027
Disciplinary Action	NO

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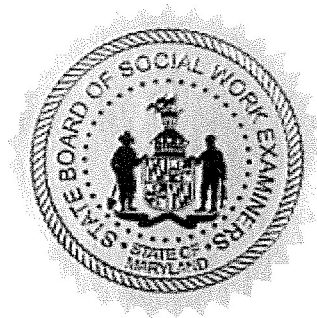
Maryland Board of Social Work Examiners

Full Name	BRIJAN M. FELLOWS
License Level	LCSWC - Certified - Clinical
License number	13697
Status	Active / In Good Standing
Independent Practice LBSW & LMSW	
Original License Date	11/14/2007
Expiration Date	10/31/2027
Disciplinary Action	NO

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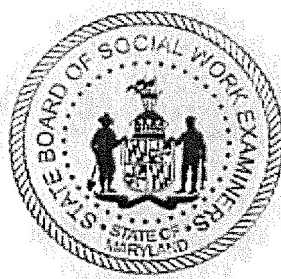




Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Maryland Board of Social Work Examiners

Full Name	SHANIQUE NICOLE HENRY
License Level	LCSWC - Certified - Clinical
License number	18850
Status	Active / In Good Standing
Independent Practice LBSW & LMSW	
Original License Date	3/19/2021
Expiration Date	10/31/2027
Disciplinary Action	NO
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Supervision Contracts

CONTRACT FOR SUPERVISION
IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING

1 of 2

This contract for supervision is meant to formalize the professional relationship and responsibilities between Nikita A. Parson, LCSW-C, Supervisor and Anshruta Jadhav, LGPC, Supervisee, in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner in compliance with Health Occupations, Title 17, Annotated Code of Maryland, and related COMAR regulations.

Responsibilities of the Supervisor:

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every 3 months.

Responsibilities of the Supervisee:

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;
- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);

Responsibilities of the Supervisee – continued:

- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provides the name of the supervisor with address and contact information;
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisors.

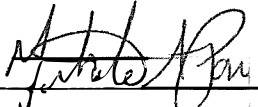
In case of an emergency we have discussed and agreed upon the following procedure:

Supervisor is to be contacted as soon as possible and supervisee will respond accordingly. All emergencies will be reviewed. In the case where supervisor is not available, the Program Director will be contacted.

Additional Provisions, Agreements and/or Clarifications:

none at this time

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and relevant state and federal laws and regulations.

Supervisor  LCSW-C Date 11/26/24

Supervisee Anshumita S. Jadhav LGIPC Date 11/26/24

**CONTRACT FOR SUPERVISION
IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING**

1 of 2

This contract for supervision is meant to formalize the professional relationship and responsibilities between Thomas Hartka, Supervisor and Anshu Jadhav, Supervisee, in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner in compliance with Health Occupations, Title 17, Annotated Code of Maryland, and related COMAR regulations.

Responsibilities of the Supervisor:

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every 3 months.

Responsibilities of the Supervisee:

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;
- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);

Responsibilities of the Supervisee – continued:

- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provides the name of the supervisor with address and contact information;
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisors.

In case of an emergency we have discussed and agreed upon the following procedure:

Contact Nikita Parson (Direct supervisor) for any
emergency at school site. In case supervisor is not
available the Program Director will be
contacted.

Additional Provisions, Agreements and/or Clarifications:

None at this time

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and relevant state and federal laws and regulations.

Supervisor

Theresa A. [Signature]

Date 2/6/2026

Supervisee

Anshvita S. Jadhav

Date 02/06/26

CONTRACT FOR SUPERVISION
IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING

1 of 2

This contract for supervision is meant to formalize the professional relationship and responsibilities between Joseph Santangelo, Supervisor and Brittney O' Neal, Supervisee, in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner in compliance with Health Occupations, Title 17, Annotated Code of Maryland, and related COMAR regulations.

Responsibilities of the Supervisor:

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every 3 months.

Responsibilities of the Supervisee:

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;
- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);

- In case of an emergency we have discussed and agreed upon the following procedure:

Additional Provisions, Agreements and/or Clarifications:

Supervisor Joseph J. A. Date 12/09/24
Supervisee Beatriz O. M. Date 11/26/24

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Claire Noll (hereinafter referred to as the Supervisee) and Jennifer Lease (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face Supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

[Signature] ^{LCSW-C} Date 8/30/23

Blue ink preferred but not required.

☒ Agency Supervisor

☐ Independent Supervisor

Agency Administrator's Name & Title

Jennifer Cox LCSW-C Program
Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

Supervisee Signature

Date 8/30/23

Blue ink preferred but not required.

Date 08/30/2023

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Eliza Bernstein (hereinafter referred to as the Supervisee) and Joseph Santangelo (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

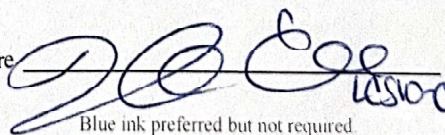
- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

 Date 5/1/25

Blue ink preferred but not required.

☒ Agency Supervisor

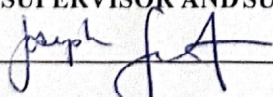
☐ Independent Supervisor

Agency Administrator's Name & Title

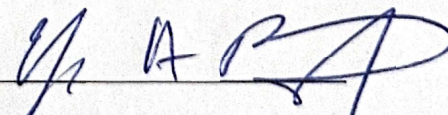
Program Director, Jennifer Calise

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature



Supervisee Signature



Date

5/1/25

Blue ink preferred but not required.

Date

5/1/25

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Eliya Bernstein (hereinafter referred to as the Supervisee) and Rachel Spiegler (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

[Signature] Date 8/15/22

☒ Agency Supervisor

Blue ink preferred but not required.

☐ Independent Supervisor

Agency Administrator's Name & Title

Jennifer Cox LCSW-C Program Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

[Signature]

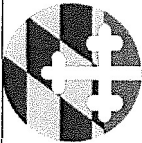
Supervisee Signature

[Signature]

Date 8/15/22

Blue ink preferred but not required

Date 8/15/22



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215
Phone #: 410-764-4788 Toll Free #: 1-877-526-2541
<http://www.health.maryland.gov/bswe/>

ADVANCED LICENSURE

INSTRUCTIONS FOR THE CONTRACT FOR SUPERVISION

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION
THE LMSW SUPERVISEE WILL SUBMIT THE ORIGINAL SIGNED CONTRACT WITH
HER/HIS APPLICATION FOR ADVANCED LICENSURE

EXCEPT FOR SIGNATURES PLEASE PRINT ALL INFORMATION

USE THE BOARD'S WEB SITE www.health.maryland.gov/bswe/ TO VERIFY THE DATE & STATUS OF THE SUPERVISEE'S & SUPERVISOR'S LICENSES & THE SUPERVISORY APPROVAL DATE

1. FREQUENCY AND DURATION

According to COMAR 10.42.08 Supervision regulations, all LMSW supervisees must “...receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.” In order to supervise candidates for advanced licensure the social work supervisor must be a Board approved supervisor per COMAR 10.42.08.

2. DURATION AND TERMINATION

Social work practice and social work supervision cannot pre-date the issuance date of the supervisee's LMSW license. The date all three individuals (agency administrator, supervisor, supervisee) signed the contract is the date supervision was initiated. The contract will be considered in effect until the supervisory relationship ends.

3. SUPERVISION

Review COMAR 10.42.08.07 Responsibilities of a Supervisor and COMAR 10.42.08.08 Responsibilities of a Supervisee.

4. CLASSIFICATION AND AGENCY ACKNOWLEDGEMENT

This section must be completed by an agency administrator or designee and should NOT be completed by the LCSW or LCSW-C supervisor.

5. SIGNATURES OF SUPERVISOR AND SUPERVISEE

ALL signatures need to be original blue ink preferred but not required. The date of the supervisee's and supervisor's signature needs to be the same as the initial date of supervision. The date of the agency administrator/designee signature should be the same date or within 5 business days.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Erikah Roberts (hereinafter referred to as the Supervisee) and Rachel Spigaler (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face Supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

Date 8-27-25

☒ Agency Supervisor

Blue ink preferred but not required.

☐ Independent Supervisor

Agency Administrator's Name & Title

Jennifer Cox, LCSW-C, Program Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

Supervisee Signature

Date 8-27-2025

Blue ink preferred but not required.

Date 8/27/25

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Jacarra Lowry, LMSW (hereinafter referred to as the Supervisee) and Jennifer Lease (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

Date

3/6/25

☐ Agency Supervisor

Blue ink preferred but not required.

☐ Independent Supervisor

Agency Administrator's Name & Title

Jennifer Cox LCSW-C SMH

Program Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

Supervisee Signature

Date

3/6/25

Blue ink preferred but not required.

Date

3/6/25



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215
Phone #: 410-764-4788 Toll Free #: 1-877-526-2541
<http://www.health.maryland.gov/bswe/>

ADVANCED LICENSURE

INSTRUCTIONS FOR THE CONTRACT FOR SUPERVISION

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION
THE LMSW SUPERVISEE WILL SUBMIT THE ORIGINAL SIGNED CONTRACT WITH
HER/HIS APPLICATION FOR ADVANCED LICENSURE

EXCEPT FOR SIGNATURES PLEASE PRINT ALL INFORMATION

USE THE BOARD'S WEB SITE www.health.maryland.gov/bswe/ TO VERIFY THE DATE & STATUS
OF THE SUPERVISEE'S & SUPERVISOR'S LICENSES & THE SUPERVISORY APPROVAL DATE

1. FREQUENCY AND DURATION

According to COMAR 10.42.08 Supervision regulations, all LMSW supervisees must *"...receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked."* In order to supervise candidates for advanced licensure the social work supervisor must be a Board approved supervisor per COMAR 10.42.08.

2. DURATION AND TERMINATION

Social work practice and social work supervision cannot pre-date the issuance date of the supervisee's LMSW license. The date all three individuals (agency administrator, supervisor, supervisee) signed the contract is the date supervision was initiated. The contract will be considered in effect until the supervisory relationship ends.

3. SUPERVISION

Review COMAR 10.42.08.07 Responsibilities of a Supervisor and COMAR 10.42.08.08 Responsibilities of a Supervisee.

4. CLASSIFICATION AND AGENCY ACKNOWLEDGEMENT

This section must be completed by an agency administrator or designee and should NOT be completed by the LCSW or LCSW-C supervisor.

5. SIGNATURES OF SUPERVISOR AND SUPERVISEE

ALL signatures need to be original blue ink preferred but not required. The date of the supervisee's and supervisor's signature needs to be the same as the initial date of supervision. The date of the agency administrator/designee signature should be the same date or within 5 business days.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION ADVANCED LICENSURE CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Maya Wallace (hereinafter referred to as the Supervisee) and Rachel Spiegler (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. The supervision is accountable to the supervisee's employer. Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature

Jennifer Cox LCSW-C Date 9-13-23

Blue ink preferred but not required.

☒ Agency Supervisor

☐ Independent Supervisor

Agency Administrator's Name & Title Jennifer Cox LCSW-C Program Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

Supervisee Signature

Date

9/13/23

Blue ink preferred but not required.

Date

09-13-2023

**CONTRACT FOR SUPERVISION
IN THE PRACTICE OF CLINICAL PROFESSIONAL COUNSELING**

1 of 2

This contract for supervision is meant to formalize the professional relationship and responsibilities between Nikita A. Parson, LCSW-C, Supervisor and Morgan White, LGPC, Supervisee, in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling services in an ethical and competent manner in compliance with Health Occupations, Title 17, Annotated Code of Maryland, and related COMAR regulations.

Responsibilities of the Supervisor:

- Establish written contract items related to frequency of individual and/or group supervision sessions, formal and informal evaluations, contact information, etc.;
- Ensure that the supervisee is practicing within the scope of the supervisee's license;
- Determine the skill level at which the supervisee may practice;
- Focus on raw data from the supervisee's practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervisory sessions;
- Ensure that the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication;
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's clients or patients;
- Be responsible for the clinical professional practices of the supervisee;
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor;
- Provide a written evaluation of the supervisee's progress to the supervisee every 3 months.

Responsibilities of the Supervisee:

- Verify that the supervisor has been approved by the Board;
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling;
- Attend and participate in supervision as agreed in the written contract for supervision;
- Prepare for supervision using case materials related to the supervisee's clinical counseling practice;
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent;
- Refrain from engaging in the practice of clinical professional counseling independent of supervision, (i.e., solo practice);

Responsibilities of the Supervisee – continued:

- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provides the name of the supervisor with address and contact information;
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counselor and the named clinical supervisors.

In case of an emergency we have discussed and agreed upon the following procedure:

Supervisor is to be contacted as soon as possible and supervisee will respond accordingly. All emergencies will be reviewed. In the case where supervisor is not available, the Program Director will be contacted.

Additional Provisions, Agreements and/or Clarifications:

None at this time

We agree to uphold the directives and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and relevant state and federal laws and regulations.

Supervisor Nikola Parson Date 8/29/2025

Supervisee Morgan White Date 8/29/2025



MARYLAND BOARD OF SOCIAL WORK EXAMINERS

4201 Patterson Avenue, Baltimore, Maryland 21215

Phone #: 410-764-4788 Toll Free #: 1-877-526-2541

<http://www.health.maryland.gov/bswe/>

ADVANCED LICENSURE

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1. FREQUENCY AND DURATION

According to COMAR 10.42.08 Supervision regulations, all LMSW supervisees must *“...receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.”* In order to supervise candidates for advanced licensure the social work supervisor must be a Board approved supervisor per COMAR 10.42.08.

2. DURATION AND TERMINATION

Social work practice and social work supervision cannot pre-date the issuance date of the supervisee's LMSW license. The date all three individuals (agency administrator, supervisor, supervisee) signed the contract is the date supervision was initiated. The contract will be considered in effect until the supervisory relationship ends.

3. SUPERVISION

Review COMAR 10.42.08.07 Responsibilities of a Supervisor and COMAR 10.42.08.08 Responsibilities of a Supervisee.

4. CLASSIFICATION AND AGENCY ACKNOWLEDGEMENT

This section must be completed by an agency administrator or designee and should NOT be completed by the LCSW or LCSW-C supervisor.

5. SIGNATURES OF SUPERVISOR AND SUPERVISEE

ALL signatures need to be original **blue ink preferred but not required**. The date of the supervisee's and supervisor's signature needs to be the same as the initial date of supervision. The date of the agency administrator/designee signature should be the same date or within 5 business days.

MARYLAND BOARD OF SOCIAL WORK EXAMINERS

THIS CONTRACT MUST BE SIGNED BEFORE BEGINNING SUPERVISION **ADVANCED LICENSURE**

CONTRACT FOR SUPERVISION FOR LCSW AND LCSW-C LICENSURE

This contract is made by and between Stephanie Negron, LMSW (hereinafter referred to as the Supervisee) and Nikita A. Parson, LCSW-C (hereinafter referred to as the Supervisor).

The supervisor agrees to provide supervision in compliance with the requirements for independent practice work licensure in the State of Maryland and in accordance with the terms below. The parties mutually agree to the following:

1. FREQUENCY AND DURATION

Sessions shall be held in accordance with the regulatory requirement of 3 hours of face-to-face supervision for full time employment (40 hours a week) or 1 hour of face-to-face supervision for every 40 hours worked for part-time employment. All supervision must be direct face-to-face. Only 50 hours of group supervision may count towards the 100 hours of supervision required for advanced licensure. The group supervisor shall provide supervision to no more than six supervisees.)

2. DURATION AND TERMINATION

This contract is effective as of the date of signing; will remain effective until the supervisory relationship ends; and may be terminated immediately if the supervisor does not maintain the necessary qualifications.

3. SUPERVISION

A. The supervisor shall:

- 1) Qualify as a Board approved LCSW or LCSW-C in Maryland and maintain this designation for the duration of the supervision.
- 2) **Provide or ensure that a supervisee receives a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.**
- 3) Conduct supervision according to the standards outlined in Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 through 10.42.08.
- 4) Provide a copy (to the supervisee) of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

B. The supervisee shall:

- 1) Obtain social work experience after obtaining a Licensed Master Social Work license.
- 2) **Receive a minimum of 3 hours of face-to-face supervision per month or 1 hour of face-to-face supervision for every 40 hours worked.**
- 3) Be knowledgeable about Maryland Health Occ. Code Ann. ("H.O.") §19-302 of the Social Work Practice Act (H.O. §§ 19-101 et seq.) and Regulations governing the Practice of Social Work COMAR 10.42.01 to 10.42.08.
- 4) Obtain a copy of the Board's supervisory approval which can be found on the Board's website under the verification section. (www.health.maryland.gov/bswe)

4. AGENCY ACKNOWLEDGEMENT

(This section should not be signed by the supervisor listed above. It must be completed and signed by the supervisee's employer at the time the contract is initiated. The supervisor may be an agency based supervisor or an independent supervisor, in either situation the agency administrator must sign. **The supervision is accountable to the supervisee's employer.** Please indicate the supervisor's designation by selecting one of the options, signing and dating this section.)

The supervisor is:

Agency Administrator's Signature Nikita A. Parson Date 4.1.25

☒ Agency Supervisor

Blue ink preferred but not required.

☐ Independent Supervisor

Agency Administrator's Name & Title Nikita A. Parson and Associate Director

5. SIGNATURE OF SUPERVISOR AND SUPERVISEE

Supervisor Signature

Nikita A. Parson

Supervisee Signature

[Signature]

Date 4.1.25

Blue ink preferred but not required.

Date 4.1.25

Program Census

Center for Infant Study / School Mental Health Program (CIS-SMH) Census

Client Demographics	
Current Program Census: 340	Number of Clients Served: 375
Client Demographics by Sex Assigned at Birth	
Number of Female Clients: 176	Number of Male Clients: 164
Client Demographics by Race	
African American: 267	Caucasians: 45
Hispanic/Latino: 8	Native American: 0
Asian/Pacific Islander: 2	Other/Undeclared: 4
Identifies as more than 1 race: 22	
Client Demographics by Age Range	
Ages 0 to 5: 55	Ages 6 to 21: 285

CARF QIP

GUIDELINES FOR SUBMITTING A QUALITY IMPROVEMENT PLAN

Attached is a form for your use in submitting a Quality Improvement Plan (QIP). Quality improvement efforts are regarded by CARF as integral and critical facets of the accreditation process. Guidelines for completing the form are as follows:

1. Respond to all standards identified.
2. Include a brief response that indicates the steps that have been taken or are being taken to address the recommendation. Indicate estimated dates for completion of "in process" items, where appropriate. Do not repeat the wording of the recommendation from the survey report in your QIP.
3. Do **not** include any copies of your organization's forms, policies, procedures, memos, pamphlets, documents, or other attachments with the QIP. CARF will only review your written response to each recommendation.

Upon receipt of the QIP, CARF will review your progress toward addressing the recommendations and acknowledge the plan in a letter to your operational leadership. The QIP will be included in the packet of materials sent to the next survey team. During the next survey visit, the team will review this further to make the determination whether the actions you have taken have brought your organization into conformance to the standards. Additional information concerning the interpretation of specific standards is available by calling CARF.

Please note that the submission of a QIP within 90 days following your initial notice of accreditation is a CARF Accreditation Condition and is required to maintain accredited status. For more information refer to the Accreditation Conditions in the current standards manual.

We encourage you to approach the completion of the QIP as an additional opportunity to enhance the quality, value, and outcomes of your services. If you would like further assistance, please do not hesitate to contact us toll free at (888) 281-6531 [dial 001 (520) 325-1044 from outside the US and Canada].

Please upload the completed QIP via Customer Connect. Click on the Quality Improvement Plan Due action item on the home page.

If you are unable to submit the QIP electronically, you may send the completed plan via regular mail to the Tucson, Arizona, office.

QUALITY IMPROVEMENT PLAN

Return to CARF by February 28, 2026

Company ID: 265490

Center for Infant Study/School Mental Health

701 West Pratt Street, 4th Floor
Baltimore, MD 21201

Survey Number: 194499

Accreditation Decision: Three-Year Accreditation

Accreditation Expiration Date: November 30, 2028

Survey Date(s): October 20–21, 2025

Standards Manual(s): 2025 Behavioral Health

Completed by (Name): Brijan Fellows

Date Completed: ____December 8th 2025____

Job Title: __Program Director

Standard Number for Recommendation	Step(s) to Address the Recommendation	Completion Date (Actual or Estimated)
2.C.2.a.(2)(d) 2.C.2.a.(2)(e) 2.C.2.a.(2)(g)	The Center for Infant Study/School Mental Health Program has: Initiated a yearly CARF REQUIRED Individual treatment planning training session for all staff and trainees Updated onsite and offsite clinical tools in the EMR to include appropriate formatting and client focus Program leaders are leading monthly rounds with staff that focus on diagnosis treatment plan review Diagnosis and EBT treatment planning tools have been shared with all staff to assist in writing SMART treatment goals.	February 2026 November 2025 and ongoing December 2025 November 2025

Fire Inspection

INSPECTION NUMBER

249450

CITY OF BALTIMORE

FIRE DEPARTMENT FIRE PREVENTION BUREAU

410 EAST LEXINGTON STREET, BALTIMORE, MARYLAND 21202

INSPECTION DATE

12/18/25

RECORD OF FIRE PREVENTION INSPECTION

THIS PERMIT MUST BE KEPT ON PERMITTED PREMISES AVAILABLE TO CODE OFFICIAL UPON REQUEST (105.1.1)

UNIVERSITY OF MD MEDICAL SYSTEM
701 W PRATT ST
BALTIMORE MD. 21201

INDIVIDUAL/BUSINESS

UNIVERSITY OF MD MEDICAL SYSTEM

PREMISES LOCATION:

701 W PRATT ST

410-328-0728

INSPECTION DATE	FEE PAID	PAID DATE
12/18/25	\$100.00	12/03/25

INSPECTED BY:

JEFFREY HOLMAN, FI, FPB-14

THE ABOVE NAMED INDIVIDUAL/BUSINESS IS HEREBY GRANTED PERMISSION TO CONDUCT THE FOLLOWING BUSINESS AT THE ABOVE PERMITTED PREMISES LOCATION. ON THE ABOVE MENTIONED INSPECTION DATE THE PREMISES WAS COMPLIANT WITH PART VIII OF THE BUILDING, FIRE, AND RELATED CODES OF BALTIMORE CITY. ALL AGENCIES REQUIRED TO INSPECT FOR THIS TYPE OF BUSINESS MUST APPROVE PRIOR TO OPERATIONS. IF CHANGES ARE MADE TO THE BUSINESS OR OPERATION YOU MUST CONTACT THE FIRE PREVENTION BUREAU IMMEDIATELY AT 410-396-5752.

GENERAL INSPECTION ANNUALLY (STATE REQUIRED) PSYCHIATRIC PROGRAMS AND SERVICES
USE 2016-04889 USE CODE B

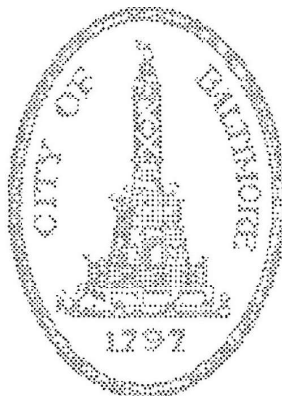
99 OFFICES /UNIVERSITY OF MARYLAND MEDICAL CENTER, LLC.

SEQ 1203010-9

FIRE PERMIT FEE CODES IN ACCORDANCE WITH BUILDING, FIRE, AND RELATED CODES OF BALTIMORE CITY PART VIII, CHAPTER 1, SECTION 105

FEE CODES: F104.12L

CHIEF OF FIRE DEPARTMENT



105.3.9 Violation of permit. Failure to comply with any term or condition of any permit issued under BUILDING, FIRE, AND RELATED CODES OF BALTIMORE CITY constitutes a violation of this Code and subjects the violator to the penalties prescribed in § 109 ("Violations") of BUILDING, FIRE AND RELATED CODES OF BALTIMORE CITY.