

Directory of  
**SCHOOL-BASED HEALTH CENTERS**  
and  
**Other School Health Services**

**2012 - 2013**

[www.wvshtac.org](http://www.wvshtac.org)



Prepared by the  
School Health Technical Assistance Center  
Department of Family & Community Health  
Marshall University School Of Medicine

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(Last Updated: 2/5/2013 3:04:33 PM)

County in which SBHC is located: Jackson

Name of School-Based Health Center: Jackson County SBHC

School in which the SBHC is located: Ripley HS

School Population: 1001

**Address for this School-Based Health Center**

Physical Address: #4A School St Ripley

Mailing Address: #4A School St

City: Ripley

State: WV

Zip: 25271

Phone: 304 372 7341

Extension:

Fax: 304 372 7341

Website: econant@wchsa.com

Email: econant@wchsa.com

**SBHC Contact Person**

First Name: Erica

Last Name: Conant

Phone: 304 372 7341

Extension:

Fax: 304 372 7341

Email: econant@wchsa.com

**SBHC Sponsoring Agency**

Name: Wirt County Health Service

Mailing Address: PO Box 609

City: Elizabeth

State: WV

Zip: 26143

Executive Director: Dee Scritchfield

Phone: 304 275 3301

Fax: 304 275 4798

Email: dscritchfield@wchsa.cor

SBHC Medical Director: Erin Mullins Frashier, DO

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

Area schools outreach

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a – 3:45p	Erica Conant FNP
Tuesday:	7:45a - 3:45p	Erica Conant FNP
Wednesday:	7:45a – 3:45p	Erica Conant FNP
Thursday:	7:45a - 3:45p	Erica Conant FNP
Friday:	7:45a – 3:45p	Erica Conant FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Upon Referral	Merinda Birkett, RDH
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a - 3:45p	Kaye White LPN
Tuesday:	7:45a - 3:45p	Kaye White, KPN
Wednesday:	7:45a - 3:45p	Kaye White, LPN
Thursday:	7:45a - 3:45p	Kaye White, LPN
Friday:	7:45a - 3:45p	Kaye White, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a - 3:45p	Jeanetta Westfall
Tuesday:	7:45a - 3:45p	Jeanetta Westfall
Wednesday:	7:45a - 3:45p	Jeanetta Westfall
Thursday:	7:45a - 3:45p	Jeanetta Westfall
Friday:	7:45a - 3:45p	Jeanetta Westfall

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

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**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 4:30p	George Stablein MD
Tuesday:	7:30a – 4:30p	George Stablein MD
Wednesday:	7:30a – 4:30p	George Stablein MD
Thursday:	7:30a – 4:30p	George Stablein MD
Friday:	7:30a – 4:30p	George Stablein MD

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 4:00p	Elisha Smith PsyD
Tuesday:		Elisha Smith PsyD
Wednesday:	7:30a – 4:00p	Elisha Smith PsyD
Thursday:	7:30a – 4:00p	Elisha Smith PsyD
Friday:	7:30a – 5:00p	Elisha Smith PsyD

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 4:30p	Numerous rotating staff
Tuesday:	7:30a – 4:30p	Numerous rotating staff
Wednesday:	7:30a – 4:30p	Numerous rotating staff
Thursday:	7:30a – 4:30p	Numerous rotating staff
Friday:	7:30a – 4:30p	Numerous rotating staff

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 5:00p	Elisha Green MA
Tuesday:	7:30a – 5:00p	Elisha Green MA
Wednesday:	7:30a – 5:00p	Elisha Green MA
Thursday:	7:30a – 5:00p	Elisha Green MA
Friday:	7:30a – 5:00p	Elisha Green MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		



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**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:  Population:   
 Other schools served 2:  Population:   
 Other schools served 3:  Population:   
 Other schools served 4:  Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	8:30a – 4:00p	Lisa Coleman FNP
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:30a – 4:00p	Lisa Coleman FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	8:30a – 4:00p	Sam Farley, MSW
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	8:30a – 4:00p	Mary.Dozier MA;K.MCormick I
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:30a – 4:00p	Mary.Dozier MA;K.MCormick I

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	8:00a – 4:00p	Mary Dozier MA
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:00a – 4:00p	Mary Dozier MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 1:46:07 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SBHC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 3:00p	Jill Fields, PA-C
Tuesday:		
Wednesday:	7:00a - 3:00p	Jill Fields, PA-C
Thursday:		
Friday:	7:00a - 3:00p	Jill Fields, PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7	
Tuesday:		
Wednesday:	8:00a - 3:00p B	
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 3:00p	Kim Boggess, MA
Tuesday:		
Wednesday:	7:00a - 3:00p	Kim Boggess, MA
Thursday:		
Friday:	7:00a - 3:00p	Kim Boggess, MA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 3:00p	Kim Boggess, MA
Tuesday:		
Wednesday:	7:00a - 3:00p	Kim Boggess, MA
Thursday:		
Friday:	7:00a - 3:00p	Kim Boggess, MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/5/2013 3:05:02 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:  Population:   
 Other schools served 2:  Population:   
 Other schools served 3:  Population:   
 Other schools served 4:  Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 2:30p	Zeina Haidar, MD
Tuesday:	8:00a – 2:30p	Zeina Haidar, MD
Wednesday:	8:00a – 2:30p	Zeina Haidar, MD
Thursday:	8:00a – 2:30p	Zeina Haidar, MD
Friday:	8:00a – 2:30p	Zeina Haidar, MD

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 4:30p	Davida Wright, MA
Tuesday:	8:00a – 4:30p	Davida Wright, MA
Wednesday:	8:00a – 4:30p	Davida Wright, MA
Thursday:	8:00a – 4:30p	Davida Wright, MA
Friday:	8:00a – 4:30p	Davida Wright, MA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 4:30p	April Butta
Tuesday:	8:00a – 4:30p	April Butta
Wednesday:	8:00a – 4:30p	April Butta
Thursday:	8:00a – 4:30p	April Butta
Friday:	8:00a – 4:30p	April Butta

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:06:33 PM)

County in which SBHC is located: Lincoln

Name of School-Based Health Center: Panther Center for Health

School in which the SBHC is located: Lincoln County HS

School Population: 893

**Address for this School-Based Health Center**

Physical Address: 81 Lincoln Panther Way

Mailing Address: 81 Lincoln Panther Way

City: Hamlin

State: WV

Zip: 25523

Phone: 304 824 6090

Extension:

Fax: 304 609 6094

Website:

Email: abyrd@lincolnprimarycare.c

**SBHC Contact Person**

First Name: Brian

Last Name: Crist

Phone: 304 824 5806

Extension: 360

Fax: 304 824 5885

Email: bcrist@lincolnprimarycare.c

**SBHC Sponsoring Agency**

Name: Lincoln Primary Care Ctr

Mailing Address: 7400 Lynn Avenue

City: Hamlin

State: WV

Zip: 25523

Executive Director: Brian Crist

Phone: 304 824 5806

Fax: 304 824 5804

Email: bcrist@lincolnprimaryca

SBHC Medical Director: Greg Elkins, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a – 4:30p	Kelly McMinn FNP-BC
Tuesday:	8:30a – 4:30p	Kelly McMinn FNP-BC
Wednesday:	8:30a – 4:30p	Kelly McMinn FNP-BC
Thursday:	8:30a – 4:30p	Kelly McMinn FNP-BC
Friday:	8:30a – 4:30p	Kelly McMinn FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	TBA	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a – 4:30p	TBA
Tuesday:	8:30a – 4:30p	TBA
Wednesday:	8:30a – 4:30p	TBA
Thursday:	8:30a – 4:30p	TBA
Friday:	8:30a – 4:30p	TBA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a – 4:30p	Andi Byrd
Tuesday:	8:30a – 4:30p	Andi Byrd
Wednesday:	8:30a – 4:30p	Andi Byrd
Thursday:	8:30a – 4:30p	Andi Byrd
Friday:	8:30a – 4:30p	Andi Byrd

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/5/2013 3:07:00 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone   
 Extension   
 Fax   
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone   
 Extension   
 Fax   
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone   
 Fax   
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4  
 5  6  7  8  9  
 10  11  12
- Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month   
 Opening Year

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 5:00p	Victor Lahnovych, MD
Tuesday:	8:00a – 5:00p	Victor Lahnovych, MD
Wednesday:	8:00a – 5:00p	Victor Lahnovych, MD
Thursday:	8:00a – 5:00p	Victor Lahnovych, MD
Friday:	8:00a – 5:00p	Victor Lahnovych, MD

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Upon Referral	Prestera
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 5:00p	Janet Rakes MA
Tuesday:	8:00a – 5:00p	Janet Rakes MA
Wednesday:	8:00a – 5:00p	Janet Rakes MA
Thursday:	8:00a – 5:00p	Janet Rakes MA
Friday:	8:00a – 5:00p	Janet Rakes MA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 5:00p	Rebecca Adkins
Tuesday:	8:00a – 5:00p	Rebecca Adkins
Wednesday:	8:00a – 5:00p	Rebecca Adkins
Thursday:	8:00a – 5:00p	Rebecca Adkins
Friday:	8:00a – 5:00p	Rebecca Adkins

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/4/2013 7:47:48 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

PK  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a – 3:00p	Renea Christian FNP-BC
Tuesday:	7:00a – 3:00p	Renea Christian FNP-BC
Wednesday:	7:00a – 3:00p	Renea Christian FNP-BC
Thursday:	7:00a – 3:00p	Renea Christian FNP-BC
Friday:	7:00a – 3:00p	Renea Christian FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Upon Referral	Prestera
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	1 day per week	Steve Beckett DDS
Tuesday:		Wendy Mosteller, RDH
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a – 3:00p	Lisa Parsons, NA
Tuesday:	7:00a – 3:00p	Lisa Parsons, NA
Wednesday:	7:00a – 3:00p	Lisa Parsons, NA
Thursday:	7:00a – 3:00p	Lisa Parsons, NA
Friday:	7:00a – 3:00p	Lisa Parsons, NA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/4/2013 4:12:53 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

PK  
 1  
 2  
 3  
 4  
 5  
 6  
 7  
 8  
 9  
 10  
 11  
 12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-12:00p	Buddy Hurt, DO
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-12:00p	Dreama Ramey, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-12:00p	Dreama Ramey, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other information provided**

(Last Updated: 2/4/2013 7:59:14 PM)

County in which SBHC is located: Logan

Name of School-Based Health Center: Tiger Center for Health

School in which the SBHC is located: Chapmanville Reg HS

School Population: 692

**Address for this School-Based Health Center**

Physical Address: 200 Vance St.

Mailing Address: 200 Vance St

City: Chapmanville

State: WV

Zip: 25508

Phone: 304 855 245

Extension:

Fax: 304 855 247

Website:

Email: radams@lincolnprimary.cor

**SBHC Contact Person**

First Name: Rebecca

Last Name: Adams

Phone: 304 855 245

Extension:

Fax: 304 855 247

Email: radams@lincolnprimary.cor

**SBHC Sponsoring Agency**

Name: Lincoln Primary Care Cente

Mailing Address: 7400 Lynn Ave

City: Hamlin

State: WV

Zip: 25523

Executive Director: Brian Crist

Phone: 304 824 5806

Fax: 304 824 5804

Email: bcrist@lincolnprimaryca

SBHC Medical Director: Greg Elkins, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SBHC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 3:30p	Nicole Ellis, PA-C
Tuesday:	7:30a – 3:30p	Nicole Ellis, PA-C
Wednesday:	7:30a – 3:30p	Nicole Ellis, PA-C
Thursday:	7:30a – 3:30p	Nicole Ellis, PA-C
Friday:	7:30a – 3:30p	Nicole Ellis, PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	T Curry DDS; J Justice RDH, f
Tuesday:		
Wednesday:	7:30a - 3:30p	J Justice RDH
Thursday:		
Friday:	7:30a - 3:30p	J Justice RDH

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 3:30p	Rebecca Adams, RN
Tuesday:	7:30a – 3:30p	Rebecca Adams, RN
Wednesday:	7:30a – 3:30p	Rebecca Adams, RN
Thursday:	7:30a – 3:30p	Rebecca Adams, RN
Friday:	7:30a – 3:30p	Rebecca Adams, RN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a – 3:30p	TBA
Tuesday:	7:30a – 3:30p	
Wednesday:	7:30a – 3:30p	
Thursday:	7:30a – 3:30p	
Friday:	7:30a – 3:30p	

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30a – 3:30p	
Wednesday:		
Thursday:	7:30a – 3:30p	
Friday:		



(Last Updated: 2/5/2013 3:07:35 PM)

County in which SBHC is located: Logan

Name of School-Based Health Center: Logan Wildcat Health Center

School in which the SBHC is located: Logan HS

School Population: 800

**Address for this School-Based Health Center**

Physical Address: 1 Wildcat Ctr

Mailing Address: 1 Wildcat Ctr

City: Logan

State: WV

Zip: 25601

Phone: 304 688 9949

Extension:

Fax: 304 688 9953

Website:

Email:

**SBHC Contact Person**

First Name: Katrina

Last Name: Lester

Phone: 304 951 8382

Extension:

Fax:

Email: klester@swvhs.org

**SBHC Sponsoring Agency**

Name: Lincoln PrimaryCare Ctr

Mailing Address: 7400 Lynn Ave.

City: Hamlin

State: WV

Zip: 25523

Executive Director: Brian Crist

Phone: 304 824 5806

Fax: 304 824 5885

Email: bcrist@lincolnprimaryca

SBHC Medical Director: Greg Elkins, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Logan MS	800
Other schools served 2:	Population:
Logan Grade School	380
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Mary Phipps, FNP-BC"/>
Tuesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Mary Phipps, FNP-BC"/>
Wednesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Mary Phipps, FNP-BC"/>
Thursday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Mary Phipps, FNP-BC"/>
Friday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Mary Phipps, FNP-BC"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Tiffany Curry, DDS"/>
Wednesday:	<input type="text"/>	<input type="text" value="J Justice, RDH"/>
Thursday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>
Tuesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>
Wednesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>
Thursday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>
Friday:	<input type="text" value="7:30a-3:30p"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Heather Napier"/>
Tuesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Heather Napier"/>
Wednesday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Heather Napier"/>
Thursday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Heather Napier"/>
Friday:	<input type="text" value="7:30a-3:30p"/>	<input type="text" value="Heather Napier"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:20:54 PM)

**County in which SBHC is located:** Marion

**Name of School-Based Health Center** East Fairmont High SBHC

**School in which the SBHC is located** East Fairmont HS

**School Population** 824

**Address for this School-Based Health Center**

Physical Address 1993 Airport Road

Mailing Address P.O. Box 1112

City Fairmont

State WV

Zip 26554

Phone 304 367 654

Extension

Fax 304 366 9529

Website mvahealth.org

Email

**SBHC Contact Person**

First Name Mandy

Last Name Riggs

Phone 304 367 8740

Extension

Fax 304 366 9529

Email mandy.riggs@mvahealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of

Mailing Address PO Box 1112

City Fairmont

State WV

Zip 26555

Executive Director Nancy L. Vandergrift

Phone 304 367 8740

Fax 304 366 9529

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:00p	Natasha Benevides PA-C
Tuesday:		
Wednesday:	8:00a - 12:00p	Natasha Benevides PA-C
Thursday:		
Friday:	8:00a - 12:00p	Natasha Benevides PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:00p	TBA
Tuesday:		
Wednesday:	8:00a - 12:00p	
Thursday:		
Friday:	8:00a - 12:00p	

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:00p	Mary Painter, RN
Tuesday:	8:00a - 12:00p	Mary Painter, RN
Wednesday:	8:00a - 12:00p	Mary Painter, RN
Thursday:	8:00a - 12:00p	Mary Painter, RN
Friday:	8:00a - 12:00p	Mary Painter, RN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 5:00p	MVA Staff
Tuesday:	8:00a - 5:00p	MVA Staff
Wednesday:	8:00a - 5:00p	MVA Staff
Thursday:	8a:00 - 5:00p	MVA Staff
Friday:	8:00a - 5:00p	MVA Staff

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 5:00p	MVA Pediatric MDs
Tuesday:	8:00a - 5:00p	MVA Pediatric MDs
Wednesday:	8:00a - 5:00p	MVA Pediatric MDs
Thursday:	8:00a - 5:00p	MVA Pediatric MDs
Friday:	8:00a - 5:00p	MVA Pediatric MDs

**Other information provided**

(Last Updated: 2/5/2013 3:18:53 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a - 12:00p	Natasha Benevides PA-C
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a - 12:00p	Natasha Benevides PA-C
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a - 12:00p	TBA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a - 12:00p	TBA
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a - 12:00p	Becky Bonnette MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a - 12:00p	Becky Bonnette MA
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 5:00p	MVA Staff
Tuesday:	8:00a - 5:00p	MVA Staff
Wednesday:	8:00a - 5:00p	MVA Staff
Thursday:	8:00a - 5:00p	MVA Staff
Friday:	8:00a - 5:00p	MVA Staff

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 5:00p	MVA Pediatric MDs
Tuesday:	8:00a - 5:00p	MVA Pediatric MDs
Wednesday:	8:00a - 5:00p	MVA Pediatric MDs
Thursday:	8:00a - 5:00p	MVA Pediatric MDs
Friday:	8:00a - 5:00p	MVA Pediatric MDs

**Other information provided**

(Last Updated: 2/5/2013 3:18:08 PM)

County in which SBHC is located: McDowell

Name of School-Based Health Center: Tug River/Mt View Health Center

School in which the SBHC is located: Mt View M/H School

School Population: 795

**Address for this School-Based Health Center**

Physical Address: 950 Mt View Rd Suite 500

Mailing Address: 950 Mt View Rd Suite 500

City: Welch

State: WV

Zip: 24801

Phone: 304 436 4798

Extension:

Fax: 304 436 4815

Website:

Email: timcrofton@excite.com

**SBHC Contact Person**

First Name: Tim

Last Name: Crofton

Phone: 304 436 4798

Extension:

Fax: 304 436 4815

Email: imcrofton@excite.com

**SBHC Sponsoring Agency**

Name: Tug River Health Assn Inc

Mailing Address: P.O. Box 507

City: Gary

State: WV

Zip: 24836

Executive Director: Tim Crofton

Phone: 304 448 2101

Fax: 304 448 3217

Email:

SBHC Medical Director: Sandy Estep FNP-BC

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:30p	<input type="text"/>
Tuesday:	8:00a - 4:30p	Karen Addair C-FNP
Wednesday:	8:00a - 4:30p	Karen Addair C-FNP
Thursday:	8:00a - 4:30p	Karen Addair C-FNP
Friday:	8:00a - 4:30p	Karen Addair C-FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 4:30p	D Miranda DDS;V.Bowling DD
Tuesday:	7:30a - 4:30p	D Miranda DDS;V.Bowling DD
Wednesday:	7:30a - 4:30p	D Miranda DDS;V.Bowling DD
Thursday:	7:30a - 4:30p	D Miranda DDS;V.Bowling DD
Friday:	7:30a - 4:30p	D Miranda DDS;V.Bowling DD

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:30p	Ginger Justice LPN
Tuesday:	8:00a - 4:30p	Ginger Justice LPN
Wednesday:	8:00a - 4:30p	Ginger Justice LPN
Thursday:	8:00a - 4:30p	Ginger Justice LPN
Friday:	8:00a - 4:30p	Ginger Justice LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	TBA	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/5/2013 1:18:37 PM)

County in which SBHC is located: McDowell

Name of School-Based Health Center: River View High SBHC

School in which the SBHC is located: River View HS

School Population: 586

**Address for this School-Based Health Center**

Physical Address: 512 Mountaineer Highway Br

Mailing Address: 512 Mountaineer Highway

City: Bradshaw

State: WV

Zip: 24817

Phone: 304 967 7682

Extension:

Fax: 304 967 7684

Website:

Email: timcrofton@excite.com

**SBHC Contact Person**

First Name: Tim

Last Name: Crofton

Phone: 304 448 2101

Extension: 251

Fax: 304 436 4815

Email: timcrofton@excite.com

**SBHC Sponsoring Agency**

Name: Tug River Health Associati

Mailing Address: P.O. Box 507

City: Gary

State: WV

Zip: 24836

Executive Director: Tim Crofton

Phone: 304 436 4799

Fax: 304 448 3217

Email: timcrofton@excite.com

SBHC Medical Director: Sandy Estep FNP-BC

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a – 4:30p	Brenda Goodman FNP
Tuesday:	8:00a – 4:30p	Brenda Goodman FNP
Wednesday:	8:00a – 4:30p	Brenda Goodman FNP
Thursday:	8:00a – 4:30p	Brenda Goodman FNP
Friday:	8:00a – 4:30p	Brenda Goodman FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a– 4:30p	TBA
Tuesday:	8:00a– 4:30p	TBA
Wednesday:	8:00a– 4:30p	TBA
Thursday:	8:00a– 4:30p	TBA
Friday:	8:00a– 4:30p	TBA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a– 4:30p	Anita Endicott
Tuesday:	8:00a– 4:30p	Anita Endicott
Wednesday:	8:00a– 4:30p	Anita Endicott
Thursday:	8:00a– 4:30p	Anita Endicott
Friday:	8:00a– 4:30p	Anita Endicott

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/4/2013 9:15:40 AM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month   
 Opening Year

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a -11:30a	Tambra Pitt, FNP-BC
Tuesday:	8:00a -11:30a	Tambra Pitt, FNP-BC
Wednesday:	8:00a -11:30a	Tambra Pitt, FNP-BC
Thursday:	8:00a -11:30a	Tambra Pitt, FNP-BC
Friday:	8:00a -11:30a	Tambra Pitt, FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a -11:30a	Emily Atkins, LPN
Tuesday:	8:00a-11:30a	Emily Atkins, LPN
Wednesday:	8:00a-11:30a	Emily Atkins, LPN
Thursday:	8:00a-11:30a	Emily Atkins, LPN
Friday:	8:00a-11:30a	Emily Atkins, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/5/2013 3:24:05 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value="Peterstown ES"/>	<input type="text" value="486"/>
Other schools served 2:	Population:
<input type="text" value="Peterstown MS"/>	<input type="text" value="337"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

PK  1  2  3  4

5  6  7  8  9

10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a -12:00p	Nancy Lynch FNP
Tuesday:	8:00a -12:00p	Nancy Lynch FNP
Wednesday:	8:00a -12:00p	Nancy Lynch FNP
Thursday:	8:00a -12:00p	Nancy Lynch FNP
Friday:	8:00a -12:00p	Nancy Lynch FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 3:30p	Kim Rhodes LPN
Tuesday:	8:00a - 3:30p	Kim Rhodes, LPN
Wednesday:	8:00a - 3:30p	Kim Rhodes LPN
Thursday:	8:00a - 3:30p	Kim Rhodes LPN
Friday:	8:00a - 3:30p	Kim Rhodes LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other information provided**

(Last Updated: 2/4/2013 9:13:23 AM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:30p - 4:00p	Tambra Pitt, RN,FNP-BC
Tuesday:	12:30p - 4:00p	Tambra Pitt RN,FNP-BC
Wednesday:	12:30p - 4:00p	Tambra Pitt RN,FNP-BC
Thursday:	12:30p - 4:00p	Tambra Pitt RN,FNP-BC
Friday:	12:30p - 4:00p	Tambra Pitt RN,FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:30p - 4:00p	Stephanie Darnell LPN
Tuesday:	12:30p - 4:00p	Stephanie Darnell LPN
Wednesday:	12:30p - 4:00p	Stephanie Darnell LPN
Thursday:	12:30p - 4:00p	Stephanie Darnell LPN
Friday:	12:30p - 4:00p	Stephanie Darnell LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other information provided**



(Last Updated: 2/5/2013 3:25:17 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value="Richwood High School"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SBHC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 3:30p	Angela Barker, PA-C
Tuesday:	8:00a - 3:30p	Angela Barker, PA-C
Wednesday:	8:00a - 3:30p	Angela Barker, PA-C
Thursday:	8:00a - 3:30p	Angela Barker, PA-C
Friday:	8:00a - 3:30p	Angela Barker, PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00a - 3:00p	James Powell, LICSW
Wednesday:	8:00a - 3:00p	James Powell, LICSW
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Tara Basham, RDH
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 3:30p	Nikki Underwood, LPN
Tuesday:	8:00a - 3:30p	Nikki Underwood, LPN
Wednesday:	8:00a - 3:30p	Nikki Underwood, LPN
Thursday:	8:00a - 3:30p	Nikki Underwood, LPN
Friday:	8:00a - 3:30p	Nikki Underwood, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Pam Painter
Tuesday:	7:30a - 3:30p	Pam Painter
Wednesday:	7:30a - 3:30p	Pam Painter
Thursday:	7:30a - 3:30p	Pam Painter
Friday:	7:30a - 3:30p	Pam Painter

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/5/2013 3:26:14 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value="Summersville MS"/>	<input type="text" value="551"/>
Other schools served 2:	Population:
<input type="text" value="Nicholas Co HS"/>	<input type="text" value="732"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Joy Woods, PA-C
Tuesday:	8:00a - 4:00p	Joy Woods, PA-C
Wednesday:	8:00a - 4:00p	Joy Woods, PA-C
Thursday:	8:00a - 4:00p	Joy Woods, PA-C
Friday:	8:00a - 4:00p	Joy Woods, PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00a - 3:00p	Scott Thompson, LPC
Wednesday:		
Thursday:		
Friday:	8:00a - 3:00p	Scott Thompson, LPC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Terra Basham, RDH
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Terry Vogel, LPN
Tuesday:	8:00a - 4:00p	Terry Vogel, LPN
Wednesday:	8:00a - 4:00p	Terry Vogel, LPN
Thursday:	8:00a - 4:00p	Terry Vogel, LPN
Friday:	8:00a - 4:00p	Terry Vogel, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Betsy Martin
Tuesday:	8:00a - 4:00p	Betsy Martin
Wednesday:	8:00a - 4:00p	Betsy Martin
Thursday:	8:00a - 4:00p	Betsy Martin
Friday:	8:00a - 4:00p	Betsy Martin

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:00p	Trina Blair, MSW - Health Edu
Tuesday:	8:00a - 4:00p	Trina Blair, MSW
Wednesday:	8:00a - 4:00p	Trina Blair, MSW
Thursday:	8:00a - 4:00p	Trina Blair, MSW
Friday:	8:00a - 4:00p	Trina Blair, MSW

(Last Updated: 2/5/2013 3:30:02 PM)

**County in which SBHC is located:** Pendleton

**Name of School-Based Health Center** Pendleton County School Health

**School in which the SBHC is located** Pendleton County Schools

**School Population** 1,085

**Address for this School-Based Health Center**

Physical Address 409 Maple Avenue

Mailing Address P.O. Box 40

City Franklin

State WV

Zip 26807

Phone 304 358 3254

Extension

Fax 304 358 3054

Website

Email

**SBHC Contact Person**

First Name Jennifer

Last Name Taylor-Ide

Phone 304 358 2355

Extension 1106

Fax 304 358 3054

Email jtayloride@gmail.com

**SBHC Sponsoring Agency**

Name Pendleton Community Care

Mailing Address P.O. Box 100

City Franklin

State WV

Zip 26807

Executive Director Michael Judy

Phone 304 358 2355

Fax 304 358 3054

Email mjudy@pcc-nfc.org

SBHC Medical Director King Seegar, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Pendleton County HS	470
Other schools served 2:	Population:
Brandywine ES	159
Other schools served 3:	Population:
North Fork ES	121
Other schools served 4:	Population:
Franklin ES	335

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

Special Education

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="Varies"/>	<input type="text" value="King Seegar, MD"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text" value="Varies"/>	<input type="text" value="Mary Ellen Wimer, NP"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="Varies"/>	<input type="text" value="Jennifer Taylor-Ide, LPC"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text" value="Holly See, RN"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text" value="Varies"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text" value="Chris Roberson Health Ed"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:30:28 PM)

**County in which SBHC is located:**   
**Name of School-Based Health Center**   
**School in which the SBHC is located**   
**School Population**

**Address for this School-Based Health Center**

Physical Address   
 Mailing Address   
 City   
 State   
 Zip   
 Phone     
 Extension   
 Fax     
 Website   
 Email

**SBHC Contact Person**

First Name   
 Last Name   
 Phone     
 Extension   
 Fax     
 Email

**SBHC Sponsoring Agency**

Name   
 Mailing Address   
 City   
 State   
 Zip   
 Executive Director   
 Phone     
 Fax     
 Email   
 SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 4:00p	Lisa Straight, FNP
Tuesday:	7:30a - 4:00p	Lisa Straight, FNP
Wednesday:	7:30a - 4:00p	Dr. Estrada, MD
Thursday:	7:30a - 4:00p	Lisa Straight, FNP
Friday:	7:30a - 4:00p	Lisa Straight, FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 4:00p	Kathy Osborne, LPN
Tuesday:	7:30a - 4:00p	Kathy Osborne, LPN
Wednesday:	7:30a - 4:00p	Rachel Gross, LPN
Thursday:	7:30a - 4:00p	Kathy Osborne, LPN
Friday:	7:30a - 4:00p	Kathy Osborne, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	7:30a - 4:00p	Emily Shaffer
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/5/2013 3:31:48 PM)

**County in which SBHC is located:** Pocahontas  
**Name of School-Based Health Center:** Pocahontas County High SBHC  
**School in which the SBHC is located:** Pocahontas County HS  
**School Population:** 354

**Address for this School-Based Health Center**

Physical Address: Odie Gay Road  
 Mailing Address: Route 1, Box 133  
 City: Dunmore  
 State: WV  
 Zip: 24934  
 Phone: [ ][ ] [ ][ ][ ][ ]  
 Extension: [ ][ ]  
 Fax: [ ][ ] [ ][ ][ ][ ]  
 Website: communitycarewv.org  
 Email: [ ]

**SBHC Contact Person**

First Name: Patricia  
 Last Name: Collett  
 Phone: 304 550 7802  
 Extension: [ ][ ]  
 Fax: [ ][ ] [ ][ ][ ][ ]  
 Email: patriciacollett@yahoo.com

**SBHC Sponsoring Agency**

Name: CommunityCare of WV Inc.  
 Mailing Address: P.O. Box 217  
 City: Rock Cave  
 State: WV  
 Zip: 26234  
 Executive Director: Rick Simon  
 Phone: [ ][ ] [ ][ ][ ][ ]  
 Fax: [ ][ ] [ ][ ][ ][ ]  
 Email: [ ]  
 SBHC Medical Director: Sarah Chouinard, M.D.

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:36:42 PM)

**County in which SBHC is located:** Pocahontas  
**Name of School-Based Health Center** Marlinton Elementary SBHC  
**School in which the SBHC is located** Marlinton ES  
**School Population** 244

**Address for this School-Based Health Center**

Physical Address 926a Fifth Avenue  
 Mailing Address 926a Fifth Avenue  
 City Marlinton  
 State WV  
 Zip 24954  
 Phone  
 Extension  
 Fax  
 Website communitycarewv.org  
 Email

**SBHC Contact Person**

First Name Patricia  
 Last Name Collett  
 Phone 304 550 7802  
 Extension  
 Fax  
 Email patriciacollett@yahoo.com

**SBHC Sponsoring Agency**

Name Community are of WV Inc.  
 Mailing Address P.O. Box 217  
 City Rock Cave  
 State WV  
 Zip 26234  
 Executive Director Rick Simon  
 Phone  
 Fax  
 Email  
 SBHC Medical Director Sarah Chouinard, M.D.

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:39:03 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/6/2013 3:34:47 PM)

**County in which SBHC is located:** Putnam

**Name of School-Based Health Center** Putnam School Based Health Se

**School in which the SBHC is located** Varies

**School Population** 2,503

**Address for this School-Based Health Center**

Physical Address 503 Roosevelt Blvd

Mailing Address PO Box 163

City Eleanor

State WV

Zip 25070

Phone 304 586 0001

Extension

Fax 304 586 1301

Website familycarewv.org

Email

**SBHC Contact Person**

First Name Beth

Last Name Ford

Phone 304 586 0001

Extension

Fax 304 586 1301

Email beth.ford@familycarewv.org

**SBHC Sponsoring Agency**

Name FamilyCare HealthCenter

Mailing Address 301-6 Great Teays Blvd

City Scott Depot

State WV

Zip 25560

Executive Director Martha Carter, MBA,RN

Phone 304 757 6996

Fax 304 757 3252

Email martha.carter@familyca

SBHC Medical Director M.Buffington-Jenkins MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Winfield E/M/HS	1975
Other schools served 2:	Population:
GWashington ES	244
Other schools served 3:	Population:
Putnam Career Center	
Other schools served 4:	Population:
Buffalo ES	249

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

Adult students

**Others who can receive care at your SBHC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Winfeild ES	Dawn Grigsby FNP-BC
Tuesday:	Winfield MS/Bu	Dawn Grigsby FNP-BC
Wednesday:	GWashington E	Dawn Grigsby FNP-BC
Thursday:	Putnam Career	Dawn Grigsby FNP-BC
Friday:	Winfield HS	Dawn Grigsby FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Winfield ES	Beth Ford, MA,CPT
Tuesday:	Winfield MS/Bu	Beth Ford, MA,CPT
Wednesday:	GWashington E	Beth Ford, MA,CPT
Thursday:	Putnam Career	Beth Ford, MA,CPT
Friday:	Winfield HS	Beth Ford, MA,CPT

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/5/2013 3:42:33 PM)

**County in which SBHC is located:** Putnam

**Name of School-Based Health Center** VHS Lakeside Elementary

**School in which the SBHC is located** Lakeside ES

**School Population** 268

**Address for this School-Based Health Center**

Physical Address 2550 US Rt. 60

Mailing Address 2550 US Rt. 60

City Hurricane

State WV

Zip 25526

Phone 304 562 3630

Extension

Fax

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Melanie

Last Name Hall

Phone 304 525 3334

Extension 5117

Fax 304 525 3338

Email mhall@valleyhealth.org

**SBHC Sponsoring Agency**

Name Valley Health

Mailing Address 3377 US Rt. 60

City Huntington

State WV

Zip 25705

Executive Director Steve Shattls

Phone 304 525 3334

Fax 304 525 3338

Email shattls@valleyhealth.org

SBHC Medical Director Herb Meyers, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

PK  1  2  3  4

5  6  7  8  9

10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a -10:00a	Bobbie Taylor, FNP
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a -10:00a	Bobbie Taylor, FNP
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-10:00a	Becky West, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a-10:00a	Becky West, MA
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-10:00a	Becky West, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a-10:00a	Becky West, MA
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/4/2013 8:38:06 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a-5:00p	Bobbie Taylor, FNP
Tuesday:	10:30a-6:30p	Bobbie Taylor, FNP
Wednesday:	8:30a-6:30p	Bobbie Taylor, FNP
Thursday:	10:30a-5:00p	Bobbie Taylor, FNP
Friday:	8:30a-12:30p	Bobbie Taylor, FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a-5:00p	Becky West, MA
Tuesday:	8:30a-5:30p	Becky West, MA
Wednesday:	8:30a-5:30p	Becky West, MA
Thursday:	8:30a-5:30p	Becky West, MA
Friday:	8:30a-5:30p	Becky West, MA

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30a-5:00p	Becky West, MA
Tuesday:	10:30a-6:30p	Becky West, MA
Wednesday:	8:30a-6:30p	Becky West, MA
Thursday:	10:30a-5:00p	Becky West, MA
Friday:	8:30a-12:30p	Becky West, MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/5/2013 3:45:55 PM)

County in which SBHC is located: Raleigh

Name of School-Based Health Center: Coal City Elementary SBHC

School in which the SBHC is located: Coal City ES

School Population: 284

**Address for this School-Based Health Center**

Physical Address: 900 Independence Rd.

Mailing Address: P.O. Box 1240

City: Coal City

State: WV

Zip: 25823

Phone: 304 683 6904

Extension:

Fax: 304 683 6903

Website: nrhawv.org

Email: jerri.hogan@nrhawv.org

**SBHC Contact Person**

First Name: Celi

Last Name: Van Dyke

Phone: 304 465 1378

Extension:

Fax: 304 469 2981

Email: celi.vandyke@nrhawv.org

**SBHC Sponsoring Agency**

Name: New River Health Assn

Mailing Address: P.O. Box 337

City: Scarbro

State: WV

Zip: 25917

Executive Director: John Schultz

Phone: 304 465 2258

Fax:

Email: johnr.schultz@nrhawv.o

SBHC Medical Director: Jennifer Boyd, PA-C

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:30a - 3:30p	Joni Walker, PA-C
Tuesday:	12:30a - 3:30p	Joni Walker, PA-C
Wednesday:	12:30a - 3:30p	Joni Walker, PA-C
Thursday:	12:30a - 3:30p	Joni Walker, PA-C
Friday:	12:30a - 3:30p	

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Terra Basham, RDH
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:30a - 3:30p	Tammy Shelton
Tuesday:	12:30a - 3:30p	Tammy Shelton
Wednesday:	12:30a - 3:30p	Tammy Shelton
Thursday:	12:30a - 3:30p	Tammy Shelton
Friday:	12:30a - 3:30p	Tammy Shelton

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/4/2013 8:47:45 PM)

County in which SBHC is located:

Name of School-Based Health Center

School in which the SBHC is located

School Population

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 12:00p	Joni Walker, PA-C
Tuesday:	7:00a - 12:00p	Joni Walker, PA-C
Wednesday:	7:00a - 12:00p	Joni Walker, PA-C
Thursday:	7:00a - 12:00p	Joni Walker, PA-C
Friday:	7:00a - 12:00p	Joni Walker, PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Terra Basham, RDH
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 3:00p	Sheri Lowe, LPN
Tuesday:	7:00a - 3:00p	Sheri Lowe, LPN
Wednesday:	7:00a - 3:00p	Sheri Lowe, LPN
Thursday:	7:00a - 3:00p	Sheri Lowe, LPN
Friday:	7:00a - 3:00p	Sheri Lowe, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00a - 12:00p	Tammy Shelton
Tuesday:	7:00a - 12:00p	Tammy Shelton
Wednesday:	7:00a - 12:00p	Tammy Shelton
Thursday:	7:00a - 12:00p	Tammy Shelton
Friday:	7:00a - 12:00p	Tammy Shelton

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/5/2013 3:47:50 PM)

County in which SBHC is located: Raleigh

Name of School-Based Health Center: Beckley-Stratton SBHC

School in which the SBHC is located: Beckley-Stratton Middle

School Population: 700

**Address for this School-Based Health Center**

Physical Address: 401 Grey Flats Rd

Mailing Address: 252 Rural Acres Drive

City: Beckley

State: WV

Zip: 25801

Phone: 304 461 3341

Extension:

Fax: 304 461 3344

Website: bsjhs.rale.k12.wv.us

Email:

**SBHC Contact Person**

First Name: Lisa

Last Name: Bennett

Phone: 304 461 3341

Extension:

Fax: 304 461 3344

Email: lbennett@accesshealthwv.c

**SBHC Sponsoring Agency**

Name: Community Health System:

Mailing Address: 252 Rural Acres Drive

City: Beckley

State: WV

Zip: 25801

Executive Director: Charles Hunt, CEO

Phone: 304 252 8324

Fax: 304 252 7372

Email:

SBHC Medical Director: Rodney Fink, DO

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Beckley Elementary	402
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:00a-12:00p	Lisa Bennett FNP-BC
Tuesday:	8:00a-10:00a	Lisa Bennett FNP-BC
Wednesday:	10:00a-12:00p	Lisa Bennett FNP-BC
Thursday:	8:00a-10:00a	Lisa Bennett FNP-BC
Friday:	10:00a-12:00p	Lisa Bennett FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/5/2013 3:48:58 PM)

County in which SBHC is located: Raleigh

Name of School-Based Health Center: Academy of Careers/Technology

School in which the SBHC is located: Academy of Careers/Technology

School Population: 583

**Address for this School-Based Health Center**

Physical Address: 390 Stanaford Rd

Mailing Address:

City: Beckley

State: WV

Zip: 25801

Phone: 304 461 3341

Extension:

Fax: 304 461 3344

Website:

Email:

**SBHC Contact Person**

First Name: Lisa

Last Name: Bennett

Phone: 304 461 3341

Extension:

Fax: 304 461 3344

Email: lbennett@accesshealthwv.c

**SBHC Sponsoring Agency**

Name: Community Health System:

Mailing Address: 252 Rural Acres Drive

City: Beckley

State: WV

Zip: 25801

Executive Director: Charles Hunt, CEO

Phone: 304 252 8324

Fax: 304 252 7372

Email:

SBHC Medical Director: Rodney Fink, DO

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Woodrow Wilson HS	1380
Other schools served 2:	Population:
Independence HS	
Other schools served 3:	Population:
Liberty HS	
Other schools served 4:	Population:
Shady Spring HS	

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

Adult ACT students

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	3:00p-4:30p	Lisa Bennett FNP-BC
Tuesday:	1:00p-4:30p	Lisa Bennett FNP-BC
Wednesday:	3:00p-4:30p	Lisa Bennett FNP-BC
Thursday:	3:00p-4:30p	Lisa Bennett FNP-BC
Friday:	8-10a; 3-4:30p	Lisa Bennett FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00a-12:00p	Frances Allen-Henderson, MA

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/4/2013 8:50:32 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value="ACT"/>	<input type="text" value="583"/>
Other schools served 2:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 3:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8-10a, 1-3p	Lisa Bennett FNP-BC
Tuesday:	10:00a-12:00p	Lisa Bennett FNP-BC
Wednesday:	8-10a, 1-3pm	Lisa Bennett FNP-BC
Thursday:	10:00a-12:00p	Lisa Bennett FNP-BC
Friday:	1:00a-3:00p	Lisa Bennett FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00a-12:00p	Frances Allen-Henderson, MA

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/4/2013 12:28:00 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 2:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 3:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

PK  1  2  3  4

5  6  7  8  9

10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:00p	Jodi Law, CFNP
Tuesday:	8:00a-4:00p	Dr. Foresita Edora
Wednesday:	8:00a-4:00p	Dr. Estrada
Thursday:	8:00a-4:00p	Melissa Mahaney, LPN
Friday:	8:00a-4:00p	

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:00p	B.Tebay MS Psychologist
Tuesday:	8:00a-4:00p	B.Tebay MS Psychologist
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		Mark Spiker, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:00p	
Tuesday:	8:00a-4:00p	
Wednesday:	8:00a-4:00p	
Thursday:	8:00a-4:00p	
Friday:	8:00a-4:00p	

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:00p	Tara Shifet
Tuesday:	8:00a-4:00p	Tara Shifet
Wednesday:	8:00a-4:00p	Tara Shifet
Thursday:	8:00a-4:00p	Tara Shifet
Friday:	8:00a-4:00p	Tara Shifet

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		



(Last Updated: 2/5/2013 3:49:47 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 2:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 3:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:30p	J. Cox, RN, FNP-BC
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00a - 4:30p	J.Cox RN FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 4:30p	Donna Morris, LPN
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00a - 4:30p	Donna Morris, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other information provided**

(Last Updated: 2/5/2013 3:50:07 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

**Other(please specify)**

**Other schools served by this SBHC**

Other schools served 1:  Population:

Other schools served 2:  Population:

Other schools served 3:  Population:

Other schools served 4:  Population:

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00a - 4:30p	Dr. Timothy Metzger
Tuesday:		
Wednesday:	9:00a - 4:30p	T Cavanagh RN, FNP-BC
Thursday:		
Friday:	9:00a - 4:30p	TCavanagh RN, FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00a - 4:30p	Tracy Smith, LPN
Tuesday:		
Wednesday:	9:00a - 4:30p	Tracy Smith, LPN
Thursday:		
Friday:	9:00a - 4:30p	Tracy Smith, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00a - 4:30p	Stephanie Stotts
Tuesday:		
Wednesday:	9:00a - 4:30p	Stephanie Stotts
Thursday:		
Friday:	9:00a - 4:30p	Stephanie Stotts

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 2/6/2013 10:05:39 AM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 2:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 3:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

PK  
  1  
  2  
  3  
  4  
  5  
  6  
  7  
  8  
  9  
  10  
  11  
  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	12:00p-4:00p	Genevieve Larimer FNP
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30a-11:30a	Genevieve Larimer FNP
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	12:00p-4:00p	Ruthie Rodgers LPN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30a-11:30a	Ruthie Rodgers LPN
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	12:00p-4:00p	Donna Wamsley MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30a-11:30a	Donna Wamsley MA
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/6/2013 10:06:36 AM)

**County in which SBHC is located:** Upshur  
**Name of School-Based Health Center:** French Creek Elementary SBHC  
**School in which the SBHC is located:** French Creek ES  
**School Population:** 236

**Address for this School-Based Health Center**

Physical Address: Route 2, Box 305  
 Mailing Address: Route 2, Box 305  
 City: French Creek  
 State: WV  
 Zip: 26218  
 Phone: 304 924 5652  
 Extension:  
 Fax: 304 924 6381  
 Website: communitycarewv.org  
 Email:

**SBHC Contact Person**

First Name: Patricia  
 Last Name: Collett  
 Phone: 304 550 7802  
 Extension:  
 Fax:  
 Email: patriciacollett@yahoo.com

**SBHC Sponsoring Agency**

Name: CommunityCare of WV Inc.  
 Mailing Address: P.O. Box 217  
 City: Rock Cave  
 State: WV  
 Zip: 26234  
 Executive Director: Rick Simon  
 Phone:  
 Fax:  
 Email:  
 SBHC Medical Director: Sarah Chouinard, M.D.

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-12:00p	Leann Craig PAC
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a-12:00p	Leann Craig PAC
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00a-12:00p	Jessica Reed MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a-12:00p	Jessica Reed MA
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>



(Last Updated: 2/6/2013 10:07:57 AM)

**County in which SBHC is located:** Upshur

**Name of School-Based Health Center** Buckhannon Academy SBHC

**School in which the SBHC is located** Buckhannon Academy ES

**School Population** 631

**Address for this School-Based Health Center**

Physical Address 16 College Avenue

Mailing Address 16 College Avenue

City Buckhannon

State WV

Zip 26201

Phone 304 473 1727

Extension

Fax 304 473 1728

Website communitycarewv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 550 7802

Extension

Fax

Email patriciacollett@yahoo.com

**SBHC Sponsoring Agency**

Name CommunityCare of WV Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone

Fax

Email

SBHC Medical Director Sarah Chouinard, M.D.

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30a-11:30a	Genevieve Larimer FNP
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	12:00p-4:00p	Genevieve Larimer FNP
Friday:	<input type="text"/>	<input type="text"/>

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30a-11:30a	Ruthie Rodgers LPN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	12:00p-4:00p	Ruthie Rodgers LPN
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30a-11:30a	Donna Wamsley MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	12:00a-4:00p	Donna Wamsley MA
Friday:	<input type="text"/>	<input type="text"/>

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Other information provided**

(Last Updated: 2/4/2013 4:48:41 PM)

**County in which SBHC is located:** Wayne

**Name of School-Based Health Center** VHS Wayne High

**School in which the SBHC is located** Wayne MS/HS

**School Population** 1,118

**Address for this School-Based Health Center**

Physical Address 100 Pioneer Rd Rm 601

Mailing Address 100 Pioneer Rd Rm 601

City Wayne

State WV

Zip 25570

Phone 304 272 3783

Extension

Fax 304 272 3807

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Melanie

Last Name Hall

Phone 304 525 3334

Extension 5117

Fax 304 525 3338

Email mhall@valleyhealth.org

**SBHC Sponsoring Agency**

Name Valley Health

Mailing Address 3377 US Route 60

City Huntington

State WV

Zip 25705

Executive Director Steve Shattls

Phone 304 525 3334

Fax 304 525 3338

Email shattls@valleyhealth.org

SBHC Medical Director Herb Myers, MD

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Jenny Wellman, FNP
Tuesday:	7:30a - 3:30p	Jenny Wellman, FNP
Wednesday:		
Thursday:	7:30a - 3:30p	Jenny Wellman, FNP
Friday:		

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	7:30a - 3:30p	Prestera
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Adrea Kelly DDS
Tuesday:		Donya Hamm, RDH
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Amy Butcher, LPN
Tuesday:	7:30a - 3:30p	Michelle Linville, RN
Wednesday:		
Thursday:	7:30a - 3:30p	Amy Butcher, LPN
Friday:		

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Shellie Sansom
Tuesday:	7:30a - 3:30p	Shellie Sansom
Wednesday:	7:30a - 3:30p	Shellie Sansom
Thursday:	7:30a - 3:30p	Shellie Sansom
Friday:	7:30a - 3:30p	Shellie Sansom

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	one day per mo	Jenna Rose, RD
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other information provided**

(Last Updated: 2/4/2013 9:11:59 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 2:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 3:	Population:
<input type="text" value=""/>	<input type="text" value=""/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30a - 3:30p	Traci Phillips, FNP
Tuesday:		
Wednesday:	7:30a - 3:30p	Jenny Wellman, FNP
Thursday:		
Friday:	7:30a - 3:30p	Jenny Wellman, FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		Pretera
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Jennifer Daniel, DDS
Tuesday:		Donya Hamm, RDH
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Cindy Maynard, RN
Tuesday:	7:30a - 3:30p	Cindy Maynard, RN
Wednesday:	7:30a - 3:30p	Cindy Maynard, RN
Thursday:	7:30a - 3:30p	Cindy Maynard, RN
Friday:	7:30a - 3:30p	Cindy Maynard, RN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a - 3:30p	Susan Dotson
Tuesday:	7:30a - 3:30p	Susan Dotson
Wednesday:	7:30a - 3:30p	Susan Dotson
Thursday:	7:30a - 3:30p	Susan Dotson
Friday:	7:30a - 3:30p	Susan Dotson

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	one day/month	Jenna Rose, RD
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Other information provided**

(Last Updated: 2/4/2013 9:18:52 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:30p	Anna Bobbitt PA-C
Tuesday:	8:00a - 12:30p	Anna Bobbitt PA-C
Wednesday:	8:00a - 12:30p	Anna Bobbitt PA-C
Thursday:	8:00a - 12:30p	Anna Bobbitt PA-C
Friday:	8:00a - 12:30p	Anna Bobbitt PA-C

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:	9:00a - 12:30p	Kitra Burnham LPC, LCSW
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:30p	Amber Bever, LPN
Tuesday:	8:00a - 12:30p	Amber Bever, LPN
Wednesday:	8:00a - 12:30p	Amber Bever, LPN
Thursday:	8:00a - 12:30p	Amber Bever, LPN
Friday:	8:00a - 12:30p	Amber Bever, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:30p	Kim Kinslow
Tuesday:	8:00a - 12:30p	Kim Kinslow
Wednesday:	8:00a - 12:30p	Kim Kinslow
Thursday:	8:00a - 12:30p	Kim Kinslow
Friday:	8:00a - 12:30p	Kim Kinslow

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		



(Last Updated: 2/4/2013 9:21:07 PM)

**County in which SBHC is located:**

**Name of School-Based Health Center**

**School in which the SBHC is located**

**School Population**

**Address for this School-Based Health Center**

Physical Address

Mailing Address

City

State

Zip

Phone

Extension

Fax

Website

Email

**SBHC Contact Person**

First Name

Last Name

Phone

Extension

Fax

Email

**SBHC Sponsoring Agency**

Name

Mailing Address

City

State

Zip

Executive Director

Phone

Fax

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text" value="Wirt Co Primary Ctr"/>	<input type="text" value="347"/>
Other schools served 2:	Population:
<input type="text" value="Wirt Co MS"/>	<input type="text" value="298"/>
Other schools served 3:	Population:
<input type="text" value="Wirt Co HS"/>	<input type="text" value="322"/>
Other schools served 4:	Population:
<input type="text" value=""/>	<input type="text" value=""/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a - 4:15p	Mary Sizemore FNP-BC
Tuesday:	7:45a - 4:15p	Mary Sizemore FNP-BC
Wednesday:	7:45a - 4:15p	Mary Sizemore FNP-BC
Thursday:	7:45a - 4:15p	Mary Sizemore FNP-BC
Friday:	7:45a - 4:15p	Mary Sizemore FNP-BC

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Rotating DDS
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a - 4:15p	Jessica Clark LPN
Tuesday:	7:45a - 4:15p	Jessica Clark, LPN
Wednesday:	7:45a - 4:15p	Jessica Clark, LPN
Thursday:	7:45a - 4:15p	Jessica Clark, LPN
Friday:	7:45a - 4:15p	Jessica Clark, LPN

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45a- 4:15p	Jasmine Anderson
Tuesday:	7:45a- 4:15p	Jasmine Anderson
Wednesday:	7:45a- 4:15p	Jasmine Anderson
Thursday:	7:45a- 4:15p	Jasmine Anderson
Friday:	7:45a- 4:15p	Jasmine Anderson

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/4/2013 9:29:55 PM)

County in which SBHC is located: Wood

Name of School-Based Health Center: Jefferson Wellness Cntr

School in which the SBHC is located: Jefferson ES

School Population: 433

**Address for this School-Based Health Center**

Physical Address: 1200 Stephenson Avenue

Mailing Address: 1200 Stephenson Avenue

City: Parkersburg

State: WV

Zip: 26101

Phone: 304 699 506

Extension:

Fax: 304 422 8850

Website:

Email:

**SBHC Contact Person**

First Name: Sherry

Last Name: St.Clair

Phone: 304 699 506

Extension: 515

Fax: 304 422 8850

Email: rcpcastclair@gmail.com

**SBHC Sponsoring Agency**

Name: Ritchie Regional Health Ce

Mailing Address: 135 South Penn Avenue

City: Harrisville

State: WV

Zip: 26362

Executive Director: William H. Snider II

Phone: 304 643 4005

Fax: 304 643 4177

Email: rcpcasnider@gmail.com

SBHC Medical Director: Dr. Saad U. Butt

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 2:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 3:	Population:
<input type="text"/>	<input type="text"/>
Other schools served 4:	Population:
<input type="text"/>	<input type="text"/>

**Grades served by this SBHC**

- PK  1  2  3  4
- 5  6  7  8  9
- 10  11  12

Other(please specify)

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	Sandra Swisher, FNP
Tuesday:	8:00a-4:30p	Dr. Edora; S Swisher
Wednesday:	8:00a-4:30p	Dr. Edora; S Swisher
Thursday:	8:00a-4:30p	Sandra Swisher, FNP
Friday:	8:00a-4:30p	Sandra Swisher, FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:00a-4:30p	Brenda Tebay, Psychologist
Friday:	<input type="text"/>	<input type="text"/>

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	Staff varies
Tuesday:	8:00a-4:30p	Staff varies
Wednesday:	8:00a-4:30p	Staff varies
Thursday:	8:00a-4:30p	Staff varies
Friday:	8:00a-4:30p	Staff varies

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	J. Cress, S. St.Clair
Tuesday:	8:00a-4:30p	J. Cress, S. St.Clair
Wednesday:	8:00a-4:30p	J.Cress, S. St.Clair
Thursday:	8:00a-4:30p	J. Cress, S. St.Clair
Friday:	8:00a-4:30p	J. Cress, S. St.Clair

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	<input type="text"/>	<input type="text"/>
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 2/4/2013 1:06:05 PM)

**County in which SBHC is located:** Wood

**Name of School-Based Health Center** Parkersburg South SBHC

**School in which the SBHC is located** Parkersburg So HS

**School Population** 1,556

**Address for this School-Based Health Center**

Physical Address 1513 Blizzard Drive

Mailing Address 1513 Blizzard Drive

City Parkersburg, WV

State WV

Zip 26101

Phone 304 422 9288

Extension

Fax 304 422 9188

Website

Email

**SBHC Contact Person**

First Name Sherry

Last Name St.Clair

Phone 304 422 9288

Extension

Fax 304 422 9188

Email rcpcastclair@gmail.com

**SBHC Sponsoring Agency**

Name Ritchie Regional Health Ce

Mailing Address 135 S Penn Ave

City Harrisville

State WV

Zip 26362

Executive Director William H. Snider, II

Phone 304 643 4005

Fax 304 643 4177

Email rcpcasnider@gmail.com

SBHC Medical Director Dr. Saad U. Butt

**This SBHC is located**

- in a school building
- on school property, but not in a school building

Other(please specify)

**Other schools served by this SBHC**

Other schools served 1:	Population:
Other schools served 2:	Population:
Other schools served 3:	Population:
Other schools served 4:	Population:

**Grades served by this SBHC**

- PK  1  2  3  4
  - 5  6  7  8  9
  - 10  11  12
- Other(please specify)
-

**Others who can receive care at your SHBC**

- Students from area schools not located on campus
- School Staff
- Family of students
- Others in the community

**Opening date (month and year) for your SBHC**

Opening Month

Opening Year

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	Barb Stagg, FNP
Tuesday:	8:00a-4:30p	Barb Stagg, FNP
Wednesday:	8:00a-4:30p	Barb Stagg, FNP
Thursday:	8:00a-4:30p	F Edora MD/SCarr FNP
Friday:	8:00a-4:30p	Barb Stagg, FNP

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00a-4:30p 3rc	Brenda Tebay, LCP
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	Staff varies
Tuesday:	8:00a-4:30p	Staff varies
Wednesday:	8:00a-4:30p	Staff varies
Thursday:	8:00a-4:30p	Misty Loncola
Friday:	8:00a-4:30p	Staff varies

**Staff/agency who provide CLERICAL/CARE COORDINATION**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a-4:30p	Erica Longwell
Tuesday:	8:00a-4:30p	Erica Longwell
Wednesday:	8:00a-4:30p	Erica Longwell
Thursday:	8:00a-4:30p	Erica Longwell
Friday:	8:00a-4:30p	Erica Longwell

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		