

Directory of West Virginia  
School-Based Health Center Services  
and  
Other Useful Resources

**2019 - 2020**

[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

# Table of Contents

<b>The West Virginia School-Health Initiative .....</b>	<b>1</b>
<b>The School-Health Technical Assistance Center .....</b>	<b>2</b>
<b>The School-Health Technical Assistance Contacts .....</b>	<b>3</b>
<b>Other West Virginia Resources .....</b>	<b>4</b>
<b>West Virginia and National Resources .....</b>	<b>5</b>
<b>Map of School-Based Health Services .....</b>	<b>6</b>
<b>Map of Expanded School Mental Health Grantees .....</b>	<b>7</b>
<b>Listing of School-Based Health Services by County</b>	
<b>Barbour County</b>	
Philip Barbour High School .....	9
<b>Boone County</b>	
Sherman Elementary School .....	11
Sherman Junior/High School .....	13
<b>Braxton County</b>	
Braxton County High School .....	15
Braxton County Middle School .....	17
Burnsville Elementary School .....	19
Davis Elementary School .....	21
Flatwoods Elementary School .....	23
Frametown Elementary School .....	25
Little Birch Elementary School .....	27
Sutton Elementary School .....	29
<b>Brooke County</b>	
Brooke County High School .....	31
<b>Cabell County</b>	
Valley Health Cabell-Midland High School .....	33
Valley Health Huntington High School .....	35
Valley Health Southside Elementary School .....	37
<b>Calhoun County</b>	
Arnoldsburg Elementary School .....	39
Calhoun County Middle/High School .....	41
Pleasant Hill Elementary School .....	43
<b>Clay County</b>	
Big Otter Elementary School .....	45
Clay County Elementary School .....	47
Clay County High School .....	49

<b>Clay County (continued)</b>	
Clay County Middle School.....	51
H.E. White Elementary School.....	53
Lizemore Elementary School.....	55
<b>Doddridge County</b>	
Doddridge County Elementary/Middle School.....	57
Doddridge County High School.....	59
<b>Fayette County</b>	
Meadow Bridge Elementary/High School .....	61
Midland Trail Middle/High School .....	63
New River Intermediate School.....	65
Oak Hill High School.....	67
Valley Elementary School .....	69
<b>Gilmer County</b>	
Gilmer County Elementary School .....	71
Gilmer County High School .....	73
<b>Grant County</b>	
Petersburg Elementary School .....	75
Petersburg High School .....	77
<b>Greenbrier County</b>	
Greenbrier East HS/Eastern Greenbrier MS .....	79
Greenbrier West High School.....	81
Western Greenbrier Middle School .....	83
<b>Hancock County</b>	
Oak Glen HS Complex .....	85
Weir High School Complex.....	87
Weirton Elementary School.....	89
<b>Hardy County</b>	
East Hardy Early Middle School .....	91
Moorefield Elementary School.....	93
Moorefield Intermediate School .....	95
<b>Harrison County</b>	
Adamston Elementary School.....	97
Big Elm Elementary School.....	99
Bridgeport High School .....	101
Bridgeport Middle School.....	103
Johnson Elementary School.....	105
Liberty High School.....	107
Lincoln Middle/High School .....	109
Lost Creek Elementary School .....	111
Lumberport Elementary School.....	113
Mountaineer Middle School .....	115
<b>Harrison County</b>	
North View Elementary School .....	117
Norwood Elementary School.....	119
Nutter Fort Intermediate / Primary School .....	121

**Harrison County** (continued)

Robert C Byrd High School .....	123
Salem Elementary School .....	125
Simpson Elementary School .....	127
South Harrison High School .....	129
South Harrison Middle School.....	131
Washington Irving Middle School.....	133
West Milford Elementary School .....	135
Wilsonburg Elementary School .....	137

**Jackson County**

Jackson County School-Based Health (Ripley High) .....	139
--	-----

**Kanawha County**

Bridge Elementary / Clendenin Elementary School .....	141
Capital High School.....	143
East Bank Middle School.....	145
Herbert Hoover High School .....	147
Mary C. Snow West Side Elementary School .....	149
Riverside High School .....	151
Sharon Dawes Elementary School.....	153
Sissonville High School .....	155
Stonewall Jackson Middle School .....	157

**Lewis County**

Jane Lew Elementary School .....	159
Leading Creek Elementary School .....	161
Lewis County High School .....	163
Peterson Central Elementary School.....	165
Roanoke Elementary School.....	167
Robert L. Bland Middle School .....	169

**Lincoln County**

Duval PK-8 School .....	171
Guyan Valley Middle School.....	173
Harts PK-8 School .....	175
Lincoln County High School .....	177
Midway Elementary School.....	179
Ranger Elementary School .....	181

**Logan County**

Chapmanville High School .....	183
Logan High School .....	185
Man Elementary/Middle School .....	187

**Marion County**

East Fairmont High School.....	189
East Fairmont Middle School .....	191

**Marion County**

Monongah Elementary School.....	193
Monongah Middle School.....	195

<b>Marion County</b> (continued)	
North Marion High School .....	197
West Fairmont Middle School .....	199
<b>Mason County</b>	
Ashton Elementary School.....	201
Beale Elementary School .....	203
Hannan High School .....	205
Leon Elementary School .....	207
New Haven Elementary School .....	209
Point Pleasant Intermediate School.....	211
Point Pleasant Junior/Senior High School .....	213
Point Pleasant Primary School .....	215
Roosevelt Elementary School .....	217
Wahama High School .....	219
<b>McDowell County</b>	
Mt. View Middle/High Health School .....	221
River View High School .....	223
<b>Monroe County</b>	
James Monroe High School .....	225
Mountain View Elementary/Middle School .....	227
Peterstown Elementary/Middle School.....	229
<b>Nicholas County</b>	
Cherry River Elementary/Richwood Middle School .....	231
Gauley River Elementary School.....	233
Nicholas County High/Summersville Middle School.....	235
Panther Creek Elementary School .....	237
Richwood High School .....	239
Summersville Elementary School.....	241
<b>Pendleton County</b>	
Pendleton County School Health Services.....	243
<b>Pleasants County</b>	
St. Mary's High School.....	245
<b>Pocahontas County</b>	
Green Bank Elementary/Middle School .....	247
Marlinton Elementary School .....	249
Marlinton Middle School.....	251
Pocahontas County High School.....	253
<b>Putnam County</b>	
Putnam County Schools Served by Mobile Medical Unit .....	255
<b>Raleigh County</b>	
Beckley-Stratton Middle School.....	257
Clear Fork Elementary School.....	259
Coal City Elementary School.....	261
Cranberry-Prosperity Elementary School .....	263
Daniels Elementary School.....	265
Independence High School .....	267

<b>Raleigh County (continued)</b>	
Independence Middle School.....	269
Mabscott Elementary School .....	271
Marsh Fork Elementary School .....	273
Shady Spring High School.....	275
Woodrow Wilson High School.....	277
<b>Randolph County</b>	
Elkins High School .....	279
Elkins Middle School.....	281
Elkins Mountain School .....	283
Jennings Randolph Elementary School.....	285
Midland Elementary School.....	287
North Elementary School.....	289
Third Ward Elementary School .....	291
Tygarts Valley Middle/High School.....	293
<b>Ritchie County</b>	
Ritchie County Middle/High School.....	295
<b>Roane County</b>	
Geary Elementary/Middle School.....	297
Walton Elementary/Middle School.....	299
<b>Taylor County</b>	
Anna Jarvis Elementary School .....	301
Flemington Elementary School.....	303
Grafton High School .....	305
Taylor County Middle School.....	307
West Taylor Middle School .....	309
<b>Tucker County</b>	
Tucker Valley Elementary/Middle School .....	311
<b>Upshur County</b>	
Buckhannon Academy School.....	313
Buckhannon-Upshur High School .....	315
Buckhannon-Upshur Middle School.....	317
French Creek Elementary School .....	319
<b>Wayne County</b>	
Spring Valley High SBHC .....	321
Wayne Middle/High SBHC .....	323
<b>Webster County</b>	
Glade Elementary/Middle SBHC .....	325
Webster County High SBHC .....	327
<b>Wirt County</b>	
Wirt County Schools School.....	329
<b>Wood County</b>	
Jefferson Elementary School .....	331
Parkersburg South High School.....	333

# West Virginia School-Based Health Initiative

Since 1994, West Virginia's School-Based Health Centers (SBHCs) have been providing easily accessible and cost effective care to children where they spend most of their day – in school. The School-Based Health Initiative was established in recognition of the need to improve primary and preventive health care of children living in West Virginia. State, federal and private foundation funds have been used to develop and implement projects that are strongly supported by students, parents and school staff.

As of the fall of 2019, school-based health services are available to a school-age population of over 97,000 children in over 200 schools, within 40 West Virginia counties.

School-based health centers provide a range of services *tailored to communities based on needs and local resources*.

## **Examples of Primary Health Care Services**

- Physicals
- Treatment of minor illness
- Immunizations
- Comprehensive health assessments for school, sports, and employment
- Referrals to other specialty providers
- Treatment of acute injuries
- Lab tests and screening
- Nutrition counseling
- Health education

## **Examples of Behavioral Health Services**

- Assessments such as depression screening
- Individual and group counseling
- Substance use screening, brief interventions and referral to treatments

## **Examples of Oral Health Services**

- Screening and assessment
- Preventive services such as cleanings, fluoride treatment and sealants
- Treatment of caries

This directory presents a listing of the varying school-based health services in West Virginia. Information is updated annually when possible, by making personal contact with the sponsoring agency. SBHCs are ordered by county, and information includes the sponsoring agency, contact information, schools and grades served, services provided and hours of operation.

The directory is produced by the Marshall University School-Health Technical Assistance Center (MUTAC). As an additional reference, the directory also includes a description of MUTAC, a list of useful websites and contact persons, all of whom support school-based health services.

This directory is available online at: [www.wvshtac.org](http://www.wvshtac.org)



# WV School Health Technical Assistance Center Marshall University

For resources, assistance, and training related to health and social support of school-based health centers and health services, school-based behavioral and oral health programs in West Virginia.

## Our Role

- Assist schools and communities in planning and starting school-based health centers, mental health and oral health services.
- Facilitate networking among community sponsored school-based medical, behavioral health & oral health providers and others interested in children's health.
- Assist school health providers to improve quality of care and management of school-based programs.
- Provide technical support for school-based and community telehealth implementation to improve access to care in areas with few providers.
- Provide technical support for school-based medical, behavioral health and oral health providers and support staff.
- Develop data and evaluation systems for school-based initiatives.
- Provide data regarding school-based special initiatives to interested groups such as state-wide & national organizations involved with school-health, collaborative partners in health promotion, and policy makers.

## Resources

Resources available on the School Health Technical Assistance Center website:

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

- Planning and marketing community school health services
- Promoting prevention and early intervention
- Community oral health services
- School-based mental health services
- Interdisciplinary professional development workshops and webinars
- Directory of the community sponsored school-based health centers & services in schools throughout West Virginia.
- School-based and community Telehealth Implementation Guide
- Quality improvement
- Immunizations
- Obesity & asthma initiatives
- Practice management improvement
- Procedures and policies

# WV School Health Technical Assistance Center

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

[thinkoralhealth.org](http://thinkoralhealth.org)

[wvesmh.org](http://wvesmh.org)

## For Information About:

### ***Professor and Project Director***

School health, program evaluation, design and analysis, clinical audits, and community organization support

### ***Assistant Professor and Project Co-Director***

Program evaluation, design and analysis, community partnerships and engagement

### ***School Mental Health Coordinator***

Project AWARE and Expanded School Mental Health technical assistance

### ***Expanded School Mental Health Advisor***

ESMH program development  
School psychologist and students in the mental health fields

### ***Community & Oral Health Coordinator***

Oral health program development, management, support, evaluation, technical assistance, professional development, outreach & education

### ***Oral Health Coordinators***

Technical assistance for dental school-based services, free clinics, community level oral health initiatives and professional development

### ***Data Manager***

Data management and evaluation for special initiatives, satisfaction surveys and school-based health directory

### ***Grants Program Manager***

### ***MU Technical Assistance Team Support***

### ***IT Specialist /Web Developer***

## Contact:

### **Richard Crespo, PhD**

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Email: [leedya@marshall.edu](mailto:leedya@marshall.edu)

### **Kevin Simpson**

Phone: 304.691.1185

Email: [simpson13@marshall.edu](mailto:simpson13@marshall.edu)

# Other West Virginia Resources

## **WV BUREAU FOR BEHAVIORAL HEALTH**

350 Capitol Street, Room 350  
Charleston, WV 25301-3702

## **OFFICE OF CHILDREN YOUTH & FAMILIES**

Tahnee Bryant, Program Manager

PHONE: 304-356-4820

FAX: 304-558-1008

Email: [Tahnee.I.Bryant@wv.gov](mailto:Tahnee.I.Bryant@wv.gov)

## **WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

Office of Community Health Systems & Health Promotion, Division of Primary Care

350 Capitol Street, Room 515  
Charleston, WV 25301-3716

DAVID HADEN, DIRECTOR

Phone: 304-558-4007

Fax: 304-558-1437

Email: [david.s.haden@wv.gov](mailto:david.s.haden@wv.gov)

NELL HELENE PHILLIPS, RN

Phone: 304-558-4007

Fax: 304-558-1437

Email: [nell.h.phillips@wv.gov](mailto:nell.h.phillips@wv.gov)

## **WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES**

Office of Maternal, Child & Family Health

Oral Health Program

350 Capitol St., Room 427  
Charleston, WV 25301-3716

JASON ROUSH, DDS

State Dental Director

Phone: 304-356-4353

Email: [jason.m.roush@wv.gov](mailto:jason.m.roush@wv.gov)

Ravi Parker, BSDH

Prevention Coordinator

Phone: 304-356-4464

Email: [ravi.D.Parker@wv.gov](mailto:ravi.D.Parker@wv.gov)

## **WV DEPARTMENT OF EDUCATION**

Office of Special Education

Building 6, Room 652

1900 Kanawha Blvd. East

Charleston, WV 25305-0330

TBA

SCHOOL HEALTH SERVICES

Phone: 304-558-2696

Fax: 304-558-3741

Email:

Office of Leadership & Support

Building 6, Room 700

1900 Kanawha Blvd. East

Charleston, WV 25305-0330

CYNTHIA SORSAIA, COORDINATOR

Phone: 558-3199 ext. 53146

Fax: 558-0459

Email: [csorsaia@k12.wv.us](mailto:csorsaia@k12.wv.us)

DENISE WORKMAN, COORDINATOR

Phone: 558-3199 ext. 53052

Fax: 558-0459

Email: [denise.workman@k12.wv.us](mailto:denise.workman@k12.wv.us)

## **WV PRIMARY CARE ASSOCIATION**

1700 MacCorkle Ave SE

Charleston, WV 25314

SHERRI FERRELL, CEO

Phone: 304-346-0032, ext. 101

Fax: 304-346-0033

Email: [sherri.ferrell@wvpca.org](mailto:sherri.ferrell@wvpca.org)

JOHN KENNEDY, MA

School-Based/Behavioral Health Coordinator

Office: 304-346-0032 ext. 108

Cell: 304-320-5780

Fax: 304-346-0033

[john.kennedy@wvpca.org](mailto:john.kennedy@wvpca.org)



**West Virginia School Health  
Technical Assistance Center**

# West Virginia & National Resources

## For School-Based Health Services

**MU School Health Technical Assistance Center**

<http://wvshtac.org>

**WV Department of Education Office of Special Education**

<http://wvde.state.wv.us/osp/>

**National Coalition for Community Schools**

<http://www.communityschools.org/>

**WV Primary Care Association**

<http://www.wvpca.org>

**WV Expanded School Mental Health Initiative**

<http://www.wvesmh.org>

**MU School and Community Oral Health**

<http://thinkoralhealth.org>

**School-Based Health Alliance**

<http://www.sbh4all.org>

**CDC Adolescent and School Health**

<http://www.cdc.gov/healthyyouth/about/index.htm>

**The Center for Health and Health Care in Schools**

<http://www.healthinschools.org>

**Center for School Mental Health Assistance**

<http://csmh.umaryland.edu>

**The Claude Worthington Benedum Foundation**

<http://www.benedum.org>

**Sisters of St. Joseph Health & Wellness Foundation**

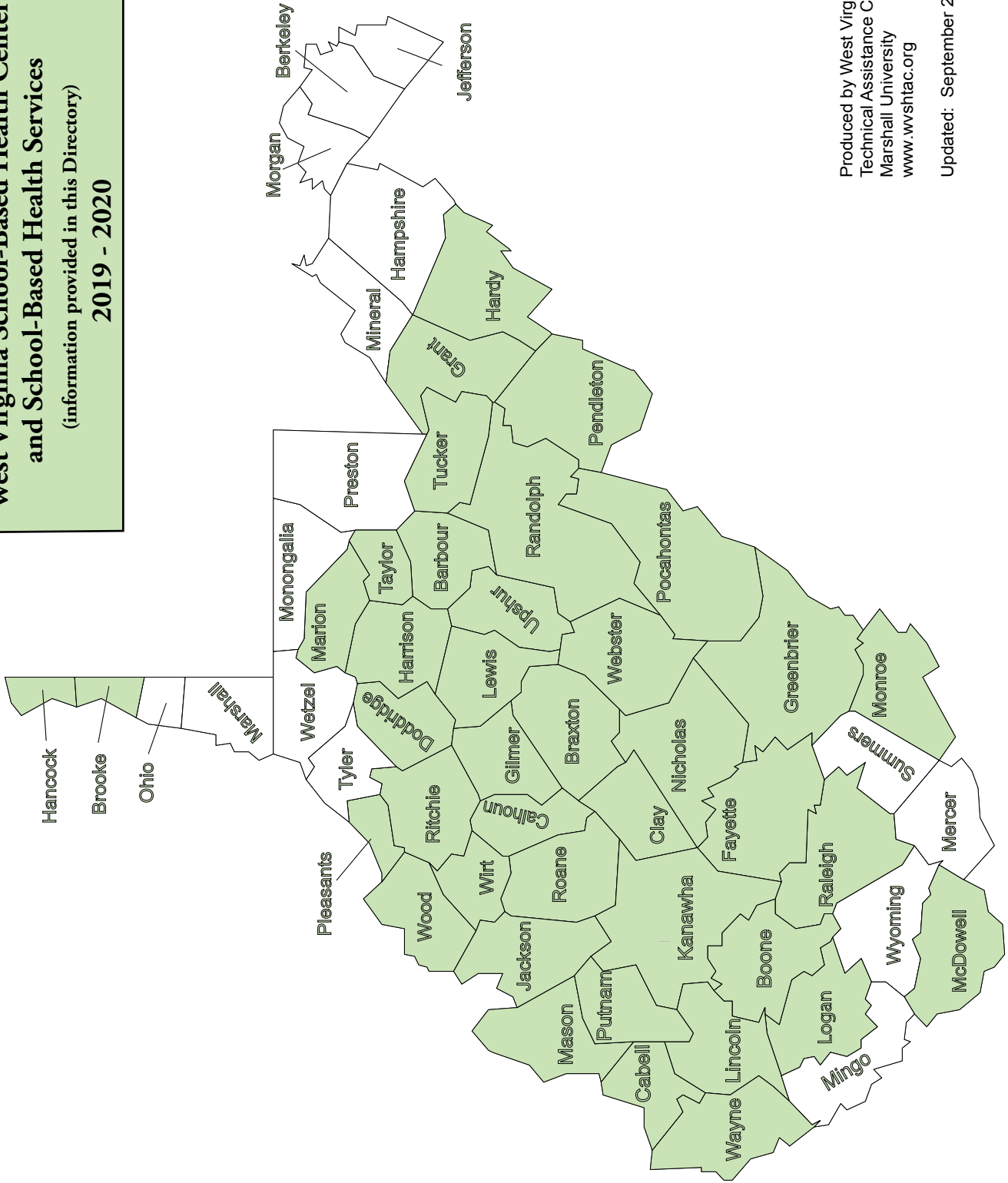
<http://www.ssjhealthandwellnessfoundation.org>



# West Virginia School-Based Health Centers and School-Based Health Services

(information provided in this Directory)

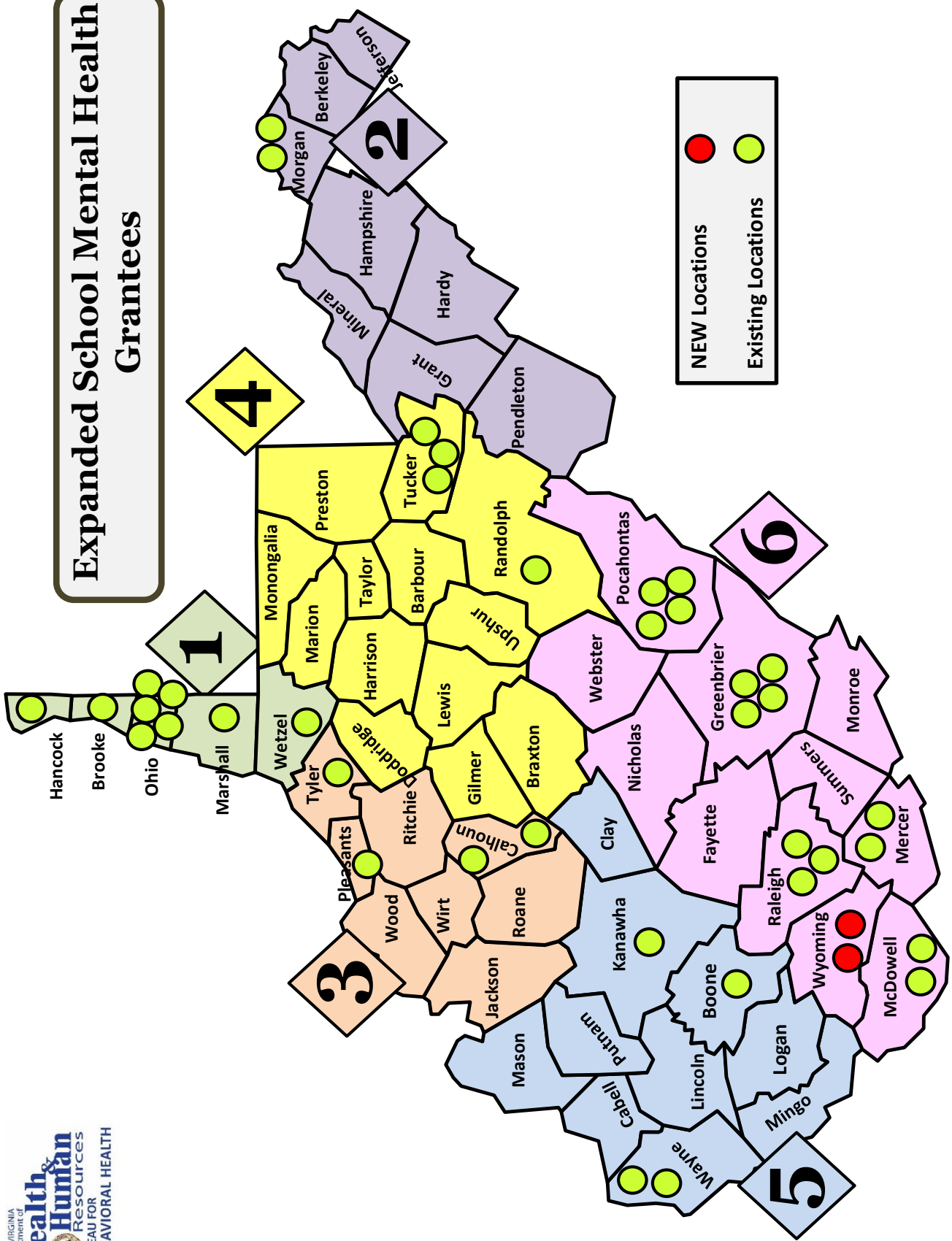
2019 - 2020



Produced by West Virginia School Health  
Technical Assistance Center  
Marshall University  
[www.wvshtac.org](http://www.wvshtac.org)

Updated: September 2019

# Expanded School Mental Health Grantees



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(Last Updated: 8/30/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a -12:00 p	Joyce Wilson, CNP
Tuesday:	7:30 a -12:00 p	Joyce Wilson, CNP
Wednesday:	7:30 a -12:00 p	Joyce Wilson, CNP
Thursday:	7:30 a -12:00 p	Joyce Wilson, CNP
Friday:	7:30 a -12:00 p	Joyce Wilson, CNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Tuesday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Wednesday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Thursday:	7:30 a - 3:00 p	Marlana Pennington, LPN
Friday:	7:30 a - 3:00 p	Marlana Pennington, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Tuesday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Wednesday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Thursday:	8:00 a - 3:30 p	Jamie Wilson, LPC
Friday:	8:00 a - 3:30 p	Jamie Wilson, LPC

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:00 p	Sheila Tallman
Tuesday:	7:30 a - 3:00 p	Sheila Tallman
Wednesday:	7:30 a - 3:00 p	Sheila Tallman
Thursday:	7:30 a - 3:00 p	Sheila Tallman
Friday:	7:30 a - 3:00 p	Sheila Tallman

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Niki Fridley, Case Mana
Tuesday:	7:30 a - 3:30 p	Niki Fridley, Case Mana
Wednesday:	7:30 a - 3:30 p	Niki Fridley, Case Mana
Thursday:	7:30 a - 3:30 p	Niki Fridley, Case Mana
Friday:	7:30 a - 3:30 p	Niki Fridley, Case Mana

(Last Updated: 8/27/2019)

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

**Name of School-Based Health Center** Sherman Elementary Wellness Center

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

**School Population** 304

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

Physical Address 7487 Coal River Rd. Comfort

Mailing Address 37456 Coal River Road

City Whitesville

State WV

Zip 25209

Phone 304 837 3100

Extension

Fax 304 837 3770

Website

Email shermanwellctr@myhygeia.org

**SBHC Contact Person**

First Name Jamie

Last Name Barker

Phone 304 837 3100

Extension

Fax 304 837 3770

Email terri@myhygeia.org

**SBHC Sponsoring Agency**

Name Hygeia Facilities Foundation, Inc.

Mailing Address 37456 Coal River Road

City Whitesville

State WV

Zip 25209

Executive Director Margaret L. Martin

Phone 304 854 1323

Fax 304 854 1021

Email margmartin@frontier.com

SBHC Medical Director Dr. Ira Morris

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 4:00 p	Marylea Seacrist, FNP
Tuesday:	12:00 p - 4:00 p	Marylea Seacrist, FNP
Wednesday:	12:00 p - 4:00 p	Marylea Seacrist, FNP
Thursday:	12:00 p - 4:00 p	Marylea Seacrist, FNP
Friday:	8:00 a - 11:30 am	Marylea Seacrist, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12 pm - 4 pm	Jamie Barker, MA
Tuesday:	12:00 p - 4:00 p	Jamie Barker, MA
Wednesday:	12:00 p - 4:00 p	Jamie Barker, MA
Thursday:	12:00 p - 4:00 p	Jamie Barker, MA
Friday:	8:00 a - 11:30 a	Jamie Barker, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 4:00 p	Jamie Barker, MA
Tuesday:	12:00 p - 4:00 p	Jamie Barker, MA
Wednesday:	12:00 p - 4:00 p	Jamie Barker, MA
Thursday:	12:00 p - 4:00 p	Jamie Barker, MA
Friday:	8:00 a - 11:30 a	Jamie Barker, MA

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

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

(Last Updated: 8/27/2019)

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

**Name of School-Based Health Center** Sherman Jr/Sr Wellness Center

**School in which the SBHC is located** Sherman Jr/Sr HS

**School Population** 720

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

Physical Address 10008 Coal River Rd. Seth

Mailing Address 37456 Coal River Rd.

City Whitesville

State WV

Zip 25209

Phone 304 837 3399

Extension

Fax 304 837 3770

Website

Email shermanwellctr@myhygeia.org

**SBHC Contact Person**

First Name Jamie

Last Name Barker

Phone 304 837 3399

Extension

Fax 304 854 1021

Email terri@myhygeia.org

**SBHC Sponsoring Agency**

Name Hygeia Facilities Foundation, Inc.

Mailing Address 37456 Coal River Road

City Whitesville

State WV

Zip 25209

Executive Director Margaret L. Martin

Phone 304 854 1323

Fax 304 854 1021

Email margmartin@frontier.com

SBHC Medical Director Dr. Ira Morris

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 a	Marylea Seacrist, FNP
Tuesday:	8:00 a - 11:30 a	Marylea Seacrist, FNP
Wednesday:	8:00 a - 11:30 a	Marylea Seacrist, FNP
Thursday:	8:00 a - 11:30 a	Marylea Seacrist, FNP
Friday:	12:00 p - 4:00 p	Marylea Seacrist, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 a	Jamie Barker, MA
Tuesday:	8:00 a - 11:30 a	Jamie Barker, MA
Wednesday:	8:00 a - 11:30 a	Jamie Barker, MA
Thursday:	8:00 a - 11:30 a	Jamie Barker, MA
Friday:	12:00 p - 4:00 p	Jamie Barker, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 a	Jamie Barker, MA
Tuesday:	8:00 a - 11:30 a	Jamie Barker, MA
Wednesday:	8:00 a - 11:30 a	Jamie Barker, MA
Thursday:	8:00 a - 11:30 a	Jamie Barker, MA
Friday:	12:00 p - 4:00 p	Jamie Barker, MA

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

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

(Last Updated: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Angela Carter, FNP
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30 a - 3:30 p	Angela Carter, FNP
Friday:	7:30 a - 12:00 p	Angela Carter, FNP

**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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Courtney Rose, LPN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30 a - 3:30 p	Courtney Rose, LPN
Friday:	7:30 a -12:00 p	Courtney Rose, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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:	8:00 a - 3:00 p	Jennifer Lauler, LGSW
Wednesday:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:00 a - 3:00 p	Jennifer Lauler, LGSW

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

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

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

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 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: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Angela Carter, FNP
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	12:30 p - 3:30 p	Angela Carter, FNP

**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"/>

**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:	7:30 a - 3:30 p	Courtney Rose, LPN
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	12:30 p -3:30 p	Courtney Rose, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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:	8:00 a - 3:00 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Stephanie Jackson, FNP
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"/>

**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:	7:30 a - 3:30 p	Leanna Butler, MA-C
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**

**Funding sources for your SBHC**

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

**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:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Stephanie Jackson, FNP-BC
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"/>

**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:	7:30 a - 3:30 p	Leanna Butler, 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**

**Funding sources for your SBHC**

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

**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:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Stephanie Jackson, FNP
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Leanna Butler, MA-C
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Angela Carter, FNP-BC
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Courtney Rose, LPN
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**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Stephanie Jackson, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Leanna Butler, MA-C
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**

**Funding sources for your SBHC**

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

**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:	8:00 a - 4:30 p	Kevin Junkins, Psychiatr
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 CLERICAL/CARE COORDINAT**

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 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:9/16/2019)

**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

**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:	7:30 a - 3:30 p	Stephanie Jackson, FNP

**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"/>

**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:	7:30 a - 3:30 p	Leanna Butler, MA-C

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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:	8:00 a - 3:00 p	Jennifer Lauler, LGSW
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 CLERICAL/CARE COORDINAT**

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 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: 8/29/2019)

**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="Brooke County MS"/>	<input type="text" value="912"/>
Other schools served 2:	Population:
<input type="text" value="All Brooke Cnty students"/>	<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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Tina Tiberio, NP
Tuesday:	7:00 a - 3:00 p	Tina Tiberio, NP
Wednesday:	7:00 a - 3:00 p	Tina Tiberio, NP
Thursday:	7:00 a - 3:00 p	Tina Tiberio, NP
Friday:	7:00 a - 3:00 p	Tina Tiberio, NP

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Erin Miller, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	C Barker/B Williams, LPNs
Tuesday:	7:00 a - 3:00 p	C Barker/B Williams, LPNs
Wednesday:	7:00 a - 3:00 p	C Barker/B Williams, LPNs
Thursday:	7:00 a - 3:00 p	C Barker/B Williams, LPNs
Friday:	7:00 a - 3:00 p	C Barker/B Williams, LPNs

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW
Tuesday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW
Wednesday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW
Thursday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW
Friday:	7:00 a - 3:00 p	Katherine Lloyd, LICSW

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	C Barker/B Williams, LPN
Tuesday:	7:00 a - 3:00 p	C Barker/B Williams, LPN
Wednesday:	7:00 a - 3:00 p	C Barker/B Williams, LPN
Thursday:	7:00 a - 3:00 p	C Barker/B Williams, LPN
Friday:	7:00 a - 3:00 p	C Barker/B Williams, LPN

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

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

(Last Updated: 8/22/2019)

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

**Name of School-Based Health Center** VHS Cabell Midland

**School in which the SBHC is located** Cabell Midland HS

**School Population** 1,838

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

Physical Address 2300 US Rt. 60, East

Mailing Address 2300 US Rt. 60, East

City Ona

State WV

Zip 25545

Phone 304 743 7495

Extension

Fax 304 743 6600

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@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 Matthew Weimer, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	G. MooreNP/P. Kelly MD
Wednesday:		
Thursday:	7:30 a - 3:30 p	Gail Moore, NP
Friday:	7:30 a - 3:30 p	Gail Moore, NP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Candace Nance, RN
Wednesday:		
Thursday:	7:30 a - 3:30 p	Candace Nance, RN
Friday:	7:30 a - 3:30 p	Candace Nance, RN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Pretera
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 CLERICAL/CARE COORDINAT**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Jenna Rose, Dietician
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/22/2019)

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

**Name of School-Based Health Center** VHS Huntington High

**School in which the SBHC is located** Huntington HS

**School Population** 1,668

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

Physical Address #1 Highlander Way

Mailing Address #1 Highlander Way

City Huntington

State WV

Zip 25701

Phone 304 528 6445

Extension

Fax 304 528 5220

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@valleyhealth.org

**SBHC Sponsoring Agency**

Name Valley Health

Mailing Address 3377 US Rt 60

City Huntington

State WV

Zip 25705

Executive Director Steven Shattls

Phone 304 525 3334

Fax 304 525 3338

Email shattls@valleyhealth.org

SBHC Medical Director Matthew Weimer, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Chelsey Crutchfield, NP
Tuesday:		
Wednesday:	7:30 a - 3:30 p	C Crutchfield, NP/P Kelly MD
Thursday:		
Friday:	7:30 a - 3:30 p	Chelsey Crutchfield, NP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Michelle Linville, RN,BSN
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN
Thursday:		
Friday:	7:30 a - 3:30 p	Michelle Linville, RN,BSN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Pretera
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 CLERICAL/CARE COORDINAT**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Jenna Rose, Dietician
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/22/2019)

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

**Name of School-Based Health Center** VHS Southside ES

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

**School Population** 497

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

Physical Address 930 Second St.

Mailing Address 930 Second St.

City Huntington

State WV

Zip 25701

Phone 304 525 2070

Extension

Fax 304 525 2071

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@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 Matthew Weimer, 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:
Huntington MS	636
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Tonya Lewis, FNP
Wednesday:		
Thursday:	7:30 a - 11:30 a	Tonya Lewis, FNP
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Joni Ely, RN
Wednesday:		
Thursday:	7:30 a - 11:30 a	Joni Ely, RN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Pretera
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 CLERICAL/CARE COORDINAT**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Jenna Rose, Dietician
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Melanie Wilson, PAC
Wednesday:		
Thursday:	8:00 a - 11:30 a	Melanie Wilson, PAC
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Fall/Spring	Ariel Mooney, DDS
Tuesday:		Tiffany Mace, RDH
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Brandi Grogg, LPN
Wednesday:		
Thursday:	8:00 a - 11:30 a	Brandi Grogg, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Brandi Grogg, LPN
Wednesday:		
Thursday:	8:00 a - 11:30 p	Brandi Grogg, LPN
Friday:		

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Melanie Wilson, PAC
Tuesday:	8:00 a - 11:30 a	Melanie Wilson, PAC
Wednesday:	12:00 p - 4:00 p	Melanie Wilson, PAC
Thursday:		
Friday:	8:00 a - 4:00 p	Melanie Wilson, PAC

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	
Tuesday:		
Wednesday:		Ariel Mooney, DDS
Thursday:		Tiffany Mace, RDH
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Brandi Grogg, LPN
Tuesday:	8:00 a - 11:30 p	Brandi Grogg, LPN
Wednesday:	12:00 p - 4:00 p	Brandi Grogg, LPN
Thursday:		
Friday:	8:00 a - 4:00 p	Brandi Grogg, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

**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:	8:00 a - 11:30 a	Melanie Wilson, PA-C
Thursday:	12:00 p - 4:00 p	Melanie Wilson, PA-C
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:	Fall/Spring	Ariel Mooney, DDS
Tuesday:	<input type="text"/>	Tiffany Mace, RDH
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 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:	8:00 a - 11:30 a	Brandi Grogg, LPN
Thursday:	12:00 p - 4:00 p	Brandi Grogg, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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:	8:00 a - 11:30 a	Brandi Grogg, LPN
Thursday:	12:00 p - 4:00 p	Brandi Grogg, LPN
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Erin King, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Felicia Dawson, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Rose Nottingham
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 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: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Erin King, FNP
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Erin King, FNP
Thursday:		
Friday:	7:30 a - 3:30 p	Erin King, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Felicia Dawson, LPN
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Felicia Dawson, LPN
Thursday:		
Friday:	7:30 a - 3:30 p	Felicia Dawson, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Amy Osborne, FNP
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	7:30 a - 3:30 p	Amy Osborne, FNP

**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"/>

**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:	7:30 a - 3:30 p	Terri Smith, LPN
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	7:30 a - 3:30 p	Terri Smith, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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:	7:30 a - 3:30 p	Kara Adkins
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	7:30 a - 3:30 p	Kara Adkins

**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: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Amy Osborne, FNP
Wednesday:		
Thursday:	7:30 a - 3:30 p	Erin King, FNP
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Terri Smith, LPN
Wednesday:		
Thursday:	7:30 a - 3:30 p	Felicia Dawson, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Kara Adkins
Wednesday:		
Thursday:	7:30 a - 3:30 p	Rose Nottingham
Friday:		

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Amy Osborne, FNP
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Terri Smith, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Kara Adkins
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

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

(Last Updated: 9/16/2019)

**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

**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:	7.30 a - 3:30 p	Amy Osborne, FNP
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"/>

**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:	7:30 a - 3:30 p	Terri Smith, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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:	7:30 a - 3:30 p	Kara Adkins
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/17/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:30 p	Karrissa Knight, FNP
Tuesday:	7:30 a - 12:00 p	Karrissa Knight, FNP
Wednesday:	7:30 a - 4:30 p	Karrissa Knight, FNP
Thursday:	7:30 a - 12:00 p	Karrissa Knight, FNP
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	8:00 a - 6:00 p	SWalker DDS/ADilley/JTravis
Thursday:	8:00 a - 6:00 p	SWalker DDS/ADilley/JTravis
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:30 p	Danielle Lipscomb, LPN
Tuesday:	7:30 a - 12:00 p	Danielle Lipscomb, LPN
Wednesday:	7:30 a - 4:30 p	Danielle Lipscomb, LPN
Thursday:	7:30 a - 12:00 p	Danielle Lipscomb, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:30 p	Sandy White
Tuesday:	7:30 a - 4:30 p	Sandy White
Wednesday:	7:30 a - 4:30 p	Sandy White
Thursday:	7:30 a - 4:30 p	Sandy White
Friday:		

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

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

(Last Updated: 9/17/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Karrissa Knight, APRN
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Danielle Lipscomb, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/30/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 12:00 p	Brittany Parker, FNP
Wednesday:		
Thursday:	7:30 a - 12:00 p	Brittany Parker, FNP
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 12:00 p	Megan Lester, LPN
Wednesday:		
Thursday:	7:30 a - 12:00 p	Megan Lester, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	K White, MSW, LCSW, F
Tuesday:	7:30 a - 4:00 p	K White, MSW, LCSW, F
Wednesday:	7:30 a - 4:00 p	K White, MSW, LCSW, F
Thursday:	7:30 a - 4:00 p	K White, MSW, LCSW, F
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 12:00 p	TBA
Wednesday:		
Thursday:	7:30 a - 12:00 p	TBA
Friday:		

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

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

(Last Updated: 9/30/2019)

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

**Name of School-Based Health Center** Midlant Trail Health Center

**School in which the SBHC is located** Midland Trail MS/HS

**School Population** 586

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

Physical Address 26709 Midland Trail

Mailing Address

City Hico

State WV

Zip 25854

Phone 304 969 8080

Extension

Fax 304 438 4037

Website rmchealth.org

Email jshuff@rmchealth.org

**SBHC Contact Person**

First Name Laura

Last Name Eagle

Phone 304 438 6188

Extension 1026

Fax 304 438 4037

Email leagle@rmchealth.org

**SBHC Sponsoring Agency**

Name Rainelle Medical Center

Mailing Address 176 Medical Center Drive

City Rainelle

State WV

Zip 25962

Executive Director Kristi Atha-Rader, CEO

Phone 304 438 6188

Fax 304 438 6189

Email karader@rmchealth.org

SBHC Medical Director Christopher Martin, 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)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Jerra Shuff, FNP
Tuesday:	7:30 a - 4:00 p	Jerra Shuff, FNP
Wednesday:	7:30 a - 6:00 p	Jerra Shuff, FNP
Thursday:	7:30 a - 4:00 p	Jerra Shuff, FNP
Friday:	7:30 a - 1:00 p	Jerra Shuff, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN
Tuesday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN
Wednesday:	7:30 a - 6:00 p	Natasha Nesselrotte, LPN
Thursday:	7:30 a - 4:00 p	Natasha Nesselrotte, LPN
Friday:	7:30 a - 1:00 p	Natasha Nesselrotte, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC
Tuesday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC
Wednesday:	7:30 a - 5:30 p	S O'Field/D Stout, LGSV
Thursday:	7:30 a - 5:30 p	S O'Field/D Stout, LGSV
Friday:	7:30 a - 3:30 p	S O'Field, LGSW, AADC

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Abby Harless
Tuesday:	7:30 a - 4:00 p	Abby Harless
Wednesday:	7:30 a - 6:00 p	Abby Harless
Thursday:	7:30 a - 4:00 p	Abby Harless
Friday:	7:30 a - 1:00 p	Abby Harless

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

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

(Last Updated: 8/27/2019)

**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

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

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

**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:		

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

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

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tracie Hamb, LICSW
Tuesday:	8:00 a - 4:00 p	Savanna Babcock, LGS
Wednesday:	8:00 a - 4:00 p	Savanna Babcock, LGS
Thursday:	8:00 a - 4:00 p	Savanna Babcock, LGS
Friday:	8:00 a - 4:00 p	Amity Boblits, MSW, LIC

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

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

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Educator
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/27/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Tuesday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Wednesday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Thursday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC
Friday:	7:15 a - 3:15 p	Melody Ruskin, APRN-BC

**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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Tina Maynor, LPN
Tuesday:	7:15 a - 3:15 p	Tina Maynor, LPN
Wednesday:	7:15 a - 3:15 p	Tina Maynor, LPN
Thursday:	7:15 a - 3:15 p	Tina Maynor, LPN
Friday:	7:15 a - 3:15 p	Tina Maynor, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Kerri White, LICSW
Tuesday:	7:15 a - 3:15 p	Kerri White, LICSW
Wednesday:	7:15 a - 3:15 p	Kerri White, LICSW
Thursday:	7:15 a - 3:15 p	Kerri White, LICSW
Friday:	7:15 a - 3:15 p	Kerri White, LICSW

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:30 p	C. Stover/B. Sizemore
Tuesday:	7:00 a - 3:30 p	C. Stover/B. Sizemore
Wednesday:	7:00 a - 3:30 p	C. Stover/B. Sizemore
Thursday:	7:00 a - 3:30 p	C. Stover/B. Sizemore
Friday:	7:00 a - 3:30 p	C. Stover/B. Sizemore

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

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

(Last Updated: 8/27/2019)

**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

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

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

**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:		

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

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

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Terri Belcher, LGSW
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Terri Belcher, LGSW
Thursday:		
Friday:	8:00 a - 4:00 p	Terri Belcher, LGSW

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

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

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

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

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

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

(Last Updated: 9/17/2019)

**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

**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:	8:00 a - 4:00 p	Lisa M Cottrill, FNPBC
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:00 a - 4:00 p	Lisa M Cottrill, FNPBC

**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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00 a - 4:00 p	Amanda Sprouse, LPN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:00 a - 4:00 p	Amanda Sprouse, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00 a - 4:00 p	Amanda Sprouse, LPN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	8:00 a - 4:00 p	Amanda Sprouse, LPN

**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: 9/17/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC
Tuesday:		
Wednesday:	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC
Thursday:	8:00 a - 2:15 p	Lisa M Cottrill, FNPBC
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 2:15 p	Amanda Sprouse, LPN
Tuesday:		
Wednesday:	8:00 a - 2:15 p	Amanda Sprouse, LPN
Thursday:	8:00 a - 2:15 p	Amanda Sprouse, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	James Davison, PsyD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 2:15 p	Amanda Sprouse, LPN
Tuesday:		
Wednesday:	8:00 a - 2:15 p	Amanda Sprouse, LPN
Thursday:		
Friday:	8:00 a - 2:15 p	Amanda Sprouse, LPN

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

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

(Last Updated: 10/2/2019)

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

**Name of School-Based Health Center** Petersburg ES Wellness Center

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

**School Population** 630

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

Physical Address 333 Rig Street

Mailing Address 333 Rig Street

City Petersburg

State WV

Zip 26847

Phone 304 257 1110

Extension

Fax 304 530 5160

Website

Email mmathias@hawsehealth.com

**SBHC Contact Person**

First Name Melissa

Last Name Mathias

Phone 304 257 2451

Extension

Fax 304 530 5160

Email mmathias@hawsehealth.com

**SBHC Sponsoring Agency**

Name E. A. Hawse Health Center

Mailing Address PO Box 97

City Baker

State WV

Zip 26801

Executive Director Melissa Thompson, CEO

Phone 304 897 5915

Fax 304 897 6216

Email mthompson@hawsehealth.com

SBHC Medical Director Dr. Solomon Mutetwa

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:30 a	TBA
Tuesday:	8:00 a - 10:30 a	TBA
Wednesday:	8:00 a - 10:30 a	TBA
Thursday:	8:00 a - 10:30 a	TBA
Friday:	8:00 a - 10:30 a	TBA

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:30 a	Crystan Kisamore, LPN
Tuesday:	8:00 a - 10:30 a	Crystan Kisamore, LPN
Wednesday:	8:00 a - 10:30 a	Crystan Kisamore, LPN
Thursday:	8:00 a - 10:30 a	Crystan Kisamore, LPN
Friday:	8:00 a - 10:30 a	Crystan Kisamore, LPN

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:	8:00 a - 3:30 p	Rebecca King, MSW, LIC
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Teresa Halterman
Tuesday:	7:30 a - 4:00 p	Teresa Halterman
Wednesday:	7:30 a - 4:00 p	Teresa Halterman
Thursday:	7:30 a - 4:00 p	Teresa Halterman
Friday:	7:30 a - 4:00 p	Teresa Halterman

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

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

(Last Updated: 10/2/2019)

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

**Name of School-Based Health Center** Petersburg High School

**School in which the SBHC is located** Petersburg HS

**School Population** 657

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

Physical Address 207 Jefferson Avenue

Mailing Address 207 Jefferson Avenue

City Petersburg

State WV

Zip 26847

Phone 304 257 1444

Extension

Fax 304 530 5160

Website

Email

**SBHC Contact Person**

First Name Teresa

Last Name Halterman

Phone 304 897 5915

Extension 237

Fax 304 897 6216

Email thalterman@hawsehealth.com

**SBHC Sponsoring Agency**

Name E. A. Hawse Health Cntr.

Mailing Address PO Box 97

City Baker

State WV

Zip 26801

Executive Director Melissa Thompson, CEO

Phone 304 897 5915

Fax 304 897 6216

Email mthompson@hawsehealth.com

SBHC Medical Director Dr. Solomon Mutetwa

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 12:00 p	TBA
Tuesday:	10:30 a - 12:00 p	TBA
Wednesday:	10:30 a - 12:00 p	TBA
Thursday:	10:30 a - 12:00 p	TBA
Friday:	10:30 a - 12:00 p	TBA

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 12:00 p	Crystan Kisamore, LPN
Tuesday:	10:30 a - 12:00 p	Crystan Kisamore, LPN
Wednesday:	10:30 a - 12:00 p	Crystan Kisamore, LPN
Thursday:	10:30 a - 12:00 p	Crystan Kisamore, LPN
Friday:	10:30 a - 12:00 p	Crystan Kisamore, LPN

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	Rebecca King, MSW, LIC
Tuesday:		
Wednesday:	8:00 a - 3:30 p	Rebecca King, MSW, LIC
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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/30/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:00 p	S Thomas-Adkins, PA-C
Wednesday:		
Thursday:	7:30 a - 3:00 p	S Thomas-Adkins, PA-C
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:00 p	Christine Puffenbarger, LPN
Wednesday:		
Thursday:	7:30 a - 3:00 p	Christine Puffenbarger, LPN
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Rachael Levan, MSW LI
Tuesday:	8:00 a - 4:00 p	Rachael Levan, MSW LI
Wednesday:	8:00 a - 4:00 p	Rachael Levan, MSW LI
Thursday:	8:00 a - 4:00 p	Rachael Levan, MSW LI
Friday:	8:00 a - 4:00 p	Rachael Levan, MSW LI

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:00 p	Charlotte Holliday
Wednesday:		
Thursday:	7:30 a - 3:00 p	Charlotte Holliday
Friday:		

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

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

(Last Updated: 9/30/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Brittany Parker, FNP
Tuesday:		
Wednesday:	12:00 p - 3:30 p	Brittany Parker, FNP
Thursday:		
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Christine Puffenbarger, LPN
Tuesday:		
Wednesday:	12:00 p - 3:30 p	Christine Puffenbarger, LPN
Thursday:		
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 2:00 p	Tiffany Blair MSW, LICSW
Tuesday:		
Wednesday:	7:30 a - 5:00 p	Tiffany Blair MSW, LICSW
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 CLERICAL/CARE COORDINATOR services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	TBA
Tuesday:		
Wednesday:	12:00 p - 3:30 p	Charlotte Holliday
Thursday:		
Friday:		

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

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

(Last Updated: 9/30/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Brittany Parker, FNP
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Brittany Parker, FNP
Thursday:		
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Christine Puffenbarger, LPN
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Christine Puffenbarger, LPN
Thursday:		
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 5:30 p	Tiffany Blair, MSW, LICSW
Wednesday:		
Thursday:	7:30 a - 5:30 p	Tiffany Blair, MSW, LICSW
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 CLERICAL/CARE COORDINATOR services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	TBA
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Charlotte Holliday
Thursday:		
Friday:		

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

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

(Last Updated: 10/14/2019)

<b>County in which SBHC is located:</b>	Hancock
<b>Name of School-Based Health Center</b>	Oak Glen Complex SBHC
<b>School in which the SBHC is located</b>	Oak Glen HS
<b>School Population</b>	560

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

Physical Address	195 Gold Bear Dr.
Mailing Address	
City	New Cumberland
State	WV
Zip	26047
Phone	
Extension	
Fax	
Website	www.changeinc.org/sbhc
Email	jraveaux@changeinc.org

**SBHC Contact Person**

First Name	Michelle
Last Name	McElfresh
Phone	304 459 4010
Extension	
Fax	
Email	jraveaux@changeinc.org

**SBHC Sponsoring Agency**

Name	CHANGE Inc.
Mailing Address	3158 West St.
City	Weirton
State	WV
Zip	26062
Executive Director	Judy Raveaux
Phone	304 797 7733
Fax	304 797 7740
Email	jraveaux@changeinc.org
SBHC Medical Director	Dr. Kelli Fournier

**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:
Oak Glen MS	506
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

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

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

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

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

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

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**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Julia Cupini, LGSW
Tuesday:	7:00 a - 3:00 p	Julia Cupini, LGSW
Wednesday:	7:00 a - 3:00 p	Julia Cupini, LGSW
Thursday:	7:00 a - 3:00 p	Julia Cupini, LGSW
Friday:	7:00 a - 3:00 p	Julia Cupini, LGSW

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

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

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

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

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

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

(Last Updated: 8/29/2019)

**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="Weir MS"/>	<input type="text" value="652"/>
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Marilyn LaRue, NP
Tuesday:	7:00 a - 3:00 p	Marilyn LaRue, NP
Wednesday:	7:00 a - 3:00 p	Marilyn LaRue, NP
Thursday:	7:00 a - 3:00 p	Marilyn LaRue, NP
Friday:	7:00 a - 3:00 p	Marilyn LaRue, NP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Tuesday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Wednesday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Thursday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Friday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Brandie Dodd, LPC
Tuesday:	7:00 a - 3:00 p	Brandie Dodd, LPC
Wednesday:	7:00 a - 3:00 p	Brandie Dodd, LPC
Thursday:	7:00 a - 3:00 p	Brandie Dodd, LPC
Friday:	7:00 a - 3:00 p	Brandie Dodd, LPC

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Tuesday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Wednesday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Thursday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs
Friday:	7:15 a - 3:15 p	C Barker/T Cook, LPNs

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

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

(Last Updated: 8/28/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Shanna Earley, PA-C
Tuesday:	7:15 a - 3:15 p	Shanna Earley, PA-C
Wednesday:	7:15 a - 3:15 p	Shanna Earley, PA-C
Thursday:	7:15 a - 3:15 p	Shanna Earley, PA-C
Friday:	7:15 a - 3:15 p	Shanna Earley, PA-C

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:15 a - 3:15 p	Erin Miller, DDS

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Jessica Vensel, MA
Tuesday:	7:15 a - 3:15 p	Jessica Vensel, MA
Wednesday:	7:15 a - 3:15 p	Jessica Vensel, MA
Thursday:	7:15 a - 3:15 p	Jessica Vensel, MA
Friday:	7:15 a - 3:15 p	Jessica Vensel, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	D. Bloomfield , MSW, LC
Tuesday:	Varies	D. Bloomfield , MSW, LC
Wednesday:	Varies	D. Bloomfield , MSW, LC
Thursday:	Varies	D. Bloomfield , MSW, LC
Friday:	Varies	D. Bloomfield , MSW, LC

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Jessica Vensel, MA
Tuesday:	7:15 a - 3:15 p	Jessica Vensel, MA
Wednesday:	7:15 a - 3:15 p	Jessica Vensel, MA
Thursday:	7:15 a - 3:15 p	Jessica Vensel, MA
Friday:	7:15 a - 3:15 p	Jessica Vensel, MA

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

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

(Last Updated: 10/2/2019)

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

**Name of School-Based Health Center** East Hardy Early Middle SBHC

**School in which the SBHC is located** East Hardy Early Middle School

**School Population** 476

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

Physical Address 288 Cougar Drive

Mailing Address

City Baker

State WV

Zip 26801

Phone 304 897 5915

Extension

Fax 304 897 6216

Website www.hawsehealth.com

Email thalterman@hawsehealth.com

**SBHC Contact Person**

First Name Teresa

Last Name Halterman

Phone 304 897 5915

Extension 237

Fax 304 897 6216

Email thalterman@hawsehealth.com

**SBHC Sponsoring Agency**

Name E. A. Hawse Health Center

Mailing Address PO Box 97

City Baker

State WV

Zip 26801

Executive Director Melissa Thompson, CEO

Phone 304 897 5915

Fax 304 897 6216

Email mthompson@hawsehealth.com

SBHC Medical Director Solomon Mutetwa, 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:
East Hardy High School	236
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C
Tuesday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C
Wednesday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C
Thursday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C
Friday:	8:00 a - 10:00 a	Leigh Ann Walters, PA-C

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:00 a	Wendy Goldizen, LPN
Tuesday:	8:00 a - 10:00 a	Wendy Goldizen, LPN
Wednesday:	8:00 a - 10:00 a	Wendy Goldizen, LPN
Thursday:	8:00 a - 10:00 a	Wendy Goldizen, LPN
Friday:	8:00 a - 10:00 a	Wendy Goldizen, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	Stephanie Gosnell, MSW
Tuesday:	8:00 a - 3:30 p	Ken Powers, MSW, LIC
Wednesday:	8:00 a - 3:30 p	Johna Secrist, MSW, LG
Thursday:	8:00 a - 3:30 p	Johna Secrist, MSW, LG
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 CLERICAL/CARE COORDINAT**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 3:30 p	MH provided at EHHS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/2/2019)

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

**Name of School-Based Health Center** Moorefield Elementary SBHC

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

**School Population** 452

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

Physical Address 400 N. Main Street

Mailing Address

City Moorefield

State WV

Zip 26836

Phone 304 897 5915

Extension

Fax 304 897 6216

Website www.hawsehealth.com

Email

**SBHC Contact Person**

First Name Teresa

Last Name Halterman

Phone 304 897 5915

Extension 237

Fax 304 897 6216

Email thalterman@hawsehealth.com

**SBHC Sponsoring Agency**

Name E. A. Hawse Health Center

Mailing Address PO Box 97

City Baker

State WV

Zip 26801

Executive Director Melissa Thompson, CEO

Phone 304 897 5915

Fax 304 897 6216

Email mthompson@hawsehealth.com

SBHC Medical Director Solomon Mutetwa, 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:
Moorefield High School	440
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:30 a	Amy Kump, PA-C
Tuesday:	8:00 a - 10:30 a	Amy Kump, PA-C
Wednesday:	8:00 a - 10:30 a	Amy Kump, PA-C
Thursday:	8:00 a - 10:30 a	Amy Kump, PA-C
Friday:	8:00 a - 10:30 a	Amy Kump, PA-C

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 10:30 a	Sheri Laffarre, LPN
Tuesday:	8:00 a - 10:30 a	Sheri Laffarre, LPN
Wednesday:	8:00 a - 10:30 a	Sheri Laffarre, LPN
Thursday:	8:00 a - 10:30 a	Sheri Laffarre, LPN
Friday:	8:00 a - 10:30 a	Sheri Laffarre, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 3:30 p	S Gosnell/N Haggerty, L
Wednesday:	8:00 a - 3:30 p	John Lyon, MSW, LGSV
Thursday:	8:00 a - 3:30 p	John Lyon, MSW, LGSV
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 CLERICAL/CARE COORDINAT**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 3:30 p	MH provided at MHS
Wednesday:	8:00 a - 3:30 p	MH provided at MHS
Thursday:		
Friday:	8:00 a - 12:00 p	MH provided at MHS

(Last Updated: 10/2/2019)

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

**Name of School-Based Health Center** Moorefield Intermediate SBHC

**School in which the SBHC is located** Moorefield Intermediate School

**School Population** 360

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

Physical Address 30 Caledonia Drive

Mailing Address

City Moorefield

State WV

Zip 26836

Phone 304 530 5010

Extension

Fax 304 897 6216

Website www.hawsehealth.com

Email

**SBHC Contact Person**

First Name Teresa

Last Name Halterman

Phone 304 897 5915

Extension 237

Fax 304 897 6216

Email thalterman@hawsehealth.com

**SBHC Sponsoring Agency**

Name E. A. Hawse Health Center

Mailing Address PO Box 97

City Baker

State WV

Zip 26801

Executive Director Melissa Thompson, CEO

Phone 304 897 5915

Fax 304 897 6216

Email mthompson@hawsehealth.com

SBHC Medical Director Solomon Mutetwa, 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:
Moorefield Middle School	376
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 1:00 p	Amy Kump, PA-C
Tuesday:	10:30 a - 1:00 p	Amy Kump, PA-C
Wednesday:	10:30 a - 1:00 p	Amy Kump, PA-C
Thursday:	10:30 a - 1:00 p	Amy Kump, PA-C
Friday:	10:30 a - 1:00 p	Amy Kump, PA-C

**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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	10:30 a - 1:00 p	Sheri Laffarre, LPN
Tuesday:	10:30 a - 1:00 p	Sheri Laffarre, LPN
Wednesday:	10:30 a - 1:00 p	Sheri Laffarre, LPN
Thursday:	10:30 a - 1:00 p	Sheri Laffarre, LPN
Friday:	10:30 a - 1:00 p	Sheri Laffarre, LPN

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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:	8:00 a - 3:30 p	John Lyon, MSW, LICSV
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 CLERICAL/CARE COORDINAT**

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

**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:	8:00 a - 3:30 p	MH provided at MMS
Wednesday:	8:00 a - 3:30 p	MH provided at MMS
Thursday:	8:00 a - 3:30 p	MH provided at MMS
Friday:	<input type="text"/>	<input type="text"/>

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** Adamston ES Wellness Center

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

**School Population** 712

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

Physical Address 1636 West Pike Street

Mailing Address 1636 West Pike Street

City Clarksburg

State WV

Zip 26301

Phone 304 622 0304

Extension

Fax 304 622 0305

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Leslie Groves, FNP

**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"/>

**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:	7:30 a - 3:30 p	Jessica Reichert, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/9/2019)

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

**Name of School-Based Health Center** Big Elm ES Wellness Center

**School in which the SBHC is located** Big Elm ES

**School Population** 712

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

Physical Address 200 Tetrick Road

Mailing Address 200 Tetrick Road

City Shinnston

State WV

Zip 26431

Phone 304 592 5022

Extension

Fax 304 592 5022

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Phillip Northey, PA-C
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Sherry Taylor, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Bridgeport HS Wellness Center

**School in which the SBHC is located** Bridgeport HS

**School Population** 781

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

Physical Address 515 Johnson Avenue

Mailing Address 515 Johnson Avenue

City Bridgeport

State WV

Zip 26330

Phone 304 842 2066

Extension

Fax 304 842 2076

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Amy Rollins, FNP
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"/>

**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:	7:30 a - 3:30 p	Desirae Greathouse, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Bridgeport MS Wellness Center

**School in which the SBHC is located** Bridgeport MS

**School Population** 618

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

Physical Address 413 Johnson Avenue

Mailing Address 413 Johnson Avenue

City Bridgeport

State WV

Zip 26330

Phone 304 842 1840

Extension

Fax

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Amy Rollins, FNP
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Desirae Greathouse, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** Johnson ES Wellness Center

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

**School Population** 651

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

Physical Address 531 Johnson Avenue

Mailing Address 531 Johnson Avenue

City Bridgeport

State WV

Zip 26330

Phone 304 842 2747

Extension

Fax 304 842 2757

Website communitycarewv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Amy Rollins, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a -3:30 p	Desirae Greathouse, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Liberty HS Wellness Center

**School in which the SBHC is located** Liberty HS

**School Population** 517

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

Physical Address 1 Mountaineer Drive

Mailing Address 1 Mountaineer Drive

City Clarksburg

State WV

Zip 26301

Phone 304 622 0440

Extension

Fax

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	Alt Tues 7:30-3:30	Leslie Groves, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	Alt Tues 7:30-3:30	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

**Staff/agency who provide CLERICAL/CARE COORDINATOR 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 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: 9/9/2019)

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

**Name of School-Based Health Center** Lincoln MS/HS Wellness Center

**School in which the SBHC is located** Lincoln MS/HS Complex

**School Population** 1,004

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

Physical Address 78 Jerry Toth Drive

Mailing Address 78 Jerry Toth Drive

City Shinnston

State WV

Zip 26431

Phone 304 592 5082

Extension

Fax 304 592 5084

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

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

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

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

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

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

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

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** Lost Creek Elementary SBHC

**School in which the SBHC is located** Lost Creek ES

**School Population** 164

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

Physical Address 128 College Street

Mailing Address 128 College Street

City Lost Creek

State WV

Zip 26385

Phone 304 745 5769

Extension

Fax 304 745 5769

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	1st W 7:30-3:30	Heather Whetzel, PA-C
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	1st W 7:30 - 3:30	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/9/2019)

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

**Name of School-Based Health Center** Lumberport ES Wellness Center

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

**School Population** 280

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

Physical Address 38 East Lynden St.

Mailing Address 38 East Lynden St.

City Lumberport

State WV

Zip 26386

Phone 304 584 4844

Extension

Fax 304 584 4844

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address PO Box 20

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Phillip Northey, PA-C
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"/>

**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:	7:30 a - 3:30 p	S Taylor LPN
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Mountaineer MS Wellness Center

**School in which the SBHC is located** Mountaineer MS

**School Population** 412

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

Physical Address 2 Mountaineer Drive

Mailing Address 2 Mountaineer Drive

City Clarksburg

State WV

Zip 26301

Phone 304 622 0161

Extension

Fax

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	Alt Tu 7:30-3:30	Leslie Groves, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	Alt Tu 7:30-3:30	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** North View ES Wellness Center

**School in which the SBHC is located** North View ES

**School Population** 322

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

Physical Address 1400 North 19th Street

Mailing Address 1400 North 19th Street

City Clarksburg

State WV

Zip 26301

Phone 304 622 0330

Extension

Fax 304 622 0332

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	Alt W 7:30-3:30	Leslie Groves, FNP
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"/>

**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:	Alt W 7:30-3:30	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/9/2019)

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

**Name of School-Based Health Center** Norwood ES Wellness Center

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

**School Population** 335

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

Physical Address 208 Kidd Avenue

Mailing Address 208 Kidd Avenue

City Stonewood

State WV

Zip 26301

Phone 304 622 0088

Extension

Fax 304 622 0089

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Christy Lucas, PA-C
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"/>

**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:	7:30 a - 3:30 p	Penny Romine, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/9/2019)

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

**Name of School-Based Health Center** Nutter Fort Int/Primary Wellness Center

**School in which the SBHC is located** Nutter Fort Intermediate School

**School Population** 1078

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

Physical Address 1302 Buckhannon Pike

Mailing Address 1302 Buckhannon Pike

City Clarksburg

State WV

Zip 26301

Phone 304 623 4419

Extension

Fax 304 623 4419

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Christy Lucas, PA-C
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"/>

**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:	7:30 a - 3:30 p	Penny Romine, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/9/2019)

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

**Name of School-Based Health Center** Robert C. Byrd High Wellness Center

**School in which the SBHC is located** Robert C. Byrd HS

**School Population** 700

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

Physical Address 1 Eagle Way

Mailing Address 1 Eagle Way

City Clarksburg

State WV

Zip 26301

Phone 304 623 3688

Extension

Fax

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

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

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

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Penny Romine, LPN
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 3:30 p	Penny Romine, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

**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:	1st Th 7:30-3:30	Phillip Northey, PA-C
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"/>

**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:	1st Th 7:30-3:30	S Taylor, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Simpson ES Wellness Center

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

**School Population** 496

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

Physical Address 230 Worthington Drive

Mailing Address 230 Worthington Drive

City Bridgeport

State WV

Zip 26330

Phone 304 842 0970

Extension

Fax 304 842 0980

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	1st Tu 7:30-3:30	Amy Rollins, FNP
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	1st Tu 7:30 -3:30	Desirae Greathouse, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** South Harrison High SBHC

**School in which the SBHC is located** South Harrison HS

**School Population** 334

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

Physical Address 3073 Hawk Highway

Mailing Address 3073 Hawk Highway

City Lost Creek

State WV

Zip 26385

Phone 304 745 4115

Extension

Fax 304 745 4115

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Leslie Groves, FNP
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** South Harrison Middle SBHC

**School in which the SBHC is located** South Harrison MS

**School Population** 301

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

Physical Address 3003 Hawk Highway

Mailing Address 3003 Hawk Highway

City Lost Creek

State WV

Zip 26385

Phone 304 745 5205

Extension

Fax 304 745 5205

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

**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:	7:30 a - 3:30 p	Leslie Groves, FNP
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"/>

**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:	7:30 a -3:30 p	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/9/2019)

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

**Name of School-Based Health Center** Washington Irving MS Wellness Center

**School in which the SBHC is located** Washington Irving MS

**School Population** 529

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

Physical Address 443 Lee Avenue

Mailing Address 443 Lee Avenue

City Clarksburg

State WV

Zip 26301

Phone 304 623 4418

Extension

Fax 304 623 4418

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	7:30 a - 3:30 p	Christy Lucas, PA-C
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Penny Romine, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** West Milford Elementary SBHC

**School in which the SBHC is located** West Milford ES

**School Population** 448

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

Physical Address 226 School Street

Mailing Address 226 School Street

City West Milford

State WV

Zip 26451

Phone 304 745 5739

Extension

Fax 304 745 5739

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

**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:	7:30 a - 3:30 p	Heather Whetzel, PA-C
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"/>

**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:	7:30 a - 3:30 p	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

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

**Name of School-Based Health Center** Wilsonburg ES Wellness Center

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

**School Population** 244

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

Physical Address 1040 Wilsonburg Road

Mailing Address 1040 Wilsonburg Road

City Clarksburg

State WV

Zip 26301

Phone 304 622 0201

Extension

Fax 304 622 0204

Website ccwv.org

Email

**SBHC Contact Person**

First Name Angie

Last Name Anderegg

Phone 304 473 5600

Extension

Fax

Email Angela.Anderegg@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	Alt W 7:30-3:30	Leslie Groves, FNP
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"/>

**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:	Alt W 7:30-3:30	Jessica Reichert, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/17/2019)

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

**Name of School-Based Health Center** Jackson Schools Wellness Center

**School in which the SBHC is located** Ripley HS

**School Population** 919

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

Physical Address 562 Charleston Dr.

Mailing Address

City Ripley

State WV

Zip 25271

Phone 304 372 7341

Extension

Fax 304 372 3272

Website

Email

**SBHC Contact Person**

First Name Erica

Last Name Conant

Phone 304 372 7341

Extension

Fax 304 372 3272

Email econant@wchsa.com

**SBHC Sponsoring Agency**

Name Coplin Health System

Mailing Address PO Box 609

City Elizabeth

State WV

Zip 26143

Executive Director Rob Dudley

Phone 304 917 3733

Fax

Email

SBHC Medical Director Erica Conant 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:
Ripley Middle	677
Other schools served 2:	Population:
Ripley Elementary	612
Other schools served 3:	Population:
Ravenswood High	432
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:00 p	Erica Conant FNP-BC
Tuesday:	7:45 a - 4:00 p	Erica Conant, FNP-BC
Wednesday:	7:45 a - 4:00 p	Erica Conant, FNP-BC
Thursday:	7:45 a - 4:00 p	Erica Conant, FNP-BC
Friday:	7:45 a - 4:00 p	Erica Conant, FNP-BC

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:00 p	Kaye White, LPN
Tuesday:	7:45 a - 4:00 p	Kaye White, LPN
Wednesday:	7:45 a - 4:00 p	Kaye White, LPN
Thursday:	7:45 a - 4:00 p	Kaye White, LPN
Friday:	7:45 a - 4:00 p	Kaye White, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:00 p	Susan Sayre
Tuesday:	7:45 a - 4:00 p	Susan Sayre
Wednesday:	7:45 a - 4:00 p	Susan Sayre
Thursday:	7:45 a - 4:00 p	Susan Sayre
Friday:	7:45 a - 4:00 p	Susan Sayre

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:30 p	Mary Grandon, PA-C
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 12:30 p	Mary Grandon, PA-C

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:30 p	Sherry Drennen, CMA
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 12:30 p	Sherry Drennen, CMA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30 a - 12:30 p	Margie O'Kelly, PsyD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:30 p	Andrea Stephens, RMA
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 12:30 p	Andrea Stephens, RMA

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

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

(Last Updated: 9/18/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Dawn Grigsby, FNP
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Dawn Grigsby, FNP
Thursday:		
Friday:	8:00 a - 4:00 p	Dawn Grigsby, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Beth Ford, RMA
Tuesday:	8:00 a - 4:00 p	Beth Ford, RMA
Wednesday:	8:00 a - 4:00 p	Beth Ford, RMA
Thursday:	8:00 a - 4:00 p	Beth Ford, RMA
Friday:	8:00 a - 4:00 p	Beth Ford, RMA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 4:00 p	Derrick Gibson, LPC
Wednesday:		
Thursday:	8:00 a - 4:00 p	Derrick Gibson, LPC
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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

**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

**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:	8:30 a - 3:30 p	Catherine Kitchen, PA-C
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:30 a - 3:30 p	Catherine Kitchen, PA-C
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:30 a - 3:30 p	Haley Travis, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:30 a - 3:30 p	Haley Travis, 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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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:	8:30 a - 3:30 p	Dannel Petgrave, Ph.D.
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:30 a - 3:30 p	Dannel Petgrave, Ph.D.
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:30 a - 3:30 p	Haley Travis, MA
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	8:30 a - 3:30 p	Haley Travis, MA
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 4:00 p	Mary Grandon, PA-C
Wednesday:	7:30 a - 4:00 p	Mary Grandon, PA-C
Thursday:	7:30 a - 4:00 p	Mary Grandon, PA-C
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 4:00 p	Sherry Drennen, MA
Wednesday:	7:30 a - 4:00 p	Sherry Drennen, MA
Thursday:	7:30 a - 4:00 p	Sherry Drennen, MA
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 4:00 p	Margie O'Kelly PsyD
Wednesday:	7:30 a - 4:00 p	Margie O'Kelly PsyD
Thursday:	7:30 a - 4:00 p	Margie O'Kelly PsyD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 4:00 p	Andrea Stephens, MA
Wednesday:	7:30 a - 4:00 p	Andrea Stephens, MA
Thursday:	7:30 a - 4:00 p	Andrea Stephens, MA
Friday:		

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

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

(Last Updated: 9/18/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 2:00 p	Zeina Haidar, MD
Tuesday:	7:30 a - 2:00 p	Zeina Haidar, MD
Wednesday:	7:30 a - 2:00 p	Zeina Haidar, MD
Thursday:	7:30 a - 2:00 p	Zeina Haidar, MD
Friday:	7:30 a - 2:00 p	Zeina Haidar, MD

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Kanawha County Dental
Tuesday:		FamilyCare Health Center
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 2:00 p	Davida Wright, MA
Tuesday:	7:30 a - 2:00 p	Davida Wright, MA
Wednesday:	7:30 a - 2:00 p	Davida Wright, MA
Thursday:	7:30 a - 2:00 p	Davida Wright, MA
Friday:	7:30 a - 2:00 p	Davida Wright, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Harmony Mental Health,
Tuesday:		FamilyCare Health Cent
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 2:00 p	Lynette Michaelson
Tuesday:	7:30 a - 2:00 p	Lynette Michaelson
Wednesday:	7:30 a - 2:00 p	Lynette Michaelson
Thursday:	7:30 a - 2:00 p	Lynette Michaelson
Friday:	7:30 a - 2:00 p	Lynette Michaelson

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 5:00 p	Jessica McColley, DO/Others
Tuesday:	7:30 a - 5:00 p	Jessica McColley, DO/Others
Wednesday:	7:30 a - 4:30 p	Jessica McColley, DO/Others
Thursday:	7:30 a - 5:00 p	Jessica McColley, DO/Others
Friday:	7:30 a - 4:30 p	Jessica McColley, DO/Others

**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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 5:00 p	Numerous rotating staff
Tuesday:	7:30 a - 5:00 p	Numerous rotating staff
Wednesday:	7:30 a - 4:30 p	Numerous rotating staff
Thursday:	7:30 a - 5:00 p	Numerous rotating staff
Friday:	7:30 a - 4:30 p	Numerous rotating staff

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	David Mandich, PsyD
Tuesday:	8:00 a - 4:00 p	David Mandich, PsyD
Wednesday:	8:00 a - 4:00 p	David Mandich, PsyD
Thursday:	8:00 a - 4:00 p	David Mandich, PsyD
Friday:	8:00 a - 4:00 p	David Mandich, PsyD

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 5:00 p	Stacy Norris
Tuesday:	7:30 a - 5:00 p	Stacy Norris
Wednesday:	7:30 a - 4:30 p	Stacy Norris
Thursday:	7:30 a - 5:00 p	Stacy Norris
Friday:	7:30 a - 4:30 p	Stacy Norris

**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: 9/16/2019)

**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

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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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Donald Ta, MD
Tuesday:		
Wednesday:	8:30 a - 3:30 p	Cammy Kitchen, PA-C
Thursday:		
Friday:	8:30 a - 3:30 p	Cammy Kitchen, PA-C

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Jennifer Newman, MA
Tuesday:		
Wednesday:	8:30 a - 3:30 p	Haley Travis, MA
Thursday:		
Friday:	8:30 a - 3:30 p	Haley Travis, MA

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Dannel Petgrave, LPC
Tuesday:		
Wednesday:	8:30 a - 3:30 p	Dannel Petgrave, LPC
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	9:00 a - 11:00 a	Jennifer Newman, MA
Tuesday:		
Wednesday:	8:30 a - 3:30 p	Haley Travis, MA
Thursday:		
Friday:	8:30 a - 3:30 p	Haley Travis, MA

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

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

(Last Updated: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Shana Wandling, FNP
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00 a - 4:00 p	Shana Wandling, FNP

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Kaloni Mobley, MA
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00 a - 4:00 p	Kaloni Mobley, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tonya Vannater, LGSW
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00 a - 4:00 p	Tonya Vannater, LGSW

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Candace Smith, PSR
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00 a - 4:00 p	Candace Smith, PSR

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

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

(Last Updated: 9/18/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 3:00 p	Dawn Grigsby, FNP
Wednesday:		
Thursday:	8:00 a - 3:00 p	Dawn Grigsby, FNP
Friday:		

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

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

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

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

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

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

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

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

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

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

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

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

(Last Updated: 9/16/2019)

**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

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**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

**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:	7:30 a - 3:30 p	Heather Whetzel, PA-C
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"/>

**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:	7:30 a - 3:30 p	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 9/16/2019)

**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**

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**SBHC Contact Person**

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**SBHC Sponsoring Agency**

Name

Mailing Address

City

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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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	1st 7:30-3:30	Heather Whetzel, PA-C
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	1st 7:30 - 3:30	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/13/2019)

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

**Name of School-Based Health Center** Camden Family Health

**School in which the SBHC is located** Lewis County HS

**School Population** 679

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

Physical Address 300 Minuteman Drive

Mailing Address 300 Minuteman Drive

City Weston

State WV

Zip 26452

Phone 304 997 8701

Extension

Fax 304 997 8735

Website camdenfamilyhealth.com

Email mrogers@cog-wv.org

**SBHC Contact Person**

First Name Melissa

Last Name Rogers

Phone 304 226 5725

Extension 117

Fax 304 226 3274

Email mrogers@cog-wv.org

**SBHC Sponsoring Agency**

Name Camden Family Health

Mailing Address 10003 Webster Road

City Camden on Gaule

State WV

Zip 26208

Executive Director Margaret Hickey

Phone 304 226 5725

Fax 304 226 3993

Email meg@cog-wv.org

SBHC Medical Director Dr. Kathy Hamon

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC
Tuesday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC
Wednesday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC
Thursday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC
Friday:	7:30 a - 3:30 p	Nicole Radabaugh, FNP-BC

**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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN
Tuesday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN
Wednesday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN
Thursday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN
Friday:	7:30 a - 3:30 p	Elizabeth Sendling. LPN

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

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

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

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

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

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

**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: 9/16/2019)

**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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	2nd 7:30-3:30	Heather Whetzel, PA-C
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	2nd 7:30-3:30	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** Roanoke Elementary SBHC

**School in which the SBHC is located** Roanoke Elementary

**School Population** 167

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

Physical Address 1176 Oil Creek Road

Mailing Address

City Roanoke

State WV

Zip 26447

Phone 304 452 0002

Extension

Fax 304 269 2037

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	3rd 7:30-3:30	Heather Whetzel, PA-C
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	3rd 7:30-3:30	Giselle Snyder, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/16/2019)

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

**Name of School-Based Health Center** Robert L. Bland MS Wellness Center

**School in which the SBHC is located** Robert L. Bland MS

**School Population** 777

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

Physical Address 358 Court Avenue

Mailing Address

City Weston

State WV

Zip 26452

Phone 304 269 0041

Extension

Fax 304 269 0065

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard

**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

**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:	7:30 a - 3:30 p	Heather Whetzel, PA-C
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	7:30 a - 3:30 p	Heather Whetzel, PA-C

**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"/>

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

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

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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"/>

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

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

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

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 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: 8/30/2019)

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

**Name of School-Based Health Center** Yellowjacket Center for Health

**School in which the SBHC is located** Duval PK - 8

**School Population** 496

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

Physical Address 5304 Straight Fork Rd.

Mailing Address 5304 Straight Fork Rd.

City Griffithsville

State WV

Zip 25521

Phone 304 524 9242

Extension

Fax 304 524 9241

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Ave.

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

SBHC Medical Director Gregory 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

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	L. Haddox-Heston, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

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

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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:		

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

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

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

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

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

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

(Last Updated: 8/30/2019)

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

**Name of School-Based Health Center** Wildcat Center for Health

**School in which the SBHC is located** Guyan Valley MS

**School Population** 277

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

Physical Address 700 State Rt 10 N

Mailing Address 700 State Rt 10 N

City Branchland

State WV

Zip 25506

Phone 304 824 5707

Extension

Fax 304 824 5706

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Avenue

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

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:
West Hamlin ES	519
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

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	L. Haddox, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

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

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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:		

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

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

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

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

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

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

(Last Updated: 8/22/2019)

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

**Name of School-Based Health Center** VHS Harts PK-8

**School in which the SBHC is located** Harts PK-8

**School Population** 359

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

Physical Address 1246 McClellan Highway

Mailing Address 1246 McClellan Highway

City Harts

State WV

Zip 25524

Phone 304 310 1246

Extension

Fax

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@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 Matthew Weimer, 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

**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:	8:00 a - 12:00 p	Sarah Schindler, NP
Thursday:	8:00 a - 12:00 p	Sarah Schindler, NP
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"/>

**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:	8:00 a - 12:00 p	Tiffany Adams, LPN
Thursday:	8:00 a - 12:00 p	Tiffany Adams, LPN
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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"/>

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

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

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

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:	8:00 a - 12:00 p	Kimberly Toppins
Thursday:	8:00 a - 12:00 p	Kimberly Toppins
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/3/2019)

**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** 845

**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 304 824 6094

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Ctr

Mailing Address 7400 Lynn Avenue

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

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:
Hamlin Pre K - 8	485
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Lisa Adkins, FNP
Tuesday:	8:00 a - 4:00 p	Lisa Adkins, FNP
Wednesday:	8:00 a - 4:00 p	Lisa Adkins, FNP
Thursday:	8:00 a - 4:00 p	Lisa Adkins, FNP
Friday:	8:00 a - 4:00 p	Lisa Adkins, FNP

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	L Haddox, DDS/J Justice, RDI
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Kayla Dailey, MA
Tuesday:	8:00 a - 4:00 p	Kayla Dailey, MA
Wednesday:	8:00 a - 4:00 p	Kayla Dailey, MA
Thursday:	8:00 a - 4:00 p	Kayla Dailey, MA
Friday:	8:00 a - 4:00 p	Kayla Dailey, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**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:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Kayla Dailey, MA
Tuesday:	8:00 a - 4:00 p	Kayla Dailey, MA
Wednesday:	8:00 a - 4:00 p	Kayla Dailey, MA
Thursday:	8:00 a - 4:00 p	Kayla Dailey, MA
Friday:	8:00 a - 4:00 p	Kayla Dailey, MA

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

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

(Last Updated: 8/30/2019)

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

**Name of School-Based Health Center** Mustang Center for Health

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

**School Population** 306

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

Physical Address 267 Midway Rd.

Mailing Address 267 Midway Rd.

City Alum Creek

State WV

Zip 25003

Phone 304 756 1007

Extension

Fax

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Ave.

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5886

Email Lisa.Leach@swvhs.org

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

**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:	7:30 a - 3:30 p	Lisa Queen, FNP
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	L Haddox Heston, 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"/>

**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:	7:30 a - 3:30 p	Stacy Bumgarner, LPN
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**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Upon referral	<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 CLERICAL/CARE COORDINAT**

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:	7:30 a - 3:30 p	Stacy Bumgarner, LPN
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**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: 8/30/2019)

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

**Name of School-Based Health Center** Ranger Elementary Center for Health

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

**School Population** 100

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

Physical Address 59 Vanatters Creek

Mailing Address 59 Vanatters Creek

City Ranger

State WV

Zip 25557

Phone 304 778 3084

Extension

Fax

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Ave.

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

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

**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:	8:00 a - 3:00 p	Chassity Kirk, NP
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	L Haddox-Heston, 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"/>

**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:	8:00 a - 3:00 p	Janet Rakes, MA
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Upon referral	<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 CLERICAL/CARE COORDINAT**

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:	8:00 a - 3:00 p	Janet Rakes, MA
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/3/2019)

**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 Regional HS

**School Population** 730

**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 0245

Extension

Fax 304 855 0247

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Ave

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

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:
Chapmanville Primary	294
Other schools served 2:	Population:
Chapmanville Middle	576
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

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	L Haddox-Heston, DDS/J Just
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jordan Mon, MA
Tuesday:	7:30 a - 3:30 p	Jordan Mon, MA
Wednesday:	7:30 a - 3:30 p	Jordan Mon, MA
Thursday:	7:30 a - 3:30 p	Jordan Mon, MA
Friday:	7:30 a - 3:30 p	Jordan Mon, MA

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jordan Mon, MA
Tuesday:	7:30 a - 3:30 p	Jordan Mon, MA
Wednesday:	7:30 a - 3:30 p	Jordan Mon, MA
Thursday:	7:30 a - 3:30 p	Jordan Mon, MA
Friday:	7:30 a - 3:30 p	Jordan Mon, MA

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

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

(Last Updated: 9/3/2019)

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

**Name of School-Based Health Center** Logan Wildcat Center for Health

**School in which the SBHC is located** Logan High School

**School Population** 656

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

Physical Address 1 Wildcat Way

Mailing Address

City Logan

State WV

Zip 25601

Phone 304 688 9949

Extension

Fax 304 896 6876

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care Center

Mailing Address 7400 Lynn Ave.

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

SBHC Medical Director Gregory 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 Elementary	272
Other schools served 2:	Population:
Logan Middle School	631
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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Ricki Evans, NP
Tuesday:	7:30 a - 3:30 p	Ricki Evans, NP
Wednesday:	7:30 a - 3:30 p	Ricki Evans, NP
Thursday:	7:30 a - 3:30 p	Ricki Evans, NP
Friday:	7:30 a - 3:30 p	Ricki Evans, NP

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Lisa Haddox-Heston, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Tuesday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Wednesday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Thursday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Friday:	7:30 a - 3:30 p	Teresa Williamson, LPN

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

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

**Other information provided**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Tuesday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Wednesday:	7:30 a - 3:30 p	Teresa,Williamson, LPN
Thursday:	7:30 a - 3:30 p	Teresa Williamson, LPN
Friday:	7:30 a - 3:30 p	Teresa Williamson, LPN

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

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

(Last Updated: 8/30/2019)

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

**Name of School-Based Health Center** Pioneer Health Center

**School in which the SBHC is located** Man ES / MS

**School Population** 587

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

Physical Address 1 Pioneer Path

Mailing Address

City Man

State WV

Zip 25635

Phone 304 583 7295

Extension

Fax 304 583 7436

Website www.swvhs.org

Email Courtney.Reynolds@swvhs.org

**SBHC Contact Person**

First Name Courtney

Last Name Reynolds

Phone 304 824 5806

Extension

Fax 304 824 5885

Email Courtney.Reynolds@swvhs.org

**SBHC Sponsoring Agency**

Name Lincoln Primary Care

Mailing Address 7400 Lynn Avenue

City Hamlin

State WV

Zip 25523

Executive Director Lisa Leach

Phone 304 824 5806

Fax 304 824 5885

Email Lisa.Leach@swvhs.org

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Candice Stacy, FNP
Tuesday:	7:30 a - 3:30 p	Candice Stacy, FNP
Wednesday:	7:30 a - 3:30 p	Candice Stacy, FNP
Thursday:	7:30 a - 3:30 p	Candice Stacy, FNP
Friday:	7:30 a - 3:30 p	Candice, Stacy, FNP

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	L Haddox Heston, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Tuesday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Wednesday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Thursday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Friday:	7:30 a - 3:30 p	Bobbi Griffin, LPN

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

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Tuesday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Wednesday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Thursday:	7:30 a - 3:30 p	Bobbi Griffin, LPN
Friday:	7:30 a - 3:30 p	Bobbi Griffin, LPN

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

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

(Last Updated: 9/17/2019)

**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 High School

**School Population** 698

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

Physical Address 1993 Airport Road

Mailing Address PO Box 1112

City Fairmont

State WV

Zip 26554

Phone 304 367 0654

Extension

Fax 304 366 9529

Website mvhealth.org

Email susan.konya@mvhealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvhealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

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 Himanshu Paliwal, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 2:30 p	C. Richardson-Martin, PA-C
Tuesday:		
Wednesday:	8:00 a - 11:30 a	C. Richardson-Martin, PA-C
Thursday:		
Friday:		

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

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 2:30 p	Julie Vanderhoff, LPN
Tuesday:		
Wednesday:	8:00 a - 11:30 a	Julie Vanderhoff, LPN
Thursday:		
Friday:		

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

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

**Other information provided**

**Funding sources for your SBHC**

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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	varies	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 2:30 p	Julie Vanderhoff, LPN
Tuesday:		
Wednesday:	8:00 a - 11:30 a	Julie Vanderhoff, LPN
Thursday:		
Friday:		

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

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

(Last Updated: 9/17/2019)

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

**Name of School-Based Health Center** East Fairmont Middle Wellness Center

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

**School Population** 698

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

Physical Address 221 Mason Street

Mailing Address

City Fairmont

State WV

Zip 26554

Phone 304 367 2123

Extension

Fax 304 367 2123

Website mvhealth.org

Email susan.konya@mvhealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvhealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

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 Himanshu Paliwal, 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

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:00 a	C. Richardson-Martin, PA-C
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:		

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN
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**

**Funding sources for your SBHC**

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

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

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

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

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

(Last Updated: 9/17/2019)

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

**Name of School-Based Health Center** Monongah Elementary Wellness Center

**School in which the SBHC is located** Monongah Elementary School

**School Population** 318

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

Physical Address 628 Walnut Street

Mailing Address

City Monongah

State WV

Zip 26554

Phone 304 367 2159

Extension

Fax 304 367 2188

Website mvhealth.org

Email susan.konya@mvhealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvhealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

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 Himanshu Paliwal, 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

**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:	12:30 p - 3:30 p	C. Richardson-Martin, PA-C
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"/>

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

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	12:30 p - 3:30 p	Julie Vanderhoff, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	12:30 p - 3:30 p	Julie Vanderhoff, LPN
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 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: 9/17/2019)

**County in which SBHC is located:** Marion

**Name of School-Based Health Center** Monongah Middle Wellnes Center

**School in which the SBHC is located** Monongah Middle School

**School Population** 219

**Address for this School-Based Health Center**

Physical Address 550 Camden Avenue

Mailing Address

City Monongah

State WV

Zip 26554

Phone 304 367 2164

Extension

Fax 304 367 2164

Website mvhealth.org

Email susan.konya@mvahealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvahealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

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 Himanshu Paliwal, 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

**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:	12:30 p - 3:30 p	C. Richardson-Martin, PA-C
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"/>

**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:	12:30 p - 3:30 p	Julie Vanderhoff, LPN
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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:	12:30 p - 3:30 p	Julie Vanderhoff, LPN
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**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: 9/17/2019)

**County in which SBHC is located:** Marion

**Name of School-Based Health Center** North Marion High SBHC

**School in which the SBHC is located** North Marion High School

**School Population** 712

**Address for this School-Based Health Center**

Physical Address 1 North Marion Drive

Mailing Address

City Farmington

State WV

Zip 26571

Phone 304 986 2550

Extension

Fax 304 366 9529

Website mvhealth.org

Email susan.konya@mvahealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvahealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

Mailing Address PO Box 1112

City Fairmont

State WV

Zip 26554

Executive Director Nancy L. Vandergrift

Phone 304 367 8740

Fax 304 366 9529

Email

SBHC Medical Director Himanshu Paliwal, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 11:00 a	C. Richardson-Martin, PA-C
Wednesday:		
Thursday:	8:00 a - 12:00 p	C. Richardson-Martin, PA-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN
Wednesday:		
Thursday:	8:00 a - 12:00 p	Julie Vanderhoff, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	varies	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 11:00 a	Julie Vanderhoff, LPN
Wednesday:		
Thursday:	8:00 a - 12:00 p	Julie Vanderhoff, LPN
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/17/2019)

**County in which SBHC is located:** Marion

**Name of School-Based Health Center** West Fairmont Middle Wellness Center

**School in which the SBHC is located** West Fairmont Middle School

**School Population** 675

**Address for this School-Based Health Center**

Physical Address 110 10th Street

Mailing Address

City Fairmont

State WV

Zip 26554

Phone 304 366 5631

Extension

Fax 304 366 5631

Website mvhealth.org

Email susan.konya@mvahealth.org

**SBHC Contact Person**

First Name Susan

Last Name Konya

Phone 304 366 0700

Extension 8623

Fax 304 366 9529

Email susan.konya@mvahealth.org

**SBHC Sponsoring Agency**

Name Monongahela Valley Assn of Health Centers, Inc.

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 Himanshu Paliwal, 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

**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:	8:00 a - 12:00 p	C. Richardson-Martin, PA-C

**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"/>

**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:	8:00 a - 12:00 p	Julie Vanderhoff, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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:	8:00 a - 12:00 p	Julie Vanderhoff, LPN

**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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Ashton Elementary Wellness Center

**School in which the SBHC is located** Ashton Elementary School

**School Population** 394

**Address for this School-Based Health Center**

Physical Address 997 Ashton-Upland Rd

Mailing Address

City Ashton

State WV

Zip 25503

Phone 304 593 8822

Extension

Fax 304 576 9935

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Charlotte Reed, CNP
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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Beale Elementary Wellness Center

**School in which the SBHC is located** Beale Elementary School

**School Population** 251

**Address for this School-Based Health Center**

Physical Address 12897 Huntington Rd.

Mailing Address

City Gallipolis Ferry

State WV

Zip 25515

Phone 304 593 8822

Extension

Fax 304 675 1261

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	12:00 p - 3:30 p	Charlotte Reed, CNP
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"/>

**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:	12:00 p - 3:30 p	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Hannan Wellness Center

**School in which the SBHC is located** Hannan Jr/Sr School

**School Population** 272

**Address for this School-Based Health Center**

Physical Address #1 Wildcat Way

Mailing Address

City Ashton

State WV

Zip 25503

Phone 304 593 8822

Extension

Fax 304 743 4513

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 a	Charlotte Reed, CNP
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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 a	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Leon Elementary Wellness Center

**School in which the SBHC is located** Leon Elementary School

**School Population** 163

**Address for this School-Based Health Center**

Physical Address 1226 Burdette St.

Mailing Address

City Leon

State WV

Zip 25123

Phone 304 593 8822

Extension

Fax 304 458 2049

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	8:00 a - 10:00 a	Charlotte Reed, CNP
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"/>

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00 a - 10:00 a	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** New Haven Elementary Wellness Center

**School in which the SBHC is located** New Haven Elementary

**School Population** 517

**Address for this School-Based Health Center**

Physical Address 135 Mill St.

Mailing Address

City New Haven

State WV

Zip 25265

Phone 304 593 8822

Extension

Fax 304 882 2037

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	12:00 p - 3:30 p	Charlotte Reed, CNP
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"/>

**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:	12:00 p - 3:30 p	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Point Pleasant Int. Wellness Center

**School in which the SBHC is located** Point Pleasant Intermediate

**School Population** 367

**Address for this School-Based Health Center**

Physical Address 1 Walden Roush Way

Mailing Address

City Point Pleasant

State WV

Zip 25550

Phone 304 593 8822

Extension

Fax 304 675 2110

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	8:00 a - 11:30 a	Charlotte Reed, CNP

**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"/>

**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:	8:00 a - 11:30 a	Kristal Smith, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 10/1/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Pt Pleasant Jr/Sr High Wellness Center

**School in which the SBHC is located** Pt Pleasant Jr/Sr High

**School Population** 1,102

**Address for this School-Based Health Center**

Physical Address Rt. 1, Box 4

Mailing Address

City Point Pleasant

State WV

Zip 25550

Phone 304 593 8822

Extension

Fax

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Charlotte Reed, CNP
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Charlotte Reed, CNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Kristal Smith, LPN
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Kristal Smith, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	TBA	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Point Pleasant Primary Wellness Center

**School in which the SBHC is located** Point Pleasant Primary

**School Population** 346

**Address for this School-Based Health Center**

Physical Address 2200 Lincoln Ave.

Mailing Address

City Point Pleasant

State WV

Zip 25550

Phone 304 593 8822

Extension

Fax 304 675 1474

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	8:00 a - 11:30 a	Charlotte Reed, CNP
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"/>

**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:	8:00 a - 11:30 a	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Roosevelt Elementary Wellness Center

**School in which the SBHC is located** Roosevelt Elementary

**School Population** 262

**Address for this School-Based Health Center**

Physical Address 7953 Ripley Road

Mailing Address

City Point Pleasant

State WV

Zip 25550

Phone 304 593 8822

Extension

Fax 304 675 7331

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	10:00 a - 11:30 a	Charlotte Reed, CNP
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"/>

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	10:00 a - 11:30 a	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/26/2019)

**County in which SBHC is located:** Mason

**Name of School-Based Health Center** Wahama High Wellness Center

**School in which the SBHC is located** Wahama Jr/Sr School

**School Population** 368

**Address for this School-Based Health Center**

Physical Address #1 White Falcon Drive

Mailing Address

City Mason

State WV

Zip 25260

Phone 304 593 8822

Extension

Fax 304 773 5216

Website pvalley.org/services/mcs-healthcare/

Email schoolbasedhealth@pvalley.org

**SBHC Contact Person**

First Name Charlotte

Last Name Reed

Phone 304 593 1996

Extension

Fax 304 674 2435

Email cereed3@hotmail.com

**SBHC Sponsoring Agency**

Name Pleasant Valley Hospital

Mailing Address 2520 Valley Dr.

City Point Pleasant

State WV

Zip 25550

Executive Director Jeff Noblin, CEO

Phone 304 675 4340

Fax 304 675 6975

Email jnoblin@pvalley.org

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

**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:	8:00 a - 11:30 a	Charlotte Reed, CNP
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"/>

**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:	8:00 a - 11:30 a	Kristal Smith, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:30 p	Carol Dennison, NP
Tuesday:	8:00 a - 12:00 p	Carol Dennison, NP
Wednesday:	8:00 a - 12:00 p	Carol Dennison, NP
Thursday:	8:00 a - 4:30 p	Carol Dennison, NP
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:30 p	Megan Burks, LPN
Tuesday:	8:00 a - 12:00 p	Megan Burks, LPN
Wednesday:	8:00 a - 12:00 p	Megan Burks, LPN
Thursday:	8:00 a - 4:30 p	Megan Burks, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Hours vary	Sheila Chandler
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:30 p	Susan Jones
Tuesday:	8:00 a - 12:00 p	Susan Jones
Wednesday:	8:00 a - 12:00 p	Susan Jones
Thursday:	8:00 a - 4:30 p	Susan Jones
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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** 481

**Address for this School-Based Health Center**

Physical Address 512 Mountaineer Highway

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 Association, Inc.

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 Theresa Thacker, 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)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:30 p	Angela Hopkins, FNP
Tuesday:	8:00 a - 6:30 p	Angela Hopkins, FNP
Wednesday:	8:00 a - 6:30 p	Angela Hopkins, FNP
Thursday:	8:00 a - 6:30 p	Angela Hopkins, FNP
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:30 p	Amanda Blevins, LPN
Tuesday:	8:00 a - 6:30 p	Amanda Blevins, LPN
Wednesday:	8:00 a - 6:30 p	Amanda Blevins, LPN
Thursday:	8:00 a - 6:30 p	Amanda Blevins, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:30 a - 12:00 p	Kirk Ramsey, Psychiatrist
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 CLERICAL/CARE COORDINATOR services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:30 p	Stephanie Morgan
Tuesday:	8:00 a - 6:30 p	Stephanie Morgan
Wednesday:	8:00 a - 6:30 p	Stephanie Morgan
Thursday:	8:00 a - 6:30 p	Stephanie Morgan
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 p - 4:00 p	Elizabeth Wickline, PA
Tuesday:	7:30 p - 4:00 p	Elizabeth Wickline, PA
Wednesday:	7:30 p - 4:00 p	Elizabeth Wickline, PA
Thursday:	7:30 p - 4:00 p	Elizabeth Wickline, PA
Friday:	7:30 p - 4:00 p	Elizabeth Wickline, PA

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Mark Kilcollin, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Tuesday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Wednesday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Thursday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Friday:	7:30 p - 4:00 p	Stephanie Darnell, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 4:00 p	E Jennings Psychologist
Wednesday:	7:30 a - 12:00 p	E Jennings Psychologist
Thursday:	7:30 a - 12:00 p	E Jennings Psychologist
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Tuesday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Wednesday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Thursday:	7:30 p - 4:00 p	Stephanie Darnell, LPN
Friday:	7:30 p - 4:00 p	Stephanie Darnell, LPN

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Keri Galford, PA
Tuesday:	7:30 a - 4:00 p	Keri Galford, PA
Wednesday:	7:30 a - 4:00 p	Keri Galford, PA
Thursday:	7:30 a - 4:00 p	Keri Galford, PA
Friday:	7:30 a - 4:00 p	Keri Galford, PA

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Mark Kilcollin, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Tuesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Wednesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Thursday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Friday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	7:30 a - 4:00 p	Alisha Walker, Psycholo
Thursday:	7:30 a - 4:00 p	Alisha Walker, Psycholo
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Tuesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Wednesday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Thursday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN
Friday:	7:30 a - 4:00 p	Amanda Hunnicutt, LPN

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a -12:00 p	Katrina Shires, NP
Tuesday:	7:30 a - 4:00 p	Katrina Shires, NP
Wednesday:	7:30 a -12:00 p	Katrina Shires, NP
Thursday:	7:30 a -12:00 p	Katrina Shires, NP
Friday:	7:30 a - 4:00 p	Katrina Shires, NP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Mark Kilcollin, DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Tuesday:	7:30 a - 4:00 p	Kim Rhodes, LPN
Wednesday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Thursday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Friday:	7:30 a - 4:00 p	Kim Rhodes, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	12:30 p - 4:00 p	E Jennings, Psychologis
Thursday:	12:30 p - 4:00 p	E Jennings, Psychologis
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Tuesday:	7:30 a - 4:00 p	Kim Rhodes, LPN
Wednesday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Thursday:	7:30 a - 12:00 p	Kim Rhodes, LPN
Friday:	7:30 a - 4:00 p	Kim Rhodes, LPN

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/13/2019)

**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 MS"/>	<input type="text" value="262"/>
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Holly Fitzwater, FNP-BC
Tuesday:	7:30 a - 3:30 p	Holly Fitzwater, FNP-BC
Wednesday:	7:30 a - 3:30 p	Holly Fitzwater, FNP-BC
Thursday:	7:30 a - 3:30 p	Holly Fitzwater, FNP-BC
Friday:	7:30 a - 3:30 p	Holly Fitzwater, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Shayna Smith, LPN
Tuesday:	7:30 a - 3:30 p	Shayna Smith, LPN
Wednesday:	7:30 a - 3:30 p	Shayna Smith, LPN
Thursday:	7:30 a - 3:30 p	Shayna Smith, LPN
Friday:	7:30 a - 3:30 p	Shayna Smith, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		TBD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Kara Shaver
Tuesday:	7:30 a - 3:30 p	Kara Shaver
Wednesday:	7:30 a - 3:30 p	Kara Shaver
Thursday:	7:30 a - 3:30 p	Kara Shaver
Friday:	7:30 a - 3:30 p	Kara Shaver

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/13/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Patricia Boone, FNP-BC
Tuesday:	7:30 a - 3:30 p	Patricia Boone, FNP-BC
Wednesday:	7:30 a - 3:30 p	Patricia Boone, FNP-BC
Thursday:	7:30 a - 3:30 p	Patricia Boone, FNP-BC
Friday:	7:30 a - 3:30 p	Patricia Boone, FNP-BC

**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"/>

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Serena Palmer, LPN
Tuesday:	7:30 a - 3:30 p	Serena Palmer, LPN
Wednesday:	7:30 a - 3:30 p	Serena Palmer, LPN
Thursday:	7:30 a - 3:30 p	Serena Palmer, LPN
Friday:	7:30 a - 3:30 p	Serena Palmer, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	TBD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Teresa Gadd
Tuesday:	7:30 a - 3:30 p	Teresa Gadd
Wednesday:	7:30 a - 3:30 p	Teresa Gadd
Thursday:	7:30 a - 3:30 p	Teresa Gadd
Friday:	7:30 a - 3:30 p	Teresa Gadd

**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: 8/28/2019)

**County in which SBHC is located:** Nicholas

**Name of School-Based Health Center** Summersville SBHC

**School in which the SBHC is located** Nicholas County HS / Summersville MS

**School Population** 668

**Address for this School-Based Health Center**

Physical Address 30 Grizzly Rd.

Mailing Address 30 Grizzly Rd.

City Summersville

State WV

Zip 26651

Phone 304 883 3900

Extension

Fax 304 872 3190

Website nrhawv.org

Email angela.barker@nrhawv.org

**SBHC Contact Person**

First Name Cindy

Last Name Whitlock

Phone 304 465 1378

Extension

Fax 304 465 0003

Email cindy.whitlock@nrhawv.org

**SBHC Sponsoring Agency**

Name New River Health Association

Mailing Address P.O. Box 337

City Scarbro

State WV

Zip 25917

Executive Director John Schultz

Phone 304 465 2258

Fax 304 465 5486

Email johnr.schultz@nrhawv.org

SBHC Medical Director Angela Barker, PA-C

**This SBHC is located**

- in a school building
- on school property, but not in a school building

**Other(please specify)**

Nicholas County High School

**Other schools served by this SBHC**

Other schools served 1:	Population:
Summersville MS	589
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jennifer Boyd, PA-C
Tuesday:	7:30 a - 3:30 p	Angela Barker, PA-C
Wednesday:	7:30 a - 3:30 p	Jennifer Boyd, PA-C
Thursday:	7:30 a - 3:30 p	Heather Boyce, PA-C
Friday:	7:30 a - 3:30 p	Jennifer Boyd, PA-C

**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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Terry Vogel, LPN
Tuesday:	7:30 a - 3:30 p	Terry Vogel, LPN
Wednesday:	7:30 a - 3:30 p	Terry Vogel, LPN
Thursday:	7:30 a - 3:30 p	Terry Vogel, LPN
Friday:	7:30 a - 3:30 p	Terry Vogel, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Tuesday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Wednesday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Thursday:	7:30 a - 3:30 p	Lisa Perdue, LGSW
Friday:	7:30 a - 3:30 p	Lisa Perdue, LGSW

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Betsy Martin
Tuesday:	7:30 a - 3:30 p	Betsy Martin
Wednesday:	7:30 a - 3:30 p	Betsy Martin
Thursday:	7:30 a - 3:30 p	Betsy Martin
Friday:	7:30 a - 3:30 p	Betsy Martin

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Ed
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/13/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:00 p	Kristin Bailes, FNP
Tuesday:	8:00 a - 6:00 p	Kristin Bailes, FNP
Wednesday:	8:00 a - 6:00 p	Kristin Bailes, FNP
Thursday:	8:00 a - 6:00 p	Kristin Bailes, FNP
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:00 p	Desta Scruggs, LPN
Tuesday:	8:00 a - 6:00 p	Desta Scruggs, LPN
Wednesday:	8:00 a - 6:00 p	Desta Scruggs, LPN
Thursday:	8:00 a - 6:00 p	Desta Scruggs, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		TBD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 6:00 p	Stephany Bragg
Tuesday:	8:00 a - 6:00 p	Stephany Bragg
Wednesday:	8:00 a - 6:00 p	Stephany Bragg
Thursday:	8:00 a - 6:00 p	Stephany Bragg
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/13/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC
Tuesday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC
Wednesday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC
Thursday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC
Friday:	8:00 a - 4:00 p	Jennifer Truman, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Amber Groves, LPN
Tuesday:	8:00 a - 4:00 p	Amber Groves, LPN
Wednesday:	8:00 a - 4:00 p	Amber Groves, LPN
Thursday:	8:00 a - 4:00 p	Amber Groves, LPN
Friday:	8:00 a - 4:00 p	Amber Groves, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		TBD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated:9/13/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC
Tuesday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC
Wednesday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC
Thursday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC
Friday:	7:00 a - 3:00 p	Anna Philpott, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 3:00 p	Maria Mullens, LPN
Tuesday:	7:00 a - 3:00 p	Maria Mullens, LPN
Wednesday:	7:00 a - 3:00 p	Maria Mullens, LPN
Thursday:	7:00 a - 3:00 p	Maria Mullens, LPN
Friday:	7:00 a - 3:00 p	Maria Mullens, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		TBD
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/5/2019)

<b>County in which SBHC is located:</b>	Pendleton
<b>Name of School-Based Health Center</b>	Pendleton County School Health Services
<b>School in which the SBHC is located</b>	Pendleton County Schools
<b>School Population</b>	929

**Address for this School-Based Health Center**

Physical Address	Varies		
Mailing Address	P.O. Box 100		
City	Franklin		
State	WV		
Zip	26807		
Phone	304	358	2355
Extension			
Fax			
Website	pccnfc.org/school-centers/		
Email			

**SBHC Contact Person**

First Name	Jennifer		
Last Name	Taylor-Ide		
Phone	304	358	2355
Extension	1106		
Fax	304	358	3674
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	Jamie Hudson		
Phone	304	358	2355
Fax	304	358	3674
Email	JHudson@pcc-nfc.org		
SBHC Medical Director	Laura Nulph, 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	399
Other schools served 2:	Population:
Brandywine ES	105
Other schools served 3:	Population:
North Fork ES	119
Other schools served 4:	Population:
Franklin ES	306

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:30 a - 12:30 p	King Seegar, MD
Wednesday:	8:30 a - 12:30 p	King Seegar, MD
Thursday:	8:30 a - 12:30 p	King Seegar, MD
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 12:00 p	Holly See, RN
Wednesday:	8:00 a - 12:00 p	Kaye Simmons, RN
Thursday:	8:00 a - 12:00 p	Holly See, RN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Jennifer Taylor-Ide, LPC
Tuesday:	Varies	Jennifer Taylor-Ide, LPC
Wednesday:	Varies	Jennifer Taylor-Ide, LPC
Thursday:	Varies	Jennifer Taylor-Ide, LPC
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	Varies	
Wednesday:	Varies	
Thursday:	Varie	
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Kaylee Edwards, Health
Tuesday:	Varies	Kaylee Edwards, Health
Wednesday:	Varies	Kaylee Edwards, Health
Thursday:	Varies	Kaylee Edwards, Health
Friday:		

(Last Updated: 9/18/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Andrea Reed, APRN
Tuesday:	7:30 a - 4:00 p	Dawn Barchett, APRN NP-C
Wednesday:	7:30 a - 4:00 p	Dawn Barchett, APRN NP-C
Thursday:	7:30 a - 4:00 p	Dawn Barchett, APRN NP-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Sara Hopp, MA
Tuesday:	7:30 a - 4:00 p	Sara Hopp, MA
Wednesday:	7:30 a - 4:00 p	Sara Hopp, MA
Thursday:	7:30 a - 4:00 p	Sara Hopp, MA
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Emily Shaffer
Tuesday:	7:30 a - 4:00 p	Emily Shaffer
Wednesday:	7:30 a - 4:00 p	Emily Shaffer
Thursday:	7:30 a - 4:00 p	Emily Shaffer
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**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:	7:30 a - 3:30 p	Rachel Taylor, PA-C
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"/>

**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:	7:30 a - 3:30 p	Kaitlyn Alderman LPNs
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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

**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:	7:30 a - 11:15 a	Rachel Taylor, PA-C
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"/>

**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:	7:30 a - 11:15 a	Kaitlyn Alderman, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**County in which SBHC is located:** Pocahontas

**Name of School-Based Health Center** Marlinton Middle SBHC

**School in which the SBHC is located** Marlinton MS

**School Population** 131

**Address for this School-Based Health Center**

Physical Address 1 Copperhead Way

Mailing Address 1 Copperhead Way

City Buckeye

State WV

Zip 24924

Phone 304 799 4179

Extension

Fax 304 456 5118

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV Inc.

Mailing Address PO Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**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:	11:45 a - 3:30 p	Rachel Taylor, PA-C
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"/>

**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:	11:45 a - 3:30 p	Kaitlyn Alderman, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**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** 302

**Address for this School-Based Health Center**

Physical Address 271 Warrior Way

Mailing Address 271 Warrior Way

City Dunmore

State WV

Zip 24934

Phone 304 799 0515

Extension

Fax 304 456 5118

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Rachel Taylor, PA-C
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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 3:30 p	Kaitlyn Alderman LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:	8:00 a - 12:00 p	WVU TeleHealth Collabor
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Putnam County School-Based Health Services**

**Mobile Health Unit**

- Updated September 2019



**Sponsoring Agency**

FamilyCare Health Center  
Contact: Hope Wilson, LPN  
503 Roosevelt Blvd.  
P.O. Box 163  
Eleanor, WV 25070-0163  
phone: (304) 586-0001 or (304) 380-7728  
fax: (304) 586-1301  
email: [hope.wilson@familycarewv.org](mailto:hope.wilson@familycarewv.org)

**Year Established**

October 2011

**Services Provided**

Comprehensive primary care, including physical examinations and immunizations;  
Treatment for acute sicknesses and injuries;  
Screenings, including vision and hearing testing;  
Laboratory tests;  
Dental care including oral health education, screenings and prevention (cleaning, fluoride, sealants) and  
Case management services, including referrals to community & social services and mental health services.

**Schools Served in Putnam County - Day & Time May Vary**

Buffalo Elementary	Putnam County Career/Technical Center (as needed)
Buffalo High	Winfield Elementary
George Washington Elementary	Winfield Middle (as needed)
George Washington Middle	Winfield High
Hometown Elementary	

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(Last Updated: 9/24/2019)

**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="Beckley Elementary"/>	<input type="text" value="433"/>
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC
Tuesday:	7:00 a -11:00 a	Lisa Bennett FNP-BC
Wednesday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC
Thursday:	7:00 a -11:00 a	Lisa Bennett FNP-BC
Friday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Donna Wilson, LPN
Tuesday:	7:00 a - 11:00 a	Donna Wilson, LPN
Wednesday:	12:00 p - 3:30 p	Donna Wilson, LPN
Thursday:	7:00 a - 11:00 a	Donna Wilson, LPN
Friday:	12:00 p - 3:30 p	Donna Wilson, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/8/2019)

**County in which SBHC is located:** Raleigh

**Name of School-Based Health Center** Clear Fork Elementary SBHC

**School in which the SBHC is located** Clear Fork District ES

**School Population** 135

**Address for this School-Based Health Center**

Physical Address 4851 Clear Fork Rd.

Mailing Address

City Artie

State WV

Zip 25044

Phone 304 444 1912

Extension

Fax 304 252 7372

Website

Email

**SBHC Contact Person**

First Name Erica

Last Name Tuck

Phone 304 444 1912

Extension

Fax 304 252 7372

Email etuck@accesshealthwv.com

**SBHC Sponsoring Agency**

Name AccessHealth

Mailing Address 252 Rural Acres Dr.

City Beckley

State WV

Zip 25801

Executive Director Charles Hunt, DO

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:
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 4:00 p	Erica Tuck, APRN
Wednesday:		
Thursday:	8:00 a - 4:00 p	Erica Tuck, APRN
Friday:	8:00 a - 11:30 a	Erica Tuck, APRN

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 p	Crystal Cooper, PA-C
Tuesday:	12:00 p - 4:00 p	Crystal Cooper, PA-C
Wednesday:	8:00 a - 11:30 p	Crystal Cooper, PA-C
Thursday:	12:00 p - 4:00 p	Crystal Cooper, PA-C
Friday:	8:00 a - 11:30 p	Crystal Cooper, PA-C

**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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 11:30 p	Rita Blake, LPN
Tuesday:	12:00 p - 4:00 p	Rita Blake, LPN
Wednesday:	8:00 a - 11:30 p	Rita Blake, LPN
Thursday:	12:00 p - 4:00 p	Rita Blake, LPN
Friday:	8:00 a - 11:30 p	Rita Blake, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 11:30 p	Leisa Robinson, LCSW
Wednesday:		
Thursday:	8:00 a - 11:30 p	Leisa Robinson, LCSW
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Crystal Wood
Tuesday:	8:00 a - 4:00 p	Crystal Wood
Wednesday:	8:00 a - 4:00 p	Crystal Wood
Thursday:	8:00 a - 4:00 p	Crystal Wood
Friday:	8:00 a - 4:00 p	Crystal Wood

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/4/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-BC
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-BC
Thursday:		
Friday:	12:30 p - 4:00 p	Lyndsey Milam APRN FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/8/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:00 a - 3:30 p	Rebecca Dilly, FNP-BC
Tuesday:	11:00 a - 3:30 p	Rebecca Dilly, FNP-BC
Wednesday:	11:00 a - 3:30 p	Rebecca Dilly, FNP-BC
Thursday:	11:00 a - 3:30 p	Rebecca Dilly, FNP-BC
Friday:	11:00 a - 3:30 p	Rebecca Dilly, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Joni Struckman, PA-C
Tuesday:	7:15 a - 3:15 p	Joni Struckman, PA-C
Wednesday:	7:15 a - 3:15 p	Joni Struckman, PA-C
Thursday:	7:15 a - 3:15 p	Joni Struckman, PA-C
Friday:	7:15 a - 3:15 p	Joni Struckman, PA-C

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		Terra Basham, RDH
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Betty Scott, LPN
Tuesday:	7:15 a - 3:15 p	Betty Scott, LPN
Wednesday:	7:15 a - 3:15 p	Betty Scott, LPN
Thursday:	7:15 a - 3:15 p	Betty Scott, LPN
Friday:	7:15 a - 3:15 p	Betty Scott, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Leisa Robinson, LCSW
Tuesday:		
Wednesday:	7:15 a - 3:15 p	Leisa Robinson, LCSW
Thursday:		
Friday:	7:15 a - 3:15 p	Leisa Robinson, LCSW

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:15 a - 3:15 p	Melissa Milam
Tuesday:	7:15 a - 3:15 p	Melissa Milam
Wednesday:	7:15 a - 3:15 p	Melissa Milam
Thursday:	7:15 a - 3:15 p	Melissa Milam
Friday:	7:15 a - 3:15 p	Melissa Milam

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	TBA, Health Educator
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 4:00 p	Crystal Cooper, PA-C
Tuesday:	8:00 a - 11:30 p	Crystal Cooper, PA-C
Wednesday:	12:00 p - 4:00 p	Crystal Cooper, PA-C
Thursday:	8:00 a - 11:30 p	Crystal Cooper, PA-C
Friday:	12:00 p - 4:00 p	Crystal Cooper, PA-C

**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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 4:00 p	Rita Blake, LPN
Tuesday:	8:00 a - 11:30 p	Rita Blake, LPN
Wednesday:	12:00 p - 4:00 p	Rita Blake, LPN
Thursday:	8:00 a - 11:30 p	Rita Blake, LPN
Friday:	12:00 p - 4:00 p	Rita Blake, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 4:00 p	Leisa Robinson, LCSW
Wednesday:		
Thursday:	12:00 p - 4:00 p	Leisa Robinson, LCSW
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Barbara Goodson
Tuesday:	8:00 a - 4:00 p	Barbara Goodson
Wednesday:	8:00 a - 4:00 p	Barbara Goodson
Thursday:	8:00 a - 4:00 p	Barbara Goodson
Friday:	8:00 a - 4:00 p	Barbara Goodson

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/8/2019)

**County in which SBHC is located:** Raleigh

**Name of School-Based Health Center** Mabscott Elementary SBHC

**School in which the SBHC is located** Mabscott ES

**School Population** 256

**Address for this School-Based Health Center**

Physical Address 104 Pershing St.

Mailing Address

City Mabscott

State WV

Zip 25871

Phone 304 444 1912

Extension

Fax 304 252 7372

Website

Email

**SBHC Contact Person**

First Name Erica

Last Name Tuck

Phone 304 444 1912

Extension

Fax 304 252 7372

Email etuck@accesshealthwv.com

**SBHC Sponsoring Agency**

Name AccessHealth

Mailing Address 252 Rural Acres Dr.

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:
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Erica Tuck, APRN
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Erica Tuck, APRN
Thursday:		
Friday:	12:30 p - 4:00 p	Erica Tuck, APRN

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/4/2019)

**County in which SBHC is located:** Raleigh

**Name of School-Based Health Center** Marsh Fork SBHC

**School in which the SBHC is located** Marsh Fork Elementary

**School Population** 204

**Address for this School-Based Health Center**

Physical Address 5960 Coal River Rd.

Mailing Address 252 Rural Acres Dr.

City Rock Creek

State WV

Zip 25174

Phone 304 854 1951

Extension

Fax 304 854 1054

Website

Email

**SBHC Contact Person**

First Name Lyndsey

Last Name Milam

Phone 304 644 5545

Extension

Fax 304 854 1054

Email lmilam@accesshealthwv.com

**SBHC Sponsoring Agency**

Name AccessHealth

Mailing Address 252 Rural Acres Dr.

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:
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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-BC
Wednesday:		
Thursday:	8:00 a - 4:00 p	Lyndsey Milam APRN FNP-BC
Friday:	8:00 a - 11:30 a	Lyndsey Milam APRN FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 10/4/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:00 a	Rebecca Dilly, FNP-BC
Tuesday:	7:00 a - 10:00 a	Rebecca Dilly, FNP-BC
Wednesday:	7:00 a - 10:00 a	Rebecca Dilly, FNP-BC
Thursday:	7:00 a - 10:00 a	Rebecca Dilly, FNP-BC
Friday:	7:00 a - 10:00 a	Rebecca Dilly, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

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**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/24/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 11:00 a	Lisa Bennett FNP-BC
Tuesday:		
Wednesday:	7:00 a - 11:00 a	Lisa Bennett FNP-BC
Thursday:	12:00 p - 3:30 p	Lisa Bennett FNP-BC
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 11:00 a	Donna Wilson, LPN
Tuesday:		
Wednesday:	7:00 a - 11:00 a	Donna Wilson, LPN
Thursday:	12:00 p - 3:30 p	Donna Wilson, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:	8:00 a - 12:00 p	Heather Booth, LICSW

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**County in which SBHC is located:** Randolph

**Name of School-Based Health Center** Elkins High SBHC

**School in which the SBHC is located** Elkins High School

**School Population** 796

**Address for this School-Based Health Center**

Physical Address 100 Kennedy Dr.

Mailing Address PO Box 247

City Elkins

State WV

Zip 26280

Phone 304 614 5473

Extension

Fax 304 335 6158

Website www.vhcwv.org

Email mauzysbhc@gmail.com

**SBHC Contact Person**

First Name Ashley

Last Name Mauzy

Phone 304 940 2545

Extension

Fax 304 335 6158

Email mauzya@vhcwv.org

**SBHC Sponsoring Agency**

Name Valley Health Care, Inc

Mailing Address PO Box 247

City Mill Creek

State WV

Zip 26280

Executive Director Robert Haddix

Phone 304 335 2050

Fax 304 335 6158

Email haddixr@vhcwv.org

SBHC Medical Director Debra Auble, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:00 a - 10:30 p	Ashley Mauzy, PA-C

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:30 a - 3:00 p	Angie Vanpelt, LPN
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:00 a - 3:00 p	Angie Vanpelt, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:30 a	Ashley Mauzy, PA-C
Tuesday:		
Wednesday:	7:00 a - 10:30 a	Ashley Mauzy, PA-C
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:30 a	Angie Vanpelt, LPN
Tuesday:		
Wednesday:	7:00 a - 3:00 p	Angie Vanpelt, LPN
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

# for VHC SBHC Behavioral Health  
 681-298-8829

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:30 a - 3:00 p	K Heatherly MA, LPC, N
Tuesday:	7:00 a - 3:00 p	K Heatherly MA, LPC, N
Wednesday:		
Thursday:		
Friday:	7:00 a - 3:00 p	K Heatherly MA, LPC, N

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:30 a - 3:00 p	Tesa Kyle, Case Manag
Tuesday:	7:00 a - 3:00 p	Tresa Kyle, Case Manag
Wednesday:		
Thursday:		
Friday:	7:00 a - 3:00 p	Tresa Kyle, Case Manag

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/5/2019)

**County in which SBHC is located:** Randolph

**Name of School-Based Health Center** Elkins Mountain School SBHC

**School in which the SBHC is located** Elkins Mountain School

**School Population** 70

**Address for this School-Based Health Center**

Physical Address 100 Bell St

Mailing Address

City Elkins

State WV

Zip 26241

Phone 681 298 8828

Extension

Fax

Website www.vhcwv.org

Email mauzya@vhcww.org

**SBHC Contact Person**

First Name Ashley

Last Name Mauzy

Phone 304 940 2545

Extension

Fax

Email mauzya@vhcww.org

**SBHC Sponsoring Agency**

Name Valley Health Care

Mailing Address PO Box 247

City Mill Creek

State WV

Zip 26241

Executive Director Robert Haddix

Phone 304 335 2050

Fax

Email haddixr@vhcww.org

SBHC Medical Director Debra Auble, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	11:30 a - 5:00 p	Denise Leach, PA-C
Tuesday:	11:30 a - 5:00 p	Denise Leach, PA-C
Wednesday:		
Thursday:	11:30 a - 5:00 p	Denise Leach, PA-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 5:00 p	Sandra Vanscoy, LPN
Tuesday:	11:30 a - 5:00 p	Sandra Vanscoy, LPN
Wednesday:		
Thursday:	11:30 a - 5:00 p	Sandra Vanscoy, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 10:30 a	Ashley Mauzy, PA-C
Wednesday:		
Thursday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:00 a - 3:00 p	Ashley Cooper, LPN
Wednesday:		
Thursday:	7:00 a - 3:00 p	Ashley Cooper, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**County in which SBHC is located:** Randolph

**Name of School-Based Health Center** Midland Elementary SBHC

**School in which the SBHC is located** Midland ES

**School Population** 241

**Address for this School-Based Health Center**

Physical Address 150 Kennedy Drive

Mailing Address

City Elkins

State WV

Zip 26241

Phone 304 642 4565

Extension

Fax 304 637 3568

Website www.vhcwv.org

Email mauzya@vhcwv.org

**SBHC Contact Person**

First Name Ashley

Last Name Mauzy

Phone 304 940 2545

Extension

Fax 304 637 3568

Email mauzya@vhcwv.org

**SBHC Sponsoring Agency**

Name Valley Health Care, Inc.

Mailing Address PO Box 247

City Mill Creek

State WV

Zip 26280

Executive Director Robert Haddix

Phone 304 335 2050

Fax 304 335 6158

Email haddixr@vhcwv.org

SBHC Medical Director Debra Auble, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:00 p	Ashley Mauzy, PA-C
Wednesday:		
Thursday:	7:00 a - 11:00 a	Ashley Mauzy, PA-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:00 a - 3:00 p	Angie Vanpelt, LPN
Wednesday:		
Thursday:	7:00 a - 3:00 p	Angie Vanpelt, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**County in which SBHC is located:** Randolph

**Name of School-Based Health Center** North Elementary SBHC

**School in which the SBHC is located** North Elementary School

**School Population** 256

**Address for this School-Based Health Center**

Physical Address 310 Boundary Ave

Mailing Address

City Elkins

State WV

Zip 26241

Phone 681 298 8828

Extension

Fax

Website www.vhcwv.org

Email mauzya@vhcww.org

**SBHC Contact Person**

First Name Ashley

Last Name Mauzy

Phone 304 940 2545

Extension

Fax

Email mauzya@vhcww.org

**SBHC Sponsoring Agency**

Name Valley Health Care

Mailing Address PO Box 247

City Mill Creek

State WV

Zip 26241

Executive Director Robert Haddix

Phone 304 335 2050

Fax

Email haddixr@vhcww.org

SBHC Medical Director Debra Auble, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:00 a - 10:30 a	Denise Leach, PA-C
Wednesday:		
Thursday:	7:00 a - 10:30 a	Denise Leach, PA-C
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:00 a - 10:30 a	Sandra Vanscoy, LPN
Wednesday:		
Thursday:	7:00 a - 10:30 a	Sandra Vanscoy, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/6/2019)

**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

**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:	11:30 a - 3:00 p	Ashley Mauzy, PA-C
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"/>

**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:	7:00 a - 3:00 p	Ashley Cooper, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/6/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:30 a	Denise Leach, PAC
Tuesday:		
Wednesday:		
Thursday:		
Friday:	11:30 a - 3:00 p	Ashley Mauzy, PA-C

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a -10:30 a	Ashley Cooper, LPN
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:00 a - 3:00 p	Ashley Cooper, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

# for VHC SBHC Behavioral Health  
 681-298-8829

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:30 a	K Heatherly, MA, LPC, N
Tuesday:		
Wednesday:	7:00 a - 3:00 p	K Heatherly, MA, LPC, N
Thursday:	7:00 a - 3:00 p	K Heatherly, MA, LPC, N
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 10:30 a	Tresa Kyle, Case Manag
Tuesday:		
Wednesday:	7:00 a - 3:00 p	Tresa Kyle, Case Manag
Thursday:	7:00 a - 3:00 p	Tresa Kyle, Case Manag
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/3/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Ashley Mullenix, APRN
Tuesday:	7:30 a - 4:00 p	Ashley Mullenix, APRN
Wednesday:	7:30 a - 4:00 p	Ashley Mullenix, APRN
Thursday:	7:30 a - 4:00 p	Ashley Mullenix, APRN
Friday:	7:30 a - 4:00 p	Ashley Mullenix, APRN

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Ashley Thomas, LPN
Tuesday:	7:30 a - 4:00 p	Ashley Thomas, LPN
Wednesday:	7:30 a - 4:00 p	Ashley Thomas, LPN
Thursday:	7:30 a - 4:00 p	Ashley Thomas, LPN
Friday:	7:30 a - 4:00 p	Ashley Thomas, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	B.Tebay MS Psychologis
Tuesday:		
Wednesday:		
Thursday:	7:30 a - 4:00 p	B.Tebay MS Psychologis
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Tara Shiflet
Tuesday:	7:30 a - 4:00 p	Tara Shiflet
Wednesday:	7:30 a - 4:00 p	Tara Shiflet
Thursday:	7:30 a - 4:00 p	Tara Shiflet
Friday:	7:30 a - 4:00 p	Tara Shiflet

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Kelly Smith, FNP
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Kelly Smith, FNP
Thursday:		
Friday:	8:00 a - 5:00 p	Kelly Smith, FNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Robin Church, LPN
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Robin Church, LPN
Thursday:		
Friday:	8:00 a - 5:00 p	Robin Church, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Rachel Davis
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Rachel Davis
Thursday:		
Friday:	8:00 a - 5:00 p	Rachel Davis

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC
Thursday:		
Friday:	8:00 a - 5:00 p	Jennifer Cox, RN, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Cricket Angle, LPN
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Cricket Angle, LPN
Thursday:		
Friday:	8:00 a - 5:00 p	Cricket Angle, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 5:00 p	Kava Elmore
Tuesday:		
Wednesday:	8:00 a - 5:00 p	Kava Elmore
Thursday:		
Friday:	8:00 a - 5:00 p	Kava Elmore

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/23/2019)

**County in which SBHC is located:** Taylor

**Name of School-Based Health Center** Anna Jarvis Elementary Wellness Center

**School in which the SBHC is located** Anna Jarvis ES

**School Population** 595

**Address for this School-Based Health Center**

Physical Address 650 N. Pike Street

Mailing Address

City Grafton

State WV

Zip 26354

Phone 304 304 4090

Extension

Fax

Website <http://www.taylorcountyboe.net/ajes>

Email Diana.L.Boyle@wv.gov

**SBHC Contact Person**

First Name Diana

Last Name Boyle, CFNP

Phone 304 265 1288

Extension

Fax 304 265 6558

Email Diana.L.Boyle@wv.gov

**SBHC Sponsoring Agency**

Name Grafton-Taylor County Health Department

Mailing Address 718 West Main Street

City Grafton

State WV

Zip 26354

Executive Director Boyd K. Vanhorn

Phone 304 265 1288

Fax 304 265 6558

Email Boyd.K.Vanhorn@wv.gov

SBHC Medical Director Diana L. Boyle, CNP

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP
Wednesday:		
Thursday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN
Wednesday:		
Thursday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Wednesday:		
Thursday:	7:30 a - 11:30 a	Brandy Miller, LCSW
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	7:30 a - 11:30 a	Era D. Ford, MA
Wednesday:		
Thursday:	7:30 a - 11:30 a	Era D. Ford, MA
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/23/2019)

**County in which SBHC is located:** Taylor

**Name of School-Based Health Center** Flemington Elementary Wellness Center

**School in which the SBHC is located** Flemington ES

**School Population** 140

**Address for this School-Based Health Center**

Physical Address 824 Simpson R.

Mailing Address

City Flemington

State WV

Zip 26347

Phone 304 739 4749

Extension

Fax

Website <http://www.taylorcountyboe.net/fes>

Email Diana.L.Boyle@wv.gov

**SBHC Contact Person**

First Name Diana

Last Name Boyle

Phone 304 265 1288

Extension

Fax 304 265 6558

Email Diana.L.Boyle@wv.gov

**SBHC Sponsoring Agency**

Name Grafton-Taylor County Health Department

Mailing Address 718 West Main Street

City Grafton

State WV

Zip 26354

Executive Director Boyd K Vanhorn

Phone 304 265 1288

Fax 304 265 6558

Email Boyd.K.Vanhorn@wv.gov

SBHC Medical Director Diana L. Boyle, CFNP

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 11:30 a	Diana L. Boyle, CFNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Brandy Miller, LCSW
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 11:30 a	Brandy Miller, LCSW

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings, Fluoride, Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 11:30 a	Era D. Ford, MA
Tuesday:		
Wednesday:		
Thursday:		
Friday:	7:30 a - 11:30 a	Era D. Ford, MA

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/23/2019)

**County in which SBHC is located:** Taylor

**Name of School-Based Health Center** Grafton High Wellness Center

**School in which the SBHC is located** Grafton High School

**School Population** 657

**Address for this School-Based Health Center**

Physical Address 400 Yates Ave.

Mailing Address

City Grafton

State WV

Zip 26354

Phone 304 265 3046

Extension

Fax

Website www.taylorcountyboe.net/ghs

Email lrshmak@k12.wv.us

**SBHC Contact Person**

First Name Diana

Last Name Boyle, CFNP

Phone 304 265 1288

Extension

Fax 304 265 6558

Email Diana.L.Boyle@wv.gov

**SBHC Sponsoring Agency**

Name Grafton-Taylor County Health Department

Mailing Address 718 West Main Street

City Grafton

State WV

Zip 26354

Executive Director Boyd K. Vanhorn

Phone 304 265 1288

Fax 304 265 6558

Email Boyd.K.Vanhorn@wv.gov

SBHC Medical Director Diana L. Boyle, CFNP

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP
Tuesday:		
Wednesday:	7:30 a - 11:30 p	Diana L. Boyle, CFNP
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Brandy Miller, LCSW
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Brandy Miller, LCSW
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	12:00 p - 3:30 p	Era D. Ford, MA
Tuesday:		
Wednesday:	7:30 a - 11:30 a	Era D. Ford, MA
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/23/2019)

**County in which SBHC is located:** Taylor

**Name of School-Based Health Center** Taylor County Middle Wellness Center

**School in which the SBHC is located** Taylor County Middle School

**School Population** 697

**Address for this School-Based Health Center**

Physical Address 670 Spring Hills Road

Mailing Address

City Grafton

State WV

Zip 26354

Phone 394 265 0722

Extension

Fax

Website www.taylorcountyboe.net/tcms

Email mkeener@k12.wv.us

**SBHC Contact Person**

First Name Diana

Last Name Boyle, CFNP

Phone 304 265 1288

Extension

Fax 304 265 6558

Email Diana.L.Boyle@wv.gov

**SBHC Sponsoring Agency**

Name Grafton-Taylor County Health Department

Mailing Address 718 West Main Street

City Grafton

State WV

Zip 26354

Executive Director Boyd K. Vanhorn

Phone 304 265 1288

Fax 304 265 6558

Email Boyd.K.Vanhorn@wv.gov

SBHC Medical Director Diana L. Boyle, CFNP

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Diana L. Boyle, CFNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Rebecca J. Phillips, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Brandy Miller, LCSW
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Brandy Miller, LCSW

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	12:00 p - 3:30 p	Era D. Ford, MA
Wednesday:		
Thursday:		
Friday:	12:00 p - 3:30 p	Era D. Ford, MA

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/23/2019)

**County in which SBHC is located:** Taylor

**Name of School-Based Health Center** West Taylor Elementary Wellness Center

**School in which the SBHC is located** West Taylor ES

**School Population** 315

**Address for this School-Based Health Center**

Physical Address 200 Morrow Cross Rd.

Mailing Address

City Flemington

State WV

Zip 26347

Phone 304 842 0490

Extension

Fax

Website <http://www.taylorcountyboe.net/wtes>

Email Diana.L.Boyle@wv.gov

**SBHC Contact Person**

First Name Diana

Last Name Boyle, CFNP

Phone 304 265 1288

Extension

Fax 304 265 6558

Email Diana.L.Boyle@wv.gov

**SBHC Sponsoring Agency**

Name Grafton-Taylor County Health Department

Mailing Address 718 West Main St.

City Grafton

State WV

Zip 26354

Executive Director Boyd K. Vanhorn

Phone 304 265 1288

Fax 304 265 6558

Email Boyd.K.Vanhorn@wv.gov

SBHC Medical Director Diana L Boyle, CFNP

**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

**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:	7:30 a - 11:30 a	Diana L. Boyle, CFNP
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"/>

**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:	7:30 a - 11:30 a	Rebecca J. Phillips, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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:	7:30 a - 11:30 a	Brandy Miller, LCSW
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 CLERICAL/CARE COORDINAT**

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:	7:30 a - 11:30 a	Era D. Ford, MA
Thursday:	<input type="text"/>	<input type="text"/>
Friday:	<input type="text"/>	<input type="text"/>

**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: 10/1/2019)

**County in which SBHC is located:** Tucker

**Name of School-Based Health Center** Tucker Valley ES/MS SBHC

**School in which the SBHC is located** Tucker Valley ES/MS

**School Population** 477

**Address for this School-Based Health Center**

Physical Address 138 Crestview Dr.

Mailing Address 138 Crestview Dr.

City Hambleton

State WV

Zip 26269

Phone 304 478 6000

Extension

Fax 304 478 6007

Website

Email sgmadmin@stgeorgeclinic.org

**SBHC Contact Person**

First Name Paul

Last Name Wamsley

Phone 304 478 3339

Extension

Fax 304 478 3331

Email sgmadmin@stgeorgeclinic.org

**SBHC Sponsoring Agency**

Name St. George Medical Clinic

Mailing Address 8591 Holly Meadows Road

City Parsons

State WV

Zip 26287

Executive Director Paul Wamsley

Phone 304 478 3339

Fax 304 478 3331

Email

SBHC Medical Director

**This SBHC is located**

- in a school building
- on school property, but not in a school building

**Other(please specify)**

Dental Clinic next to SBHC

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Tuesday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Wednesday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Thursday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C
Friday:	7:30 a - 8:00 p	A Hile, PA-C/H Eye, PA-C

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Amber Eakle, DDS
Tuesday:	7:30 a - 4:00 p	Amber Eakle, DDS
Wednesday:	7:30 a - 4:00 p	Amber Eakle, DDS
Thursday:	7:30 a - 4:00 p	Amber Eakle, DDS
Friday:	7:30 a - 4:00 p	Amber Eakle, DDS

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 8:00 p	S Sponaugle RN
Tuesday:	7:00 a - 8:00 p	S Sponaugle RN
Wednesday:	7:00 a - 8:00 p	S Sponaugle RN
Thursday:	7:00 a - 8:00 p	S Sponaugle RN
Friday:	7:30 a - 8:00 p	S Sponaugle RN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Referred	
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:00 a - 8:00 p	Erin Smith/V Nestor
Tuesday:	7:00 a - 8:00 p	Erin Smith/V Nestor
Wednesday:	7:00 a - 8:00 p	Erin Smith/V Nestor
Thursday:	7:00 a - 8:00 p	Erin Smith/V Nestor
Friday:	7:00 a - 8:00 p	Erin Smith/V Nestor

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Cynthia Hurst, PA-C
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Cynthia Hurst, PA-C
Thursday:		
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Kim Rohr, RN
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Kim Rohr, RN
Thursday:		
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Abbie Williams, LPC
Tuesday:	8:00 a - 4:00 p	Abbie Williams, LPC
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**County in which SBHC is located:** Upshur

**Name of School-Based Health Center** Buckhannon-Upshur High SBHC

**School in which the SBHC is located** Buckhannon-Upshur HS

**School Population** 1,020

**Address for this School-Based Health Center**

Physical Address 50 B-U Drive

Mailing Address 50 B-U Drive

City Buckhannon

State WV

Zip 26201

Phone 304 472 8333

Extension

Fax 304 473 1441

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV Inc.

Mailing Address P.O. Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

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

**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:	7:30 a - 11:15 a	Cindy Hurst, PA-C
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30 a - 3:30 p	Cindy Hurst, PA-C
Friday:	7:30 a - 11:15 a	Cindy Hurst, PA-C

**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"/>

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	7:30 a - 3:30 p	Kim Rohr, RN
Wednesday:	<input type="text"/>	<input type="text"/>
Thursday:	7:30 a - 3:30 p	Kim Rohr, RN
Friday:	7:30 a - 11:15 a	Kim Rohr, RN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 12:00 p	Lori Thompson, MA, LPC
Tuesday:	8:00 a - 12:00 p	Lori Thompson, MA, LPC
Wednesday:	8:00 a - 12:00 p	Lori Thompson, MA, LPC
Thursday:	8:00 a - 12:00 p	Lori Thompson, MA, LPC
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 CLERICAL/CARE COORDINAT**

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 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: 9/16/2019)

**County in which SBHC is located:** Upshur

**Name of School-Based Health Center** Buckhannon Upshur Middle SBHC

**School in which the SBHC is located** Buckhannon Upshur MS

**School Population** 813

**Address for this School-Based Health Center**

Physical Address 553 Route 20 South Road

Mailing Address

City Buckhannon

State WV

Zip 26201

Phone 304 473 7039

Extension

Fax 304 473 1441

Website ccwv.org

Email

**SBHC Contact Person**

First Name Patricia

Last Name Collett

Phone 304 473 5600

Extension

Fax

Email trish.collett@ccwv.org

**SBHC Sponsoring Agency**

Name Community Care of WV, Inc.

Mailing Address PO Box 217

City Rock Cave

State WV

Zip 26234

Executive Director Rick Simon

Phone 304 924 6262

Fax

Email

SBHC Medical Director Sarah Chouinard, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jina Roy, FNP
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Jina Roy, FNP
Thursday:		
Friday:	7:30 a - 3:30 p	Jina Roy, FNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Kristy O'Loughlin, LPN & Autu
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Kristy O'Loughlin, LPN & Autu
Thursday:		
Friday:	7:30 a - 3:30 p	Kristy O'Loughlin, LPN & Autu

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Abbie Williams, LPC
Thursday:	8:00 a - 4:00 p	Abbie Williams, LPC
Friday:	8:00 a - 4:00 p	Abbie Williams, LPC

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/16/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Yvonne Staschiak, FNP
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:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30a -3:30p	Lisa Coffman, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00a - 12:00 a	Abbie Williams, LPC
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/22/2019)

**County in which SBHC is located:** Wayne

**Name of School-Based Health Center** VHS Spring Valley HS

**School in which the SBHC is located** Spring Valley HS

**School Population** 1,004

**Address for this School-Based Health Center**

Physical Address #1 Timberwolf Drive

Mailing Address #1 Timberwolf Drive

City Huntington

State WV

Zip 25704

Phone 304 429 1764

Extension

Fax 304 429 1746

Website valleyhealth.org

Email

**SBHC Contact Person**

First Name Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@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 Matthew Weimer, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Jenny Wellman, FNP
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Jenny Wellman, FNP
Thursday:		
Friday:	7:30 a - 3:30 p	Jenny Wellman, FNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Candace Nance, RN
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Candace Nance, RN
Thursday:		
Friday:	7:30 a - 3:30 p	Joni Ely, RN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Susan Dotson
Tuesday:		
Wednesday:	7:30 a - 3:30 p	Susan Dotson
Thursday:		
Friday:	7:30 a - 3:30 p	Susan Dotson

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	varies	Jenna Rose, Dietician
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/22/2019)

**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** 1,073

**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 Courtney

Last Name Meese

Phone 304 781 5112

Extension

Fax 304 525 3338

Email cmeese@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 Matthew Weimer, 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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Gail Moore, NP
Tuesday:	7:30 a - 3:30 p	Jenny Wellman, FNP
Wednesday:		
Thursday:	7:30 a - 3:30 p	Jenny Wellman, FNP
Friday:		

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Heather Coffey, LPN
Tuesday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN
Wednesday:		
Thursday:	7:30 a - 3:30 p	Michelle Linville, RN, BSN
Friday:		

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Pretera
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 3:30 p	Danelle Roy
Tuesday:	7:30 a - 3:30 p	Susan Dotson
Wednesday:		
Thursday:	7:30 a - 3:30 p	Susan Dotson
Friday:		

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	varies	Jenna Rose, Dietician
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/13/2019)

**County in which SBHC is located:** Webster

**Name of School-Based Health Center** Camden Family Health Glade ES/MS

**School in which the SBHC is located** Glade ES/MS

**School Population** 397

**Address for this School-Based Health Center**

Physical Address 56 Park Street

Mailing Address 56 Park Street

City Cowen

State WV

Zip 26206

Phone 304 226 5527

Extension

Fax 304 226 5531

Website camdenfamilyhealth.com

Email mrogers@cog-wv.org

**SBHC Contact Person**

First Name Melissa

Last Name Rogers

Phone 304 226 5725

Extension 117

Fax 304 226 3274

Email mrogers@cog-wv.org

**SBHC Sponsoring Agency**

Name Camden Family Health

Mailing Address 10003 Webster Road

City Camden on Gaule

State WV

Zip 26208

Executive Director Margart Hickey

Phone 304 226 5725

Fax 304 226 3274

Email meg@cog-wv.org

SBHC Medical Director Dr. Kathy Gunter

**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

**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:	8:00 a - 6:00 p	Anna Bobbitt, PA-C
Wednesday:	8:00 a - 6:00 p	Anna Bobbitt, PA-C
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"/>

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	<input type="text"/>	<input type="text"/>
Tuesday:	8:00 a - 6:00 p	Lynn McCoy, LPN
Wednesday:	8:00 a - 6:00 p	Lynn McCoy, LPN
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**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**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"/>

**Types of oral health services provided at your site.**

- Oral health education
- Screenings
- Preventive (Cleanings,Fluoride,Sealants)
- Restorative (Fillings, Extractions)

**Staff/agency who provide CLERICAL/CARE COORDINAT**

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 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: 9/13/2019)

**County in which SBHC is located:** Webster

**Name of School-Based Health Center** Camden Family Health Webster Cnty HS

**School in which the SBHC is located** Webster County HS

**School Population** 556

**Address for this School-Based Health Center**

Physical Address 1 Highlander Dr

Mailing Address 1 Highlander Dr

City Upperglade

State WV

Zip 26266

Phone 304 226 3993

Extension

Fax 304 226 5003

Website camdenfamilyhealth.com

Email mrogers@cog-wv.org

**SBHC Contact Person**

First Name Melissa

Last Name Rogers

Phone 304 226 5725

Extension 117

Fax 304 226 3274

Email mrogers@cog-wv.org

**SBHC Sponsoring Agency**

Name Camden Family Health

Mailing Address 10003 Webster Rd

City Camden on Gaule

State WV

Zip 26208

Executive Director Meg Hickey

Phone 304 226 5725

Fax 304 226 3274

Email meg@cog-wv.org

SBHC Medical Director Dr. Kathy Hamon

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Tonya Young, FNP-BC
Tuesday:	8:00 a - 4:00 p	Tonya Young, FNP-BC
Wednesday:	8:00 a - 4:00 p	Tonya Young, FNP-BC
Thursday:	8:00 a - 4:00 p	Tonya Young, FNP-BC
Friday:	8:00 a - 4:00 p	Tonya Young, FNP-BC

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	LPN
Tuesday:	8:00 a - 4:00 p	LPN
Wednesday:	8:00 a - 4:00 p	LPN
Thursday:	8:00 a - 4:00 p	LPN
Friday:	8:00 a - 4:00 p	LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1

Other health services 2

Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1

Funding Source 2

Funding Source 3

Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:	8:00 a - 4:00 p	Linda Mealey, MA, ADC.
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	8:00 a - 4:00 p	Charolette Mathes
Tuesday:	8:00 a - 4:00 p	Charolette Mathes
Wednesday:	8:00 a - 4:00 p	Charolette Mathes
Thursday:	8:00 a - 4:00 p	Charolette Mathes
Friday:	8:00 a - 4:00 p	Charolette Mathes

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 8/28/2019)

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:15 p	Jennifer Huffman, FNP
Tuesday:	7:45 a - 4:15 p	Jennifer Huffman, FNP
Wednesday:	7:45 a - 4:15 p	Jennifer Huffman, FNP
Thursday:	7:45 a - 4:15 p	Jennifer Huffman, FNP
Friday:	7:45 a - 4:15 p	Jennifer Huffman, FNP

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Rotating DDS
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:15 p	Jackie Johnson, LPN
Tuesday:	7:45 a - 4:15 p	Jackie Johnson, LPN
Wednesday:	7:45 a - 4:15 p	Jackie Johnson, LPN
Thursday:	7:45 a - 4:15 p	Jackie Johnson, LPN
Friday:	7:45 a - 4:15 p	Jackie Johnson, LPN

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	Varies	Rotating Psychologists
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:45 a - 4:15 p	Theresa Means
Tuesday:	7:45 a - 4:15 p	Theresa Means
Wednesday:	7:45 a - 4:15 p	Theresa Means
Thursday:	7:45 a - 4:15 p	Theresa Means
Friday:	7:45 a - 4:15 p	Theresa Means

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/17/2019)

**County in which SBHC is located:** Wood

**Name of School-Based Health Center** Jefferson Wellness Center

**School in which the SBHC is located** Jefferson Elementary Center

**School Population** 387

**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 0506

Extension

Fax 304 423 8850

Website ritchieregional.org

Email

**SBHC Contact Person**

First Name Sandy

Last Name Swisher, FNP

Phone 304 699 0506

Extension 504

Fax 304 422 8850

Email sswisher@ritchieregional.org

**SBHC Sponsoring Agency**

Name Ritchie Regional Health Center

Mailing Address 135 South Penn Avenue

City Harrisville

State WV

Zip 26362

Executive Director Mary Beth McDougal

Phone 304 643 4005

Fax 304 643 4177

Email mmcdougal@ritchieregional.org

SBHC Medical Director Sandra Swisher, APRN

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Sandra Swisher, APRN
Tuesday:	7:30 a - 4:00 p	S Swisher, APRN/Dr Estrada
Wednesday:	7:30 a - 4:00 p	S Swisher, APRN/Dr Estrada
Thursday:	7:30 a - 4:00 p	C Estrada MD
Friday:	7:30 a - 4:00 p	Sandra Swisher, APRN

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA
Tuesday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA
Wednesday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA
Thursday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA
Friday:	7:30 a - 4:00 p	L Dye LPN; C Blasingame MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:	Varies	Brenda Tebay, MS Psyc
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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Lisa Withee
Tuesday:	7:30 a - 4:00 p	Lisa Withee
Wednesday:	7:30 a - 4:00 p	Lisa Withee
Thursday:	7:30 a - 4:00 p	Lisa Withee
Friday:	7:30 a - 4:00 p	Lisa Withee

**Staff/agency who provide OTHER HEALTH services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

(Last Updated: 9/17/2019)

**County in which SBHC is located:** Wood

**Name of School-Based Health Center** Parkersburg South SBHC

**School in which the SBHC is located** Parkersburg South HS

**School Population** 1,501

**Address for this School-Based Health Center**

Physical Address 1513 Blizzard Drive

Mailing Address 1513 Blizzard Drive

City Parkersburg

State WV

Zip 26101

Phone 304 699 0809

Extension

Fax 304 422 9188

Website ritchieregional.org

Email

**SBHC Contact Person**

First Name Sandy

Last Name Swisher, FNP

Phone 304 699 0809

Extension

Fax 304 422 9188

Email sswisher@ritchieregional.org

**SBHC Sponsoring Agency**

Name Ritchie Regional Health Center

Mailing Address 135 South Penn Ave.

City Harrisville

State WV

Zip 26362

Executive Director Mary Beth McDougal

Phone 304 643 4005

Fax 304 643 4177

Email mmcdougal@ritchieregional.org

SBHC Medical Director Sandy Swisher, APRN

**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

**Clinic schedule and staff names for MEDICAL services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Dawn Barchett, APRN
Tuesday:	7:30 a - 4:00 p	Andrea Reed, APRN
Wednesday:	7:30 a - 4:00 p	Sandy Swisher, APRN
Thursday:	7:30 a - 4:00 p	Andrea Reed, APRN
Friday:	7:30 a - 4:00 p	Dawn Barchett, APRN

**Staff/agency who provide ORAL HEALTH services**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

**Staff/agency who provide NURSING services.**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	H White LPN/S Johnson MA
Tuesday:	7:30 a - 4:00 p	T Hardbarger LPN/S Johnson
Wednesday:	7:30 a - 4:00 p	H White LPN/S Johnson MA
Thursday:	7:30 a - 4:00 p	T Hardbarger LPN/S Johnson
Friday:	7:30 a - 4:00 p	H White LPN/S Johnson MA

**Other HEALTH SERVICES provided at your SBHC.**

Other health services 1   
 Other health services 2   
 Other health services 3

**Other information provided**

**Funding sources for your SBHC**

Funding Source 1   
 Funding Source 2   
 Funding Source 3   
 Funding Source 4

**Day and time that you provide MENTAL 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 CLERICAL/CARE COORDINAT**

Day of Week	Hours of Operation	Staff Name with Credentials
Monday:	7:30 a - 4:00 p	Amanda Parsons
Tuesday:	7:30 a - 4:00 p	Amanda Parsons
Wednesday:	7:30 a - 4:00 p	Amanda Parsons
Thursday:	7:30 a - 4:00 p	Amanda Parsons
Friday:	7:30 a - 4:00 p	Amanda Parsons

**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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