Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Raquel	Middle Name (if any)	Family Name (Last Name) MARQUES DE OLIVEIRA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name) Otavio	Middle Name (if any) H	Family Name (Last Name) SILVA
Credit Card Holder's Billing Address:		
Street Number and Name 5051 La Jolla Blvd	Apt. Ste. Flr. ☒ ☐ ☐	Number 202
City or Town San Diego	State CA	ZIP Code 92109
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number 5102419336	Credit Card Holder's Email Address otavio@yousalaw.com	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 715.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Raquel	Middle Name (if any)	Family Name (Last Name) MARQUES DE OLIVEIRA
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Credit Card Holder's Billing Address:		
Street Number and Name 5051 La Jolla Blvd	Apt. Ste. Flr. ☒ ☐ ☐	Number 202
City or Town San Diego	State CA	ZIP Code 92109
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number 5102419336	Credit Card Holder's Email Address otavio@yousalaw.com	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 300.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

YOUSA
Law Firm

EB-2 IMMIGRANT PETITION
WITH REQUEST FOR A NATIONAL INTEREST WAIVER

Petitioner: MARQUES DE OLIVEIRA, Raquel

HS Law Corp
P.O Box 90487
San Diego - CA - United States

TABLE OF CONTENTS

Petitioner: Raquel Marques de Oliveira
Type of Petition: I-140, EB-2 National Interest Waiver
Classification Sought: Immigration and Nationality Act § 203(b)(2)(B)
Professional Background: General Operations Management in Mental Health Services

Forms	• Form G-1450 in the amount of $715 for the Form I-140 filing fee • Form G-1450 in the amount of $300 for the Asylum Program Fee • Form G-1145 • Form G-28 • Form I-140 • Form ETA-9089
Petition Cover Letter	• Summary of Cover Letter • Petition Cover Letter • Exhibit List
Exhibit A	Resume

Exhibit B
ELIGIBILITY CRITERIA
	Advanced Degree:
	• Bachelor's Degree in Psychology - Diploma and Academic Transcript
	• Postgraduate Certificate in Cognitive-Behavioral Therapy - Diploma and Academic Transcript
	• Postgraduate Certificate in Child Psychology - Diploma and Academic Transcript
	• Postgraduate Certificate in Chemical Dependency - Diploma and Academic Transcript
	• Postgraduate Certificate in Forensic Psychology - Diploma and Academic Transcript
	• Academic Credential Evaluation
	• Work Records:
	  ○ Professional Experience Letter - Nova Esperança
	  ○ Employment Agreements
	  ○ Accountant Letter

Exhibit C **NATIONAL INTEREST WAIVER**	**C.I - First Prong - Substantial Merit and National Importance:** • Business Plan for Integrated Mental Health Solutions • Legal Research – Official U.S. Government and Policy Sources Supporting the Substantial Merit and National Importance of the Proposed Endeavor

	C.II - Second Prong - Well-Positioned to Advance the Proposed Endeavor:
	• All documents in Exhibit B
	• Clinical Provider Credentialing and Privileging Letter from Spring Health
	• LinkedIn Profile and Evidence of Professional Recognition and Significant Contributions
	• Professional Training and Continuing Education:
	  ○ Investigative Interviewing
	  ○ Forensic Expertise
	  ○ Psychological First Aid (PFA)
	  ○ Intellect Skills Training: The Many Faces of Grief - Understanding and Navigating Loss
	  ○ Certificate of Completion for Continuing Education Activity
	  ○ Victim Services Practitioner Designation
	  ○ Additional Diplomas, Academic Transcripts, Courses, Certificates, and Corresponding Translations
	• Professional License:
	  ○ Regional Council of Psychology (CRP) Registration
	  ○ CRP - Who We Are Webpage
	• Membership in Professional Association(s):
	  ○ APA Certificate
	  ○ APA Bylaws
	• Evidence of Professional Activities and Operational Capacity:
	  ○ Photographic Evidence of Professional Activities
	  ○ Company Registration Records (CNPJs)
	  ○ Accountant Letter
	• Letters of Support:
	  ○ Mr. Weudman Araújo
	  ○ Ms. Claudia Carraro - Former University Professor
	  ○ Ms. Isabela - Psychologist and Professional Colleague
	  ○ Ms. Lian Jia Yie
	  ○ Ms. Irma Francesca Zeringue
	  ○ Ms. Vera Lúcia Ferreira Ribeiro
	  ○ Mr. Gabriel Fiorati Marcantonio
	  ○ Ms. Tereza Elizete Gonçalves

Exhibit C
NATIONAL INTEREST WAIVER (continued)
	• Letters of Support from Service Recipients:
	  ○ Ms. Daiane Sofia Costa de Sousa
	  ○ Ms. Larissa Rizzo
	• Business Plan Viability Evidence:
	  ○ Account Balance
	  ○ Investment Receipt
	  ○ Tax Income
	  ○ Property Registration
	  ○ Property Appraisal Report

Exhibit D **PERSONAL DOCUMENTS**	• Birth Certificate • Passport Biographic Page • Evidence of Lawful Status in the United States • Marriage Certificate • Divorce Decree / Certificate • Derivative's Birth Certificate • Derivative's Passport Biographic Page

e-Notification of Application/Petition Acceptance

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
MARQUES DE OLIVEIRA	RAQUEL	N/A

Email Address	Mobile Phone Number (Text Message)
rmpsi10@gmail.com	N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-140 ETA-9089

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): MARQUES DE OLIVEIRA

6.b. Given Name (First Name): Raquel

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+55 (12) 99135-4406

11. Mobile Telephone Number (if any)

+ 55 (12) 99135-4406

12. Email Address (if any)

rmpsi10@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Raquel Marques de Oliveira

2.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 06/23/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): MARQUES DE OLIVEIRA

1.b. Given Name (First Name): Raquel

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d.

N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d.

N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d.

N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d.

N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d.

N/A

Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block

Classification

- ☐ 203(b)(1)(A) Alien of Extraordinary Ability
- ☐ 203(b)(1)(B) Outstanding Professor or Researcher
- ☐ 203(b)(1)(C) Multinational Executive or Manager
- ☐ 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability
- ☐ 203(b)(3)(A)(i) Skilled Worker
- ☐ 203(b)(3)(A)(ii) Professional
- ☐ 203(b)(3)(A)(iii) Other Worker

Certification

- ☐ National Interest Waiver (NIW)
- ☐ Schedule A, Group I
- ☐ Schedule A, Group II

Remarks

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name): MARQUES DE OLIVEIRA

1.b. Given Name (First Name): RAQUEL

1.c. Middle Name: N/A

2. Company or Organization Name: N/A

Mailing Address

(USCIS ZIP Code Lookup)

3.a. In Care Of Name: Otavio Haverroth Silva

3.b. Street Number and Name: PO Box 90487

3.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.d. City or Town: San Diego

3.e. State: CA **3.f.** ZIP Code: 92169

3.g. Province: N/A

3.h. Postal Code: N/A

3.i. Country: USA

Other Information

4. IRS Employer Identification Number (EIN) ► N/A

5. Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☒ No

6. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? ☒ Yes ☐ No

7. U.S. Social Security Number (SSN) (if any) ► N/A

8. USCIS Online Account Number (if any) ► N/A

Part 2. Petition Type

This petition is being filed for (select **only one** box):

1.a. ☐ An alien of extraordinary ability.

1.b. ☐ An outstanding professor or researcher.

1.c. ☐ A multinational executive or manager.

1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).

1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).

Part 2. Petition Type (continued)

1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).

1.g. ☐ Any other worker (requiring less than two years of training or experience).

1.h. ☒ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select **only one** box):

2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number
► N/A

2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name): MARQUES DE OLIVEIRA

1.b. Given Name (First Name): RAQUEL

1.c. Middle Name: N/A

Mailing Address

2.a. In Care Of Name: Otavio Haverroth Silva

2.b. Street Number and Name: PO Box 90487

2.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.d. City or Town: San Diego

2.e. State: CA **2.f.** ZIP Code: 92169

2.g. Province: N/A

2.h. Postal Code: N/A

2.i. Country: USA

Other Information

3. Date of Birth (mm/dd/yyyy): 03/31/1987

4. City/Town/Village of Birth: Sao Jose dos Campos

5. State or Province of Birth: Sao Paulo

6. Country of Birth: Brazil

7. Country of Citizenship or Nationality: Brazil

8. Alien Registration Number (A-Number) (if any)
► A- N/A

9. U.S. SSN (if any) ► N/A

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy): N/A

11.a. Form I-94 Arrival-Departure Record Number
► N/A

11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy): N/A

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled): N/A

12. Passport Number: N/A

13. Travel Document Number: N/A

14. Country of Issuance for Passport or Travel Document: N/A

15. Expiration Date for Passport or Travel Document (mm/dd/yyyy): N/A

Part 4. Processing Information

Provide the following information for the person named in **Part 3.** (select **only one** box):

1.a. ☒ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:

1.b. City or Town: Rio de Janeiro

1.c. Country: Brazil

2.a. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.

Part 4. Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Brazil

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

3.a. Street Number and Name: 180 Helena David Neme St

3.b. ☒ Apt. ☐ Ste. ☐ Flr. 121

3.c. City or Town: Sao Jose dos Campos

3.d. Province: Sao Paulo

3.e. Postal Code: 12245310

3.f. Country: Brazil

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 5.g.**:

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Mailing Address

5.a. In Care Of Name: N/A

5.b. Street Number and Name: N/A

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: N/A

5.e. Province: N/A

5.f. Postal Code: N/A

5.g. Country: N/A

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 11. Additional Information**.

6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☒ No

6.b. If you answered "Yes" **to Item Number 6.a.**, select all applicable boxes:

- ☐ Form I-485
- ☐ Form I-131
- ☐ Form I-765
- ☐ Other (Provide an explanation in **Part 11. Additional Information**.)

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☒ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes ☒ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☒ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☒ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

1.a. ☐ Employer

1.b. ☒ Self

1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business: N/A

3. Date Established (mm/dd/yyyy): N/A

4. Current Number of U.S. Employees: N/A

5. Gross Annual Income $ N/A

6. Net Annual Income $ N/A

7. NAICS Code ► N/A

8. Labor Certification DOL Case Number: N/A

Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

N/A

10. Labor Certification Expiration Date (mm/dd/yyyy)

N/A

If an individual is filing this petition, provide the following information.

11. Occupation

Psychologist & Mental Health Specialist

12. Annual Income $ N/A

Part 6. Basic Information About the Proposed Employment

1. Job Title

Social and Community Service Managers

2. SOC Code ▶ 11 - 9151

3. Nontechnical Job Description

See page 8, part 11, item 3.

4. Is this a full-time position? ☒ Yes ☐ No

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

6. Is this a permanent position? ☒ Yes ☐ No

7. Is this a new position? ☒ Yes ☐ No

8. Wages (Specify hour, week, month, or year):

$ 82,500.00 per Year

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name: To be determined

9.b. ☐ Apt. ☐ Ste. ☐ Flr. To be determined

9.c. City or Town: Tampa

9.d. State: FL **9.e.** ZIP Code: To be determined

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 11. Additional Information**.

Person 1

1.a. Family Name (Last Name): MARQUES PEREIRA

1.b. Given Name (First Name): Heitor

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 04/28/2022

3. Country of Birth: Brazil

4. Relationship: Son

5. Is he or she applying for adjustment of status? ☐ Yes ☒ No

6. Is he or she applying for a visa abroad? ☒ Yes ☐ No

Person 2

7.a. Family Name (Last Name): N/A

7.b. Given Name (First Name): N/A

7.c. Middle Name: N/A

8. Date of Birth (mm/dd/yyyy): N/A

9. Country of Birth: N/A

10. Relationship: N/A

11. Is he or she applying for adjustment of status? ☐ Yes ☐ No

12. Is he or she applying for a visa abroad? ☐ Yes ☐ No

Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

13.a. Family Name (Last Name) N/A

13.b. Given Name (First Name) N/A

13.c. Middle Name N/A

14. Date of Birth (mm/dd/yyyy) N/A

15. Country of Birth
N/A

16. Relationship N/A

17. Is he or she applying for adjustment of status? ☐ Yes ☐ No

18. Is he or she applying for a visa abroad? ☐ Yes ☐ No

Person 4

19.a. Family Name (Last Name) N/A

19.b. Given Name (First Name) N/A

19.c. Middle Name N/A

20. Date of Birth (mm/dd/yyyy) N/A

21. Country of Birth
N/A

22. Relationship N/A

23. Is he or she applying for adjustment of status? ☐ Yes ☐ No

24. Is he or she applying for a visa abroad? ☐ Yes ☐ No

Person 5

25.a. Family Name (Last Name) N/A

25.b. Given Name (First Name) N/A

25.c. Middle Name N/A

26. Date of Birth (mm/dd/yyyy) N/A

27. Country of Birth
N/A

28. Relationship N/A

29. Is he or she applying for adjustment of status? ☐ Yes ☐ No

30. Is he or she applying for a visa abroad? ☐ Yes ☐ No

Person 6

31.a. Family Name (Last Name) N/A

31.b. Given Name (First Name) N/A

31.c. Middle Name N/A

32. Date of Birth (mm/dd/yyyy) N/A

33. Country of Birth
N/A

34. Relationship N/A

35. Is he or she applying for adjustment of status? ☐ Yes ☐ No

36. Is he or she applying for a visa abroad? ☐ Yes ☐ No

Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)

MARQUES DE OLIVEIRA

1.b. Petitioner's or Authorized Signatory's Given Name (First Name)

Raquel

2. Petitioner's or Authorized Signatory's Title

N/A

3. Petitioner's or Authorized Signatory's Daytime Telephone Number

+55 (12) 99135-4406

4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)

+55 (12) 99135-4406

5. Petitioner's or Authorized Signatory's Email Address (if any)

rmpsi10@gmail.com

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

a. I reviewed and provided or authorized all of the responses and information in my petition;

b. I understood all of the responses and information contained in, and submitted with, my petition; and

c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6.a. Petitioner's or Authorized Signatory's Signature

Raquel Marques de Oliveira

6.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

4. Interpreter's Mobile Telephone Number (if any)

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and N/A, and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

6.a. Interpreter's Signature

N/A

6.b. Date of Signature (mm/dd/yyyy) N/A

Part 10. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Authorized Signatory

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this petition for the petitioner or authorized signatory at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner or authorized signatory. The petitioner or authorized signatory reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy) 06/23/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): MARQUES DE OLIVEIRA

Given Name (First Name): RAQUEL

Middle Name: N/A

2. IRS EIN ► N/A

3.

Page Number	Part Number	Item Number
4	6	3

Directs the company's strategic growth, program development, and financial management. She will design and oversee mental health programs, develop corporate and community partnerships, lead workforce recruitment, and ensure compliance with applicable U.S. healthcare and business requirements. All regulated clinical services will be delivered by appropriately licensed professionals.

4.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

5.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

6.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

7.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

Employment OMB Approval: 1205-0451
Expiration Date: 02/28/2029

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Employment Certification Approval
U.S. Department of Labor

PERMANENT EMPLOYMENT CERTIFICATION APPROVAL

A. U.S. Government Agency Use Only

Pursuant to the provisions of Sections 212(a)(5)(A) of the Immigration and Nationality Act, as amended, the Department hereby certifies that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the United States and place needed to fill the job opportunities for which certification is sought, and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *Application for Permanent Employment Certification* (Form ETA-9089):

1. DOL Case Number		2. Case Status
3. Employer Legal Business Name		4. Employer FEIN
5. Foreign Worker's Last (family) Name		
6. Foreign Worker's First (given) Name		
7. Foreign Worker's Middle Name(s)		
8. Job Title		
9. SOC Code	10. SOC Occupational Title	
Labor Certification Validity Information		
11. Filing Date	12. Determination Date	13. Expiration Date
14. Department of Labor Office of Foreign Labor Certification *(electronic signature)*		

Pursuant to 20 CFR 656, the aforementioned permanent labor certification is valid only for the job opportunity, the foreign worker, and the area of intended employment specified on the approved Form ETA-9089, including all appendices and any modifications approved by the Department. The aforementioned filing date on this approved *Application for Permanent Employment Certification*, established under 20 CFR 656.17(c), may be used as a priority date by the Department of Homeland Security and the Department of State, as appropriate. This approved *Application for Permanent Employment Certification* will expire if not filed in support of *Immigrant Petition for Alien Workers* (Form I-140) with the Department of Homeland Security by the aforementioned expiration date.

The foreign worker covered by this approved *Application for Permanent Employment Certification* has declared under Section B below, under penalty of perjury, that the foreign worker has read and reviewed every page of Appendix A for this approved Form ETA-9089, takes full responsibility for the accuracy of all information contained therein, and intends to accept permanent employment in the job opportunity specified on the approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

The employer covered by this approved *Application for Permanent Employment Certification* has declared under Section D below under penalty of perjury that it has read and reviewed every page of this approved Form ETA-9089, including all appendices, and takes full responsibility for the accuracy of all information contained therein and all documentation supporting this approved *Application for Permanent Employment Certification*, including any representations made by the employer's authorized preparer, agent or attorney, as applicable.

OMB Approval: 1205-0451
Expiration Date:02/28/2029

Application for Permanent Employment Certification
Form ETA-9089 – Final Determination: Permanent Labor Certification Approval
U.S. Department of Labor

B. Foreign Worker Declaration

I declare under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

I **further declare** that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *
Raquel Marques de Oliveira	06/22/2026

C. Attorney or Agent Declaration

I declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.10(b) to act on its behalf in connection with this application.

I hereby certify that I have provided to the employer the entire Form ETA-9089, appendices, and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
HAVERROTH SILVA	Otavio	N/A
4. Firm/Business Name §		
HS Law Corp		
5. Signature *		6. Date Signed *
		06/22/2026

D. Employer Declaration

I hereby designate the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *		6. Date Signed *

For Public Burden Statement, see the Instructions for Form ETA-9089.

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

OMB Approval: 1205-0451
Expiration Date:02/28/2029

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A: Foreign Worker Information
U.S. Department of Labor

FOREIGN WORKER INFORMATION

A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name * MARQUES DE OLIVEIRA		
2. Foreign Worker's First (given) Name * Raquel		
3. Foreign Worker's Middle Name(s) * N/A		
4. Address 1 *(current)* * 180 Helena David Neme St		
5. Address 2 *(apartment/suite/floor and number)* **§** Apt 121		
6. City * Sao Jose dos Campos	7. State * N/A	8. Postal Code * 12245310
9. Country * Brazil	10. Province **§** Sao Paulo	
11. Date of Birth *(mm/dd/yyyy)* * 03/31/1987	12. Class of Admission * N/A	13. Alien Registration Number (A#) (if applicable) * N/A
14. Country of Birth * Brazil		
15. Country of Citizenship or Nationality * Brazil		

B. Foreign Worker Education §

a. Educational Attainment Information 1

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ■ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained Postgraduate	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Legal Psychology	
1c. Name of Institution that issued the degree/diploma Gran Faculdade	
1d. Name of Country of institution identified in question 1c Brazil	1e. Month/year attained (*mm/yyyy*) 04/2026

b. Educational Attainment Information 2

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ■ Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained Postgraduate	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Child Psychology	
1c. Name of Institution that issued the degree/diploma Anhanguera	
1d. Name of Country of Institution identified in question 1c Brazil	1e. Month/year attained (*mm/yyyy*) 10/2024

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

***B. Foreign Worker Education** (continued)*

c. Educational Attainment Information 3

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ■ Other Degree (JD, MD, etc.)
1a. If "Other Degree" in question 1, specify the diploma/degree attained Postgraduate
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Cognitive Behavioral Therapy
1c. Name of Institution that issued the degree/diploma Anhanguera

1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)
Brazil	11/2024

d. Educational Attainment Information 4

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ■ Other Degree (JD, MD, etc.)
1a. If "Other Degree" in question 1, specify the diploma/degree attained Postgraduate
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Chemical Dependency
1c. Name of Institution that issued the degree/diploma UNIFESP

1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)
Brazil	06/2013

e. Educational Attainment Information 5

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity ☐ None ☐ High School/GED ☐ Associate's ■ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)
1a. If "Other Degree" in question 1, specify the diploma/degree attained N/A
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field) Bachelor of Psycholoy
1c. Name of Institution that issued the degree/diploma UNITAU - University of Taubate

1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (*mm/yyyy*)
Brazil	02/2012

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider Florida Crime Prevention Training Institute
1a. Name of training, coursework, experience received Victim Services Practitioner Designation

1b. Training/Certifications/licenses attained (if applicable) N/A		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*) 06/2026

b. Training, Certification(s), and/or License(s) Information 2

1. Name of Institution/School/Training provider Spring Health		
1a. Name of training, coursework, experience received Diagnosing, Assessing, and Treating Military Personnel & Veterans for PTSD		
1b. Training/Certifications/Licenses attained (if applicable) N/A		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*) 09/2025

c. Training, Certification(s), and/or License(s) Information 3

1. Name of Institution/School/Training provider Conselho Regional de Psicologia da 6° Região		
1a. Name of training, coursework, experience received Professional License		
1b. Training/certifications/licenses attained (if applicable) CRP 06/109389		
1c. Start date of training (*mm/yyyy*)	1d. End date of training (*mm/yyyy*)	1e. Month/year awarded (*mm/yyyy*)

D. Foreign Worker Training Qualifications §

a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider ILSC EDUCATION GROUP	
1a. Country Canada	1b. State, Territory, or Province British Columbia
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)* International English Language Program	

b. Skills, Abilities, and Proficiencies 2

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity *(up to 1,500 characters)*	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer Name			
Spring Health			
1a. Address 1			
60 Madison Av, 2nd Floor			
1b. Address 2			
N/A			
1c. City or Town			1d. Postal Code
New York			10010
1e. Country		1f. State, Territory, or Province	
USA		New York	
1g. Job Title			
Clinical Psychologist			
1h. Start Date *(mm/yyyy)*	1i. End Date *(mm/yyyy)*	1j. Present	1k. Hours Worked Per Week
05/2025		■ Yes ☐ No	40

1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (*up to 3,500 characters*)

Providing comprehensive mental health services through corporate wellness programs, delivering evidence-based therapeutic interventions to diverse client populations.

Conduct brief evidence-based online screenings and comprehensive assessments.

Deliver individualized care for children, adolescents, couples, and families via online and in-person modalities.

Implement culturally competent care with focus on diversity and inclusion across all demographics.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

Application for Permanent Employment Certification
Form ETA-9089 – Appendix C: Supplemental Information
U.S. Department of Labor

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Mental Health First Aid Internacional.
Name of training: Standard Mental Health First Aider.
Month/year awarded: 02/2025.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreing Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Zero Suicide Alliance.
Name of training: ZSA Suicide Awareness Training.
Month/year awarded: 02/2025.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Intellect.
Name of training: Trust & Safety Advanced Practitioner.
Month/year awarded: 01/2025.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Intellect.
Name of training: Care Compass: Enhancing Risk Assessment Skills.
Month/year awarded: 10/2024.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certifications(s), and/or license(s) information.

Name of institution: Intellect.
Name of training: Intellect Helpline - Rangers' Training 1-2-3
Month/year awarded: 06/2024.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certifications(s), and/or license(s) information.

Name of institution: Tres Marias College.
Name of training: Judicial Expertise Certification.
Month/year awarded: 08/2022.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certifications(s), and/or license(s) information.

Name of institution: Vivare Courses.
Name of training: Forensic Psychopathology.
Month/year awarded: 09/2020.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreing Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certifications(s), and/or license(s) information.

Name of institution: Espaço Medita.
Name of training: Mindfulness Training.
Month/year awarded: 12/2017.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Brazilian Coaching Society.
Name of training: Professional Coach.
Month/year awarded: 09/2014.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	**Foreign Worker Training Qualifications**

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: University of Taubate.
Name of training: I international seminar on psychosis and drugs: challenges for clinical practice and public policies.
Month/year awarded: 09/2011.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: University of Taubate.
Name of training: Introduction to social skills for the maintenance of drug abstinence.
Month/year awarded: 08/2011.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: Renova Cursos.
Name of training: Legal Psychology Specialization.
Month/year awarded: 08/2010.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

Application for Permanent Employment Certification
Form ETA-9089 – Appendix C: Supplemental Information
U.S. Department of Labor

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certification(s), and/or license(s) information

Name of institution: University of Taubate.
Name of training: XI Introductory course of the league of psychiatry and mental health.
Month/year awarded: 03/2009.

B. Supplemental Information 2 §

1. Section and Item Number	C	1a. Section Name or Category of Supplemental Information	Foreign Worker Training Qualifications

1b. Supplemental Information. *(up to 1,500 characters)*

Training, Certificatio(s), and/or license(s) information

Name of institution: Intellect.
Name of training:An Overwiew of OCD Tratment.
Month/year awarded: 05/2025.

For Public Burden Statement, see the Instructions for Form ETA-9089.

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Worker Experience

Employer name: Intellect Company LTD (Singapore).

Address of Employer: Ansos Centre, 51 Ansos Rd, #05-51, Singapore, 079904.
Job title: Clinical Psychologist.

Start date - End date: 09/2024 - Present.

Job duties: Delivering specialized psychotherapy services through innovative digital platform, focusing on adolescent and adult mental health care.

Provide individualized psychotherapy via online and in-person modalities.
Collaborate with international multidisciplinary teams to ensure comprehensive care.

B. Supplemental Information 2 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Worker Experience

Employer name: Intellect Company LTD (Singapore).

Address of Employer: Ansos Centre, 51 Ansos Rd, #05-51, Singapore, 079904.

Job title: Clinical Crisis Helpline Responder.

Start date - End date: 06/2024 - Present.
Job duties: Specialized crisis intervention specialist providing immediate support for individuals experiencing mental health emergencies and suicidal ideation.

Conduct comprehensive risk assessments including lethality evaluations for suicide prevention.

Employ advanced de-escalation and crisis intervention techniques.

Maintain detailed documentation in compliance with GDPR and international data protection laws.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Worker Experience

Employer name: Private Practice.

Address of Employer: N/A

Job title: Clinical Psychologist & Coach.

Start date - End date: 2014 - Present.

Job duties: Independent practice specializing in cognitive behavioral therapy, personal coaching, and comprehensive mental health services.

Specialized in CBT and evidence-based therapeutic approaches with 95% client satisfaction rate.

Integrated coachin techniques with psychological interventions for holistic development.

B. Supplemental Information 2 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Worker Experience

Employer name: Vitta Digital Hospital.

Address of Employer: 395 Cardeal Arcoverde Street, 10th Floor, Pinheiros, Sao Paulo, Sao Paulo, 05407-000, Brazil.

Job Title: Clinical Psychologist.

Start date - End date: 04/2024-09/2024.

Job duties: Provided comprehensive mental health services through digital healthcare platform with multidisciplinary team approach.

For Public Burden Statement, see the Instructions for Form ETA-9089.

OMB Approval: 1205-0451
Expiration Date: 02/28/2029

SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	E	1a. Section Name or Category of Supplemental Information	**Foreign Worker Experience**

1b. Supplemental Information. *(up to 1,500 characters)*

Worker Experience

Employer name: Own Studio.

Address of Employer:N/A

Job Title: Yoga Instructor & Wellness Coach.

Start date - End date: 2016-2021.

Job duties: Integrated mental and physical wellness through yoga instruction, meditation, and holistic health approaches.

B. Supplemental Information 2 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	

1b. Supplemental Information. *(up to 1,500 characters)*

For Public Burden Statement, see the Instructions for Form ETA-9089.

SUMMARY OF COVER LETTER
Petitioner: MARQUES DE OLIVEIRA, Raquel
Type of Petition: I-140, EB-2 National Interest Waiver
Classification Sought: Immigration and Nationality Act § 203(b)(2)(B)

This petition is submitted on behalf of Ms. Raquel Marques de Oliveira, a mental-health professional and program leader with an academic background in Psychology, postgraduate education in Cognitive-Behavioral Therapy, Child Psychology, Chemical Dependency, and Forensic Psychology, and more than a decade of progressive experience in mental-health services, independent-practice management, digital mental-health delivery, crisis-response operations, multidisciplinary coordination, suicide-risk assessment, referral systems, and program management.

Ms. Marques de Oliveira is eligible for EB-2 classification as a member of the professions holding an advanced degree. She has obtained the equivalent of a U.S. Bachelor of Science in Psychology and has more than five years of progressive post-baccalaureate experience in her field. In addition, Ms. Marques de Oliveira seeks classification under the National Interest Waiver pursuant to *Matter of Dhanasar*, 26 I&N Dec. 884 (AAO 2016), based on her proposed endeavor to expand access to coordinated, crisis-informed, and measurable mental-health support by designing, implementing, and scaling an integrated model that combines digitally enabled mental-health access and telepsychology services delivered by appropriately licensed professionals; crisis-intervention and suicide-prevention programs; corporate mental-health and workforce-resilience initiatives; and community-based programs for underserved populations, including veterans. To advance this endeavor, she will establish and direct Integrated Mental Health Solutions, a Tampa, Florida-based mental-health services and program-management enterprise, where she will serve as General Operations Manager.

Moreover, Ms. Marques de Oliveira's proposed endeavor satisfies the three-prong test under *Dhanasar*:

Substantial Merit and National Importance: The proposed endeavor addresses documented needs in the United States involving access to behavioral-health services, crisis coordination, suicide prevention, workplace mental health, workforce resilience, and support for veterans and other underserved populations. Through licensed digital service delivery, standardized intake, referral, escalation, and follow-up workflows, institutional programs, community partnerships, professional training, outcome measurement, and phased replication, the endeavor is structured to produce prospective benefits extending beyond a single office or local client base. It also aligns with federal priorities related to behavioral-health access, coordinated crisis care, suicide prevention, workplace well-being, and veteran support.

Well-Positioned to Advance the Proposed Endeavor: Ms. Marques de Oliveira is well positioned based on her U.S.-equivalent Bachelor of Science in Psychology; postgraduate education and specialized professional training; documented Brazilian professional license and registration with the Regional Council of Psychology; international affiliate membership in the American Psychological Association; and more than a decade of progressive experience in independent-practice management, digital mental-health delivery through Telavita, Vitta, Intellect, and Spring Health, multidisciplinary coordination, suicide-risk assessment, de-escalation, referral systems, crisis-response workflows, and operational improvement. Her documented professional progression, demonstrated contributions to crisis documentation and escalation procedures, management of an existing professional enterprise, third-party recognition reflected in letters from supervisors, colleagues, educators, and service recipients, financial and asset evidence, and structured Business Plan collectively demonstrate her ability to advance the proposed endeavor.

Balancing of Benefits to the United States: As founder and General Operations Manager of Integrated Mental Health Solutions, Ms. Marques de Oliveira will advance a founder-created and founder-directed initiative designed to serve individuals, employers, institutions, and community organizations rather than a single employer. Labor certification would not adequately capture the broader value of her proposed work, including the development of integrated mental-health programs, coordination of appropriately licensed

professionals, expansion of behavioral-health service capacity, creation of additional U.S. positions, community partnerships, and economic activity.

Considering these factors, Ms. Marques de Oliveira is eligible for EB-2 classification and also satisfies the requirements for a National Interest Waiver. We respectfully request a review of her petition and supporting documentation.

Thank you for your attention to this matter.
Sincerely,



Otavio Haverroth Silva
California Bar # 343486

+1 510 714 0100 +1 619 960 8262 PO BOX 90487 / ZIP CODE 92169

August 19, 2026

USCIS Dallas Lockbox
U.S. Postal Service (USPS):
USCIS
Attn: I-140
P.O. Box 660128
Dallas, TX 75266-0128

Ref: I-140 Immigrant Visa Self-Petition of Raquel Marques de Oliveira - Request for a National Interest Waiver under the EB-2 Classification

Mental Health Program Director and Social and Community Service Manager Holding an Advanced Degree, with a Request for a National Interest Waiver

Dear Immigration Officer:

Our firm represents **Raquel Marques de Oliveira** (hereinafter "Ms. Marques de Oliveira" or "the Petitioner") in this Form I-140 immigrant visa self-petition. Ms. Marques de Oliveira seeks classification under the employment-based second preference as a member of the professions holding an advanced degree, pursuant to section 203(b)(2)(A) of the Immigration and Nationality Act ("INA"). She also requests a waiver of the job-offer and labor-certification requirements under INA section 203(b)(2)(B)(i) because her proposed endeavor will advance the national interest of the United States.1

Ms. Marques de Oliveira is a Brazilian mental-health professional and program leader whose career has developed from community-based psychology and substance-dependency treatment into independent practice management, digital mental-health delivery, corporate wellness systems, and crisis-response operations. She earned a degree in Psychology in February 2012. A professional academic evaluation concludes that this degree is equivalent to a U.S. Bachelor of Science in Psychology. Her post-baccalaureate record then progressed for more than a decade through increasingly complex work involving clinical operations, client and program management, telehealth platforms, multidisciplinary coordination, suicide-risk assessment, de-escalation, referral systems, documentation, and crisis-workflow improvement. See **Exhibits A and B**.

In the United States, Ms. Marques de Oliveira proposes to expand access to coordinated, crisis-informed, and measurable mental-health support by designing, implementing, and scaling an integrated model that combines four mutually reinforcing components: digitally enabled mental-health access and telepsychology services; crisis-intervention and suicide-prevention programs; corporate mental-health and workforce-resilience initiatives; and community-based programs for underserved populations, including veterans. This specific programmatic activity, rather than the mere establishment of a business entity, constitutes her proposed endeavor.

1 Immigration and Nationality Act § 203(b)(2), codified at 8 U.S.C. § 1153(b)(2), U.S. House of Representatives, Office of the Law Revision Counsel, https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title8-section1153.

To carry out this endeavor, Ms. Marques de Oliveira will establish and direct Integrated Mental Health Solutions, initially based in Tampa, Florida. The company will serve as the organizational vehicle through which she will build operational systems, develop partnerships, coordinate appropriately licensed professionals, supervise implementation, monitor performance, manage finances and personnel, and guide phased expansion. In her role as General Operations Manager, Ms. Marques de Oliveira will not provide clinical services in the United States. Any regulated clinical service will be delivered by professionals holding the licenses and authorizations required in the jurisdiction where the patient is located. **See Exhibit C.I, Business Plan.**

This distinction is material. The petition does not ask USCIS to authorize Ms. Marques de Oliveira to practice psychology in Florida. Her intended U.S. occupation is General Operations Manager, and her duties align with the federal occupational description of General and Operations Managers, SOC 11-1021, including the planning, direction, and coordination of organizational operations, policies, personnel, resources, partnerships, and daily activities.

After EB-2 eligibility is established, *Matter of Dhanasar* supplies the controlling three-part framework for the requested waiver. Under that precedent, the Petitioner must demonstrate by a preponderance of the evidence that: (1) the proposed endeavor has substantial merit and national importance; (2) she is well positioned to advance it; and (3) on balance, it would benefit the United States to waive the job-offer and labor-certification requirements.[2] The record satisfies each requirement.

- **Her proposed endeavor has substantial merit and national importance** -First, the endeavor addresses serious and documented gaps in behavioral-health access, crisis coordination, suicide prevention, workplace mental health, and community support. Its national importance does not rest on the general significance of mental health alone. It rests on the endeavor's prospective capacity to develop and apply standardized program workflows, use telehealth to extend the reach of licensed providers, deliver institutional programs, coordinate referrals and crisis escalation, measure outcomes, and replicate successful operating practices beyond the company's initial Tampa client base.

- **Ms. Marques de Oliveira is well positioned because the endeavor** grows directly from her education and chronological record of related work. Her experience includes more than a decade of independent practice and business management; digital service delivery through Telavita, Vitta, Intellect, and Spring Health; structured crisis-response work; multilingual and cross-regional workflow review; practical improvements to crisis documentation, escalation, test-call monitoring, and team communication; relevant postgraduate education; and recent training in psychological first aid, grief, military and veteran trauma, forensic psychology, and victim services. The record also includes a detailed implementation plan, financial and asset evidence, company-registration records from her existing Brazilian enterprise, and letters from supervisors, colleagues, educators, and service recipients. See **Exhibits B and C.II**.

- **On balance, it would be beneficial to the United States to waive the job offer and labor certification requirements** -The labor certification is poorly suited to the founder-created position at issue. Ms. Marques de Oliveira is not seeking to fill a preexisting clinical vacancy. She proposes to create, finance, direct, and remain accountable for an enterprise based on a program architecture derived from her own combination of psychology, independent-practice management, digital mental health, corporate service environments, crisis operations,

2 *Matter of Dhanasar*, 26 I&N Dec. 884, 889–91 (AAO 2016), https://www.justice.gov/eoir/page/file/920996/dl.

multilingual work, and process improvement. Even assuming qualified U.S. workers are available, the United States will benefit because her endeavor is designed to employ and coordinate U.S.-licensed professionals, create additional U.S. positions, expand service capacity, and produce programs and partnerships that would not otherwise exist in this form.

The evidence need not eliminate every theoretical doubt. In immigration proceedings, the preponderance standard is met when relevant, probative, and credible evidence shows that the asserted facts are "more likely than not" or "probably" true. *Matter of Chawathe*, 25 I&N Dec. 369, 375–76 (AAO 2010).3 Evaluated cumulatively and according to its quality, the record establishes both the underlying EB-2 classification and all three *Dhanasar* prongs.

1. THE EB-2 CLASSIFICATION

ADVANCED DEGREE

INA section 203(b)(2)(A) makes second-preference immigrant visas available to qualified members of the professions holding advanced degrees or their equivalent. The regulation defines an "advanced degree" as a U.S. academic or professional degree, or foreign equivalent degree, above the baccalaureate level. It further provides that a U.S. baccalaureate degree, or foreign equivalent degree, followed by at least five years of progressive post-baccalaureate experience in the specialty is considered the equivalent of a master's degree. 8 C.F.R. § 204.5(k)(2). The required initial evidence may consist of an official academic record showing the qualifying baccalaureate degree and letters from current or former employers showing at least five years of progressive post-baccalaureate experience in the specialty. The regulation also expressly permits other documentation relating to experience or training when standard employer evidence is unavailable. 8 C.F.R. § 204.5(g)(1), (k)(3)(i)(B).4

Ms. Marques de Oliveira meets that standard through one coherent evidentiary route: a foreign equivalent bachelor's degree in Psychology followed by well over five years of progressive post-baccalaureate experience in psychology, mental-health services, crisis systems, digital care environments, and program operations. It is therefore unnecessary to rely on an alternative exceptional-ability theory.

Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

***U.S. Educational Equivalency*:**

Based on the documentation(s) submitted for evaluation, World Academic Research Center, Inc. concludes that Ms. Marques de Oliveira's education in Brazil is considered *equivalent to the U.S. degree of Bachelor of Science in Psychology, Graduate Certificate in Addiction Studies, Graduate Certificate in Early Childhood Mental Health and Cognitive-Behavioral Therapy Certificate* granted by a regionally accredited institution of higher education in the United States of America.

1.1 Her Foreign Degree Is Equivalent to a U.S. Bachelor's Degree in Psychology

Ms. Marques de Oliveira completed the Psychology program at the University of Taubaté in Brazil after study from 2006 through 2011. Her degree was formally conferred on February 10, 2012. The record

3 *Matter of Chawathe*, 25 I&N Dec. 369, 375–76 (AAO 2010), U.S. Department of Justice, Executive Office for Immigration Review, https://www.justice.gov/eoir/precedent-decisions-volume-25.

4 8 C.F.R. § 204.5(g), (k), Electronic Code of Federal Regulations, current through August 2, 2026, https://www.ecfr.gov/current/title-8/chapter-I/subchapter-B/part-204/subpart-A/section-204.5.

includes her diploma, academic transcript, certified translations, and course documentation. See **Exhibit B, Bachelor's Degree in Psychology, Diploma and Academic Transcript**.

World Academic Research Center evaluated her academic record on February 16, 2026. Based on the degree, institutional status, curriculum, and educational system, the evaluator concluded that her Brazilian credential is equivalent to a **Bachelor of Science in Psychology from a regionally accredited institution in the United States**. The same evaluation separately recognizes graduate certificates in Addiction Studies and Early Childhood Mental Health, as well as a certificate in Cognitive Behavioral Therapy. See **Exhibit B, Academic Credential Evaluation**.

The petition does not characterize those certificates as a U.S. master's degree. The advanced-degree equivalency arises from the regulatory combination of the foreign equivalent bachelor's degree and at least five years of progressive post-baccalaureate experience. That is precisely the route described in 8 C.F.R. § 204.5(k)(2) and documented below.

After earning her Psychology degree in February 2012, Ms. Marques de Oliveira pursued specialized study in Chemical Dependency at the Federal University of São Paulo from March 2012 through June 2013. The program strengthened her knowledge of substance-use disorders, assessment, intervention, and multidisciplinary care. See **Exhibit B, Postgraduate Certificate in Chemical Dependency**.

In 2013, she worked in a substance-dependency treatment environment associated with Nova Esperança. The professional declaration in the record identifies her as serving in a psychologist role, while her curriculum vitae and corroborating records place this work at the start of her post-baccalaureate professional trajectory. See **Exhibits A and B, Professional Experience Letter, Nova Esperança**. The experience moved her from academic and community training into work with individuals presenting behavioral-health and substance-dependency needs.

Before the qualifying degree was conferred, Ms. Marques de Oliveira developed an early foundation in community mental-health work through Projeto Travessia. Professor Tereza Elizete Gonçalves states that Ms. Marques de Oliveira first participated as a volunteer from April through September 2011 and then as a scholarship student from October through December 2011, working approximately twenty hours per week. In group and community settings serving children and adolescents, including vulnerable riverside communities, she helped adapt activities, maintain ethical boundaries, create structured modes of expression, and stabilize group dynamics when participants disclosed violence or distress. See **Exhibit C.II, Letter of Support from Tereza Elizete Gonçalves**.

This pre-degree experience is not counted toward the five-year regulatory minimum. It is relevant because it establishes the beginning of a career-long pattern: Ms. Marques de Oliveira has repeatedly worked at the intersection of individual needs, group process, community context, and structured program delivery.

1.2 Formal Employment and the Beginning of Long-Term Independent Practice

An employment agreement documents Ms. Marques de Oliveira's work as a psychologist with Nova Aurora in 2014. See **Exhibit B, Employment Agreements**. In the same general period, she began developing an independent practice. The letter from accountant Jorge Luiz Rodrigues de Melo, based on his professional access to her business and financial records, states that she has maintained private-practice activity since 2013 and has been responsible for the management of her office. See **Exhibit C.II, Accountant Letter**.

ACCOUNTING STATEMENT

JORGE LUIZ RODRIGUES DE MELO

CPF No. 009.722.214-33

Regional Accounting Council (CRC) No. 024753

Address: Rua Icatu No. 390, Apt. 1008, Block 04

To Whom It May Concern,

I, **JORGE LUIZ RODRIGUES DE MELO**, Brazilian, married, accountant, hereby declare, for all due purposes, that Mrs. **RAQUEL MARQUES DE OLIVEIRA**, Brazilian, married, holder of CPF No. 358.329.038-03, carries out professional activities as a **Self-Employed CLINICAL PSYCHOLOGIST**.

The professional has worked as a **PSYCHOLOGIST** since **2013**, **as a self-employed clinical psychologist** with excellence and professionalism.

The private-practice phase is significant for both the EB-2 classification and the proposed endeavor. It required Ms. Marques de Oliveira not only to apply mental-health knowledge but also to organize services, maintain client records, manage scheduling and finances, structure interventions, sustain professional relationships, and assume accountability for an ongoing practice. Her supervisor, Weudman Araújo, describes a close professional relationship beginning in 2014 and continued observation of her growth in cognitive-behavioral methods, service organization, remote care, crisis-sensitive situations, and professional leadership. See **Exhibit C.II, Letter of Support from Weudman Araújo**.

2016–2021: Integration of Mental Health, Wellness, and Behavior Change -From approximately 2016 through 2021, Ms. Marques de Oliveira also worked as a yoga instructor and wellness coach. See **Exhibits A and C.II, Accountant Letter**. This work expanded her experience in prevention, stress management, health behavior, group facilitation, and the relationship between physical practices and emotional well-being. It did not replace her psychology-related activity. Instead, it broadened the modalities through which she learned to engage individuals in structured, goal-oriented behavior change. That preventive and educational perspective now informs the proposed workplace and community programs.

2022–2024: Advanced Training and Transition to Digital Mental Health - In July 2022, Ms. Marques de Oliveira completed a forty-hour course in judicial expertise. In December 2023, she began providing services through Telavita, a digital mental-health platform. In April 2024, she added work through Vitta Digital Hospital. The accountant's letter and the contractual evidence place her Telavita service from December 2023 through May 2024 and her Vitta service from April through September 2024. See **Exhibits B and C.II**.

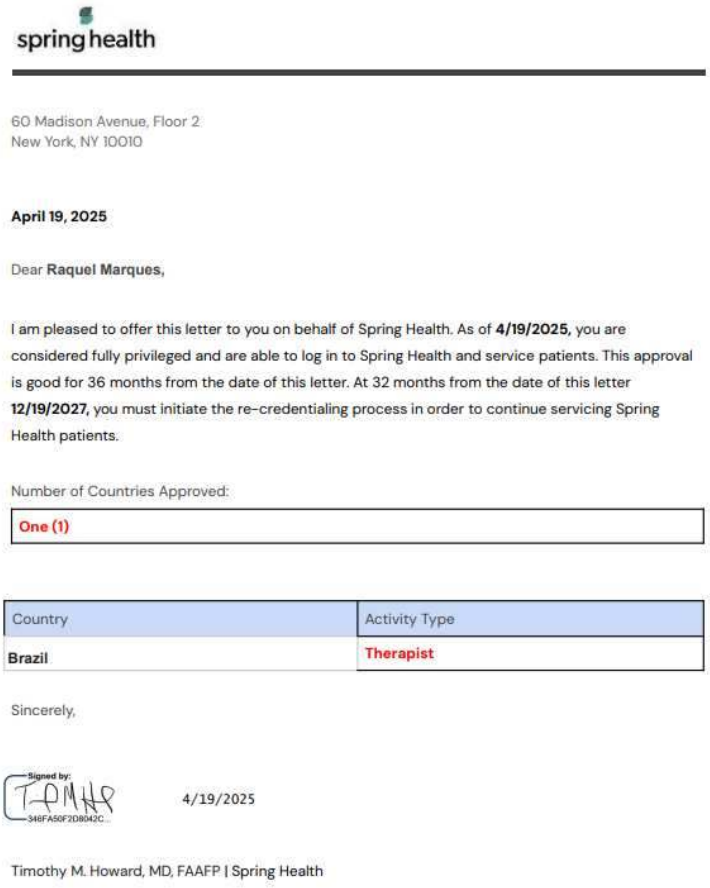
These roles marked a material progression. Digital delivery required comfort with platform-based intake and scheduling, remote communication, documentation, privacy, continuity across virtual environments, and coordination within systems larger than a private office. The record also shows contemporaneous academic development. Ms. Marques de Oliveira completed postgraduate programs in Child Psychology in October 2024 and Cognitive Behavioral Therapy in November 2024. See **Exhibit B, Postgraduate Certificates and Transcripts**.

2024–Present: Crisis Response, Multinational Operations, and Process Improvement at Intellect - Beginning in June 2024, Ms. Marques de Oliveira assumed a Crisis Helpline Responder role with Intellect. The contractual materials describe responsibilities that include responding to individuals bereaved through suicide and callers experiencing self-harm or suicidal ideation; assessing risk and lethality; applying evidence-based crisis counseling and de-escalation; triaging and referring callers to appropriate resources; documenting contacts; contributing to crisis-management plans; and ensuring careful handover between shifts. See **Exhibit B, Employment Agreements**.

In September 2024, she also began work as a provider through Intellect's digital platform. This role added ongoing service delivery within international, multidisciplinary, and corporate-wellness structures. Her responsibilities required platform compliance, follow-up, documentation, availability management, communication with distributed teams, and work across cultural and linguistic contexts. See **Exhibits A and B**.

The qualifying experience is documented through the Nova Esperança professional declaration, the Nova Aurora employment agreement, the accountant's statement and business records relating to Ms. Marques de Oliveira's long-term independent practice, and the contractual and credentialing records associated with Telavita, Vitta, Intellect, and Spring Health. Read together, these records establish a chronological progression from post-baccalaureate psychology practice to digital mental-health delivery, crisis-response operations, and program-related responsibility. **See Exhibits B and C.II.**

2025–Present: Additional Digital-Platform Responsibility and Specialized Preparation - In May 2025, Ms. Marques de Oliveira began providing services through Spring Health. The credentialing letter in the record authorizes her to serve patients in Brazil for a thirty-six-month period. See **Exhibit B, Clinical Provider Credentialing and Privileging Letter**. The petition relies on this evidence for what it actually proves: another recognized digital mental-health organization reviewed and credentialed her for service in Brazil. It does not represent that the letter grants a U.S. clinical license.



spring health

60 Madison Avenue, Floor 2
New York, NY 10010

April 19, 2025

Dear **Raquel Marques,**

I am pleased to offer this letter to you on behalf of Spring Health. As of **4/19/2025,** you are considered fully privileged and are able to log in to Spring Health and service patients. This approval is good for 36 months from the date of this letter. At 32 months from the date of this letter **12/19/2027,** you must initiate the re-credentialing process in order to continue servicing Spring Health patients.

Number of Countries Approved:

One (1)

Country	Activity Type
Brazil	**Therapist**

Sincerely,

Signed by: 346FA50F2D8042C...

4/19/2025

Timothy M. Howard, MD, FAAFP | Spring Health

The proposed role draws these strands together. As General Manager, she will define service pathways and performance standards. As General Manager, she will administer finances, hiring, partnerships, compliance, and expansion. Because all clinical care will be assigned to appropriately licensed U.S. professionals, her role does not depend on authority to practice psychology in Florida. It depends on the advanced professional understanding and progressive operational experience that the record establishes.

Accordingly, Ms. Marques de Oliveira qualifies for the EB-2 classification as a member of the professions holding an advanced degree under INA section 203(b)(2)(A) and 8 C.F.R. § 204.5(k).

2. THE PROPOSED ENDEAVOR

The first *Dhanasar* prong focuses on the specific endeavor, not merely the industry in which it will operate. The proposed endeavor therefore must be stated with precision.

Ms. Marques de Oliveira's proposed endeavor is to expand access to coordinated, crisis-informed, and measurable mental-health support in the United States by designing, implementing, and scaling an integrated model that combines digitally enabled access, crisis-intervention and suicide-prevention programs, corporate mental-health and workforce-resilience initiatives, and community-based programs for underserved populations, including veterans. The mechanism through which she will advance this endeavor is the establishment and management of Integrated Mental Health Solutions, initially based in Tampa, Florida. Through this entity, Ms. Marques de Oliveira will serve as General Operations Manager and administer the operating structure, while appropriately licensed U.S. professionals will furnish any regulated psychological or therapeutic services.

The endeavor is organized around four service lines described in **Exhibit C.I, Business/Professional Plan**.

2.1 Digital Mental-Health and Telepsychology Services

The company will coordinate evidence-based services delivered through secure telehealth platforms by appropriately licensed professionals. The operating model calls for digital intake, scheduling, provider coordination, client communication, follow-up, and performance monitoring. The objective is to reduce geographic and practical barriers while supporting continuity of care.

Federal research recognizes telebehavioral health as a viable means of expanding access. A 2024 HHS research recap reports that telehealth can remove barriers such as transportation and childcare, facilitate timely care and coordination, and connect patients with a wider range of specialists.5 The proposed endeavor applies those advantages through a compliance-based management structure. Provider authorization will be verified for the state in which the patient is located; patient location and consent will be confirmed; and clinical decisions will remain with licensed professionals.

2.2 Crisis-Intervention and Suicide-Prevention Programs

Integrated Mental Health Solutions will develop structured crisis-informed programs for institutions and communities. Planned components include intake and risk-screening workflows, defined escalation criteria, de-escalation and referral protocols, safety-oriented documentation, handoff procedures, staff training, and linkage to emergency and community resources. The company's role will be to improve preparedness and coordination. It will not represent itself as a substitute for 988, 911, mobile response teams, emergency departments, or other public crisis systems.

5 U.S. Department of Health and Human Services, *Telehealth Research Recap: Behavioral Health* (Sept. 30, 2024), https://telehealth.hhs.gov/documents/ResearchRecap-Telehealth_and_Behavioral_Health_09-30-24.pdf; see also HHS, *Licensing Across State Lines* (updated Apr. 30, 2025), https://telehealth.hhs.gov/licensure/licensing-across-state-lines.

This distinction aligns the endeavor with the federal crisis-care framework. SAMHSA's 2025 national guidelines emphasize coordinated access, rapid connection to the appropriate service, continuity from crisis onset through stabilization and follow-up, evidence-informed practice, interagency collaboration, and culturally and linguistically responsive services.6 Ms. Marques de Oliveira's own crisis-response experience makes these program-management functions concrete rather than aspirational.

2.3 Corporate Mental-Health and Workforce-Resilience Programs

The company will also design programs for employers and institutions. Depending on client needs, these offerings may include needs assessment, manager and employee education, structured referral pathways, burnout and stress-management initiatives, workshops, program implementation, and outcome monitoring. Clinical services included within an employer program will be furnished by licensed professionals.

The U.S. Surgeon General identifies workplace mental health and well-being as a public-health priority with consequences for workers, families, organizational productivity, business performance, and the U.S. economy.7 Integrated Mental Health Solutions will translate that policy priority into program infrastructure that employers can adopt, measure, and refine.

2.4 Community-Based and Veterans Programs

The fourth service line will focus on community partnerships and underserved populations, including veterans and individuals experiencing trauma, emotional distress, or reintegration challenges. Planned formats include educational workshops, group programs, referral navigation, resilience initiatives, and coordinated support delivered in collaboration with local organizations, nonprofits, and institutions.

The Department of Veterans Affairs describes veteran suicide prevention as a public-health effort that must extend beyond clinical settings and involve community organizations, employers, families, and other partners. Its 2025 annual report records 6,398 veteran suicide deaths in 2023 and emphasizes integrated care and coordination between VA and non-VA resources.8 The endeavor's veterans component is therefore designed as a community and partnership function. It will complement, not duplicate or replace, the Veterans Crisis Line, VA care, or licensed treatment.

2.5 Ms. Marques de Oliveira's Defined U.S. Role and the Compliance Structure

Ms. Marques de Oliveira's U.S. duties are strictly executive and managerial. She will establish organizational policies; oversee administrative procedures; coordinate licensed professionals and nonclinical staff; develop service protocols and training materials; cultivate employer, provider, and community relationships; administer budgets; review data; assess program quality; and guide phased growth. Those duties correspond to the federal description of a Social and Community Service Manager and Clinical Services Director.

The Business Plan expressly separates executive leadership from clinical delivery. It states that all clinical services will be performed by licensed U.S.-based professionals and that Ms. Marques de Oliveira will focus exclusively on executive leadership, program development, operational structuring, and strategic partnerships. See **Exhibit C.I**.

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6 Substance Abuse and Mental Health Services Administration, *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care* (2025), https://988crisissystemshelp.samhsa.gov/sites/default/files/2025-04/national-guidelines-crisis-care-pep24-01-037.pdf.

7 Office of the U.S. Surgeon General, *Framework for Workplace Mental Health & Well-Being* (2022), https://www.hhs.gov/sites/default/files/workplace-mental-health-well-being.pdf.

8 U.S. Department of Veterans Affairs, *2025 National Veteran Suicide Prevention Annual Report, Part 1: Overview* (Mar. 2026), https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_Annual_Report_Part_1_508.pdf.

That separation also responds to state law. Florida restricts the compensated practice of psychology and professional use of the title "psychologist" to persons holding an active Florida license or a recognized exemption.9 Florida's telehealth statute likewise regulates services furnished to patients located in the state and provides an out-of-state registration route based on an active license issued by another U.S. state, the District of Columbia, or a U.S. territory.10 Integrated Mental Health Solutions will therefore verify provider licensure and patient location, use compliant clinical personnel, maintain privacy and documentation procedures, and obtain any business, facility, insurance, telehealth, or healthcare authorizations required by the final operating structure before the affected service is launched.

This compliance plan is not peripheral. It supports feasibility under the second prong and clarifies the nature of the endeavor under the first. Ms. Marques de Oliveira's contribution is program creation and management. Clinical authority remains with those licensed to exercise it.

2.6 Phased Implementation, Measurement, and Expansion

The Business Plan describes a phased launch. During the initial stage, the company will establish its Tampa operations, create digital and administrative infrastructure, recruit licensed providers and key staff, develop partnerships, and begin the four service lines at a scale supported by actual demand. In years two and three, it plans to expand provider capacity, institutional relationships, workforce programs, and community reach. In years four and five, it plans to refine standardized operating practices and pursue broader geographic replication where licensing, partnerships, and demand permit. See **Exhibit C.I**.

The projected workforce grows from four persons in the first year, including Ms. Marques de Oliveira, to sixteen persons in the fifth year, also including her. Stated accurately, the plan therefore anticipates **fifteen U.S. positions in addition to the founder** by year five. The planned team includes licensed therapists, crisis-intervention specialists, corporate-wellness coordinators, community-outreach personnel, and administrative support. These projections are conditional on service demand and operating performance; they are not represented as jobs that already exist.

The plan projects revenue of approximately $346,800 in year one and $1,777,698 in year five, with five-year tax contributions estimated at approximately $549,331. It also anticipates payroll growth from approximately $230,250 in the first year to approximately $1,299,853 in the fifth year. These are forward-looking Business Plan assumptions. The petition offers them as evidence that the endeavor has been modeled and could produce positive economic effects if implemented as planned, not as guaranteed results.

Measurement is essential to the endeavor's broader value. Integrated Mental Health Solutions plans to monitor indicators such as service access, engagement, response and referral timelines, continuity, program participation, client and partner feedback, completion of follow-up, and workforce-program utilization. Ms. Marques de Oliveira will use those data to improve workflows, train personnel, demonstrate program value to institutional partners, and identify practices suitable for replication. This is the mechanism through which the endeavor can produce implications beyond the number of clients seen in one office.

9 Fla. Stat. § 490.012 (2025), Official Internet Site of the Florida Legislature, https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499%2F0490%2FSections%2F0490.012.html.

10 Fla. Stat. § 456.47 (2025), Official Internet Site of the Florida Legislature, https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499%2F0456%2FSections%2F0456.47.html.

3. NATIONAL INTEREST WAIVER UNDER MATTER OF DHANASAR

The national interest waiver provides a pathway for qualified individuals to forgo the labor certification and job offer process when their proposed contributions offer benefits to the United States that extend beyond a conventional employment position. Under section 203(b)(2)(B) of the Immigration and Nationality Act, and pursuant to 8 C.F.R. § 204.5(k)(4)(ii), USCIS may waive these requirements when doing so is determined to be in the national interest.

In *Matter of Dhanasar*, 26 I&N Dec. 884 (AAO 2016), USCIS introduced a three-prong framework for evaluating NIW eligibility. This framework requires that the petitioner demonstrate:

1. The proposed endeavor has both substantial merit and national importance;
2. The individual is well-positioned to advance the proposed endeavor; and
3. On balance, it would be beneficial to the United States to waive the job offer and labor certification requirements.

As will be detailed in the following sections, Ms. Marques de Oliveira satisfies all three prongs of the Dhanasar framework:

• **Ms. Marques de Oliveira's proposed endeavor has substantial merit and national importance because it seeks to expand coordinated mental-health access through licensed digital delivery, standardized crisis and referral workflows, institutional programming, community partnerships, training, outcome measurement, and phased replication**. She will advance this specific activity through Integrated Mental Health Solutions, which will serve as the organizational vehicle for implementation. The endeavor is structured to produce prospective effects extending beyond a single office or local client base, as detailed in Section 3.1;

• **Ms. Marques de Oliveira is well positioned to advance the proposed endeavor** based on her foreign degree evaluated as equivalent to a U.S. Bachelor of Science in Psychology, more than a decade of progressive post-baccalaureate experience, and specialized background in independent-practice management, digital mental-health delivery, crisis intervention, suicide-risk assessment, de-escalation, referrals, multidisciplinary coordination, and operational improvement. Her experience through Telavita, Vitta, Intellect, and Spring Health, together with her postgraduate education, continuing professional training, demonstrated contributions to crisis-response workflows, management of an existing professional enterprise, detailed implementation plan, financial and asset evidence, and letters from supervisors, colleagues, educators, and service recipients, demonstrates both the professional preparation and operational capacity necessary to advance Integrated Mental Health Solutions, as detailed in Section 3.2;

• **On balance, granting the waiver of the job offer and labor certification** requirements is beneficial to the United States because Ms. Marques de Oliveira's proposed endeavor is founder-created, founder-directed, and not reducible to a preexisting vacancy that could be meaningfully evaluated through the conventional labor certification process. As General Operations Manager, she will develop the enterprise's program architecture, invest in its launch, establish partnerships, recruit and coordinate appropriately licensed professionals and other personnel, oversee operations and compliance, and direct its phased expansion. The endeavor

is designed to complement rather than displace U.S. workers, create additional U.S. positions, expand mental-health service capacity, and implement integrated programs and partnerships that would not otherwise exist in this form, as detailed in Section 3.3.

Accordingly, this petition demonstrates through documentary evidence, academic and professional records, credential evaluation, specialized training certificates, business and financial documentation, letters of support, and the attached Business/Professional Plan (Exhibit C.I) that Ms. Marques de Oliveira's proposed endeavor fully satisfies the Matter of Dhanasar framework and qualifies for a National Interest Waiver.

3.1 FIRST PRONG: THE PROPOSED ENDEAVOR HAS SUBSTANTIAL MERIT AND NATIONAL IMPORTANCE

Dhanasar directs USCIS to evaluate substantial merit and national importance separately, while focusing both inquiries on the specific endeavor. Merit may exist in health, business, education, culture, science, technology, or entrepreneurship even without immediately quantifiable economic impact. National importance turns on prospective impact and broader implications, not geographic breadth alone. 26 I&N Dec. at 889–90.

Integrated Mental Health Solutions satisfies both components. Its merit arises from the health, public-safety, workplace, community, and economic problems it seeks to address. Its national importance arises from the planned operating model through which those problems will be addressed: a scalable combination of licensed telehealth delivery, crisis coordination, institutional programming, community partnerships, standardized workflows, training, measurement, and replication.

3.1.1 Substantial Merit: Health and Public Safety

The national behavioral-health need is substantial and current. In December 2025, the Health Resources and Services Administration reported that approximately 62 million U.S. adults, or 23 percent of adults, had a mental illness in 2024 and that nearly half did not receive treatment. This evidence establishes the scale of untreated behavioral-health need and the substantial merit of strengthening access, crisis response, referral, coordination, and continuity. The national-importance analysis below rests on the prospective impact of Ms. Marques de Oliveira's specific endeavor, rather than on the general importance of the mental-health profession..[11]

The crisis component addresses an especially serious public-safety need. The Centers for Disease Control and Prevention reports that suicide caused 48,824 deaths in 2024. In the same year, an estimated 14.3 million adults seriously considered suicide, 4.6 million made a plan, and 2.2 million attempted suicide.12 These figures do not prove national importance by themselves, but they establish the substantial merit of improving crisis preparedness, early identification, de-escalation, referral, follow-up, and continuity.

Florida's own behavioral-health assessment shows the volume and operational demands of coordinated crisis services. During fiscal year 2024–2025, the 988 Florida Lifeline served 144,981 individuals experiencing suicidal thoughts, substance use, or emotional distress. The Florida Department of Children and Families also identifies care coordination, prevention, crisis response, and community-

11 Health Resources and Services Administration, National Center for Health Workforce Analysis, *State of the Behavioral Health Workforce, 2025* (Dec. 2025), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/Behavioral-Health-Workforce-Brief-2025.pdf.

12 Centers for Disease Control and Prevention, *Suicide Data and Statistics* (updated May 20, 2026), https://www.cdc.gov/suicide/data/index.html.

based services as continuing system needs, including within the SunCoast region that encompasses Hillsborough County.[13]

Integrated Mental Health Solutions is designed to operate alongside this public infrastructure. Its institutional programs can help employers and community organizations identify risk, define referral and escalation paths, train staff, and connect individuals with the appropriate licensed or emergency resource. Its digital and community components can support follow-up and continuity after the point of initial contact. That complementarity gives the endeavor substantial merit without making the unsupportable claim that a private startup will replace the public crisis system.

3.1.2 Substantial Merit: Behavioral-Health Access

ccess barriers arise from cost, stigma, scheduling, transportation, geographic limitations, coverage gaps, fragmented systems, and inconsistent coordination. HRSA also observes that telebehavioral health can reduce certain access barriers when technology, privacy, continuity, and professional licensure are managed responsibly.

The endeavor addresses several of those barriers together. Telehealth can reduce travel and scheduling burdens. A coordinated referral structure can reduce the burden on an individual who otherwise must navigate disconnected providers and resources. Institutional programs can reach people through employers and community organizations rather than requiring every person to find care independently. Multilingual and culturally responsive operations can improve communication for populations that may face language or trust barriers. Measurement and follow-up can identify where access is failing.

This integrated approach is more useful than a collection of isolated therapy sessions. The proposed endeavor is designed to manage pathways across digital access, licensed clinical delivery, crisis resources, workplace support, and community organizations. Its merit lies in improving access, continuity, referral, and coordination across those pathways.

3.1.3 Substantial Merit: Crisis-System Coordination

SAMHSA's 2025 guidelines describe an effective behavioral-health crisis system as coordinated, transparent, evidence-informed, trauma-informed, accessible through a "no wrong door" approach, and capable of continuity from crisis onset through stabilization, follow-up, and linkage. The guidelines also emphasize cultural and linguistic responsiveness and collaboration across agencies and services.

Integrated Mental Health Solutions will operationalize those principles within the scope of its private and institutional programs. Its planned protocols will establish when a concern remains appropriate for routine care, when a licensed clinician must be engaged, when escalation to 988 or emergency services is required, how the contact is documented, and how follow-up occurs. Institutional training will help employees and partner organizations understand those pathways. Digital tools will support monitoring and handover. Partnerships will reduce duplication and help connect participants to existing public and community resources.

Ms. Marques de Oliveira's crisis work at Intellect gives this component practical grounding. She has performed structured risk assessment, de-escalation, referral, documentation, crisis planning, and shift handover. Her supervisors and colleagues also describe her efforts to improve documentation, escalation clarity, monitoring, and team routines. See **Exhibits B and C.II**. The proposed crisis programs therefore build from tested experience with the operational details that determine whether a written protocol works in practice.

13 Florida Department of Children and Families, *Assessment of Behavioral Health Services* (Dec. 2025), especially pp. 3, 18–20, and 47–50, https://www.myflfamilies.com/documents/66276.pdf.

3.1.4 Substantial Merit: Workplace Mental Health and Workforce Resilience

Workplace mental health affects individual well-being, retention, absenteeism, productivity, and organizational stability. The Surgeon General's framework describes workplace mental health as a public-health priority and calls upon organizations to protect psychological safety, normalize support, strengthen connection, improve work-life harmony, help workers experience meaning, and provide opportunities for growth.

Integrated Mental Health Solutions will offer employers a structured way to act on those priorities. Its role is not limited to providing an employee-assistance telephone number. It plans to assess organizational needs, design educational and preventive programming, develop referral pathways, coordinate licensed services, train managers and staff, and monitor participation and outcomes. Because the model is institutional, one program can affect an entire workforce rather than only the individuals who independently seek private care.

The corporate component also supports the national reach of the endeavor. Employer programs can be delivered through standardized modules and digital infrastructure across multiple worksites, subject to clinical-licensure rules. Lessons from one implementation can inform later programs. This gives the work broader implications within workforce-wellness practice and supports replication beyond Tampa.

3.1.5 Substantial Merit: Veterans and Underserved Communities

Veterans and other underserved populations may experience a combination of trauma exposure, social isolation, reintegration challenges, economic strain, stigma, transportation barriers, and difficulty navigating available systems. The VA emphasizes that suicide prevention for veterans requires community involvement, data-driven strategy, early detection, immediate crisis intervention when necessary, integrated care, and smooth coordination between VA and non-VA providers.

The proposed community programs align with that framework. Integrated Mental Health Solutions plans to collaborate with veteran organizations, nonprofits, employers, and other community stakeholders. It can provide education, resilience programming, navigation, and referral support while using licensed professionals for clinical services. It can also direct participants to VA resources and the Veterans Crisis Line when appropriate. The focus on coordination and partnership helps reach veterans who may not begin by seeking treatment in a clinical setting.

The same structure can be adapted to other underserved groups. Community partners can identify local access barriers; the company can tailor language, outreach, scheduling, and referral practices; and outcomes can be evaluated rather than assumed. That capacity to adapt a standardized core to different populations is central to the endeavor's merit and scalability.

The foregoing evidence establishes the substantial merit of the proposed endeavor. National importance requires a separate inquiry focused on the prospective impact of the specific endeavor, including whether it has broader implications for a field, a region, or the public at large. The following sections address that distinct question.

3.1.6 National Importance: The Endeavor's Prospective Impact Extends Beyond a Local Mental-Health Practice

The national-importance inquiry is not satisfied merely because an endeavor operates in an important industry. Nor is it defeated because initial operations are concentrated in one city. *Dhanasar* expressly rejects an exclusively geographic test and asks whether the undertaking has broader implications or other substantial prospective effects.

Integrated Mental Health Solutions has those broader implications for five connected reasons.

First, it uses a **program-management model**, not a founder-dependent clinical practice. Ms. Marques de Oliveira will create systems that other licensed professionals and partner organizations can implement. The unit of impact is therefore not limited to the number of appointments she could personally perform.

Second, the endeavor combines **four channels of access**. Individuals may enter through digital services, an employer program, a crisis-informed institutional pathway, or a community partnership. These channels allow the enterprise to reach populations through systems that already organize work and community life.

Third, the company plans **standardized and measurable workflows**. Intake, referral, escalation, handover, follow-up, partner communication, and program evaluation can be documented, trained, audited, and improved. A workflow that produces better access or coordination in one setting can be adapted for another employer or community organization.

Fourth, the endeavor is **technology-enabled**. Digital infrastructure supports provider coordination, remote education, program monitoring, and telehealth delivery by licensed professionals. Subject to state law, this creates a practical means of reaching participants beyond a single physical office.

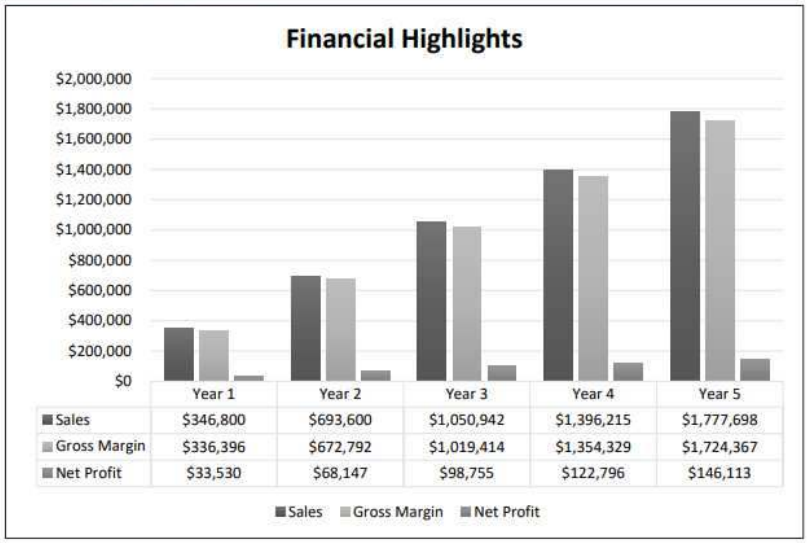
Fifth, the Business Plan includes a **phased replication strategy**. The company will begin in Tampa, test and refine its operating methods, increase institutional partnerships, expand staff, and pursue additional regions as demand and regulatory capacity permit. This sequencing is more credible than claiming immediate nationwide operations. It identifies a pathway by which broader impact can occur.

The prospective impact is therefore both service-based and systems-based. Service-based impact includes increased access, crisis-informed support, employer programs, community outreach, and new positions. Systems-based impact includes protocols, training, measurement practices, referral architecture, and operating methods that can be used by multiple teams and partners.

3.1.7 National Importance: The Endeavor Has Significant Potential to Employ U.S. Workers and Generate Positive Economic Effects

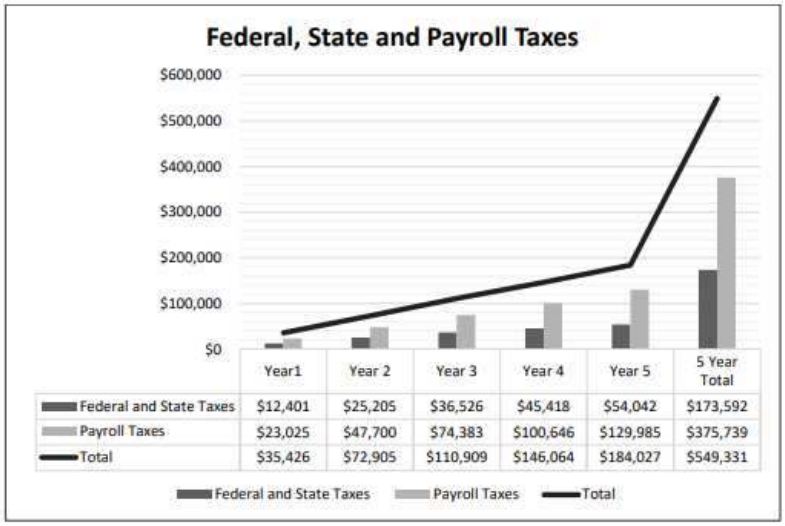
The Business Plan projects growth from four team members in year one to sixteen in year five, including the founder in both totals. This represents fifteen planned positions beyond Ms. Marques de Oliveira by the fifth year. It also projects increasing payroll, revenue, and tax payments. If achieved, these effects would support U.S. workers, licensed professionals, vendors, and public revenue.

2.4.1 Financial Highlights Chart



	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Gross Margin	$336,396	$672,792	$1,019,414	$1,354,329	$1,724,367
Net Profit	$33,530	$68,147	$98,755	$122,796	$146,113

2.4.2 Federal, State and Payroll Taxes Chart



	Year1	Year 2	Year 3	Year 4	Year 5	5 Year Total
Federal and State Taxes	$12,401	$25,205	$36,526	$45,418	$54,042	$173,592
Payroll Taxes	$23,025	$47,700	$74,383	$100,646	$129,985	$375,739
Total	$35,426	$72,905	$110,909	$146,064	$184,027	$549,331

The Business Plan projects fifteen direct U.S. positions beyond the founder by Year 5. Implementation is also expected to generate demand for U.S. contractors and vendors in technology, accounting, legal and compliance services, insurance, marketing, workspace, and administration. Because the record does not quantify indirect positions, this petition does not assign a fixed indirect-job number. Instead, it presents those relationships as additional economic activity that reinforces the endeavor's prospective impact.

The evidence establishes substantial merit in health, public safety, crisis preparedness, workplace well-being, veteran support, and community services. Separately, it establishes national importance through the prospective reach of the specific operating model: standardized and measurable workflows, digital delivery by licensed professionals, institutional and community partnerships, training, outcome monitoring, and phased replication beyond a single local practice.

The plan to create fifteen direct U.S. positions beyond the founder, together with related demand for U.S. professional services and vendors, reinforces this analysis but is not the sole basis for national importance. Evaluated together, the endeavor's service-based and systems-based effects demonstrate broader prospective implications for mental-health access and coordination. The first Dhanasar prong is therefore satisfied by a preponderance of the evidence. **See Exhibit C.I** and the government authorities cited above.

3.2 SECOND PRONG: MS. MARQUES DE OLIVEIRA IS WELL POSITIONED TO ADVANCE THE PROPOSED ENDEAVOR

The second prong shifts the inquiry from the endeavor to the individual. *Dhanasar* identifies relevant considerations such as education, skills, knowledge, a record of success in related efforts, a model or plan for future activities, progress toward the endeavor, and interest from potential users, customers, investors, or other entities. 26 I&N Dec. at 890. The precedent recognizes that entrepreneurial success cannot be guaranteed. The question is whether the evidence shows that the individual is well positioned to advance the endeavor, not whether ultimate success is certain.

Ms. Marques de Oliveira is well positioned because the proposed venture is the logical next stage of work she has already performed. Her record supplies the academic foundation, technical understanding, operational experience, leadership evidence, business discipline, training, plan, and financial capacity necessary to move from related past efforts to U.S. implementation.

3.2.1 Her Education Supplies the Technical Foundation

Ms. Marques de Oliveira's U.S.-equivalent bachelor's degree in Psychology provides the core knowledge needed to direct mental-health programs responsibly. Her academic record includes study of human development, psychopathology, assessment, social and community psychology, ethics, intervention, and related subjects. See **Exhibit B**.

Her later education deepened areas directly connected to the four service lines. Chemical Dependency relates to vulnerable populations and crisis risk. Child Psychology relates to developmentally appropriate services and family systems. Cognitive Behavioral Therapy relates to structured, goal-oriented, evidence-informed programming. Forensic Psychology relates to trauma, legal systems, victim needs, risk, and interdisciplinary work. Psychological First Aid, grief training, military and veteran trauma education, and victim-services training support crisis-informed and community programming. See **Exhibits B and C.II**.

This education does not merely establish credentials. It allows Ms. Marques de Oliveira to understand what program safeguards are necessary, what must be reserved to licensed clinicians, how crisis pathways differ from routine wellness services, what data should be monitored, and how program design must change for different populations.

3.2.2 Her Career Developed in the Same Sequence the Endeavor Requires

Her community experience at Projeto Travessia taught her to adapt structured activities to vulnerable groups and coordinate within a broader program. Her early substance-dependency work exposed her to complex behavioral-health needs. Her independent practice taught her to manage an ongoing service operation and remain accountable for clients, schedules, documentation, finances, and continuity. Her wellness work expanded her prevention and group-education perspective. Her digital-platform roles taught her how access, service delivery, privacy, communication, and multidisciplinary coordination function through technology. Her crisis-helpline work taught her how high-risk cases require clear assessment, de-escalation, escalation, documentation, referral, and handover.

Integrated Mental Health Solutions requires precisely this combination. A person with only clinical knowledge might lack operating experience. A generic manager might lack the mental-health understanding needed to build safe pathways. A technology professional might not understand crisis escalation. Ms. Marques de Oliveira's value is the integration of these domains in a founder who will remain responsible for execution.

3.2.3 She Has Demonstrated Process Improvement in a Distributed Crisis Environment

The letters from Lian Jia Yie and Isabela Duarte Fernandes Pinto Paiva provide the most direct evidence that Ms. Marques de Oliveira can convert observation into operational improvement.

Ms. Lian observed her in an international crisis environment and describes contributions to a multilingual and multi-regional review. Ms. Marques de Oliveira identified inefficiencies and proposed practical changes concerning call handling, documentation, and escalation. Ms. Lian reports that this work improved response processes and standardization. See **Exhibit C.II, Letter of Support from Lian Jia Yie**.

Ms. Isabela supplies additional specificity. The suggestion to include the final digits of test-call telephone numbers in dashboards is a small but concrete quality-control improvement. Dedicated check-in groups address team communication. The Ranger Recognition initiative addresses engagement and reinforcement. Together, these examples show attention to the technical and human dimensions of a distributed service system. See **Exhibit C.II, Letter of Support from Isabela Duarte Fernandes Pinto Paiva**.

These contributions matter to the proposed endeavor because service quality often depends on ordinary operational details: whether a test call can be traced, whether a handover is complete, whether a team knows where to escalate, whether documentation uses a common standard, and whether staff receive feedback. Ms. Marques de Oliveira has already worked on such details in a crisis-sensitive environment.

3.2.4 She Has Demonstrated Long-Term Practice and Business Management

Entrepreneurial petitions require more than a Business Plan written for immigration purposes. Ms. Marques de Oliveira has already managed professional activity over an extended period. The accountant's letter documents private-practice operations since 2014, responsibility for office management, and recurring revenue across multiple years. The company-registration records document a formal Brazilian enterprise under her ownership and management. See **Exhibit C.II**.

The business evidence further corroborates continuity and increasing responsibility. The accountant reports gross professional revenue of R$84,640 in 2020, R$98,600 in 2021, R$104,600 in 2022, R$106,000 in 2023, and R$115,000 in 2024. These figures are not presented as evidence of exceptional ability or extraordinary compensation. They demonstrate sustained professional activity, recurring commercial responsibility, and an established record of managing a service-based enterprise. Company records further show that Raquel Marques de Oliveira Ltda., doing business as RM Consultoria, was formally registered in December 2023. **See Exhibit C.II**, Company Registration Records and Accountant Letter.

This evidence shows experience with the recurring disciplines that a service enterprise requires: attracting and retaining clients, organizing schedules, maintaining records, managing revenue and expenses, meeting administrative obligations, and adapting services over time. Her planned U.S. company is larger and more complex, but it does not begin from zero managerial experience.

3.2.5 Her Work Has Produced Observable Benefits for Service Recipients

Letters from service recipients corroborate Ms. Marques de Oliveira's ability to establish structure, monitor progress, adapt methods, and coordinate support. Daiane Sofia Costa de Sousa describes an organized approach that included practical exercises, mindfulness, and coordination with family and school contexts during a severe period of distress. Gabriel Fiorati Marcantonio describes a structured action plan with defined goals, monitoring, and accountability during a professional and personal recovery process. Larissa Rizzo describes individualized cognitive-behavioral techniques, emotional-regulation exercises, journaling, and progress tracking. See **Exhibit C.II, Letters of Support from Service Recipients**.

These letters are offered for the limited and appropriate purpose of documenting firsthand observations. They are not independent medical studies, and the petition does not ask USCIS to accept every reported outcome as clinical causation. Their value is that unrelated recipients consistently describe the same professional habits: structure, personalization, follow-through, measurable goals, and integration of the person's broader environment. Those habits are directly relevant to program design and implementation.

3.2.6 Educators and a Long-Term Supervisor Confirm Her Program Capacity

Professor Tereza Elizete Gonçalves observed Ms. Marques de Oliveira during her early work with Projeto Travessia. She describes Ms. Marques de Oliveira's ability to adapt structured activities for vulnerable children and adolescents, maintain ethical boundaries, stabilize group dynamics, and create appropriate channels for expression when participants disclosed violence or emotional distress. These observations demonstrate an early capacity to operate responsibly within community-based mental-health programming.

Ms. Claudia Carraro observed Ms. Marques de Oliveira during a vocational-guidance project and through later professional development. She describes a structured, cognitive-behavioral, and reproducible approach, together with attention to institutional workflows and cross-cultural environments. Her account supports the conclusion that Ms. Marques de Oliveira's methods are not limited to isolated individual sessions, but can be translated into organized programs and operational practices.

Mr. Weudman Araújo describes a supervisory relationship beginning in 2014 and continued observation of Ms. Marques de Oliveira's development in cognitive-behavioral methods, independent-practice management, remote service delivery, crisis-sensitive situations, service organization, and professional leadership. His long-term perspective is particularly relevant because it demonstrates sustained progression rather than a qualification developed solely for the proposed U.S. endeavor.

These letters are reinforced by the operational observations of Ms. Lian Jia Yie and Ms. Isabela Duarte Fernandes Pinto Paiva, who identify concrete contributions to crisis-response workflows, documentation, monitoring, escalation, team communication, and quality improvement. They are also consistent with the firsthand accounts of Ms. Daiane Sofia Costa de Sousa, Mr. Gabriel Fiorati Marcantonio, and Ms. Larissa Rizzo, who describe structured goals, individualized methods, progress monitoring, follow-through, and coordination with the individual's broader environment. Taken together, the letters provide specific, firsthand evidence of a record of success directly related to the proposed endeavor. **See Exhibit C.II, Letters of Support.**

3.2.7 Her Plan for Future Activities Provides a Detailed and Coherent Implementation Model

The Business/Professional Plan in **Exhibit C.I** identifies the company's purpose, services, target populations, staffing, pricing assumptions, marketing channels, implementation stages, financial projections, management duties, and expansion strategy. It also establishes the critical compliance distinction between Ms. Marques de Oliveira's managerial role and clinical services provided by licensed professionals.

The plan is not treated as self-proving. Its weight comes from consistency with the rest of the record. The service lines correspond to Ms. Marques de Oliveira's actual background in digital mental health, crisis response, wellness, community work, and independent practice. The staffing plan recognizes the need for licensed professionals. The phased launch recognizes that partnerships, capacity, and geographic growth require time. The management duties correspond to her documented business and process experience.

The plan also identifies measurable operating assumptions. It projects service volume, revenue, staffing, payroll, expenses, and tax contributions over five years. Some results will necessarily depend on demand and execution, but the existence of quantified assumptions allows actual performance to be compared with the plan and permits management decisions to be adjusted.

3.2.8 The Business Plan Is Financially Viable and Supported by a Documented Asset Base

The planned startup budget is modest relative to a capital-intensive medical facility because the endeavor uses a hybrid, service-driven model. The Business Plan allocates $35,000 to startup expenses and $15,000 to working capital. Planned uses include formation and professional expenses, technology, a website and digital systems, insurance and compliance preparation, workspace, marketing, and early administrative support.

With a total initial investment of $50,000, Integrated Mental Health Solutions is well-positioned to initiate operations, establish a presence in the Tampa, Florida market, and implement a scalable and accessible mental health service model. This investment reflects Ms. Raquel Marques de Oliveira's commitment to developing a sustainable business that delivers both economic value and public health impact.

2.5.1 Startup Requirements Table

Startup	
Requirements	
Startup Expenses	
Business Registration & Legal Fees	$2,000
Licensing & Permits	$2,500
Office Lease & Deposit (Small Office / Shared Space)	$6,000
Office Equipment & Furnishings	$3,500
Technology & Software	$5,000
Website Development & Branding	$4,000
Marketing & Advertising (Initial Launch)	$6,000
Insurance (Professional & General Liability)	$3,500
Professional Services (Accounting & Legal Advisory)	$2,500
Total Startup Expenses	$35,000
Startup Assets	
Cash Required	$15,000
Startup Inventory	$0
Other Current Assets	$0
Long-term Assets	$0
Total Assets	$15,000
Total Requirements	**$50,000**

The viability exhibit includes a R$200,000 investment certificate and appraisal evidence for three properties valued in the aggregate at R$2,050,000. See **Exhibit C.II. Business Plan Viability Evidence** with financial evidence. The petition does not claim that all appraised value is immediately liquid, nor that a financing disbursement is unencumbered savings. The evidence nevertheless supports the reasonable conclusion that Ms. Marques de Oliveira has an established asset base and is financially positioned to fund a $50,000 phased launch through lawful and documented means.

3.2.9 The Planned Operating Controls Make Implementation Credible

The endeavor will require safeguards appropriate to mental-health services. The Business Plan commits to the use of licensed U.S. professionals. The legal framework described in Section 2.5 further requires provider-credential verification, patient-location procedures, privacy and record controls, informed consent, crisis escalation, professional liability coverage, and any applicable business or facility authorizations.

Ms. Marques de Oliveira's record makes these controls credible. She has worked under platform contracts, data-protection obligations, structured crisis duties, documentation requirements, and multidisciplinary oversight. Her colleagues identify improvements to tracking and escalation. Her proposed role is therefore not to improvise clinical care. It is to build an accountable administrative structure in which qualified professionals can work.

3.2.10 Her Multilingual and Cross-Cultural Experience Supports Access and Partnerships

Ms. Marques de Oliveira works in Portuguese and English and has professional proficiency in Spanish. Her recent platform work has involved international teams and geographically dispersed service environments. See **Exhibits A, B, and C.II**.

Language ability alone does not establish national importance. In implementation, however, it can support clearer communication, culturally responsive outreach, multilingual materials, employer programs for diverse workforces, and relationships with organizations serving immigrant and underserved communities. It also strengthens her ability to manage distributed teams and adapt standardized workflows across settings.

3.2.11 The Evidence Demonstrates Progress, Not Merely Intent

At filing, Ms. Marques de Oliveira has not yet represented that Integrated Mental Health Solutions is a fully operating nationwide enterprise. The record instead shows the types of progress reasonably available before U.S. implementation:

1. a defined and detailed Business/Professional Plan;
2. more than a decade of related post-baccalaureate work;
3. current digital mental-health and crisis-response experience;
4. firsthand evidence of workflow and quality-improvement contributions;
5. an existing history of self-employment and company management;
6. recent education and training tailored to crisis, trauma, veterans, forensics, and victim services;
7. evidence of a financial and asset base sufficient to support the planned initial investment; and
8. a compliance-based role that separates program leadership from clinical licensure.

Taken as a whole, the record demonstrates substantially more than an academic credential. Ms. Marques de Oliveira holds the equivalent of a U.S. Bachelor of Science in Psychology and completed postgraduate education in Chemical Dependency, Child Psychology, Cognitive Behavioral Therapy, and Forensic Psychology. Her professional-registration certificate documented an active Brazilian CRP registration when issued in September 2025, and her international affiliate membership in the American Psychological Association, beginning in 2026, reflects continuing professional engagement. She also completed targeted training in investigative interviewing, Psychological First Aid, grief and loss, military and veteran trauma, and victim services.

Regional Council of PSYCHOLOGY SP

FEDERAL COUNCIL OF PSYCHOLOGY
REGIONAL COUNCIL OF PSYCHOLOGY - 6TH REGION
CRP06 - PARAÍBA VALLEY AND NORTHERN COAST
Rua Nancy Guisard Kehier, 25, Centro - Jardim das Nações
TAUBATÉ - São Paulo - ZIP Code 12030-130 - Phone: (12) 3631-1315 /
https://www.crpsp.org

CERTIFICATE OF REGISTRATION STATUS

This is to certify, for the purpose of proving registration compliance, that **RAQUEL MARQUES DE OLIVEIRA**, registered with the **REGIONAL COUNCIL OF PSYCHOLOGY - 6TH REGION**, with jurisdiction in the State of São Paulo, under number **06/109389**, is currently **ACTIVE** and authorized to practice as a psychologist.



Certificate of Membership

Raquel Marques De Oliveira

was elected to International status as per the Bylaws and Association Rules of APA

Your membership in APA recognizes your participation and support of our profession. APA is an association whose mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Member Number: C2605875938
Member Since: 2026
Active Year: 2026

Her more than decade-long professional progression includes independent-practice and business management, digital mental-health delivery through Telavita, Vitta, Intellect, and Spring Health, crisis-response operations, multidisciplinary coordination, suicide-risk assessment, de-escalation, referrals, documentation, and process improvement. The accountant's statement and company records demonstrate sustained professional revenue and management responsibility. Letters from supervisors, colleagues, educators, and service recipients provide specific examples of leadership, structured methods, workflow improvement, and observable benefits.

These qualifications align directly with the endeavor she proposes to advance. Her Psychology education supplies the technical foundation; her independent practice supplies business and service-management experience; her digital-platform work supplies knowledge of technology-enabled access and distributed teams; her crisis work supplies practical understanding of assessment, escalation, referral, documentation, and continuity; and her process contributions demonstrate the ability to convert operational observations into implementable improvements. The Business Plan, phased implementation strategy, documented asset base, compliance structure, and planned coordination of licensed U.S. professionals provide a credible path from her prior record to future U.S. implementation.

Accordingly, Ms. Marques de Oliveira is well positioned to advance the proposed endeavor, and the second Dhanasar prong is satisfied by a preponderance of the evidence. **See Exhibits A, B, C.I, and C.II.**

3.3 THIRD PRONG: ON BALANCE, THE UNITED STATES WILL BENEFIT FROM WAIVING THE JOB-OFFER AND LABOR-CERTIFICATION REQUIREMENTS

The third prong balances the national interest served by labor certification against the benefits of a waiver in the particular case. *Dhanasar* identifies several relevant considerations: whether the nature of the qualifications or endeavor makes a job offer or labor certification impractical; whether the United States would still benefit from the individual's contributions even if other qualified U.S. workers are available; and whether the national interest in the contributions is sufficiently urgent to warrant proceeding without labor certification. 26 I&N Dec. at 890–91.

The inquiry does not require proof that no U.S. worker could perform any of Ms. Marques de Oliveira's duties. It also does not require a comparison between her and an unidentified U.S. worker. *Dhanasar* replaced that approach with a more flexible balance that expressly accommodates entrepreneurs and self-employed individuals.

3.3.1 In Light of the Nature of Her Qualifications and Proposed Endeavor, Obtaining a Labor Certification Would Be Impractical

Ms. Marques de Oliveira's proposed endeavor is the integrated mental-health access and program-management activity described above. She will advance that endeavor through Integrated Mental Health Solutions, which she will establish and direct as General Operations Manager. She will develop its program architecture, invest in its launch, establish partnerships, recruit and coordinate its team, assume responsibility for its finances and compliance, and direct its phased expansion. There is no independent U.S. employer offering a preexisting General Operations Manager position to be tested through recruitment. The position exists because she proposes to create the organizational vehicle through which the endeavor will be implemented.

A labor certification normally evaluates whether U.S. workers are available for a defined job opportunity offered by a sponsoring employer under stated minimum requirements. That process does not readily evaluate whether a founder should be permitted to establish and direct a new organization that depends on her continuing initiative, investment, professional history, and program concept. Requiring the founder to obtain sponsorship from an unrelated employer would materially alter the endeavor rather than test the labor market for the endeavor as proposed.

The impracticality is heightened by the integrated nature of her qualifications. Individual components can be stated in a job description, but the endeavor is based on their combination: a Psychology foundation; long-term independent-practice management; digital mental-health operations; corporate service environments; crisis-risk assessment and de-escalation; multilingual and cross-regional work; practical workflow improvement; and direct responsibility for the Business Plan. Labor certification is not designed to measure founder-specific accountability for creating and financing the job opportunity itself.

The petition does not contend that no other professional in the United States possesses psychology, management, telehealth, or crisis experience. The relevant point is narrower and stronger. Integrated Mental Health Solutions, as proposed, is the product of Ms. Marques de Oliveira's particular history and continuing responsibility. Her prior practice, platform work, crisis duties, process contributions, training, and investment explain both the design of the venture and why she is positioned to execute it.

Replacing her with a hypothetical employee would not simply substitute one manager for another. It would remove the founder who conceived the operating model, assembled the evidence and plan, carries the financial risk, and intends to remain accountable for implementation. That founder-specific relationship between individual and endeavor is a recognized reason why ordinary employer sponsorship may be impractical.

3.3.2 The United States Would Benefit from Her Contributions Even If Other Qualified U.S. Workers Are Available

The national interest in labor certification includes protection of U.S. wages and working conditions. A waiver here is consistent with that interest because Ms. Marques de Oliveira's plan is to create service capacity and jobs, not to replace an existing U.S. employee.

The company's clinical services will be delivered by appropriately licensed professionals. The staffing plan anticipates therapists, crisis-intervention specialists, corporate-wellness coordinators, community-outreach personnel, and administrative staff. By year five, the plan projects sixteen total team members, including the founder, which means fifteen planned positions beyond Ms. Marques de Oliveira. See **Exhibit C.I**.

Even if qualified U.S. workers are available, the United States benefits from Ms. Marques de Oliveira advancing the endeavor because those workers are potential employees, contractors, collaborators,

referral partners, and licensed service providers. Her role is to organize demand, create programs, establish partnerships, and build the operating structure through which their skills can reach more individuals and institutions. Granting the waiver therefore supports, rather than circumvents, U.S. professional participation.

3.3.3 The National Interest in Her Contributions Is Sufficiently Urgent to Warrant Forgoing the Labor Certification Process

The evidence documents continuing unmet behavioral-health needs, serious crisis volume, suicide risk, workplace stress, and gaps in access and community coordination. The endeavor will not solve those problems alone, but it can add service capacity and strengthen the institutions through which people seek help.

Requiring an unrelated job offer and labor-market test would postpone or fundamentally change the founder-led implementation without producing a meaningful comparison for this particular position. A waiver allows Ms. Marques de Oliveira to proceed with formation, hiring, partnership development, compliance work, and program launch as a coherent endeavor. The resulting benefits include additional licensed-service opportunities, institutional crisis preparedness, employer programming, community navigation, and new U.S. positions.

Urgency does not mean that ordinary adjudicatory safeguards should be ignored. It means that the national interest is better served by evaluating this founder and this plan under the NIW framework Congress provided than by forcing the endeavor into a recruitment process designed for a conventional employer vacancy.

3.3.4 On Balance, the Benefits of the Waiver Outweigh the Benefits of Requiring Labor Certification

Several features of the petition demonstrate that the requested waiver is responsible rather than speculative.

First, the petition defines Ms. Marques de Oliveira's role as managerial and does not use the NIW process to avoid state professional-licensing requirements.

Second, it relies on licensed U.S. professionals for clinical care and treats telehealth expansion as subject to the law of each patient's location.

Third, it distinguishes government evidence of national need from evidence of the endeavor's prospective impact.

Fourth, it presents financial and employment figures as projections, accurately counts fifteen planned positions beyond the founder, and does not depend on an unsupported economic multiplier.

Fifth, it grounds future plans in related past performance, including long-term practice management, current crisis work, and specific process improvements.

These safeguards strengthen the balance. The waiver will enable a qualified advanced-degree professional to create and manage additional mental-health infrastructure while preserving licensure, employment, and quality protections.

Labor certification is impractical for the founder-created and founder-directed position at the center of Integrated Mental Health Solutions. Even assuming other qualified workers are available, the United States will benefit from Ms. Marques de Oliveira's contribution because she will create programs, partnerships, service capacity, and positions for U.S.-licensed and other U.S. workers. The documented public needs and the endeavor's compliance-based design further favor timely implementation.

On balance, the benefits of granting the waiver outweigh the benefits of requiring a job offer and labor certification in this case. The third *Dhanasar* prong is satisfied. See **Exhibits C.I and C.II**.

4. FINAL CONSIDERATIONS

The evidence submitted with this petition demonstrates, by a preponderance of the evidence, that Ms. Marques de Oliveira satisfies the requirements for EB-2 classification as a member of the professions holding an advanced degree. Her foreign academic credential has been evaluated as equivalent in the United States to a Bachelor of Science in Psychology, and her record demonstrates well over five years of progressive post-baccalaureate experience in psychology, mental-health services, independent-practice management, digital mental-health delivery, crisis-response operations, and program management. Her education and progressive experience are directly related to her proposed occupation as General Operations Manager and to the specialized mental-health endeavor she intends to advance in the United States. (Exhibits A, B, and C.II).

The record also demonstrates that Ms. Marques de Oliveira satisfies the three-prong framework established in *Matter of Dhanasar.*

I. **Her proposed endeavor, through the establishment and phased development of Integrated Mental Health Solutions, has substantial merit and national importance**. It addresses documented needs in the United States involving access to behavioral-health services, crisis coordination and suicide prevention, workplace mental health and workforce resilience, and support for underserved populations, including veterans. Through licensed telehealth delivery, standardized intake, referral, escalation, and follow-up workflows, institutional programs, community partnerships, professional training, outcome measurement, and phased replication, the endeavor is structured to produce prospective benefits extending beyond a single office, employer, or local client base. It is also aligned with federal priorities involving behavioral-health access, coordinated crisis care, suicide prevention, workplace well-being, and veteran support. (Exhibit C.I).

II. **Ms. Marques de Oliveira is well positioned to advance the proposed endeavor**. Her academic background in Psychology, postgraduate education, specialized professional training, and more than a decade of progressive experience encompass independent-practice and business management, digital mental-health delivery through Telavita, Vitta, Intellect, and Spring Health, multidisciplinary coordination, suicide-risk assessment, de-escalation, referral systems, crisis-response workflows, and operational improvement. Her documented professional progression, demonstrated contributions to crisis documentation and escalation procedures, management of an existing professional enterprise, letters of support, financial and asset evidence, and detailed Business Plan collectively demonstrate her ability to establish, manage, and expand Integrated Mental Health Solutions in the United States. (Exhibits A, B, C.I, and C.II).

III. **On balance, it would be beneficial to the United States to waive the job offer and labor certification requirements**. The proposed endeavor is not limited to a conventional position tied to a single employer or to a preexisting clinical vacancy. It is a founder-created and founder-directed initiative designed to serve individuals, employers, institutions, and community organizations; coordinate appropriately licensed U.S. professionals; create additional U.S. positions; expand mental-health service capacity; and generate economic activity. Requiring labor certification would not adequately capture the broader prospective value of Ms. Marques de Oliveira's work as founder and General Operations Manager of Integrated Mental Health Solutions. (Exhibit C.III).

In light of the evidence presented, Ms. Marques de Oliveira respectfully submits that she qualifies for classification under the EB-2 category and that her proposed endeavor merits the grant of a National Interest Waiver. Accordingly, we respectfully request that USCIS approve Ms. Marques de Oliveira's Form I-140 petition under the EB-2 classification and grant a waiver of the job offer and labor certification requirements in the national interest of the United States.

Thank you for your time and consideration to Mr. Ms. Marques de Oliveira's petition.

Respectfully submitted,



Otavio Haverroth Silva
California Bar # 343486

Exhibit list

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Exhibit A

RAQUEL MARQUES

Clinical Psychologist & Mental Health Specialist

São José dos Campos, SP - Brazil | +55 (12) 99135-4406 | rmpsi10@gmail.com
CRP: 06/109389 | CNPJ: 53.293.760/0001-09

PROFESSIONAL SUMMARY

Experienced Clinical Psychologist with 10+ years of expertise in mental health care, specializing in international telemedicine platforms and evidence-based therapeutic interventions. Proven track record in crisis intervention, cognitive behavioral therapy, and multicultural patient care across American and Singaporean healthcare systems. Bilingual professional committed to expanding mental health accessibility globally through innovative digital health solutions.

CORE COMPETENCIES

Cognitive Behavioral Therapy | Crisis Intervention | Risk Assessment | Telemedicine | Multicultural Competence | Mental Health Screening | Conflict Resolution | Team Leadership | Digital Health Tools | Data Protection Compliance | Emotional Intelligence | Evidence-Based Practice

PROFESSIONAL EXPERIENCE

Clinical Psychologist

May 2025 - Present

Spring Health (American International Company)

Providing comprehensive mental health services through corporate wellness programs, delivering evidence-based therapeutic interventions to diverse client populations.

- Conduct brief evidence-based online screenings and comprehensive assessments
- Deliver individualized care for children, adolescents, couples, and families via online and in-person modalities
- Implement culturally competent care with focus on diversity and inclusion across all demographics

Clinical Psychologist

Sep 2024 - Present

Intellect Company Pte. Ltd. (Singapore)

Delivering specialized psychotherapy services through innovative digital health platform, focusing on adolescent and adult mental health care.

- Provide individualized psychotherapy via online and in-person modalities
- Collaborate with international multidisciplinary teams to ensure comprehensive care

Crisis Helpline Responder

Jun 2024 - Present

Intellect Company Pte. Ltd. (Singapore)

Specialized crisis intervention specialist providing immediate support for individuals experiencing mental health emergencies and suicidal ideation.

- Conduct comprehensive risk assessments including lethality evaluations for suicide prevention
- Employ advanced de-escalation and crisis intervention techniques
- Maintain detailed documentation in compliance with GDPR and international data protection laws

Clinical Psychologist & Coach

2014 - Present

Private Practice

Independent practice specializing in cognitive behavioral therapy, personal coaching, and comprehensive mental health services.

- Built and managed successful private practice serving 500+ clients over 10+ years
- Specialized in CBT and evidence-based therapeutic approaches with 95% client satisfaction rate
- Integrated coaching techniques with psychological interventions for holistic personal development

Clinical Psychologist

Apr - Sep 2024

Vitta Digital Hospital

Provided comprehensive mental health services through digital healthcare platform with multidisciplinary team approach.

Yoga Instructor & Wellness Coach

2016 - 2021

Own Studio

Integrated mental and physical wellness through yoga instruction, meditation, and holistic health approaches.

EDUCATION & QUALIFICATIONS

Bachelor of Psychology

UNITAU - University of Taubaté

2012

Postgraduate - Chemical Dependency

UNIFESP

2013

Postgraduate - Child Psychology

ANHANGUERA

2023-2024

Postgraduate - Cognitive Behavioral Therapy

ANHANGUERA

2024

Postgraduate - Legal Psychology

Gran Faculdade (In Progress)

2025

International Business English

ILSC Education Group, Canada

2014

LANGUAGES

Portuguese	English	Spanish
Native	Fluent (Professional)	Intermediate

CERTIFICATIONS & PROFESSIONAL TRAINING

Intellect Skills Training: An Overview of OCD Treatment	May 2025
Mental Health First Aid International - Licensed Provider	Feb 2025
ZSA Suicide Awareness Training	Feb 2025
Intellect Certified Trust & Safety Advanced Practitioner	Jan 2025
Care Compass: Enhancing Risk Assessment Skills	Jun 2024
Intellect Helpline - Rangers' Training 1-2-3	Jun 2024
Judicial Expertise Certification (40 hours)	Jul 2022
Legal Psychology Specialization (35 hours)	Feb 2022
Forensic Psychopathology - Vivare Courses, São Paulo	Sep 2020
Mindfulness Training - Espaço Medita | UNIFESP, São Paulo	Oct-Dec 2017
Therapeutic Hypnosis and Self-Hypnosis - Elleven Training	Jun 2017
Yoga Instructor Training - Brazilian Society of Integral Yoga	Mar 2016 - Jun 2017
Certified Professional Coach - Brazilian Coaching Society	Sep 2014
International English Language Program - ILSC Education Group, Canada	Feb-Apr 2014
Legal Psychology Specialization - São Paulo	Aug 2010
Police and Criminal Psychological Expertise - São Paulo	Apr 2010

Exhibit B - Eligibility Criteria: Advanced Degree

MÔNICA MAESTRO
Tradutora Pública e Intérprete Comercial / Sworn Translator
INGLÊS / PORTUGUÊS – PORTUGUESE / ENGLISH
Matric. JUCESP Nº 1466 - CPF Nº 060.054.078-21 – CCM Nº 3.888.838-6
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I, Mônica Maestro, Public and Sworn Translator, certify and acknowledge the receipt of one document in Portuguese, which I identify as a Diploma, from which I translate the results and pertinent data into English:

[Coat of Arms of The Federative Republic of Brazil] [Symbol of the city of Taubaté]

UNIVERSIDADE DE TAUBATÉ
Biosciences Field

The Dean of Universidade de Taubaté, in the exercise of his attributions and in view of the completion
of the Psychology Course and graduation on February 10, 2012,
confers the degree of
Psychologist on
Raquel Marques de Oliveira
Brazilian, born in the state of São Paulo,
born on March 31, 1987, ID 43.929.570-1-SP,
and grants her this Diploma so that she can enjoy all the rights and legal prerogatives.

Taubaté, February 10, 2012

[Signature] – Elisa Hruschka – Academic Control Coordinator
[Signature] – Ana Julia Urias dos Santos Araujo – Graduation Dean
[Signature] – Graduate
[Signature] – José Rui Camargo - Dean

[Back]

UNIVERSIDADE DE TAUBATÉ
Recognized by Federal Decree No. 78,924 of 12-9-1976.
Reaccredited by Ordinance CEE/GP No. 30,
of 01-22-2003 - State Official Gazette of 01-24-2003.

Course: PSYCHOLOGY
Recognized by Ministerial Ordinance MEC No. 67,
of February 08, 1982.
Recognition renewed by Ordinance CEE/GP No. 581,
of 11-06-2007 - State Official Gazette of 11-08-2007.

UNIVERSIDADE DE TAUBATÉ
Diploma registered under the No. **017505**
Process No. **617/2012** pursuant to Art. 48 of Law 9394/96.
Taubaté, FEB 10, 2012
[Signature] – Elsa Maria Saldanha – General Secretary

NOTHING ELSE was written in the document above, which I return with this accurate and faithful translation that I typed, checked, found in accordance, and signed.

Mônica Maestro
Sworn Translator and Commercial Interpreter
São Paulo, August 13, 2023

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Universidade de Taubaté

Área de Biociências

O Reitor da Universidade de Taubaté, no uso de suas atribuições, tendo em vista a conclusão do Curso de Psicologia e a Colação de Grau, realizada em 10 de fevereiro de 2012, confere o título de

Psicólogo a

Raquel Marques de Oliveira

brasileira, natural do Estado de São Paulo,
nascida a 31 de março de 1987, RG 45.929.570 - 1 - SP

e outorga-lhe o presente Diploma, a fim de que possa gozar de todos os direitos e prerrogativas legais.

Taubaté, 10 de fevereiro de 2012

MONICA MAESTRO
REGISTRATION
1466
JUCESP
TRANSLATOR-COMMERCIAL INTERPRETER

Elisa Hruschka
Coordenadora de Controle Acadêmico

Ana Julia Arias dos Santos Araujo
Pró-reitora de Graduação

Diplomado

José Rui Camargo
Reitor

UNIVERSIDADE DE TAUBATÉ
Reconhecida pelo Decreto Federal nº. 78.924 de 9-12-1976.
Recredenciada pela Portaria CEE/GP nº. 30,
de 22-01-2003 – D.O.E. de 24-01-2003.

Curso: PSICOLOGIA.
Reconhecido pela Portaria Ministerial MEC nº. 67,
de 08 de fevereiro de 1982.
Reconhecimento renovado pela Portaria CEE/GP nº. 581,
de 06-11-2007 – D.O.E. de 08-11-2007.

UNIVERSIDADE DE TAUBATÉ

Diploma registrado sob nº. 017505

Proc. nº. 617/2012 *nos termos do Art. 48 da Lei 9394/96.*

Taubaté, 10 FEV. 2012

Elsa Maria Saldanha
Secretária Geral

MÔNICA MAESTRO
REGISTRATION
1466
JUCESP
SWORN TRANSLATOR - COMMERCIAL INTERPRETER

University of Taubaté
Municipal Autonomous Institution under Special Regime
Recognized by Federal Decree No. 78.924/76
Reaccredited by the State Education Council of São Paulo (CEE/SP)
CNPJ: 45.176.153/0001-22

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Avenida Nove de Julho, 245 – Centro – Taubaté – SP – 12020-200
Phone: (12) 3625-4152 / 3625-4155
Tel/Fax: (12) 3625-4154 / 3625-4156 / 3625-4158
cca@unitau.br

ACADEMIC TRANSCRIPT

Identification

Raquel Marques de Oliveira

Student ID No.: 00890244

ID: 43.929.570-1/SP

Personal Information

Date of Birth: 03/31/1987 State of Birth: São Paulo Nationality: Brazilian
Academic Status: Graduated

Program

Field: Biosciences Program: PSYCHOLOGY (EVENING PROGRAM) Curriculum Code: 82-20070
Academic Degree: BACHELOR'S DEGREE Degree Conferred: PSYCHOLOGIST
Recognized by Ministerial Ordinance No. 67 of 02/08/1982 Reaccredited by Ordinance CEE/GP No. 279 of 06/08/2017

Admission Information

Admission Type: External Transfer Institution: Araraquara University Center
Year/Semester of Admission: 2008 Year/Month of Admission Process: 2006/01 Admission Process Rank: 2

PROGRAM COURSES

1st Year

Code	Courses Description	Term	Grade	Workload	Status
300055	HUMAN ANATOMY	2006	7.5	102	Transferred
300061	ANTHROPOLOGY	2008	8.1	68	Approved
301257	INTERDISCIPLINARY ACTIVITIES	2007	6.3	68	Transferred
300360	STATISTICS APPLIED TO PSYCHOLOGY	2006	5.0	68	Transferred
300477	PHILOSOPHICAL FOUNDATIONS OF PSYCHOLOGY	2006	6.4	68	Transferred
300631	INTRODUCTION TO ACADEMIC AND SCIENTIFIC WORK	2007	6.8	68	Transferred
301615	ACADEMIC PORTUGUESE	2006	6.0	136	Transferred
301691	PSYCHOLOGY OF LEARNING I: THEORETICAL FOUNDATIONS	2009	6.0	68	Transferred
301001	DEVELOPMENTAL PSYCHOLOGY I: CHILDHOOD AND ADOLESCENCE	2007	6.9	68	Transferred
301012	GENERAL PSYCHOLOGY I: HISTORICAL DEVELOPMENT AND ARTS	2006	6.0	68	Transferred
301110	SOCIOLOGY	2006	5.8	68	Transferred
300379	GENERAL AND PROFESSIONAL ETHICS	2007	6.8	68	Transferred

2nd Year

Code	Courses Description	Term	Grade	Workload	Status
301258	BASIC SUPERVISED INTERNSHIP I	2007	6.5	68	Transferred
300467	FUNDAMENTALS OF NEUROPSYCHOLOGY	2007	5.3	68	Transferred
301687	PSYCHODIAGNOSTICS	2008	6.2	68	Approved
301692	PSYCHOLOGY OF LEARNING II: COGNITIVE PROCESSES AND LEARNING PROBLEMS	2009	6.0	68	Transferred
301697	PERSONALITY PSYCHOLOGY I: PSYCHODYNAMIC BASIS	2007	6.0	68	Transferred
301002	DEVELOPMENTAL PSYCHOLOGY II: ADULTHOOD, AGING, AND DEATH	2007	6.9	68	Transferred
301011	EXPERIMENTAL PSYCHOLOGY: THEORETICAL AND METHODOLOGICAL FOUNDATIONS	2006	6.1	102	Transferred
301013	GENERAL PSYCHOLOGY II: EPISTEMOLOGICAL AND PARADIGMATIC BASES	2008	6.2	68	Approved
301020	SOCIAL PSYCHOLOGY I	2007	6.1	68	Transferred
301023	PSYCHOPATHOLOGY OF PSYCHOLOGICAL FUNCTIONS	2008	6.2	68	Approved
301127	PSYCHOLOGICAL ASSESSMENT TECHNIQUES I: PSYCHOMETRIC INSTRUMENTS	2007	6.1	102	Transferred

3rd Year

Code	Courses Description	Term	Grade	Workload	Status
300001	PSYCHOLOGICAL COUNSELING AND BRIEF INTERVENTIONS	2009	6.1	68	Approved
300047	FUNCTIONAL BEHAVIOR ANALYSIS	2009	6.0	68	Approved
301259	BASIC SUPERVISED INTERNSHIP II	2009	8.5	120	Approved
300796	RESEARCH METHODS AND TECHNIQUES IN PSYCHOLOGY I	2009	6.8	68	Approved
301698	PERSONALITY PSYCHOLOGY II: HUMANISTIC-EXISTENTIAL BASIS	2009	7.2	68	Approved
301000	PSYCHOLOGY OF FAMILY RELATIONSHIPS	2009	7.7	68	Approved
301004	WORK PSYCHOLOGY: FUNDAMENTALS, DEVELOPMENT, AND PERSPECTIVES	2009	7.3	68	Approved
301010	EDUCATIONAL PSYCHOLOGY	2009	8.0	68	Approved

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ACADEMIC TRANSCRIPT

Raquel Marques de Oliveira

Student ID No.: 00890244

ID: 43.929.570-1/SP

PROGRAM COURSES

3rd Year

Code	Courses Description	Term	Grade	Workload	Status
301021	SOCIAL PSYCHOLOGY II	2009	6.6	68	Approved
301024	PSYCHOPATHOLOGY OF MENTAL DISORDERS	2009	7.0	68	Approved
301128	PSYCHOLOGICAL ASSESSMENT TECHNIQUES II: EXPRESSIVE AND PROJECTIVE INSTRUMENTS	2009	6.3	102	Approved

4th Year

Code	Courses Description	Term	Grade	Workload	Status
301261	SPECIFIC SUPERVISED INTERNSHIP: EMPHASIS ON PSYCHOLOGY AND MANAGEMENT PROCESSES I	2010	10.0	120	Approved
301262	SPECIFIC SUPERVISED INTERNSHIP: EMPHASIS ON PSYCHOLOGY AND HEALTH I	2010	10.0	120	Approved
300797	RESEARCH METHODS AND TECHNIQUES IN PSYCHOLOGY II	2010	7.0	68	Approved
301690	APPLIED PSYCHOLOGY IN INSTITUTIONS	2010	7.6	68	Approved
301699	HEALTH PSYCHOLOGY	2010	6.8	68	Approved
301005	GROUP PSYCHOLOGY	2010	7.3	68	Approved
301009	PSYCHOLOGY AND MANAGEMENT PROCESSES	2010	7.3	68	Approved
301178	PSYCHOTHERAPEUTIC THEORIES AND TECHNIQUES – BEHAVIORAL APPROACH	2010	7.8	68	Approved
301179	PSYCHOTHERAPEUTIC THEORIES AND TECHNIQUES – HUMANISTIC-EXISTENTIAL APPROACH	2010	7.3	68	Approved
301180	PSYCHOTHERAPEUTIC THEORIES AND TECHNIQUES – PSYCHOANALYTIC APPROACH	2010	7.3	68	Approved
301263	UNDERGRADUATE THESIS (PROJECT DESIGN)	2010	7.0	34	Approved

5th Year

Code	Courses Description	Term	Grade	Workload	Status
301265	SPECIFIC SUPERVISED INTERNSHIP: EMPHASIS ON PSYCHOLOGY AND MANAGEMENT PROCESSES II	2011	9.0	120	Approved
301266	SPECIFIC SUPERVISED INTERNSHIP: EMPHASIS ON PSYCHOLOGY AND HEALTH II	2011	10.0	120	Approved
300709	PLAY THERAPY	2011	6.8	68	Approved
301635	PSYCHOEDUCATIONAL PRACTICES FOR HEALTH	2011	9.0	68	Approved
301007	PSYCHOLOGY AND THE SOCIAL ROLE OF THE SCHOOL	2011	8.1	68	Approved
301015	ORGANIZATIONAL PSYCHOLOGY	2011	7.0	68	Approved
301019	COMMUNITY SOCIAL PSYCHOLOGY	2011	7.2	68	Approved
301022	PSYCHOMOTRICITY	2011	6.0	68	Approved
301148	SPECIAL TOPICS IN PSYCHOLOGY	2011	7.1	68	Approved
301268	UNDERGRADUATE THESIS (PROJECT DEVELOPMENT)	2011	9.0	34	Approved

Total Program Credit Hours: 4,136 **Total Completed: 4,136**

CREDIT TRANSFER

Notes:
Courses transferred from Araraquara University Center in 2006 and 2007.
Courses transferred from this University in 2009.

Program Courses		Course taken at another Higher Education Institution or reason for exemption				
Courses Description	**Workload**	**Course Taken**	**Grade**	**Workload**	**Term**	**Institution**
HUMAN ANATOMY	102	NEUROANATOMY AND NEUROPSYCHOLOGY	7.50	72	2006	
APPLIED STATISTICS FOR PSYCHOLOGY	68	MATHEMATICS AND STATISTICS	5.02	72	2006	
GENERAL AND PROFESSIONAL ETHICS	68	PROFESSIONAL ETHICS	6.75	36	2007	
FUNDAMENTALS OF NEUROPSYCHOLOGY	68	NEUROPSYCHOLOGY	5.33	36	2007	

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ACADEMIC TRANSCRIPT

Raquel Marques de Oliveira

Student ID No.: 00890244

ID: 43.929.570-1/SP

CREDIT TRANSFER

PHILOSOPHICAL FOUNDATIONS OF PSYCHOLOGY	68	EPISTEMOLOGICAL FOUNDATIONS OF	6.44	72	2006
INTRODUCTION TO ACADEMIC AND SCIENTIFIC WORK	68	SCIENTIFIC METHODOLOGY	6.75	72	2007
DEVELOPMENTAL PSYCHOLOGY I: CHILDHOOD AND ADOLESCENCE	68	DEVELOPMENTAL PSYCHOLOGY	6.89	108	2007
DEVELOPMENTAL PSYCHOLOGY II: ADULTHOOD, AGING, AND DEATH	68	DEVELOPMENTAL PSYCHOLOGY	6.89	108	2007
EXPERIMENTAL PSYCHOLOGY: THEORETICAL AND METHODOLOGICAL FOUNDATIONS	102	GENERAL AND EXPERIMENTAL PSYCHOLOGY I: LEARNING, COGNITION, MEMORY, AND	6.05	144	2006
GENERAL PSYCHOLOGY I: HISTORICAL DEVELOPMENT AND ARTS	68	HISTORY OF PSYCHOLOGY	6.00	72	2006
	68	THEORY AND SYSTEMS	5.82	72	2007
SOCIAL PSYCHOLOGY I	68	SOCIAL PSYCHOLOGY	6.13	108	2006
SOCIOLOGY	102	INTRODUCTION TO SOCIAL SCIENCES	5.75	36	2007
PSYCHOLOGICAL ASSESSMENT TECHNIQUES I: PSYCHOMETRIC INSTRUMENTS	68	PSYCHOLOGICAL EXAMINATION TECHNIQUE I	6.13	108	2007
INTERDISCIPLINARY ACTIVITIES	68	INTERVIEW AND OBSERVATION TECHNIQUES	6.29	72	2007
BASIC SUPERVISED INTERNSHIP I	68	BASIC INTERNSHIP I	6.50	108	2007
ACADEMIC PORTUGUESE	136	COMMUNICATION AND EXPRESSION	6.00	72	2006
PSYCHOLOGY OF LEARNING I: THEORETICAL FOUNDATIONS	68	PSYCHOLOGY OF LEARNING	6.00	136	2009
PSYCHOLOGY OF LEARNING II: COGNITIVE PROCESSES AND LEARNING PROBLEMS	68	PSYCHOLOGY OF LEARNING	6.00	136	2009
PERSONALITY PSYCHOLOGY I: PSYCHODYNAMIC BASIS	68	PERSONALITY PSYCHOLOGY	6.03	108	2007

National Student Performance Examination

Exempted as an entering student in 2006.
Exempted as a graduating student in 2011. Triennial schedule.

Notes:

Student transferred from the Araraquara University Center in 2008

Graduation and Diploma Conferral

Date of Graduation Ceremony: 02/10/2012
Date of Diploma Issuance: 02/10/2012

Taubaté, January 15, 2021

Gabriela de Moraes
Coordinator of Academic Control

UNIVERSITY OF TAUBATÉ
Academic Control Coordination
President's Office of Undergraduate Studies

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: October 17, 2025.

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HISTÓRICO ESCOLAR

Identificação

Raquel Marques de Oliveira — **R.A.: 00890244** — **RG: 43.929.570-1/SP**

Dados pessoais

Data de nascimento: 31/03/1987 Natural do Estado de: São Paulo Nacionalidade: Brasileira

Situação acadêmica: Formado

Curso

Área: Biociências Curso: PSICOLOGIA (NOTURNO) Currículo: 82-20070

Grau Acadêmico: BACHARELADO Título: PSICÓLOGA

Reconhecido pela Portaria Ministerial 67 de 08/02/1982 Renovação pela Portaria do CEE/GP 279 de 08/06/2017

Dados do ingresso

Forma de ingresso: Transferência Externa Instituição: Centro Universitário de Araraquara

Ano/semestre ingresso: 2008 Ano/mês processo seletivo: 2006/01 Classificação processo seletivo: 2

DISCIPLINAS CURRICULARES

1ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
300055	ANATOMIA HUMANA	2006	7,5	102	Aproveitada
300061	ANTROPOLOGIA	2008	8,1	68	Aprovado
301257	ATIVIDADES INTERDISCIPLINARES	2007	6,3	68	Aproveitada
300360	ESTATÍSTICA APLICADA À PSICOLOGIA	2006	5,0	68	Aproveitada
300477	FUNDAMENTOS FILOSÓFICOS DA PSICOLOGIA	2006	6,4	68	Aproveitada
300631	INTRODUÇÃO AO TRABALHO ACADÊMICO E CIENTÍFICO	2007	6,8	68	Aproveitada
301615	PORTUGUÊS INSTRUMENTAL	2006	6,0	136	Aproveitada
301691	PSICOLOGIA DA APRENDIZAGEM I: FUNDAMENTOS TEÓRICOS	2009	6,0	68	Aproveitada
301001	PSICOLOGIA DO DESENVOLVIMENTO I: INFÂNCIA E ADOLESCÊNCIA	2007	6,9	68	Aproveitada
301012	PSICOLOGIA GERAL I: EVOLUÇÃO HISTÓRICA E ESTADO DA ARTE	2006	6,0	68	Aproveitada
301110	SOCIOLOGIA	2006	5,8	68	Aproveitada
300379	ÉTICA GERAL E PROFISSIONAL	2007	6,8	68	Aproveitada

2ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
301258	ESTÁGIO SUPERVISIONADO BÁSICO I	2007	6,5	68	Aproveitada
300467	FUNDAMENTOS DE NEUROPSICOLOGIA	2007	5,3	68	Aproveitada
301687	PSICODIAGNÓSTICO	2008	6,2	68	Aprovado
301692	PSICOLOGIA DA APRENDIZAGEM II: PROCESSOS COGNITIVOS E PROBLEMAS DE APRENDIZAGEM	2009	6,0	68	Aproveitada
301697	PSICOLOGIA DA PERSONALIDADE I: BASE PSICODINÂMICA	2007	6,0	68	Aproveitada
301002	PSICOLOGIA DO DESENVOLVIMENTO II: VIDA ADULTO, VELHICE E MORTE	2007	6,9	68	Aproveitada
301011	PSICOLOGIA EXPERIMENTAL: BASES TEÓRICO-METODOLÓGICAS	2006	6,1	102	Aproveitada
301013	PSICOLOGIA GERAL II: BASES EPISTEMOLÓGICAS E PARADIGMÁTICAS	2008	6,2	68	Aprovado
301020	PSICOLOGIA SOCIAL I	2007	6,1	68	Aproveitada
301023	PSICOPATOLOGIA DAS FUNÇÕES PSICOLÓGICAS	2008	6,2	68	Aprovado
301127	TÉCNICAS DE EXAME PSICOLÓGICO I: INSTRUMENTOS PSICOMÉTRICOS	2007	6,1	102	Aproveitada

3ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
300001	ACONSELHAMENTO PSICOLÓGICO E INTERVENÇÕES BREVES	2009	6,1	68	Aprovado
300047	ANÁLISE FUNCIONAL DO COMPORTAMENTO	2009	6,0	68	Aprovado
301259	ESTÁGIO SUPERVISIONADO BÁSICO II	2009	8,5	120	Aprovado
300796	MÉTODOS E TÉCNICAS DE PESQUISA EM PSICOLOGIA I	2009	6,8	68	Aprovado
301698	PSICOLOGIA DA PERSONALIDADE II: BASE HUMANISTA - EXISTENCIAL	2009	7,2	68	Aprovado
301000	PSICOLOGIA DAS RELAÇÕES FAMILIARES	2009	7,7	68	Aprovado
301004	PSICOLOGIA DO TRABALHO: FUNDAMENTOS, DESENVOLVIMENTO E PERSPECTIVAS	2009	7,3	68	Aprovado
301010	PSICOLOGIA ESCOLAR	2009	8,0	68	Aprovado

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HISTÓRICO ESCOLAR

Identificação

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DISCIPLINAS CURRICULARES

3ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
301021	PSICOLOGIA SOCIAL II	2009	6,6	68	Aprovado
301024	PSICOPATOLOGIA DOS TRANSTORNOS MENTAIS	2009	7,0	68	Aprovado
301128	TÉCNICAS DE EXAME PSICOLÓGICO II: INSTRUMENTOS EXPRESSIVOS E PROJETIVOS	2009	6,3	102	Aprovado

4ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
301261	ESTÁGIO SUPERVISIONADO ESPECÍFICO: ÊNFASE PSICOLOGIA E PROCESSOS DE GESTÃO I	2010	10,0	120	Aprovado
301262	ESTÁGIO SUPERVISIONADO ESPECÍFICO: ÊNFASE PSICOLOGIA E SAÚDE I	2010	10,0	120	Aprovado
300797	MÉTODOS E TÉCNICAS EM PESQUISA EM PSICOLOGIA II	2010	7,0	68	Aprovado
301690	PSICOLOGIA APLICADA ÀS INSTITUIÇÕES	2010	7,6	68	Aprovado
301699	PSICOLOGIA DA SAÚDE	2010	6,8	68	Aprovado
301005	PSICOLOGIA DOS GRUPOS	2010	7,3	68	Aprovado
301009	PSICOLOGIA E PROCESSOS DE GESTÃO	2010	7,3	68	Aprovado
301178	TEORIAS E TÉCNICAS PSICOTERÁPICAS - ABORDAGEM COMPORTAMENTAL	2010	7,8	68	Aprovado
301179	TEORIAS E TÉCNICAS PSICOTERÁPICAS - ABORDAGEM HUMANISTA-EXISTENCIAL	2010	7,3	68	Aprovado
301180	TEORIAS E TÉCNICAS PSICOTERÁPICAS - ABORDAGEM PSICANALÍTICA	2010	7,3	68	Aprovado
301263	TRABALHO DE CONCLUSÃO DE CURSO (CONSTRUÇÃO DE PROJETO)	2010	7,0	34	Aprovado

5ª Série

Código	Descrição da disciplina	Período	Nota	C.H.	Resultado
301265	ESTÁGIO SUPERVISIONADO ESPECÍFICO: ÊNFASE PSICOLOGIA E PROCESSOS DE GESTÃO II	2011	9,0	120	Aprovado
301266	ESTÁGIO SUPERVISIONADO ESPECÍFICO: ÊNFASE PSICOLOGIA E SAÚDE II	2011	10,0	120	Aprovado
300709	LUDOTERAPIA	2011	6,8	68	Aprovado
301635	PRÁTICAS PSICOEDUCACIONAIS PARA A SAÚDE	2011	9,0	68	Aprovado
301007	PSICOLOGIA E FUNÇÃO SOCIAL DA ESCOLA	2011	8,1	68	Aprovado
301015	PSICOLOGIA NAS ORGANIZAÇÕES	2011	7,0	68	Aprovado
301019	PSICOLOGIA SOCIAL COMUNITÁRIA	2011	7,2	68	Aprovado
301022	PSICOMOTRICIDADE	2011	6,0	68	Aprovado
301148	TEMAS ESPECIAIS EM PSICOLOGIA	2011	7,1	68	Aprovado
301268	TRABALHO DE CONCLUSÃO DE CURSO (EXECUÇÃO E PROJETO)	2011	9,0	34	Aprovado

Carga Horária Total do curso: 4.136 — **Total cursado: 4.136**

APROVEITAMENTO DE ESTUDOS

Observações

Disciplinas aproveitadas do Centro Universitário de Araraquara nos anos de 2006 e 2007.
Disciplinas aproveitadas desta Universidade no ano de 2009.

Disciplinas currículo		Disciplina cursada em outra IES ou motivo da dispensa				
Descrição da disciplina	C.H.	Disciplina cursada	Nota	C.H.	Período	IES
ANATOMIA HUMANA	102	NEUROANATOMIA E NEUROPSICOLOGIA	7,50	72	2006	
ESTATÍSTICA APLICADA À PSICOLOGIA	68	MATEMATICA E ESTATISTICA	5,02	72	2006	
ÉTICA GERAL E PROFISSIONAL	68	ETICA PROFISSIONAL	6,75	36	2007	
FUNDAMENTOS DE NEUROPSICOLOGIA	68	NEUROPSICOLOGIA	5,33	36	2007	

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RG: 43.929.570-1/SP

APROVEITAMENTO DE ESTUDOS

FUNDAMENTOS FILOSÓFICOS DA PSICOLOGIA	68	FUNDAMENTOS EPISTEMOLOGICOS DA	6,44	72	2006
INTRODUÇÃO AO TRABALHO ACADÊMICO E CIENTÍFICO	68	METODOLOGIA CIENTIFICA	6,75	72	2007
PSICOLOGIA DO DESENVOLVIMENTO I: INFÂNCIA E ADOLESCÊNCIA	68	PSICOLOGIA DO DESENVOLVIMENTO	6,89	108	2007
PSICOLOGIA DO DESENVOLVIMENTO II: VIDA ADULTO, VELHICE E MORTE	68	PSICOLOGIA DO DESENVOLVIMENTO	6,89	108	2007
PSICOLOGIA EXPERIMENTAL: BASES TEÓRICO-METODOLÓGICAS	102	PSICOLOGIA GERAL E EXPERIMENTAL I: APRENDIZAGEM, COGNICAO, MEMORIA E	6,05	144	2006
PSICOLOGIA GERAL I: EVOLUÇÃO HISTÓRICA E ESTADO DA ARTE	68	HISTORIA DA PSICOLOGIA	6,00	72	2006
		TEORIA E SISTEMAS	5,82	72	2006
PSICOLOGIA SOCIAL I	68	PSICOLOGIA SOCIAL	6,13	108	2007
SOCIOLOGIA	68	INTRODUCAO AS CIENCIAS SOCIAIS	5,75	36	2006
TÉCNICAS DE EXAME PSICOLÓGICO I: INSTRUMENTOS PSICOMÉTRICOS	102	TECNICA DE EXAME PSICOLOGICO I	6,13	108	2007
ATIVIDADES INTERDISCIPLINARES	68	TECNICAS DE ENTREVISTA E DE OBSERVACAO	6,29	72	2007
ESTÁGIO SUPERVISIONADO BÁSICO I	68	ESTAGIO BASICO I	6,50	108	2007
PORTUGUÊS INSTRUMENTAL	136	COMUNICACAO E EXPRESSAO	6,00	72	2006
PSICOLOGIA DA APRENDIZAGEM I: FUNDAMENTOS TEÓRICOS	68	PSICOLOGIA DA APRENDIZAGEM	6,00	136	2009
PSICOLOGIA DA APRENDIZAGEM II: PROCESSOS COGNITIVOS E PROBLEMAS DE APRENDIZAGEM	68	PSICOLOGIA DA APRENDIZAGEM	6,00	136	2009
PSICOLOGIA DA PERSONALIDADE I: BASE PSICODINÂMICA	68	PSICOLOGIA DA PERSONALIDADE	6,03	108	2007

Exame Nacional de Desempenho dos Estudantes

Dispensado como ingressante em 2006.
Dispensado como concluinte em 2011. Calendário trienal.

Observações

Aluna transferida do Centro Universitário de Araraquara no ano de 2008

Colação de grau e diploma

Data da colação: 10/02/2012
Data expedição diploma: 10/02/2012

Taubaté, 15 de janeiro de 2021.

Coordenadoria de Controle Acadêmico
Reitoria de Graduação

Gabriela de Moraes
Coordenadora de Controle Acadêmico

Ana Paula Cirino
Tradutora Pública e Intérprete Comercial / Sworn Translator
ENGLISH / PORTUGUESE - PORTUGUESE / ENGLISH
Matric. JUCESP Nº 602 - CPF Nº 116.486.678-80 - CCM Nº 2.388.651-0
Endereço/Address: Rua Bartolomeu Bueno da Silva, 49 - Granja Viana - Cotia - São Paulo - 06706-085 - Brazil
Telefone/Phone: (11) 99949-9766 – e-mail: anacirino@outlook.com

Tradução nº / Translation No.: 71035 Livro / Book: 469 Folhas / Pages: 312

I, Ana Paula Cirino, Public and Sworn Translator, certify and acknowledge the receipt of one document in Portuguese, which I identify as a Certificate, from which I translate the results and pertinent data into English:

[Seal of the Federative Republic of Brazil]

Pitágoras Unopar Anhanguera University

Reauthorized by Ministerial Ordinance No. 959 of 9/14/2018 published in the D.O.U. (Federal Official Gazette) No. 179 of 9/17/2018

Reauthorized by Ministerial Ordinance No. 654 of 3/22/2019 published in the D.O.U. (Federal Official Gazette) No. 57 of 3/25/2019. Name of the institution changed by CONSUN Resolution No. 1064/2021 of 10/14/2021 published on 10/14/2021

Certificate

The legal representative of Pitágoras Unopar Anhanguera University, in the exercise of their legal duties, certifies that RAQUEL MARQUES DE OLIVEIRA, Brazilian, born in São José Dos Campos-SP on 3/31/1987, holder of ID: 43929570-1 SSP-SP Taxpayer ID No.: 35832903803, completed the course in Cognitive-Behavioral Therapy - field of knowledge: Social Sciences, Communication and Information, of Lato Sensu Graduate Studies, with a duration of 360 hours, in accordance with Resolution No. 1 of April 6, 2018 of CNE/CES (National Board of Education) - D.O.U. (Federal Official Gazette) of April 6, 2018.

Londrina-PR, November 19, 2024

[Signature]
Isadora Ferreira Costa Faria
Director of Regulatory Processes

[On the Right Margin] [Logo of Pitágoras Unopar Anhanguera University]

[On the back]

Academic record: Raquel Marques DE OLIVEIRA
Period of completion: 1/24/2024 to 11/19/2024 Total hours: 360 hours.
3223611

Disciplines	Faculty	Qualification	Total Hours			Attendance	Grade	Result
			Practical	Theoretical	Total			
Cognitive-Behavioral Therapy and psychiatric disorders III	Andreza Granja Gava	Master	0	40	40	100	10.0	Approved
Cognitive-Behavioral Therapy and psychiatric disorders II	Juliana Zantut Nutti	Doctor	0	40	40	100	10.0	Approved
Cognitive-Behavioral Therapy, current demands and trends	Melina Paula Sales	Master	0	40	40	100	10.0	Approved
Career Management	Paula Vitória Galesi Abdala Boarin	Master	0	40	40	100	10.0	Approved
Cognitive-Behavioral Therapy and psychiatric disorders I	Melina Paula Sales	Master	0	40	40	100	10.0	Approved
Fundamental principles of the therapeutic process in Cognitive-Behavioral Therapy	Gessyka Wanglon Veleda	Master	0	40	40	100	10.0	Approved

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Ana Paula Cirino
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ENGLISH / PORTUGUESE - PORTUGUESE / ENGLISH
Matric. JUCESP Nº 602 - CPF Nº 116.486.678-80 - CCM Nº 2.388.651-0
Endereço/Address: Rua Bartolomeu Bueno da Silva, 49 - Granja Viana - Cotia - São Paulo - 06706-085 - Brazil
Telefone/Phone: (11) 99949-9766 – e-mail: anacirino@outlook.com

Tradução nº / Translation No.: 71035 Livro / Book: 469 Folhas / Pages: 313

Ethics and professional responsibility	Priscila Camile Barioni	Doctor	0	40	40	100	10.0	Approved
History and assumptions of Cognitive-Behavioral Therapy	Aline Monique Carniel	Master	0	40	40	100	10.0	Approved
Clinical Seminars	Gabriela Fabbro Spadari	Doctor	0	40	40	100	10.0	Approved

Certificate registered under No. 326408 Book 1, pursuant to Resolution No. 1 of April 6, 2018, of CNE/CES (National Board of Education) - D.O.U. (Federal Official Gazette) of April 6, 2018, and in accordance with the Internal Norms of the Institution on the matter. Londrina-PR, November 19, 2024.

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NOTHING ELSE was written in the document above, which I return with this accurate and faithful translation that I typed, checked, found in accordance, and signed.

Ana Paula Cirino
Sworn Translator and Commercial Interpreter
São Paulo, November 28, 2024

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Universidade Pitágoras Unopar Anhanguera

Recredenciada pela Portaria Ministerial nº 959 de 14/09/2018, publicada no D.O.U. nº 179 de 17/09/2018.

Recredenciada pela Portaria Ministerial nº 654 de 22/03/2019, publicada no D.O.U. nº 57 de 25/03/2019.
Alterada a Denominação da IES pela Resolução CONSUN n° 1064/2021 de 14/10/2021, publicada em 14/10/2021.

Certificado

A representante legal da(o) Universidade Pitágoras Unopar Anhanguera, no uso de suas atribuições legais, certifica que

RAQUEL MARQUES DE OLIVEIRA

Brasileiro(a), natural de São José Dos Campos-SP nascido(a) em 31/03/1987, portador do RG: 43929570-1 SSP-SP CPF: 35832903803 concluiu o curso de Terapia Cognitivo-Comportamental - área de conhecimento: Ciências sociais, comunicação e informação, de Pós-Graduação Lato Sensu, com duração de 360 horas, de acordo com a Resolução Nº 1 de 06 de abril de 2018 do CNE/CES - D.O.U. de 06 de abril de 2018.

Londrina-PR, 19 de novembro de 2024

Isadora Ferreira Costa Faria
Diretora Processos Regulatórios

Histórico escolar: Raquel Marques DE OLIVEIRA
Período de realização: 24/01/2024 a 19/11/2024, Carga horária: 360 horas.

3223611

Disciplinas	Corpo Docente	Titulação	Carga Horária			Frequência	Conceito	Resultado
			Prática	Teórica	Total			
Terapia Cognitivo-Comportamental e os transtornos psiquiátricos III	Andreza Granja Gava	Mestre(a)	0	40	40	100	10.0	Aprovado
Terapia Cognitivo-Comportamental e os transtornos psiquiátricos II	Juliana Zantut Nutti	Doutor(a)	0	40	40	100	10.0	Aprovado
Terapia Cognitivo-Comportamental, demandas e tendências atuais	Melina Paula Sales	Mestre(a)	0	40	40	100	10.0	Aprovado
Gestão de carreira	Paula Vitória Galesi Abdala Boarin	Mestre(a)	0	40	40	100	10.0	Aprovado
Terapia Cognitivo-Comportamental e os transtornos psiquiátricos I	Melina Paula Sales	Mestre(a)	0	40	40	100	10.0	Aprovado
Princípios básicos do processo terapêutico em Terapia Cognitivo-Comportamental	Gessyka Wanglon Veleda	Mestre(a)	0	40	40	100	10.0	Aprovado
Ética e responsabilidade profissional	Priscila Camile Barioni	Doutor(a)	0	40	40	100	10.0	Aprovado
Histórico e pressupostos da Terapia Cognitivo-Comportamental	Aline Monique Carniel	Mestre(a)	0	40	40	100	10.0	Aprovado
Seminários Clínicos	Gabriela Fabbro Spadari	Doutor(a)	0	40	40	100	10.0	Aprovado

Certificado registrado sob o nº 326408 Livro 1, nos termos da Resolução Nº 1 de 06 de abril de 2018 do CNE/CES - D.O.U. de 06 de abril de 2018, e de acordo com as Normas Internas da Instituição sobre a matéria. Londrina-PR, 19 de novembro de 2024.
Assinado digitalmente por:
Isadora Ferreira Costa Faria
Angela Cristina Granado Willamowius
Data: 19/11/2024 09:10:23 (Horário de Brasília)

Verifique a autenticidade deste certificado através do QR Code ou acesse https://kroton.platosedu.io/docs/validar
código:298.298.0516c06cb9ecf89eecb44de5507d2d7ec2ef748059da22dbb9fb646c80eaed8f

Ana Paula Cirino
Tradutora Pública e Intérprete Comercial / Sworn Translator
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Telefone/Phone: (11) 99949-9766 – e-mail: anacirino@outlook.com

Tradução nº / Translation No.: 68308 Livro / Book: 453 Folhas / Pages: 89

I, Ana Paula Cirino, Public and Sworn Translator, certify and acknowledge the receipt of one document in Portuguese, which I identify as a Certificate, from which I translate the results and pertinent data into English:

[Seal of the Federative Republic of Brazil]

Universidade Pitágoras Unopar Anhanguera

Reaccredited by Ministerial Ordinance No. 959 of 9/14/2018 published in Official Gazette No. 179 of 9/17/2018

Reaccredited by Ministerial Ordinance No. 654 of 3/22/2019 published in Official Gazette No. 57 of 3/25/2019

Name of the IES changed by Resolution CONSUN No. 1064/2021 of 10/14/2021 published on 10/14/2021

[Logo] Anhanguera

Certificate

The legal representative of University Pitágoras Unopar Anhanguera, in the exercise of her legal duties, certifies that

RAQUEL MARQUES DE OLIVEIRA

Brazilian, native of São José Dos Campos-SP, born on 3/31/1987, Identity Document RG: 439295701 SSP-SP, Taxpayer ID No.: 35832903803, completed the Child Psychology course - area of knowledge: Social sciences, communication, and information, at a Lato Sensu Graduate level, lasting 360 hours, according to Resolution No. 1 of April 6, 2018, of CNE/CES – Official Gazette of April 6, 2018.

Londrina-PR, October 10, 2024

[Signature]
Isadora Ferreira Costa Faria
Director of Regulatory Processes

[On the back]

Academic history: Raquel Marques De Oliveira
Period of completion: 12/14/2023 to 10/9/2024 Total workload: 360 hours.

3170479

Subjects	Faculty	Qualification	Workload			Attendance	Grade	Result
			Practical	Theoretical	Total			
Ethics and professional responsibility	Priscila Camile Barioni	Doctor	0	40	40	100	9.0	Approved
Developmental and learning psychology	Neide Rodriguez Barea Tavares	Master	0	40	40	100	10.0	Approved
Child and adolescent mental health	Vanessa Carlos	Specialist	0	40	40	100	10.0	Approved
Child and adolescent neuropsychology	Juliana Zantut Nutti	Doctor	0	40	40	100	10.0	Approved
Career management	Paula Vitória Galesi Abdala Boarin	Master	0	40	40	100	10.0	Approved
Psychological disorders in childhood and cognitive-behavioral therapy	André Pereira Gonçalves	Master	0	40	40	100	9.0	Approved
Play therapy	Mayra Campos Frâncica Dos Santos	Master	0	40	40	100	10.0	Approved
Psychosexuality	Juliana Zantut Nutti	Doctor	0	40	40	100	9.0	Approved
Clinical work with children	Juliana Zantut Nutti	Doctor	0	40	40	100	10.0	Approved

Certificate registered under no. 310289 Book 1, pursuant to Resolution No. 1 of April 6, 2018, from CNE/CES – Official Gazette dated April 6, 2018, and in accordance with the Internal Regulations of the Institution on the matter. Londrina-PR, October 10, 2024.

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Ana Paula Cirino
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ENGLISH / PORTUGUESE - PORTUGUESE / ENGLISH
Matric. JUCESP Nº 602 - CPF Nº 116.486.678-80 - CCM Nº 2.388.651-0
Endereço/Address: Rua Bartolomeu Bueno da Silva, 49 - Granja Viana - Cotia - São Paulo - 06706-085 - Brazil
Telefone/Phone: (11) 99949-9766 – e-mail: anacirino@outlook.com

Tradução nº / Translation No.: 68308 Livro / Book: 453 Folhas / Pages: 90

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Ana Paula Cirino
Sworn Translator and Commercial Interpreter
São Paulo, October 15, 2024

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Universidade Pitágoras Unopar Anhanguera

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Recredenciada pela Portaria Ministerial nº 654 de 22/03/2019, publicada no D.O.U. nº 57 de 25/03/2019.
Alterada a Denominação da IES pela Resolução CONSUN n° 1064/2021 de 14/10/2021, publicada em 14/10/2021.

Certificado

A representante legal da(o) Universidade Pitágoras Unopar Anhanguera, no uso de suas atribuições legais, certifica que

RAQUEL MARQUES DE OLIVEIRA

Brasileiro(a), natural de São José Dos Campos-SP nascido(a) em 31/03/1987, portador do RG: 439295701 SSP-SP CPF: 35832903803 concluiu o curso de Psicologia Infantil - área de conhecimento: Ciências sociais, comunicação e informação, de Pós-Graduação Lato Sensu, com duração de 360 horas, de acordo com a Resolução Nº 1 de 06 de abril de 2018 do CNE/CES - D.O.U. de 06 de abril de 2018.

Londrina-PR, 10 de outubro de 2024

Isadora Ferreira Costa Faria
Diretora Processos Regulatórios

Histórico escolar: Raquel Marques De Oliveira
Período de realização: 14/12/2023 a 09/10/2024, Carga horária: 360 horas.



Disciplinas	Corpo Docente	Titulação	Carga Horária			Frequência	Conceito	Resultado
			Prática	Teórica	Total			
Ética e responsabilidade profissional	Priscila Camile Barioni	Doutor(a)	0	40	40	100	9.0	Aprovado
Psicologia do desenvolvimento e da aprendizagem	Neide Rodriguez Barea Tavares	Mestre(a)	0	40	40	100	10.0	Aprovado
Saúde mental na infância e adolescência	Vanessa Carlos	Especialista	0	40	40	100	10.0	Aprovado
Neuropsicologia da infância e adolescência	Juliana Zantut Nutti	Doutor(a)	0	40	40	100	10.0	Aprovado
Gestão de carreira	Paula Vitória Galesi Abdala Boarin	Mestre(a)	0	40	40	100	10.0	Aprovado
Transtornos psicológicos na infância e a terapia cognitivo-comportamental	André Pereira Gonçalves	Mestre(a)	0	40	40	100	9.0	Aprovado
Ludoterapia	Mayra Campos Frâncica Dos Santos	Mestre(a)	0	40	40	100	10.0	Aprovado
Psicossexualidade	Juliana Zantut Nutti	Doutor(a)	0	40	40	100	9.0	Aprovado
A clínica com crianças	Juliana Zantut Nutti	Doutor(a)	0	40	40	100	10.0	Aprovado

Certificado registrado sob o nº 310289 Livro 1, nos termos da Resolução Nº 1 de 06 de abril de 2018 do CNE/CES - D.O.U. de 06 de abril de 2018, e de acordo com as Normas Internas da Instituição sobre a matéria. Londrina-PR, 10 de outubro de 2024.

Assinado digitalmente por:
Isadora Ferreira Costa Faria
Angela Cristina Granado Willamowius
Data: 10/10/2024 08:53:05 (Horário de Brasília)

Verifique a autenticidade deste certificado através do QR Code ou acesse https://kroton.platosedu.io/docs/validar
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UNIFESP
UNIVERSIDADE FEDERAL DE SÃO PAULO
1933

Ministry of Education
Federal University of São Paulo
Vice-President's Office for Extension and Culture

CERTIFICATE

The Federal University of São Paulo – UNIFESP hereby certifies that Raquel Marques de Oliveira, CPF No. 358.329.038-03, has completed the Specialization Program (Lato Sensu Graduation Studies) in CHEMICAL DEPENDENCY, in the general field of Health and Well-Being, from 03/16/2012 to 06/01/2013, comprising 400 theoretical hours, in accordance with Resolution 01/2007 of the National Education Council.

São Paulo, March 24, 2025.

Prof. Dr. Ronaldo Ramos Laranjeira
Program Coordinator

Professor Dr. Débora Galvani
Vice-President of Extension and Culture

Date: 03/24/2025 – Time: 3:03:18 PM
Authentication: BLC9:DVX1:N0U1:V54J
To verify authenticity, please visit: https://www.unifesp.br/verificacao-de-autenticidade
This certificate was registered on 02/13/2014, under No. 1061, in Book 1/2014 of EPM (SÃO PAULO).
Accredited by the Ministry of Education, pursuant to Federal Law No. 8,957, of 12/15/1994, published in the Official Gazette on 12/16/1994.

30 YEARS UNIFESP

LATO SENSU coordination

PROEC

Rua Sena Madureira, 1500 1st floor - ZIP Code 04021-001 - São Paulo - SP - Brazil - Phone: (0xx11) 3385-4101

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: October 17, 2025.**

Ministério da Educação
Universidade Federal de São Paulo
Pró-Reitoria de Extensão e Cultura

Certificado

A Universidade Federal de São Paulo - UNIFESP certifica que Raquel Marques de Oliveira, CPF n° 358.329.038-03, concluiu o Curso de Especialização (Pós-Graduação Lato Sensu) DEPENDÊNCIA QUÍMICA, na área de conhecimento geral de Saúde e Bem-Estar, no período de 16/03/2012 a 01/06/2013, compreendendo 400 horas teóricas, conforme a Resolução 01/2007 do Conselho Nacional de Educação.

São Paulo, 24 de março de 2025.

Prof. Dr. Ronaldo Ramos Laranjeira
Coordenador(a) do curso

Profª Drª Débora Galvani
Pró-Reitora de Extensão e Cultura

Data: 24/03/2025 Horário: 15:03:18
Autenticação: BLC9:DVX1:N0U1:V54J
Para verificar a autenticidade, acesse o endereço https://www.unifesp.br/verificacao-de-autenticidade
Este certificado foi registrado no dia 13/02/2014, sob o n° 1061, no Livro 1/2014 da EPM (SÃO PAULO).
Credenciada no MEC, conforme Lei Federal Nº 8.957, de 15/12/1994, publicada no D.O.U em 16/12/1994.

Rua Sena Madureira, 1500 1° andar - CEP 04021-001 - São Paulo - SP - Brasil Tel.: (0xx11) 3385-4101

MÔNICA MAESTRO
Tradutora Pública e Intérprete Comercial / Sworn Translator
INGLÊS / PORTUGUÊS – PORTUGUESE / ENGLISH
Matric. JUCESP Nº 1466 - CPF Nº 060.054.078-21 – CCM Nº 3.888.838-6
Endereço/Address: Rua Vieira de Moura. 95 – Vila Mariana - São Paulo – SP – 04117-150 – Brasil
Telefone/Phone: (+55 11) 3892.7287 – 97471.5255 (cel.) – e-mail: moni_maestro@hotmail.com

Tradução nº / Translation No.: 12653 Livro / Book: 77 Folhas / Pages: 221

I, Mônica Maestro, Public and Sworn Translator, certify and acknowledge the receipt of one document in Portuguese, which I identify as a School Transcript, from which I translate the results and pertinent data into English:

[Logo] UNIFESP
Federal University of São Paulo
1933

Federal University of São Paulo
Dean´s Office of Extension and Culture

[Logo] PROEC
Dean´s Office of Extension and Culture

TRANSCRIPT OF SPECIALIZATION

Student´s name: RAQUEL MARQUES DE OLIVEIRA Taxpayer ID: 358.329.038-03
Course: CHEMICAL DEPENDENCY

Course entry: 03/16/2012 Course completion: 06/01/2013
Total academic load: 400 Grade of the monograph: 8.00

Titla of the monograph: USE OF MARIJUNA AMONG ADOLESCENTS: A STUDY ON THE IMPORTANCE OF THE FAMILY STRUCTURE AND PSYCHOSOCIAL INTERVENTIONS

Course	Academic load (h)	Attendance (%)	Grade
BASIC SCIENCE OF CHEMICAL DEPENDENCY Professor RONALDO RAMOS LARANJEIRA (PhD)	120	84	7.5
SERVICE ORGANIZATION THEORIES AND PUBLIC POLICIES IN CHEMICAL DEPENDENCY Professor RONALDO RAMOS LARANJEIRA (PhD)	80	84	7.0
CHEMICAL DEPENDENCY PREVENTION THEORIES Professor RONALDO RAMOS LARANJEIRA (PhD)	100	84	7.6
CHEMICAL DEPENDENCY TREATMENT THEORIES Professor RONALDO RAMOS LARANJEIRA (PhD)	100	84	7.3

Final status of the student: Approved São Paulo, July 31, 2023

Document digitally signed
MARIA CECILIA MARTINELLI
Date: 07/31/2023 11:58:56am – 0300
Check at https://validar.iti.giv.br

Prof. PhD Maria Cecilia Martinelli

Coordinator of the Chamber of Extension and Culture – CaEC – Escola Paulista de Medicina

Rua Sena Madureira, 1500 - 2° Andar - CEP 04021-001 - Sao Paulo / Brazil Phone.: (11) 3385-4125
E-mail: especializacao@unifesp.br

NOTHING ELSE was written in the document above, which I return with this accurate and faithful translation that I typed, checked, found in accordance, and signed.

Mônica Maestro
Sworn translator and commercial interpreter.
São Paulo, August 8, 2023

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HISTÓRICO DE ESPECIALIZAÇÃO

Nome do Aluno: RAQUEL MARQUES DE OLIVEIRA **C.P.F.:** 358.329.038-03
Curso: DEPENDÊNCIA QUÍMICA

Início do Curso: 16/03/2012 **Término do Curso:** 01/06/2013
Carga Horária total: 400 **Nota da Monografia:** 8,00

Título da Monografia: CONSUMO DE MACONHA ENTRE ADOLESCENTES: UM ESTUDO SOBRE A IMPORTÂNICA DA ESTRUTURA FAMILIAR E AS INTERVENÇÕES PSICOSSOCIAIS

Disciplina	Carga Horária (h)	Frequência (%)	Nota
CIÊNCIA BÁSICA DA DEPENDÊNCIA QUÍMICA *Prof(a). RONALDO RAMOS LARANJEIRA (DOUTOR)*	120	84	7,5
TEORIAS DA ORGANIZAÇÃO DE SERVIÇOS E POLÍTICAS PÚBLICAS NA DEPENDÊNCIA QUÍMICA *Prof(a). RONALDO RAMOS LARANJEIRA (DOUTOR)*	80	84	7,0
TEORIAS DA PREVENÇÃO DA DEPENDÊNCIA QUÍMICA *Prof(a). RONALDO RAMOS LARANJEIRA (DOUTOR)*	100	84	7,6
TEORIAS DO TRATAMENTO DA DEPENDÊNCIA QUÍMICA *Prof(a). RONALDO RAMOS LARANJEIRA (DOUTOR)*	100	84	7,3

São Paulo, 31 de julho de 2023

Situação Final do Aluno: **Aprovado**

gov.br Documento assinado digitalmente
MARIA CECILIA MARTINELLI
Data: 31/07/2023 11:58:56-0300
Verifique em https://validar.iti.gov.br

Profa. Dra. Maria Cecilia Martinelli

Coordenadora da Câmara de Extensão e
Cultura - CaEC - Escola Paulista de Medicina

MÔNICA MAESTRO SWORN TRANSLATOR COMMERCIAL INTERPRETER
REGISTRATION 1466 JUCESP

FEDERATIVE REPUBLIC OF BRAZIL
ORDER AND PROGRESS

GRAN
COLLEGE

The President and the Chancellor of Gran University Center, in the exercise of their legal duties, hereby grant the degree of Specialist to

RAQUEL MARQUES DE OLIVEIRA

Brazilian, born in São José dos Campos - São Paulo, holder of CPF No. 358.329.038-03, in view of the completion of the Lato Sensu Graduate Studies Program in **Forensic Psychology** during the period from 12/06/2024, to 04/12/2026, in accordance with the provisions set forth in National Education Council/Chamber of Higher Education (CNE/CES) Resolution No. 1 of 04/06/2018, published in the Federal Official Gazette of 04/09/2018, Section 1, page 43, hereby grantes this CERTIFICATE so that she may enjoy all legal rights and prerogatives.

Curitiba, April 29, 2026

Rodrigo Teles Calado
CHANCELLOR

Gabriel Vinícius Carvalho Granjeiro
PRESIDENT

Academic transcript of the Lato Sensu Graduate Studies Program in **Forensic Psychology**
Field of knowledge: **HEALTH, LAW, PSYCHOLOGY**

TOTAL WORKLOAD: 360 class hours

Course	Workload	Attendance	Grade	Professors	Degree
Violence and Society	30	100%	90	Leonardo Albernaz	Specialist
Social Vulnerability and Violence	30	100%	100	Leonardo Albernaz	Specialist
Personality, Psychopathology and Criminal Conduct	30	100%	100	Leandro Ernesto	Master's
Statute of the Child and Adolescent	30	100%	90	Islene Castelo Branco	Master's
Expert Examination and Technical Assistance	30	100%	90	Laécio Carneiro	Specialist
Criminal Prosecution and Criminal Procedural Law	30	100%	100	Cristiano Campidelli	Master's
Criminal Profiling	30	100%	100	Rafael de Oliveira	Master's
Conciliation, Mediation and Restorative Justice	30	100%	100	Cristiane Araújo	Master's
The Intersection between Psychology and Law	30	100%	80	Felipe Miranda Barbosa	Master's
Psychological Expert Examination	30	100%	90	Claudio Huguet	Doctorate
Forensic Clinical Psychology	30	100%	100	Felipe Miranda Barbosa	Master's
Psychological Assessment in the Forensic Context	30	100%	90	Neidsonei Oliveira	Master's

Student exempted from the Capstone Project, in accordance with Resolution No. 1, of April 6, 2018, issued by the National Education Council (CNE/CE).

Gran University Center

CNPJ: 32.163.997/0001- 97

Accredited by Ministry of Education Ordinance No. 402 of June 3, 2022, Federal Official Gazette Section 1, p. 141, Issue No. 106, June 6, 2022.

Certificate issued and registered in accordance with National Education Council/Higher Education Chamber (CNE/CES) Resolution No. 1, of 04/06/2018, published in the Federal Official Gazette of 04/09/2018, Section 1, p. 43.

Registration No. 102628

Book No. 3 Page No. 2

Curitiba, April 29, 2026.

Ana Carolina Cavalcante Teixeira
Academic Secretary

Digitally signed by: ANA CAROLINA CAVALCANTE TEIXEIRA: XXX.918.738-XX
Date: 04/30/2026 2:22:42 p.m. - 03:00

Digitally signed by: ANDRE BARBOSA CORREA: XXX.670.817-XX
Date: 04/30/2026 6:08:00 p.m. - 03:00

GRAN COLLEGE

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 23, 2026.

GRAN FACULDADE

O Reitor e o Chanceler do Gran Centro Universitário, no uso de suas atribuições, conferem o título de Especialista a

RAQUEL MARQUES DE OLIVEIRA

nacionalidade brasileira, natural de São José dos Campos-SP, portador(a) do CPF nº 358.329.038-03, tendo em vista a conclusão do Curso de Pós-Graduação Lato Sensu em **Psicologia Jurídica**, integralizado no período de 06/12/2024 a 12/04/2026, em conformidade com as disposições previstas na Resolução CNE/ CES nº 1, de 06/04/2018, publicada no D.O.U. de 09/04/2018, seção 1, página 43, outorgando-lhe o presente CERTIFICADO, para que possa gozar de todos os direitos e prerrogativas legais.

Curitiba, 29 de abril de 2026

Rodrigo Teles Calado
CHANCELER

Gabriel Vinícius Carvalho Granjeiro
REITOR

Histórico escolar de curso de pós-graduação lato sensu em **Psicologia Jurídica**
Área de conhecimento do curso: **SAÚDE, DIREITO, PSICOLOGIA**

CARGA HORÁRIA TOTAL: 360 horas/aula

Disciplina	CH	Frequência	Nota	Corpo Docente	Titulação
Violência e Sociedade	30	100%	90	Leonardo Albernaz	Especialista
Vulnerabilidade Social e Violência	30	100%	100	Leonardo Albernaz	Especialista
Personalidade, Psicopatologia e Conduta Criminal	30	100%	100	Leandro Ernesto	Mestre
Estatuto da Criança e do Adolescente	30	100%	90	Islene Castelo Branco	Mestre
Perícia e Assistência Técnica	30	100%	90	Laécio Carneiro	Especialista
Ação Penal e Direito Processual Penal	30	100%	100	Cristiano Campidelli	Mestre
Profiling Criminal	30	100%	100	Rafael de Oliveira	Mestre
Conciliação, Mediação e Justiça Restaurativa	30	100%	100	Cristiane Araújo	Mestre
A Intersecção entre a Psicologia e o Direito	30	100%	80	Felipe Miranda Barbosa	Mestre
Perícia Psicológica	30	100%	90	Claudio Huguet	Doutor
Psicologia Clínica Forense	30	100%	100	Felipe Miranda Barbosa	Mestre
Avaliação Psicológica no Contexto Forense	30	100%	90	Neidsonei Oliveira	Mestre

Aluno(a) dispensado(a) do Trabalho de Conclusão de Curso, conforme a Resolução nº 1, de 6 abril de 2018, emitida pelo Conselho Nacional da Educação (CNE/CE).

Gran Centro Universitário

CNPJ: 32.163.997/0001- 97

Credenciado pela Portaria MEC Nº 402 de 03 de junho de 2022, D.O.U. Seção 1, pág. 141, Edição 106, 06 de junho de 2022.

Certificado expedido e registrado de acordo com a Resolução CNE/CES nº 1, de 06/04/2018, publicada no D.O.U. de 09/04/2018, seção 1, página 43.

Registro nº 102628

Livro nº 3 Folha n.º 2

Curitiba, 29 de abril de 2026.

Ana Carolina Cavalcante Teixeira
Secretária Acadêmica

Assinado digitalmente por: ANA CAROLINA CAVALCANTE TEIXEIRA : XXX.048.738-XX
Data: 30/04/2026 14:22:42 -03:00

Assinado digitalmente por: ANDRE BARBOSA CORREA : XXX.670.817-XX
Data: 30/04/2026 16:08:00 -03:00

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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

Documentation(s) Researched:

- Transcripts and the title of Psychologist (*titulo de Psicólogo)* granted by the University of Taubaté *(Universidade de Taubaté-UNITAU)*
- Transcripts and the Certificate *(Certificado)* for the completion of the Specialization Postgraduate Lato Sensu Course in Chemical Dependency *(Curso de Especialização Pós-Graduação Lato Sensu em Dependência Quimica)* granted by the Federal University of São Paulo *(Universidade Federal de São Paulo-UNIFESP)*
- Transcripts and the Certificate *(Certificado)* for the completion of the Child Psychology course– knowledge area: Social Sciences, Communication, and Information, at a Lato Sensu Postgraduate Level *(curso de Psicologia Infantil área de conhecimento: Ciências Sociais, Comunicação Informação, de Pós-Graduação Lato Sensu)* granted by the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera)*
- Transcripts and the Certificate *(Certificado)* for the completion of the course in Cognitive-Behavioral Therapy – knowledge area: Social Sciences, Communication, and Information, at a Lato Sensu Postgraduate Level *(curso de de Terapia Cognitivo-Comportamental, área de conhecimento: Ciências Sociais, Comunicação Informação, de Pós-Graduação Lato Sensu)* granted by the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera)*

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Academic Credential Evaluation Report

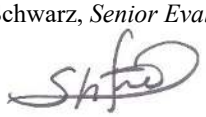
Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

U.S. Educational Equivalency:

Based on the documentation(s) submitted for evaluation, World Academic Research Center, Inc. concludes that Ms. Marques de Oliveira's education in Brazil is considered *equivalent to the U.S. degree of Bachelor of Science in Psychology, Graduate Certificate in Addiction Studies, Graduate Certificate in Early Childhood Mental Health and Cognitive-Behavioral Therapy Certificate* granted by a regionally accredited institution of higher education in the United States of America.

WARC **Evaluator:**
Mackenzy Schwarz, *Senior Evaluator and Executive Director*



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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

Ms. Marques de Oliveira pursued undergraduate study from 2006 to 2011 at the University of Taubaté *(Universidade de Taubaté-UNITAU*) a recognized (accredited) institution of higher education in Brazil. In over 60 years of higher education and 45 years as a University, UNITAU (University of Taubaté), created based on Municipal Law nº 1498, of December 6, 1974 and recognized by Federal Decree No. 78924, of December 9, 1976 is a Brazilian educational autarchy belonging to the municipal government of Taubaté, with several units spread throughout the municipality, as well as campuses in the municipalities of Ubatuba, São José dos Campos, Mogi Guaçu (São Paulo) and Belém (Pará). In more than 60 years of higher education and 50 years as a University, UNITAU has trained more than 100 thousand students who work in the regional, national and international job market. With approximately 10 thousand students a year, UNITAU's commitment to offering quality education is guaranteed by an elite group of professors and a broad infrastructure, consisting of 99 laboratories, a bibliographic collection with more than 240 thousand copies, in addition to 53 research groups in the areas of Humanities, Biosciences and Exact Sciences. The UNITAU's mission is to offer quality education articulated to extension and research practices to train professionals able to generate transformation for social development and its vision is to be a reference in Higher Education as an agent of regional social transformation, through academic excellence. UNITAU offers a total of 47 undergraduate courses (including technological training), in addition to stricto and lato sensu postgraduate courses, as well as university extension courses. The admission into University of Taubaté *(Universidade de Taubaté-UNITAU)* requires the completion of secondary education in Brazil or similar, equivalent of the U.S. high school diploma.

Ms. Marques de Oliveira completed the undergraduate course of Psychology (*Curso de Psicologia)* in 2011 and was granted the title of Psychologist (*titulo de Psicólogo)* by the University of Taubaté *(Universidade de Taubaté-UNITAU)* on February 10, 2012. This is ***equivalent to the U.S. degree of Bachelor of Science in Psychology*** granted by a regionally accredited institution of higher education in the United States of America.

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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

Ms. Marques de Oliveira pursued graduate study from March 16, 2012 to June 1, 2013 at the Federal University of São Paulo *(Universidade Federal de São Paulo-UNIFESP),* a recognized (accredited) institution of higher education in Brazil. Traditionally recognized as an institution specialized in health sciences, Unifesp is responsible for the training of qualified human resources and the development of scientific research in health. Its core is the Escola Paulista de Medicina (EPM), whose foundation dates back to 1933 and was supported by private funds and government subsidies until its federalization in 1956. With the enactment of Law No. 8957 in 1994, EPM turned into a federal university, keeping the courses in Medial Science, Nursing, Biomedical Sciences, Speech Therapy and Ophthalmic Technology - which now integrates the Health Technologies. The strong growth experienced by the institution throughout decades has been reflected both in the occupation of more than a hundred buildings in the vicinity of its headquarters in Vila Clementino (São Paulo), in which teaching centers, research institutes and clinics were installed, as well as the construction of own buildings such as Research Buildings I and II, the National Institute of Pharmacology and the Regional Blood Center. ed by highly qualified faculty, health research at Unifesp is linked to the professional practice, which ranges from primary care to the use of the latest technology in diagnostic methods and disease treatment. The Hospital São Paulo - recognized as the largest teaching hospital in the country and reference in highly complex procedures - provides undergraduate and graduate students the exercise of clinical practice and welfare services to the underprivileged population supported by the Unified Health System.

Ms. Marques de Oliveira completed the Specialization Postgraduate Lato Sensu Course in Chemical Dependency *(Curso de Especialização Pós-Graduação Lato Sensu em Dependência Quimica)* in 2013 and was granted the corresponding Certificate *(Certificado*) by the Federal University of São Paulo *(Universidade Federal de São Paulo-UNIFESP)* on June 1, 2013. This is ***equivalent to the U.S. Graduate Certificate in Addiction Studies*** granted by a regionally accredited institution of higher education in the United States of America.

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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

Ms. Marques de Oliveira pursued further graduate study from December 14, 2023 to October 9, 2024 at the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera),* a recognized (accredited) institution of higher education in Brazil. The Pitágoras Unopar Anhanguera University is a private higher education institution, part of the Cogna Educação group. It offers undergraduate and postgraduate courses on-campus, blended, and 100% online formats. This university represents a significant amalgamation of educational philosophies and methodologies, bringing together the strengths of three notable Brazilian educational institutions: Pitágoras, Unopar, and Anhanguera. Each of these institutions has contributed to the university's comprehensive approach to education, research, and community service, making it a unique entity in the Brazilian educational landscape. The university is organized into a wide array of departments, spanning across various fields of study, categorized into four main areas: Biological and Health Sciences, Business Administration and Social Sciences, Exact Sciences and Technology, and Human Sciences, Education, Communication and Arts. This organizational structure reflects the university's commitment to providing a diverse and inclusive educational environment, catering to a broad spectrum of academic interests and career aspirations The lato sensu postgraduate programs offered by the Pitágoras Unopar Anhanguera University include specialization courses and MBAs, ideal for those seeking professional development and market recognition. To optimize the trajectory of the students, the University's postgraduate specialization programs are offered on a complete learning platform designed to support the academic journey of the students.

Ms. Marques de Oliveira completed the Child Psychology course – knowledge area: Social Sciences, Communication and Information, at Postgraduate Lato Sensu Level *(curso de Psicologia Infantil área de conhecimento: Ciências Sociais, Comunicação Informação, de Pós-Graduação Lato Sensu)* in 2024 and was granted the corresponding Certificate *(Certificado)* by the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera)* on October 9, 2024. This ***is equivalent to the U.S. Graduate Certificate in Early Childhood Mental Health*** granted by a regionally accredited institution of higher education in the United States of America.

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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

Ms. Marques de Oliveira pursued further graduate study from January 24, 2024 to November 19, 2024 at the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera),* a recognized (accredited) institution of higher education in Brazil. The postgraduate courses of the Pitágoras Unopar Anhanguera University are offered in online formats, where the students can achieve their professional goals in 6 or 10 months, as well as in-person, live, and hybrid formats. Academic content is prepared according to market trends and taught by an excellent faculty. The course in Cognitive-Behavioral Therapy was created for mental health professionals with degrees in psychology and psychiatrists. Its specific objectives are to study the history and basic principles of CBT, to conceptualize the Cognitive Model: Schemas, Core and Intermediate Beliefs, Cognitive Errors, and Dysfunctional Thoughts, to understand the basic principles of the therapeutic process: the structure of sessions and the clinical process with adults, children, adolescents, and the elderly, to learn the basic and advanced Cognitive and Behavioral Techniques of CBT, to understand the intervention of Cognitive Behavioral Therapy in each Psychiatric Disorder: Mood Disorders, Anxiety Disorders, Sexual Dysfunctions, Eating Disorders, Personality Disorders, Chemical Dependency, to study new demands and trends in Cognitive-Behavioral Therapy.

Ms. Marques de Oliveira completed the course in Cognitive-Behavioral Therapy – knowledge area: Social Sciences, Communication, and Information, at a Lato Sensu Postgraduate Level *(curso de de Terapia Cognitivo-Comportamental, área de conhecimento: Ciências Sociais, Comunicação Informação, de Pós-Graduação Lato Sensu)* in 2024 and was granted the corresponding Certificate *(Certificado)* by the Pitágoras Unopar Anhanguera University *(Universidade Pitágoras Unopar Anhanguera)* on November 19, 2024. This ***is equivalent to the U.S. Cognitive-Behavioral Therapy Certificate*** granted by a regionally accredited institution of higher education in the United States of America.

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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

AACRAO EDGE (Electronic Database for Global Education) online database, Version 1.0 by American Association of Collegiate Registrars and Admissions Officers (AACRAO).

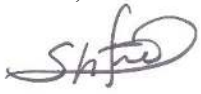
World Higher Education Database 2024/2025. CD-ROM. New York, New York: Palgrave Macmillan Ltd. *2025.*

College Credit Recommendation Service. 2025 National Guide to Educational Credit for Training Programs. Washington D.C.: American Council on Education, *2025.*

A Guide to Educational Systems Around the World. Washington DC: NAFSA: National Association of International Educators.

Remark(s): This evaluation is provided on an advisory basis and is not binding on any agency or institution. Additionally, the admitting institution makes the final decision according to its existing institutional policies and functions. WARC evaluations rely on the provided documents, the latest information on international education (including the AACRAO EDGE database), and the evaluator's extensive experience (see attached resume). While WARC cannot guarantee the authenticity of the documents, it has no reason to doubt their legitimacy.

***WARC* Evaluator:**
Mackenzy Schwarz, *Senior Evaluation and Executive Director*



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Academic Credential Evaluation Report

Document by Document

Date	: February 16, 2026	**Candidate's Name:**	Raquel Marques de Oliveira
Country:	Brazil	**Purpose:**	Immigration

CORPORATE PROFILE

Founded in 1999 and incorporated in 2004, ***World Academic Research Center, Inc.*** *(WARC)* is a private organization located in Boca Raton, Florida which evaluates and translates foreign educational credentials and issues a detailed report of equivalency in terms of the educational system in the United States. All of our consultants have significant years of experience and extensive knowledge in the international education field. Our multilingual staff has significant exposure to both the U.S. and world educational systems via professional Immigration, teaching posts and academic study. *WARC* consultants have authored articles, contributed to publications, presented seminars in the international education field and attended professional conferences. *WARC* follows the highest standards of educational evaluation guidelines as recommended by U.S. admissions offices and various publications by the American Association of Collegiate Registrars and Admission Officers (AACRAO), the Association of International Educators (NAFSA) and ministries of education throughout the world.

Executive Director

Mackenzy Schwarz – Bachelor of Arts in International Studies and French
University of Miami, Coral Gables, Florida (1993-1995)

Ms. Mackenzy Schwarz has been working in the international education and professional work experience evaluation field **since 1995**. She studied International Studies at the University of Miami in Coral Gables, Florida. Ms. Schwarz has ***thirty-one years of experience*** in the field of foreign credential evaluation. She was Manager of the Evaluations Division for a foreign credential evaluation service firm in South Florida for over five years and served as Associate Foreign Credential Evaluator and Francophone Expert at a credential evaluation company in Miami, Florida for over five years. Ms. Mackenzy Schwarz is an active member of the Association for International Credential Evaluation Professionals *(TAICEP)* and the Association of International Educators *(NAFSA)*.

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Document by Document

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Country:	Brazil	**Purpose:**	Immigration

Foreign credential evaluation reports (including transfer credit assessment) for foreign educated individuals from around the world prepared by Ms. Schwarz have been accepted by various colleges, universities, private entities, licensing boards, United States Citizenship and Immigration Services since 192.00. Ms. Schwarz has evaluated foreign educational documents for the purposes of immigration, applications for various professional licensing boards in the United States (CPA examination, architecture, dentistry, engineering, law, medical laboratory technology, Production Engineering, and teacher certification), applications for admission to U.S. high schools, colleges and universities and applications for Immigration. Ms. Schwarz presented a professional seminar for U.S. university admissions officers on the educational systems of France and Haiti and conducted in-service training sessions on the educational systems of France, Morocco, South Korea and Haiti. Ms. Schwarz trained new evaluators and student assistants in the foreign educational evaluation process and contributed as the Francophone Expert on the publication entitled: *JS&A Guide to Admission of International Freshman Applicants*. Ms. Schwarz was also a contributor on the education of France and Haiti for the handbook entitled: *A Guide to Educational Systems Around the World*, published by NAFSA in 1999. In addition, she has attended numerous professional local and national conferences in the international education field.

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Exhibit B - Eligibility Criteria: Work Records

Therapeutic Community

NOVA ESPERANÇA

Declaration

We hereby declare, for all due purposes, that RAQUEL MARQUES DE OLIVEIRA, holder of RG No. 43.929.570-1 and CPF No. 358.329.038-03 serves as Psychologist at the Nova Esperança Community. Corporate Name: Grupo de As. Dep. Química Nova Aurora Fem. e Masc. (Nova Aurora Chemical Dependency Assistance Group – Men's and Women's Divisions). CNPJ: 09.123.386/0002-84, located at Alameda dos Colibris, No. 79/80, Chácara Canaã I – Jambeiro – SP.

-----// signature //-----

09.123.386/0002-84
GRUPO DE ASSISTENCIA
A DEPENDENCIA QUIMICA
NOVA AURORA
FEMININO E MASCULINO
Al. dos Colibris, 79/80
Chácara Canaã | ZIP Code:12270-000
Jambeiro – SP

Jambeiro, July 5, 2013.

-----// signature //-----

Nilton Costa Aguiar

(General Coordinator)

I, Raphael Michels Fantinato de Moura, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura. **Date: August 25, 2025.**

NOVA ESPERANÇA
Comunidade Terapêutica

Declaração

Declaramos para os devidos fins que, RAQUEL MARQUES DE OLIVEIRA, portador do RG: 43.929.570-1 e CPF: 358.329.038-03 está na condição de Psicóloga na Comunidade Nova Esperança. Razão Social: Grupo de As. Dep. Química Nova Aurora Fem. e Masc. CNPJ: 09.123.386/0002-84, localizada na Al. dos Colibris, nº 79/80, Chácara Canaã I - Jambeiro – SP.

Jambeiro, 05 de Julho de 2013.

09.123.386/0002-84
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NOVA AURORA
FEMININO E MASCULINO
Al. dos Colibris, 79/80
Chác. Canaã I CEP: 12270-000
Jambeiro - SP

Nilton Costa Aguiar
(Coordenador Geral)

EMPLOYMENT CONTRACT

Employer.....

GRUPO DE ASSIST. DEPENDENCIA QUIMICA NOVA AURORA FEM. E MAS. (Nova Aurora Chemical Dependency Assistance Group – Men's and Women's Divisions)
CNPJ: 09.123.386/0001-01
Address: Estrada-DR BEZERRA DE MENESES, 2500
Neighborhood: JD TORRAO DE OURO – **ZIP Code:** 12229-380
Municipality: São José dos Campos – **State:** SP
Specialty/Type of Establishment: PREVENTION AND RECOVERY OF CHEMICAL DEPENDENCE
Position: Psychologist
CBO (Brazilian Classification of Occupations): 2515-10
Date of hire: 09/01/2014
Record No.: 02005
Specific remuneration: BRL 2,320.00
two thousand three hundred twenty reais a month

-----// signature //-----
GRUPO DE ASSIST. DEPENDENCIA QUIMICA NOVA AURORA FEM. E MAS.

Termination date: October 3, 2014.

-----// signature and stamp //-----
Employer's signature or by proxy with witness

1st …… 2nd ……

Termination Notification, CD No. ……..

I, Raphael Michels Fantinato de Moura, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Raphael Michels Fantinato de Moura. **Date: August 25, 2025.**

CONTRATO DE TRABALHO

Empregador.....

GRUPO DE ASSIST. DEPENDENCIA QUIMICA NOVA AURORA FEM. E MAS.
CNPJ: 09.123.386/0001-01
End: Estrada-DR BEZERRA DE MENESES,2500
Bairro: JD TORRAO DE OURO – **CEP**:12229-380
Municipio: São José dos Campos – **UF**: SP
Esp.Estab: PREVENCAO, RECUPERAÇAO, DEPENDENTES QUIMICOS
Cargo: Psicóloga
CBO: 2515-10
Data de Admissão : 01/09/2014
Registro Nº :02005
Remuneração especifica: R$ 2.320,00
dois mil trezentos e vinte reais p/ mês

GRUPO DE ASSIST. DEPENDENCIA QUIMICA NOVA AURORA FEM. E MAS.

Data saída 03 de Outubro de 2014

.....

Ass. do empregador ou a rogo c/test.

GRUPO DE ASSIST. DEPENDENCIA QUIMICA NOVA AURORA FEM. E MASC.

1º ..... 2º .....

Com. Dispensa CD nº .....

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spring health

60 Madison Avenue, Floor 2
New York, NY 10010

April 19, 2025

Dear **Raquel Marques,**

I am pleased to offer this letter to you on behalf of Spring Health. As of **4/19/2025,** you are considered fully privileged and are able to log in to Spring Health and service patients. This approval is good for 36 months from the date of this letter. At 32 months from the date of this letter **12/19/2027,** you must initiate the re-credentialing process in order to continue servicing Spring Health patients.

Number of Countries Approved:

One (1)

Country	Activity Type
Brazil	**Therapist**

Sincerely,

Signed by:
346FA50F2D8042C...

4/19/2025

Timothy M. Howard, MD, FAAFP | Spring Health

intellect

29/05/2024

Raquel Marques

Crisis Helpline Responder (Brazil)

At Intellect, our mission is to make mental health support radically more accessible, preventative & relatable, and stigma-free across Asia. We want to empower individuals to take control of their mental health needs and become the best versions of themselves.

We were impressed with your application and believe that your passion, capabilities, and experience strongly align with the role, as well as our company's mission to make mental health care and wellbeing accessible, stigma-free, and built for everyday needs.

We'll be sending you a formal Provider Agreement to review in the next few days, but firstly to highlight the key details to note:

Roles and Responsibilities

- Responding to telephone hotline for crisis support of those bereaved through suicide, engaging in self-harm, experiencing suicide ideation and concerned friends or family members.
- Conducting risk assessments, including lethality assessment for suicide cases
- Providing a range of evidenced based, professional crisis counselling services and personal support, employing de-escalation techniques and crisis intervention techniques
- Assessing the caller's needs and triage for immediate safety or emergency medical attention of callers, or referrals to appropriate service referrals such as face-to-face crisis intervention, case management/advocacy services, individual therapy, or group services.
- Maintaining accurate and detailed call reports on key issues and referrals actioned
- Complying with responsibilities under the Data Protection Acts 1988, 2003 & 2018 (GDPR)
- Supporting in the development of appropriate crisis management plans to support callers in crisis
- Make a quick in-the-moment decision on how to move forward if the responder is not sure how to proceed
- Ensuring smooth and diligent handover process to next shift personnel
- Dedicating entire shift to intellect tasks and responsibilities only

Hours

Your active hours will be 12 hours shift per day (4 days a week)

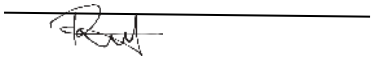
Pay

Your Daily Standby Rate will be 296.29 BRL (77 SGD)

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You may indicate your agreement with these terms and accept this offer by signing and dating this agreement on or before Monday, Jun 03 2024. Upon your acceptance of this employment offer, Intellect will provide you with the necessary paperwork and instructions.

Raquel Marques



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FREELANCER AGREEMENT

This Freelancer Agreement ("**Agreement**") is executed on the [07 June 2024] ("**Effective Date**") between:

(a) **Intellect Company Pte. Ltd.** ("**Company**"), a private limited company incorporated under the laws of Singapore and having its registered office at 171 Tras Street, Union Building, #02-179, Singapore 079025; and

(b) **[** Raquel Marques **]** , having registered address at [Francisco Ricci 101, apt 41, Vila Ema. São José dos Campos - SP, Brazil. Cep12243261] and email address [rmpsi10@gmail.com] ("**Ranger/Freelancer**").

The Company and the Freelancer shall individually be referred to as a "Party" and collectively as "**Parties**" in this Agreement.

SECTION 1: RECITAL

1.1 The Company provides and delivers digital mental well-being services on its platform to clients and employees of its clients.

1.2 The Company desires the services of the Freelancer to provide helpline assistance to respond to clients and employees of its clients with cases pertaining to mental breakdown, harm or threat to self or persons, and other related actions on the platform ("**Services**"), as detailed in Annex B.

1.3 The Company wants to hire and retain the Freelancer upon the terms and conditions set out herein with diligence and in a reasonable manner while complying to the instructions, policies, and directions of the Company.

NOW THEREFORE, in consideration of the mutual promises, warranties and covenants set forth in this Agreement, the receipt and sufficiency thereof being acknowledged by both Parties, Company and Freelancer hereby agree as follows:

SECTION 2: CAPACITY AS A FREELANCER

The Freelancer shall be an independent contractor and not an employee of the Company.

2.1 The Freelancer shall not have any claim against the Company under the following areas: vacation, sick leave, insurance, or other employment benefits.

2.2 The Freelancer has the right to perform their services during the term of this Agreement subject to the provisions set out in this Agreement that affect the performance of such services.

2.3 The Freelancer acknowledges that the Company is not obligated to indemnify the Freelancer for any reason.

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SECTION 3: FREELANCER ROLE AND RESPONSIBILITIES

The Company expects all Freelancers to perform their responsibilities with the utmost level of professionalism and integrity. The Company has set forth the following duties for the Freelancer:

3.1 The use of this job title does not indicate any limitation on the roles and responsibilities outlined.

3.2 The Freelancer shall comply with the job role and responsibilities, the Company's Code of Conduct, standard protocols, and all applicable guidelines provided during the Ranger Onboarding Training and outlined in the Ranger Handbook.

3.4 The Freelancer shall comply with the rules, availability and working hours as stipulated in Annex A.

3.5 The Freelancer shall be obliged to pick up all incoming calls during the working hours stipulated in Annex A.

3.6 The Freelancer must notify the Company two (2) weeks in advance of any changes that may impact their availability and number of working hours.

3.7 The Freelancer warrants that all certifications, licenses, accreditation and other proof of qualifications provided to the Company are accurate and adequately updated.

3.8 Changes in credentialing information - such as licenses, accreditations, or any other restriction that inhibits the Freelancer's practice must be notified to the Company immediately.

3.9 The Freelancer shall pay for and maintain for their benefit, with insurers or through the appropriate government department and in an amount and in a form acceptable to the Company, appropriate insurance concerning the operations and liabilities of the Freelancer whether or not it is relevant to this Agreement.

3.10 If the Freelancer decides to take a leave, including but not limited to, parental leave, holiday, and vacation, the Freelancer shall inform the Company with a 14 days' written notice about the scheduled leave and shall include the start and end dates of the leave. The Company may, in its discretion, terminate this Agreement if the period of leave is unfavourable and against the best interest of the Company.

SECTION 4: PAYMENT

4.1 For the provision of the stipulated services, the Freelancer shall be paid a standby fee, as detailed in Annex B. The Freelancer shall receive the corresponding amounts stated in the job offer at the end of every month.

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4.2 All currency exchange shall be benchmarked against the rate listed from www.mas.gov.sg on the day when the Company issues the Agreement. Should the exchange rate between the SGD and [BRL] fluctuate above or below a pre-established and agreed-upon +/-10% of established base, then the payment under the Agreement shall be adjusted to reflect the corresponding rate change.

4.3 The Freelancer shall be paid in arrears at the end of each month.

4.4 The Freelancer is responsible to account for any tax withholdings and shall be liable for the payment of its income tax, including any taxes creditable thereto, business tax, permit fees and other taxes and fees imposable on it for or in connection with the performance and completion of the Services hereinunder applicable law.

4.5 The Company does not guarantee a minimum volume of calls that the Freelancer will receive.

4.6 The Freelancer authorises the Company to deduct from any fees accrued and due to him/her under the following terms:

4.6.1 Any overpayment or payment made to the Freelancer by mistake; or

4.6.2 Through any fraud or misrepresentation which the Freelancer would otherwise not be entitled to.

SECTION 5: CODE OF CONDUCT

The Company prioritises security, privacy, and confidentiality for both Freelancers and the clients. As such, the Company ensures that its platform and all client interactions are maintained in a secure, Personal Data Protection Act (PDPA) and Health Insurance Portability and Accountability Act (HIPAA) compliant manner.

To protect individuals and maintain an overall professional environment, the Freelancer is expected to adhere to the following:

5.1 Maintain client anonymity, privacy, and confidentiality by ensuring:

5.1.1 All client data and information are retained solely on the Company's secure platform.

5.1.2 All client data and information are never disclosed to any third party.

5.1.3 All live call or video sessions or the recording of video or audio and audio messages are conducted in an appropriate and confidential setting.

5.1.4 All client interactions take place solely on the Company's secure platform. Client interactions are forbidden to take place via other platforms (e.g. FaceTime, Skype, email).

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5.1.5 All live call or video sessions are to be recorded solely on Company's secure platforms.

5.2 The Company is not a crisis line and the Freelancer is not a substitute for professional mental health services to make clinical diagnosis or treatment.

5.3 In the event that the Freelancer comes across an emergency case, including but not limited to physical or bodily harm to self or others, suicidal ideation or intention, the Freelancer must follow the Company's standard protocols as detailed in the Freelancer Handbook.

SECTION 6: COMPETITIVE ENGAGEMENTS

6.1 Freelancer will not engage with another competitor of the Company without notifying the Company. A competitor is any third party that develops, manufacturers, promotes, sells, licenses, distributes, or provides products or services that are substantially similar to the Company's products or services. A competitor is also a third party that plans to do any of those things without the limitation of time.

6.2 During the period of the Freelancer's engagement with the Company and for a period of one (1) year from the date of termination of such engagement for any reason, the Freelancer agrees that he/she will not, directly or indirectly, for the Freelancer's benefit or on behalf of any person, corporation, partnership or entity whatsoever, call on, solicit, perform services for, interfere with or endeavor to entice away from the Company any client to whom the Company provides services at any time during the one (1) year period preceding the date of termination of the engagement with the Company, or any prospective client to whom the Company had made a presentation at any time during the one (1) year period preceding the date of termination of the Freelancer's engagement with the Company.

SECTION 7: TERM, TERMINATION, AND DAMAGES

7.1 This Agreement shall commence on the Effective Date and shall continue for a period of one (1) year, and shall be automatically renewed for two (2) further years on the same terms and conditions of this Agreement, unless earlier terminated by either Party pursuant to the provisions hereof.

7.2 The Company may terminate the contract at any time by giving the Freelancer two (2) month's written notice.

7.3 The Freelancer may terminate the contract by giving the Company two (2) month's written notice.

7.4 The Company shall be entitled to immediately terminate this Agreement upon written notice if, at any time during the term hereof, any of the following should occur:

7.3.1 The Freelancer is dishonest or engaged in serious or persistent misconduct or, without reasonable cause, neglect or refuse to attend to his/her duties or fail to perform any of his/her obligations hereunder, or fails to observe the Company's Code of Conduct from time to time in force; or

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7.3.2 The Freelancer's actions or statements cause harm or loss of reputation to the Company; or

7.3.3 The Freelancer fails to meet the Key Performance Indicators (KPI) as detailed in Annex C; or

7.3.4 The Freelancer commits a breach of a material term of this Agreement which is not remedied by the Freelancer within five (5) days of receipt of written notice of such breach from the Company (or such other period as the Parties agree), provided that if at the end of such five (5) day period the Freelancer is making a good faith effort to remedy the default, a further reasonable period of time (not being less than five (5) days) will be allowed.

SECTION 8: NON-DISCLOSURE

8.1 As a condition to, and in consideration of, the Company's furnishing of Confidential Information to the Freelancer, the Freelancer agrees to the restrictions and undertakings contained in this Agreement. Freelancer agrees that all information disclosed by the Company to Freelancer, including any such information disclosed prior to the date of this Agreement, and including without limitation information acquired by Freelancer in writing, orally or by inspection of the Company's property, relating to (without limitation) the Company's prototypes, samples, technical data, trade secrets, knowhow, actual and anticipated research, developments or products, product plans, services, software, source codes, inventions, processes, discoveries, formulas, architectures, concepts, ideas, designs, drawings, personnel, customers, markets, marketing plans, distribution methods, financial information, sales or programming matter, compositions, drawings, diagrams, computer programs, studies, work in process, visual demonstrations, manufacturing plans, confidential information of Company's clients, information disclosed by callers or any of Company's clients and other third parties, and includes data, whether oral, written, graphic, or electronic form shall be considered "Confidential Information"(the "Confidential Information").

8.2 Freelancer hereby agrees that he/she shall use the Confidential Information received or procured by it from the Company solely for the purposes of this Agreement and that the Freelancer shall not:

8.2.1 At any time during or after completion, expiry or termination of this Agreement disclose the same whether directly or indirectly;

a) To any third party except with the prior written consent of the Company;

b) To employees of the Freelancer other than the employees who "need to know" such Confidential Information;

c) To any person with a bona fide and legitimate interest in such information who enters into a confidentiality agreement.

Notwithstanding the above, the Freelancer shall have the right to disclose the Confidential Information to the Government agencies, authorised to request such information, in accordance with the law, with the prior intimation to the Company and the Freelancer shall not be liable for such disclosure.

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8.2.2 Modify, reverse-engineer, decompile, create other works from, or dissemble any software programs contained in the Confidential Information without Disclosing Party's prior written consent.

8.2.3 Use any Confidential Information to unfairly compete or obtain unfair advantage vis-a-vis the Company in any commercial activity.

However, Confidential Information shall not include information which, as the Freelancer can prove in written evidence:

I. Is now generally known or available by publication, commercial use or otherwise, through no fault of the Freelancer,

II. Is lawfully obtained by Freelancer without violation of a confidentiality obligation;

III. Is furnished to the Freelancer by a third party who to the Freelancer's knowledge legally obtained said information and the right to its disclosure;

IV. Is approved for use/ release by the prior written approval of the Company.

8.3 The Freelancer shall treat the Company Confidential Information with the same degree of confidentiality as it keeps its own Confidential Information, but in all events no less than a reasonable degree of confidentiality.

8.4 All information is provided "as is" and without any warranty, express, implied, or otherwise, regarding its accuracy or performance.

8.5 The Freelancer agrees to return to the Company immediately upon the Company's written request all documents and other tangible objects containing or representing the Confidential Information and all copies thereof which are in the possession of the Freelancer, including but not limited to all computer programs, documentation, notes, plans and drawings, and any reports, presentations, memorandums and other similar work made by the Freelancer in connection with or relating to the Confidential Information. With respect to Confidential Information stored in electronic form, the Freelancer shall delete all such Confidential Information from its systems and shall confirm in writing signed by an authorised representative of the Freelancer, that all Confidential Information has been deleted.

8.6 Freelancer hereby acknowledges that unauthorised disclosure or use of Confidential Information could cause irreparable harm and significant injury, which may be difficult to ascertain. Accordingly, the Freelancer agrees that the Company shall have the right to seek and obtain immediate injunctive relief from breaches of this Agreement, in addition to any other rights and remedies it may have.

8.7 Freelancer's obligations hereunder shall survive termination of this Agreement or expiration of the business relationship until such time as all Confidential Information disclosed

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hereunder becomes publicly known and made generally available through no action or inaction by Freelancer.

8.8 This Agreement shall bind and insure to the benefit of the parties hereto and their successors and assigns, except that Confidential Information and the rights and obligations under this Agreement may not be assigned by Freelancer without prior written consent of the Company.

SECTION 9: MISCELLANEOUS

9.1 Failure by the Company to require strict compliance with any provisions of this contract shall not constitute a waiver of the Company's rights upon that or any other occasion.

9.2 This Agreement may be amended at any time by written agreement between the parties and this Agreement, and any variations agreed pursuant to Clause 9.2, contains the entire agreement of the Parties with respect to its subject matter. It sets out the only conduct relied on by the Parties and supersedes all earlier conduct by the Parties with respect to its subject matter.

9.3 Except as otherwise stated in this contract, nothing in this Agreement confers any rights on any person (other than the parties hereto).

9.4 This document contains the entire agreement between the parties with respect to the subject matter hereof, may not be amended, nor any obligation waived, except by a writing signed by both parties hereto. Any failure to enforce any provision of this Agreement shall not constitute a waiver thereof or of any other provision.

9.5 This Agreement shall be governed by and construed and enforced in accordance with the laws of Singapore and the parties hereto agree to submit to the exclusive jurisdiction of the courts of Singapore. Any dispute, controversy or claim arising out of or in connection with this Agreement, shall be referred to the Singapore International Arbitration Centre ("SIAC") and finally resolved by arbitration proceedings in Singapore, according to the Arbitration Rules of the SIAC for the time being in force (the "SIAC Rules"), which rules are deemed to be incorporated by reference into this Clause. The arbitration tribunal shall consist of one (1) arbitrator to be appointed in accordance with the SIAC Rules (the "Arbitral Tribunal"). The seat of arbitration shall be Singapore and the arbitration shall be conducted in the English language. The arbitral award by the Arbitral Tribunal shall be final and binding upon the Parties and judgment upon such award may be entered in any court having jurisdiction thereto.

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The Freelancer hereby acknowledges receipt of a copy of this Agreement duly signed by the Company and returns a signed copy to the Company certifying the Freelancer's adherence to this Agreement.

IN WITNESS WHEREOF BOTH THE PARTIES HERETO HAVE SIGNED THIS AGREEMENT ON THE DAY, MONTH AND THE YEAR FIRST ABOVE WRITTEN

For: **Intellect Company Pte. Ltd.**

Signature DocuSigned by: Salman Haider CF73860D4F15459...

Name: Salman Haider

Title: Head of Clinical Governance

For:

Signature DocuSigned by: 78C9A552AFFC49A...

Name: Raquel Marques

Date: 07 June 2024

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ANNEX A
RULES, AVAILABILITY, AND WORKING HOURS

The following below are a guide on the rules, availability, and working hours of the Ranger under this Agreement.

1. The Intellect 24 Hour Crisis Helpline is a service for Employees who are on the EAP program with Intellect. The Crisis Helpline will be manned by Helpline Rangers on a rotational basis. In the event the caller is not from the Intellect EAP partner organisations, psychological assistance will be provided and the caller will be linked to external agencies.
2. Rangers should always be non-judgmental, be respectful to callers and have the intention to de-escalate and provide solution focused engagement. All details received from the caller will be strictly private and confidential unless confidentiality is broken due to imminent harm to self or others.
3. Failure to respect the ethical standards of the Helpline will not be tolerated and any Rangers who does not conform to those standards would cease to be involved in the provision of these helpline services under Intellect.
4. The Freelancer shall during the assigned working hours of Asia/America time zone, be available on standby for.twelve (12) hours daily and will be assigned a morning or evening shift, as stated in the job offer
5. Intellect shall provide the Freelancer with a list of rotations and availability schedule with assigned working hours for the Freelancer to select from, and the Freelancer shall notify Intellect promptly of its choice of rotation.
6. The roster for Rangers will be made three (3) months in advance. On the assumption that there are three (3) Helpline Rangers on duty, each Ranger will follow the following roster duties below -
    - Week 1 Secondary line
    - Week 2 Primary line

    This roaster duty is subject to revision at any time and all parties affected will be notified upon the revision.

7. Each rotation of the Helpline rostering shall be weekly according to a schedule made by the Supervisor. Rangers may internally switch duties and inform the Supervisor of the switch at least one (1) week before the switch in advance.
8. During working hours, the Freelancer shall receive and answer calls, take notes during the calls, and carry out other related duties.
9. All calls should be answered within fifteen (15) seconds. The primary line holder will be first to be notified of the call at all times. In the event If the primary line holder misses a call due to unavailability related to being unreachable or engaged with another call, the call is missed by the primary line holder, the primary line holder is unreachable or engaged with another call, the secondary line holder will be notified of the call.
10. Input a summary of the call with the following headings, "Description", "Risk level", "Intervention" & "Remarks/closure" into the call notes platform at the end of the call.

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ANNEX B
Scope of Work

- Responding to telephone hotline for crisis support of those bereaved through suicide, engaging in self-harm, experiencing suicide ideation and concerned friends or family members.
- Conducting risk assessments, including lethality assessment for suicide cases
- Providing a range of evidenced based, professional crisis counselling services and personal support, employing de-escalation techniques and crisis intervention techniques
- Assessing the caller's needs and triage for immediate safety or emergency medical attention of callers, or referrals to appropriate service referrals such as face-to-face crisis intervention, case management/advocacy services, individual therapy, or group services.
- Maintaining accurate and detailed call reports on key issues and referrals actioned
- Complying with responsibilities under the Data Protection Acts 1988, 2003 & 2018 (GDPR)
- Supporting in the development of appropriate crisis management plans to support callers in crisis
- Make a quick in-the-moment decision on how to move forward if the responder is not sure how to proceed
- Dedicating entire shift to intellect tasks and responsibilities only to ensure quality services

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Certificate Of Completion

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Subject: Complete with DocuSign: Intellect Provider Agreement.docx
Source Envelope:
Document Pages: 14
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC+08:00) Kuala Lumpur, Singapore

Signatures: 2
Initials: 0

Status: Completed

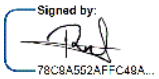
Envelope Originator:
EJ Longakit
171 Tras Street, Union Building, #02-179
Singapore, Singapore 079025
ej@intellect.co
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Status: Original
23 September 2024 | 21:12

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ej@intellect.co

Location: DocuSign

Signer Events	Signature	Timestamp
Oliver Suendermann oliver@intellect.co Dr Oliver Suendermann, Clinical Director Security Level: Email, Account Authentication (None)	Signed by: Oliver Suendermann 51A7DE88A4AD4C3... Signature Adoption: Pre-selected Style Using IP Address: 116.87.33.3	Sent: 23 September 2024 | 21:12 Viewed: 24 September 2024 | 17:36 Signed: 24 September 2024 | 17:36
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Raquel Marques rmpsi10@gmail.com Security Level: Email, Account Authentication (None)	Signed by:  78C9A5D2AFFC48A... Signature Adoption: Drawn on Device Using IP Address: 201.75.182.245	Sent: 23 September 2024 | 21:12 Viewed: 23 September 2024 | 21:31 Signed: 24 September 2024 | 01:27
Electronic Record and Signature Disclosure: Accepted: 23 September 2024 | 21:31 ID: 9c5a6022-07b8-476b-a6d9-3d2fee9be595		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Diego diego@intellect.co Security Level: Email, Account Authentication (None)	COPIED	Sent: 24 September 2024 | 17:36
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	23 September 2024 | 21:12
Certified Delivered	Security Checked	23 September 2024 | 21:31
Signing Complete	Security Checked	24 September 2024 | 01:27
Completed	Security Checked	24 September 2024 | 17:36

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, The Intellect Company (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact The Intellect Company:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: alief@intellect.co

To advise The Intellect Company of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at alief@intellect.co and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from The Intellect Company

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to alief@intellect.co and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with The Intellect Company

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to alief@intellect.co and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify The Intellect Company as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by The Intellect Company during the course of your relationship with The Intellect Company.

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PROVIDER AGREEMENT

This Provider Agreement ("**Agreement**") is executed on 24 September 2024 ("**Effective Date**")

BETWEEN

Intellect Company Pte. Ltd. ("**Company**"), a private limited company incorporated under the laws of Singapore and having its registered office at **171 Tras Street, Union Building, #02-179, Singapore 079025,**

AND

Raquel Marques NRIC/Passport No. GF001382 of Rua Helena David Neme 180 apt 121 Jardim São Dimas, São José dos Campos, SP, Brazil ("**Provider**", together with the Company, the "**Parties**").

NOW, THEREFORE, in consideration of the mutual promises and covenants set forth in this Agreement, the receipt and sufficiency thereof being acknowledged by the Parties, the Parties hereby agree as follows:

SECTION 1: COMMENCEMENT AND TERM

1.1 The Provider shall provide the agreed services set out in Annex A ("**Services**") for a period of 1 year from the Effective Date ("**Initial Term**") to the Company as an independent contractor, unless earlier terminated pursuant to Clause 8. This Agreement shall automatically renew for one additional year before the expiration of the Initial Term or any extended term (as the case may be), unless earlier terminated in accordance with Clause 8 (together with the Initial Term, the "**Term**").

SECTION 2: CAPACITY OF PROVIDER AS INDEPENDENT CONTRACTOR

In providing the Services, the Provider shall be an independent contractor and not an employee of the Company.

2.1 The Provider shall not have any claim against the Company in respect of the following: annual leave, sick leave, insurance, and/or other employment benefits, including provided under the Employment Act 1968 of Singapore.

2.2 The Provider has the right to perform services for others during the term of this Agreement subject to the provisions set out in this Agreement.

2.3 The Provider acknowledges that the Company shall not be under any obligation to indemnify the Provider.

SECTION 3: PROVIDER ROLE & RESPONSIBILITIES

The Provider shall perform his/her responsibilities and duties with the utmost level of professionalism and integrity, including but not limited to duties and responsibilities set out below and in Annex B hereto:

3.1 The Provider shall, during the Term:

(a) at all times act lawfully, honestly and with complete good faith, and do nothing that could harm the reputation of the Company, its directors, employees, or affiliates;

(b) conduct himself/herself in a professional and competent manner;

(c) comply with the reasonable instructions of the Company;

(d) promptly provide all information and reports as may be reasonably requested by the Company in connection with the performance of the Services;

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(e) exercise reasonable skill, care, and diligence to be expected in providing such Services; and

(f) comply and observe all applicable laws and regulations in Singapore and elsewhere,

(g) (together with the duties set out in Annex B, the "**Duties**").

3.2 In carrying out the Services, the Provider shall not under any circumstances introduce, or represent himself as an employee, officer, servant or agent of the Company or permit himself to be so introduced or represented.

3.3 The Provider shall comply with this Agreement, the Company's Code of Conduct, standard protocols, and all applicable guidelines provided during the Provider Onboarding Training and outlined in the Provider Handbook.

3.4 The Provider shall provide a profile picture and brief biography to the Company, which he/she consents may be used by the Company in its sole discretion for online marketing purposes.

3.5 The Provider shall give the Company not less than 1 week's written notice in advance of any changes in his/her schedule that may impact his/her availability and number of working hours, or his/her capacity to accept new clients or to manage existing clients.

3.6 The Provider shall ensure that he/she is a member of the relevant professional body in his/her country of practice (including but not limited to Association of Psychotherapists and Counsellors Singapore (APACS), The Australian Counselling Association (ACA), Lembaga Kaunseling Malaysia, Singapore Psychological Society, Australian Psychological society throughout the Term. Where the Provider has had any changes in his/her credentialing information, including but not limited to licenses, accreditations, or any other restriction that inhibits and/or affects the Provider's practice, he/she shall notify the Company immediately of such changes and provide such details and documentation required by the Company.

3.7 Notwithstanding that the Provider is acting as an independent consultant when providing the Services, the Provider acknowledges and agrees that the Company shall be entitled, but not obliged, to monitor the conduct of the Provider to satisfy itself that the Provider operates within the terms and conditions set out in the Agreement.

SECTION 4: PAYMENT

4.1 The Provider shall have a fixed rate per hour for all live therapy calls or video sessions conducted by the Provider on the Company platform, as set out in the job offer, and as maybe revised by the Company from time to time ("**Rate**"). Subject to Clause 4.6, the total sum payable by the Company to the Provider ("**Monthly Fees**") shall be paid monthly in arrears on or before the 10th day of each month, and shall be calculated by multiplying (i) the number of hours for which the Provider has conducted therapy calls or video sessions ("**Work Hours**") by (ii) the Rate. Where the Provider's Rate is in a currency which is not in Singapore dollars, the Monthly Fees shall be converted to Singapore dollars in accordance with Clause 5.2 below before the amount is paid to the Provider.

4.2 The currency exchange rate applicable to the Monthly Fees shall be pegged to the relevant currency exchange rate listed on www.mas.gov.sg ("**MAS Exchange Rate**") on the date of this Agreement ("**Benchmark Rate**"), save that the Company shall check the MAS Exchange Rates before conversion, and if the applicable MAS Exchange Rate is ten percent (10%) more or less than the Benchmark Rate, the prevailing MAS Exchange Rate on that day shall apply to conversion of the Monthly Fees.

4.3 The Provider shall be responsible to account for any tax withholdings under applicable law.

4.4 The Company may deduct from the Monthly Fees due to the Provider any sums owing to the Company from time to time (and subject to any applicable law), including but not limited to sums

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paid to the Provider due to overpayment or mistake, or sums paid due to any fraud or misrepresentation which the Provider would otherwise not be entitled to.

4.5 The Company does not guarantee a minimum volume of clients or number of live therapy sessions the Provider will receive.

4.6 The Company will keep a record of the numbers of hours worked per month by the Provider. The Provider may request in writing for the Company to produce the said record. Any record produced by the Company shall be conclusive proof of the matters recorded therein. Notwithstanding the above, in the event that the Provider disputes the number of Work Hours, it shall provide a notice to the Company which states the correct number of Work Hours logged by the Provider and evidence satisfactory to the Company of the same, and the parties shall seek to resolve such dispute between them by negotiating promptly with each other in good faith. If the parties are unable to resolve the dispute within 20 business days (or such other period as parties shall otherwise agree) via such negotiations, the parties agree to submit the dispute for mediation at the Singapore Mediation Centre ("**SMC**") in accordance with SMC's mediation procedure in force for the time being. Either party may submit a request to mediate to SMC upon which the other party will be bound to participate in the mediation within 45 days thereof. The Company must be represented by a senior executive personnel or its equivalent, with authority to negotiate and settle the dispute. Unless otherwise agreed by the parties, the mediators will be appointed by SMC. The mediation shall take place in Singapore in the English language and parties agree to be bound by any settlement agreement reached.

4.7 Subject to the Company's prevailing policies, the Company may increase the Provider's Rate in its sole discretion if the following criteria is met:

4.7.1 Completion of at least twenty (20) weekly slots or ten (10) hours of weekly provider slots, and

4.7.2 A notification of ten percent (10%) or less late cancellations by the Provider from the total booked therapy sessions.

SECTION 5: CODE OF CONDUCT

The Company prioritises security, privacy, and confidentiality of the Providers and the Company's clients (referred to as the "clients"). As such, the Company ensures that its platform and all client interactions are protected in accordance with all applicable laws, including but not limited to the Personal Data Protection Act 2012 of Singapore and Health Insurance Portability and Accountability Act (HIPAA).

To protect individuals and maintain an overall professional environment, the Provider undertakes to adhere to the following:

5.1 The Provider shall maintain client anonymity, privacy, and confidentiality by ensuring that:

5.1.1 All client data and information are retained solely on the Company's secure platform, including but not limited to any personal data;

5.1.2 All client data and information shall not be disclosed to any third party;

5.1.3 All live calls, video sessions or the playback of video and audio messages are conducted in places in which confidentiality can be maintained;

5.1.4 All interactions with clients shall only take place on the Company's secure platform, and that no client interactions shall take place via other platforms (e.g. FaceTime, Skype, phone, email); and

5.1.5 No live calls or video sessions are recorded.

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5.2 The Provider acknowledges that the Company is not a crisis line and shall not make any representation that the services provided by him/her is a substitute for professional services which make clinical diagnoses and/or provide medical treatment.

5.3 In the event that the Provider comes across emergency cases, including but not limited to situations where the client mentions suicidal ideations or intentions, or situations where there is a risk of self-harm, harm to others or harm from others, the Provider shall follow the Company's standard protocols as detailed in the Provider Handbook.

SECTION 6: PROVIDER HANDBOOK

6.1 The Company may, in its sole discretion, vary or amend the Provider Handbook without the Provider's consent, pursuant to which the Company shall inform the Provider of the changes and the Provider shall be bound to the varied terms forthwith.

6.2 For the avoidance of doubt, Clause 10.2 of this Agreement shall not apply to the variation or amendment to the Provide Handbook.

SECTION 7: COMPETITIVE ENGAGEMENTS

7.1 During the Term of this Agreement, the Provider shall not engage with, provide services to and/or be employed by a competitor of the Company without notifying the Company. For the purposes of this clause, a competitor is any third party that develops, manufacturers, promotes, sells, licenses, distributes, or provides products or services that are substantially similar to the Company's products or services, and includes any third party who plans to carry out the activities described above ("**Competitor**").

7.2 During the Term of this Agreement and for a period of six (6) months after the date of termination of this Agreement for any reason ("**Date of Termination**"), the Provider agrees that he/she will not, directly or indirectly, for the Provider's benefit or on behalf of any person, corporation, partnership or entity whatsoever, call on, solicit, perform services for, interfere with or endeavor to entice away from the Company any client to whom the Company provides services at any time during the 12 month period preceding the date of termination of the Provider's engagement with the Company, or any prospective client with whom the Company had communicated with at any time during the 12 month period preceding the date of termination of the Provider's engagement with the Company.

7.3 In consideration of the payments due to the Provider under this Agreement, the Provider acknowledges that the restrictions in this Clause 7 are no more extensive than is reasonable to protect the legitimate interests of the Company.

7.4 Each provision in this Clause 7 shall be enforceable by the Company independently of each other provision and the validity of one provision shall not be affected if any of the other provisions is held to be invalid.

7.5 If any provision of this Clause 7 is void but would be valid if some part of the provision were deleted, the provision in question shall apply with such modification as may be necessary to make it valid.

7.6 It is understood and agreed by the Provider and the Company that damages may be an inadequate remedy in the event of a breach by the Provider of any of the restrictions contained in this Clause 7 and that any such breach by the Provider or on the Provider's behalf may cause the Company great and irreparable injury and damage. Accordingly, the Provider agrees that the Company shall be entitled, without waiving any additional rights or remedies otherwise available to it at law or in equity or by statute, to injunctive and other equitable relief in the event of a breach or intended or threatened breach by the Provider of any of the restrictions contained in this Clause 7.

SECTION 8: TERMINATION & DAMAGES

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8.1 The Company may terminate this Agreement at any time by giving the Provider one (1) month's written notice.

8.2 The Provider may terminate this Agreement by giving the Company one (1) month's written notice.

8.3 The Company shall be entitled to terminate this Agreement immediately with written notice if, at any time during the Term, any of the following occurs:

8.3.1 The Provider is dishonest or engaged in serious or persistent misconduct or, without reasonable cause, neglect or refuse to attend to his/her duties or fail to perform any of his/her obligations hereunder, or fails to observe the Company's Code of Conduct from time to time in force.

8.3.2 The Provider's actions or statements cause harm or loss of reputation to the Company, as determined in the Company's sole discretion.

8.3.3 Upon the termination of this Agreement or whenever requested by the Company, the Provider shall immediately return to the Company all records, papers, correspondence, files, equipment (including computer equipment), mobile telephone, software, notes, reports or property of whatsoever nature (including keys, books, materials and credit cards) which may be in his/her possession or control and which relate in any way to the business or affairs of the Company and no copies, notes or abridgements of any of the above shall be retained by him/her. The return of the foregoing shall be done in accordance with the Company's instructions. Thereafter, the Provider shall provide a signed statement to the Company that he/she has complied fully with his/her obligations under this clause.

8.3.4 Upon the termination of this Agreement or whenever requested by the Company, the Provider shall immediately delete any information relating to the business of the Company stored on any magnetic or optical disk or digital memory storage and all matter derived from such sources which are in his/her possession or under his/her control outside the Company's premises. Thereafter, the Provider shall provide a signed statement to the Company that he/she has complied fully with his/her obligations under this clause.

SECTION 9: NON-DISCLOSURE AGREEMENT

9.1 For the purposes of this Clause, "**Confidential Information**" means any and all information which is proprietary and confidential to the Company or any of the clients, whether owned by the Company or in the possession of the Company, including but not limited to information which relates to the Company's prototypes, samples, technical data, trade secrets, knowhow, actual and anticipated research, developments or products, product plans, services, software, source codes, inventions, processes, discoveries, formulas, architectures, concepts, ideas, designs, drawings, personnel, customers, markets, marketing plans, distribution methods, financial information, sales or programming matter, compositions, drawings, diagrams, computer programs, studies, work in process, visual demonstrations, manufacturing plans, confidential information of Company's clients and other third parties, and whether in oral, written, graphic, or electronic form.

9.2 As a condition to, and in consideration of, the Company's furnishing of Confidential Information to the Provider, the Provider agrees:

9.2.1 to abide by the non-disclosure restrictions and undertakings contained in this Agreement;

9.2.2 that he/she shall use the Confidential Information received or procured by him/her from the Company solely for the purposes of carrying out his/her responsibilities under this Agreement;

9.2.3 that he/she shall not, subject to applicable laws –

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(a) at any time during or after the signing, expiry or termination of this Agreement disclose the Confidential Information whether directly or indirectly:

(i) to any third party except with the prior written consent of the Company;

(ii) to the employees of the Provider other than authorised employees on a 'need to know' basis. Such employees must have duly executed confidentiality agreements with the Company or the Provider which contain terms substantially similar to this Clause 9;

(iii) to any person with a *bona fide* and legitimate interest in such information who enters into a confidentiality agreement with the Company and/or the Provider;

(b) modify, reverse-engineer, decompile, create other works from, or dissemble any software programs contained in the Confidential Information without the prior written consent of the disclosing party to whom the data belongs to ("**Disclosing Party**"); and

(c) use any Confidential Information to unfairly compete or obtain unfair advantage vis-a-vis Company in any commercial activity.

9.3 Notwithstanding the above, the Provider may disclose Confidential Information if:

9.3.1 he/she has received or possesses written evidence that the Confidential Information –

(a) is publicly available through no fault or breach of the Provider;

(b) has been lawfully obtained by Provider without violation of his/her confidentiality obligations under this Agreement and any ancillary guideline or contract thereto, and has obtained written confirmation from the Company that the information was lawfully obtained and can be disclosed;

(c) is required to be disclosed under applicable law or by any governmental or regulatory authority to which the Provider is or may become subject to or pursuant to any order of any court, authority or tribunal of competent jurisdiction;

(d) has been disclosed to Provider by a third party who is not in breach of any undertaking or duty as to confidentiality whether express or implied; or

(e) has been approved for use or release by the prior written approval of the Company;

9.3.2 the Provider had lawfully possessed the Confidential Information prior to obtaining it from the Disclosing Party; or

9.3.3 the Provider is required to disclose the Confidential Information to its employees, agents or representatives for the sole purpose of carrying out his/her obligations under this Agreement. For the avoidance of doubt, the Provider shall not disclose the Confidential Information to any of its employees, agents or representative if they are a Competitor of the Company. The Provider agrees to ensure that the standard of protection of the Confidential Information disclosed is comparable to or better than the protection accorded to the Confidential Information under this Agreement, which in any event shall be no less than a reasonable standard of confidentiality.

9.4 If the Provider becomes required, in circumstances contemplated by Clause 9.3.1(c) to disclose any Confidential Information, he/she shall (to the extent permitted by law) promptly give to the Company notice of such disclosure and shall co-operate with the Company, having due regard to the Company's views, and take such steps as the Company may reasonably require in order to enable it to mitigate the effects of such disclosure. For the avoidance of doubt, the Company shall not be held liable for any and all losses, claims or damages which may arise as a result of

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the Provider's disclosure pursuant to Clause 9.3.1(c), and the Provider shall fully indemnify the Company in respect of the same.

9.5 Any and all Confidential Information disclosed shall be provided "as is" and without any warranty, express, implied, or otherwise, regarding its accuracy or performance.

9.6 The Provider shall return to the Company, immediately upon the Company's written request, all documents and other tangible objects containing or representing the Confidential Information and all copies thereof which are in the possession of the Provider, including but not limited to computer programs, documentation, notes, plans and drawings, and any reports, presentations, memorandums and other similar work made by the Provider in connection with or relating to the Confidential Information. With respect to Confidential Information stored in electronic form, the Provider shall delete all such Confidential Information from its systems and shall confirm that all Confidential Information has been deleted in writing and signed by an authorised representative of Provider.

9.7 The Provider hereby acknowledges that unauthorised disclosure or use of Confidential Information could cause irreparable harm and significant injury, which may be difficult to quantify or ascertain. Accordingly, the Provider agrees that, and the Company reserves all right to seek and obtain immediate injunctive relief from any breach of this Agreement by the Provider, in addition to any other rights and remedies that he/she may have.

9.8 This Clause shall survive termination of this Agreement or expiration of the business relationship without limit in time, or until such time as all Confidential Information disclosed hereunder becomes publicly known or is made available to the public, through no action or inaction of Provider.

SECTION 10: LIMITATION OF LIABILITY; INDEMNIFICATION

10.1 In no event shall the Company, its directors, employees, agents, partners, third party services providers and affiliates be liable for:

(a) any losses, liabilities, damages, claims, costs or other causes of action which may arise as a result of:

(i) the Provider's own negligence, fraud or misconduct;
(ii) the Provider's interactions with any client, employee, agents, partners, third party service providers and affiliates of the Company, including but not limited to claims, damages, injuries to persons (including death), property damage, expenses, unless death or personal injury has directly resulted from the gross negligence of the Company; and
(iii) any activity that the Provider undertakes in connection with the execution of his/her Duties and his/her provision of the Services; and

(b) any special, indirect, incidental, consequential, punitive, reliance, or exemplary damages which may arise in respect of the above.

10.2 This clause shall continue to apply notwithstanding any representation made by the Company or its authorised representatives on such losses or liabilities. Where the scope of this clause has been limited by applicable law, this clause shall continue to apply to the fullest extent permitted by applicable law.

10.3 Notwithstanding the above, where any claim against the Company has not been excluded by this clause, the Company shall not liable for any such claim or cause of action unless a written notice setting out the full grounds of the claim or cause of action has been given to the Company within 12 months of the date on which the act or omission in respect of the claim or cause of action arose.

10.4 Subject to applicable law, the Provider hereby agrees to indemnify the Company, its directors, employees, agents, partners, third party service providers and affiliates (each, an "**Indemnified**

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Party") and hold each Indemnified Party harmless from any losses, damages, claims, costs and expenses arising out of or relating to claims in respect of:

(a) a breach of these Terms by the Provider or any applicable laws;
(b) the Provider's provision of the Services, whether in contract, tort including negligence, warranty, or otherwise, including but not limited to any losses, damages, claims or costs suffered by any client as a result of the provision of such Services;
(c) the Provider's negligence, fraud or misconduct;
(d) the Provider's violation or infringement of the Company's intellectual property rights; and
(e) any liability arising from any information or data provided by the Provider and any client for which the Services have been provided, and any unauthorised disclosure thereof, where such disclosure has not been caused by any of the Indemnified Parties.

10.5 The Company reserves the right to assume control of the defence of any third party claim that is subject to indemnification by the Provider, in which event the Provider agrees to cooperate with the Company in asserting any available defence.

SECTION 11: REMEDIES

11.1 No failure on the part of any Party to exercise, and no delay on its part in exercising, any right or remedy under this Agreement will operate as a release or waiver thereof.

11.2 No remedy conferred by any of the provisions of this Agreement is intended to be exclusive of any other remedy which is otherwise available at law, in equity, by statute or otherwise, and each and every other remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law, in equity, by statute or otherwise. The election of any one or more of such remedies by either Party shall not constitute a waiver by such Party of the right to pursue any other available remedies.

SECTION 12: ASSIGNMENT

12.1 The Company may assign, transfer, mortgage, charge or otherwise dispose in any manner whatsoever of the benefit of this Agreement to any person without the prior written consent of the Provider.

12.2 The Provider may not assign, transfer, mortgage, charge or otherwise dispose in any manner whatsoever of the benefit of this Agreement to any person except with the prior written consent of the Company.

12.3 This Agreement shall bind and insure to the benefit of the parties hereto and their successors and assigns.

SECTION 13: ENTIRE AGREEMENT

13 This Agreement contains the entire agreement between the parties with respect to the subject matter hereof, and supersedes any previous agreements or arrangements, if any, between them relating to the subject matter of this Agreement, whether such be written or oral.

SECTION 14: SEVERABILITY

14.1 If any provision in this Agreement shall be held to be illegal, invalid or unenforceable, in whole or in part, the provision shall apply with whatever deletion or modification that is necessary so that the provision is legal, valid and enforceable and gives effect to the commercial intention of the Parties.

14.2 To the extent it is not possible to delete or modify the provision, in whole or in part, under Clause 14.1, then such provision or part of it shall, to the extent that it is illegal, invalid or unenforceable, be deemed not to form part of this Agreement and the legality, validity and enforceability of the remainder of this Agreement shall, subject to any deletion or modification made under Clause 14.1, not be affected.

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SECTION 15: COUNTERPARTS

15 This Agreement may be signed in any number of counterparts and by the Parties on separate counterparts, each of which, when so executed, shall be an original, but all counterparts shall together constitute one and the same document. Signatures may be exchanged by email, with original signatures to follow. Each Party agrees to be bound by its own email signature and that it accepts the email signature of the other Parties

SECTION 16: VARIATIONS

16.1 This Agreement and the Annexes hereto may be varied or amended by the Company in its sole discretion and without approval of the Provider, provided that 1 month's prior written notice of such variation or amendment is given to the Provider.

16.2 The expression "**varied**" shall include any amendment, supplement, deletion or replacement however effected.

16.3 Unless expressly agreed, no variation shall constitute a general waiver of any provisions of this Agreement, nor shall it affect any rights, obligations or liabilities under or pursuant to this Agreement which have already accrued up to the date of variation, and the rights and obligations of the Parties under or pursuant to this Agreement shall remain in full force and effect, except and only to the extent that they are so varied

SECTION 17: GOVERNING LAW AND DISPUTE RESOLUTION

17 This Agreement shall be governed by and construed and enforced in accordance with the laws of Singapore. Any dispute among the Parties arising out of or in connection with this Agreement including any question regarding its existence, validity or termination or in the performance thereof ("**Dispute**") shall be referred to and finally resolved by the Singapore courts, and the Parties agree to submit to the exclusive jurisdiction of the courts of Singapore in respect of any such Dispute.

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SECTION 18: THIRD PARTY RIGHTS

Any person who is not a party to this Agreement has no right under the Contracts (Rights of Third Parties) Act (Chapter 53B of Singapore) to enforce or enjoy the benefit of any term of this Agreement.

[*Signing page to follow*]

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IN WITNESS WHEREOF BOTH THE PARTIES HERETO HAVE SIGNED THIS AGREEMENT ON THE DAY, MONTH AND THE YEAR FIRST ABOVE WRITTEN

For: **Intellect Company Pte. Ltd.**
Signature Signed by: Oliver Suendermann 91A7DE98A4AB403...
Name: Dr **Oliver Suendermann**
Title: **Clinical Director**

For:
Signature Signed by: 552AFFC49A...
Name: Raquel Marques
Date: 24 September 2024

This signatures certifies your agreement in adhering to this document.

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Annex A – Services

1. Therapy Services: Individual or Group coaching, counselling, psychotherapy via text, video calls, audio calls, in-person, on-site (client's office/site), F2F (external premise), Critical Incident Stress Management (CISM).
2. Crisis helplines: Helping to de-escalate potentially high-risk situations and to follow the protocols and redirect to relevant corporate / public resources, relevant authorities.
3. Webinar or Events: Prepare content, moderate or be the guest speaker for Virtual, Onsite, F2F webinars or events Features on social, digital, or print media: Provide and share insights on different platforms
4. Post-treatment summary and follow up: To take case notes for the therapy services, follow up post-treatment with recommendations and to schedule follow-up sessions
5. Self-Care App: Potential involvement in the development of our library of content on our self-care app (to be scoped in the future, but potentially co-create content, translate content, review and provide insights etc.)

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Annex B – Duties

1. The Provider shall, on the last week of each month, share his/her available schedule for the subsequent month with the Company, so as to determine his/her availability to provide the Services for the subsequent month.

2. The Provider shall undertake the following duties and responsibilities throughout the Term:
    a. In respect of therapy services –
        i. Provide individual or group coaching, counselling, psychotherapy via text, video calls, audio calls, in-person, on-site (client's office/site), F2F (external premise), Critical Incident Stress Management (CISM).
        ii. Provide evidence based psychological intervention / treatment and support for matched clients;
        iii. Maintain confidentiality of client information;
        iv. Conduct sessions with the client's goal as the priority;
        v. Provide a minimum of 5 hours of availability per week;
        vi. Be punctual for all session and inform clients at least 24 hours in advance of changes to appointments;
        vii. Respond to text messages from clients and the Company within 24 hours; and
        viii. To only interact with client through the Company platform and never outside of it, unless otherwise permitted by the Company.

3. The Provider shall attend the Company's clinical group supervision as and when required by the Company.

4. The Provider shall refer clients to other Providers or mental health professionals when needed.

5. The Provider shall maintain relevant professional accreditations and/or licenses in accordance with the requirements of their respective professional bodies; which includes conducting and documenting the minimum required hours of yearly continuing professional development (CPD) to upkeep counselling and therapy skills.

6. Helping to de-escalate potentially high-risk situations and to follow the protocols and redirect to helpline responders, relevant corporate / public resources, relevant authorities.

7. Post-treatment summary and follow up: To take case notes for the therapy services, follow up post-treatment with recommendations and to schedule follow-up sessions.

The following are not "mandatory" for all Providers, but are dependent on the Provider's interest and suitability:

1. Webinar or Events: Prepare content, moderate or be the guest speaker for Virtual, Onsite, F2F webinars or events
2. Features on social, digital, or print media: Provide and share insights on different platforms
3. Self-Care App: Potential involvement in the development of our library of content on our self-care app (to be scoped in the future, but potentially co-create content, translate content, review and provide insights et

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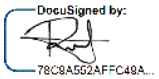
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ACCOUNTING STATEMENT

JORGE LUIZ RODRIGUES DE MELO

CPF No. 009.722.214-33

Regional Accounting Council (CRC) No. 024753

Address: Rua Icatu No. 390, Apt. 1008, Block 04

To Whom It May Concern,

I, **JORGE LUIZ RODRIGUES DE MELO**, Brazilian, married, accountant, hereby declare, for all due purposes, that Mrs. **RAQUEL MARQUES DE OLIVEIRA**, Brazilian, married, holder of CPF No. 358.329.038-03, carries out professional activities as a **Self-Employed CLINICAL PSYCHOLOGIST**.

The professional has worked as a **PSYCHOLOGIST** since **2013**, **as a self-employed clinical psychologist** with excellence and professionalism.

She has also worked as a self-employed CLINICAL PSYCHOLOGIST providing services to several companies.

In view of the foregoing, I certify the expertise of Mrs. **RAQUEL MARQUES DE OLIVEIRA** as an **Excellent Professional and Manager**, who has solid experience, with work in the **CLINICAL PSYCHOLOGY** market. The professional has shown substantial growth over the last few years, with an emphasis in **CLINICAL PSYCHOLOGY**.

Psychologist Raquel Marques de Oliveira has the following professional history as follows:

Professional Experience

Clinical Psychologist & Coach – Private Practice since 2014.
Over the years, Mrs. Raquel has built a solid and diversified career, working both in private practice and in national and international institutions. In her office, she provides individual services to adults, couples, adolescents, and children, focusing on the promotion of mental health, emotional well-being, and personal development, using mainly Cognitive-Behavioral Therapy (CBT), combined with evidence-based approaches.

In addition to clinical practice, she works as a Personal and Professional Coach, conducting career planning processes, goal setting, skill development, and decision-making. She is also

responsible for the complete management of the office, including scheduling, records, therapeutic planning, and application of psychological instruments.

Mrs. Raquel Marques also provides services for international companies:

Spring Health (USA) – Since May 2025, she has worked as a clinical psychologist, providing care to adults, adolescents, couples, and families through the company's online platform and in person, in programs focused on corporate mental health and brief counseling, with culturally sensitive and evidence-based care.

Intellect Company Pte. Ltd. (Singapore) – Since September 2024, she has provided psychotherapy to adolescents and adults through the company's platform. Since May 2024, she has also served as a Crisis Helpline Responder, handling cases of suicidal ideation, self-harm, and crises, conducting risk assessments, interventions, and appropriate referrals, in compliance with international data protection legislation (such as GDPR).

In addition, she joined the following teams:

Vitta | Digital Hospital – Between April and September 2024, she provided psychological care to beneficiaries of corporate health plans, in a digital context and with a multidisciplinary team.

TELAVITA Health Services LTDA – From December 2023 to May 2024, provided services via a telemedicine platform, conducting psychotherapy and clinical follow-ups.

Other relevant experiences include:

Clínica Esperança (2013): work in substance abuse treatment, individual sessions, psychoeducational lectures, and therapeutic groups.

Yoga Instructor (2016–2021): taught Yoga, Acroyoga, Aerial Yoga, and meditation, promoting physical and mental health.

Speaker: delivered lectures and educational activities in clinics, schools, social media, and television programs, addressing topics such as mental health, emotional intelligence, interpersonal relationships, and personal development.

Since the beginning of her professional activities, I have worked with Mrs. Raquel as her accountant and can attest to her fiscal and professional compliance. She is an ethical, experienced, and committed professional with significant contributions to the field of mental health and the potential to perform her role in international contexts.

Below is the breakdown of personal revenue earned by Mrs. **RAQUEL MARQUES DE OLIVEIRA** over the last five (5) years, detailing sources of income from **service provision**, according to financial records and income declarations:

- **In 2020**: **R$84,640.00**, from service provision, of which R$58,640.00 was through a legal entity and R$28,000.00 as individual income.

- **In 2021**: **R$98,600.00**, from service provision, of which R$71,100.00 was through a legal entity and R$27,500.00 as individual income.

- **In 2022**: **R$104,600.00**, from service provision, of which R$76,100.00 was through a legal entity and R$28,500.00 as individual income.

- **In 2023**: **R$106,000.00**, from service provision, of which R$77,500.00 was through a legal entity and R$28,500.00 as individual income.

- **In 2024**: **R$115,000.00**, from service provision, of which R$84,954.00 was through a legal entity and R$30,046.00 as individual income.

I emphasize that the professional has shown robust growth, evidenced by the continuous increase of her annual revenue, which in the last three years was: 2022: R$104,600.00; 2023: R$106,000.00; 2024: R$115,000.00, and holds a relevant position in the market, working in a high-demand area, especially in the field of CLINICAL PSYCHOLOGY.

We remain available for any additional clarifications, if necessary.
Sincerely,



JORGE LUIZ RODRIGUES DE MELO
ACCOUNTANT CRC 024753-GO
CPF 009.722.214-33

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

_____ **Date: September 22, 2025.**

DECLARAÇÃO CONTÁBIL

JORGE LUIZ RODRIGUES DE MELO

CPF nº 009.722.214-33

CRC nº 024753

Endereço: Rua Icatu nº 390 apto 1008 Bloco 04

A quem possa interessar,

Eu, **JORGE LUIZ RODRIGUES DE MELO**, brasileiro, casado, contador, declaro, para os devidos fins, que o Sra. **RAQUEL MARQUES DE OLIVEIRA,** brasileira, casada, portadora do CPF nº 358.329.038-03, exerce atividades profissionais como **Profissional Autônoma** de **PSICÓLOGA CLÍNICA**.

A profissional exerce sua laboração como **PSICOLOGA** desde **2013, como psicóloga clínica autônoma** com excelência e profissionalismo.

Também laborou como PSICÓLOGA CLINICA autônoma que prestou serviços em diversas empresas.

Diante do exposto, certifico a expertise da Sra. **RAQUEL MARQUES DE OLIVEIRA** como **Excelente Profissional e Gestora**, a qual tem uma experiência sólida, com atuação no mercado de **PSICOLOGIA CLÍNICA**. A profissional tem demonstrado um crescimento substancial ao longo dos últimos anos, com ênfase na **PSICOLOGIA CLÍNICA**.

A Psicóloga Raquel Marques de Oliveira tem o seguinte histórico profissional como segue:

Experiência Profissional

Psicóloga Clínica & Coach – Consultório Particular desde 2014.
Ao longo dos anos, a Sra. Raquel construiu uma carreira sólida e diversificada, atuando tanto em consultório particular quanto em instituições nacionais e internacionais. Em seu consultório, realiza atendimentos individuais a adultos, casais, adolescentes e crianças, com foco na promoção da saúde mental, bem-estar emocional e desenvolvimento pessoal, utilizando principalmente a Terapia Cognitivo-Comportamental (TCC), aliada a abordagens baseadas em evidências.

Além da prática clínica, atua como Coach Pessoal e Profissional, conduzindo processos de planejamento de carreira, definição de metas, desenvolvimento de habilidades e

tomada de decisões. É também responsável pela gestão completa do consultório, incluindo agenda, prontuários, planejamento terapêutico e aplicação de instrumentos psicológicos.

A Sra. Raquel Marques também presta serviços para empresas internacionais:

Spring Health (EUA) – Desde maio de 2025, atua como psicóloga clínica, oferecendo atendimento a adultos, adolescentes, casais e famílias por meio da plataforma online da empresa e presencialmente, em planos com foco em saúde mental corporativa e aconselhamento breve, com atendimento culturalmente sensível e baseado em evidências.

Intellect Company Pte. Ltd. (Singapura) – Desde setembro de 2024, presta psicoterapia a adolescentes e adultos pela plataforma da empresa. Desde maio de 2024, também atua como Crisis Helpline Responder, atendendo casos de ideação suicida, automutilação e situações de crise, realizando triagens de risco, intervenções e encaminhamentos adequados, em conformidade com legislações internacionais de proteção de dados (como o GDPR).

Além disso, integrou as seguintes equipes:

Vitta | Hospital Digital – Entre abril e setembro de 2024, realizou atendimentos psicológicos a beneficiários de planos corporativos de saúde, em contexto digital e com equipe multidisciplinar.

TELAVITA Serviços de Saúde LTDA – De dezembro de 2023 a maio de 2024, atendeu via plataforma de telemedicina, realizando psicoterapia e acompanhamentos clínicos.

Outras experiências relevantes incluem:

Clínica Esperança (2013): atuação em tratamento de abuso de substâncias, atendimentos individuais, palestras psicoeducativas e grupos terapêuticos.

Professora de Yoga (2016–2021): ministrou aulas de Yoga, Acroyoga, Aerial Yoga e meditação, promovendo saúde física e mental.

Palestrante: Realização de palestras e ações educativas em clínicas, escolas, redes sociais e programas de televisão, abordando temas de saúde mental, inteligência emocional, relações interpessoais e desenvolvimento pessoal.

Desde o início de sua atuação, acompanho a Sra. Raquel como responsável contábil e posso atestar sua regularidade fiscal e profissional. Trata-se de uma profissional ética, experiente e comprometida, com contribuição significativa para o campo da saúde mental

e potencial para exercer sua função em contextos internacionais.

A seguir, apresento a discriminação do faturamento pessoal obtido pelo Sra. **RAQUEL MARQUES DE OLIVEIRA** nos últimos 5 (cinco) anos, detalhando as fontes de renda advindas de **prestação de serviços**, conforme os registros financeiros e declarações de renda:

- **Em 2020**: RS **84.640,00**, provenientes de prestação de serviços, sendo R$ 58,640,00 na pessoa jurídica e R$ 28.000,00 rendimentos de pessoa física.
- **Em 2021**: RS **98.600,00**, provenientes de prestação de serviços, sendo R$ 71,100,00 na pessoa jurídica e R$ 27.500,00 rendimentos de pessoa física.
- **Em 2022**: R$ **104.600,00**, provenientes de prestação de serviços, sendo R$ 76,100,00 na pessoa jurídica e R$ 28.500,00 rendimentos de pessoa física.
- **Em 2023**: **106.000,00**, provenientes de prestação de serviços, sendo R$ 77,500,00 na pessoa jurídica e R$ 28.500,00 rendimentos de pessoa física.
- **Em 2024**: **115.000,00**, provenientes de prestação de serviços, sendo R$ 84.954,00 na pessoa jurídica e R$ 30.046,00 rendimentos de pessoa física.

Ressalto que a profissional tem apresentado um crescimento robusto, evidenciado pelo aumento contínuo de sua receita anual, que nos últimos três anos foi de: 2022: R$ 104.600,00; 2023: R$ 106.000,00; 2024: R$ 115.000,00, e possui uma posição relevante no mercado, atuando em uma área de alta demanda, especialmente no setor de PSICOLOGIA CLÍNICA.

Permanecemos à disposição para quaisquer esclarecimentos adicionais, caso necessário.
Atenciosamente,

JORGE LUIZ RODRIGUES DE MELO
CONTADOR CRC 024753-GO
CPF 009.722.214-33

Exhibit C.I - First Prong - Substantial Merit and National Importance

Integrated Mental Health Solutions

BUSINESS PLAN 2026



Name: Raquel Marques de Oliveira
Phone: +55(12)99135-4406
E-mail: rmpsi10@gmail.com
Position: General Manager and Program Director

Prepared by:
Nextus Plan

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APPENDIX 1

1.0 Executive Summary

Integrated Mental Health Solutions will be established as a mental health services and program management company based in Tampa, focused on expanding access to psychological care, crisis intervention, and emotional wellness programs, particularly for underserved populations, including military veterans and individuals facing trauma, depression, behavioral risk factors, and reintegration challenges.

In the United States, mental health conditions represent a significant public health concern. According to the National Institute of Mental Health, nearly 1 in 5 adults experience a mental illness each year, yet a substantial portion of this population does not receive adequate treatment due to barriers such as cost, limited provider availability, and social stigma.[1] Additionally, data from the Centers for Disease Control and Prevention indicates that suicide remains one of the leading causes of death nationwide, with particularly elevated risks among veterans and individuals facing socioeconomic challenges.[2]

The company will operate through a structured, management-driven model that combines digital mental health services, crisis intervention programs, corporate wellness solutions, and community-based mental health initiatives, with an emphasis on early intervention, crisis stabilization, and continuity of care for high-risk and underserved populations. All clinical services will be delivered by licensed U.S.-based professionals, while the company will oversee program design, operational management, and system-level coordination.

The proposed endeavor addresses a critical and ongoing challenge in the United States: limited access to timely and affordable mental health services, especially among vulnerable populations.[3] Despite increased national awareness, many individuals continue to face barriers such as long wait times, high treatment costs, and fragmented care systems.[4] In regions such as Tampa and surrounding communities, these challenges are particularly evident among veterans, working professionals, and underserved populations who lack consistent access to integrated mental health support.[5]

Company Overview

Integrated Mental Health Solutions will provide a coordinated service model designed to improve access, efficiency, and outcomes in mental health care. The company will focus on four core service areas:

- Digital Mental Health and Telepsychology Services
- Crisis Intervention and Suicide Prevention Programs
- Corporate Mental Health and Workforce Resilience Programs
- Community-Based Mental Health and Reintegration Programs

[1] https://moodrx.com/key-mental-health-statistics-in-the-u-s/
[2] https://www.cdc.gov/suicide/facts/data.html
[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC7011222/
[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC8214217/
[5] https://www.wfla.com/news/hillsborough-county/workshop-held-to-discuss-issues-facing-tampa-bay-veterans/

The company's model integrates evidence-based care, structured coordination, and technology-enabled service delivery, reducing reliance on fragmented mental health systems and improving continuity of care across providers, crisis response resources, and community support networks.

Founder Background and Role

The company will be led by Ms. Raquel Marques de Oliviera, a Clinical Psychologist with over 10 years of experience in mental health care, including international work across digital health platforms and multicultural environments. Her expertise includes cognitive behavioral therapy (CBT), crisis intervention, suicide risk assessment, behavioral stabilization strategies, and the delivery of evidence-based psychological care through both in-person and telehealth modalities.

Ms. Marques has demonstrated experience working with diverse populations, including adolescents, adults, couples, and families, as well as providing crisis support services for individuals experiencing acute mental health challenges, emotional distress, trauma exposure, and other high-risk psychological situations. Her professional background also includes experience supporting vulnerable populations exposed to trauma, violence, and emotionally sensitive environments, contributing to her understanding of crisis-informed intervention models and structured behavioral support systems.

In the United States, Ms. Marques will act as General Manager and Program Director, focusing exclusively on executive leadership, program development, operational management, and strategic partnerships. All clinical services will be delivered by licensed mental health professionals, ensuring regulatory compliance and scalability of operations.

Alignment with U.S. National Priorities

The proposed endeavor is directly aligned with key U.S. priorities related to mental health access, public health improvement, and workforce well-being. The company contributes to national interest in the following areas:

- **Expansion of Access to Mental Health Services:** The company improves access to psychological care through telehealth and community-based programs, particularly for underserved populations and veterans.[6]
- **Reduction of Mental Health-Related Healthcare Costs:** Early intervention, crisis prevention, and structured care programs reduce emergency care utilization, hospitalizations, and long-term treatment costs.[7]
- **Support for Suicide Prevention, Crisis Response, and Early Behavioral Intervention:** The implementation of crisis intervention programs contributes directly to national efforts to reduce suicide rates and improve emergency mental health response systems.[8]

[6] https://pmc.ncbi.nlm.nih.gov/articles/PMC10265313/
[7] https://rightsandrecovery.org/e-news-bulletins/2024/02/29/comprehensive-crisis-care-systems-reduce-costs-and-unnecessary-hospitalizations/
[8] https://www.cdc.gov/suicide/resources/nssp.html

- **Enhancement of Workforce Productivity and Well-being:** Corporate mental health programs address burnout, stress, and emotional health, contributing to improved workforce performance and economic stability.[9]
- **Promotion of Equitable Access to Care:** Community-based initiatives ensure that vulnerable populations have access to affordable and culturally competent mental health services.[10]
- **Integration of Technology in Mental Health Delivery:** The use of digital platforms and telehealth systems increases accessibility, scalability, and efficiency of care delivery.

Service Model and Market Approach

Integrated Mental Health Solutions will operate through a hybrid service model that combines direct-to-patient services with institutional partnerships. Services will be delivered through telehealth platforms, community-based programs, and corporate partnerships, allowing the company to expand its reach across Tampa and surrounding regions, including underserved and rural populations.

The company will prioritize accessibility, affordability, and scalability, with a focus on reducing barriers to mental health care, improving long-term emotional and psychological outcomes, and expanding access to structured crisis-informed support services.

Growth will follow a phased approach, beginning with the establishment of operations in Tampa, Florida, followed by the expansion of clinical capacity, development of institutional partnerships, and implementation of scalable mental health programs that can be replicated across other regions in the United States.

1.1 Nature and Scope of the Business

Integrated Mental Health Solutions, based in Tampa, will operate as a mental health services and program management company focused on expanding access to psychological care, crisis response services, and emotional wellness programs for underserved populations across the United States, particularly individuals experiencing trauma exposure, emotional distress, and other high-risk psychological conditions.

Integrated Mental Health Solutions will prioritize the development of a scalable operational structure centered on program management, coordination of licensed mental health professionals, and the integration of multidisciplinary services across psychology, behavioral health, and community-based support systems. The company's model emphasizes accessibility, early intervention, crisis-informed support, and continuity of care through both digital platforms and institutional partnerships.

Core Service Offerings

1. Digital Mental Health & Telepsychology Services: Integrated Mental Health Solutions will provide comprehensive mental health services through telehealth platforms, expanding access to care while reducing geographic and financial barriers. Services will include psychological assessments, individualized therapy sessions, and evidence-based interventions such as

[9] https://www.hhs.gov/surgeongeneral/reports-and-publications/workplace-well-being/index.html
[10] https://frontlinejournals.com/ijfrpbs/sites/default/files/IJFRBPS-2025-0022.pdf

cognitive behavioral therapy (CBT). The company will coordinate the delivery of care through licensed professionals, ensuring compliance with U.S. healthcare regulations while enabling scalable and efficient service delivery for individuals requiring continuous and structured mental health support.

2. Crisis Intervention & Suicide Prevention Programs: The company will develop and manage structured crisis intervention programs aimed at supporting individuals experiencing acute mental health emergencies, including suicidal ideation and severe emotional distress. Services will include risk assessments, de-escalation protocols, and immediate psychological support delivered through trained professionals. Additionally, the company will provide training and program implementation for institutions seeking to strengthen their internal crisis response capabilities and improve early intervention processes for high-risk populations.

3. Corporate Mental Health & Workforce Programs: Integrated Mental Health Solutions will offer structured mental health programs for corporations and institutions, focusing on workforce resilience, stress management, and burnout prevention. Services will include employee wellness programs, workshops, and ongoing mental health support initiatives designed to improve productivity, reduce absenteeism, and enhance overall workplace well-being. These programs will be tailored to meet the needs of organizations seeking to integrate mental health into their operational frameworks while promoting long-term workforce stability and emotional resilience.

4. Community-Based & Veterans Programs: The company will design and implement community-based mental health programs with a focus on underserved populations, including military veterans and individuals facing trauma and reintegration challenges. These programs will include group sessions, educational workshops, and coordinated support services aimed at promoting emotional resilience, social integration, and long-term well-being. The company will collaborate with local organizations, nonprofits, and institutions to expand access and ensure culturally competent care delivery for vulnerable and historically underserved communities.

Integrated Mental Health Solutions will also support the adoption of digital tools and data-driven workflows to improve service coordination, enhance patient engagement, and expand access to mental health services across diverse populations. Through this integrated and scalable model, the company will provide a structured approach to mental health care that combines prevention, intervention, crisis stabilization, and system-level coordination.

The company's model is designed to improve access, enhance efficiency, and contribute to better long-term mental health outcomes while addressing critical gaps in behavioral health services across underserved communities in the United States through scalable, coordinated, and crisis-informed mental health support systems.

1.2 Ms. Raquel Marques de Oliveira's Expertise

Integrated Mental Health Solutions will be led by Ms. Raquel Marques de Oliveira, a Clinical Psychologist and Mental Health Specialist with over 10 years of professional experience in mental health care, crisis intervention, and digital health service delivery. Her professional trajectory demonstrates a consistent focus on expanding access to psychological care, improving

treatment outcomes, and implementing evidence-based interventions across diverse and multicultural environments, and high-demand mental health environments.

Ms. Marques de Oliveira possesses advanced expertise in cognitive behavioral therapy (CBT), suicide risk assessment, crisis response, behavioral stabilization strategies, and mental health screening, all of which are directly aligned with the objectives of the proposed endeavor. Her experience includes working with individuals across different age groups and socioeconomic backgrounds, including populations facing trauma, emotional distress, behavioral risk factors, and barriers to accessing consistent mental health care.

A significant component of her professional background involves the delivery of mental health services through international telehealth platforms, including her work with Spring Health in the United States and Intellect Company Pte. Ltd. In these roles, she has provided psychological care within structured corporate wellness programs and digital healthcare systems, gaining direct experience with scalable service models that improve accessibility and efficiency in mental health delivery. This experience is particularly relevant to the U.S. context, where expanding telehealth access and integrating mental health into broader systems remain national priorities.

Ms. Marques de Oliveira has also developed specialized expertise in crisis intervention through her role as a Crisis Helpline Responder, where she has supported individuals experiencing acute mental health emergencies, including suicidal ideation. Her work has involved conducting structured risk assessments, implementing de-escalation strategies, and delivering immediate psychological support in high-risk situations. This experience directly supports national efforts in suicide prevention and crisis response, which are critical components of the proposed endeavor.

Her professional background also includes experience supporting vulnerable populations exposed to trauma, emotional instability, and psychologically sensitive environments, contributing to her understanding of crisis-informed intervention models and structured behavioral support systems.

In addition to her clinical and crisis-related experience, Ms. Marques de Oliveira has demonstrated entrepreneurial capability and program development experience through the management of her private practice, where she has provided services to over 500 clients over a period exceeding 10 years. In this capacity, she has been responsible for client acquisition, service design, and the integration of evidence-based therapeutic approaches with coaching methodologies, achieving consistently high levels of client engagement and satisfaction.

Her academic background includes a Bachelor’s degree in Psychology, along with postgraduate specializations in Chemical Dependency, Child Psychology, and Cognitive Behavioral Therapy, with ongoing studies in Legal Psychology. She has also completed multiple professional certifications in areas such as suicide prevention, risk assessment, and mental health first aid, reinforcing her alignment with internationally recognized clinical standards and best practices.

Ms. Marques de Oliveira’s multilingual capabilities, including fluency in English and Portuguese and proficiency in Spanish, further enhance her ability to serve diverse populations and contribute to culturally competent care delivery, an essential factor in addressing disparities in mental health access across the United States.

In the United States, Ms. Marques de Oliveira will serve as General Manager and Program Director, where she will focus on executive leadership, program development, operational structuring, and strategic partnerships. She will oversee the design and implementation of scalable mental health programs, including crisis-informed support initiatives and structured intervention frameworks, while licensed U.S.-based professionals will deliver all clinical services in accordance with regulatory requirements.

Based on her extensive experience in clinical psychology, digital mental health platforms, crisis intervention, and program development, Ms. Marques de Oliveira is well-positioned to advance the proposed endeavor. Her professional background demonstrates both the technical expertise and the practical experience necessary to implement scalable, accessible, and impactful mental health solutions aligned with critical public health priorities in the United States.

2.0 The Company

Integrated Mental Health Solutions will adopt a phased, service-driven growth model, beginning with a lean operational structure in Year 1 and expanding into a multidisciplinary mental health services organization by Year 5. The company's workforce strategy is aligned with its operational model, which integrates digital mental health services, crisis intervention programs, corporate wellness solutions, and community-based mental health initiatives, all delivered through licensed U.S.-based professionals.

The organizational structure is designed to ensure compliance with U.S. healthcare regulations while maintaining a clear distinction between executive leadership and clinical service delivery. All clinical services will be performed by licensed mental health professionals, while Ms. Raquel Marques de Oliveira will focus exclusively on executive leadership, program development, and operational oversight.

Hiring will be implemented progressively based on service demand, patient volume, and the expansion of partnerships with corporations, community organizations, and institutional stakeholders.

Year 1 – Initial Operational Structure

During the first year of operations, Integrated Mental Health Solutions will operate with a streamlined team focused on launching core services, establishing referral networks, and implementing digital and corporate mental health programs in Tampa.

The Year 1 team will include:

- **1 General Manager and Program Director – Ms. Raquel Marques de Oliveira:** Responsible for strategic leadership, program development, operational management, and partnership development. Ms. Marques de Oliveira will oversee service design, establish program protocols, and manage organizational growth. She will not engage in direct clinical service delivery, focusing exclusively on executive functions.
- **1 Licensed Mental Health Therapist:** Responsible for delivering direct clinical services, including telepsychology sessions, mental health assessments, and evidence-based therapeutic interventions.

- **1 Corporate Wellness Coordinator:** Responsible for managing corporate partnerships, coordinating wellness programs, organizing workshops, and supporting B2B client relationships.
- **1 Administrative & Client Coordinator:** Responsible for scheduling, patient communication, intake coordination, and administrative support to ensure efficient daily operations.

This lean structure enables the company to establish its operational foundation, validate service demand, and build initial partnerships while maintaining cost efficiency and regulatory compliance.

Year 5 – Expanded Operational Structure

By Year 5, Integrated Mental Health Solutions will expand into a fully integrated and multidisciplinary mental health services organization, supporting increased service demand, expanded crisis response programs, and broader community engagement.

The Year 5 team will include:

- **1 General Manager and Program Director – Ms. Raquel Marques de Oliveira:** Continuing to oversee strategic direction, program expansion, operational performance, and long-term growth initiatives.
- **4 Licensed Mental Health Therapists:** Responsible for delivering clinical services, including individual therapy, assessments, and ongoing mental health support across telehealth and in-person modalities.
- **3 Crisis Intervention Specialists:** Responsible for delivering crisis response services, including suicide prevention support, risk assessments, and emergency mental health interventions.
- **2 Corporate Wellness Coordinators:** Responsible for expanding corporate programs, managing institutional contracts, and delivering structured workforce mental health initiatives.
- **1 Clinical Supervisor:** Responsible for overseeing clinical quality, ensuring compliance with professional standards, and providing supervision and guidance to licensed therapists.
- **1 Marketing Manager:** Responsible for brand positioning, digital marketing strategies, patient acquisition, and expansion of the company's market presence.
- **3 Community Program Managers:** Responsible for designing and implementing community-based mental health programs, including initiatives targeting veterans and underserved populations, as well as managing partnerships with local organizations and nonprofits.
- **1 Administrative & Client Coordinator:** Responsible for ongoing administrative operations, scheduling, and coordination of patient services.

Operational Strategy and Growth Alignment

The company's staffing model reflects a structured and scalable approach to growth, where clinical service delivery is progressively expanded through licensed professionals, while leadership remains focused on program development and operational management.

This approach ensures:

- Regulatory compliance with all clinical services delivered by licensed professionals
- Operational scalability, through phased hiring aligned with demand
- Service diversification, across digital, corporate, crisis, and community programs
- Sustainable growth, supported by a balanced mix of revenue-generating and impact-driven services

By building a multidisciplinary team that integrates clinical expertise, program management, and operational coordination, Integrated Mental Health Solutions will be positioned to expand access to mental health services, improve system efficiency, and contribute to better long-term outcomes across diverse populations in the United States.

2.1 Company's Target

Integrated Mental Health Solutions will primarily target individuals in Tampa and surrounding underserved communities who require improved access to mental health services, crisis intervention, and structured emotional wellness programs.

The company is designed to serve a broad population across different life stages and socioeconomic backgrounds, including:

- Adults experiencing mental health conditions such as anxiety, depression, trauma, and stress-related disorders
- Individuals at risk of emotional distress, burnout, or mental health deterioration who would benefit from early intervention and preventive care
- Adolescents and young adults requiring psychological support, behavioral guidance, and emotional regulation strategies
- Military veterans and individuals facing challenges of reintegration, trauma exposure, and post-service adjustment difficulties
- Working professionals experiencing high levels of stress, burnout, and reduced productivity due to mental health conditions
- Individuals requiring coordinated and continuous mental health support through structured care pathways

Unlike traditional models that focus on isolated therapy sessions, Integrated Mental Health Solutions targets individuals and organizations that benefit from structured, continuous, and coordinated mental health support, integrating prevention, intervention, and long-term follow-up.

In addition to individual clients, the company will establish strategic relationships with referral sources and institutional partners, including:

- Corporate organizations and employers
- Behavioral health providers and licensed therapists

- Primary care providers and healthcare networks
- Schools and educational institutions
- Nonprofit organizations and community-based programs
- Veteran support organizations and advocacy groups

These partnerships will support client acquisition, enhance service coordination, and position the company within a broader mental health and community support ecosystem.

2.2 Needs for The Company's Services

The demand for accessible, coordinated, and preventive mental health services in the United States continues to grow due to increasing prevalence of mental health conditions, workforce-related stress, and systemic gaps in care delivery.

Mental health disorders, including anxiety, depression, and trauma-related conditions, represent a significant public health challenge and are among the leading causes of disability and reduced productivity nationwide.[11] Despite this, access to timely and affordable mental health services remains limited, particularly for underserved populations and individuals requiring crisis intervention and continuous support.[12]

Key challenges in the current mental health landscape include:

- Limited access to licensed mental health professionals in certain regions
- Long wait times for psychological care and therapy services
- Fragmentation between mental health providers, primary care, and community support systems
- Lack of structured crisis intervention and suicide prevention resources
- Increasing prevalence of burnout and stress-related conditions in the workforce
- Financial and social barriers limiting access to consistent care
- Insufficient integration of mental health services into community and institutional environments

Additionally, vulnerable populations such as military veterans and underserved communities often face increased barriers to accessing culturally competent and continuous mental health support, leading to higher risks of untreated conditions, crisis events, and long-term social and economic consequences.[13]

Integrated Mental Health Solutions addresses these gaps by implementing an integrated service model that combines digital mental health services, crisis intervention programs, corporate wellness initiatives, and community-based support systems.

Unlike traditional reactive models, the company emphasizes:

[11] https://www.cdc.gov/mental-health/about-data/index.html
[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC7011222/
[13] https://pmc.ncbi.nlm.nih.gov/articles/PMC10363942/

- Early intervention and prevention of mental health conditions
- Structured crisis response and suicide prevention programs
- Continuous care coordination and long-term engagement
- Integration of mental health services across clinical, corporate, and community environments
- Use of technology to expand access and improve service efficiency

By addressing these systemic gaps, the company contributes to improving mental health outcomes, reducing long-term healthcare costs, and supporting a more resilient and productive society.

2.3 Company's Expansion

Integrated Mental Health Solutions is positioned for structured and scalable growth through a phased expansion strategy focused on service development, workforce growth, and geographic reach.

1. Service and Program Expansion

As the company establishes its operations in Tampa, Florida, it will progressively expand its service offerings and client capacity. Growth will be driven by increasing demand for telepsychology services, crisis intervention programs, corporate mental health initiatives, and community-based support programs.

This expansion will allow the company to:

- Serve a larger and more diverse population
- Expand crisis intervention and suicide prevention services
- Increase corporate program offerings and institutional contracts
- Strengthen long-term client engagement and continuity of care

2. Workforce Development and Hiring

The company's growth will be supported by a phased hiring strategy aligned with operational demand and service expansion.

Integrated Mental Health Solutions will evolve from a lean structure in Year 1 to a multidisciplinary organization by Year 5, incorporating roles in clinical care, crisis response, corporate program management, and community outreach.

This structured expansion ensures:

- Alignment between staffing levels and service demand
- Maintenance of service quality and operational efficiency
- Support for scalable program delivery
- Clear separation between executive leadership and clinical service delivery

3. Strategic Partnerships and Referral Network

The company will actively develop partnerships with organizations and institutions to support client acquisition and service integration.

Key partnerships will include:

- Corporate clients and employer networks
- Licensed mental health providers and therapy groups
- Healthcare organizations and primary care providers
- Schools and educational institutions
- Nonprofit and community-based organizations
- Veteran-focused organizations and support networks

These relationships will strengthen referral pathways, improve service coordination, and support consistent growth.

4. Technology and Digital Integration

As operations expand, Integrated Mental Health Solutions will continue to integrate technology-driven solutions to enhance service delivery, including telehealth platforms, digital coordination tools, and structured patient management systems.

This will enable the company to:

- Expand access to underserved and remote populations
- Improve efficiency in service delivery and follow-up
- Support scalable and cost-effective operations
- Enhance client engagement and adherence to care programs

5. Geographic Expansion

While initial operations will be concentrated in Tampa, Florida, the company plans to expand its services to additional underserved regions as demand increases and operational capacity grows.

Future expansion may include:

- Extension of services to other regions within Florida
- Development of multi-location operations
- Expansion to additional states with similar mental health service gaps

6. Continuous Improvement and Quality Development

Integrated Mental Health Solutions will continuously refine its operational model through:

- Development of standardized clinical and program protocols
- Ongoing staff training and professional development
- Implementation of data-driven decision-making processes

- Enhancement of client engagement and outcome tracking

Through this structured and scalable expansion strategy, Integrated Mental Health Solutions will strengthen its position as a provider of coordinated, preventive, and accessible mental health services, contributing to improved public health outcomes, workforce stability, and community well-being across the United States.

2.4 Company's Economic Benefits

Integrated Mental Health Solutions, under the leadership of Ms. Raquel Marques de Oliveira, is projected to achieve consistent and scalable financial growth over its first five years of operations. The company's financial outlook reflects a strong market opportunity within the mental health services sector, particularly in underserved communities where access to psychological care, crisis intervention, and structured wellness programs remains limited.

In its first year of operations, Integrated Mental Health Solutions is expected to generate approximately $346,800 in total revenue, with projected growth reaching approximately $1,777,698 by Year 5. This expansion is driven by increasing demand for telepsychology services, the implementation of crisis intervention programs, the growth of corporate mental health partnerships, and the expansion of community-based initiatives.

The company is projected to maintain strong gross margins throughout the projection period, with gross profit increasing from approximately $336,396 in Year 1 to $1,724,367 by Year 5. This performance reflects the efficiency of the company's service-based model, which leverages digital platforms, structured program delivery, and scalable operational processes while maintaining relatively low direct costs.

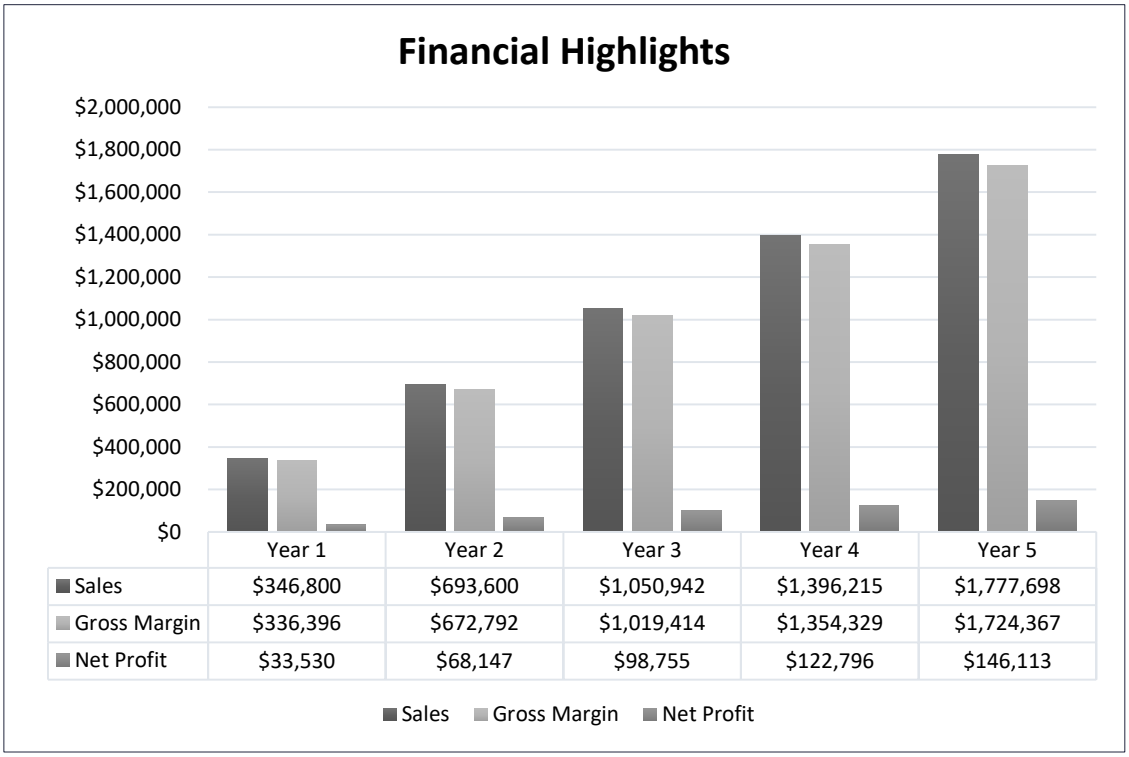
Net profit is expected to grow from approximately $33,530 in Year 1 to $146,113 by Year 5, demonstrating increasing operational efficiency, improved cost distribution, and the scalability of the company's services as client volume and institutional partnerships expand. These projections indicate a financially sustainable business model capable of supporting long-term growth and reinvestment.

In addition to its operational performance, Integrated Mental Health Solutions is expected to generate a tax contribution at both the federal and state levels. Federal and state tax contributions are projected to increase from approximately $12,401 in Year 1 to $54,042 by Year 5, reflecting the company's growing profitability. Payroll taxes, driven by workforce expansion and job creation, are projected to increase from approximately $23,025 in Year 1 to $129,985 by Year 5.

Over the five-year period, the company's total estimated contribution to tax revenues is projected to reach approximately $549,331, reinforcing its role as a financially responsible entity contributing to economic growth, workforce development, and public revenue generation within the United States.

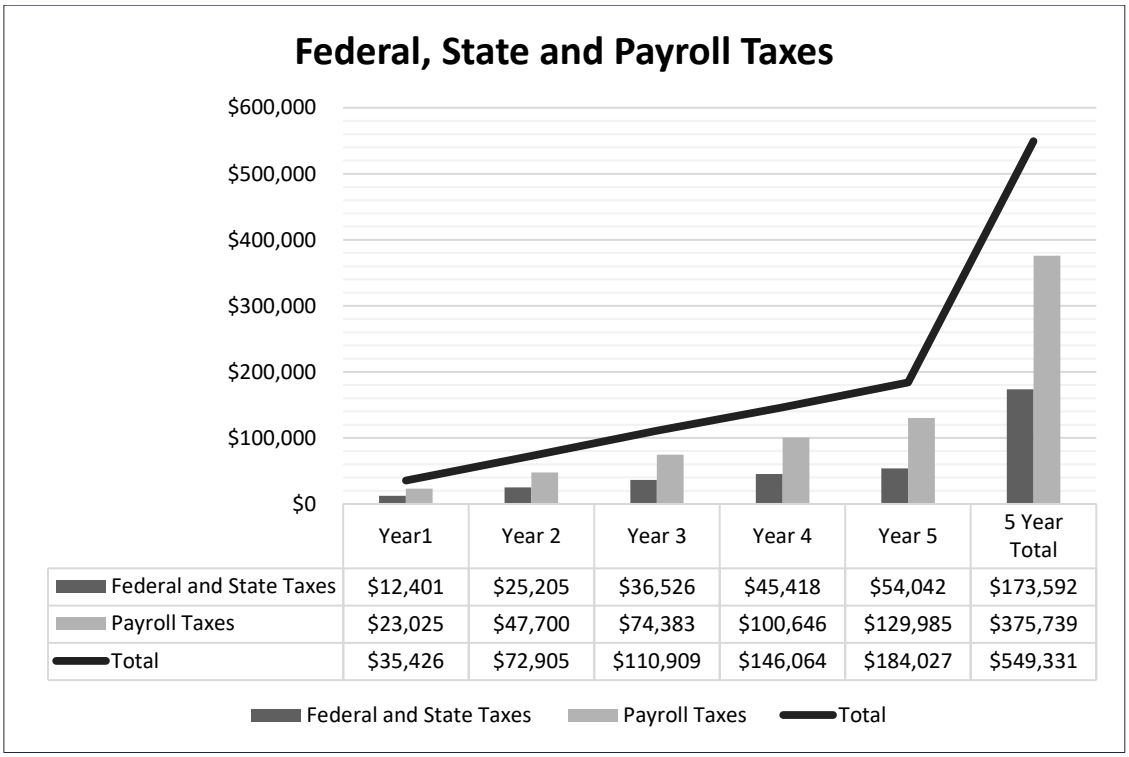
Beyond financial performance, Integrated Mental Health Solutions will contribute to the local and national economy through job creation, expansion of access to mental health services, and reduction of long-term healthcare costs associated with untreated psychological conditions and delayed intervention.

2.4.1 Financial Highlights Chart



	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Gross Margin	$336,396	$672,792	$1,019,414	$1,354,329	$1,724,367
Net Profit	$33,530	$68,147	$98,755	$122,796	$146,113

2.4.2 Federal, State and Payroll Taxes Chart



	Year1	Year 2	Year 3	Year 4	Year 5	5 Year Total
Federal and State Taxes	$12,401	$25,205	$36,526	$45,418	$54,042	$173,592
Payroll Taxes	$23,025	$47,700	$74,383	$100,646	$129,985	$375,739
Total	$35,426	$72,905	$110,909	$146,064	$184,027	$549,331

2.5 Summary of Investment

Integrated Mental Health Solutions will be established with a total initial investment of $50,000, fully funded by the owner, Ms. Raquel Marques de Oliveira. This capital will be strategically allocated to support essential startup expenses and initial working capital, ensuring operational readiness and financial stability during the early stages of the company's development.

The investment reflects a lean and scalable business model, consistent with the company's hybrid service approach, which combines telehealth delivery with a limited physical presence. This structure allows the company to minimize overhead costs while maximizing accessibility and operational efficiency.

Total startup expenses are estimated at approximately $35,000, covering the core components required to establish the company's operations, ensure regulatory compliance, and build its initial market presence. These expenses include:

- **Business Registration and Legal Fees ($2,000):** Company formation, legal structuring, and compliance documentation
- **Licensing and Permits ($2,500):** Required registrations and regulatory compliance for mental health and telehealth operations
- **Office Lease and Deposit ($6,000):** Initial lease and setup of a small office or shared workspace in Tampa, Florida
- **Office Equipment and Furnishings ($3,500):** Basic administrative setup, including furniture and essential office equipment
- **Technology and Software Systems ($5,000):** Telehealth platforms, scheduling systems, and operational software tools
- **Website Development and Branding ($4,000):** Website creation, branding, and digital presence development
- **Marketing and Advertising ($6,000):** Initial campaigns to support client acquisition and brand awareness
- **Insurance ($3,500):** Professional liability and general business insurance coverage
- **Professional Services ($2,500):** Accounting, legal advisory, and business support services

In addition to startup expenses, the company will maintain approximately $15,000 in working capital, which will serve as a financial reserve to support initial operating expenses, including administrative costs, basic payroll support, and short-term cash flow needs during the revenue ramp-up phase.

During its initial phase, Integrated Mental Health Solutions will operate with a streamlined organizational structure, focusing on launching digital mental health services, establishing corporate partnerships, and developing community-based programs. The allocation of working capital ensures that the company can maintain operational stability while gradually scaling its services and workforce.

With a total initial investment of $50,000, Integrated Mental Health Solutions is well-positioned to initiate operations, establish a presence in the Tampa, Florida market, and implement a scalable and accessible mental health service model. This investment reflects Ms. Raquel Marques de Oliveira's commitment to developing a sustainable business that delivers both economic value and public health impact.

2.5.1 Startup Requirements Table

Startup	
Requirements	
Startup Expenses	
Business Registration & Legal Fees	$2,000
Licensing & Permits	$2,500
Office Lease & Deposit (Small Office / Shared Space)	$6,000
Office Equipment & Furnishings	$3,500
Technology & Software	$5,000
Website Development & Branding	$4,000
Marketing & Advertising (Initial Launch)	$6,000
Insurance (Professional & General Liability)	$3,500
Professional Services (Accounting & Legal Advisory)	$2,500
Total Startup Expenses	$35,000
Startup Assets	
Cash Required	$15,000
Startup Inventory	$0
Other Current Assets	$0
Long-term Assets	$0
Total Assets	$15,000
Total Requirements	**$50,000**

3.0 Company's Services

Integrated Mental Health Solutions will provide a comprehensive portfolio of mental health services designed to expand access to care, improve clinical outcomes, and address critical gaps in the U.S. behavioral health system. The company's services are structured to combine direct care delivery, program development, and institutional partnerships, enabling scalable and sustainable operations.

The company will operate through a hybrid service model that integrates telehealth platforms, corporate partnerships, and community-based initiatives. All clinical services will be delivered by licensed U.S.-based professionals, while the company will oversee program design, coordination, and operational management.

1. Digital Mental Health & Telepsychology Services

Integrated Mental Health Solutions will deliver accessible and evidence-based mental health services through telehealth platforms, enabling individuals to receive care regardless of geographic limitations.

Services will include:

- Individual therapy sessions for adults, adolescents, couples, and families
- Psychological assessments and mental health screenings
- Evidence-based interventions, including Cognitive Behavioral Therapy (CBT)
- Ongoing treatment plans with structured follow-up and progress monitoring

This service line is designed to reduce barriers to care, including transportation, scheduling limitations, and provider shortages, while increasing treatment accessibility and continuity.

2. Crisis Intervention & Suicide Prevention Programs

The company will develop and implement structured crisis intervention services focused on individuals experiencing acute mental health conditions, including emotional distress and suicidal ideation.

Services will include:

- Immediate crisis response and psychological support
- Suicide risk assessments and safety planning
- De-escalation and stabilization protocols
- Development of crisis management frameworks for organizations

These programs are aligned with national priorities related to suicide prevention and emergency mental health response, providing critical support for high-risk populations.

3. Corporate Mental Health & Workforce Programs

Integrated Mental Health Solutions will provide tailored mental health programs for corporations and institutional clients, focusing on workforce well-being, productivity, and resilience.

Services will include:

- Corporate wellness programs and mental health support initiatives
- Workshops on stress management, burnout prevention, and emotional resilience
- Employee Assistance Programs (EAP) and ongoing mental health support
- Organizational assessments related to workplace mental health

This service line addresses the growing demand for mental health support within the workplace and contributes to improved employee performance, reduced absenteeism, and enhanced organizational outcomes.

4. Community-Based & Veterans Programs

The company will design and implement community-focused mental health initiatives, with particular emphasis on underserved populations and military veterans.

Services will include:

- Group therapy sessions and support groups
- Trauma-informed care programs
- Reintegration support for veterans and individuals affected by trauma
- Educational workshops and mental health awareness initiatives

These programs will be delivered in collaboration with community organizations, nonprofits, and institutional partners, expanding access to care and promoting long-term emotional well-being.

Service Integration and Delivery Model

Integrated Mental Health Solutions will operate through an integrated service model that connects individual care, crisis response, corporate programs, and community initiatives into a unified system.

Key features of the model include:

- Coordination between service lines to ensure continuity of care
- Use of digital platforms to enhance accessibility and scalability
- Data-informed decision-making to improve outcomes and efficiency
- Structured program management to support institutional partnerships

This integrated approach allows the company to move beyond traditional fragmented care models, offering comprehensive and coordinated mental health solutions.

Competitive Differentiation

Integrated Mental Health Solutions differentiates itself through:

- A hybrid service model combining digital, corporate, and community-based care
- Strong focus on crisis intervention and preventive mental health strategies
- Scalable service delivery through telehealth platforms
- Integration of mental health into workforce and community systems
- Leadership with international experience in digital health and crisis response

4.0 Industry Overview

The mental health services industry in the United States represents a critical and rapidly expanding segment of the healthcare sector, driven by increasing awareness of mental health conditions, growing demand for accessible care, and the integration of behavioral health into broader healthcare systems.

According to the National Institute of Mental Health, nearly one in five adults in the United States experiences a mental illness each year, highlighting the widespread nature of mental health conditions and the need for accessible and continuous care.[14] Despite this prevalence, a significant portion of the population remains untreated due to barriers such as cost, provider shortages, and limited access to coordinated services.

In addition, data from the Centers for Disease Control and Prevention indicates that suicide continues to be one of the leading causes of death in the United States, underscoring the urgency of expanding crisis intervention and preventive mental health services, particularly for high-risk populations such as military veterans and underserved communities.

Industry Growth and Market Size

The U.S. mental health services market has experienced significant growth in recent years and is expected to continue expanding due to demographic, economic, and societal factors.

Industry reports estimate that the U.S. behavioral health market exceeds $90 billion annually,[15] with projections indicating continued growth driven by:

- Increased prevalence of anxiety, depression, and trauma-related conditions
- Greater demand for mental health services in the workplace
- Expansion of telehealth and digital care platforms
- Government initiatives supporting mental health access and integration

The adoption of telehealth services has further accelerated industry growth, enabling providers to expand access to care, particularly in underserved and rural areas. Digital mental health platforms have become a key component of modern service delivery, supporting scalable and cost-effective care models.

4.1 Industry Analysis

The mental health services industry in the United States has experienced significant growth and structural transformation over the past decade, evolving into a critical component of the national healthcare system. Between 2015 and 2026, the industry has been shaped by increased awareness of mental health conditions, reduced social stigma, expanded use of digital health technologies, and growing demand for accessible and preventive care solutions.

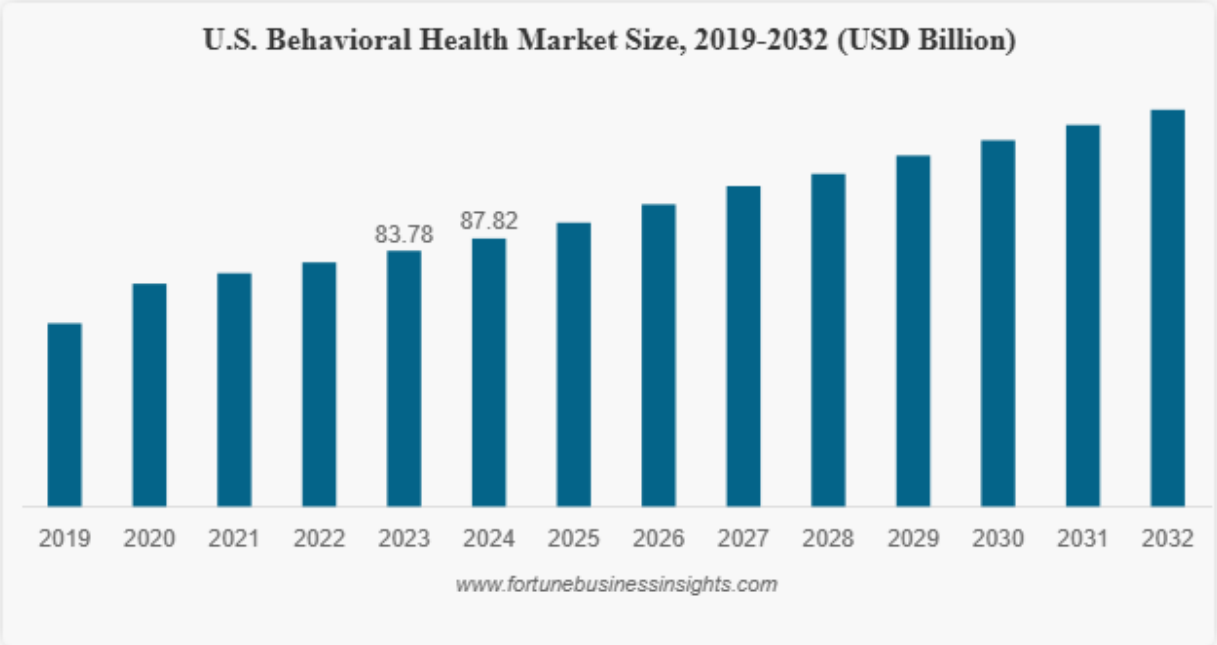
[14] https://screening.mhanational.org/content/how-common-mental-illness/
[15] https://www.beckersbehavioralhealth.com/behavioral-health-capital-investment/the-u-s-behavioral-health-market-2025-to-2034-8-things-to-know/

Market Size and Growth Trajectory

The U.S. mental health and behavioral health markets demonstrate strong and sustained growth, reflecting increasing demand across multiple service segments.

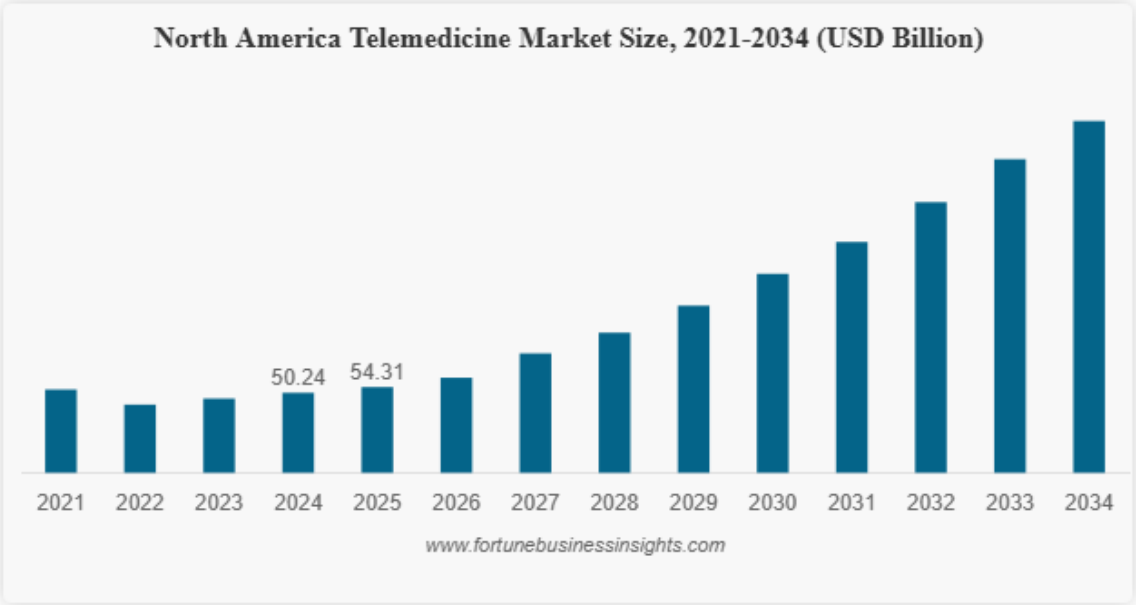
Recent industry estimates indicate that:

- The U.S. mental health services market was valued at approximately $11.9 billion in 2024 and is projected to reach approximately $14.5 billion by 2035, growing at a compound annual growth rate (CAGR) of approximately 1.8%.[16]
- The broader U.S. behavioral health market, which includes a wider range of services and care delivery models, was valued at approximately $87.8 billion in 2024 and is projected to reach approximately $132.5 billion by 2032, with a CAGR of approximately 5.3%.[17]



- Additional projections estimate the market at approximately $112 billion in 2025, expected to grow to $133.8 billion by 2034, reflecting continued long-term expansion.[18]

[16] https://www.mckinsey.com/industries/healthcare/our-insights/what-to-expect-in-us-healthcare
[17] https://www.fortunebusinessinsights.com/u-s-behavioral-health-market-105298
[18] https://www.fortunebusinessinsights.com/industry-reports/telemedicine-market-101067



These figures highlight both the scale of the industry and the strong growth outlook driven by rising demand for mental health services and evolving care delivery models.

Key Growth Drivers

The expansion of the mental health services industry is supported by several structural and demographic factors:

- **Rising Prevalence of Mental Health Disorders:** Mental health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), and substance use disorders continue to increase. Approximately 23% of U.S. adults reported experiencing a mental health disorder within the past year, indicating a broad and growing need for services.[19]
- **Expansion of Telehealth and Digital Mental Health Services:** The adoption of telehealth has transformed service delivery, enabling providers to reach patients in rural and underserved areas. Virtual platforms, mobile applications, and remote monitoring tools are now integral components of care delivery.
- **Integration with Primary Care Systems:** Mental health services are increasingly being integrated into primary care and general healthcare settings, improving care coordination and enabling earlier detection and intervention.[20]
- **Shift Toward Preventive and Early Intervention Models:** There is a growing emphasis on prevention, early diagnosis, and wellness programs, supported by public health initiatives and employer-sponsored mental health programs.

[19] https://www.nimh.nih.gov/health/statistics/mental-illness
[20] https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/state-of-integrated-pc-and-bh.pdf

- **Policy and Funding Support:** Federal and state-level initiatives, including programs supported by the Health Resources and Services Administration (HRSA), continue to expand access to care through funding for telehealth infrastructure and community-based services.[21]

Structural Industry Transformations and Challenges

Despite strong growth, the mental health services industry faces significant structural challenges that create substantial gaps in care delivery:

- **Workforce Shortages:** The United States faces a severe shortage of mental health professionals across multiple disciplines, including psychology, psychiatry, counseling, and social work. Projections indicate that shortages in certain provider categories may exceed 100,000 full-time equivalent (FTE) positions by 2038.[22]
- **Access Disparities:** Approximately 40% of the U.S. population resides in designated mental health professional shortage areas, and nearly 48% of adults with mental illness did not receive treatment in 2024, highlighting persistent barriers to care.[23]
- **Fragmentation of Care:** Mental health services are often delivered through disconnected systems, resulting in inefficiencies, delays in treatment, and reduced continuity of care.
- **Service Diversification:** In response to increasing demand, the industry has expanded beyond traditional outpatient care to include home-based treatment, community programs, and specialized behavioral health facilities.[24]



[21] https://www.hrsa.gov/telehealth
[22] https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand
[23] https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/Behavioral-Health-Workforce-Brief-2025.pdf
[24] https://www.towardshealthcare.com/insights/us-behavioral-health-market

Future Industry Outlook

The future of the mental health services industry is expected to be defined by continued growth, technological innovation, and systemic transformation.

Key trends shaping the future include:

- Expansion of integrated care models combining clinical, community, and digital services
- Increased reliance on telehealth and digital platforms as core service delivery mechanisms
- Continued growth in corporate mental health and workforce wellness programs
- Greater emphasis on crisis intervention and suicide prevention systems
- Ongoing investment in workforce development and training to address provider shortages

Overall, the industry is undergoing a transition toward scalable, technology-enabled, and prevention-focused care models, while continuing to address structural challenges related to access and workforce capacity.

Industry Positioning

Within this evolving landscape, Integrated Mental Health Solutions is positioned to operate within high-growth and high-impact segments of the industry by combining:

- Telehealth-based mental health service delivery
- Crisis intervention and suicide prevention programs
- Corporate mental health and workforce resilience services
- Community-based initiatives targeting underserved populations

This positioning aligns directly with both current industry needs and future trends, enabling the company to address critical service gaps while contributing to improved public health outcomes and system efficiency.

4.2 Major Market Segmentation

The U.S. mental health services industry is composed of multiple segments defined by service type, delivery model, and target population. These segments reflect the increasing diversification of behavioral health services and the growing demand for integrated, accessible, and scalable care solutions.

Integrated Mental Health Solutions will operate across several high-growth segments within the industry, positioning itself to serve both individual clients and institutional partners through a diversified service model.

1. Outpatient and Individual Mental Health Services

This segment represents one of the largest components of the mental health industry, encompassing traditional therapy services delivered through outpatient settings and private practices.

Key characteristics include:

- Individual, family, and group therapy sessions
- Psychological assessments and mental health screenings
- Treatment of conditions such as anxiety, depression, and trauma-related disorders

This segment continues to grow due to increasing awareness of mental health conditions and the rising demand for accessible and continuous care.

Integrated Mental Health Solutions will participate in this segment through its Digital Mental Health & Telepsychology Services, expanding access through telehealth platforms and reducing barriers associated with traditional in-person care.

2. Telehealth and Digital Mental Health Services

The telehealth segment has experienced rapid expansion and is now a core component of mental health service delivery in the United States.

Key characteristics include:

- Remote therapy sessions via digital platforms
- Mobile health applications and virtual care tools
- Increased accessibility for rural and underserved populations

This segment is expected to continue growing as patients and providers adopt flexible and scalable care models.

The company's telepsychology services position it directly within this high-growth segment, leveraging technology to deliver efficient and accessible mental health care.

3. Crisis Intervention and Behavioral Emergency Services

This segment includes services designed to support individuals experiencing acute mental health crises, including suicidal ideation and severe emotional distress.

Key characteristics include:

- Crisis response and stabilization services
- Suicide prevention programs
- Emergency mental health support systems

Demand for these services is increasing due to rising mental health challenges and national efforts to strengthen crisis response infrastructure.

Integrated Mental Health Solutions will address this segment through its Crisis Intervention & Suicide Prevention Programs, contributing to critical public health priorities.

4. Corporate Mental Health and Workforce Wellness Programs

This segment has expanded significantly as employers recognize the impact of mental health on productivity, employee retention, and organizational performance.

Key characteristics include:

- Employee Assistance Programs (EAPs)
- Workplace mental health workshops and training
- Stress management and burnout prevention initiatives

Companies are increasingly investing in mental health solutions to improve workforce well-being and reduce operational costs associated with absenteeism and turnover.

The company will participate in this segment through its Corporate Mental Health & Workforce Programs, targeting organizations seeking structured mental health support for their employees.

5. Community-Based and Public Health Mental Health Services

This segment focuses on delivering mental health services to underserved populations through community programs, nonprofit organizations, and public health initiatives.

Key characteristics include:

- Community outreach programs and group support services
- Services targeting vulnerable populations, including veterans
- Partnerships with nonprofits, schools, and local organizations

This segment plays a critical role in addressing disparities in access to care and improving long-term public health outcomes.

Integrated Mental Health Solutions will operate within this segment through its Community-Based & Veterans Programs, supporting populations that face significant barriers to accessing traditional mental health services.

Market Segmentation Strategy

Integrated Mental Health Solutions is uniquely positioned to operate across multiple segments simultaneously, creating a diversified and resilient business model.

The company's strategy includes:

- Serving individual clients through telehealth and outpatient services
- Engaging institutional clients through corporate programs
- Supporting high-risk populations through crisis intervention services
- Expanding impact through community-based initiatives

This multi-segment approach enables the company to:

- Diversify revenue streams
- Scale operations efficiently
- Address both clinical and systemic gaps in the mental health system
- Align with national priorities related to access, prevention, and workforce well-being

4.3 Business Locations

Integrated Mental Health Solutions will be established in Tampa, a rapidly growing metropolitan area recognized for its strong economic performance, population expansion, and increasing demand for healthcare and mental health services.

Regional Overview

Tampa is one of the largest and fastest-growing cities in the state of Florida, with a population of approximately 414,000 residents, while the broader Tampa Bay metropolitan area exceeds 5.3 million residents.[25] The region has experienced consistent population growth, ranking among the top metropolitan areas in the United States for expansion, with a growth rate of approximately 2.03% annually.[26]

This sustained population increase is driven by economic opportunities, migration from other states, and the overall attractiveness of the region as a place to live and work. Projections indicate continued growth through 2030 and beyond, further expanding the demand for healthcare and social services.[27]

Economic Environment

Tampa has been recognized as one of the fastest-growing economies in the United States, ranking among the top mid-sized cities for economic expansion in recent years.[28] The local economy is diverse, supported by key sectors such as healthcare, finance, technology, tourism, and professional services.

The region continues to demonstrate strong job growth and increased investment across multiple industries, positioning Tampa as a competitive and dynamic business environment. Median household income in the city is approximately $75,475, reflecting a stable economic base with a growing middle-income population.[29]

Demographics and Target Population

Tampa presents a diverse and multicultural population, with approximately 19.3% of residents born outside the United States, supporting the need for culturally competent and accessible healthcare services.[30] The city's median age of approximately 35–36 years reflects a population composed largely of working-age individuals, a key demographic for both individual mental health services and corporate wellness programs.[31]

The region also includes a significant population of professionals, families, and veterans, many of whom face increasing mental health challenges related to stress, workforce demands, and access to care.

[25] https://www.census.gov/quickfacts/fact/table/tampacityflorida/PST045225
[26] https://www.census.gov/library/stories/2025/04/metro-area-trends.html
[27] https://reports.weforum.org/docs/WEF_Future_of_Jobs_Report_2025.pdf
[28] https://www.tampa.gov/news/2025-08/tampa-named-one-fastest-growing-economies-america-172416
[29] https://worldpopulationreview.com/us-cities/florida/tampa
[30] https://datausa.io/profile/geo/tampa-fl?quot
[31] https://data.census.gov/table

Market Relevance for Mental Health Services

The combination of rapid population growth, economic expansion, and demographic diversity creates a strong demand for mental health services in the Tampa area. Despite these favorable conditions, access to mental health care remains uneven, particularly for underserved populations and individuals requiring timely and continuous support.

Key factors supporting the selection of Tampa as the company's initial location include:

- Rapid population growth, increasing demand for healthcare services
- Strong economic expansion supporting corporate partnerships and workforce programs
- Diverse population requiring culturally competent mental health care
- Growing need for accessible telehealth and community-based services
- Increasing awareness of mental health and workforce well-being

Strategic Location Advantage

By establishing operations in Tampa, Integrated Mental Health Solutions is positioned to:

- Serve a large and expanding population base
- Develop partnerships with corporate clients, healthcare providers, and community organizations
- Address gaps in access to mental health services
- Expand services across the broader Tampa Bay region and the state of Florida
- Scale operations into other high-growth markets with similar demographic and healthcare characteristics

The selection of Tampa, Florida as the company's initial location provides a strong foundation for both operational success and long-term expansion. The region's population growth, economic strength, and increasing demand for mental health services align directly with the company's service model and strategic objectives.

As a result, Integrated Mental Health Solutions is well-positioned to establish a sustainable presence in a high-demand market while contributing to improved access to mental health care and better public health outcomes.

5.0 Strategy and Implementation

Integrated Mental Health Solutions will implement a structured and scalable strategy focused on expanding access to mental health services, improving care coordination, and delivering preventive and crisis-based support to underserved populations. The company's approach is designed to ensure efficient market entry, operational stability, and sustainable long-term growth.

Market Entry Strategy

During its initial phase, the company will establish operations in Tampa by launching core services and building a network of institutional and community partnerships. The focus will be on telehealth-based service delivery, corporate engagement, and targeted outreach to underserved populations.

Service Implementation Strategy

Services will be implemented through an integrated model combining:

- Digital mental health and telepsychology services
- Crisis intervention and suicide prevention programs
- Corporate mental health and workforce initiatives
- Community-based and veterans-focused programs

All clinical services will be delivered by licensed professionals, while the company will manage program design, coordination, and operational oversight.

Growth Strategy

Growth will be driven by increasing client volume, expanding corporate partnerships, and scaling community-based programs. The company will gradually expand its workforce and service capacity, maintaining a balance between revenue-generating services and impact-driven initiatives.

Strategic Partnerships

The company will establish partnerships with:

- Corporate organizations and employers
- Licensed mental health providers
- Healthcare networks and primary care providers
- Schools, nonprofits, and community organizations
- Veteran support groups

These relationships will support client acquisition, service integration, and long-term growth.

Marketing Strategy

Marketing efforts will focus on digital presence, professional referrals, and community engagement, including:

- Website and online visibility (SEO)
- Direct outreach to corporate and healthcare partners
- Workshops and educational programs
- Targeted campaigns promoting mental health awareness and prevention

Operational Strategy

The company will operate through a centralized management model focused on efficiency, quality control, and regulatory compliance. Standardized protocols and digital systems will support service coordination, scheduling, and performance monitoring.

Technology and Scalability

Technology will support scalability through:

- Telehealth platforms
- Digital patient management systems
- Data-driven workflows

These tools will enable expansion into underserved and remote areas while maintaining operational efficiency.

Implementation Timeline

- **Year 1:** Launch core services, establish partnerships, and build initial client base
- **Years 2–3:** Expand services, increase workforce, and strengthen market presence
- **Years 4–5:** Scale operations, expand partnerships, and explore geographic growth

Through a phased and integrated strategy, Integrated Mental Health Solutions is positioned to deliver scalable, accessible, and impactful mental health services, addressing critical gaps in the U.S. healthcare system while supporting sustainable business growth.

5.1 Swot Analysis

Strengths

- **Strong Leadership with International Experience:** The founder brings over 10 years of experience in clinical psychology, telehealth platforms, and crisis intervention across international environments.
- **Scalable Telehealth-Based Model:** The use of digital platforms enables efficient service delivery and geographic expansion beyond local markets.
- **Diversified Service Portfolio:** The company operates across multiple segments, including telepsychology, crisis intervention, corporate wellness, and community programs.
- **Alignment with National Priorities:** Services directly address key U.S. priorities such as mental health access, suicide prevention, and workforce well-being.
- **Low Overhead Operational Structure:** The hybrid model reduces fixed costs while maintaining operational flexibility.
- **Culturally Competent Service Delivery:** Multilingual capabilities support diverse populations and underserved communities.
- **Growing Demand for Mental Health Services:** Increasing awareness and prevalence of mental health conditions support sustained demand.
- **Ability to Establish Institutional Partnerships:** The business model supports collaboration with corporations, healthcare providers, and community organizations.

Weaknesses

- **Initial Limited Brand Recognition:** As a new entrant, the company will require time to establish credibility and market presence.
- **Dependence on Licensed Professionals:** Service delivery relies on hiring and retaining qualified licensed therapists.
- **Limited Initial Workforce Capacity:** The lean structure in early stages may constrain service volume during initial growth.

Opportunities

- **Expansion of Telehealth Services Nationwide:** Digital delivery allows access to underserved and remote populations.
- **Increasing Corporate Investment in Mental Health:** Employers are prioritizing workforce well-being and seeking structured mental health programs.
- **Growing Demand for Crisis Intervention Services:** Rising mental health challenges increase the need for suicide prevention and emergency support services.
- **Partnerships with Healthcare and Community Organizations:** Opportunities to integrate services into existing care networks.
- **Public Health Initiatives and Government Support:** Federal and state programs continue to prioritize mental health access and funding.
- **Service Expansion into Underserved Populations:** High unmet demand among veterans and low-access communities.
- **Technological Advancements in Digital Health:** Continued innovation in telehealth and mental health platforms supports scalability.
- **Geographic Expansion Potential:** Ability to replicate the business model in other high-demand regions across the United States.

Threats

- **Shortage of Mental Health Professionals:** Industry-wide workforce gaps may impact hiring and service expansion.
- **Regulatory and Licensing Requirements:** Variations in state regulations may affect operational flexibility.
- **Competitive Market Environment:** Increasing number of mental health providers and digital platforms entering the market.

5.2 Website Strategy

Integrated Mental Health Solutions will establish a professional website as a central component of its digital presence, client engagement strategy, and service accessibility. The platform will function as both an informational resource and an operational tool, supporting client intake, service coordination, and communication.

The website will include:

- **Overview of Services:** Detailed descriptions of digital mental health services, crisis intervention programs, corporate wellness solutions, and community-based initiatives
- **Appointment Scheduling and Intake:** Secure online tools to facilitate client onboarding, appointment booking, and service coordination
- **Educational Resources:** Content focused on mental health awareness, prevention strategies, stress management, and emotional well-being
- **Provider and Partnership Information:** Presentation of licensed professionals and institutional partners involved in service delivery
- **Contact and Communication Channels:** Accessible communication options, including phone, email, and online inquiry forms

The platform will be designed with a user-friendly and accessible interface, ensuring ease of use for diverse populations, including individuals seeking immediate support, working professionals, and underserved communities.

From a strategic perspective, the website will support:

- **Search Engine Optimization (SEO):** Enhancing visibility in searches related to mental health services, teletherapy, crisis support, and corporate wellness programs
- **Local and Regional Market Positioning:** Targeting individuals and organizations in Tampa and surrounding areas
- **Conversion Optimization:** Streamlining inquiries, appointment requests, and service enrollment

The website will comply with applicable healthcare privacy and data protection standards, ensuring the secure handling of client information.

Over time, the platform may be expanded to include advanced functionalities such as telehealth access, client portals, and integrated service coordination tools, supporting long-term scalability and operational efficiency.

5.3 Social Media Strategy

Integrated Mental Health Solutions will implement a structured social media strategy to increase visibility, promote mental health awareness, and support community engagement. Social media platforms will serve as a complementary channel to the website, focusing on education, outreach, and relationship-building.

The company will utilize platforms such as:

- **Facebook:** Community engagement, educational content, and local outreach
- **Instagram:** Visual content, awareness campaigns, and mental health education
- **LinkedIn:** Professional networking, corporate partnerships, and institutional positioning

The content strategy will focus on:

- **Educational Content:** Topics related to mental health conditions, emotional well-being, and preventive care
- **Awareness Campaigns:** Stress management, burnout prevention, suicide awareness, and mental health advocacy
- **Community Engagement:** Promotion of workshops, events, and outreach initiatives
- **Service Awareness:** Clear communication of available services and access pathways
- **Professional Positioning:** Highlighting partnerships, expertise, and the company's role within the mental health ecosystem

The strategy will prioritize informative and value-driven content rather than purely promotional messaging, aligning with healthcare communication standards and fostering trust within the community.

Content will be published on a consistent schedule to maintain engagement and visibility. Performance metrics, including audience reach, engagement rates, and conversion indicators, will be monitored through analytics tools to optimize strategy and improve outcomes over time.

5.4 Sales Forecast

Integrated Mental Health Solutions projects a strong and consistent growth trajectory over its first five years of operations, supported by increasing demand for mental health services, expansion of digital care delivery, and the scalability of its service-based model.

Total revenue is projected to grow from approximately $346,800 in Year 1 to $1,777,698 by Year 5, reflecting substantial expansion in service capacity, client acquisition, and institutional partnerships. This growth is driven by the company's phased implementation strategy, combining digital mental health services, crisis intervention programs, corporate wellness initiatives, and community-based support services.

Revenue growth will be supported by increasing awareness of mental health needs, rising demand for accessible telehealth services, and the company's ability to establish referral networks, corporate partnerships, and long-term client engagement.

Revenue Breakdown by Service Line

Each core service line contributes to the company's overall revenue growth as follows:

- **Digital Mental Health & Telepsychology Services:** This service represents a foundational component of Integrated Mental Health Solutions' model, with revenue projected to grow from approximately $88,200 in Year 1 to $429,408 by Year 5. Growth is driven by increasing demand for accessible therapy services and the expansion of telehealth-based care delivery.
- **Crisis Intervention & Suicide Prevention Programs:** Crisis-related services are expected to generate approximately $102,600 in Year 1, growing to $509,922 by Year 5. This growth reflects the increasing need for structured crisis response, suicide prevention initiatives, and immediate mental health support.

- **Corporate Mental Health & Workforce Programs:** This segment is projected to grow from approximately $96,000 in Year 1 to $531,648 by Year 5, driven by rising employer investment in workforce well-being, stress management, and employee support programs.
- **Community-Based & Veterans Programs:** Community-based services are projected to grow from approximately $60,000 in Year 1 to $306,720 by Year 5, reflecting expanded outreach efforts and partnerships with organizations serving underserved populations and veterans.

Cost of Sales and Margin Structure

Direct costs associated with service delivery, including payments to licensed professionals and program-related operational expenses, are projected to increase from approximately $10,404 in Year 1 to $53,331 by Year 5.

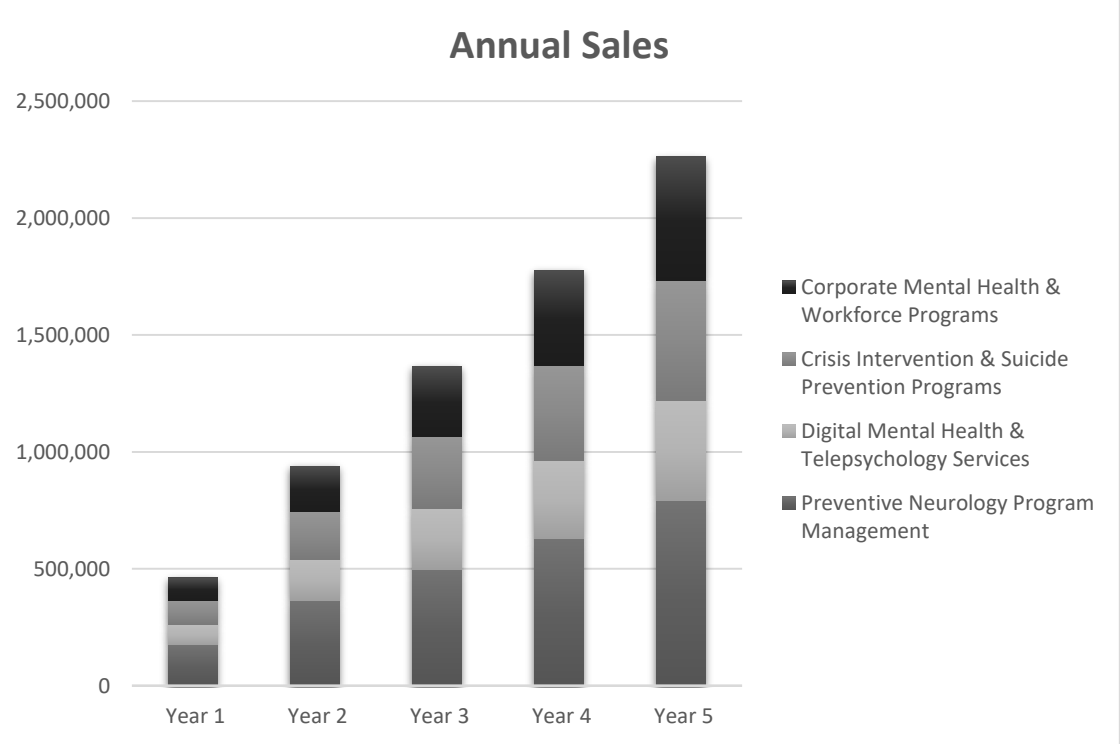
Despite this increase, Integrated Mental Health Solutions maintains a highly efficient service-based model with strong margins, as the company focuses on program management, coordination, and scalable service delivery supported by digital platforms rather than capital-intensive operations.

Under the leadership of Ms. Raquel Marques de Oliveira, the company is positioned to establish itself as a differentiated provider of integrated mental health services, achieving both financial performance and measurable impact on access to care, workforce well-being, and community health outcomes.

5.4.1 Annual Sales Forecast Table and Chart

Sales Forecast					
	Year 1	Year 2	Year 3	Year 4	Year 5
Unit Sales					
Digital Mental Health & Telepsychology Services	630	1,260	1,789	2,237	2,684
Crisis Intervention & Suicide Prevention Programs	570	1,140	1,619	2,024	2,428
Corporate Mental Health & Workforce Programs	48	96	136	170	204
Community-Based & Veterans Programs	24	48	68	85	102
Total Unit Sales	1,272	2,544	3,612	4,516	5,419
Unit Prices	Year 1	Year 2	Year 3	Year 4	Year 5
Digital Mental Health & Telepsychology Services	$140.00	$140.00	$145.00	$150.00	$160.00
Crisis Intervention & Suicide Prevention Programs	$180.00	$180.00	$190.00	$200.00	$210.00
Corporate Mental Health & Workforce Programs	$2,000.00	$2,000.00	$2,200.00	$2,400.00	$2,600.00
Community-Based & Veterans Programs	$2,500.00	$2,500.00	$2,700.00	$2,900.00	$3,000.00
Sales					
Digital Mental Health & Telepsychology Services	$88,200	$176,400	$259,434	$335,475	$429,408

Crisis Intervention & Suicide Prevention Programs	$102,600	$205,200	$307,572	$404,700	$509,922
Corporate Mental Health & Workforce Programs	$96,000	$192,000	$299,904	$408,960	$531,648
Community-Based & Veterans Programs	$60,000	$120,000	$184,032	$247,080	$306,720
Total Sales	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Direct Unit Costs	Year 1	Year 2	Year 3	Year 4	Year 5
Digital Mental Health & Telepsychology Services	$4.20	$4.20	$4.35	$4.50	$4.80
Crisis Intervention & Suicide Prevention Programs	$5.40	$5.40	$5.70	$6.00	$6.30
Corporate Mental Health & Workforce Programs	$60.00	$60.00	$66.00	$72.00	$78.00
Community-Based & Veterans Programs	$75.00	$75.00	$81.00	$87.00	$90.00
Direct Cost of Sales					
Digital Mental Health & Telepsychology Services	$2,646	$5,292	$7,783	$10,064	$12,882
Crisis Intervention & Suicide Prevention Programs	$3,078	$6,156	$9,227	$12,141	$15,298
Corporate Mental Health & Workforce Programs	$2,880	$5,760	$8,997	$12,269	$15,949
Community-Based & Veterans Programs	$1,800	$3,600	$5,521	$7,412	$9,202
Subtotal Direct Cost of Sales	**$10,404**	**$20,808**	**$31,528**	**$41,886**	**$53,331**



6.0 Management Structure

Integrated Mental Health Solutions will be led by Ms. Raquel Marques de Oliveira, who will serve as the General Manager and Program Director. In this role, she will be responsible for overall strategic leadership, program development, operational oversight, and the structured expansion of the company's integrated mental health services model in the United States.

Ms. Marques de Oliveira's responsibilities are strictly executive and managerial in nature. She will focus on designing service programs, overseeing operational systems, managing partnerships, and ensuring efficiency across all service lines. She will not engage in direct clinical service delivery, and all mental health services will be provided exclusively by licensed professionals, ensuring full compliance with U.S. healthcare regulations.

The company's management structure is designed to support a multi-service model integrating telepsychology, crisis intervention, corporate wellness programs, and community-based mental health initiatives. This structure ensures operational efficiency, regulatory compliance, and consistent service quality, while maintaining a clear separation between executive leadership and clinical service delivery.

As Integrated Mental Health Solutions expands, additional supervisory and administrative roles will be introduced to strengthen internal processes, enhance service coordination, and support scalable growth across all service lines.

The Personnel Plan reflects a structured and progressive workforce expansion over a five-year period. The company is projected to grow from 4 employees in Year 1 to 16 employees by Year 5, demonstrating a clear commitment to job creation, operational scalability, and the development of a multidisciplinary mental health services team.

6.1 Staffing Requirements

Integrated Mental Health Solutions has developed a structured staffing model designed to support its integrated service approach, combining clinical care, crisis intervention, corporate programs, and community-based initiatives.

The staffing model ensures that all clinical services are delivered by licensed professionals, while program development, operations, and strategic growth are led by the founder and supported by specialized personnel.

Year 1 – Initial Operational Structure

In Year 1, the company will operate with a lean and efficient team focused on launching services, establishing partnerships, and building an initial client base in Tampa, Florida.

The initial team will include:

- **General Manager and Program Director – Ms. Raquel Marques de Oliveira:** Responsible for strategic leadership, program development, operational management, and oversight of all services.
- **1 Licensed Mental Health Therapist:** Responsible for delivering therapy services, psychological assessments, and evidence-based interventions.

- **1 Corporate Wellness Coordinator:** Responsible for managing corporate partnerships, coordinating programs, and supporting B2B service development.
- **1 Administrative & Client Coordinator:** Responsible for scheduling, client communication, and administrative support.

This lean structure allows the company to establish operations, validate service demand, and maintain cost efficiency during its initial phase.

Year 2–3 – Operational Expansion

As demand increases, Integrated Mental Health Solutions will expand its workforce to support higher service volume and broader program implementation.

Key additions include:

- Crisis Intervention Specialist: Supporting crisis response and suicide prevention services
- Marketing Manager: Responsible for digital presence, brand positioning, and client acquisition
- Community Program Manager: Supporting outreach initiatives and partnerships with community organizations
- Expansion of Licensed Mental Health Therapists to support increasing client demand

This phase focuses on strengthening operational capacity, improving service delivery efficiency, and expanding access to care.

Year 4–5 – Scaled and Integrated Operations

By Year 5, Integrated Mental Health Solutions will operate as a fully integrated multidisciplinary organization with 16 employees, supporting all service lines.

The expanded team will include:

- **4 Licensed Mental Health Therapists:** Supporting increased service demand
- **3 Crisis Intervention Specialists:** Delivering crisis response and emergency mental health support
- **2 Corporate Wellness Coordinators:** Expanding corporate partnerships and program delivery
- **1 Clinical Supervisor:** Ensuring quality control and compliance across clinical services
- **1 Marketing Manager:** Supporting continued market expansion and digital growth
- **3 Community Program Managers:** Leading community-based and outreach initiatives
- **1 Administrative & Client Coordinator:** Managing operational and administrative functions

This structure supports increased service capacity, improved coordination across programs, and expanded community and corporate engagement.

Workforce Strategy and Impact

Integrated Mental Health Solutions' staffing strategy is designed to ensure:

- Alignment between workforce growth and service demand

- Compliance with U.S. healthcare regulations through licensed professionals
- Clear separation between executive leadership and clinical service delivery
- Scalability through a multidisciplinary team structure
- Consistent delivery of structured and integrated mental health services

Total payroll is projected to grow from approximately $230,250 in Year 1 to $1,299,853 by Year 5, reflecting workforce expansion and competitive compensation aligned with industry standards.

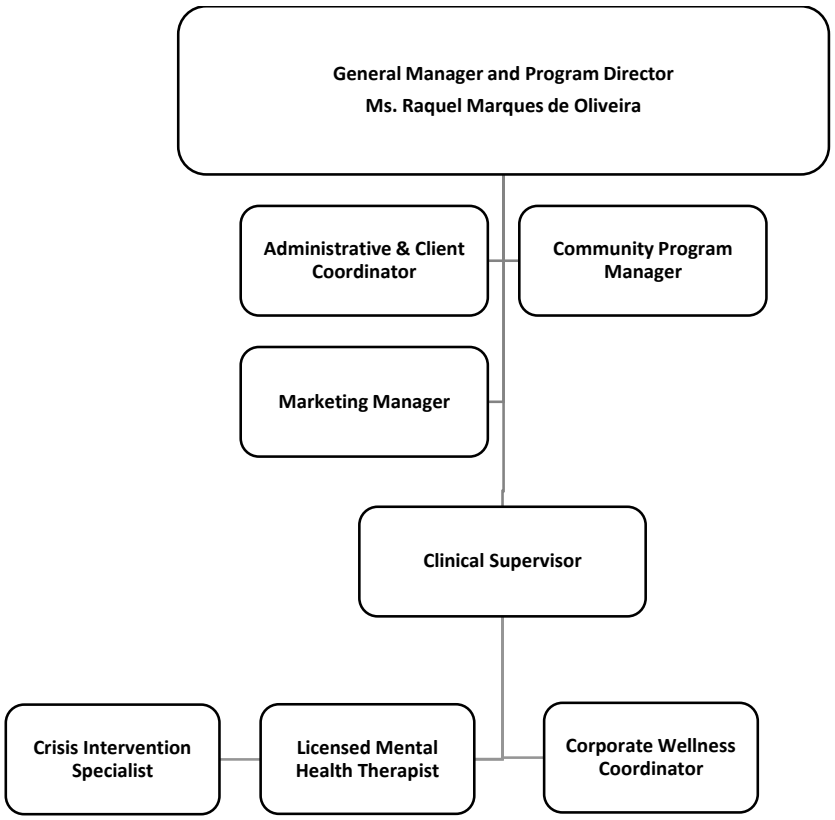
6.2 Annual Personnel Plan Table

Personnel Plan					
	Year 1	Year 2	Year 3	Year 4	Year 5
General Manager and Program Director - Ms. Raquel Marques de Oliveira	$82,500	$99,000	$109,890	$120,879	$132,967
Licensed Mental Health Therapist	$75,000	$78,750	$165,375	$260,466	$364,652
Crisis Intervention Specialist	$0	$63,000	$66,150	$138,915	$218,791
Corporate Wellness Coordinator	$54,000	$57,750	$60,638	$127,339	$133,706
Clinical Supervisor	$0	$0	$88,200	$92,610	$97,241
Marketing Manager	$0	$68,250	$71,663	$75,246	$79,008
Community Program Manager	$0	$63,000	$132,300	$138,915	$218,791
Administrative & Client Coordinator	$18,750	$47,250	$49,613	$52,093	$54,698
Total People	4	7	10	13	16
Total Payroll	**$230,250**	**$477,000**	**$743,828**	**$1,006,462**	**$1,299,853**

6.3 Five-Year Personnel Plan Table

Personnel Plan					
	Year 1	Year 2	Year 3	Year 4	Year 5
General Manager and Program Director - Ms. Raquel Marques de Oliveira	1	1	1	1	1
Licensed Mental Health Therapist	1	1	2	3	4
Crisis Intervention Specialist	0	1	1	2	3
Corporate Wellness Coordinator	1	1	1	2	2
Clinical Supervisor	0	0	1	1	1
Marketing Manager	0	1	1	1	1
Community Program Manager	0	1	2	2	3
Administrative & Client Coordinator	1	1	1	1	1
Total People	**4**	**7**	**10**	**13**	**16**

6.4 Organizational Chart – Year 5



6.5 Duties and Responsibilities

General Manager and Program Director – Ms. Raquel Marques de Oliveira

- Provide overall strategic leadership and direction for the company's operations and long-term growth
- Design and oversee the implementation of mental health programs, including telehealth services, crisis intervention, and community-based initiatives
- Develop and manage partnerships with corporate clients, healthcare providers, and community organizations
- Establish operational protocols, service standards, and quality control measures across all service lines
- Oversee financial performance, budgeting, and resource allocation to ensure sustainable growth
- Lead workforce planning, recruitment strategy, and organizational development
- Ensure compliance with all applicable U.S. healthcare regulations and operational requirements
- Monitor program performance, evaluate outcomes, and implement continuous improvement strategies

Licensed Mental Health Therapist

- Deliver individual, family, and group therapy sessions using evidence-based approaches
- Conduct psychological assessments and mental health screenings
- Develop and implement individualized treatment plans
- Maintain accurate clinical documentation in compliance with regulatory standards

Crisis Intervention Specialist

- Provide immediate support to individuals experiencing mental health crises
- Conduct risk assessments, including suicide risk evaluation
- Implement de-escalation techniques and crisis stabilization protocols
- Coordinate referrals for ongoing care and follow-up support

Corporate Wellness Coordinator

- Manage relationships with corporate clients and institutional partners
- Coordinate and implement workplace mental health programs and workshops
- Monitor program performance and client satisfaction
- Support the development of customized wellness initiatives for organizations

Clinical Supervisor

- Oversee clinical quality and ensure adherence to professional standards
- Provide supervision and guidance to licensed therapists
- Review treatment plans and clinical documentation
- Ensure compliance with ethical, legal, and regulatory requirements

Marketing Manager

- Develop and execute digital marketing strategies and campaigns
- Manage the company's online presence, including website and social media
- Monitor performance metrics and optimize marketing initiatives
- Support brand positioning and client acquisition efforts

Community Program Manager

- Develop and implement community-based mental health programs
- Coordinate partnerships with nonprofits, schools, and local organizations
- Organize outreach initiatives and educational events
- Monitor program impact and community engagement

Administrative & Client Coordinator

- Manage scheduling, client intake, and communication processes
- Maintain administrative records and support operational workflows
- Coordinate client services and ensure smooth day-to-day operations
- Assist with billing coordination and general office support

7.0 Financial Summary

The financial plan for Integrated Mental Health Solutions provides a comprehensive overview of the company's projected financial performance, including revenue growth, cost structure, profitability, cash flow, and balance sheet evolution over a five-year period.

The financial projections are based on a scalable, service-driven business model that integrates telehealth services, crisis intervention programs, corporate partnerships, and community-based initiatives. The model reflects a disciplined cost structure, phased workforce expansion, and consistent revenue growth aligned with increasing demand for mental health services.

7.1 Break-even Analysis

The break-even analysis for Integrated Mental Health Solutions demonstrates the level of revenue required to cover fixed operating costs and achieve financial sustainability.

Based on the company's projections, the business is expected to reach a monthly break-even point of approximately $24,954, with estimated monthly fixed costs of approximately $24,205.

This indicates that once the company exceeds this revenue threshold, it will begin generating profit. The relatively low break-even level reflects the company's lean operational structure and efficient service-based model.

Overall, the break-even analysis confirms that the company's financial structure is sustainable and aligned with its growth strategy.

7.1.1 Break-even Analysis Chart

Break-even Analysis	
Monthly Revenue Break-even	$24,954
Assumptions:	
Estimated Monthly Fixed Cost	**$24,205**

7.2 Profit and Loss Assumptions

Integrated Mental Health Solutions projects strong and consistent financial performance over its first five years of operations.

Total revenue is expected to grow from approximately $346,800 in Year 1 to $1,777,698 in Year 5, reflecting expansion in service capacity, client acquisition, and institutional partnerships.

Direct cost of sales increases proportionally with service volume, rising from approximately $10,404 in Year 1 to $53,331 in Year 5, resulting in consistently high gross margins. Gross profit increases from approximately $336,396 in Year 1 to $1,724,367 in Year 5.

Operating expenses reflect the company's structured growth strategy, particularly workforce expansion and operational scaling. Total payroll increases from approximately $230,250 in Year 1 to $1,299,853 in Year 5, consistent with the personnel plan. Payroll taxes grow proportionally, from $23,025 to $129,985 over the same period.

Additional operating expenses, including rent, marketing, utilities, insurance, and administrative costs increase gradually as operations expand. Total operating expenses rise from approximately $290,465 in Year 1 to $1,524,212 in Year 5.

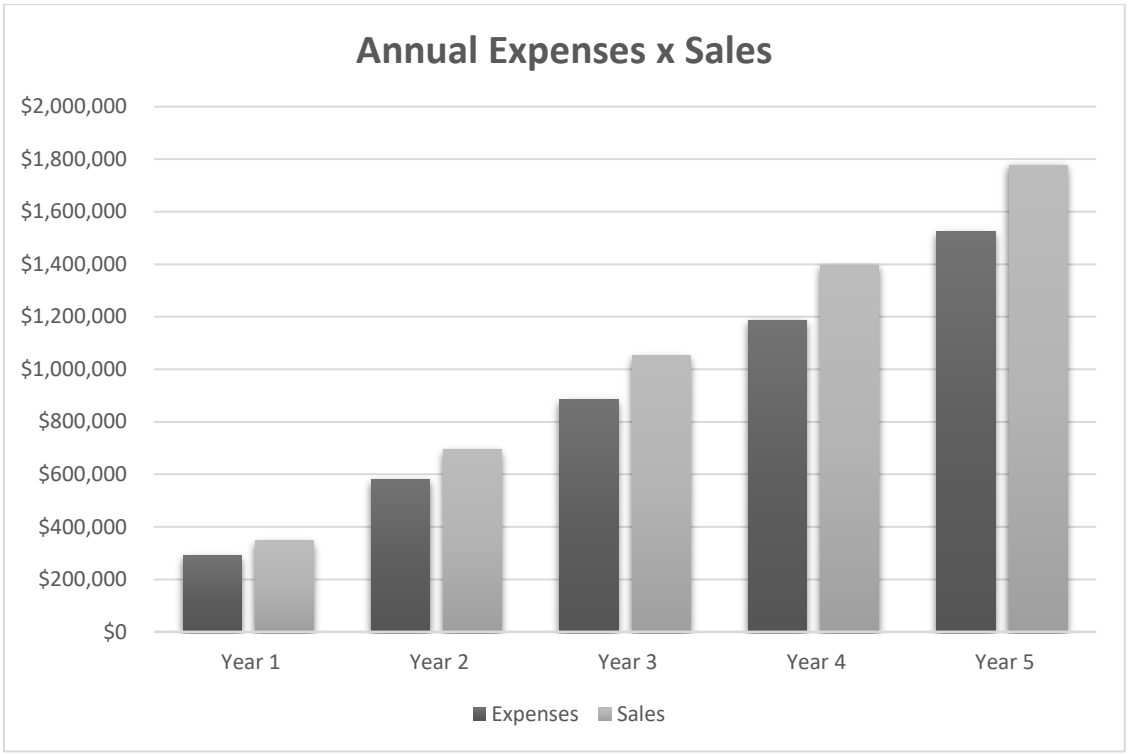
As a result, Profit Before Interest and Taxes (EBIT) increases from approximately $45,931 in Year 1 to $200,155 in Year 5, demonstrating steady operational performance.

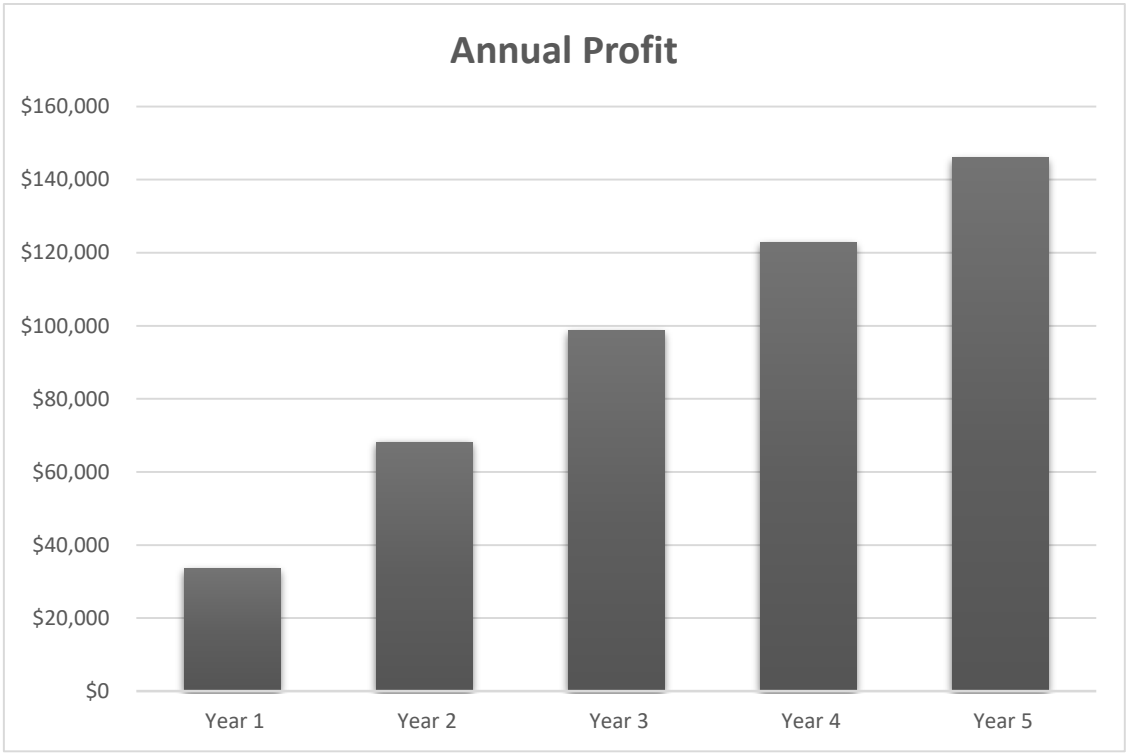
Net profit grows from approximately $33,530 in Year 1 to $146,113 in Year 5, reflecting the company's ability to scale efficiently while maintaining profitability.

Overall, the Profit and Loss projections demonstrate that Integrated Mental Health Solutions is financially viable, scalable, and capable of generating sustained profitability.

7.2.1 Annual Profit and Loss Table and Charts

Pro Forma Profit and Loss					
	Year 1	Year 2	Year 3	Year 4	Year 5
Sales	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Direct Cost of Sales	$10,404	$20,808	$31,528	$41,886	$53,331
Total Cost of Sales	$10,404	$20,808	$31,528	$41,886	$53,331
Gross Margin	$336,396	$672,792	$1,019,414	$1,354,329	$1,724,367
Expenses					
Payroll	$230,250	$477,000	$743,828	$1,006,462	$1,299,853
Payroll Taxes	$23,025	$47,700	$74,383	$100,646	$129,985
Depreciation	$0	$3,000	$4,500	$6,000	$7,500
Equipment	$3,000	$3,000	$3,150	$3,308	$3,473
Rent	$18,000	$21,600	$25,920	$31,104	$37,325
Insurance	$3,000	$3,600	$4,320	$5,184	$6,221
Marketing/Promotion	$6,000	$7,200	$8,640	$10,368	$12,442
Utilities/Internet/Phone	$5,750	$6,900	$8,280	$9,936	$11,923
Employees Education	$0	$8,000	$9,600	$11,520	$13,824
Accountant	$1,440	$1,440	$1,512	$1,588	$1,667
Total Operating Expenses	$290,465	$579,440	$884,132	$1,186,115	$1,524,212
Profit Before Interest and Taxes	$45,931	$93,352	$135,281	$168,213	$200,155
EBITDA	$45,931	$96,352	$139,781	$174,213	$207,655
Taxes Incurred	$12,401	$25,205	$36,526	$45,418	$54,042
Net Profit	$33,530	$68,147	$98,755	$122,796	$146,113
Net Profit/Sales	**9.67%**	**9.83%**	**9.40%**	**8.79%**	**8.22%**


Annual Expenses x Sales
$2,000,000
$1,800,000
$1,600,000
$1,400,000
$1,200,000
$1,000,000
$800,000
$600,000
$400,000
$200,000
$0
Year 1
Year 2
Year 3
Year 4
Year 5
Expenses
Sales


Annual Profit
$160,000
$140,000
$120,000
$100,000
$80,000
$60,000
$40,000
$20,000
$0
Year 1
Year 2
Year 3
Year 4
Year 5

7.3 Cash Flow Assumptions

The Pro Forma Cash Flow demonstrates consistent positive cash flow throughout the five-year projection period, supported by strong revenue generation and disciplined cost management.

Total cash inflows from operations increase from approximately $346,800 in Year 1 to $1,777,698 in Year 5, reflecting revenue growth and consistent service demand.

The company does not project additional inflows from external financing, reflecting a conservative and self-sustaining financial structure.

On the expenditure side, operational spending grows in line with business expansion. Payroll-related cash spending increases from approximately $230,250 in Year 1 to $1,299,853 in Year 5, while bill payments (including rent, utilities, and marketing) increase from approximately $75,146 to $319,032.

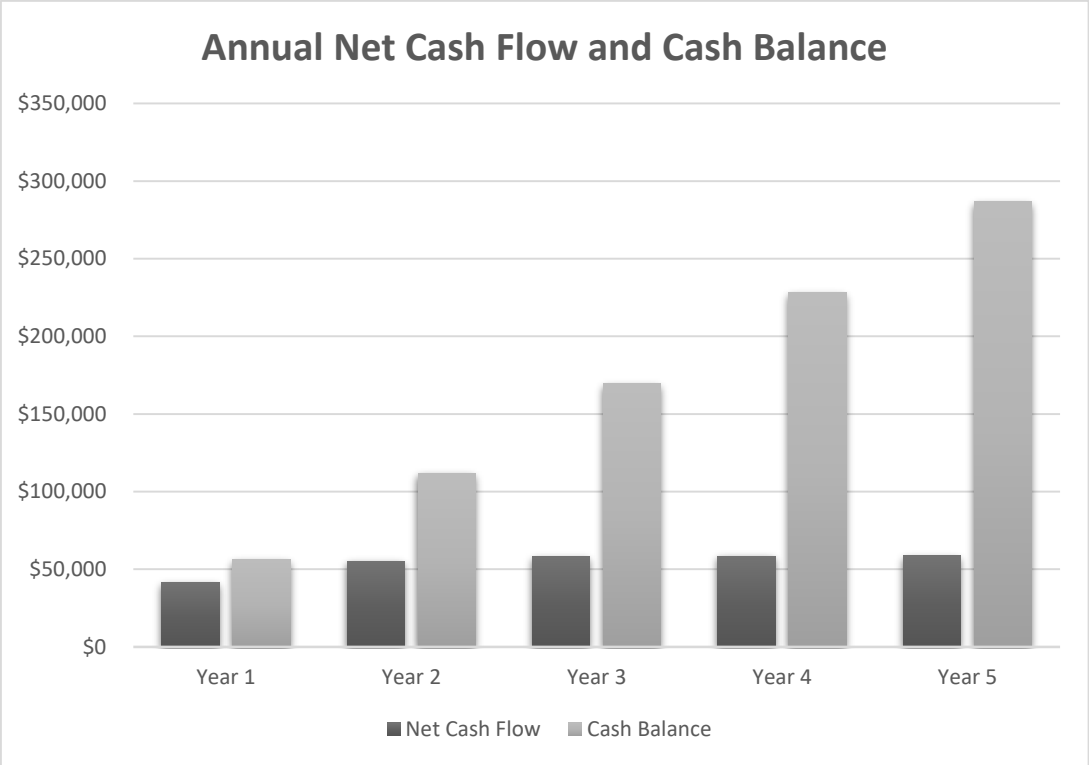
Dividend distributions are introduced beginning in Year 2, increasing from $20,000 to $100,000 by Year 5, reflecting financial stability and profitability.

Despite increasing expenditures, the company maintains positive net cash flow throughout the projection period, with annual net cash flow remaining stable and positive. Cash balances increase steadily from approximately $56,404 in Year 1 to $286,990 in Year 5, demonstrating strong liquidity and financial stability.

7.3.1 Annual Cash Flow Table and Chart

Pro Forma Cash Flow					
	Year 1	Year 2	Year 3	Year 4	Year 5
Cash Received					
Cash from Operations					
Cash Sales	$173,400	$346,800	$525,471	$698,108	$888,849
Cash from Receivables	$173,400	$346,800	$525,471	$698,108	$888,849
Subtotal Cash from Operations	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Additional Cash Received					
Non-Operating (Other) Income	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Received	$0	$0	$0	$0	$0
New Current Borrowing	$0	$0	$0	$0	$0
New Other Liabilities (interest-free)	$0	$0	$0	$0	$0
New Long-term Liabilities	$0	$0	$0	$0	$0
Sales of Other Current Assets	$0	$0	$0	$0	$0
Sales of Long-term Assets	$0	$0	$0	$0	$0
New Investment Received	$0	$0	$0	$0	$0
Subtotal Cash Received	$346,800	$693,600	$1,050,942	$1,396,215	$1,777,698
Expenditures	Year 1	Year 2	Year 3	Year 4	Year 5
Expenditures from Operations					
Cash Spending	$230,250	$477,000	$743,828	$1,006,462	$1,299,853
Bill Payments	$75,146	$141,372	$199,059	$256,264	$319,032

Subtotal Spent on Operations	$305,396	$618,372	$942,886	$1,262,726	$1,618,884
Additional Cash Spent					
Non-Operating (Other) Expense	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Paid Out	$0	$0	$0	$0	$0
Principal Repayment of Current Borrowing	$0	$0	$0	$0	$0
Other Liabilities Principal Repayment	$0	$0	$0	$0	$0
Long-term Liabilities Principal Repayment	$0	$0	$0	$0	$0
Purchase Other Current Assets	$0	$0	$0	$0	$0
Purchase Long-term Assets	$0	$0	$0	$0	$0
Dividends	$0	$20,000	$50,000	$75,000	$100,000
Subtotal Cash Spent	$305,396	$638,372	$992,886	$1,337,726	$1,718,884
Net Cash Flow	$41,404	$55,228	$58,056	$58,489	$58,814
Cash Balance	**$56,404**	**$111,632**	**$169,688**	**$228,176**	**$286,990**



7.4 Balance Sheet Assumptions

The Pro Forma Balance Sheet reflects a strong and improving financial position over the five-year period, characterized by increasing assets, controlled liabilities, and growing equity.

Total assets increase from approximately $56,404 in Year 1 to $265,990 in Year 5, driven primarily by the accumulation of cash generated from operations.

Current assets consist primarily of cash, reflecting a highly liquid financial structure consistent with a service-based business model. No inventory or receivables are assumed.

Long-term assets remain minimal, with gradual depreciation reflecting modest investments in equipment and infrastructure.

On the liabilities side, the company maintains a conservative structure with no long-term debt. Current liabilities increase modestly from approximately $7,874 in Year 1 to $26,649 in Year 5, remaining low relative to total assets.

Paid-in capital remains constant at $50,000, representing the founder's initial investment. Retained earnings improve steadily, reflecting accumulated profitability over time.

Total equity increases from approximately $48,530 in Year 1 to $239,341 in Year 5, demonstrating strong financial growth and value creation.

7.4.1 Annual Balance Sheet Table

Pro Forma Balance Sheet					
	Year 1	Year 2	Year 3	Year 4	Year 5
Assets					
Current Assets					
Cash	$56,404	$111,632	$169,688	$228,176	$286,990
Accounts Receivable	$0	$0	$0	$0	$0
Inventory	$0	$0	$0	$0	$0
Other Current Assets	$0	$0	$0	$0	$0
Total Current Assets	$56,404	$111,632	$169,688	$228,176	$286,990
Long-term Assets					
Long-term Assets	$0	$0	$0	$0	$0
Accumulated Depreciation	$0	$3,000	$7,500	$13,500	$21,000
Total Long-term Assets	$0	($3,000)	($7,500)	($13,500)	($21,000)
Total Assets	$56,404	$108,632	$162,188	$214,676	$265,990
Liabilities and Capital	Year 1	Year 2	Year 3	Year 4	Year 5
Current Liabilities					
Accounts Payable	$7,874	$11,955	$16,756	$21,449	$26,649
Current Borrowing	$0	$0	$0	$0	$0
Other Current Liabilities	$0	$0	$0	$0	$0
Subtotal Current Liabilities	$7,874	$11,955	$16,756	$21,449	$26,649
Long-term Liabilities	$0	$0	$0	$0	$0
Total Liabilities	$7,874	$11,955	$16,756	$21,449	$26,649
Paid-in Capital	$50,000	$50,000	$50,000	$50,000	$50,000
Retained Earnings	($35,000)	($21,470)	($3,323)	$20,432	$43,228
Earnings	$33,530	$68,147	$98,755	$122,796	$146,113
Total Capital	$48,530	$96,677	$145,432	$193,228	$239,341
Total Liabilities and Capital	$56,404	$108,632	$162,188	$214,676	$265,990
Net Worth	**$48,530**	**$96,677**	**$145,432**	**$193,228**	**$239,341**

8.0 Ms. Raquel Marques de Oliveira's National-level Impact

The proposed endeavor by Integrated Mental Health Solutions demonstrates clear national importance due to its direct impact on public health, healthcare system efficiency, workforce productivity, and access to essential mental health services in underserved communities across the United States.

1. Addressing a Critical National Mental Health Burden

Mental health conditions represent one of the most significant public health challenges in the United States. According to the National Institute of Mental Health, nearly one in five U.S. adults experiences a mental illness annually, while a substantial portion of individuals remain untreated due to access barriers.[32]

In addition, the Centers for Disease Control and Prevention reports that suicide is one of the leading causes of death in the United States, highlighting the urgent need for expanded crisis intervention and prevention services.[33]

Integrated Mental Health Solutions directly addresses this national burden by implementing structured mental health programs focused on early intervention, crisis response, and continuous care, reducing the long-term impact of untreated mental health conditions.

2. Expanding Access to Care in Underserved Areas

Access to mental health services remains limited across many regions of the United States. The Health Resources and Services Administration identifies large portions of the population living in Mental Health Professional Shortage Areas (HPSAs), resulting in delayed care and unmet needs.[34]

By establishing operations in Tampa, Florida, and leveraging a telehealth-based model, Integrated Mental Health Solutions expands access to care by:

- Reducing geographic barriers to mental health services
- Providing remote access to licensed professionals
- Supporting underserved and high-risk populations

This model aligns with national efforts to improve healthcare access and reduce disparities.

3. Improving Healthcare System Efficiency and Reducing Costs

The U.S. healthcare system faces significant inefficiencies due to fragmented care delivery, delayed intervention, and lack of coordination between providers.[35]

Integrated Mental Health Solutions addresses these challenges by:

[32] https://www.nami.org/mental-health-by-the-numbers/
[33] https://www.cdc.gov/suicide/facts/data.html
[34] https://www.federalregister.gov/documents/2024/11/05/2024-25624/lists-of-designated-primary-medical-care-mental-health-and-dental-health-professional-shortage-areas
[35] https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/bulletin/2025/february-2025-volume-110-issue-2/us-healthcare-system-is-in-crisis/

- Providing structured and coordinated mental health services
- Promoting early intervention and preventive care
- Reducing reliance on emergency services and crisis-driven care
- Supporting continuity of care through integrated service delivery

These efforts align with priorities established by the Centers for Medicare & Medicaid Services and the Agency for Healthcare Research and Quality, which emphasize care coordination, cost reduction, and improved patient outcomes.

4. Supporting Workforce Productivity and Economic Stability

Mental health conditions have a direct impact on workforce productivity, absenteeism, and organizational performance.

Through its Corporate Mental Health & Workforce Programs, Integrated Mental Health Solutions contributes to:

- Reducing employee burnout and stress-related conditions
- Improving workplace productivity and retention
- Supporting organizational performance and economic stability

These outcomes align with national economic priorities related to workforce development and business sustainability.

5. Supporting Vulnerable Populations and Community Health

Underserved populations, including veterans and low-access communities, face increased barriers to mental health services and higher risks of untreated conditions.

Through its Community-Based & Veterans Programs, the company will:

- Provide trauma-informed support and reintegration services
- Deliver community-based mental health programs
- Expand access to care for high-risk populations

This approach supports broader public health initiatives focused on reducing disparities and improving community well-being.

6. Alignment with Federal Healthcare Priorities

The proposed endeavor is directly aligned with key federal healthcare priorities, including:

- **Expansion of Access to Care:** Supported by Health Resources and Services Administration initiatives addressing underserved populations
- **Mental Health and Suicide Prevention:** Prioritized by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention
- **Telehealth and Digital Health Expansion:** Promoted by the U.S. Department of Health and Human Services and CMS
- **Care Coordination and System Efficiency:** Supported by CMS and AHRQ programs

By integrating these priorities into its operational model, Integrated Mental Health Solutions contributes directly to national efforts to modernize healthcare delivery and improve population health outcomes.

7. Economic Impact and Job Creation

Integrated Mental Health Solutions is projected to generate measurable economic contributions through job creation, tax revenue, and business growth.

- Workforce expansion from 4 employees in Year 1 to 16 employees by Year 5
- Payroll growth from approximately $230,250 to $1,299,853
- Total projected tax contributions exceeding $549,000 over five years
- Revenue growth from $346,800 to $1,777,698, demonstrating financial sustainability

These contributions support local economic development, strengthen the healthcare workforce, and increase public revenue generation.

8. Scalability and National Replicability

The company's model is designed to be scalable and replicable across multiple regions facing similar mental health challenges.

The focus on:

- Telehealth-based service delivery
- Program-based mental health services
- Crisis intervention and prevention
- Partnership-driven expansion

enables Integrated Mental Health Solutions to expand beyond its initial location and contribute to nationwide improvements in mental health access and care delivery.

The proposed endeavor has substantial merit and national importance as it directly addresses critical challenges within the U.S. mental health system, including limited access to care, rising prevalence of mental health conditions, and inefficiencies in service delivery.

Through its scalable and integrated model, Integrated Mental Health Solutions will improve access to mental health services, reduce healthcare costs, enhance workforce productivity, and contribute to broader public health outcomes.

9.0 Indirect jobs creation - Economic Policy Institute

Each industry has backward linkages to economic sectors that provide the materials needed for the industry's output, just as each industry has forward linkages to the economic sectors where the industry's workers spend their income. Therefore, in addition to the jobs directly supported by an industry, a large number of indirect jobs may also be supported by that industry. The subtraction or addition of jobs and output in industries with strong backward and forward linkages to other economic sectors can cause large ripple effects.

According to the national job multipliers published by the Economy Policy Institute (EPI) on January 23, 2019,[36] 100 direct jobs in the Healthcare and social assistance industry generate a total of 205.6 total indirect jobs, as demonstrated in the following table:

Employment multipliers per 100 direct jobs, by major private-sector industry group

Major industry group	Direct jobs	Supplier jobs*	Induced jobs**	Total indirect jobs
Management of companies	100	144.4	255.4	399.9
Administrative and support services and waste management	100	45.5	89.1	134.5
Educational services	100	63.8	129.9	193.7
Health care and social assistance	100	69.4	136.2	205.6
Arts, entertainment, and recreation	100	123.3	255.2	378.5
Accommodation and food services	100	53.8	107.4	161.2
Other services (except public administration)	100	70.7	139.6	210.3

Since Ms. Marques will create 16 direct jobs by the end of Year 5, the total number of indirect jobs to be generated in the same period will reach 33 according to the multipliers provided by the EPI. In addition to its in-house team, Integrated Mental Health Solutions will hire a number of independent contractors on a project basis, including legal professionals and technicians. Additionally, the company will mediate in the hiring of professionals that will perform services that are deemed to be required. Therefore, the company will stimulate the employment of a number of workers of different profiles. Furthermore, the company will hire an outsourced marketing company to develop its website and work with marketing campaigns.

The direct and indirect job creation by Integrated Mental Health Solutions, as well as the utilization of independent contractors and outsourced services, will have a significant positive impact on the local and national economy, fostering job growth, generating income, and contributing to overall economic prosperity.

9.1 Distressed Communities

This section provides an analysis of economic and social conditions relevant to distressed and underserved communities in Tampa, highlighting the need for improved access to mental health services, particularly in economically vulnerable areas.

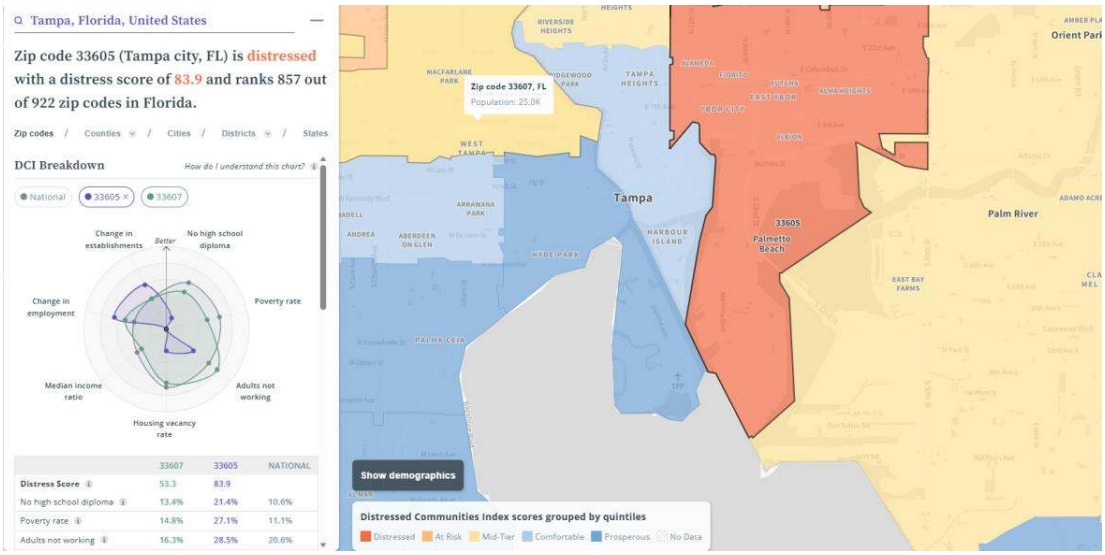
Distressed Communities in Tampa, Florida

According to the Distressed Communities Index (DCI), developed by the Economic Innovation Group, certain areas within Tampa are classified as highly distressed based on key

[36] https://www.epi.org/publication/updated-employment-multipliers-for-the-u-s-economy/

socioeconomic indicators, including poverty rates, employment levels, educational attainment, housing conditions, and income levels.

ZIP code 33605, located within the Tampa metropolitan area, is classified as a distressed community, with a Distress Score of 83.9, ranking 857 out of 922 zip codes in Florida, indicating significant economic challenges and vulnerability.[37]



Socioeconomic Indicators

The DCI breakdown for ZIP code 33605 highlights substantial disparities when compared to national averages:

- Poverty Rate: Approximately 27.1%, significantly higher than the national average of 11.1%
- Adults Not Working: Approximately 28.5%, compared to 20.6% nationally
- Educational Attainment (No High School Diploma): Approximately 21.4%, compared to 10.6% nationally
- Housing Vacancy Rate: Approximately 15.2%, more than double the national average of 7.0%
- Median Income Ratio: Approximately 51.6% of the national average, reflecting reduced household income levels

These indicators demonstrate a concentration of economic hardship, limited workforce participation, and reduced access to resources within the community.

Demographic Characteristics

The population within this area reflects significant diversity and includes a high proportion of historically underserved groups:

[37] https://eig.org/distressed-communities-interactive/?regions%5B0%5D=33605&geo=zctas&lat=27.94&lon=-82.43&z=12.42

- Approximately 47.9% Black or African American population
- Approximately 28.0% Hispanic or Latino population
- Approximately 17.2% foreign-born residents

Educational attainment levels further highlight disparities:

- Only 21.0% of residents hold a bachelor's degree or higher, compared to 35.0% nationally
- A large portion of the population has limited access to higher education and economic mobility opportunities

These demographic and socioeconomic conditions are closely associated with increased vulnerability to mental health challenges and reduced access to care.

Relevance to Mental Health Access

Distressed communities such as ZIP code 33605 face significant barriers to accessing mental health services, including:

- Limited availability of licensed mental health professionals
- Financial constraints restricting access to care
- Transportation barriers and limited-service infrastructure
- Higher exposure to stressors such as unemployment, poverty, and housing instability
- Increased prevalence of untreated mental health conditions

In addition, individuals living in economically distressed environments are at higher risk of experiencing anxiety, depression, trauma, and crisis-related conditions, while having fewer resources available for prevention and treatment.

Strategic Relevance of the Proposed Endeavor

Integrated Mental Health Solutions is strategically positioned to address these disparities by:

- Expanding access to mental health services through telehealth platforms
- Providing crisis intervention and suicide prevention programs
- Delivering community-based mental health initiatives targeting underserved populations
- Supporting culturally competent care for diverse communities

By focusing on scalable and accessible service delivery, the company reduces barriers related to cost, geography, and provider availability.

APPENDIX

Monthly Sales Forecast Table

Sales Forecast													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Unit Sales													
Digital Mental Health & Telepsychology Services		25	30	35	40	45	50	55	60	65	70	75	80
Crisis Intervention & Suicide Prevention Programs		20	25	30	35	40	45	50	55	60	65	70	75
Corporate Mental Health & Workforce Programs		4	4	4	4	4	4	4	4	4	4	4	4
Community-Based & Veterans Programs		2	2	2	2	2	2	2	2	2	2	2	2
Total Unit Sales		51	61	71	81	91	101	111	121	131	141	151	161
Unit Prices		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Digital Mental Health & Telepsychology Services		$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00	$140.00
Crisis Intervention & Suicide Prevention Programs		$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00	$180.00
Corporate Mental Health & Workforce Programs		$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00	$2,000.00
Community-Based & Veterans Programs		$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00	$2,500.00
Sales													
Digital Mental Health & Telepsychology Services		$3,500	$4,200	$4,900	$5,600	$6,300	$7,000	$7,700	$8,400	$9,100	$9,800	$10,500	$11,200
Crisis Intervention & Suicide Prevention Programs		$3,600	$4,500	$5,400	$6,300	$7,200	$8,100	$9,000	$9,900	$10,800	$11,700	$12,600	$13,500
Corporate Mental Health & Workforce Programs		$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000	$8,000
Community-Based & Veterans Programs		$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Total Sales		$20,100	$21,700	$23,300	$24,900	$26,500	$28,100	$29,700	$31,300	$32,900	$34,500	$36,100	$37,700
Direct Unit Costs		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Digital Mental Health & Telepsychology Services	3.00%	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20	$4.20

Crisis Intervention & Suicide Prevention Programs	3.00%	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40	$5.40
Corporate Mental Health & Workforce Programs	3.00%	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00	$60.00
Community-Based & Veterans Programs	3.00%	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00	$75.00
Direct Cost of Sales													
Digital Mental Health & Telepsychology Services		$105	$126	$147	$168	$189	$210	$231	$252	$273	$294	$315	$336
Crisis Intervention & Suicide Prevention Programs		$108	$135	$162	$189	$216	$243	$270	$297	$324	$351	$378	$405
Corporate Mental Health & Workforce Programs		$240	$240	$240	$240	$240	$240	$240	$240	$240	$240	$240	$240
Community-Based & Veterans Programs		$150	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150	$150
Subtotal Direct Cost of Sales		**$603**	**$651**	**$699**	**$747**	**$795**	**$843**	**$891**	**$939**	**$987**	**$1,035**	**$1,083**	**$1,131**

Monthly Personnel Plan Table

Personnel Plan													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
General Manager and Program Director - Ms. Raquel Marques de Oliveira		$0	$0	$0	$7,500	$7,500	$7,500	$7,500	$7,500	$10,000	$10,000	$12,500	$12,500
Licensed Mental Health Therapist		$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250	$6,250
Crisis Intervention Specialist		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Corporate Wellness Coordinator		$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500	$4,500
Clinical Supervisor		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Marketing Manager		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Community Program Manager		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Administrative & Client Coordinator		$0	$0	$0	$0	$0	$0	$0	$3,750	$3,750	$3,750	$3,750	$3,750
Total People		2	2	2	3	3	3	3	4	4	4	4	4
Total Payroll		**$10,750**	**$10,750**	**$10,750**	**$18,250**	**$18,250**	**$18,250**	**$18,250**	**$22,000**	**$24,500**	**$24,500**	**$27,000**	**$27,000**

Monthly Profit and Loss Table

Pro Forma Profit and Loss													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Sales		$20,100	$21,700	$23,300	$24,900	$26,500	$28,100	$29,700	$31,300	$32,900	$34,500	$36,100	$37,700
Direct Cost of Sales		$603	$651	$699	$747	$795	$843	$891	$939	$987	$1,035	$1,083	$1,131
Other Costs of Sales		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Cost of Sales		$603	$651	$699	$747	$795	$843	$891	$939	$987	$1,035	$1,083	$1,131
Gross Margin		$19,497	$21,049	$22,601	$24,153	$25,705	$27,257	$28,809	$30,361	$31,913	$33,465	$35,017	$36,569
Gross Margin %		97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%	97.00%
Expenses													
Payroll		$10,750	$10,750	$10,750	$18,250	$18,250	$18,250	$18,250	$22,000	$24,500	$24,500	$27,000	$27,000
Payroll Taxes	10%	$1,075	$1,075	$1,075	$1,825	$1,825	$1,825	$1,825	$2,200	$2,450	$2,450	$2,700	$2,700
Depreciation		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Equipment	0%	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250
Rent		$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500	$1,500
Insurance		$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250	$250
Marketing/Promotion		$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500
Utilities/Internet/Phone		$150	$350	$350	$400	$400	$400	$500	$500	$600	$600	$750	$750
Employees Education	0%	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Accountant	0%	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120	$120
Total Operating Expenses		$14,595	$14,795	$14,795	$23,095	$23,095	$23,095	$23,195	$27,320	$30,170	$30,170	$33,070	$33,070
Profit Before Interest and Taxes		$4,902	$6,254	$7,806	$1,058	$2,610	$4,162	$5,614	$3,041	$1,743	$3,295	$1,947	$3,499
EBITDA		$4,902	$6,254	$7,806	$1,058	$2,610	$4,162	$5,614	$3,041	$1,743	$3,295	$1,947	$3,499
Interest Expense		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Taxes Incurred		$1,324	$1,689	$2,108	$286	$705	$1,124	$1,516	$821	$471	$890	$526	$945
Net Other Income		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Net Profit		$3,578	$4,565	$5,698	$772	$1,905	$3,038	$4,098	$2,220	$1,272	$2,405	$1,421	$2,554
Net Profit/Sales		**17.80%**	**21.04%**	**24.46%**	**3.10%**	**7.19%**	**10.81%**	**13.80%**	**7.09%**	**3.87%**	**6.97%**	**3.94%**	**6.78%**

Monthly Cash Flow Table

Pro Forma Cash Flow												
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Cash Received												
Cash from Operations												
Cash Sales	$10,050	$10,850	$11,650	$12,450	$13,250	$14,050	$14,850	$15,650	$16,450	$17,250	$18,050	$18,850
Cash from Receivables	$10,050	$10,850	$11,650	$12,450	$13,250	$14,050	$14,850	$15,650	$16,450	$17,250	$18,050	$18,850
Subtotal Cash from Operations	$20,100	$21,700	$23,300	$24,900	$26,500	$28,100	$29,700	$31,300	$32,900	$34,500	$36,100	$37,700
Additional Cash Received												
Non-Operating (Other) Income	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Received	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Current Borrowing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Other Liabilities (interest-free)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Long-term Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales of Other Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales of Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
New Investment Received	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Cash Received	$20,100	$21,700	$23,300	$24,900	$26,500	$28,100	$29,700	$31,300	$32,900	$34,500	$36,100	$37,700
Expenditures	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Expenditures from Operations												
Cash Spending	$10,750	$10,750	$10,750	$18,250	$18,250	$18,250	$18,250	$22,000	$24,500	$24,500	$27,000	$27,000
Bill Payments	$192	$5,792	$6,400	$6,819	$5,893	$6,360	$6,830	$7,343	$7,082	$7,143	$7,597	$7,694
Subtotal Spent on Operations	$10,942	$16,542	$17,150	$25,069	$24,143	$24,610	$25,080	$29,343	$31,582	$31,643	$34,597	$34,694
Additional Cash Spent												
Non-Operating (Other) Expense	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Sales Tax, VAT, HST/GST Paid Out	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Principal Repayment of Current Borrowing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Liabilities Principal Repayment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Long-term Liabilities Principal Repayment	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Purchase Other Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Purchase Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Dividends	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Cash Spent	$10,942	$16,542	$17,150	$25,069	$24,143	$24,610	$25,080	$29,343	$31,582	$31,643	$34,597	$34,694
Net Cash Flow	$9,158	$5,158	$6,150	($169)	$2,357	$3,490	$4,620	$1,957	$1,318	$2,857	$1,503	$3,006
Cash Balance	**$24,158**	**$29,316**	**$35,465**	**$35,296**	**$37,653**	**$41,143**	**$45,763**	**$47,720**	**$49,039**	**$51,896**	**$53,398**	**$56,404**

Monthly Balance Sheet Table

Pro Forma Balance Sheet													
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Assets	Starting Balances												
Current Assets													
Cash	$15,000	$24,158	$29,316	$35,465	$35,296	$37,653	$41,143	$45,763	$47,720	$49,039	$51,896	$53,398	$56,404
Accounts Receivable	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Inventory	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Current Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Current Assets	$15,000	$24,158	$29,316	$35,465	$35,296	$37,653	$41,143	$45,763	$47,720	$49,039	$51,896	$53,398	$56,404
Long-term Assets													
Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Accumulated Depreciation	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Long-term Assets	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Assets	$15,000	$24,158	$29,316	$35,465	$35,296	$37,653	$41,143	$45,763	$47,720	$49,039	$51,896	$53,398	$56,404
Liabilities and Capital		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Current Liabilities													
Accounts Payable	$0	$5,579	$6,172	$6,623	$5,682	$6,133	$6,585	$7,107	$6,844	$6,890	$7,341	$7,423	$7,874
Current Borrowing	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Current Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subtotal Current Liabilities	$0	$5,579	$6,172	$6,623	$5,682	$6,133	$6,585	$7,107	$6,844	$6,890	$7,341	$7,423	$7,874
Long-term Liabilities	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total Liabilities	$0	$5,579	$6,172	$6,623	$5,682	$6,133	$6,585	$7,107	$6,844	$6,890	$7,341	$7,423	$7,874
Paid-in Capital	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000
Retained Earnings	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)	($35,000)
Earnings	$0	$3,578	$8,144	$13,842	$14,615	$16,520	$19,558	$23,656	$25,876	$27,149	$29,554	$30,975	$33,530
Total Capital	$15,000	$18,578	$23,144	$28,842	$29,615	$31,520	$34,558	$38,656	$40,876	$42,149	$44,554	$45,975	$48,530
Total Liabilities and Capital	$15,000	$24,158	$29,316	$35,465	$35,296	$37,653	$41,143	$45,763	$47,720	$49,039	$51,896	$53,398	$56,404
Net Worth	**$15,000**	**$18,578**	**$23,144**	**$28,842**	**$29,615**	**$31,520**	**$34,558**	**$38,656**	**$40,876**	**$42,149**	**$44,554**	**$45,975**	**$48,530**

Social and Community Service Managers

Summary



Employment of social and community service managers is projected to grow 6 percent from 2024 to 2034, faster than the average for all occupations.

About 18,600 openings for social and community service managers are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.

State & Area Data

Explore resources for employment and wages by state and area for social and community service managers.

Similar Occupations

Compare the job duties, education, job growth, and pay of social and community service managers with similar occupations.

More Information, Including Links to O*NET

Learn more about social and community service managers by visiting additional resources, including O*NET, a source on key characteristics of workers and occupations.

What They Do ->

What Social and Community Service Managers Do



Social and community service managers meet with community members and funding providers to discuss their programs.

Social and community service managers coordinate and supervise programs and organizations that support public well-being. They direct workers who provide these services to the public.

Duties

Social and community service managers typically do the following:

- Work with community members and other stakeholders to identify necessary programs and services
- Oversee administrative aspects of programs to meet the objectives of the stakeholders
- Analyze data to determine the effectiveness of programs
- Suggest and implement improvements to programs and services
- Plan and manage outreach activities for increased awareness of programs
- Write proposals for social services funding

Social and community service managers work for a variety of organizations. Some of these organizations focus on working with a particular demographic, such as children, people who are homeless, older adults, or veterans. Others focus on helping people with particular challenges, such as substance abuse, mental health needs, and chronic hunger.

A routine part of social and community service managers' job is to show that their programs and services are effective. They collect statistics and other information to evaluate the impact their programs have on the community or their target audience. They are usually required to report this information to administrators or funders. They may also use evaluations to identify opportunities to improve their programs, such as providing mentorship and assessments for their staff.

Although the specific job duties of social and community service managers may vary with the size of the organization, most managers recruit, hire, and train new staff members. They also supervise staff, such as social workers, who provide services directly to clients. Additionally, they may perform some of the services of the workers they oversee.

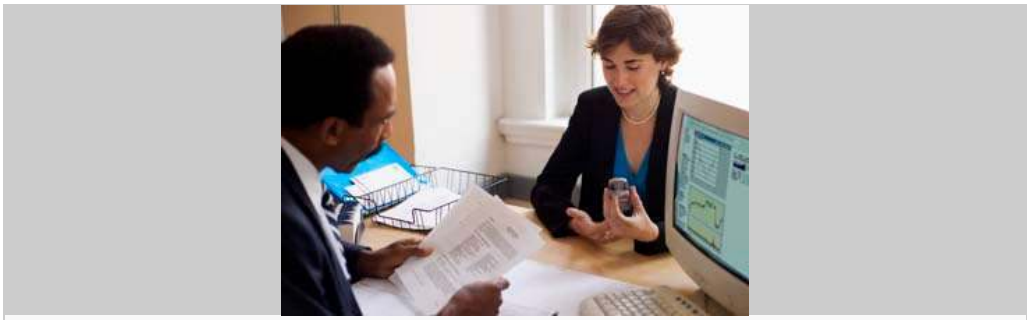
In large agencies, social and community service managers tend to have specialized duties. They may be responsible for running only one program in an organization and reporting to the agency's upper management. They usually do not design programs but instead supervise and implement programs set up by administrators, elected officials, or other stakeholders.

In small organizations, social and community managers often have many roles. They represent their organization through public speaking engagements or in communitywide committees; oversee programs and execute their implementations; spend time on administrative tasks, such as managing budgets; and help with raising funds and meeting with potential donors.

<- Summary

Work Environment ->

Work Environment



Social and community service managers work in a variety of settings, including offices, clinics, hospitals, and shelters.

Social and community service managers held about 219,800 jobs in 2024. The largest employers of social and community service managers were as follows:

Individual and family services	26%
Nursing and residential care facilities	12
Religious, grantmaking, civic, professional, and similar organizations	12
Local government, excluding education and hospitals	10
Community food and housing, emergency and other relief services, and vocational rehabilitation services	9

Social and community service managers work for nonprofit organizations, for-profit social service companies, and government agencies. They also work in a variety of settings, including offices, clinics, hospitals, and shelters.

Work Schedules

Most social and community service managers work full time. Some work more than 40 hours per week.

<- What They Do

How to Become One ->

How to Become a Social and Community Service Manager



Social and community service managers typically need at least a bachelor's degree and work experience in a related occupation.

Social and community service managers typically need at least a bachelor's degree and work experience. However, some positions also require a master's degree.

Education

Social and community service managers typically need a bachelor's degree in social work or a related public policy and social services field. However, some positions also require a master's degree.

Work Experience

Workers usually need experience in order to become a social and community service manager, and it is essential for those with a bachelor's degree. Candidates can get this experience by working as a social worker, substance abuse counselor, or in a similar occupation.

Important Qualities

The following are examples of qualities that are important for these workers to perform their duties. For more information, visit the Employment Projections (EP) skills data page.

Analytical skills. Social and community service managers need to understand and evaluate data in order to provide strategic guidance to their organization. They must be able to monitor and assess current programs as well as determine new initiatives.

Communication skills. Social and community service managers must be able to speak and write clearly. Public speaking experience is also helpful because these managers often participate in community outreach.

Managerial skills. Social and community service managers spend much of their time administering budgets and responding to a variety of issues.

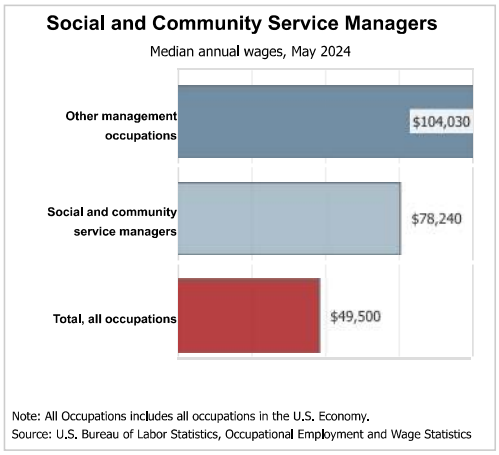
Problem-solving skills. Social and community service managers must be able to address client, staff, and agency-related issues.

Time-management skills. Social and community service managers must prioritize and handle numerous tasks, often in a short timeframe.

<- Work Environment

Pay ->

Pay



The median annual wage for social and community service managers was $78,240 in May 2024. The median wage is the wage at which half the workers in an occupation earned more than that amount and half earned less. The lowest 10 percent earned less than $50,020, and the highest 10 percent earned more than $129,820.

In May 2024, the median annual wages for social and community service managers in the top industries in which they worked were as follows:

Local government, excluding education and hospitals	$101,620
Religious, grantmaking, civic, professional, and similar organizations	77,320
Individual and family services	74,710
Community food and housing, emergency and other relief services, and vocational rehabilitation services	73,110

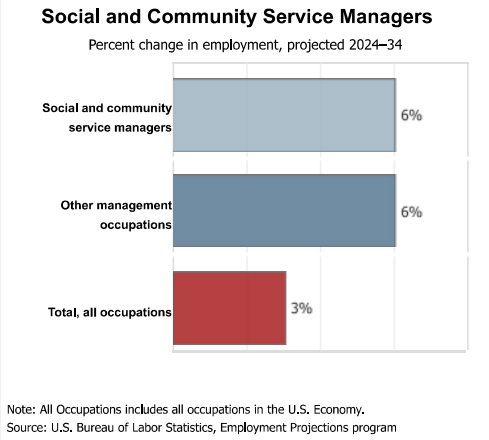
Nursing and residential care facilities	70,610

Most social and community service managers work full time. Some work more than 40 hours per week.

<- How to Become One

Job Outlook ->

Job Outlook



Employment of social and community service managers is projected to grow 6 percent from 2024 to 2034, faster than the average for all occupations.

About 18,600 openings for social and community service managers are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.

Employment

Much of the job growth in this occupation is the result of the increase in the population of older adults. This age group has a greater need for social services, such as adult day services, creating demand for social and community service managers.

In addition, employment growth is projected as people continue to seek treatment for their addictions. There will be a greater need for treatment program managers as people with substance abuse disorders may be directed to treatment programs rather than to jail.

Employment projections data for social and community service managers, 2024–34

Social and community service managers

SOC Code:
11-9151

Employment, 2024:
219,800

Projected Employment, 2034:
233,900

Change, 2024–34 (Percent):
6

Change, 2024–34 (Numeric):
14,100

Employment By Industry:
Get data

SOURCE: U.S. Bureau of Labor Statistics, Employment Projections program

<- Pay

State & Area Data ->

State & Area Data

Occupational Employment and Wage Statistics (OEWS)

The Occupational Employment and Wage Statistics (OEWS) program produces employment and wage estimates annually for over 800 occupations. These estimates are available for the nation as a whole, for individual states, and for metropolitan and nonmetropolitan areas. The link below goes to OEWS data maps for employment and wages by state and area. Use the dropdown boxes to select an occupation.

Occupational Employment and Wage Statistics (OEWS) Profiles

Projections Central

Occupational employment projections are developed for all states by Labor Market Information (LMI) or individual state Employment Projections offices. All state projections data are available at www.projectionscentral.org. Information on this site allows projected employment growth for an occupation to be compared among states or to be compared within one state. In addition, states may produce projections for areas; there are links to each state's websites where these data may be retrieved.

CareerOneStop

CareerOneStop includes hundreds of occupational profiles with data available by state and metro area. There are links in the left-hand side menu to compare occupational employment by state and occupational wages by local area or metro area. There is also a salary info tool to search for wages by zip code.

Similar Occupations

This table shows a list of occupations with job duties that are similar to those of social and community service managers.

Health Education Specialists

Job Duties:
Health education specialists develop programs to teach people about conditions affecting well-being.

Entry-Level Education:
Bachelor's degree

2024 Median Pay:
$63,000

Marriage and Family Therapists

Job Duties:
Marriage and family therapists diagnose and treat cognitive, behavioral, or similar disorders in the context of couples and other relationships.

Entry-Level Education:
Master's degree

2024 Median Pay:
$63,780

Medical and Health Services Managers

Job Duties:
Medical and health services managers plan, direct, and coordinate the business activities of healthcare providers.

Entry-Level Education:
Bachelor's degree

2024 Median Pay:
$117,960

Probation Officers and Correctional Treatment Specialists

Job Duties:
Probation officers and correctional treatment specialists assist in rehabilitating law offenders in custody or on probation or parole.

Entry-Level Education:
Bachelor's degree

2024 Median Pay:
$64,520

Rehabilitation Counselors

Job Duties:
Rehabilitation counselors work with clients to overcome or manage the personal, social, or psychological effects of disabilities on employment or independent living.

Entry-Level Education:
Master's degree

2024 Median Pay:
$46,110

School and Career Counselors and Advisors

Job Duties:
School counselors help students develop academic and social skills. Career counselors and advisors help people choose a path to employment.

Entry-Level Education:
Master's degree

2024 Median Pay:
$65,140

Social and Human Service Assistants

Job Duties:
Social and human service assistants provide client services in a variety of fields, such as psychology, rehabilitation, and social work.

Entry-Level Education:
High school diploma or equivalent

2024 Median Pay:
$45,120

Social Workers

Job Duties:
Social workers help people prevent and cope with problems in their everyday lives.

Entry-Level Education:
See How to Become One

2024 Median Pay:
$61,330

Substance Abuse, Behavioral Disorder, and Mental Health Counselors

Job Duties:
Substance abuse, behavioral disorder, and mental health counselors advise people on a range of issues, such as those relating to alcoholism, addictions, or depression.

Entry-Level Education:

Master's degree

2024 Median Pay:
$59,190

<- State & Area Data

More Info ->

Contacts for More Information

CareerOneStop

For a career video on social and community service managers, visit

Social and Community Service Managers

O*NET

Social and Community Service Managers

<- Similar Occupations

SUGGESTED CITATION:

Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook*, Social and Community Service Managers, at https://www.bls.gov/ooh/management/social-and-community-service-managers.htm (visited *July 22, 2026*).

Last modified date: August 28, 2025

U.S. BUREAU OF LABOR STATISTICS Occupational Outlook Handbook Office of Employment and Unemployment Statistics Suitland Federal Center Floor 3 4600 Silver Hill Road Washington, DC 20212-0002

Telephone: 202-691-5700_ www.bls.gov/ooh Contact OOH

An official website of the United States government Here's how you know

NIH Websites Are Changing

Later this year, NIH will start introducing a new website experience designed to make it easier to find health information, research, funding opportunities, and other resources. During the transition, you may notice changes to navigation, page layouts, and where some information is located. Learn more and get the latest updates in our Frequently Asked Questions.

Mental Illness

Mental illnesses are common in the United States and around the world. It is estimated that more than one in five U.S. adults live with a mental illness (59.3 million in 2022; 23.1% of the U.S. adult population). Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI. Additional information on mental illnesses can be found on the NIMH Health Topics Pages.

Definitions

The data presented here are from the 2022 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA). For inclusion in NSDUH prevalence estimates, mental illnesses include those that are diagnosable currently or within the past year; of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and, exclude developmental and substance use disorders.

Any Mental Illness

- **Any mental illness (AMI)** is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).

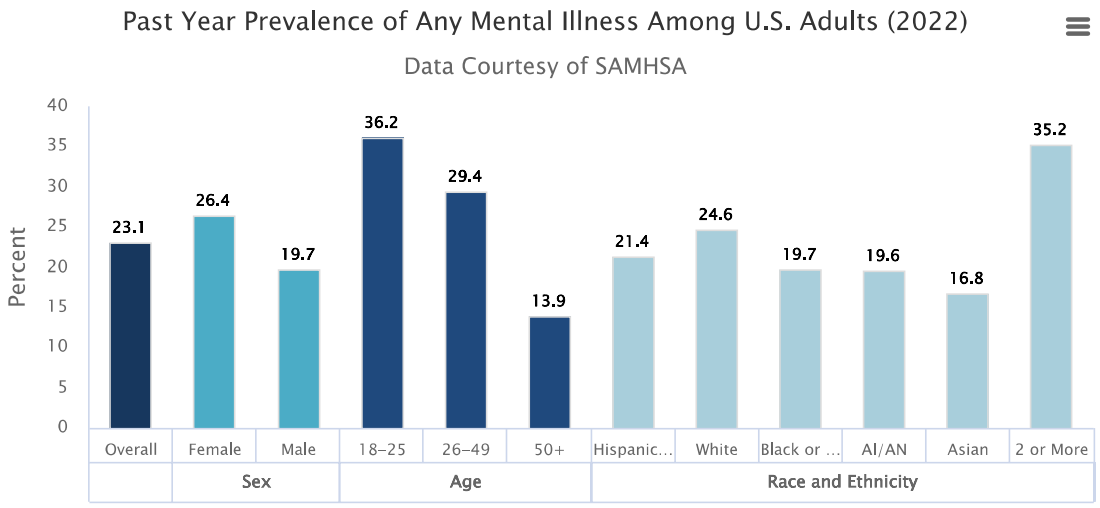
Serious Mental Illness

- **Serious mental illness (SMI)** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI.

Prevalence of Any Mental Illness (AMI)

- Figure 1 shows the past year prevalence of AMI among U.S. adults.
  - In 2022, there were an estimated 59.3 million adults aged 18 or older in the United States with AMI. This number represented 23.1% of all U.S. adults.
  - The observed prevalence of AMI was higher among females (26.4%) than males (19.7%).
  - Young adults aged 18-25 years had the highest prevalence of AMI (36.2%) compared to adults aged 26-49 years (29.4%) and aged 50 and older (13.9%).
  - The prevalence of AMI was highest among the adults reporting two or more races (35.2%), followed by White adults (24.6%). The prevalence of AMI was lowest among Asian adults (16.8%).

Figure 1



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. AI/AN = American Indian / Alaskan Native

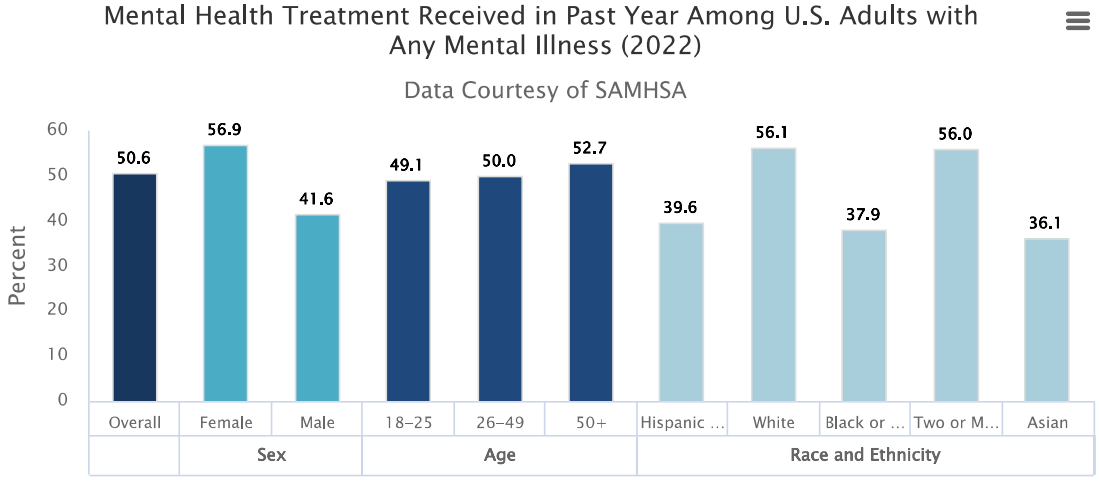
**Note: Estimates for the Native Hawaiian / Other Pacific Islander group are not reported in the above figure due to low precision of data collection in 2022.

Mental Health Treatment — AMI

- Figure 2 presents data on mental health treatment received within the past year by U.S. adults aged 18 or older with any mental illness (AMI). NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling, or having used prescription medication to help with mental health.
  - In 2022, among the 59.3 million adults with AMI, 30.0 million (50.6%) received mental health treatment in the past year.
  - More females with AMI (56.9%) received mental health treatment than males with AMI (41.6%).
  - The percentage of young adults aged 18-25 years with AMI who received mental health treatment (49.1%) was slightly lower than adults with AMI aged 26-49 years (50.0%) and aged 50 and older (52.7%).

Menu

Figure 2



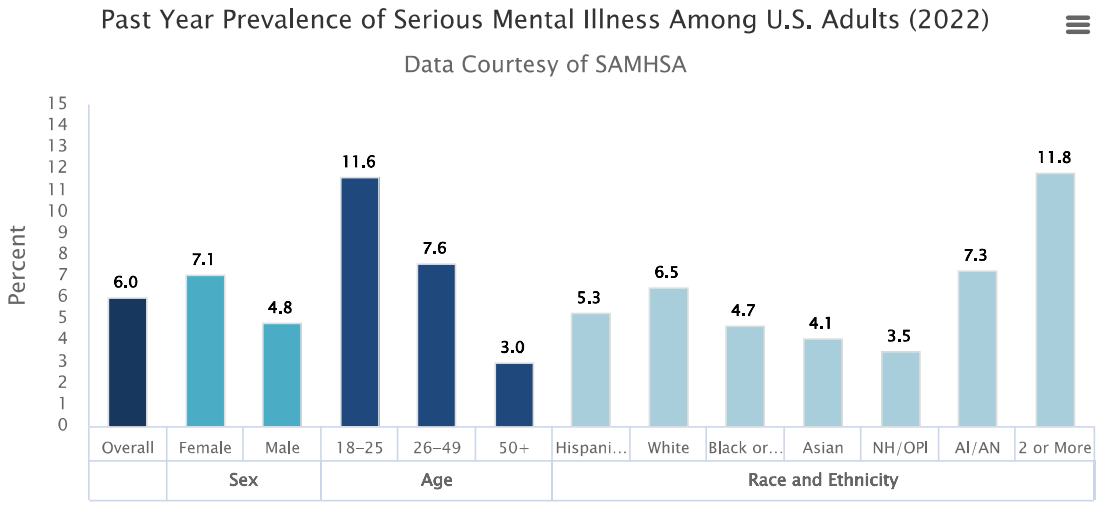
*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for the Native Hawaiian / Other Pacific Islander group is not reported in the above figure due to low precision of data collection in 2022.

Prevalence of Serious Mental Illness (SMI)

- Figure 3 shows the past year prevalence of SMI among U.S. adults.
  - In 2022, there were an estimated 15.4 million adults aged 18 or older in the United States with SMI. This number represented 6.0% of all U.S. adults.

- Young adults aged 18-25 years had the highest prevalence of SMI (11.6%) compared to adults aged 26-49 years (7.6%) and aged 50 and older (3.0%).
- The prevalence of SMI was highest among adults reporting two or more races (11.8%), followed by American Indian / Alaskan Native (AI/AN) adults (7.3%). The prevalence of SMI was lowest among Native Hawaiian / Other Pacific Islander (NH/OPI) adults (3.5%).

Figure 3

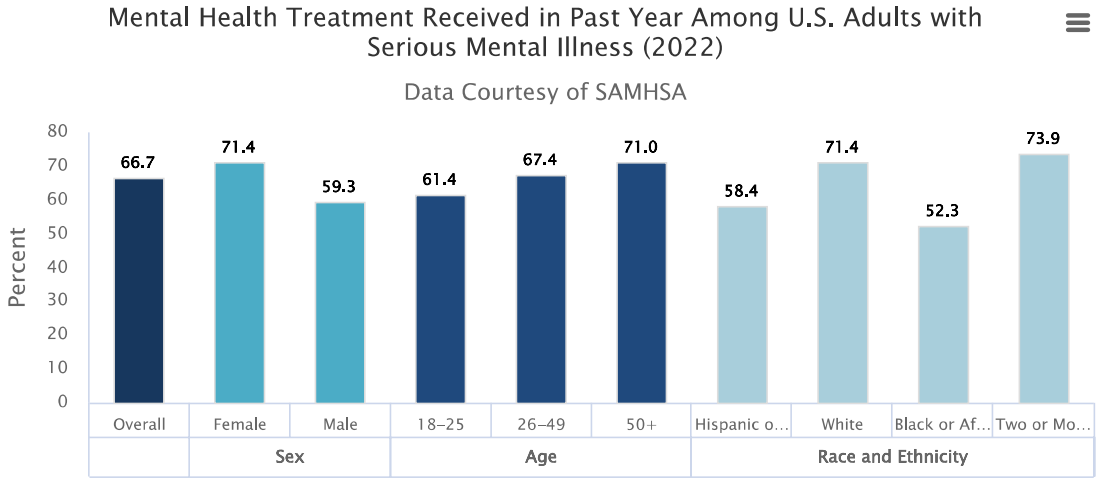


* Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. NH/OPI = Native Hawaiian / Other Pacific Islander | AI/AN = American Indian / Alaskan Native.

Mental Health Treatment — SMI

- Figure 4 presents data on mental health treatment received within the past year by U.S. adults 18 or older with serious mental illness (SMI). The NSDUH defines mental health treatment as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication to help with mental health.
  - In 2022, among the 15.4 million adults with SMI, 10.2 million (66.7%) received mental health treatment in the past year.
  - More females with SMI (71.4%) received mental health treatment than males with SMI (59.3%).
  - The percentage of young adults aged 18-25 years with SMI who received mental health treatment (61.4%) was lower than adults with SMI aged 26-49 years (67.4%) and aged 50 and older (71.0%).

Figure 4



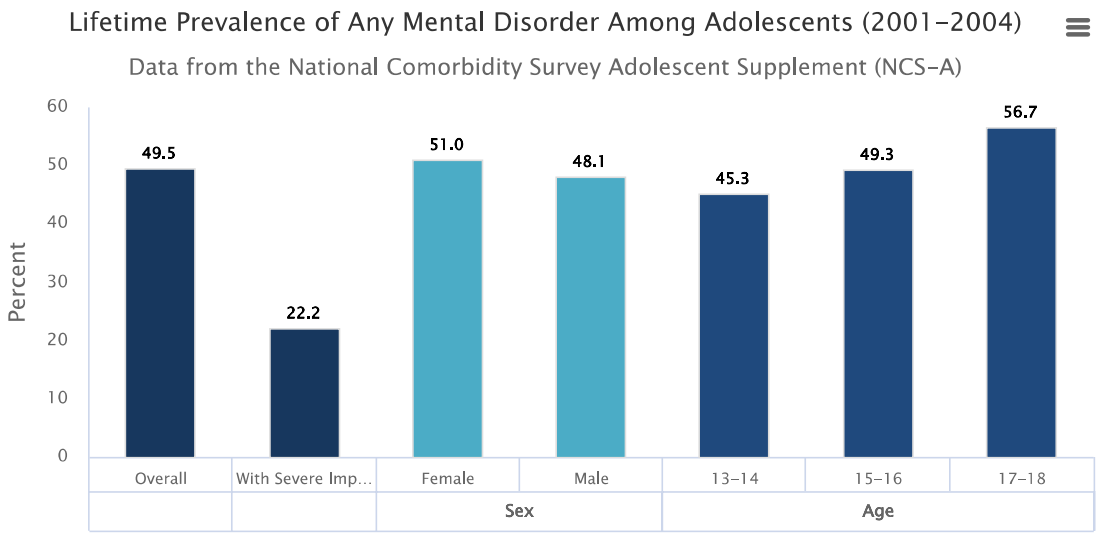
Menu

*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for Asian, Native Hawaiian / Other Pacific Islander, and American Indian / Alaskan Native groups are not reported in the above figure due to low precision.

Prevalence of Any Mental Disorder Among Adolescents

- Based on diagnostic interview data from National Comorbidity Survey Adolescent Supplement (NCS-A), Figure 5 shows lifetime prevalence of any mental disorder among U.S. adolescents aged 13-18.[1]
  - An estimated 49.5% of adolescents had any mental disorder.
  - Of adolescents with any mental disorder, an estimated 22.2% had severe impairment and/or distress. DSM-IV based criteria were used to determine severity level.

Figure 5



Menu

Data Sources

1. Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry.* 2010 Oct;49(10):980-9. PMID: 20855043
2. Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report.

Statistical Methods and Measurement Caveats

National Survey on Drug Use and Health (NSDUH)

Diagnostic Assessment:

- The NSDUH AMI and SMI estimates were generated from a prediction model created from clinical interview data collected on a subset of adult NSDUH respondents (4,912 total respondents between 2008 and 2012) who completed an adapted (past 12 month) version of the Structured Clinical Interview for DSM-IV-TR Axis I Disorders (Research Version, Non-patient Edition) (SCID-I/NP; First, Spitzer, Gibbon, & Williams, 2002), and was differentiated by level of functional impairment based on the Global Assessment of Functioning Scale (GAF; Endicott, Spitzer, Fleiss, & Cohen, 1976).
- The assessment included diagnostic modules assessing the patients for the signs of: mood disorders (e.g., major depressive episode, manic episode), anxiety disorders (e.g., panic disorder, generalized anxiety disorder, posttraumatic stress disorder), eating disorders (e.g., anorexia nervosa), impulse control disorders (e.g. intermittent explosive disorder, and adjustment disorder), and a psychotic symptoms screen.
- The assessment did not contain diagnostic modules assessing the following: adult attention deficit hyperactivity disorder (ADHD), autism spectrum disorders, schizophrenia or other psychotic disorders (although the assessment included a psychotic symptom screen)

- People who only have disorders that are not included in these diagnostic modules may not be adequately detected. However, there are known patterns of high comorbidities among mental disorders; these patterns increase the likelihood that people who meet AMI and/or SMI criteria were detected by the study, as they may also have one or more of the disorders assessed in the SCID-I/NP.

Population:

- The entirety of NSDUH respondents for the AMI and SMI estimates were the civilian, non-institutionalized population aged 18 years old or older residing within the United States.
- The survey covered residents of households (persons living in houses/townhouses, apartments, condominiums; civilians living in housing on military bases, etc.) and persons in non-institutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses).
- The survey did not cover persons who, for the entire year, had no fixed address (e.g., persons experiencing homelessness and/or transient persons not in shelters); were on active military duty; or who resided in institutional group quarters (e.g., correctional facilities and long-term hospitals).
- Some people in these excluded categories had AMI and/or SMI, but were not accounted for in the NSDUH AMI and/or SMI estimates.
- Data regarding sex of the respondent was assessed using male and female categories only.

Survey Non-response:

- In 2022, 52.0% of the selected NSDUH sample of people 18 or older did not complete the interview. This rate of non-response is higher than in years before 2020. Please see the Background on the 2022 NSDUH and the COVID-19 Pandemic section below for more information.
- Reasons for non-response to interviewing include the following: refusal to participate (29.3%); respondent unavailable or never at home (18.2%); and other reasons such as physical/mental incompetence or language barriers (4.5%).
- People with mental illness may disproportionately fall into these non-response categories. While NSDUH weighting includes non-response adjustments to reduce bias, these adjustments may not fully account for differential non-response by mental illness status.

Data Suppression:

- For some groups, data are not reported due to low precision. Data may be suppressed in the above charts if the data do not meet acceptable ranges for prevalence estimates, standard error estimates, and sample size.

Background on the 2022 NSDUH and the COVID-19 Pandemic:

- Data collection methods for the 2022 NSDUH changed in several ways because of the COVID-19 pandemic: the 2022 NSDUH continued the use of multimode data collection procedures (both in-person and virtual data collection) that were first implemented in the fourth quarter of the 2020 NSDUH. Overall, 40.7% of interviews were completed via the web, and 59.3% were completed in person. In 2022, the weighted response rates for household screening and for interviewing were 25.5% and 47.4%, respectively, for an overall response rate of 12.1% for people aged 12 or older.
- Given the use of multimode data collection procedures throughout the entirety of the collection year and the rate of non-response, comparison of estimates from the 2022 NSDUH with those from prior years must be made with caution.

Please see the 2022 National Survey on Drug Use and Health Methodological Summary and Definitions report for further information on how these data were collected and calculated.

National Comorbidity Survey Adolescent Supplement (NCS-A)

Diagnostic Assessment and Population:

- The NCS-A was carried out under a cooperative agreement sponsored by NIMH to meet a request from Congress to provide national data on the prevalence and correlates of mental disorders among U.S. youth. The NCS-A was a nationally representative, face-to-face survey of 10,123 adolescents aged 13 to 18 years in the continental United States. The survey was based on a dual-frame design that included 904 adolescent residents of the households that participated in the adult U.S. National Comorbidity Survey Replication and 9,244 adolescent students selected from a nationally representative sample of 320 schools. The survey was fielded between February 2001 and January 2004. DSM-IV mental disorders were assessed using a modified version of the fully structured World Health Organization Composite International Diagnostic Interview.

Survey Non-response:

- The overall adolescent non-response rate was 24.4%. This is made up of non-response rates of 14.1% in the household sample

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which in the household and un-blinded school samples came largely from parents rather than adolescents (72.3% and 81.0%, respectively). The refusals in the blinded school sample, in comparison, came almost entirely (98.1%) from parents failing to return the signed consent postcard.

For more information, see PMID: 19507169 and the NIMH NCS-A study page.

Last Updated: September 2024

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BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE

U.S. Department of Health and Human Services
Office of Minority Health

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INTRODUCTION

In 2000, the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) released the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). The intent of the National CLAS Standards is to improve the quality of care, help eliminate health care disparities, and advance health equity by establishing a blueprint for health and healthcare organizations to implement culturally and linguistically appropriate services. In 2010, OMH revisited the National CLAS Standards, as a way of recognizing the nation's increasing population diversity, significant growth in the fields of cultural and linguistic competency, emerging federal, state policies and legislation regarding health equity, and growing interest from health plans and providers. (For more details on the development of each standard, see *https://www.thinkculturalhealth.hhs.gov/*.)

In 2013, OMH released the enhanced National CLAS Standards, which are a comprehensive set of 15 guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services. An accompanying implementation initiative resulted in the development of the *Blueprint for Advancing and Sustaining CLAS Policy and Practice*, providing specific and systematic guidance for implementing each standard.

Now, more than two decades after the release of the original CLAS Standards, and eight years since the enhanced *National CLAS Standards* were published, there is still much work to be done. Racial/ethnic disparities in health and health care remain a public health challenge, despite advances in health care technology and new delivery systems, and even when factors such as health insurance coverage, income, and educational level are taken into consideration.

While the original and enhanced CLAS Standards were developed for all health care professions and systems, early adopters of the standards were often physical health care organizations, such as primary care clinics, hospitals, health plans and public health agencies. At the time, there was less participation in and engagement with the standards among behavioral health providers, or providers who address the mental health and substance use issues of individuals. Now, increasingly, behavioral health providers and education systems are recognizing the value of the National CLAS Standards in advancing behavioral health equity. This awareness raises the potential for establishing a new benchmark for culturally and linguistically appropriate services to improve the behavioral health of racial/ethnic minority and underserved populations.

To advance this effort, the Substance Abuse and Mental Health Services Administration (SAMHSA) collaborated with the OMH to develop this **Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (Behavioral Health Guide)**. This Behavioral Health Guide underscores the ways in which the National CLAS Standards can improve access to behavioral health care, promote quality behavioral health programs and practice, and ultimately reduce persistent disparities in mental health and substance use treatment for underserved, minority populations and communities.

How to Use the Behavioral Health Guide

The Behavioral Health Guide is a companion document to the Blueprint for Advancing and Sustaining CLAS Policy and Practice. Together these documents provide concrete, feasible implementation strategies for the health and behavioral healthcare community to improve the provision of services to all individuals, regardless of race, ethnicity, language, socioeconomic status, and other cultural characteristics. The implementation examples are past grantee examples. The Behavioral Health Guide is organized by the overarching themes of the 15 standards: Principal Standard; Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability. Each section (except for the Principal Standard) includes:

- *Purpose* – the purpose of the associated National CLAS Standards
- *Behavioral Health Scenario* – a hypothetical behavioral health scenario relevant to the National CLAS Standards
- *Implementation Strategies* – practical, concrete National CLAS Standard implementation strategies pertaining to the behavioral health scenario
- *Implementation Examples* – "real-life" National CLAS Standard implementation examples from SAMHSA grantees or member organizations from the National Network to Eliminate Disparities in Behavioral Health (NNED)[1] illustrating key components of the National CLAS Standards "in action"

1 The National Network to Eliminate Disparities in Behavioral Health (NNED) is a network of community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED National Facilitation Center is funded by SAMHSA.

The Audience for the Enhanced National CLAS Standards and the Behavioral Health Guide

The behavioral healthcare community can benefit from the framework offered by the enhanced National CLAS Standards, which is directed toward a broad spectrum of professionals, providers and organizations influencing health and healthcare delivery every day. The standards address each point of contact throughout the health and behavioral health care services continuum. The following is a partial list of potential audiences and how they might respectively apply the standards:

- **Accreditation and Credentialing Agencies**: to assess and compare behavioral health care facilities, relevant human service organizations, and providers who offer culturally humble and linguistically appropriate services and ensure quality care for diverse populations. Institutions such as The Joint Commission and the National Committee for Quality Assurance have made important strides in implementing policies and standards to help ensure these quality services.
- **Advocacy Organizations**: to promote quality health care for diverse populations and to assess and monitor care and services being delivered. The potential advocate audience is broad and includes: legal services, consumer education agencies, faith-based organizations, and other local, regional, or national nonprofit organizations that address behavioral health care issues.
- **Behavioral Health Care Providers**: to incorporate cultural humility and linguistic competency into the delivery of quality behavioral healthcare and services. This audience would include behavioral health clinicians, practitioners, and the full continuum of care from inpatient and hospital care to community-based outpatient and recovery services and supports.
- **Behavioral Health Care Staff and Administrators**: to implement culturally and linguistically appropriate services throughout an organization, at every point of contact. This audience would include employees, contractors, and volunteers serving throughout the organization.
- **Education System**: to incorporate cultural and linguistic competency into the school-based delivery of quality behavioral healthcare and services. This audience would include school-based counselors, therapists, and social workers.
- **Governance and Policy Leadership**: to draft consistent and comprehensive laws, regulations, and contract language supporting cultural and linguistic competency. This audience would include federal, state, tribal, and local governments. The audience would also include the individuals within organizations who are responsible for developing regulations, grants and contracts, as well as the leadership responsible for decision-making regarding regulations, grants and contracts.
- **Patients/Consumers and their Families**: to understand their right to receive accessible and appropriate behavioral health care services and to evaluate whether providers can offer such services. The standards also articulate their legal right to linguistically appropriate services.
- **Professional Training Institutions and Faculty**: to incorporate cultural and linguistic competency into their curricula and to raise awareness about the impact of culture and language on health and behavioral health care services. This audience would include faculty from academic institutions, state health professional licensing agencies, and faculty from legal and social service professions.
- **Public Health Workforce**: to implement cultural humility and linguistic competency into the provision of public health services. This audience would include experts from environmental health, surveillance and epidemiology, and population health that identify the socio-environmental factors that impact behavioral health in diverse communities.
- **Purchasers of Behavioral Health Services**: to promote the needs of diverse consumers of behavioral health services and related support from insurers and health plans. This audience would include government and employer purchasers of health benefits and influence their contracting language with providers.

The Case for CLAS

There is a compelling need to reduce disparities in behavioral health care in communities across the country. These disparities directly affect the quality of life for all individuals. The lack of behavioral health equity adversely affects neighborhoods, communities, and the broader society, making the issue not only an individual concern but also a public health concern. Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode et al., 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards, in conjunction with the Behavioral Health Guide, provide the potential to improve an organization's ability to address behavioral health care disparities and ultimately improve behavioral health for communities across the country.

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to **"Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."** This essential goal of the National CLAS Standards is framed in its Principal Standard (Standard 1), and the remaining 14 Standards span three themes including 1) governance, leadership, and workforce; 2) communication and language assistance; and 3) engagement, continuous improvement, and accountability.

Conclusion

OMH hopes that the behavioral health care community finds this guide useful in supporting the implementation of strategies to improve the provision of services and to promote behavioral health equity. Please visit the Think Cultural Health website (thinkculturalhealth.hhs.gov) for more resources to support the implementation of the National CLAS Standards, including:

- *Improving Cultural Competency for Behavioral Health Professionals* – online continuing education program to help behavioral health professionals increase their cultural and linguistic competency.
- *An Implementation Checklist for the National CLAS Standards* – checklist of successful CLAS-related organizational activities and CLAS action worksheet to support planning of CLAS activities.
- *Evaluation of the National CLAS Standards: Tips and Resources* – framework and toolkit to guide efforts in evaluating the implementation of the National CLAS Standards by health care organizations.

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Acknowledgments

The HHS Office of Minority Health is grateful for the collaboration with and contributions from the SAMHSA Office of Behavioral Health Equity which made this guide possible.

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency (LEP) and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

PRINCIPAL STANDARD

Standard 1: Provide effective, equitable, understandable, and respectful quality care and services

Purpose

1. To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care
2. To ensure that all individuals who receive health care and services have culturally and linguistically appropriate encounters
3. To meet communication needs so that individuals can understand the health care and services they are receiving, participate effectively in their own care, and make informed decisions
4. To eliminate discrimination and disparities

Standard 1 is the **Principal Standard** because, conceptually, the ultimate aim in adopting the remaining standards is to achieve Standard 1. Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of CLAS that are necessary to achieve the Principal Standard. For this reason, specific Behavioral Health Scenarios, Implementation Strategies, and Implementation Examples for Standard 1 are not listed here. If each of Standards 2 through 15 is implemented and maintained, health care organizations and systems will be better positioned to achieve the desired goal of "*effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*"

THEME 1: GOVERNANCE, LEADERSHIP, AND WORKFORCE

Behavioral Health Scenario

The following scenario relates to the first theme and its associated National CLAS Standards (2-4).

A health center is located in an urban community of a large city with a growing number of immigrant residents, and provides services to a diverse and underserved population struggling with acculturation, assimilation, trauma, and limited English proficiency (LEP) among other concerns. Over the past five years, the center has grown into a well-equipped and adequately staffed institution, but it is not seeing clients at the rate one would expect with the high demand for primary and behavioral health care in the area. The center's administration finds the center's low service use unexpected and is determined to identify ways to help expand the reach of its services.

The center's administration decides to recruit a cultural and linguistic competence (CLC) expert, Mr. Da, who was born and raised in the local area, and is half American Indian and half Mexican American. Mr. Da's insight around some of the reasons for poor utilization of services provided by the center is gained from his bond with family, friends, and neighbors.

Mr. Da's first recommendation is to gather objective information to inform organizational change. He conducts a CLC assessment on staff and community demographics, preferences, and attitudes; and collects information about the physical spaces and materials offered by the center. Next, he facilitates focus groups that draw upon the insights of diverse community members including patients, families, caregivers, and community leaders. His report highlights several key areas:

1. The center's administration and staff were not representative of the community it served and lacked diversity. The apparent lack of culturally and linguistically competent personnel among certain staff, administrative, and other mental health providers created communications barriers between the health care center and the community.
2. The physical setting feels intimidating rather than welcoming and has an institutional look with bare white walls. It offers no privacy for patients when checking in, during intake, or during clinical interviews. Nor does it offer designated area(s) for children – especially children with behavioral health disorders – to occupy themselves with age-appropriate activities while waiting.
3. When seeking assistance, community members reported feeling disrespected and felt their cultural and linguistic needs are unmet.
4. Given the demographics of the community, there were clear inequities in access to services as well as institutional barriers in access to culturally and linguistically competent mental health services and social supports.

Standard 2: Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources

Purpose

1. To ensure the provision of the appropriate resources and accountability needed to support and sustain initiatives
2. To model appreciation and respect for diversity, inclusiveness, and all beliefs and practices
3. To support a model of transparency and communication between the service setting and the populations it serves

Implementation Strategies

What actions should a health center prioritize to improve the cultural and linguistic experiences of students and their families?

1. Engage community members in the designing and furnishing of physical spaces to promote a welcoming and culturally respectful environment.
2. Develop strategies to collect authentic, sustained representative public input that includes the immigrant community.
3. Develop multiple communication channels with community members. Place a priority focus on outreach to and engagement with immigrant families by establishing relationships with community leaders in these groups.

4. Engage state- and local-level leadership to promote and support the National CLAS Standards at an institutional and community level.
5. Develop and implement a sustainability plan that includes annual evaluation of CLAS competencies and related policies and practices.
6. Establish regularly scheduled CLC trainings, and identify and leverage funding opportunities for CLC professional development.
7. Post the National CLAS Standards in public areas to inform clients of their rights and the center's intent to provide culturally and linguistically competent services.

Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce responsive to the population in the service area

Purpose

1. To create an environment in which culturally diverse individuals feel welcome and valued
2. To promote trust and engagement with the communities and populations served
3. To infuse multicultural perspectives into the planning, design, and implementation of CLAS
4. To ensure that diverse viewpoints are represented in governance decisions
5. To increase staff knowledge and experience related to culture and language

Implementation Strategies

What actions are needed for a health center to recruit and retain diverse individuals that are responsive to the population in the service area?

1. Allocate resources to assist the administration in identifying pools of qualified leadership and staff members who are proportionately representative of the community served.
2. Provide hiring opportunities for education and mental health professionals, through multiple strategies including job fairs, advertisements in listservs and newsletters of national ethnic associations or organizations placing a priority on individuals that are more representative of the community served.
3. Build community trust and engagement by hiring highly qualified education and mental health professionals who are more reflective of local residents.
4. Establish a National CLAS Standards taskforce inclusive of representatives from immigrant families and community advocacy groups to establish goals, objectives, tasks, timelines, quality indicators, and responsible parties to:
   - develop a comprehensive strategic plan for ensuring a diverse, sustainable and inclusive leadership and staff; and,
   - ensure that diverse inclusive opinions are represented in governance decisions.
5. Develop a set of key activities and strategies focused on improving CLAS-driven equity, access, and quality service.

Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis

Purpose

1. To prepare, support and sustain a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations
2. To increase the capacity of staff to provide culturally and linguistically appropriate services
3. To assess the progress of staff in developing skills in cultural, linguistic, and health literacy competency
4. To foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care

Implementation Strategies

How can a health center educate and train its leadership and staff to establish and sustain a workforce that demonstrates the attitudes, knowledge and skills necessary to work effectively with diverse populations?

1. Allocate resources to provide CLAS training, professional development, and tools to service providers, staff, and administration.
2. Allocate resources for new and existing mental health service providers and community stakeholder groups that focus on building collective CLAS competencies and making related policy, procedural, and practice improvements.
3. Consult with professional staff to learn how to respect and integrate cultural beliefs and practices with western practices to improve access, use, and health outcomes; and implement training protocols.
4. Monitor the development in staff, administration, and mental health service provider's competency in delivering culturally and linguistically appropriate practices.
5. Establish policies and procedures to support the rights of patients, their families and community to receive respectful and nondiscriminatory services by developing and implementing education and training programs that address the impact of culture on health and health care.
6. Encourage and support all other service providers to take the same steps internally and hold themselves accountable to do these actions through strategic planning in an effort to improve access, use, and outcome for *all* community members.

Implementation Examples

Ohio Department of Mental Health and Addiction Services

SAMHSA Grant Program: Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The Ohio Department of Mental Health and Addiction Services (Ohio MHAS) identified disparities in services and access to treatment for prescription drug misuse among its rural and Appalachian communities. To address the issues in its health systems infrastructure, Ohio MHAS formed a workgroup through the Strategic Prevention Framework for Prescription Drugs (SPF-Rx) grant program. The SPF-Rx workgroup collaborated with the State Epidemiological Outcomes Workgroup and local communities to recruit and promote culturally and linguistically diverse local governance that are supportive of the National CLAS Standards.

To ensure leaders of the collaborative workgroups had a platform to support the implementation of the National CLAS Standards, Ohio MHAS developed a Disparities and Cultural Competency Advisory Committee (DACC). The DACC was comprised of Ohio MHAS program staff as well as community members who could offer a more comprehensive perspective from the local level to ensure that culturally and linguistically appropriate health services were offered to the communities throughout Ohio.

To promote health equity, the Ohio MHAS required communities to utilize a performance management tool when collecting and reporting project-specific data related to the National CLAS Standards. The data allowed Ohio MHAS to monitor and ensure that communities with health services needs were identified and received culturally appropriate services.

Georgia Department of Behavioral Health and Developmental Disabilities

SAMHSA Grant Program: Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) was addressing prescription drug misuse in the state through the SPF Rx program. Their populations of focus for prevention of substance misuse included 12- to 17-year-old youth and individuals aged 18 and older.

DBHDD ensured that cultural competency was incorporated in all activities to address prescription drug misuse among all communities. DBHDD prioritized training and educating their workforce to successfully implement the National CLAS Standards throughout prevention efforts. DBHDD required SPF Rx project staff to participate in at least four webinars that provided information about the National CLAS Standards and education on disparities among communities. Some webinar topics have included:

- Introduction to the National Standards for CLAS in Health and Health Care
- Culturally and Linguistically Appropriate Services for African American and Hispanic Populations
- Culturally and Linguistically Appropriate Services for LGBT Populations
- Culturally and Linguistically Appropriate Services for Individuals who are HIV Positive

Upon completing the training, adherence to the National CLAS Standards were monitored. Technical assistance (TA) was available to address challenges and issues that may have arisen and additional training was offered to project and partner staff to enhance their capacity to provide culturally and linguistically appropriate services. DBHDD was committed to addressing the needs of all community members by tailoring project training and TA activities on an ongoing basis.

THEME 2: COMMUNICATION AND LANGUAGE ASSISTANCE

Behavioral Health Scenario

The following scenario relates to the second theme and its associated National CLAS Standards (5-8).

Jacques is a French-speaking 16-year-old male who recently immigrated with his family to the United States, and lives in a low-income, predominately Haitian community in Miami, FL. Jacques's school provides English-as-second-language classes and his improvement is impressive. However, his parents have limited English proficiency (LEP) and depend heavily on Jacques to provide translation and interpretation.

Due to substance related infractions, Jacques is arrested and subsequently court-mandated to attend addictions treatment to avoid placement in a juvenile detention center. The court-mandated clinic lacks French-speaking behavioral health providers, but offers language assistance at a cost. Jacques's parents participate as part of Jacques's treatment, but are unable to afford an interpreter and continue to rely on Jacques for interpretation.

Soon after beginning treatment, while waiting to see his probation officer, Jacques gets a phone call notifying him that his mother is in the emergency room. Frantic and feeling guilt over his mother's poor health, Jacques leaves without notifying his probation officer, but the next day finds there is a warrant out for his arrest. Without his parents' ability to vouch for his whereabouts due to their LEP, Jacques is at risk of entering juvenile detention. Upon Jacques's return to meet with his probation officer, he explains the events leading to his abrupt departure. Not knowing the medical details of his mother's emergency room visit, he becomes increasingly worried and increasingly stressed, as he fears being separated from them. The probation officer, now understanding the context, refers him to a bilingual psychologist, Dr. St. Claire.

Dr. St. Claire is concerned about the lack of language services provided at the court-mandated addiction clinic and offers to accompany Jacques and his family to the clinic. She informs the clinic of its failure to recognize that Jacques has been acting as an interpreter for his parents. Dr. St. Claire emphasizes that relying on friends and family does not qualify as competent interpretation. Based on her feedback, the clinic administration inspects their print materials, multimedia materials, and signs throughout the office. They discover a widespread lack of culturally and linguistically appropriate materials given the population in their service areas. There is a lack of translated materials in languages commonly used in their communities, a limited variety of modes of communication available to clients to improve health literacy and understanding, and a lack of protocol to facilitate comprehension of, and adherence to, instructions and health plan requirements.

Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health services

Purpose

1. To ensure that individuals with LEP and/or other communication needs have equitable access to health services
2. To help individuals understand their care and service options and participate in decisions regarding their health and health care
3. To increase individuals satisfaction and adherence to care and services
4. To improve patient safety and reduce medical error related to miscommunication
5. To help organizations comply with the requirements of such laws as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

How can a hospital/clinic/practice support individuals with LEP and/or other communication needs to have equitable access to behavioral health services?

1. Conduct community needs assessments and Strengths, Weaknesses, Opportunities and Threats (SWOT) analyses to assess the language needs of their patients and family members.
2. Ensure that staff are fully aware of, and trained in, the use of language assistance services, policies and procedures.
3. Develop strategies for identifying the language(s) an individual speaks and add this information to that person's health record.
4. Conduct an internal assessment of organizational capabilities, including the capacity to provide free language interpretation.
5. Use qualified and trained interpreters to facilitate communication, including ensuring the quality of the language skills of self-reported bilingual staff who use their non-English language skills during patient encounters.
6. Recruit and hire qualified bilingual providers/practitioners.
7. Ensure communication with community members is appropriate to diverse linguistic characteristics, including, but not limited to, primary language, literacy skills, and disability status.
8. Assist with community members' access to federally required interpreter services.
9. Plan and implement language access services that are low-cost or, if possible, free of cost.
10. Post signs that inform patients that language assistance services are available.
11. Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting.
12. Partner with organizations and community members to ensure training incorporates aspects of cultural humility needed for social flourishing, community resilience and empowerment.

Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing

Purpose

1. To inform individuals with LEP, in their preferred language, that language services are readily available at no cost to them
2. To facilitate access to language services
3. To help organizations comply with the requirements of such laws as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964[2] and related laws, what steps can a hospital/clinic/practice take to inform clients and their families of the availability of language assistance services?

1. Develop verbal and written language service notification protocol and training for personnel that describes the type of communication and language assistance available, including telephonic language services, to whom they are available, and the process for identifying patients with LEP and how to connect them to appropriate language services.
2. Place written language service notifications, which are easy to understand at low literacy levels, on the registration desks, in the waiting rooms, and in financial screening rooms.
3. Standardize procedures for personnel who serve as initial point of contact to provide staff with a script to ensure that they inform clients and family members in both verbal and written form of the availability of language assistance and to inquire whether they will need to utilize any of the services available.

2 Title VI of the Civil Rights Act of 1964 and Executive Order 13166 require that the federal government and those receiving assistance from the federal government must take reasonable steps to ensure that LEP persons have meaningful access to the programs, services, and information those entities provide. For more information, see https://www.lep.gov/13166/eolep.pdf.

4. Develop organization policies for cross-communication exchange and interpreter services such as using "I speak" cards written in native languages for patients to indicate their preferred language to personnel upon arrival.
5. Develop and utilize a patient survey tool that identifies and documents the patient's language preference and type of language services needed (verbal or written), and include it in the patient's medical files.
6. Ensure all written intake forms clearly state that communication and language assistance is provided by the organization, and whether it is free of charge to individuals.
7. Publicize availability of language assistance services in local foreign language media, such as television channels and newspapers.

Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided

Purpose

1. To provide accurate and effective communication between individuals and providers
2. To reduce misunderstanding, dissatisfaction, the omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues caused by reliance on staff or individuals lacking interpreter training
3. To empower individuals to negotiate and advocate, on their own behalf, important services through effective and accurate communication with health and health care staff
4. To help organizations comply with the requirements of such laws as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what language assistance strategies can a hospital/clinic/practice implement to provide interpretation and translation services and ensure the competence of individuals providing language assistance?

1. Establish policies that recognize interpreting in a mental health situation is a specialized skill, even for experienced healthcare interpreters. Interpretation requires knowledge of culture, including an understanding of the idioms used to express emotions. *The National Council on Interpreting in Health Care* offers resources on mental health care in translation.
2. Develop a process for ensuring the availability of qualified individuals who can provide language assistance services based on the language, hearing and visual needs of the district. These individuals should meet the standards established by interpreting professional organizations such as the American Translators Association, National Council on Interpreting in Health Care or in the Registry of Interpreters for the Deaf for American Sign Language.
3. Partner with certifying agencies for healthcare interpreters, or language companies for training individuals in providing language assistance. Interpreter services can also be found in registries maintained by national/international organizations such as:
   - *American Translators Association*
   - *National Board of Certified Medical Interpreters*
   - *Certification Commission for Healthcare Interpreters*
   - *Registry of Interpreters for the Deaf*
4. Develop and administer a survey to assess personnel's rating of the interpreter services offered and if they can recognize when a patient is using an untrained interpreter (e.g., minor, family member).
5. Employ a "multifaceted model" of language assistance. Provide language assistance in a variety of models, including bilingual staff, dedicated language assistance (e.g., a contract interpreter), telephone or digital technology.
6. Partner with the foreign language, public health education, and communication departments of local colleges and universities to identify and utilize faculty members and/or advanced/graduate students who can be/are trained to serve as interpreters and translators. Independent study credits for health education and health promotion can be offered to reduce the costs to the clinic.

7. Develop a strategy to ensure the staff who wish to communicate in a language other than English are trained and tested.
8. Hire qualified mental health translators to translate all materials into the languages used in the area.
9. Engage community members to do the translation, including dialects used among the community to create and sustain community partnerships to address behavioral health issues.
10. Track how often interpretation is done by untrained interpreters (e.g., staff members, patient's family or friends, etc.) as part of quality improvement monitoring.

Standard 8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by populations in the service area

Purpose

1. To ensure that readers of other languages and individuals of various health literacy levels are able to access care and services
2. To provide access to health-related information and facilitate comprehension of and adherence to instructions and health plan requirements
3. To enable all individuals to make informed decisions regarding their health, health care, and service options
4. To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members
5. To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirement

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what strategies can a hospital/clinic/practice implement to provide easy-to-understand materials and signage?

1. Conduct ongoing needs assessments of the cultural and linguistic appropriateness of the communication and language assistance.
2. Develop and administer patient and staff surveys to assess the literacy levels of educational materials and the variety/quality of translated languages used in educational materials. Assessment tools like CDC's *Clear Communication Index* and AHRQ's *Patient Education Materials Assessment Tool* can also be used for English-only materials.
3. Develop protocols to evaluate the print and multimedia materials and signage used that are responsive to the populations served by using easy-to-understand language.
4. Develop protocols to establish a standard for the availability of copies of important documents in languages other than English. Protocols should also include provisions for sight translation where an interpreter explains an English form on the spot to a patient. The National Council on Interpreting in Health Care offers *guidelines for sight and written translation for healthcare interpreters*.
5. Conduct ongoing assessments of staff and personnel of the understanding and availability of patient's educational materials and the cultural and linguistic appropriateness of signs and maps.
6. Promote translated print and multimedia materials and language assistance signage to all patients and families, and supplement written information with oral translation by trained staff members when needed.

Implementation Examples

BestSelf Behavioral Health

SAMHSA Grant Program: Primary and Behavioral Health Care Integration (PBHCI)

BestSelf Behavioral Health (BBH) is a community behavioral health organization that serves adults and children, located in Buffalo, New York. BBH championed the National CLAS Standards through implementing a variety of activities and interventions. They practiced person-centered care, which incorporated an understanding of diverse cultural and language needs. BBH's populations of focus included underserved communities, specifically Latino/Hispanic, African Americans, and a growing number of immigrants.

BBH encouraged clients to feel comfortable by learning about their behavioral health in their preferred language. Clients were made aware of the availability of verbal and written communication in their preferred language upon contacting BBH. Forms were translated into different languages to ensure that clients were able to understand the information that was being shared.

If clients met with a behavioral health specialist and required an interpreter, BBH provided an interpreter onsite. If no one was available to provide the necessary services onsite, then an offsite interpreter was brought in to meet with the client. If no one was available to meet in-person, a language line—where a conversation is conducted by phone with a trained interpreter—was used. The main languages used in the organization were English and Spanish. Arabic and other languages were requested due to an increase in refugee populations. To respond to the rapid change, there had been an emphasis on employing bicultural and bilingual individuals who were proficient in their languages.

BBH also provided cultural competency training for new employees at orientation. A cultural competency committee ensured that culturally and linguistically appropriate services were meeting the needs of the clients.

Ohio Department of Mental Health and Addiction Services and Bhutanese Nepali Community of Columbus*

National Network to Eliminate Disparities in Behavioral Health (NNED) Member

In an effort to enhance behavioral health care utilization in the Bhutanese Nepali community, several key service organizations in Ohio, including the Ohio Department of Mental Health and Addiction Services (Ohio MHAS) and the Bhutanese Nepali Community of Columbus, collaborated to translate the Five Signs of Emotional Suffering. The Five Signs of Emotional Suffering served as a toolkit for the Bhutanese Nepali community to identify emotional suffering in a timely matter and connect their loved ones to appropriate services. The Five Signs of Emotional Suffering framework was translated to Nepali, using culturally appropriate definitions, emoticons, and explanations of emotional suffering.

The collaborative efforts ensured the translation would effectively engage the Bhutanese Nepali community by avoiding complicated terminology and choosing culturally and linguistically appropriate terms. Once the translation phase was completed, the document was thoroughly vetted and discussed in focus groups that were representative of the Bhutanese Nepali population at risk for mental health issues, including bilingual Bhutanese Nepali- and English-speaking seniors and young adults.

The focus population of Bhutanese Nepali seniors and young adults were identified as highly vulnerable to negative health outcomes in an epidemiological study in Ohio. In 2015, researchers found symptoms of emotional suffering most common in middle-aged men and seniors in Bhutanese Nepali communities, and determined it was critical to engage them in a timely manner to connect them with appropriate services.

**Since this effort the name of the organization has changed from the Bhutanese Nepali Community of Columbus to the Bhutanese Community of Central Ohio.*

THEME 3: ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

Behavioral Health Scenario

The following scenario relates to the third theme and its associated National CLAS Standards (9-15).

An established Midwest community health center received a federal grant to serve a community experiencing behavioral health challenges. Over the past three years, the center began noticing concerning trends including an increase in the number of youth suicide attempts and completions, along with a steep but steady decrease in its services use.

To address these concerning trends, the center decided to create a subcommittee to plan and execute a community service assessment comprising a needs and assets assessment, a resource inventory, and a gap analysis with particular attention given to the context in which the suicide attempts had taken place. Some of the challenges the center faced were 1) how to access and serve community members in a culturally and linguistically competent manner; 2) who to include as members of the subcommittee; 3) how to accurately collect the demographic information of individuals served across its various services; 4) how to measure the services improvements as they start to make changes; and 5) how to do all this in a continuous and sustainable manner.

For assistance, the center reached out to local cultural leaders and native healers as consultants. Additional organizations, associations, and other entities representing diverse cultural groups were invited to discuss the cluster of suicide attempts and completions. Community members' experiences and perspectives were gathered through qualitative (i.e., focus groups) and quantitative data (i.e., surveys and records). For some groups, this was the first time their opinions and guidance were requested and valued for community problem solving.

The assessment identified that 1) the community was growing increasingly diverse and was comprised of Whites, African Americans, American Indians, and Latinx residents; 2) the center had not diversified its services to meet the needs of the changing demographics; 3) the suicide attempts of Latina adolescents and the completed suicide rates of male American Indian youth were disproportionately high; and 4) community members lacked trust that their needs would be adequately met based on past negative experiences including limited availability of translated materials and interpretation services and feeling judged due to financial barriers. Due to the absence of a conflict and grievance resolution process, community members were left without a voice and felt discouraged to seek additional services.

Although community members believed that their participation in this needs assessment was an important one, they were unsure if their perspectives would be taken into consideration, if they would be able to see any differences in accessing services with the center, and if they would ever hear from the center again.

Standard 9: Infuse CLAS goals, policies, and management accountability throughout an organization's planning and operations

Purpose

1. To make CLAS central to the organization's service, administrative, and supportive functions
2. To integrate CLAS throughout the organization (including the mission) and highlight its importance through specific goals
3. To link CLAS to other organizational activities, including policy, procedures, and decision making related to outcomes accountability

Implementation Strategies

To comply with Title VI of the Civil Rights Act of 1964 and related laws, what are some comprehensive strategies to infuse CLAS goals, policies, and management accountability throughout a community health center's planning and operations?

1. Develop a patient assessment form that considers the patient's holistic health needs related, but not limited to cultural and religious beliefs, socio-emotional needs and considerations, desire and motivation to learn, physical or cognitive limitations, or barriers to communication.
2. Develop a protocol to use the assessment form to inform the comprehensive Cultural and Linguistic Competence (CLC) plan.
3. Identify a CLC Lead Coordinator.
4. Convene and support a CLC Committee to develop CLC policies and procedures, as part of the governance structure, that includes representatives from the communities to be served (e.g., youth, family, and providers), and key partners.
5. Develop a CLC/CLAS strategy through a series of actions regarding the infusion and implementation of CLC as an iterative, developmental process reflecting the importance of a team approach and shared responsibilities. Its purpose is to facilitate the development and integration of CLAS and CLC. See *A Treatment Improvement Protocol Improving Cultural Competence* (TIP 59) for additional details.
6. Coordinate the implementation of the community team's CLC organizational self-assessment. Provide information and consultation about the community's CLC strengths, challenges, and opportunities; and include information about the community's linguistic diversity.
7. Convene a comprehensive continuous quality improvement process team where the evaluator and other team members address and assess local disparities and disproportionalities identified in the community needs assessment—where the population of focus resides.
8. Ensure CLC Committee participates in the:
   - hiring process by developing interview questions and participating in interviews, to ensure proportionate representation that reflects the population to be served both culturally and linguistically.
   - writing/editing of contracts/subcontracts/memoranda of understanding to ensure that CLC is addressed, especially in expectations and performance indicators/measures.
   - process for designing performance appraisals and the performance appraisal for staff by incorporating CLC-related performance indicators/measures, which can later be used to achieve standard 10.
   - activities for developing a culturally and linguistically competent workplace, including processes, policies, procedures, practices, and evaluation.
9. Engage the administrative team in the CLC self-assessment process as a professional development tool to assess strengths, areas of improvement and needs. Address any needs through coaching, training, information and resource sharing, and TA.
10. Develop a plan to follow up on the results of the CLC self- and organizational assessment and community needs assessment.
11. Develop CLC professional development goals and performance measures for staff.

Standard 10: Conduct ongoing assessments of an organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities

Purpose

1. To assess performance and monitor progress in implementing the National CLAS Standards
2. To obtain information about the organization and the people it serves to tailor and improve services
3. To assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities

Implementation Strategies

What quality improvement strategies can a community health center promote to assess and improve CLAS-related services in support for their diverse population?

1. Conduct an organizational needs assessment using existing cultural and linguistic competency (CLC) assessment tools to inventory structural policies, procedures, and practices. These tools can provide guidance to determine whether the core structures and processes, such as management, governance, delivery systems, and customer relation functions necessary for providing CLAS are in place.

2. Use results from CLC assessments to identify assets (e.g., existing relationships with community-based ethnic organizations and leaders), risks (e.g., no translated signage or CLC training), and opportunities to improve the organization's structural framework and capacity to address CLC in care (e.g., revise mission statement)
3. Develop CLAS policies/management procedures following the CLC assessment. Ensure protocols are in place for subsequent ongoing CLC assessment to help organizations monitor their progress in refining their strategic plans.
4. Conduct assessment of client/patient feedback through a survey of services (e.g. interpreter, provider CLC, physical space, attention to care etc.). The client/patient feedback can provide a measure of patient experiences integral to improving and ensuring the care provided is high quality and tailored for individuals a center serves.

Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery

Purpose

1. To accurately identify population groups within a service area
2. To monitor individual needs, access, utilization, quality of care, and outcome patterns
3. To ensure equitable allocation of organizational resources
4. To improve service planning to enhance access and coordination of care
5. To assess and improve to what extent health care services are provided equitably

Implementation Strategies

What steps can the subcommittee take to accomplish the task of developing a comprehensive data collection system?

1. Develop protocols to streamline data collection processes across agencies to ensure that data are not fragmented or poorly integrated, modify and streamline data collection instruments, and create standardized demographic data collection instruments, taking into account the *HHS Data Collection Standards*.
2. Identify how individual data collection methods and instruments can be modified to align more closely with the National CLAS standards (see pages 109 and 110 in the *Blueprint for Advancing and Sustaining CLAS Policy and Practice*).
3. Work with the community members to identify the racial, ethnic, gender, language, sexual orientation, gender identity and disability status categories most relevant to the community.
4. Identify and train data collection personnel in CLC.
5. Identify and develop data-sharing mechanisms that adhere to confidentiality requirements, including the utilization of health information technology, quality assurance and accountability measures.
6. Develop a process that can facilitate client self-identification versus staff observation and visual determinations.
7. Develop Memoranda of Agreements related to data collection and sharing.
8. Develop a plan to use demographic data in concert with service and quality care data for evaluation and continuous quality improvement activities.
9. Use a validated and reliable CLC behavioral health organization self-assessment tool to inform continuous quality improvement. Refer to the *Evaluation of the National CLAS Standards* toolkit (*https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf*) for a guide to evaluating the implementation of the National CLAS Standards.

Standard 12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area

Purpose

1. To determine the service assets and needs of the populations in service areas (needs assessment)
2. To identify all services available and unavailable to populations in the service areas (resource inventory and gap analysis)
3. To determine which services to provide and how to implement them, based on the results of the community assessment
4. To ensure that health and health care organizations obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative), and update the data regularly to better understand the populations in their service areas

Implementation Strategies

What steps can a community health center take to address the cultural and linguistic needs of a diverse population in a behavioral health service area?

1. Establish a coalition that includes representatives of the community to develop and conduct a comprehensive community service assessment to assess the behavioral health needs, prevention/early identification/intervention resources, and gaps.
2. Analyze quantitative data from the assessment and the qualitative data from the consultations with cultural leaders to inform culturally appropriate services that meet the unique needs of its diverse youth population.
3. Partner with the different systems to negotiate data-sharing agreements to provide as many data points as possible to inform the process.
4. Collaborate with a local university to analyze assessment data, disaggregated by race, ethnicity, gender, language, sexual orientation, gender identity, and disability status.
5. Identify disparities or disproportionalities from the disaggregated data through a community participatory effort.
6. Invite cultural leaders and healers from the communities-at-large to inform the coalition about the historical and current cultural underpinnings that contribute to this behavior, and to inform the community's efforts to develop culturally and linguistically appropriate interventions, in order to be inclusive, representative and critical of the intersectionality present in the diverse community.

Standard 13: Partner with a community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness

Purpose

1. To provide responsive and appropriate service delivery to a community
2. To ensure that services are informed and guided by community interests, expertise, and needs
3. To increase the use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
4. To create an organizational culture that leads to more responsive, efficient, and effective services and accountability to the community
5. To empower members of the community to become active participants in the health and health care process

Implementation Strategies

What steps can a community health center take to include the voice of all sectors of a diverse community in determining cultural and linguistic appropriateness?

1. Engage all sectors of the community from the beginning and throughout the process in identifying the issues, planning the process, designing the approach and interventions, implementing the recommendations, and evaluating the policies and practices to ensure a culturally and linguistically good fit.

2. Listen to the community, especially those who have never been included in discussions or decisions about solutions to community challenges—particularly those involving behavioral health issues.
3. Value the general community's experience and expertise in resolving complex issues because all sectors of the community—not only those in possession of authority, power, or academic knowledge—are equally valuable for developing solutions.
4. Evaluate existing behavioral health policies that affect funding, research, practice, or evaluation to determine whether they are producing the intended outcome; if they are not, work to change them so they do.
5. Assess areas that lack policies and, with partners, develop new policies and work to enact them if the existing ones are ineffective.
6. Identify "cultural brokers" that are known and trusted members of the community, to serve as a bridge between the community where they are trusted and the agencies, organizations, and systems that provide services. For example, in Spanish-speaking communities, *promotores de salud* or community health workers are indispensable members of a behavioral health team because they are also trusted members of the community who share the language, culture, customs, and values of the people they work with and can share valuable and potentially life-saving behavioral health information.

Standard 14: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints

Purpose

1. To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
2. To anticipate, identify, and respond to cross-cultural needs
3. To meet federal and/or state-level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures

Implementation Strategies

What steps can a community health center take to communicate progress in implementing and sustaining CLAS?

1. Establish an advisory board with representatives from partner organizations, and key community based offices with representatives from underserved populations, including local African American, Latinx, and sexual and gender minority organizations.
2. Convene advisory board to discuss issues affecting the diverse communities and address identified disparities in services experienced by the African Americans, Latinx, and sexual and gender minority youth and adults.
3. Prepare data fact-sheets containing current community data, disaggregated by underserved demographic groups and distribute to all advisory board members for review, prior to each meeting. During meetings, encourage all members to brainstorm and produce recommendations to improve practice in areas of need and craft messages for the community's social marketing strategies, tailored to the focus population.
4. Develop and distribute short memos, on a quarterly basis, that summarize agency-level efforts to provide CLAS in the community. Design memos in appropriate languages that are easy to understand and are aligned with Standard 8 strategies. Include demographic data on subpopulations, summaries of related staff competency trainings, results from the community assessment (Standard 10), and a synthesis of issues and complaints from consumers (Standard 14). And, distribute memos throughout agency and community-based organization listservs, to be shared at management meetings. Additionally, post memos on agency websites for public access.
5. Host a biannual community forum that is open to the general public to review progress and needs, and arrange to have the forum broadcast online, on local public access television or a similar venue to reach community members that are unable to attend. Each forum could provide written materials for service providers as well as youth and families that come from diverse backgrounds to address issues related to public health and primary care.

Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public

Purpose

1. To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
2. To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
3. To build and sustain communication on CLAS priorities and foster trust between the community and the service setting
4. To meet community benefit and other reporting requirements, including accountability for meeting health care objectives for addressing the needs of diverse individuals or groups

Implementation Strategies

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Implementation Examples

Preferred Family Healthcare, Dayspring Community Services

National Network to Eliminate Disparities in Behavioral Health (NNED) Member

Dayspring Community Services (DCS) is a division of Preferred Family Healthcare that operates behavioral health clinics across Oklahoma and offers a variety of behavioral health services. DCS ensures the services delivered meet the cultural and linguistic needs of their clients by utilizing the "Credible Behavioral Software" system to collect accurate and reliable demographic data. DCS carefully analyzes the demographics of their clients to inform their recruitment of competent providers who reflect the community they serve and the selection of peer support or family specialists that can relate to clients through shared personal experience.

Demographic data revealed the majority of these clients are of Mexican descent and prefer to discuss health-related matters in Spanish, and the DCS workforce mirrored the language and cultural background of this population. In a detailed analysis of population trends in school districts, the community in Jenks, Oklahoma was identified to have an increasing Burmese population requiring services. To address the needs of the increasing immigrant population, DCS collaborated with Title III administrators from various school districts in Oklahoma to hire staff from the community that were fluent in Burmese and Zomi, a dialect in Burma (also referred to as Zou), to better engage and serve the Burmese population more efficiently and with cultural understanding.

In summary, the "Credible Behavioral Software" system allowed providers to collect data on the client's ethnicity, disability, level of education, geographic location, and language preference, and analyze their overall client population to identify sub-populations of need. DCS identified and responded to a rural area where CLAS were lacking, and through continuous surveillance, they can identify future geographic locations of need in their community.

S:US Services for the Underserved

National Network to Eliminate Disparities in Behavioral Health (NNED) Member

Services for the Underserved (S:US) is a non-profit organization in New York City that serves people living with disabilities, in poverty, and facing homelessness. In an effort to deliver quality services, the organization established a conflict and grievance-resolution process. As part of the process, consumers were frequently asked to provide feedback about interactions with staff. The feedback was collected through face-to-face conversations, consumer advisory board meetings, comment boxes, and annual anonymous surveys. This process enabled the organization to effectively resolve complaints and conflicts and ensure their consumers felt respected and their concerns were being considered.

In the city, Latinx are the majority population. To meet the linguistic needs of their community, S:US developed translated surveys and comment forms in Spanish. Client handbooks and employee booklets were also made available in Spanish to ensure staff members could effectively connect consumers to services the organization provided, to resources around the community, and to information about the process for conflict and grievance resolution. When a language other than Spanish was requested, interpreters provided their services in person or via a phone line.

In most cases, complaints were addressed by the clinical director who is bilingual in Spanish and English. S:US had also established a Quality Assurance (QA) department for consumers who wished to file a complaint via email or phone. The QA Department was staffed with Spanish bilingual staff who initiated the investigations and addressed complaints by providing recommendations to resolve the conflict.

The federal recognition of S:US as a Certified Community Behavioral Health Clinic allowed the organization to hire more peer specialists and targeted case managers. Peer specialists who work in the clinic and directly with the community attended advisory board meetings to communicate the concerns and grievances of the consumers to the team. This increase in peer specialists and targeted case managers enabled S:US to better address the consumers' conflicts and complaints to provide culturally appropriate care to all.

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Office of Minority Health

Asthma
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Nutrition

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Smoking, Vaping, and Tobacco Use

Substance Use

Viral Hepatitis

Women's Health

Mental Health and Hispanic/Latinos

Mental health is about how we think, feel, and connect with others. It affects how we handle stress, make decisions, and go about our daily lives. When our mental health is good, it helps us take care of our responsibilities and enjoy life. When it is not, it can affect our physical health, our self-esteem, and how we behave and relate to other people.

Some people have mental health symptoms that are strong, long-lasting, and make it hard to function day to day. This may be a sign of a mental health condition, such as depression, attention-deficit/hyperactivity disorder (ADHD), or panic disorder. Others may not have a diagnosed condition but still struggle with their mental health. This can include feeling stressed, anxious, overwhelmed, or emotionally distressed.

- In 2024, Hispanic/Latino adults were **12% less likely** than U.S. adults overall to report having a mental illness in the past year.
- In 2024, Hispanic/Latino adults were **28% less likely** than U.S. adults overall to have received mental health treatment in the past year.
- In 2023, Hispanic/Latino female high school students were **17% more likely** than other U.S. female students to report attempting suicide in the past year.

- In 2022, Hispanic/Latino Americans were **43% less likely** to die by suicide than the U.S. population overall.

Additional Resources

MedlinePlus

- Mental Health (in Spanish)
- Teen Mental Health (in Spanish)

Further Reading

- HHS OMH Knowledge Center Topic Guide: Mental Health

Mental Health Status

Adults

Adults ages 18 and over who regularly had feelings of worry, nervousness, or anxiety, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
9.3	12.2	0.76

Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. (2025). *Interactive summary health statistics for adults: Percentage of regularly had feelings of worry, nervousness, or anxiety for adults aged 18 and over, United States, 2024*. U.S. Department of Health and Human Services.

Any mental illness in the past year among persons ages 18 and over, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
20.7	23.4	0.88

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables* (Table 6.7B). U.S. Department of Health and Human Services.

Serious psychological distress in the past year among persons ages 18 and over, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)

Serious psychological distress in the past year among persons ages 18 and over, percentage, 2024		
13.2	13.9	0.95

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables* (Table 6.88B). U.S. Department of Health and Human Services.

Major depressive episode in the past year among persons ages 18 and over, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
6.8	8.2	0.83

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables* (Table 6.41B). U.S. Department of Health and Human Services.

Adolescents

Students in grades 9–12 who seriously considered attempting suicide in the past 12 months, percentage, 2023			
	Hispanic	Total Population	Ratio (Hispanic / Total)
Male	12.1	14.1	0.86
Female	24.3	27.1	0.90
Both Sexes	18.2	20.4	0.89

Source: U.S. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2024). *1991-2023 High School Youth Risk Behavior Survey data: High school students who seriously considered attempting suicide*. U.S. Department of Health and Human Services.

Students in grades 9–12 who attempted suicide in the past 12 months, percentage, 2023			
	Hispanic	Total Population	Ratio (Hispanic / Total)
Male	6.6	6.4	1.03
Female	14.8	12.6	1.17

Students in grades 9–12 who attempted suicide in the past 12 months, percentage, 2023			
Both Sexes	10.8	9.5	1.14

Source: U.S. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System. (2024). *1991-2023 High School Youth Risk Behavior Survey data: High school students who actually attempted suicide*. U.S. Department of Health and Human Services.

Mortality

Adults

Age-adjusted death rates for suicide by sex, race, and Hispanic origin, 2022			
	Hispanic	Total Population	Ratio (Hispanic / Total)
Male	13.0	23.0	0.57
Female	3.1	5.9	0.53
Both Sexes	8.1	14.2	0.57

Source: U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. (2025). *Deaths: Final data for 2022* (National Vital Statistics Report, Vol. 74, No. 4, Table 11). U.S. Department of Health and Human Services.

Adolescents

Death rates for suicide: ages 15–19, 2022			
	Hispanic	Total Population	Hispanic / Total Population Ratio
Male	10.1	13.9	0.73
Female	4.2	4.7	0.89
Both Sexes	7.2	9.5	0.76

Source: U.S. Centers for Disease Control and Prevention. National Center for Injury Prevention and Control. (2022). *Web based injury statistics query and reporting system (WISQARS): Violent deaths report*. U.S. Department of Health and Human Services.

Health Care Use

Adults ages 18 and over who received mental health treatment in the past year, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
16.4	22.9	0.72

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables* (Table 6.21B). U.S. Department of Health and Human Services.

Adults ages 18 and over who received mental health treatment through prescription medication, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
10.4	16.7	0.62

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables (Table 6.25B). U.S. Department of Health and Human Services.

Adults ages 18 and over with a major depressive episode in the past year who received treatment for depression, percentage, 2024		
Hispanic	Total Population	Ratio (Hispanic / Total)
53.7	64.4	0.83

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2024 National Survey on Drug Use and Health: Mental health detailed tables* (Table 6.43B). U.S. Department of Health and Human Services.

Date Last Reviewed: *March 2026*

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The mission of the Office of Minority Health is to provide national leadership, resources, and coordination to improve the health of racial and ethnic minority populations and American Indians and Alaska Natives and eliminate health disparities.

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2025

National Veteran Suicide Prevention

ANNUAL REPORT

Part 1: Overview

Office of Suicide Prevention

March 2026

The U.S. Department of Veterans Affairs (VA) 2025 National Veteran Suicide Prevention Annual Report provides the most current and comprehensive data on suicide among Veterans and non-Veteran U.S. adults, from 2001-23.

Suicide prevention is a top clinical priority of VA, and this report is an essential component of our ongoing commitment to understanding and addressing the critical issue of suicide within the Veteran community. VA recognizes that the tragic loss of life through suicide is not only a personal or family tragedy, but also a profound public health concern that resonates throughout the broader Veteran community and across the Nation.

The importance of a public health approach to preventing suicide among Veterans cannot be overstated. This approach to preventing Veteran suicide encompasses a wide range of collaborative efforts that go beyond clinical settings and involve the entire community. Here's how it works:

- **Community Involvement:** Suicide prevention is everyone's responsibility, and everyone has a role to play, including health care providers, friends, family, community organizations, employers, and faith leaders.
- **Addressing Risk and Protective Factors:** The Veterans Health Administration (VHA) approach focuses on various risk drivers, such as mental health issues, substance misuse, financial strain, housing challenges, and social isolation (risk factors), while promoting connectedness, coping skills, and general well-being (protective factors).
- **Data-Driven Strategies:** VHA uses data to understand the problem, identify high-risk groups, and ensure prevention efforts are based on clear evidence regarding what is most effective for helping Veterans.
- **Tiered Prevention Activities:**
  - **Primary Prevention:** Promotes overall health and well-being to prevent suicidal behavior.
  - **Secondary Prevention:** Involves early detection and intervention for those at higher risk through screening and training programs that help all people recognize and respond to warning signs.
  - **Tertiary Prevention:** Provides immediate crisis intervention and ongoing care for those in acute crisis or who have attempted suicide before.
- **Integrated Care and Services:** Focuses on providing effective Veteran care and ensuring smooth coordination between VA and non-VA providers to provide a wide range of resources (such as housing, financial and employment assistance, to name just a few).
- **Lethal Means Safety:** Includes counseling on securely storing lethal means, such as firearms and medications.

By combining clinical care with proactive community-based strategies, VHA's approach aims to help all Veterans, including those who may never seek care from VHA, and ensure they receive the support they need to thrive.

Suicide Deaths, Risk Factors, and Rates

In calendar year 2023 (the most recently available data), 6,398 Veterans died by suicide (see **Table 1**). In 2023, suicide deaths represented 1.46% of all Veteran deaths (1.24% of deaths among Veterans in VHA care[1] and 1.65% of deaths among other Veterans).

Table 1. Suicide Deaths, VHA Receipt, Rates, 2018-23

	2018	2019	2020	2021	2022	2023
U.S. Adults	46,510	45,861	44,298	46,412	47,891	47,711
Non-Veteran Adults	39,772	39,351	37,951	39,983	41,449	41,313
Veterans	6,738	6,510	6,347	6,429	6,442	6,398
VHA-Affiliated Veterans	2,385	2,481	2,451	2,453	2,574	2,498
Veteran Suicide: Receipt of VHA Care in Year or Prior Year						
Yes	35.4%	38.1%	38.6%	38.2%	40.0%	39.0%
No	64.6%	61.9%	61.4%	61.8%	60.0%	61.0%

[1] With care from VHA providers in the year or prior year (Recent VHA Users). The number of Veterans in VHA care rose from 3.8 million in 2001 (14.8% of all Veterans) to 6.1 million in 2023 (33.7%).

	2018	2019	2020	2021	2022	2023
Veteran Suicide Rate per 100,000[2]						
Veterans, Overall	33.0	32.5	32.5	33.8	34.7	35.2
Veterans, Female	14.7	14.7	14.1	17.5	13.7	13.9
Veteran, Male	35.0	34.5	34.6	35.7	37.3	37.8

- To better understand the unique drivers of Veteran suicide risk, and to help direct early intervention, prevention, and outreach efforts, VHA reviewed multiple contributing factors in these tragic outcomes (2021-23). From these reviews, several factors emerged:
  - 52.3% had documented pain issues
  - 51.5% had sleep problems
  - 43.1% had increased health problems
  - 34.8% had declines in physical ability
  - 31.9% had relationship problems
  - 30.2% reported feeling hopeless
  - 24.9% had impulsive or poor self-control
  - 24.4% had unsecured firearms in home
  - 23.6% had financial loss
- For each year 2001-23, suicide rates for Veterans in VHA care were lowest for married Veterans. This highlights opportunities to strengthen familial, caregiver, and other relational resources.
- In 2023, the suicide rate for Veterans in VHA care with a cancer diagnosis was 10.3% greater than for other Veterans in VHA care. This emphasizes the need to continue to expand VHA's efforts to integrate suicide prevention resources across all areas serving high-risk Veteran groups.
- Each year 2005-23, suicide rates were highest for Veterans in Priority Group (PG) 5, which includes income-based eligibility (57.9 per 100,000 in 2023). Among Veterans in PG 5, suicide rates in 2023 were highest among Veterans aged 18-34 (85.4 per 100,000).
- The suicide rate for Veterans in VHA care during the 12 months following an initial Veterans Crisis Line contact in 2022 was 16.1% lower than those in 2021.

Effective suicide prevention is a collective effort, including collaborations with every state, territory, and tribal nation to address factors contributing to suicide risk within their communities. Across all 50 states and five territories, more than 2,800 local and state coalitions are actively working to meet community needs, expand available resources, and raise awareness. Legislation has supported care expansions, such as the Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act of 2020, which includes the emergent suicide care benefit and has facilitated connections to care for more than 14,000 Veterans.

Similarly, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 includes the Staff Sergeant Parker Gordon Fox Suicide Prevention Grants Program (SSG Fox SPGP), which provides community-based services that offer life-saving early intervention and prevention resources for Veterans, Service members, and their families. Program outcomes, from September 2022 through September 2025, include:

- Grants awarded to 95 organizations across 46 states, U.S. territories, and tribal lands.
- Participants who completed grantee services reported significant reductions in suicide risk as well as improvements in specific areas of well-being, including mental health status, social support, and financial stability.
- Among Veterans who were not previously enrolled in VHA services, 42% were newly enrolled in VHA as a result of their engagement with the grant program.

[2] Overall Veteran population estimates were derived from the Veteran Population Projection Model 2023 (see Methods Summary appendix).

- 13,807 at-risk Veterans, Service members, and their family members participated in grantee services. Approximately 27,000 referrals were provided for program participants.
- 939 referrals were for emergency (lifesaving) services for Veterans at high risk of self-harm; 70% of those emergency services were provided at VHA health care centers.
- 9,913 participants were connected to early intervention and prevention (non-emergent) mental health services. Of those, 61% were connected to VHA mental health services, 16% to community-based organizations, and 13% to Vet Centers.
- 15,744 referrals were for services to increase protective factors against suicide risk, including but not limited to services for financial counseling, legal services, support services for homeless Veterans, employment and training services, temporary income support, crisis line resources, and other health care services.

Veteran Suicide, Trends, and Patterns

Among Veterans in VHA care, the suicide rate for those with mental health or substance use disorder diagnoses fell 34.7% from 2001-23. However, suicide rates remained elevated for Veterans with mental health conditions and substance use disorders.

- **Mental Health, Substance Use, and non-Mental Health Risks:** Among Veterans in VHA care who died from suicide in 2023, 60.9% had a VHA mental health or substance use disorder diagnosis[3], and 39.1% did not.
- **Transitioning Service Members:** Death by suicide rates within 12 months of separation from active military services were higher among those with Department of Defense (DoD) Defense Health Agency (DHA) diagnoses of substance use disorders, suicidal ideation, and those with mental health diagnoses prior to military discharge.
- **Veterans Justice Outreach (VJO) Programs:** The Veterans Justice Outreach (VJO) program is a VHA initiative that connects justice-involved Veterans with VA and community services to prevent unnecessary criminalization and incarceration. VHA reaches Veterans in local jails, courts, and prisons to provide support. Suicide rates for Veterans in VHA care were elevated among those who experienced legal issues (as measured by contact with VJO services) compared to those without legal challenges. In 2023, the suicide rate for Veterans in VHA care who received VJO services (144.6 per 100,000) was 263.7% higher than for Veterans in VHA care who did not receive these services.
- **Head Trauma/Traumatic Brain Injury (TBI):** Research shows increased suicide ideation, attempt, and death rates among people who have experienced head trauma. In each year from 2001-23, suicide rates for Veterans in VHA care were elevated for those with a TBI diagnosis. In 2023, the suicide rate was 77.6 per 100,000 for those with a recent diagnosis of TBI, which was 94.3% higher than for those without a diagnosis.
- **Unsecured Firearms:** Unsecured firearms in the home increase the risk of suicide death. In 2023, firearms were involved in 73.3% of Veteran deaths by suicide (compared to 52.9% of suicides of non-Veteran U.S. adults).
- **Homelessness:** Ending homelessness is a top VA priority. In 2023, the suicide rate among Veterans in VHA care with diagnoses of homelessness was 146% higher than for those without diagnoses of homelessness.
- **Military Sexual Trauma (MST):** MST refers to experiences of sexual assault or sexual harassment during military service. Suicide risks were elevated among Veterans in VHA care who reported experiences of MST. From 2022-23, suicide rates of Veterans in VHA care who screened positive for military sexual trauma fell 25.1% for female Veterans and fell 26.0% for male Veterans.
- **Priority Group (PG) 5:** Each year from 2005-23, suicide rates were highest for Veterans in PG 5, which includes income-based eligibility[4], and were higher than in any of the prior 21 years (57.9 per 100,000). In PG 5, Veterans aged 18-34 had the highest suicide rate in 2023 (85.4 per 100,000).

[3] The presence of mental health or substance use disorder diagnoses were assessed in encounters with VHA providers in 2022-23.

[4] Priority Group 5: Nonservice-connected Veterans or Veterans with no service-connected disabilities and with an annual income and net worth below the VA's National Income Thresholds. Service-connected Veterans rated 0% disabled and with an annual income below the VA's National Income Thresholds.

Funding

Congress funds VHA suicide prevention programs, Veterans Crisis Line services, research, grants, and innovations through its annual appropriation. VHA's Suicide Prevention Outreach Program budget allocations include:

- 89%: Veterans Crisis Line services, community grants, community coalitions, and direct Veteran care services.
- 11%: Veteran outreach, education, research, innovations, and Veteran suicide prevention support across the Nation.

VHA's Suicide Prevention Outreach Program budget supports the coordination of community engagement and partnerships, including the management of the Veterans COMPACT Act requirements, Support the Resiliency of Our Nation's Great Veterans (STRONG) Act requirements, and the expansion of state and tribal nation suicide mortality reviews to foster local and state suicide prevention lanes of effort. These resources also provide for the expansion of telehealth services, local suicide prevention coordinator (SPC) resources, and nationwide suicide prevention outreach campaigns.

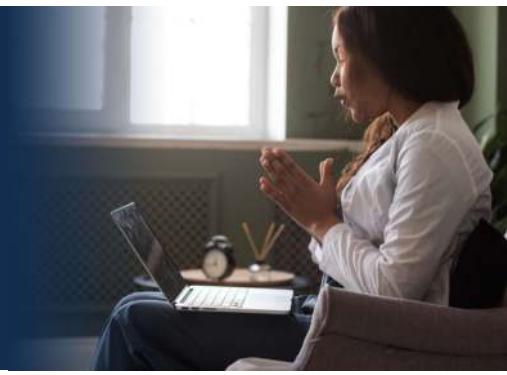
Veteran Suicide Prevention Research, Innovations, and Partnerships

VHA is actively piloting numerous artificial intelligence-enabled models to enhance the effectiveness of risk reduction strategies and the early identification of risk. Through various public-private partnerships and academic collaborations, VHA is pioneering new suicide prevention technologies to offer Veterans advanced support options, including state-of-the-art treatments and improved access to care. Together, these efforts create a robust network of supports, all dedicated to facilitating the success and well-being of those who have served our Nation.

The 2025 report is the 10th report on Veteran suicide released by VA. The Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210 § 149 (a)) expands expectations for the annual reports, including additional data elements, which will be available later in 2026. Comprehensive reporting of Veteran suicide data (including national and state level data appendices: mentalhealth.va.gov/suicide_prevention/data.asp).

For assistance with connecting to VA resources (including the Veterans Crisis Line), please visit: va.gov, va.gov/REACH, and VeteransCrisisLine.net

Telehealth Research Recap: Behavioral Health



Telehealth Adoption for Behavioral Health Care

Telehealth facilitates remote consultations, therapy sessions, and monitoring for individuals with behavioral health needs using telecommunication technologies. Telehealth can be used for many services, including individual therapy, group sessions, and psychiatric evaluations.[1] Figure 1 shows the types of telehealth services offered at mental health treatment centers between December 2022 and March 2023.[2] Telehealth technologies for behavioral health care include video conferencing, messaging, and digital monitoring tools. Telehealth has proven particularly effective in managing conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD).[3] Patients have experienced several benefits associated with the use of telebehavioral health including increased access to care.[4] Telehealth removes critical barriers such as transportation and the need to find childcare.[5] Many behavioral health patients have indicated an interest in continuing to use telehealth.[6]

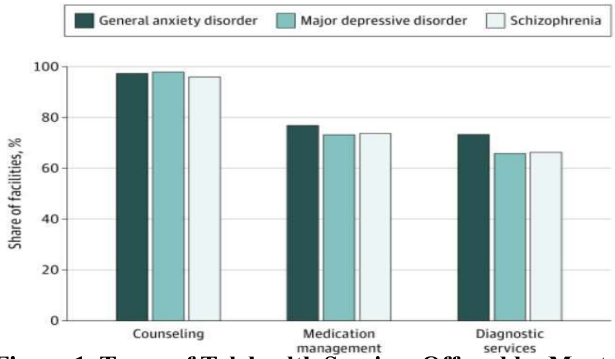


Figure 1. Types of Telehealth Services Offered by Mental Health Treatment Facilities, December 2022 to March 2023[7]

Trends in Utilization of Telehealth for Behavioral Health Services

The trends in behavioral health service use, particularly in the context of telehealth, have seen a significant evolution in recent years. This was driven by the COVID-19 pandemic, policy changes enacted during the COVID-19 public health emergency, and by increasing societal acceptance of telehealth treatment for behavioral health care.[8,9] Figure 2 shows the use of in-person and telehealth visits for behavioral health services before and during the COVID-19 pandemic.[10] Tele-behavioral health use is not limited to individual therapy sessions but extends to group therapy, psychiatric evaluations, and crisis interventions.[11] One study looking at Medicare beneficiaries found that telehealth use remained highest for behavioral health.[12] In 2021, telehealth made up 35% of visits to behavioral health specialists.[13] Another study noted a similar percentage of Medicare beneficiaries with mental health conditions and substance use disorders using tele-behavioral health. [14]

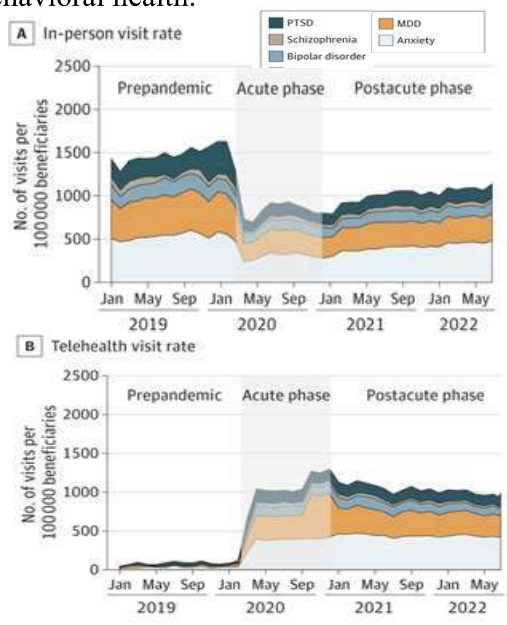


Figure 2. In-Person and Telehealth Visits Before and During the COVID-19 Pandemic, January 2019 to August 2022[15]

Effectiveness of Tele-Behavioral Health

Telehealth may help providers improve outcomes by providing timely care and increasing coordination. [16] Telehealth allows patients to access a wider variety of specialist providers.[17] Moreover, the stigma traditionally associated with seeking mental health may be reduced by allowing patients to access telehealth from the privacy and comfort of their home.[18] Telehealth also facilitates ongoing, real-time monitoring and intervention. Telehealth is proving to be a viable alternative to in-person care.

Telehealth for Opioid Use Disorder Treatment

Recent studies investigating the use of telehealth for opioid use disorder treatment have shown promising results.[19] Telehealth has proven effective for screening, treatment (such as medication for opioid use disorder), and counseling, which are essential components of OUD care.[20,21]

Telehealth Policy and Behavioral Health Care

Federal and state-level policies play a pivotal role in shaping the availability and scope of telehealth services for mental health care.[22,23] Before the COVID-19 pandemic, telehealth use was often limited by regulations that varied significantly between states, including restrictions on cross-state licensure for providers.[24] This hindered providers' ability to offer services to patients in different states.[25] However, the COVID-19 pandemic prompted higher levels of participation in licensure compacts, allowing for greater access to telehealth services across state lines.[26] Additionally, policies related to reimbursement were expanded; Medicare and many private insurers increased coverage for tele-behavioral health services.[27,28] This has facilitated wider adoption. Some states implemented emergency measures to enhance telehealth access, which expanded telehealth services for behavioral health care.[29] Figure 3 shows the changes in payment parity for behavioral health services from 2019-2022.[30] These policy shifts have significantly increased the availability of behavioral health services, making it easier for patients to access care virtually.[31]

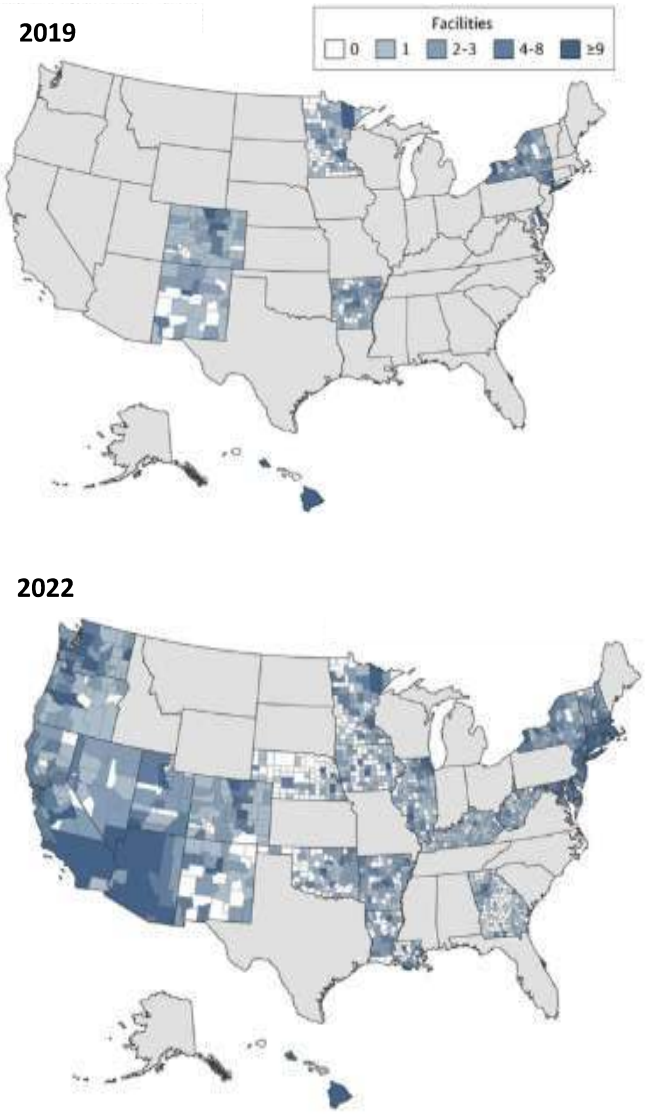


Figure 3. Changes in Payment Parity for Behavioral Health Services Delivered by Telehealth, 2019- 2022[32]

Resources

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[31] Ibid.

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Workplaces Can Be Engines of Mental Health and Well-Being

There are more than 160 million people who are a part of the U.S. workforce today.[1] Work is one of the most vital parts of life, powerfully shaping our health, wealth, and well-being.[2] At its best, work provides us the ability to support ourselves and our loved ones, and can also provide us with a sense of meaning, opportunities for growth, and a community. When people thrive at work, they are more likely to feel physically and mentally healthy overall, and to contribute positively to their workplace.[3] This creates both a responsibility and unique opportunity for leaders to create workplace environments that support the health and well-being of workers.

Although the COVID-19 pandemic may have accelerated the evolution of work and the conversation around workplace mental health and well-being, broad recognition and appreciation for the relationship between the work environment, culture, community, and our health preceded the pandemic.[4, 5, 6, 7] While many challenges outside the workplace may impact well-being—from economic inequality, food insecurity, and housing insecurity to household, educational, and medical debt—there are still many ways that organizations can function as engines for mental health and well-being.[8, 9] Organizational leaders, managers, supervisors, and workers alike have an unprecedented opportunity to examine the role of work in our lives and explore ways to better enable all workers to thrive within the workplace and beyond.

The Case for Workplace Mental Health and Well-Being

> *"Mental health in the workplace: It's not a nice-to-have, it's a must-have."*
>
> Human Resources Leader and Business Consultant

Workplace mental health and well-being is a critical priority for public health. It has numerous and cascading impacts for the health of individual workers and their families, organizational productivity, the bottom-line for businesses, and the U.S. economy. The U.S. has a long history of labor organizing that has, over the years, established protections for workers through federal and state laws. The U.S. Department of Labor (DOL) was established "to foster, promote and develop the welfare of working people, to improve their working conditions, and to enhance their opportunities for profitable employment."[10] Since then, laws including the Fair Labor Standards Act, the Civil Rights Act, and the Americans with Disabilities Act have all established crucial worker protections including the minimum wage, overtime regulations, standards for youth employment, and protections from discrimination, across government and private organizations.[11, 12, 13, 14] While Federal and state laws represent a minimum floor of protections for workers, organizations and employers can do more.[15] Consensus scientific bodies and professional societies like the National Academy of Medicine and the American Psychological Association, along with U.S. government agencies such as the Department of Veterans Affairs, the Occupational Safety and Health Administration (OSHA) at DOL, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC) National Institutes of Occupational Safety and Health (NIOSH), have called national attention to the effects of the workplace on health.[7, 16, 17, 18, 19, 20, 21]

Workers manage daily stress that affects their health and organizational performance. These stressors arise from heavy workloads, long commutes, unpredictable schedules, limited autonomy, long work hours, multiple jobs, low wages, and a variety of other work-related challenges on top of responsibilities outside of the workplace.[22, 23] Some workers may face other challenges in the workplace, such as hostile or dangerous working conditions, harassment, and discrimination.[24] Research suggests that five workplace attributes are most predictive of whether workers refer to their organization's culture as "toxic": disrespectful, non-inclusive, unethical, cutthroat, and abusive.[24]

Chronic stress leads to overactivation of the "fight or flight" response, among other responses, and can have negative effects on numerous organ systems in the body.[25] Elevated stress hormones disrupt sleep, increase muscle tension, and impair metabolic function.[26] Stress can increase one's vulnerability to infection, the risk for diabetes, and the risk for other chronic health conditions.[27] In fact, chronic stress has also been linked to a higher risk of developing diseases such as high blood

pressure, high cholesterol, heart disease, obesity, cancer, and autoimmune diseases.[25] Such stress can also contribute to mental and behavioral health challenges, including depression, anxiety, suicidal ideation, and substance misuse, and can have negative impacts on the mental health of the children and families of workers.[27, 28, 29, 30, 31]

Competing work and personal demands can also negatively impact the health and well-being of workers in a variety of ways. These role conflicts can magnify psychological stress, increase the risk for health behaviors such as smoking, unhealthy dietary habits, alcohol and substance use, and medication overuse, and cause disruptions to relationships both at work and at home.[32, 33]

The COVID-19 pandemic brought the relationship between work and well-being into clearer focus.[5] Workers across the world reported feeling more stressed in 2021 than they were in 2020.[34] In a separate 2021 survey of 1,500 U.S. adult workers across for-profit, nonprofit and government sectors, 76% of respondents reported at least one symptom of a mental health condition, an increase of 17 percentage points in just two years.[35] Furthermore, 84% of respondents reported at least one workplace factor (e.g., emotionally draining work, challenges with work-life balance, or lack of recognition) that had a negative impact on their mental health. In a survey of more than 2,000 workers conducted by the American Psychological Association by 2022, low salaries, long hours, and the lack of opportunity for advancement were commonly reported as key workplace stressors.[36] Among these same workers, however, **seven in ten reported that their employer is more concerned about the mental health of workers than before.**

76% of respondents reported at least one symptom of a mental health condition, an increase of 17 percentage points in just two years.

While the pandemic did not create these work conditions, it worsened many of them. Rates of anxiety, depression, social isolation, job burnout, and insecurity related to food, housing, and income rose between March 2020 and mid-2022.[5, 37, 38] The Kaiser Family Foundation found that 62% of health workers surveyed reported that pandemic-related worry and stress negatively affected their mental health, while 49% of health workers reported the pandemic negatively impacted their physical health, including sleep issues and frequent headaches.[39] In a 2022 survey, the CDC found that nearly half of the 26,069 U.S. public health workers they surveyed experienced at least one symptom of a mental health condition during the COVID-19 pandemic, including anxiety, PTSD, and depression, and one in twelve experienced suicidal thoughts.[40] *Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce,* released in May 2022, further highlights this crisis that has been exacerbated in the setting of the COVID-19 pandemic.[38]

Workers are still finding it challenging to address these burgeoning negative impacts on their mental health and well-being. Mental Health America assessed the perceptions of over 11,000 workers across 17 industries in the United States in 2021.[33] They found that nearly 80% of workers surveyed report that their workplace stress affects their relationships with friends, family, and coworkers, and only 38% of those who know about their organization's mental health services would feel comfortable using them. Organizational leaders must prioritize mental health in the workplace by addressing structural barriers to seeking help and decreasing stigma around accessing mental health support in the workplace.

It is important to note that workers face different challenges based on their occupation, setting, organizational structures, and personal characteristics such as race, sex (including pregnancy, gender identity, and sexual orientation), immigration status, national origin, age, disability, or genetic information. Workforce demographics in the U.S. are shifting, with increases in racial and ethnic minority workers, including foreign-born workers.[41] This population is highly concentrated in non-standard work arrangements (including day-labor, seasonal workers, etc.) which pose unique occupational health safety risks. As the workforce changes, it is imperative that workplaces be intentional in preventing institutionalized bias due to organizational design, work arrangements, technologies, or global climate change.

In addition to the many impacts on the health and well-being of workers themselves, **workplace well-being can affect productivity and organizational performance.** When people feel anxious or depressed, the quality, pace, and performance of their work tends to decline.[42] Workforce shortages are also exacerbated due to early exit from the workforce or missed workdays due to health concerns, work-life conflicts, or burnout.[38, 43] All of these challenges have been magnified by many factors over the years, including the rise in chronic diseases, growing mental health concerns, and more recently Long COVID, a post-COVID-19 infection syndrome that can affect multiple organ systems, leading to persistent shortness of breath, fatigue, and impaired concentration.[44, 45, 46, 47]

In addition to the many impacts on the health and well-being of workers themselves, workplace well-being can affect productivity and organizational performance.

All workers are part of larger communities, and their well-being is also impacted by external socio-economic, political, and cultural factors that may be outside of an organization's control. These include what is known as the "U.S. health disadvantage": poorer health, shorter lifespans, higher health care costs, and less access to health care compared with other wealthy countries.[48, 49]

Even so, organizational efforts to invest in workplace well-being, as well as in local organizations and community development, can in turn support the development of a happier, healthier, more productive workforce and contribute to the success and economic well-being of an organization.[37, 50, 51, 52, 53, 54]

Chronic diseases and injuries in the U.S. workforce costs employers more than half a trillion dollars in lost productivity each year.[55] Decades of research have also shown that prioritizing and investing in efforts that address workplace well-being can have significant returns impacting the bottom line. Workplace well-being efforts have notable effects on organizational costs—for example, those associated with reductions in absenteeism and annual health care claims. Organizations that focused on worker well-being have also reported higher productivity and retention rates.

Work is an important social determinant of worker health. Improving the work environment to support workplace mental health and well-being calls for workers at the table. The U.S. labor movement has improved worker well-being by advocating for health care and occupational health and safety regulations and protections, especially in eliminating workplace hazards and preventing accidents.[56] Many components in this Framework have been successfully fought for and won in workplaces across the U.S. by workers themselves, including paid sick and family leave, living wages, and social support at work.[57, 58] Creating an environment where workers' voices are supported without fear of job loss or retaliation is an essential component of healthy organizations.[59, 60]

Creating an environment where workers' voices are supported without fear of job loss or retaliation is an essential component of healthy organizations.

The Surgeon General's Framework for Workplace Mental Health & Well-Being is intended to spark organizational dialogue and change in the workplace. It can also catalyze areas for further research, strategic investment, and broader policy advancement. Centered around the foundational principles of equity and the voices of all workers, it includes five Essentials and necessary components for addressing workplace mental health and well-being based on human needs (see Figure on following page). Organizations can use this Framework to support their workplaces as engines of mental health and well-being.

Five Essentials for Workplace Mental Health & Well-Being

Centered on the worker voice and equity, these five Essentials support workplaces as engines of well-being. Each Essential is grounded in two human needs, shared across industries and roles.



Components

Creating a plan with all workers to enact these components can help reimagine workplaces as engines of well-being.

Protection from Harm

- Prioritize workplace physical and psychological safety
- Enable adequate rest
- Normalize and support mental health
- Operationalize DEIA* norms, policies, and programs

Connection & Community

- Create cultures of inclusion and belonging
- Cultivate trusted relationships
- Foster collaboration and teamwork

Work-Life Harmony

- Provide more autonomy over how work is done
- Make schedules as flexible and predictable as possible
- Increase access to paid leave
- Respect boundaries between work and non-work time

Mattering at Work

- Provide a living wage
- Engage workers in workplace decisions
- Build a culture of gratitude and recognition
- Connect individual work with organizational mission

Opportunity for Growth

- Offer quality training, education, and mentoring
- Foster clear, equitable pathways for career advancement
- Ensure relevant, reciprocal feedback

**Diversity, Equity, Inclusion & Accessibility*

Office *of the* U.S. Surgeon General

Framework Development and Application

This Framework contributes to decades of public health, economic, sociological, and organizational psychology research. It is informed by the voices of many workers and unions based in a variety of occupations and sectors, including retail, childcare, education, hospitality and travel, agriculture, construction, manufacturing, grocery, technology, finance, utilities, government, and health care. It is also informed by conversations with workplace leaders, as well as academic and industry experts. While not an exhaustive literature review of the evidence base, the Framework was developed based on desk research as well as numerous conversations and expert roundtables. The framework includes Five Essentials for Workplace Mental Health & Well-Being:



The Framework can be viewed as a starting point for organizations in updating and institutionalizing policies, processes, and practices to best support the mental health and well-being of workers. Ensuring workplace well-being requires an intentional, ongoing effort by employers and leaders across all levels, with the voices of workers and equity (i.e., a more equitable policy and practice environment) at the center.[61] The Five Essentials can guide leaders, managers, and supervisors, as well as empower workers, to identify and communicate about priority organizational changes needed. Workplace leaders and supervisors across all industries can have a powerful impact on worker well-being by setting organizational culture, shaping the day-to-day experiences of workers, and prioritizing workforce engagement. The most effective leaders express compassion, empathy, and generosity; communicate openly, often, and clearly; and practice human- and wellness-centered leadership by recognizing the connection between individual strengths, growth, and organizational change.[62, 63, 64]

The Five Essentials can be adapted across different workplaces with the recognition that some components may be adapted more extensively for organizations with access to greater resources. Organizations should build in systems for accountability, review existing worker engagement survey data to better understand the needs among disproportionately impacted groups, utilize validated tools for measuring worker well-being, and ensure processes for continuous quality improvement.[65, 66, 67] These systems are critical to sustain workplace structures and practices that advance rather than harm the health and well-being of all workers long-term.[68, 69, 70, 71]

National Strategy *for* Suicide Prevention

2024

CS348662-A 4/17/2024

Suggested Citation

U.S. Department of Health and Human Services (HHS), National Strategy for Suicide Prevention. Washington, DC: HHS, April 2024.

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For More Information

For more information about the National Strategy for Suicide Prevention, or to download copies, visit HHS.gov/NSSP. Use of trade names and specific programs are for identification only and do not constitute endorsement by the U.S. Department of Health and Human Services.

Dedication

2024

To those we have lost to suicide,

To those who struggle with thoughts of suicide,

To those who have made a suicide attempt,

To those caring for someone who struggles with thoughts of suicide,

To those left behind after a death by suicide,

To those in recovery, and

To all those who work tirelessly to prevent suicide and suicide attempts in our nation every day.

We believe that we can, and we will make a difference.

Preface from the Surgeon General

2024

The 2024 *National Strategy for Suicide Prevention (National Strategy)* and its *Federal Action Plan (Action Plan)* come at a pivotal moment. This year, we mark 25 years since the release of Surgeon General Dr. David Satcher's *Call to Action to Prevent Suicide*, a landmark report that recognized suicide as a major public health concern in the United States and created the foundation for the first *National Strategy for Suicide Prevention* released in 2001. In 2012, the *National Strategy* was updated by Surgeon General Dr. Regina Benjamin and the National Action Alliance for Suicide Prevention (Action Alliance). A subsequent Call to Action was released in 2021 by Surgeon General Dr. Jerome Adams to fully implement the 2012 goals and objectives. Despite significant progress over the past two decades, much work remains to promote a coordinated and comprehensive approach to suicide prevention in communities across the country and at every level of government.

The Biden-Harris Administration has taken unprecedented steps to address the mental health crisis that has plagued our country for decades and was exacerbated by the COVID-19 pandemic. This new *National Strategy* and *Action Plan* are critical parts of those efforts. Together, they represent unparalleled support and investment from the federal government with strong collaboration from over 20 agencies and offices across the executive branch, support from the Suicide Prevention Resource Center (SPRC) and the Action Alliance, and an HHS-led project management team. I am particularly proud of the input and perspectives reflected in the Strategy from more than 2,000 field experts representing diverse geographic areas, races and ethnicities, settings, roles, and lived experiences in suicide prevention.

This new Strategy on suicide prevention is a critical component of our nation's work to improve mental health and overall well-being. Since beginning my current tenure as U.S. Surgeon General in 2021, the Office of the Surgeon General has made mental health and well-being a top priority. In 2023, we released a Surgeon General's Advisory on *Our Epidemic of Loneliness and Isolation*, which describes the harms of loneliness and isolation on both individual and societal health, including its effect on the risk for depression, anxiety, suicide, and premature death. The Advisory highlights the need for continued attention and focus on social connection as a key protective factor for health and well-being, including protecting against suicide risk. Two other U.S. Surgeon General's Advisories provide important information and actionable recommendations to protect youth mental health. The first Advisory on *Protecting Youth Mental Health*, released in 2021, outlines the

policy, institutional, and individual changes it will take to treat and prevent youth mental health challenges, including expanding and strengthening suicide prevention and mental health crisis services. The second Advisory on *Social Media and Youth Mental Health*, released in 2023, describes the potential benefits and harms of social media use, and calls for urgent action to create safer, healthier online environments to protect children.

Suicide remains a serious public health threat that touches the lives of many Americans. In 2022, nearly 50,000 lives were lost to suicide, 13.2 million people reported seriously considering suicide, 1.6 million reported a suicide attempt, and millions more supported someone close to them who was in distress. Disparities in suicide and suicide attempts still exist. Populations disproportionately impacted include Veterans, racial and ethnic minority groups, people with disabilities, LGBTQI+ populations, youth, middle-aged, and older adults, individuals with serious mental illness, and certain occupational groups, among others. For example, between 2018 and 2021, suicide rates rapidly increased among non-Hispanic Black or African American populations ages 10–24 (+36.6% increase) and 25–44 years (+22.9%), non-Hispanic American Indian and Alaska Native populations ages 25–44 (+33.7%), non-Hispanic multiracial populations ages 25–44 years (+20.6%), and Hispanic populations ages 25–44 years (+19.4%).

The stark reality is that despite significant advancements in the field, suicide rates in the United States continue to rise. Suicide rates increased by 12.7% from 2012 to 2022, with brief declines in 2019 and 2020. Existing gaps in social and economic risk factors (e.g., legal issues, exposure to violence, relationship challenges, poverty and financial strain), access to mental health resources and care persist, and there is a need for improved data, prevention, treatment, services, workforce, and research related to suicide, especially among populations disproportionately affected by suicide. Meanwhile, emerging issues such as the impact of social media on mental health, the intersection of suicide and substance use, and the unique challenges faced by groups that have been historically marginalized demand our immediate attention. This document stands as a testament to the urgency of confronting these challenges head-on as we seek to create a future where every individual feels valued and supported.

The loss of any life to suicide is heartbreaking, and the number of deaths remains far too high. Yet, there is also reason for hope. Since 2012, we have witnessed remarkable strides in understanding and addressing the complexities of suicide. Research has expanded our knowledge, interventions have evolved, and conversations about mental health have begun to resonate more deeply within our communities. The tireless efforts of advocates, health care professionals, and individuals with lived experiences have amplified the vital importance of comprehensive approaches to suicide prevention. I have been particularly encouraged by the advances in service delivery for individuals in crisis such as the transition to, and expansion of, the national 988 Suicide and Crisis Lifeline, as well as the expansion and implementation of effective prevention programs and interventions in states and communities, innovations in data and research efforts, and improvements in occupational health.

This new *National Strategy* acknowledges major advancements since 2012 and recognizes existing gaps and emerging issues in the field that demand our attention. At the heart of this strategy lies a call for a more coordinated and comprehensive public health approach to suicide prevention. This approach prioritizes collaboration between the public and private sectors as well as with people with lived experience and groups that have been disproportionately affected by

suicide. It also includes an *Action Plan* to be initiated over the next three years that outlines formal commitments made by agencies across the federal government to advance suicide prevention in the United States.

As the nation's doctor and as a parent, I care deeply about this issue. I have lost family, friends, and patients to suicide. I have witnessed the anguish of those struggling with the loss of someone they love to suicide. But I have also been inspired by the resilience and courage of individuals who have sought help and persevered through their darkest moments. And, I have seen the power of effective prevention and intervention approaches, in and outside of the health care setting.

Suicide takes an insurmountable toll on families, friends, caregivers, and communities across our nation. We must do more to prevent these tragic deaths and build healthier, more connected communities. Progress is possible, and it cannot come soon enough. I urge leaders and communities to join this vital effort to prevent suicide. Together, we can create a future where support, hope, and well-being are within reach for everyone.

Vivek H. Murthy, MD, MBA
Vice Admiral, U.S. Public Health Service
Surgeon General
U.S. Department of Health and Human Services

National Strategy *for* Suicide Prevention

From the National Action Alliance for Suicide Prevention

2024

On behalf of the National Action Alliance for Suicide Prevention (Action Alliance), we are proud and honored to support the 2024 *National Strategy for Suicide Prevention*.

The Action Alliance commits to continuing to serve as the steward for the *National Strategy*, bringing together public and private sector partners to ignite change and lead innovation that will concretely move forward the recommendations in this Strategy. It is only through cross-sector collaboration and partnership that we can achieve success in reducing suicidal thoughts, attempts, and deaths in the United States.

While there have been notable advances in the field of suicide prevention over the past decade, we must do more to ensure those advances translate into measurable and sustained improvements in our country's suicide-related indicators.

Following the release of the *National Strategy*, the Action Alliance commits to working with public and private sector partners to set quantifiable outcome goals and priority actions to track and sustain progress in saving lives.

Thank you for your dedication to preventing suicide.

Carolyn M. Clancy, MD
Public Sector Chair
Assistant Undersecretary for Health, Discovery, Education and Affiliate Networks (DEAN)
U.S. Department of Veterans Affairs

Craig S. Kramer, JD
Private Sector Chair
Mental Health Ambassador, retired, Johnson and Johnson

Colleen Carr, MPH
Director
National Action Alliance for Suicide Prevention, Secretariat
Education Development Center

National Strategy *for* Suicide Prevention

From the National Council for Suicide Prevention 2024

Active Minds, The American Association of Suicidology, The American Foundation for Suicide Prevention, The Jason Foundation, The Jed Foundation, Samaritans USA, SAVE-Suicide Awareness Voices of Education, and The Trevor Project, collaborating as the National Council for Suicide Prevention (NCSP), offer our strong support for the 2024 *National Strategy for Suicide Prevention*. As advisors who helped develop our nation's first two *National Strategies* and contributed to this new strategy, we commend all those involved for carrying forward the excellent work originated by former Surgeon Generals Dr. David Satcher and Dr. Regina Benjamin.

The NCSP members have a long history of working with our partners in the public and private sectors, as well as local communities throughout the country, and we remain dedicated to working aggressively to prevent further loss of life from suicide and to the improved health of all our fellow citizens. Among our members are survivors and those directly impacted by suicide who work in nearly every community in the country, so we know first-hand of the need for this work. Further, the new *National Strategy* addresses the needs and protection of our citizens, workplaces, and communities impacted by suicide, especially among special and historically marginalized populations, those with lived experience, and suicide loss survivors. For all these reasons, we pledge to collectively assist in the implementation of the goals and objectives in the *National Strategy*.

The *National Strategy* has brought tremendous value to the nation, direction for the states and community task forces, as well as much needed recognition of individuals and families impacted by suicide over the last decade. We are confident that the *Federal Action Plan* will go further to sustain the attention that suicide prevention needs in our country. This new *National Strategy* reflects lessons we have learned and incorporates advances in our understanding of new approaches to reducing the incidence of suicide. It serves as an important road map for states, tribes, local communities, and public and private entities as they work to prevent suicide and support those impacted by suicide.

The NCSP recognizes that creating, monitoring, and sustaining a *National Strategy* is an ambitious undertaking. It requires seeking the collective wisdom, expertise, and input from researchers and scientists, clinicians and public health experts, those who have attempted suicide, and those who are bereaved by suicide, as well as many other stakeholders. It requires input from multiple sectors—public, private, and nonprofit—as well as time and money. It also requires continual dedication to ensuring its use. It is because of that commitment that priorities and activities of suicide prevention becomes a reality.

We thank everyone for doing their part to make the new *National Strategy for Suicide Prevention* a guiding light that offers hope to our nation.

Respectfully submitted,

Daniel J. Reidenberg, PsyD
Managing Director
National Council for Suicide Prevention

National Strategy *for* Suicide Prevention

Executive Summary

2024

Twenty-five years ago, Surgeon General Dr. David Satcher issued the ground-breaking *Call to Action to Prevent Suicide*. This call ultimately led to the first *National Strategy for Suicide Prevention* in the United States in 2001.

Since that time, through the next strategy in 2012, until today, suicide prevention efforts have expanded significantly, ranging from advances in timeliness of data, to the growth in the science of suicide prevention, the development of new treatments, and increased research. People across the country are now aware more than ever that suicide is a pressing public health problem that is preventable. However, much more work is necessary to match the challenge of rising suicide rates.

The new 2024 *National Strategy for Suicide Prevention (National Strategy)* is meant to address gaps in the field and to guide, motivate, and promote a more coordinated and comprehensive approach to suicide prevention in communities across the country. The comprehensive approach addresses the many factors associated with suicide, with the recognition that there is no single solution. It seeks to prevent suicide risk in the first place (upstream prevention), identify and support people with increased risk through treatment and crisis intervention (downstream prevention), prevent reattempts, promote long-term recovery, and support survivors of suicide loss.

Carrying out the comprehensive approach relies on collaboration with public and private sector partners, people with suicide-centered lived experience, and people in populations disproportionately affected by suicide and suicide attempts. The foundation of comprehensive prevention includes a strong suicide prevention infrastructure at all levels, a competent and well-trained workforce, the use of quality data to help drive decision-making, and a strong science base, as laid out in the new strategy.

For the first time, in 2024, the *National Strategy* takes a "whole of government" approach. It was developed in collaboration with a federal Interagency Work Group, consisting of over 20 agencies and offices in 10 departments across the federal government. Support came from the Suicide Prevention Resource Center (SPRC) and the National Action Alliance for Suicide Prevention (Action Alliance), guided by a project management team co-led by officials at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), alongside the National Institute of Mental Health (NIMH) and the U.S. Department of Health

and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE/HHS). Input and feedback from outside of the federal government came from a national needs assessment reaching more than 2,000 respondents and multiple listening sessions with people with lived experience, populations disproportionately affected by suicide, community members, practitioners, and suicide prevention experts.

The 2024 *National Strategy* builds upon the previous 2012 *National Strategy*. It addresses gaps and incorporates advances in the field. It specifically addresses health equity, youth and social media, and the intersection of suicide and substance use. Other examples of new content include the 988 Suicide and Crisis Lifeline, expanded workplace suicide prevention, and an increased focus on social determinants of health. These topics are addressed within the *National Strategy's* four Strategic Directions—Community-Based Suicide Prevention; Treatment and Crisis Services; Surveillance, Quality Improvement, and Research; and Health Equity in Suicide Prevention—and related Goals.

Strategic Direction 1: Community-Based Suicide Prevention

- **Goal 1:** Establish effective, broad-based, collaborative, and sustainable suicide prevention partnerships.
- **Goal 2:** Support upstream comprehensive community-based suicide prevention.
- **Goal 3:** Reduce access to lethal means among people at risk of suicide.
- **Goal 4:** Conduct postvention and support people with suicide-centered lived experience.
- **Goal 5:** Integrate suicide prevention into the culture of the workplace and into other community settings.
- **Goal 6:** Build and sustain suicide prevention infrastructure at the state, tribal, local, and territorial levels.
- **Goal 7:** Implement research-informed suicide prevention communication activities in diverse populations using best practices from communication science.

Strategic Direction 2: Treatment and Crisis Services

- **Goal 8:** Implement effective suicide prevention services as a core component of health care.
- **Goal 9:** Improve the quality and accessibility of crisis care services across all communities.

Strategic Direction 3: Surveillance, Quality Improvement, and Research

- **Goal 10:** Improve the quality, timeliness, scope, usefulness, and accessibility of data needed for suicide-related surveillance, research, evaluation, and quality improvement.
- **Goal 11:** Promote and support research on suicide prevention.

Strategic Direction 4: Health Equity in Suicide Prevention

- **Goal 12:** Embed health equity into all comprehensive suicide prevention activities.
- **Goal 13:** Implement comprehensive suicide prevention strategies for populations disproportionately affected by suicide, with a focus on historically marginalized communities, persons with suicide-centered lived experience, and youth.
- **Goal 14:** Create an equitable and diverse suicide prevention workforce that is equipped and supported to address the needs of the communities they serve.
- **Goal 15:** Improve and expand effective suicide prevention programs for populations disproportionately impacted by suicide across the life span through improved data, research, and evaluation.

For the first time, the *National Strategy* includes a *Federal Action Plan*. This plan is designed to improve accountability for suicide prevention efforts and to maximize federal infrastructure. Federal agencies committed to specific, short-term actions related to the goals and objectives included in the Strategy that they will carry out over the next three years. Following the release of the *National Strategy*, a plan will be developed to monitor and evaluate the *Federal Action Plan* and the *National Strategy*, overall. The federal government and the Action Alliance will serve as joint stewards, monitoring progress, identifying successes and barriers, and providing solutions for improvement.

This 2024 *National Strategy*, with its "whole of government" and comprehensive approach alongside the *Federal Action Plan* provides a path forward that together, with communities and partners, can make a difference and help address our national challenge to prevent suicide.

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Introduction

Suicide is a complex public health issue requiring an ongoing, comprehensive approach to prevention across the United States and tribal nations. In April 2023, the White House requested that the U.S. Department of Health and Human Services (HHS), in partnership with agencies across the federal government, develop a new *National Strategy for Suicide Prevention (National Strategy)* and a *Federal Action Plan (Action Plan).*

The previous *National Strategy* was released in 2012. This new *National Strategy* is urgently needed to address the growing concern about suicide trends and the ongoing mental health and overdose crises on the heels of the COVID-19 pandemic. In addition to the social isolation and the many losses that Americans have experienced, the pandemic revealed a range of inequities, including those related to access to social supports and health care resources. Communities, including schools, health care systems, workplaces, and faith institutions, are seeking ways to effectively address these inequities and other risks that are contributing to increasing suicide rates and behavioral health conditions.

The new *National Strategy* was developed by a federal Interagency Work Group (IWG) comprised of over 20 agencies in 10 federal departments across the government, with support from the Suicide Prevention Resource Center (SPRC), the National Action Alliance for Suicide Prevention (Action Alliance),

and a project management team co-led by officials at the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC), alongside the National Institute of Mental Health (NIMH) and the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation (ASPE/HHS). Also reflected in this 10-year strategy is the input of more than 2,000 people from across the United States who participated in a national needs assessment and a series of listening sessions, including people with suicide-centered lived experience, tribal members, youth, suicide prevention experts, and partners in the private sector. To read more about the strategy's development process, refer to Appendix D.

The *National Strategy* addresses gaps in the field and aims to guide, motivate, and promote a coordinated and comprehensive approach to suicide prevention in communities across the country and at the national, state, tribal, local, and territorial levels. Participation from people with suicide-centered lived experience and with people in populations disproportionately affected by suicide and suicide attempts is crucial for success. For the purposes of this *National Strategy,* disproportionately affected populations include groups with high rates of suicide or suicide attempts, typically greater than the average of the reference group (e.g., of the United States, state, racial or ethnic groups), as well as groups experiencing increasing trends.

For the first time, the *National Strategy* includes a *Federal Action Plan* to be implemented over the next three years (described below). These actions and the strategy overall will be monitored and evaluated regularly to determine progress and to identify barriers to suicide prevention. Actions will be updated during the 10-year life span of the *National Strategy* to ensure a sustained focus on cross-agency suicide prevention.

The forthcoming 2024 *National Strategy Monitoring and Evaluation Plan* will define core suicide prevention metrics to assess short- and long-term *National Strategy* progress. Implementation of federal actions will be monitored within the next three years. Longer-term core indicators will be monitored by the Action Alliance in collaboration with the federal government as joint stewards of the 2024 *National Strategy*. The Action Alliance will report on these core indicators annually.

Behavioral Health:
Federal Activities to Support Crisis Response Services

GAO-25-107586
Published: Sep 04, 2025. Publicly Released: Sep 04, 2025.

Fast Facts

Millions of Americans are affected by behavioral health conditions, including mental health conditions and substance use disorders. People in crisis may be at risk of harming themselves or others.

The Substance Abuse and Mental Health Services Administration provides resources, including over $1.3 billion from FY 2021-2024, to states and others for crisis response services.

We reviewed how states used SAMHSA resources for crisis response efforts such as:

- Enhancing a crisis hotline that links people in crisis to a counselor
- Providing mobile crisis response units
- Hiring more response staff
- Improving access to services in hard-to-reach areas



Source: Framestock/stock.adobe.com.

Highlights

What GAO Found

The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the Department of Health and Human Services (HHS), has worked to reduce the effect of mental illness and substance use disorders—collectively referred to as behavioral health conditions. A behavioral health crisis, which can happen to anyone, puts an individual at risk of hurting themselves or others. Crisis response services can reduce the risk of immediate harm and help prevent future crises by providing access to behavioral health providers.

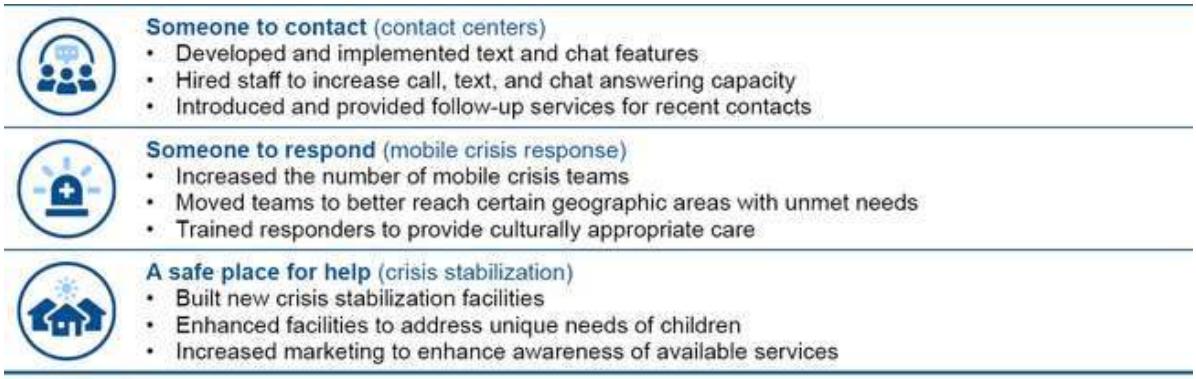
GAO found that from 2020 through May 2025, SAMHSA provided resources—guidance, funding, and technical assistance—to states and others, such as behavioral health clinics, to support crisis response services. For example,

- **Guidance**. SAMHSA issued guidance outlining best practices for providing crisis response services. In it, SAMHSA described the importance of offering a range of services across a continuum of care, which includes (1) someone to contact—contact centers, (2) someone to respond—mobile crisis teams, and (3) a safe place for help—crisis stabilization.

- **Funding**. GAO found that SAMHSA provided over $1.3 billion through 10 programs in fiscal years 2021 through 2024 to support states and others in developing and providing crisis response services. Five programs supported the 2022 launch of the 988 Suicide & Crisis Lifeline—an easy-to-remember phone number that links those in crisis to a counselor. Other programs provided funding to support mobile crisis teams that provide in-person treatment and assessment.
- **Technical assistance**. SAMHSA offered trainings, expert panels, and other assistance to help states enhance their crisis response services.

The five selected states in GAO's review used SAMHSA resources to support behavioral health crisis response services in a variety of ways across the continuum of care through May 2025. For example, officials from all five states said they used SAMHSA funding to hire staff to increase responsiveness to individuals in crisis. Others invested in infrastructure such as by building data-sharing platforms to help improve care coordination, according to state officials.

Examples of Selected States' Use of Federal Resources to Enhance Behavioral Health Crisis Response Services Across the Continuum of Care



Source: GAO analysis of information from selected states; Icons-Studio/stock.adobe.com (icons). | GAO-25-107586

Note: For more details, see fig. 2 in GAO-25-107586.

Why GAO Did This Study

Behavioral health conditions affect millions of Americans, and these numbers continue to grow. GAO has reported on multiple nationwide behavioral health issues, including longstanding shortages in the behavioral health provider workforce. Delays in accessing behavioral health care have been common and may increase the risk that an individual experiences a crisis.

SAMHSA has provided resources, such as funding, to states and others to enhance behavioral health services, including crisis response services. In

March 2025, HHS announced that it would consolidate SAMHSA into a new Administration for a Healthy America. As of August 25, 2025, this transition had not yet occurred.

The Consolidated Appropriations Act, 2023, includes a provision for GAO to review SAMHSA's behavioral health crisis response programs. Among other things, this report describes SAMHSA's behavioral health crisis response efforts and how selected states used SAMHSA resources to support their crisis response activities through May 2025.

GAO reviewed SAMHSA data and documentation from 2020 through May 2025, and interviewed agency officials. GAO also reviewed documentation and interviewed behavioral health department officials from five states. These states—Arizona, Georgia, Oklahoma, Virginia, and Washington—were selected to reflect geographic variation among those with a high capacity to respond to crisis response needs in their state.

For more information, contact Alyssa M. Hundrup at HundrupA@gao.gov.

Full Report

Full Report Highlights Page (1 page) Full Report (25 pages)

Accessible PDF (23 pages)

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Introduction

The Florida Department of Children and Families' (Department) Office of Substance Abuse and Mental Health (SAMH) is recognized as the single state authority for substance abuse and mental health services and is statutorily responsible for the planning and administration of all publicly funded behavioral health services in Florida.

In accordance with section 394.4573, Florida Statutes (F.S.), the Department must submit to the Governor, President of the Senate, and Speaker of the House of Representatives an annual assessment of behavioral health services in the state. The annual assessment submitted by the Department must, at minimum, consider the needs assessments conducted by the Managing Entities (MEs) pursuant to s. 394.9082(5). The MEs are under contract with the Department to manage the daily operational delivery of behavioral health services through a coordinated system of care. Based on the MEs knowledge of the area they serve, data collection, analysis, and identified fiscal need, each ME has identified the most significant behavioral health priorities for each region, proposed strategies to implement, and required resources. As required by section 394.4573, F.S., all documentation submitted by MEs to the Department is included in the Appendix.

The statute emphasizes the need for continuity of care, especially for those transitioning between different levels of care or service providers. It also highlights the importance of a multidisciplinary approach and cooperation between various state agencies, community-based organizations, and service providers to ensure that individuals receive the necessary support and resources to aid their recovery and improve overall well-being

To enhance access to behavioral health services and improve care coordination across providers and service levels, the Florida Legislature mandated that the Department contract with nonprofit, community-based organizations known as the MEs. These organizations work with local providers to ensure individuals receive timely care and prevent any gaps in services.

Florida Managing Entities

Under section 394.9082, F.S., SAMH oversees the performance of seven MEs. The MEs are not-for-profit organizations that manage the delivery of behavioral health services within each of the Department's six regions. The behavioral health services managed by the MEs include assessments, outpatient therapy for mental health and substance use, case management, residential services, peer support, crisis stabilization services, and other social supports such as supported housing, supported employment, peer-run organizations, and vouchers for essentials like transportation, clothing, or education. Individuals contending with serious mental illness and/or substance use disorders are among the state's most vulnerable populations.

Furthermore, the MEs are tasked with the following statutory responsibilities:

- Establish a comprehensive network of qualified behavioral health providers sufficient to meet the needs of the region's population.

- Implement a coordinated system that facilitates prompt information sharing among providers, referral agreements, and shared protocols to ensure improved health outcomes.
- Collaborate with public receiving facilities and housing providers to support individuals and prevent inpatient readmissions.
- Develop strategies to divert youth and adults with mental illness and/or substance use disorders from the criminal and juvenile justice systems while integrating behavioral health services with the Department's child welfare system.
- Promote care coordination across the network and monitor provider performance to ensure compliance with state, federal, and grant requirements.
- Build and maintain relationships with local stakeholders, such as government entities (e.g., county or city commissions), community organizations, and the families of those served.
- Manage funds and explore additional funding sources, such as grants and local matching funds.

The following outlines the seven MEs and the areas that they serve:

- **Broward Behavioral Health Coalition (BBHC) - Contract JHME2**
  Serving Broward County.
- **Central Florida Behavioral Health Network (CFBHN). - Contract QHME2**
  Serving Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota counties.
- **Central Florida Cares Health System (CFCHS) - Contract GHME2**
  Serving Brevard, Orange, Osceola, and Seminole counties.
- **Lutheran Services of Florida Health Systems (LSF Health Systems) - Contract EHME2**
  Serving Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia counties.
- **Northwest Florida Behavioral Health Network (NWF Health Network) - Contract AHME2**
  Serving Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton, and Washington counties.
- **Southeast Florida Behavioral Health Network (SEFBHN) - Contract IHME2**
  Serving Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie counties.
- **Thriving Mind South Florida (SFBHN) - Contract KHME2**
  Serving Miami-Dade and Monroe counties.

conditions. Upon successful completion, youth and families have the skills and natural support system needed to maintain improvements.

Table 14: Community Action Treatment (CAT) Teams		
Fiscal Year	**Individuals Served**	**Waitlist**
2024-2025	3,104	1,363
2023-2024	3,444	1,904
2022-2023	3,576	n/a

Family Intensive Treatment (FIT) Teams: The Family Intensive Treatment (FIT) Team model delivers intensive, community-based behavioral health services to families involved in the child welfare system where parental or caregiver substance misuse is a primary concern. A cornerstone of the FIT approach is its strong cross-system collaboration among the child welfare, judicial, and behavioral health systems, ensuring that families receive coordinated, timely, and effective support. FIT Teams provide comprehensive services, including assessment, parenting intervention and skills training, case management, care coordination, intensive in-home therapeutic services, and peer support. If parents require additional services, such as residential treatment or detoxification, and lack insurance or other funding is compounding the issue, FIT Teams can purchase those services on their behalf. The program's goals are to increase access to substance use disorder treatment, promote treatment retention, enhance child safety, strengthen parenting capacity, and reduce out-of-home placements by fostering safe, stable, and nurturing environments for children. To support accountability and communication, FIT Teams provide regular progress updates to child welfare case managers and hold multidisciplinary team meetings before discharge. Family Well-being Treatment teams can be distinguished from FIT Teams with their ability to assess and treat mental health conditions among families with child welfare involvement, compared to FIT Teams, which require a substance use disorder as an eligibility criterion. The Family Well-being Treatment teams feature more flexible eligibility, provide the same multidisciplinary approach, and can support Child Protective Investigators and child welfare case managers. As of FY 2025-2026, Florida operates 28 FIT Teams and six regional Family Well-Being Treatment Programs. In FY 2024-2025, FIT Teams served 1,738 individuals, with 68 percent of participants remaining engaged in services for 90 days or longer, demonstrating the model's effectiveness in supporting families toward recovery, reunification, and long-term stability.

Table 15: Family Intensive Treatment (FIT) Teams	
Fiscal Year	**Individuals Served**
2024-2025	1,738
2023-2024	1,689
2022-2023	1,467

Coordinated Specialty Care (CSC) Teams for First Episode Psychosis: Coordinated Specialty Care (CSC) for Early Serious Mental Illness (ESMI), including First Episodes of Psychosis (FEP), is a multi-disciplinary, evidence-based model designed to provide early

intervention services to adolescents and young adults, typically ages 15 to 35, who are experiencing their first symptoms of serious mental illness with psychotic features. CSC programs play a critical role in bridging child and adult mental health systems and eliminating gaps in care. Referrals are most often made by hospitals, care coordinators, and mobile response teams, ensuring timely access to services. CSC provides comprehensive, person-centered supports including intensive case management, individual and group therapy, supported employment, family education and support, and appropriate psychotropic medication. Florida currently funds 15 CSC-ESMI teams utilizing the NAVIGATE or OnTrackNY models. In 2023, children and adolescents represented 19.5 percent of Florida's mental health service population, with 21 percent, totaling 35,877 individuals, were in the 13 to 24 age range, underscoring the importance of early intervention. By reducing the duration of untreated illness, CSC significantly improves recovery outcomes, decreases reliance on crisis services, and prevents costly long-term residential placements. In FY 2024-2025, a total of 763 individuals were served across the 15 teams. Waitlist figures will be solicited from the CSC teams in the future through forthcoming modifications to reporting templates.

Table 16: Coordinated Specialty Care (CSC) for First Episode Psychosis	
Fiscal Year	**Individuals Served**
2024-2025	763
2023-2024	787
2022-2023	639

988 Florida Lifeline: The 988 Florida Lifeline is a free behavioral health support service, available 24 hours a day, 365 days a year, that connects Floridians experiencing suicidal thoughts, substance use, mental health crises, or any other kind of emotional distress to a crisis counselor in their immediate area. It provides a universal entry point to a modernized crisis response system, providing early intervention through active engagement, de-escalation, motivational interviewing, development of safety plans, referrals to MRT when necessary, and referrals to non-acute care and behavioral health resources in the community. There are 13 call centers in Florida, providing coverages for all 67 counties in the state. In Fiscal Year 2024-2025, the 988 Florida Lifeline served 144,981 individuals experiencing suicidal thoughts, substance use, or emotional distress. 96 percent of callers were diverted from a higher-level intervention, such as a psychiatric hospitalization or law enforcement involvement. During the same period, 1,364 calls involved suicide attempts in progress, and all resulted in the individuals being stabilized and transitioned to the next level of care.

Table 17: 988 Florida Lifeline	
Fiscal Year	**Individuals Served**
2024-2025	144,981
2023-2024	155,188
2022-2023	81,597

Mobile Response Teams (MRT): Mobile Response Teams (MRT) are available 24 hours a

day, seven days a week. In 2022, MRT eligibility was expanded to include individuals of all ages, ensuring broader access to crisis care in the community. These teams provide immediate intervention to stabilize individuals in the least restrictive setting and reduce unnecessary psychiatric hospitalizations or emergency department utilization. According to a retrospective cohort study, gaining access to crisis team services, either through the entry of a new mental health facility with a crisis team or an existing facility newly adding crisis team services, is associated with a seven percent reduction in the drug overdose mortality rate, while the closure of a crisis team is associated with a 13 percent increase in drug overdose mortality in the four years after closure.[11] There are currently 54 MRTs in Florida, available statewide across all 67 counties. In Fiscal Year 2024-2025, MRTs had an overall diversion rate of 78 percent, diverting unique individuals from emergency rooms, hospitals, and juvenile or criminal justice settings. In Fiscal Year 2024-2025, MRTs received 34,609 calls, 73 percent of which met the threshold for an acute face-to-face or telehealth response.

Table 18: Mobile Response Teams (MRT)	
Fiscal Year	**Individuals Served**
2024-2025	34,609
2023-2024	31,504
2022-2023	26,833

Comprehensive Community Service Teams: Comprehensive Community Service Teams (CCST) is a bundled service package designed to provide short-term assistance that guides individuals in rebuilding skills within their home, school, and community environments. These services engage natural supports, treatment services, and incorporate the assistance of multiple agencies when indicated to ensure continuity of care and promote recovery. The model emphasizes role restoration and skill development. In Fiscal Year 2024-2025, 1,181 adults and 342 youth received services through CCST programs.

Table 19: Comprehensive Community Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	1,181	342
2023-2024	990	433
2022-2023	701	381

Crisis Support/Emergency: Crisis Support/Emergency services provide immediate, non-residential intervention to individuals experiencing acute behavioral health crises. Available twenty-four hours a day, seven days a week, or during specified critical timeframes, these services are designed to rapidly stabilize individuals, reduce risk, and connect them to ongoing care. Interventions may include crisis screening, mobile response teams, telephone or telehealth-based crisis support, and emergency walk-in services. A longitudinal study using data from five states, including Florida, reported each additional facility offering walk-in crisis stabilization services is associated with a 2.8 percent decrease in the average rate of emergency department visits related to behavioral disorders.[12] In Fiscal Year 2024-2025, 23,189 adults and 6,816 youth received Crisis Support/Emergency services.

Table 20: Crisis Support/ Emergency Services		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	23,189	6,816
2023-2024	22,404	6,266
2022-2023	21,903	7,738

Short-term Residential Treatment (SRT): SRT provides care for individuals who are no longer experiencing a psychiatric emergency but require additional stabilization services before transitioning to the community. SRTs serve as a less restrictive alternative to State Mental Health Treatment Facilities (SMHTFs) for adults or statewide inpatient psychiatric programs for youth. These services allow for sufficient time to complete discharge planning following the examination period, including coordinating continued treatment in the community and addressing key treatment barriers such as housing and transportation. This planning is essential to preventing rapid readmissions to crisis stabilization services and may serve as an alternative to longer-term residential treatment. In FY 2023-2024 the Department adopted necessary rule changes to eliminate barriers for serving youth in SRT level of care. The first SRT serving youth is now open.

Table 21: Short-term Residential Treatment (SRT)		
Fiscal Year	**Adults Served**	**Youth Served**
2024-2025	598	16
2023-2024	630	n/a
2022-2023	379	n/a

Despite the progress made in bolstering the community-based system of care, the need for outpatient services continues to exceed the capacity, as reflected in the high volume of individuals placed on waitlists. In FY 2024-2025, according to the Florida Association of Managing Entities (FAME), 166 adults were placed on a waitlist for outpatient substance use treatment compared to 96 in FY 2023-2024. Additionally, 466 adults and 353 children were placed on a waitlist for outpatient mental health treatment compared to 482 adults and 460 children waitlisted in FY 2023-2024. Waitlist figures reported directly by the Managing Entities to the Department through Block Grant Reporting Templates reflect a higher volume of waitlisted individuals. According to FY 2024-2025 figures provided directly by each of the seven Managing Entities, 718 adults and 1,024 children were placed on a waitlist for outpatient mental health services. Even when outpatient resources are readily available, navigating the online environment to connect with nearby qualified providers continues to be a challenge for many families.

Expanding the availability of less restrictive, community-based services, such as multidisciplinary teams that function like a hospital “without walls”, is essential to diverting individuals from involuntary inpatient care and alleviating the limited capacity within the Department’s six SMHTFs. Facility commitments increased by over 60 percent since FY 2019-2020 and facilities are now operating at or above 95 percent occupancy. The FY 2025-2026 bed capacity across all SMHTFs is 3,046 beds. As of September 17, 2025, there were 58

d. County(ies) to be served: SunCoast Region and Circuit 10

e. Number of individuals to be served: 20

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative: $ 280,800, 20 Individuals for 12 months at a monthly rental rate of $1,170.

h. Expected Beneficial Results and Outcomes: Improved coordination of housing services for individuals with behavioral health issues, allowing them more opportunities to seek employment and education.

i. Measures Used to Document Performance Data: Increased days in stable housing; Increased days in Transitional, Supported, or Independent Employment; Decreased hospitalizations, inpatient care, incarcerations, and homelessness

2. Prevention
Funding Needed: $576,225

Problem 2.1: Lack of Prevention Programs and Initiatives

a. Unmet Need: Lack of prevention programs and initiatives. The proposed strategy and specific services to be provided

b. Proposed Strategy and Services to be Provided: Outlined covered services in the Florida Administrative Code 65E-14 for Prevention Services.

c. Target population to be served: Children and adults experiencing substance use disorders or at risk of substance use disorder.

d. County(ies) to be served: SunCoast region and Circuit 10.

e. Number of individuals to be served: To be determined.

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request, additional grant dollars, or, where possible, internal budget shift.

g. State Funds Requested/Brief Budget Narrative: $576,225 This amount is intended to replace the funds that were reduced in the 24/25 Schedule of Funds for Prevention.

h. Expected Beneficial Results and Outcomes: Increase Prevention Services by collaborating with existing network service providers and stakeholders. Improved accessibility to services through public education efforts, reduction in stigma and improved readiness for change by persons in need.

i. Measures Used to Document Performance Data: Impressions of advertisements, Numbers served, and/or Pre-post test scores

3. Mental Health: Coordination of Care
Funding Needed: $2,025,000

Problem 3.1: Lack of Mental Health Clubhouse Services

a. Unmet Need: Clubhouse model is not readily accessible throughout the SunCoast Region and Circuit 10.

b. Proposed Strategy and Services to be Provided: CFBHN believes in the Clubhouse model and has a history of providing operational dollars for these projects. This would propose to provide funding for operational dollars to Clubhouses in Charlotte and Collier Counties. The funding will promote Supported Employment, Housing and Clubhouse services. These projects involve public, private, and county stakeholders working together to expand this model of recovery. CFBHN, working with community stakeholders, has developed a legislative budget request to present for consideration to the local legislative delegation.

c. Target population to be served: Persons who are experiencing mental illness.

d. County(ies) to be served: Charlotte County and Collier County

e. Number of individuals to be served: 200

f. Detailed action steps to implement the strategy: Develop Clubhouse/Recovery through Work Programs in Charlotte and Collier counties

g. State Funds Requested/Brief Budget Narrative. $500,000, $250,000 for each of two new clubhouses.

h. Expected Beneficial Results and Outcomes: Increased access to employment services, mental health resources and social support for persons experiencing mental health challenges.

i. Measures Used to Document Performance Data: Increased number of individuals supported with employment services; Increased number of individuals provided with stable housing.

Problem 3.2: Lack of Treatment and Support for Those Released from Incarceration

a. Unmet Need: This request is to fund community-based services for persons formerly incarcerated and discharged from the Orient Road Jail Project. Funding breakdown, $425,000 for community-based services and $100,000 for incidentals services. The strategy is to reduce the number of individuals released from jail returning to jail by providing treatment and transitional housing support. This is a community stakeholder driven project including the Hillsborough County Health Plan, Sheriff's Department, Network Service Provider and CFBHN.

b. Proposed Strategy and Services to be Provided: Community-based services, case management, supported housing and supported employment.

c. Target population to be served: Persons with Mental Health & Substance Use Disorders who are transitioning out of incarceration.

d. County(ies) to be served: Hillsborough

e. Number of individuals to be served: 341

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative: $525,000 This is the proposed amount provided by Hillsborough County for a portion of this project.

h. Expected Beneficial Results and Outcomes: Reduced rate of overdoses among individuals served in the first 90 days post discharge from jail. Increased rates of stable housing upon discharge from jail.

i. Measures Used to Document Performance Data: Reduction in recidivism rate for individuals served in Hillsborough County Jail.

Problem 3.3: Need for Expanded Care Coordination throughout the Network

a. Unmet Need: Provide additional services for those who are not in Florida Assertive Community Treatment (FACT) teams or in other intensive services to stabilize the individuals identified as high need/high utilizer program participants within the communities.

b. Proposed Strategy and Services to be Provided: Care Coordination

c. Target population to be served: Persons with Mental Illness and Substance Use Disorders.

d. County(ies) to be served: SunCoast region and Circuit 10

e. Number of individuals to be served: To Be Determined

f. Detailed action steps to implement the strategy: Ensure funding is available through Legislative Budget Request.

g. State Funds Requested/Brief Budget Narrative. $1,000,000 This is based upon historical figures used to fund similar projects. Increase SRT beds in C13 to serve statewide needs.

h. Expected Beneficial Results and Outcomes: Improves services through care coordination for the high need/high utilization program population and reduced readmissions and incarcerations.

i. Measures Used to Document Performance Data: Improve transitions from acute and restrictive to less restrictive community-based levels of care. Increase diversions from state mental health treatment facility admissions. Decrease avoidable hospitalizations, inpatient care, incarcerations, and homelessness.

4. Funding for ME Operations
Funding Needed: $3,900,000

Problem 4.1: Unmet Administrative Expenses of CFBHN

a. Unmet Need (1) Employee Retention – there has not been a comprehensive compensation market adjustment in nearly three years. During this time the

HRSA Health Workforce

State of the Behavioral Health Workforce, 2025

December 2025

The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages (CDC, 2025a). The capacity of the behavioral health workforce to meet the demand is limited by supply and distribution challenges. However, the challenges facing the behavioral health workforce extend beyond the supply and demand issues. They also include **patient-level barriers**, such as stigma and ability to pay that both hinder access to care; and **provider-level barriers,** such as limited scopes of practice, reimbursement challenges, and clinician burnout, all of which limit the ability to provide high-quality care.

This report provides an overview of the current behavioral health workforce supply and distribution in the United States and factors impacting the workforce and access to behavioral health care services.

About the National Center for Health Workforce Analysis

The National Center for Health Workforce Analysis informs public and private sector decision makers on health workforce issues by expanding and improving health workforce data, disseminating workforce data to the public, and improving and updating projections of the supply and demand for health workers.

For more information, visit the Health Workforce Analysis webpage.

Highlights

- Substantial shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, mental health and substance use disorder social workers, adult psychiatrists, child and adolescent psychiatrists, and school counselors are projected in 2038.
- As of December 2, 2025, 40% (137 million) of the U.S. population lives in a Mental Health Professional Shortage Area (Mental Health HPSA).
- Rural counties are more likely than urban counties to lack behavioral health providers. Residents of rural counties are also more likely to receive behavioral health services from primary care providers.
- The lack of uniformity in behavioral health providers' scope of practice, reimbursement challenges, and increased burnout hinder the accessibility of the behavioral health workforce.
- Expanding integrated care, leveraging health support workers, and using telebehavioral health may help alleviate behavioral health workforce shortages and maldistribution.

Describing the behavioral health care workforce

The opioid epidemic and mental health crisis in the United States have contributed to an increase in overdoses, suicides, and depression in the past two decades (CDC, 2025a, 2025b; Garnett et al., 2023; Goodwin et al., 2022; Spencer et al., 2024). The COVID-19 pandemic also exacerbated behavioral health needs (Panchal et al., 2023). Even though behavioral health needs have increased, there are persistent challenges with access to behavioral health services and high levels of unmet need (SAMHSA, 2025b).

In 2024, approximately 62 million U.S. adults (23% of all U.S. adults) had a mental illness and nearly half of them did not receive treatment (48%) (SAMHSA, 2025b). Behavioral health services can be difficult to access due to behavioral health provider shortages, high out-of-pocket costs, coverage gaps, and other factors (GAO, 2022). For example, 6 in 10 psychologists do not accept new patients (APA, 2022), and the national average wait time for behavioral health services is 48 days (National Council for Mental Wellbeing, 2025).

Behavioral health occupations

The traditional behavioral health workforce comprises many different occupations including licensed professionals and health support workers. These occupations have different education, training, and licensure requirements that can vary by state and accrediting body (NCQA, 2024). Table 1 shows the current supply in typical behavioral health occupations.

Table 1. Current Supply of the Behavioral Health Workforce

Profession	Year	Supply
Substance abuse and behavioral disorder counselors [a]	2023	108,587
Marriage and family therapist [a]	2023	30,566
Mental health counselor [a]	2023	154,019
Psychiatric aide [b]	2024	34,900
Psychiatric advanced practice registered nurse [c]	2022	39,354
Psychiatric physician assistant/associate [d]	2024	3,224
Psychiatrist [e]	2023	52,164
Psychologist [a, f]	2023	104,012
Social worker [a]	2023	531,223

[a] Adapted from the *American Community Survey 5-Year Public Use Microdata Sample (PUMS)*, by the U.S. Census Bureau, 2019-2023 (https://www2.census.gov/programs-surveys/acs/data/pums/2023/5-Year/). [b] Adapted from the *Occupational Employment and Wage Statistics (OEWS)*, by the U.S. Bureau of Labor Statistics, 2024 (https://www.bls.gov/oes/tables.htm). [c] Adapted from the *American Psychiatric Nurses Association's Psychiatric Mental Health Nursing Workforce Survey,* 2022. [d] Adapted from the *National Commission on Certification of Physician Assistants' Annual report,* 2024. [e] Adapted from the *American Medical Association's (AMA) Physician Professional Data,* 2023. Data includes both active MDs and DOs and excludes residents. [f] Limited to psychologists with doctoral-level education attainment. The total count for psychologists, regardless of degree level, is 254,657.

The occupations in the behavioral health workforce are not homogeneous. Different occupations provide different levels of care. For example, psychiatrists can prescribe medication, psychologists can provide psychological assessments and therapy, and peer providers can offer support based on their training and lived experiences.

Other occupations providing behavioral health services

Behavioral health occupations are not the only members of the U.S. healthcare workforce providing behavioral health services. In many cases, primary care providers, such as primary care physicians, physician assistants/associates (PAs) (Mauldin et al., 2020), or nurse practitioners (NPs), are the first health professionals to see patients with behavioral health issues (Balestra, 2019).

Primary care providers delivered 32% of mental health related office visits between 2012 and 2014 (Cherry et al., 2018). Approximately 7% of primary care physicians' direct patient care time was spent on providing behavioral health services between 2019 and 2021 which was a 20% increase from five years earlier (HRSA, 2025d).

Current and future shortages

Health Professional Shortage Areas (HPSAs) are one method to measure the extent of current provider shortages. HPSAs are used to identify a shortage of health professionals in geographic areas, facilities, or populations. As of December 2, 2025, 137 million people in the United States (approximately 40% of the U.S. population) live in a Mental Health HPSA (Census, n.d.; HRSA, n.d.).

The **current shortages** seen through HPSA data and the **projected future shortages** are generated using two completely different concepts. HPSAs are a "real-time" designation, and a Mental Health HPSA is specific to mental health care providers (HRSA, 2023). By contrast, projections come from the Health Resources and Services Administration's (HRSA) Health Workforce Simulation Model (HWSM). This model projects the future supply of and demand for over 100 health care occupations, including behavioral health occupations (HRSA, 2025d).

Substantial shortages are projected for the behavioral health workforce in the future (HRSA, 2025e). Table 2 shows the projected shortages and percent adequacy in 2038 across different scenarios. Percent adequacy is the percentage of demand that supply will meet in a given year.

Table 2. Projected Shortages of Selected Behavioral Health Providers in 2038, Number and Percent Adequacy [a]

Profession	Status Quo	Unmet Need	Elevated Need
Addiction counselors	-77,050 (30%)	-88,340 (27%)	-123,270 (21%)
Adult psychiatrists	-36,780 (50%)	-44,230 (45%)	-86,430 (30%)
Child and adolescent psychiatrists	-7,030 (61%)	-8,840 (55%)	-19,770 (36%)
Child, family, and school social workers	5,860 (103%)	-11,910 (94%)	-28,480 (86%)
Healthcare social workers	-10,610 (91%)	-22,180 (82%)	-39,980 (72%)
Marriage and family therapists	-33,840 (60%)	-42,590 (55%)	-63,540 (45%)
Mental health and substance use disorder social workers	-17,030 (85%)	-28,960 (77%)	-62,060 (62%)
Mental health counselors	-99,780 (55%)	-122,620 (50%)	-203,690 (38%)
Psychiatric nurse practitioners	2,940 (108%)	-600 (98%)	-20,790 (64%)
Psychiatric physician assistants/associates	-1,310 (78%)	-1,980 (70%)	-4,860 (49%)
Psychologists	-99,840 (48%)	-119,300 (43%)	-152,520 (37%)
School counselors	-39,680 (80%)	-60,330 (73%)	-

Note. Adapted from the *National Center for Health Workforce Analysis (NCHWA)'s Workforce projections*, by the Health Resources and Services Administration, 2025 (https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections). [a] Data are expressed in full-time equivalents (FTEs), defined as working 40 hours a week. Negative values indicate a projected shortage. Positive values indicate a projected surplus. Dashes indicate that projections were not available. Percent adequacy is calculated by dividing supply by demand. Unmet Need assumes increased demand and Elevated Need assumes both increased demand and improved access. Full descriptions of these scenarios are found on the workforce projections dashboard (https://data.hrsa.gov/topics/health-workforce/nchwa/workforce-projections).

Distribution

Behavioral health providers work in many environments including community behavioral health centers, Federally Qualified Health Centers (FQHCs), hospitals, inpatient facilities, schools, criminal justice systems, and other private office-based settings.

Maldistribution of the workforce leaves high-need areas without access to behavioral health services. As of December 2, 2025, 40% (137 million) of the U.S. population lives in a Mental Health HPSA (Census, n.d.; HRSA, n.d.). Rural counties are more likely than urban counties to lack psychiatric mental health NPs, psychologists, social workers, and counselors (Table 3) (Andrilla et al., 2022a, 2022b, 2022c, 2022d). The short supply of providers in rural areas exacerbates the challenges with access to behavioral health services (Frogner et al., 2023).

Table 3. Percentage of U.S. Rural and Urban Counties Without Behavioral Health Providers, 2021

Profession	Rural Counties	Urban Counties
Psychiatric mental health nurse practitioner	69%	31%
Psychologist	45%	16%
Social worker	22%	5%
Counselor	18%	5%

Note. Adapted from Andrilla et al.'s (2022a, 2022b, 2022c, 2022d) *Changes in the supply and rural-urban distribution of psychiatric nurse practitioners in the U.S., 2014-2021*; *Changes in the supply and rural-urban distribution of psychologists in the U.S., 2014-2021*; *Changes in the supply and rural-urban distribution of social workers in the U.S., 2014-2021*; and *Changes in the supply and rural-urban distribution of counselors in the U.S., 2014-2021*, by the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) Rural Health Research Center, University of Washington, 2022 (https://www.ruralhealthresearch.org/topics/workforce/publications).

Challenges for the behavioral health workforce

Several factors affect the ability of the behavioral health workforce to provide quality care. These factors range from population demographics and the unmet need in those populations to various aspects of providing care, such as scopes of practice, cost, reimbursement, and insurance coverage. In addition, other factors affect burnout, well-being, and turnover rates among the workforce.

Population demographics

Youth behavioral health concerns have remained elevated since 2009 (CDC, 2020). The COVID-19 pandemic further increased this need with 53% of female high school students experiencing persistent feelings of sadness or hopelessness and 21% making a suicide plan in 2023 (CDC, 2024). The treatment rate for major depressive episodes among adolescents increased from 60% in 2023 to 61% in 2024 (SAMHSA, 2025b).

There are also growing and unique behavioral health needs among older adults. By 2060, the number of adults aged 65 and older is projected to increase by 54%, compared with only a 9% increase in the total U.S. population (Census, 2025). The 2024 National Survey on Drug Use and Health (NSDUH) estimated that more than one in seven adults aged 50 or older had a mental illness in the past year (SAMHSA, 2025b). Behavioral health needs among older adults are often under-identified by both providers and patients (WHO, 2025). Many behavioral health providers are not adequately trained to work with older adults (Moye et al., 2019). Geriatricians are uniquely positioned to be the first point of contact for behavioral health care needs for older adults (IOM, 2012). However, the projected national shortage of 1,570 geriatricians in 2038 will further limit the accessibility of behavioral health care for older adults in the future (HRSA, 2025e; Lester et al., 2020).

Unmet need

The 2024 NSDUH found that approximately 6.1 out of 29.5 million adults age 18 and older with any mental illness in the past year who did not receive mental health treatment perceived an unmet need for mental health services (SAMHSA, 2025b). Social determinants of health and barriers to care can hinder an individual's access to services and increase unmet behavioral health needs (Coombs et al., 2021; Mojtabai et al., 2011). Stigma at the individual, interpersonal, and structural level affects the perceived need for care and ability to access care (Misra et al., 2021).

Scopes of practice

A scope of practice is the description of roles and services a credentialed health care provider is qualified and allowed to perform under the state law. Inconsistent scopes of practice make it more difficult for clinicians to move to and practice in different states or provide telehealth services across state lines. They also can contribute to burnout and hurt retention when providers cannot practice to the full scope of their training. Other challenges include:

- Scope of practice laws can lack standardization and uniform definitions, be overly restrictive and not based on evidence, not clearly delineate the services that can be provided, and lack clear definitions for health support workers (Frogner et al., 2020).
- Scopes of practice can vary across states. One state may authorize the provision of services while another state may not allow these same services.

Expanding and harmonizing scopes of practice makes it easier to provide high-quality care. An example of reducing scope of practice barriers is the elimination of the federal requirement for providers to have a waiver to prescribe medications for opioid use disorder (buprenorphine) (SAMHSA, 2024a). The removal of the Drug Addiction Treatment Act (DATA), or X-Waiver, now permits providers with an active Drug Enforcement Agency (DEA) registration to prescribe Schedule III medications for opioid use disorders as allowed by state law. Removal of this waiver eliminates the time-consuming process for providers to obtain the ability to prescribe medications for opioid use disorders and may provide more flexibility to prescribers to provide these services.

Cost, reimbursement, and insurance coverage

The accessibility of behavioral health services is also limited by reimbursement barriers. According to the 2024 NSDUH, 65% of adults with any mental illness and a perceived unmet need for services reported cost as one of the main reasons for not receiving behavioral health services (SAMHSA, 2025b).

In 2008, Congress passed the Mental Health Parity and Addiction Equity Act (MHPAEA) to require health insurance companies to provide comparable benefits for behavioral health services as they do for medical or surgical procedures. This parity law did not alleviate access barriers because, in part, the law did not require coverage of specific behavioral health services (MACPAC, 2021b). The Department of Labor's 2022 MHPAEA Report to Congress noted low compliance with reporting requirements by insurance companies and the necessity of both stronger enforcement and clearer statutory language (DOL et al., 2022).

As a result of reimbursement challenges, many behavioral health providers do not participate in insurance panels and require payment at the time of service. Compared with physical health care providers, behavioral health providers are less likely to accept insurance (Wen et al., 2019). In 2017, only 46% of psychiatrists accepted Medicaid payments from new patients (MACPAC, 2021a). In 2016, only 43% of psychiatrists and 19% of nonphysician mental health providers participated in any of the 531 provider networks in the Affordable Care Act marketplace (Zhu et al., 2017).

Mental health providers have cited low reimbursement rates and administrative burdens as the main reasons they choose not to participate in insurance plans (Busch et al., 2019; Saunders & Guth, 2023; Zhu et al., 2023). In many states, primary care physicians have higher reimbursement rates than psychiatrists for the same behavioral health services (Mark et al., 2010, 2017).

The coverage of behavioral health services and behavioral health provider types can also vary by insurance type. Medicaid expansion states have higher percentages of covered behavioral health services (Guth et al., 2023). Health support workers, such as peer providers, also face insurance challenges. As of 2023, 8 U.S. states and territories do not offer reimbursement for peer support services through Medicaid (Earley et al., 2024).

Medicare payment reforms in 2024 aimed to increase coverage of services provided by community health workers and peer providers (Seshamani & Jacobs, 2023). However, it is unclear how those changes to increase provider participation will interact with new 2025 beneficiary eligibility requirements (APA, 2025). Additionally, as of May 2025, MHPAEA standards for benefit access under private health insurance systems reverted to narrower 2013 rules that were in effect prior to an expanded final rule that passed in 2024 (DOL et al., 2025).

Retention

While it is difficult to estimate precise turnover rates for the behavioral health workforce (Herschell et al., 2020), they are believed to be high (Brabson et al., 2020). It has also been suggested that turnover among the behavioral health workforce is higher in rural areas (Hallett et al., 2024). Many individual, organizational, and system-level factors can impact a behavioral health provider's intent to leave the workforce (Schoebel et al., 2021) including:

- Low wages put a strain on behavioral health providers and discourage them from staying in the workforce. Financial concerns are especially a challenge for health support workers (Bates et al., 2022; Videka et al., 2019).
- Restrictive and inconsistent scopes of practice and policies can restrict a provider from practicing at their fullest ability and limit their mobility across states (Health Workforce Technical Assistance Center, 2022).
- Behavioral health providers are experiencing large workloads, large caseloads, workplace violence, and a lack of organizational support (Hilton et al., 2021; Yang & Hayes, 2020).

Burnout

The COVID-19 pandemic exacerbated the long-standing problem of burnout among the health workforce due to higher stress levels for both clinical and non-clinical staff (Prasad et al., 2021). Prior to the COVID-19 pandemic, estimates ranged from 21% to 67% of behavioral health providers feeling overburdened due to emotionally taxing positions, high stress environments, lack of career advancement, low salaries, and high caseloads (Kelly & Hearld, 2020; Morse et al., 2011). More recent data suggest that burnout remains a concern for the behavioral health workforce. For example, in a 2023 survey of 750 behavioral health professionals, 93% of participants indicated that they had experienced burnout, with 62% indicating they had experienced severe burnout (National Council for Mental Wellbeing, 2023). Another series of surveys found that the rate of burnout among psychiatrists increased from 36% in 2017 to 47% in 2022, before declining to 39% in 2023 (Medscape, 2018, 2023, 2024).

Evolving strategies to improve behavioral health care access

Expanding primary care and behavioral health integrated care

The U.S. health care system is traditionally designed to treat physical and behavioral health concerns separately. As this is the case, most training for behavioral health providers also remains separated from traditional medical care. There has been a growing effort to integrate behavioral health services into primary care settings and vice versa (CMS, 2025b).

There is a large body of work by agencies and organizations documenting the benefits of integrated care (AHRQ, n.d.; National Council for Mental Wellbeing, n.d.; Ramanuj et al., 2019). Integration can occur in multiple ways. For example, many FQHCs that provide primary care to underserved communities also incorporate behavioral health providers into their model, and Certified Community Behavioral Health Clinics (CCBHC) that provide behavioral health care typically incorporate primary care. Integration can also occur in school-based settings (Rural Health Information Hub, 2024).

Patients are already seeking behavioral health services from their primary care providers (Hines et al., 2024; Horstman et al., 2022). According to the National Ambulatory Medical Care Survey, 16% of primary care visits in 2016-2018 included a behavioral health component, an increase of 49% from 2006-2007 (Rotenstein et al., 2023).

Despite widespread benefits, the integrated care model has not been widely implemented due to multiple challenges. These include limited adoption of technology, insurance and reimbursement limitations, limited training opportunities, and workflow and logistical barriers (Bagalman et al., 2022; Westfall et al., 2022; Knutson, 2017; Wallace et al., 2015).

Leveraging health support workers

Health support workers use their lived experiences and community ties to provide behavioral health support services. Peer providers have been shown to have a positive effect in reducing stigma associated with behavioral health treatment, increasing awareness of behavioral health resources, improving treatment engagement, and allowing licensed behavioral health providers to focus on more complex behavioral health services (Hiller-Venegas et al., 2022; O'Keefe et al., 2021; Weaver & Lapidos, 2018). Community health workers have been shown to be effective in using their community ties to improve health outcomes, reduce the cost of care, and address social determinants of health (Association of State and Territorial Health Officials, n.d.).

Using health support workers can increase access to care. However, there is ambiguity in the scopes of practice for these workers and their roles in the behavioral health workforce can vary (NCQA, 2024). Health support workers also face challenges with burnout, low compensation, and reimbursement (Chapman et al., 2018; Choi et al., 2021; Foundation for Opioid Response Efforts, 2023).

Using telebehavioral health

Telehealth represented less than 1% of behavioral health outpatient visits prior to the COVID-19 pandemic (Lo et al., 2022). From March 2020 through August 2020, the use of telehealth for

behavioral health outpatient visits reached 40% of all visits. The use of telebehavioral health services has remained strong (Cantor et al., 2023; FAIR Health, 2024; Lo et al., 2022).

Telebehavioral health services can help overcome accessibility barriers to behavioral health services for individuals in underserved areas and provide benefits for urban dwellers as well (Bashshur et al., 2016). Because telebehavioral health offers additional privacy when speaking with a provider, potential barriers associated with stigma may also be overcome. Despite the evidence demonstrating the quality of telehealth services (Snoswell et al., 2021), organizations face many challenges in providing telebehavioral health services:

- Some populations may have difficulties using and accessing telebehavioral health, such as older adults, children, individuals with low income, and individuals with low technological literacy (Kruse et al., 2020; Schoebel et al., 2021; Ettman et al., 2025).
- Telehealth services do not have service and payment parity. Telebehavioral health services are often not covered or are reimbursed at a lower rate when compared with in-person services (Weigel et al., 2020; Center for Connected Health Policy, 2023).
- Telebehavioral health may not be cost effective for organizations without the necessary infrastructure (Rural Health Information Hub, n.d.; Zachriston et al., 2021).

Since 2020, state, federal, and private organizations expanded their telehealth policies in support of telebehavioral health services. Yet, these changes to make behavioral health services more accessible may not have been sustained. Recent changes include the following:

- In 2020, most Medicaid programs expanded their coverage of telehealth services with many states allowing service and payment parity. Many states also allowed patients to receive audio-only services and telehealth services in their home (HRSA, 2025c). In April 2020, Medicare issued retroactive waivers also allowing audio-only telehealth for certain behavioral health and educational services (CMS, 2021).
- The Consolidated Appropriations Act of 2023 permanently authorized some of the flexibilities for the use of telehealth in 2020, including allowing FQHCs to serve as a distant site provider for behavioral health services, removing geographic restrictions for originating site telebehavioral health services, and allowing Medicare patients to receive telebehavioral health services in their homes (HRSA, 2025b).
- Flexibility to offer telehealth services without risk of violating the Health Insurance Portability and Accountability Act (HIPAA) rules expired when the COVID-19 Public Health Emergency ended on May 11, 2023 (HHS, 2023). Providers may still provide telebehavioral health services provided they are compliant with HIPAA rules. HIPAA compliance is complex, especially when applied to the audio-only provisions for telebehavioral health services (HHS, n.d.).
- Telehealth policy for Medicare and Medicaid continues to evolve. For example, CMS is considering revisions to its 5-step review process to simplify reviewing requests to the Medicare Telehealth Services List (CMS, 2025a). While the aforementioned flexibilities that were made permanent are unchanged, some aspects of telehealth under Medicare such as in-person visit requirements do not yet have permanent rules in place (CMS, 2025c).

Conclusion

The United States is experiencing an opioid epidemic and mental health crisis (CDC, 2025a, 2025b). Behavioral health needs continue to rise (SAMHSA, 2025b). The behavioral health workforce is projected to suffer from significant shortages in the future including pronounced shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, psychiatric physician assistants/associates, adult psychiatrists, child and adolescent psychiatrists, and school counselors (HRSA, 2025e). Increasing the supply of the behavioral health workforce is not enough to address systemic, provider, and patient-level barriers. Maldistribution of the workforce is also a major limiting factor to accessing behavioral health services.

Inconsistent scopes of practice, reimbursement challenges, limited training in integrated health, and increased levels of burnout prevent behavioral health providers from performing at their full capacity and remaining in the workforce. Stigma and increased out-of-pocket costs will continue to hinder patients' ability to access behavioral health services.

Behavioral health needs are elevated for children and older adults, as well as in rural and underserved areas. Adequate workforce planning and investments in the behavioral health workforce will be important to address these needs.

The behavioral health projections provided incorporate new data from the American Medical Association (AMA), Accreditation Council for Graduate Medical Education (ACGME), and Bureau of Labor Statistics (BLS) as well as updated attrition information. Demand for behavioral health providers continues to increase while there are indications of a decline in production of some behavioral health professionals. See the HWSM technical documentation for details on the methodology and datasets used to generate these projections. For full data on the workforce projections, see the Workforce Projections Dashboard. You can also download the data from the dashboard in spreadsheet form.

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O*NET OnLine

Social and Community Service Managers

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Plan, direct, or coordinate the activities of a social service program or community outreach organization. Oversee the program or organization's budget and policies regarding participant involvement, program requirements, and benefits. Work may involve directing social workers, counselors, or probation officers.

Sample of reported job titles: Adoption Services Manager, Child Welfare Services Director, Children's Service Supervisor, Clinical Services Director, Community Services Director, Psychiatric Social Worker Supervisor, Social Services Director, Transitional Care Director, Vocational Rehabilitation Administrator

Summary | Details | Custom | Easy Read | Veterans | Español

Contents

Occupation-Specific Information

Tasks

5 of 16 displayed

- Establish and oversee administrative procedures to meet objectives set by boards of directors or senior management.
- Direct activities of professional and technical staff members and volunteers.
- Evaluate the work of staff and volunteers to ensure that programs are of appropriate quality and that resources are used effectively.
- Participate in the determination of organizational policies regarding such issues as participant eligibility, program requirements, and program benefits.
- Prepare and maintain records and reports, such as budgets, personnel records, or training manuals.

Occupational Requirements

Work Activities

5 of 29 displayed

- **Communicating with Supervisors, Peers, or Subordinates —** Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.
- **Getting Information —** Observing, receiving, and otherwise obtaining information from all relevant sources.

- **Organizing, Planning, and Prioritizing Work —** Developing specific goals and plans to prioritize, organize, and accomplish your work.
- **Working with Computers —** Using computers and computer systems (including hardware and software) to program, write software, set up functions, enter data, or process information.
- **Performing Administrative Activities —** Performing day-to-day administrative tasks such as maintaining information files and processing paperwork.

Detailed Work Activities

5 of 22 displayed

- Develop operating strategies, plans, or procedures.
- Direct administrative or support services.
- Supervise employees.
- Monitor performance of organizational members or partners.
- Develop organizational policies or programs.

Work Context

5 of 24 displayed

- **E-Mail** — 100% responded "Every day."
- **Telephone Conversations —** 98% responded "Every day."
- **Face-to-Face Discussions with Individuals and Within Teams —** 94% responded "Every day."
- **Work With or Contribute to a Work Group or Team —** 71% responded "Extremely important."
- **Contact With Others —** 72% responded "Constant contact with others."

Experience Requirements

Job Zone

Title	Job Zone Four: Considerable Preparation Needed
Education	Most of these occupations require a four-year bachelor's degree, but some do not.
Related Experience	A considerable amount of work-related skill, knowledge, or experience is needed for these occupations. For example, an accountant must complete four years of college and work for several years in accounting to be considered qualified.
Job Training	Employees in these occupations usually need several years of work-related experience, on-the-job training, and/or vocational training.
Job Zone Examples	Many of these occupations involve coordinating, supervising, managing, or training others. Examples include real estate brokers, sales managers, database administrators, graphic designers, conservation scientists, art directors, and cost estimators.

SVP Range (7.0 to < 8.0)

Training & Credentials

State training Select a State Go

Local training ZIP Code Go

Certifications Find certifications nationwide

State licenses Select a State Go

Apprenticeship Opportunities

Start your career and build your skillset. Visit **Apprenticeship.gov** to learn about opportunities related to this occupation.

Worker Requirements

Software Skills

5 of 15 displayed

- **Data base user interface and query software** — Client information databases; FileMaker Pro; Microsoft Access
- **Medical software** — Healthcare common procedure coding system HCPCS; PointClickCare healthcare software
- **Office suite software** — Corel WordPerfect Office Suite; Microsoft Office software
- **Presentation software** — Microsoft PowerPoint
- **Spreadsheet software** — Corel QuattroPro; IBM Lotus 1-2-3; Microsoft Excel

Hot Technologies are requirements most frequently included across all employer job postings.
See all 7 Hot Technologies for this occupation.

In Demand skills are frequently included in employer job postings for this occupation.
See all 1 In Demand skills for this occupation.

Essential Skills

5 of 8 displayed

- **Active Learning** — Understanding the implications of new information for both current and future problem-solving and decision-making.

- **Active Listening —** Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- **Critical Thinking —** Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.
- **Monitoring —** Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
- **Reading Comprehension —** Understanding written sentences and paragraphs in work-related documents.

Transferable Skills

5 of 12 displayed

- **Service Orientation —** Actively looking for ways to help people.
- **Social Perceptiveness —** Being aware of others' reactions and understanding why they react as they do.
- **Complex Problem Solving** — Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.
- **Coordination —** Adjusting actions in relation to others' actions.
- **Judgment and Decision Making —** Considering the relative costs and benefits of potential actions to choose the most appropriate one.

Knowledge

5 of 14 displayed

- **Customer and Personal Service —** Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.
- **Administration and Management —** Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources.
- **English Language —** Knowledge of the structure and content of the English language including the meaning and spelling of words, and rules of composition and grammar.
- **Psychology —** Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.
- **Education and Training —** Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

Education

How much education does a new hire need to perform a job in this occupation? Respondents said:

50%	Bachelor's degree required

24%	Master's degree required
8%	Associate's degree required

Worker Characteristics

Abilities

5 of 15 displayed

- **Oral Expression** — The ability to communicate information and ideas in speaking so others will understand.
- **Oral Comprehension** — The ability to listen to and understand information and ideas presented through spoken words and sentences.
- **Problem Sensitivity** — The ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing that there is a problem.
- **Written Comprehension** — The ability to read and understand information and ideas presented in writing.
- **Deductive Reasoning** — The ability to apply general rules to specific problems to produce answers that make sense.

Interests

All 3 displayed

Interest code: **ESC**

Want to discover your interests? Take the **O*NET Interest Profiler**.

- **Enterprising** — Work involves managing, negotiating, marketing, or selling, typically in a business setting, or leading or advising people in political and legal situations. Enterprising occupations are often associated with business initiatives, sales, marketing/advertising, finance, management/administration, professional advising, public speaking, politics, or law.
  - **Management/Administration** — Work involves planning, directing, or coordinating the daily operations of an organization, and overseeing personnel, business, or administrative services.
  - **Public Speaking** — Work involves speaking before an audience to educate, entertain, or influence the listeners.
  - **Professional Advising** — Work involves providing expert advice, coaching, and counseling on topics such as careers, educational opportunities, and educational and professional development.
- **Social** — Work involves helping, teaching, advising, assisting, or providing service to others. Social occupations are often associated with social, health care, personal service, teaching/education, or religious activities.
  - **Social Service** — Work involves providing social services and assistance to improve the well-being and social and psychological functioning of children and adults.
  - **Human Resources** — Work involves recruiting, selecting, and training job applicants, maintaining employee personnel records, administering compensation and employee-benefit programs, and

conducting employee performance reviews.

- **Professional Advising —** Work involves providing expert advice, coaching, and counseling on topics such as careers, educational opportunities, and educational and professional development.

- **Conventional** — Work involves following procedures and regulations to organize information or data, typically in a business setting. Conventional occupations are often associated with office work, accounting, mathematics/statistics, information technology, finance, or human resources.
  - **Human Resources —** Work involves recruiting, selecting, and training job applicants, maintaining employee personnel records, administering compensation and employee-benefit programs, and conducting employee performance reviews.

Work Styles

5 of 10 displayed

- **Sincerity —** A tendency to be genuine and sincere in interactions with others at work, without concern for personal gain or self-interest.
- **Optimism —** A tendency to exhibit a positive attitude and positive emotions at work, even under difficult circumstances.
- **Leadership Orientation —** A tendency to lead, take charge, offer opinions, and provide direction at work.
- **Adaptability —** A tendency to be open to and comfortable with change, new experiences, or ideas at work.
- **Empathy —** A tendency to show concern for others and be sensitive to others' needs and feelings at work.

Workforce Characteristics

Wages & Employment Trends

Median wages (2025)	$38.65 hourly, $80,390 annual
State wages	Select a State Go
Local wages	ZIP Code Go
Employment (2024)	219,800 employees
Projected growth (2024-2034)	Faster than average (5% to 6%)
Projected job openings (2024-2034)	18,600
State trends	Select a State Go

Top industries (2024)	Health Care and Social Assistance Government

Source: Bureau of Labor Statistics 2025 wage data and 2024-2034 employment projections. "Projected growth" represents the estimated change in total employment over the projections period (2024-2034). "Projected job openings" represent openings due to growth and replacement.

Job Openings on the Web

State job openings Select a State Go

Local job openings ZIP Code Go

More Information

Related Occupations

5 of 10 displayed

- 21-1021.00 Child, Family, and School Social Workers
- 21-1094.00 Community Health Workers Bright Outlook
- 21-1022.00 Healthcare Social Workers
- 21-1023.00 Mental Health and Substance Abuse Social Workers
- 21-1015.00 Rehabilitation Counselors

Professional Associations

Disclaimer: Sources are listed to provide additional information on related jobs, specialties, and/or industries. Links to non-DOL Internet sites are provided for your convenience and do not constitute an endorsement.

National Associations

5 of 9 displayed

- American Counseling Association
- American Nurses Association
- American Public Human Services Association
- American Society for Public Administration
- Catholic Charities USA

Accreditation, Certification, & Unions

- Council on Social Work Education
- International Childbirth Education Association

Suicide Prevention

Suicide Data and Statistics

For Everyone

MAY 20, 2026

ABOUT

View the most recent suicide data overall and by selected demographic characteristics. This includes rates by state, age, sex, race/ethnicity, and method of suicide.



Quick stats

Suicide was responsible for 48,824 deaths in 2024. [1] The number of people who think about or attempt suicide is even higher. In 2024, an estimated 14.3 million adults seriously thought about suicide, 4.6 million planned a suicide attempt, and 2.2 million attempted suicide. [2]

Suicide trends 2001-2024

Data Table: Suicide Rates +

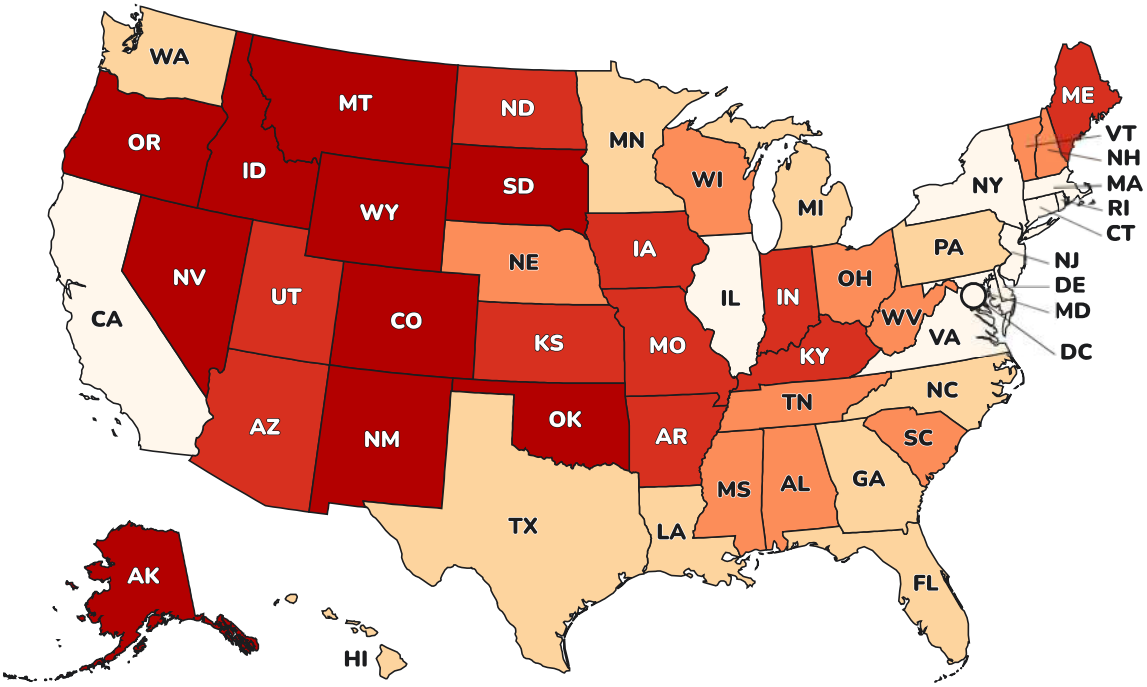
Download Data (CSV)

Source: WISQARS

Suicide rates by state

Year

2024



Age-Adjusted Death Rate[1]

- 5.67 - 12.81
- 13.28 - 14.47
- 14.60 - 16.48
- 16.70 - 19.52
- 19.61 - 29.78

Data Table +

Download Data (CSV)

[1] The number of deaths per 100,000 total population.
Source: WISQARS

Suicide rate disparities

Suicide rates by race/ethnicity

The racial/ethnic groups with the highest suicide rates in 2024 were non-Hispanic American Indian and Alaska Native people and non-Hispanic White people. [3]

Data Table +

Download Data (CSV)

Suicide rates by sex

The suicide rate among males in 2024 was nearly four times higher than the rate among females. [4]

Data Table +

Download Data (CSV)

Suicide rates by age

People ages 80 and older had the highest rates of suicide in 2024. [5]

Data Table +

Download Data (CSV)

SOURCES

CONTENT SOURCE:
National Center for Injury Prevention and Control

REFERENCES

1. Centers for Disease Control and Prevention. (2026). Fatal injury reports, national and regional, 2024. WISQARS. https://wisqars.cdc.gov/.
2. Substance Abuse and Mental Health Services Administration. (2025). Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-surveydrug-use-and-health/national-releases.
3. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved May 6, 2026, from https://wisqars.cdc.gov/reports/?o=MORT&y1=2024&y2=2024&t=0&i=2&m=20810&g=00&me=0&s=0&r=0&ry=2&e=0&yp=65&a=ALL&g1=0&g2=199&a1=0&a2=199&r1=RACE-SINGLE&r2=ETHNICTY&r3=NONE&r4=NONE
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved May 6, 2026, from https://wisqars.cdc.gov/reports/?o=MORT&y1=2024&y2=2024&t=0&i=2&m=20810&g=00&me=0&s=0&r=0&ry=2&e=0&yp=65&a=ALL&g1=0&g2=199&a1=0&a2=199&r1=SEX&r2=NONE&r3=NONE&r4=NONE
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). *Web-based Injury Statistics Query and Reporting System (WISQARS)*. Retrieved May 6, 2026, from https://wisqars.cdc.gov/reports/?o=MORT&y1=2024&y2=2024&t=0&i=2&m=20810&g=00&me=0&s=0&r=0&ry=2&e=0&yp=65&a=5Yr&g1=0&g2=199&a1=0&a2=199&r1=AGEGP&r2=NONE&r3=NONE&r4=NONE

Designated Health Professional Shortage Areas Statistics

Third Quarter of Fiscal Year 2026

Designated HPSA Quarterly Summary

As of June 30, 2026

Bureau of Health Workforce

Health Resources and Services Administration (HRSA)

U.S. Department of Health & Human Services

Designated Health Professional Shortage Areas Statistics

Table 1. Health Professional Shortage Areas: Number, Population, and Additional Practitioners Needed for Geographic Areas, Population Groups, and Facilities as of June 30, 2026

	Number of Designations[1]	Population of Designated HPSAs[2]	Percent of Need Met[3]	Practitioners Needed to Remove Designations
Primary Medical HPSA Totals	**9,003**	**108,566,500**	**47.43 %[4]**	**18,541[7]**
Geographic Area	1,496	41,151,288	62.50 %	4,570
Population Group	2,653	66,327,446	40.01 %	13,214
Facility	4,854	1,087,766	28.83 %	757
Dental HPSA Totals	**7,951**	**76,757,184**	**33.60 %[5]**	**12,760[8]**
Geographic Area	653	15,722,977	61.94 %	1,317
Population Group	2,519	59,778,986	27.05 %	10,881
Facility	4,779	1,255,221	32.79 %	562
Mental Health HPSA Totals	**7,109**	**157,149,246**	**26.53 %[6]**	**7,825[9]**
Geographic Area	1,216	92,785,532	32.49 %	3,583
Population Group	968	62,821,838	17.77 %	3,606
Facility	4,925	1,541,876	33.69 %	636

Designated Health Professional Shortage Areas Statistics

Table 2. Health Professional Shortage Areas: Rural/Non-Rural Classification as of June 30, 2026

	Number of Designations[1]	Percentage of All Designations[10]	Population of Designated HPSAs	Practitioners Needed to Remove Designations
Primary Medical HPSA Totals	**9,003**		**108,566,500**	**18,541**
Rural	**5,521**	**61.32 %**	**28,910,891**	**4,965**
Geographic Area	944	10.49 %	15,410,442	1,685
Population Group	1,317	14.63 %	12,894,295	2,866
Facility	3,260	36.21 %	606,154	414
Non-Rural	**2,466**	**27.39 %**	**43,387,424**	**8,247**
Geographic Area	135	1.50 %	9,278,282	1,004
Population Group	756	8.40 %	33,642,216	6,909
Facility	1,575	17.49 %	466,926	334
Partially Rural[11]	**972**	**10.80 %**	**36,028,887**	**5,288**
Geographic Area	400	4.44 %	16,349,427	1,858
Population Group	572	6.35 %	19,679,460	3,430
Unknown[12]	**44**	**0.49 %**	**239,298**	**41**
Geographic Area	17	0.19 %	113,137	23
Population Group	8	0.09 %	111,475	9
Facility	19	0.21 %	14,686	9
Dental HPSA Totals	**7,951**		**76,757,184**	**12,760**
Rural	**5,093**	**64.05 %**	**21,709,278**	**3,702**
Geographic Area	498	6.26 %	7,338,277	744
Population Group	1,385	17.42 %	13,706,057	2,666
Facility	3,210	40.37 %	664,944	292
Non-Rural	**2,176**	**27.37 %**	**31,205,136**	**5,319**
Geographic Area	30	0.38 %	2,824,750	128
Population Group	592	7.45 %	27,802,766	4,927
Facility	1,554	19.54 %	577,620	264
Partially Rural[11]	**626**	**7.87 %**	**22,094,835**	**3,396**
Geographic Area	115	1.45 %	5,479,441	439
Population Group	511	6.43 %	16,615,394	2,957
Unknown[12]	**56**	**0.70 %**	**1,747,935**	**343**
Geographic Area	10	0.13 %	80,509	6

Designated Health Professional Shortage Areas Statistics

	Number of Designations[1]	Percentage of All Designations[10]	Population of Designated HPSAs	Practitioners Needed to Remove Designations
Population Group	31	0.39 %	1,654,769	331
Facility	15	0.19 %	12,657	6
Mental Health HPSA Totals	**7,109**		**157,149,246**	**7,825**
Rural	**4,295**	**60.42 %**	**31,746,892**	**1,910**
Geographic Area	731	10.28 %	25,936,381	1,192
Population Group	274	3.85 %	4,942,976	347
Facility	3,290	46.28 %	867,535	371
Non-Rural	**2,077**	**29.22 %**	**39,361,346**	**2,215**
Geographic Area	103	1.45 %	13,373,328	495
Population Group	354	4.98 %	25,324,602	1,460
Facility	1,620	22.79 %	663,416	260
Partially Rural[11]	**713**	**10.03 %**	**85,746,166**	**3,678**
Geographic Area	376	5.29 %	53,424,299	1,893
Population Group	337	4.74 %	32,321,867	1,785
Unknown[12]	**24**	**0.34 %**	**294,842**	**22**
Geographic Area	6	0.08 %	51,524	3
Population Group	3	0.04 %	232,393	14
Facility	15	0.21 %	10,925	5

Designated Health Professional Shortage Areas Statistics

Table 3. Primary Care Health Professional Shortage Areas, by State, as of June 30, 2026

Primary Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[3]	Practitioners Needed to Remove Designations[6]
HPSA Total	**9,003**	**1,496**	**2,653**	**4,856**	**108,566,500**	**47.43 %**	**18,541**
Region 1	**302**	**40**	**98**	**164**	**3,023,207**	**61.79 %**	**369**
Connecticut	70	5	45	20	1,409,946	60.34 %	175
Maine	100	18	28	54	277,604	55.97 %	39
Massachusetts	70	8	12	50	821,509	58.00 %	113
New Hampshire	28	4	6	18	206,720	74.78 %	17
Rhode Island	17	1	6	10	257,218	74.29 %	22
Vermont	17	4	1	12	50,210	82.64 %	3
Region 2	**302**	**16**	**106**	**180**	**6,832,327**	**40.73 %**	**1,330**
New Jersey	45	7	0	38	796,188	83.22 %	39
New York	210	6	86	118	5,365,601	35.29 %	1,149
Puerto Rico	42	0	20	22	574,059	28.90 %	138
U.S. Virgin Islands	5	3	0	2	96,479	88.27 %	4
Region 3	**564**	**87**	**187**	**290**	**6,821,414**	**41.07 %**	**1,328**
Delaware	15	0	6	9	523,704	11.18 %	164
District of Columbia	12	0	4	8	286,765	0.23 %	96
Maryland	78	14	46	18	2,079,523	31.62 %	465
Pennsylvania	148	5	38	105	680,010	56.66 %	112
Virginia	185	60	45	80	2,458,393	57.21 %	328
West Virginia	126	8	48	70	793,019	38.28 %	163
Region 4	**1,678**	**242**	**696**	**740**	**25,768,750**	**48.70 %**	**4,406**
Alabama	135	46	40	49	2,648,069	62.97 %	315
Florida	328	23	138	167	7,262,986	39.70 %	1,501
Georgia	245	51	106	88	2,781,611	39.13 %	573
Kentucky	267	39	94	134	1,845,120	30.83 %	414
Mississippi	162	28	59	75	1,425,606	34.11 %	323
North Carolina	254	11	141	102	3,880,251	48.10 %	670
South Carolina	114	23	35	56	2,924,569	79.36 %	194
Tennessee	173	21	83	69	3,000,538	57.97 %	416

Designated Health Professional Shortage Areas Statistics

Primary Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[3]	Practitioners Needed to Remove Designations[6]
Region 5	**1,517**	**253**	**476**	**788**	**19,107,085**	**50.09 %**	**3,096**
Illinois	351	54	125	172	4,069,576	41.49 %	768
Indiana	173	51	47	75	3,028,093	54.16 %	441
Michigan	294	8	79	207	3,328,841	44.85 %	617
Minnesota	254	77	59	118	2,208,743	55.35 %	303
Ohio	261	46	118	97	4,449,937	49.72 %	732
Wisconsin	184	17	48	119	2,021,895	65.20 %	235
Region 6	**1,130**	**246**	**348**	**536**	**15,210,217**	**50.23 %**	**2,461**
Arkansas	159	16	63	80	1,224,488	52.60 %	197
Louisiana	204	42	46	116	2,545,085	72.14 %	224
New Mexico	109	23	15	71	1,139,819	31.39 %	253
Oklahoma	207	15	76	116	1,452,317	28.63 %	370
Texas	451	150	148	153	8,848,508	49.82 %	1,417
Region 7	**854**	**82**	**256**	**516**	**4,582,750**	**31.67 %**	**1,000**
Iowa	187	27	61	99	1,085,522	40.51 %	206
Kansas	172	14	65	93	666,724	41.14 %	121
Missouri	358	19	99	240	2,567,049	23.71 %	636
Nebraska	137	22	31	84	263,455	49.06 %	37
Region 8	**622**	**179**	**147**	**296**	**3,706,539**	**50.72 %**	**569**
Colorado	148	29	55	64	1,401,517	47.50 %	240
Montana	147	30	41	76	387,238	38.46 %	72
North Dakota	95	44	5	46	201,227	36.46 %	38
South Dakota	111	35	25	51	310,255	34.59 %	61
Utah	71	17	14	40	1,132,584	65.38 %	122
Wyoming	50	24	7	19	273,718	54.36 %	36
Region 9	**1,136**	**247**	**192**	**697**	**15,207,219**	**48.36 %**	**2,517**
Arizona	307	88	77	142	4,928,001	41.23 %	923
California	689	122	96	471	7,820,854	53.23 %	1,184
Hawaii	34	5	0	29	604,628	67.05 %	56

Designated Health Professional Shortage Areas Statistics

Primary Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[3]	Practitioners Needed to Remove Designations[6]
Nevada	86	24	18	44	1,425,329	41.45 %	271
American Samoa	2	1	0	1	55,009	5.45 %	17
Federated States of Micronesia	8	3	1	4	99,673	0.00 %	34
Guam	4	1	0	3	146,770	89.33 %	4
Marshall Islands	2	1	0	1	53,158	0.00 %	18
Northern Mariana Islands	2	1	0	1	53,890	81.81 %	3
Republic of Palau	2	1	0	1	19,907	0.00 %	7
Region 10	**896**	**104**	**147**	**645**	**8,301,930**	**43.20 %**	**1,461**
Alaska	344	19	11	314	476,136	48.94 %	72
Idaho	114	15	41	58	582,074	43.91 %	104
Oregon	178	14	54	110	1,667,116	43.93 %	310
Washington	260	56	41	163	5,576,604	42.37 %	975
Not Determined	**2**	**0**	**0**	**2**	**2,531**	**0.00 %**	**2**
Not Determined	2	0	0	2	2,531	0.00 %	2

Designated Health Professional Shortage Areas Statistics

Table 4. Dental Health Professional Shortage Areas, by State, as of June 30, 2026

Dental Health	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[4]	Practitioners Needed to Remove Designations[7]
HPSA Total	**7,951**	**653**	**2,519**	**4,781**	**76,757,184**	**33.60 %**	**12,760**
Region 1	**276**	**11**	**102**	**163**	**1,962,895**	**33.09 %**	**332**
Connecticut	56	0	36	20	899,409	21.39 %	178
Maine	105	8	44	53	425,483	28.83 %	73
Massachusetts	61	1	10	50	320,208	59.15 %	35
New Hampshire	23	0	5	18	42,823	23.02 %	10
Rhode Island	16	0	6	10	226,173	37.38 %	36
Vermont	15	2	1	12	48,799	90.84 %	0
Region 2	**310**	**6**	**122**	**182**	**5,496,726**	**32.08 %**	**940**
New Jersey	40	2	1	37	313,937	45.23 %	45
New York	166	0	45	121	2,794,405	16.11 %	592
Puerto Rico	99	1	76	22	2,292,005	48.02 %	297
U.S. Virgin Islands	5	3	0	2	96,379	75.40 %	6
Region 3	**542**	**71**	**186**	**285**	**8,795,350**	**40.26 %**	**1,272**
Delaware	16	0	7	9	618,161	4.15 %	160
District of Columbia	10	0	2	8	90,280	2.90 %	22
Maryland	49	15	17	17	2,290,671	44.91 %	277
Pennsylvania	162	0	58	104	2,257,016	40.64 %	355
Virginia	182	50	52	80	2,819,320	51.64 %	318
West Virginia	123	6	50	67	719,902	22.61 %	140
Region 4	**1,461**	**100**	**658**	**703**	**19,574,361**	**25.19 %**	**3,750**
Alabama	92	1	48	43	755,541	24.33 %	139
Florida	292	8	114	170	6,222,405	19.74 %	1,314
Georgia	186	33	90	63	1,922,418	17.57 %	402
Kentucky	256	2	122	132	1,371,360	9.26 %	316
Mississippi	154	32	50	72	1,423,544	40.23 %	219
North Carolina	217	3	116	98	3,540,396	23.42 %	692
South Carolina	100	17	26	57	2,001,958	46.85 %	267
Tennessee	164	4	92	68	2,336,739	31.56 %	401

Designated Health Professional Shortage Areas Statistics

Dental Health	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[4]	Practitioners Needed to Remove Designations[7]
Region 5	**1,283**	**59**	**437**	**787**	**11,287,150**	**33.74 %**	**1,889**
Illinois	289	13	104	172	2,529,158	26.36 %	472
Indiana	133	4	55	74	1,135,293	28.74 %	208
Michigan	274	1	69	204	1,916,665	26.28 %	363
Minnesota	230	37	64	129	1,696,487	48.86 %	201
Ohio	190	2	96	92	2,706,448	39.43 %	425
Wisconsin	167	2	49	116	1,303,099	33.29 %	220
Region 6	**1,002**	**132**	**331**	**539**	**8,932,986**	**30.89 %**	**1,587**
Arkansas	157	4	73	80	1,109,146	22.69 %	229
Louisiana	184	25	43	116	1,918,801	44.90 %	266
New Mexico	110	16	23	71	994,618	16.10 %	207
Oklahoma	192	4	70	118	1,084,104	45.58 %	168
Texas	359	83	122	154	3,826,317	25.51 %	717
Region 7	**748**	**47**	**194**	**507**	**3,614,608**	**31.98 %**	**574**
Iowa	152	8	49	95	646,391	29.91 %	108
Kansas	133	8	33	92	273,834	33.44 %	44
Missouri	348	27	85	236	2,558,669	31.42 %	408
Nebraska	115	4	27	84	135,714	48.80 %	14
Region 8	**505**	**92**	**118**	**295**	**2,137,656**	**47.86 %**	**259**
Colorado	128	23	42	63	1,219,930	54.88 %	129
Montana	114	11	28	75	249,082	45.81 %	31
North Dakota	71	22	2	47	119,626	29.61 %	16
South Dakota	100	24	26	50	276,608	27.00 %	46
Utah	62	7	15	40	212,651	52.30 %	26
Wyoming	30	5	5	20	59,759	31.51 %	11
Region 9	**1,003**	**67**	**259**	**677**	**8,732,148**	**33.00 %**	**1,465**
Arizona	287	34	114	139	3,416,091	34.51 %	556
California	591	18	120	453	3,634,892	36.35 %	577
Hawaii	35	0	6	29	283,033	36.43 %	49

Designated Health Professional Shortage Areas Statistics

Dental Health	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[4]	Practitioners Needed to Remove Designations[7]
Nevada	70	7	18	45	1,052,887	24.57 %	204
American Samoa	2	1	0	1	55,009	0.00 %	14
Federated States of Micronesia	8	4	0	4	91,491	0.00 %	23
Guam	4	0	1	3	71,790	4.85 %	18
Marshall Islands	2	1	0	1	53,158	0.00 %	11
Northern Mariana Islands	2	1	0	1	53,890	22.26 %	8
Republic of Palau	2	1	0	1	19,907	0.00 %	5
Region 10	**819**	**68**	**112**	**639**	**6,219,476**	**54.34 %**	**690**
Alaska	345	28	5	312	788,308	54.74 %	83
Idaho	98	6	36	56	452,047	37.48 %	70
Oregon	155	2	45	108	1,552,278	43.54 %	222
Washington	221	32	26	163	3,426,843	61.76 %	315
Not Determined	**2**	**0**	**0**	**2**	**1,914**	**33.07 %**	**1**
Not Determined	2	0	0	2	1,914	33.07 %	1

Designated Health Professional Shortage Areas Statistics

Table 5. Mental Health Care Health Professional Shortage Areas, by State, as of June 30, 2026

Mental Health Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[5]	Practitioners Needed to Remove Designations[8]
HPSA Total	**7,109**	**1,216**	**968**	**4,925**	**157,149,246**	**26.53 %**	**7,825**
Region 1	**234**	**23**	**39**	**172**	**3,193,868**	**26.41 %**	**169**
Connecticut	52	0	19	33	1,479,795	20.61 %	96
Maine	80	15	12	53	470,030	11.45 %	21
Massachusetts	54	2	6	46	483,318	25.23 %	27
New Hampshire	21	3	0	18	153,649	48.15 %	4
Rhode Island	15	3	2	10	607,076	48.94 %	21
Vermont	12	0	0	12			
Region 2	**329**	**15**	**112**	**202**	**5,932,303**	**21.01 %**	**361**
New Jersey	43	6	0	37	776,426	50.45 %	37
New York	207	6	60	141	3,910,264	14.79 %	248
Puerto Rico	74	0	52	22	1,140,925	8.31 %	70
U.S. Virgin Islands	5	3	0	2	104,688	59.64 %	6
Region 3	**478**	**61**	**117**	**300**	**8,090,297**	**18.37 %**	**549**
Delaware	18	0	8	10	617,675	7.50 %	65
District of Columbia	10	0	1	9	126,214	0.00 %	8
Maryland	69	22	25	22	2,882,446	19.76 %	150
Pennsylvania	129	18	7	104	1,038,679	33.67 %	69
Virginia	128	10	35	83	2,615,160	20.36 %	163
West Virginia	124	11	41	72	810,123	5.68 %	94
Region 4	**1,139**	**170**	**243**	**726**	**40,074,261**	**25.10 %**	**2,102**
Alabama	67	13	8	46	2,934,202	28.40 %	128
Florida	254	31	51	172	13,764,968	22.60 %	775
Georgia	92	19	8	65	5,064,401	45.33 %	174
Kentucky	222	50	39	133	2,908,312	19.30 %	159
Mississippi	88	10	3	75	2,312,386	33.34 %	107
North Carolina	229	22	101	106	4,574,202	11.96 %	275
South Carolina	89	19	12	58	5,371,848	32.84 %	232
Tennessee	98	6	21	71	3,143,942	13.25 %	252

Designated Health Professional Shortage Areas Statistics

Mental Health Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[5]	Practitioners Needed to Remove Designations[8]
Region 5	**1,091**	**177**	**119**	**795**	**30,290,439**	**31.59 %**	**1,307**
Illinois	238	48	14	176	8,604,128	21.06 %	393
Indiana	114	29	11	74	6,500,041	37.93 %	251
Michigan	274	35	34	205	4,350,590	37.85 %	180
Minnesota	151	11	17	123	3,112,340	24.34 %	138
Ohio	139	26	19	94	5,541,531	33.72 %	248
Wisconsin	175	28	24	123	2,181,809	40.29 %	97
Region 6	**927**	**272**	**112**	**543**	**22,685,004**	**29.71 %**	**1,083**
Arkansas	96	3	14	79	1,176,745	26.30 %	73
Louisiana	184	49	19	116	3,220,369	28.65 %	148
New Mexico	100	19	8	73	1,617,847	25.67 %	83
Oklahoma	135	5	13	117	2,604,390	23.99 %	148
Texas	412	196	58	158	14,065,653	31.93 %	631
Region 7	**659**	**91**	**53**	**515**	**7,083,964**	**23.71 %**	**315**
Iowa	185	60	29	96	2,105,579	19.47 %	93
Kansas	117	20	2	95	1,196,031	19.89 %	52
Missouri	266	6	22	238	2,713,118	21.41 %	140
Nebraska	91	5	0	86	1,069,236	44.79 %	30
Region 8	**430**	**102**	**11**	**317**	**10,481,332**	**40.19 %**	**384**
Colorado	85	13	5	67	4,054,296	40.42 %	137
Montana	112	33	3	76	1,318,372	40.87 %	55
North Dakota	78	26	0	52	497,647	34.87 %	18
South Dakota	63	10	1	52	657,991	18.71 %	36
Utah	63	12	2	49	2,986,377	48.02 %	97
Wyoming	29	8	0	21	966,649	32.25 %	41
Region 9	**1,032**	**205**	**119**	**708**	**19,963,264**	**20.51 %**	**1,136**
Arizona	282	90	50	142	4,088,063	15.74 %	224
California	632	94	57	481	12,199,853	22.29 %	658
Hawaii	33	2	2	29	504,844	32.16 %	23

Designated Health Professional Shortage Areas Statistics

Mental Health Care	Total Designations[1]	Geographic Area	Population Group	Facility	Population of Designated HPSAs	Percent of Need Met[5]	Practitioners Needed to Remove Designations[8]
Nevada	65	11	9	45	2,715,680	21.72 %	185
American Samoa	2	1	0	1	55,009	0.00 %	12
Federated States of Micronesia	8	4	0	4	100,997	0.00 %	17
Guam	4	0	1	3	71,863	0.00 %	5
Marshall Islands	2	1	0	1	153,158	0.00 %	8
Northern Mariana Islands	2	1	0	1	53,890	0.00 %	3
Republic of Palau	2	1	0	1	19,907	0.00 %	1
Region 10	**790**	**100**	**43**	**647**	**9,354,514**	**23.93 %**	**419**
Alaska	347	26	7	314	743,171	28.89 %	32
Idaho	65	5	2	58	1,272,237	30.37 %	48
Oregon	135	11	14	110	1,703,364	25.43 %	90
Washington	243	58	20	165	5,635,742	21.13 %	249

Designated Health Professional Shortage Areas Statistics

Endnotes

(1) The number of designations includes HPSAs that are proposed for withdrawal (P) and HPSAs that have no data (N). Designations are not withdrawn until a Federal Register Notice is published, generally once a year on or around July 1.

(2) The figure reported for the Population of Designated Facility HPSAs for both Primary Care and Dental reflects the number of internees in designated correctional facilities. The figure reported for the Population of Designated Facility HPSAs for Mental Health reflects the number of internees in designated correctional facilities, as well as the average daily inpatient census for state and county mental hospitals designated after September 1, 2015. For reports generated prior to September 1, 2015, the Population of Designated Facility HPSAs for all disciplines included populations served by other public or non-profit facilities. These are facilities that qualify for HPSA designation by demonstrating that even though they are not located in a geographic or population HPSA, they serve the populations of geographic and population HPSAs. As a result, these populations were potentially double counted.

(3) The figure reported for Percent of Need Met for facility HPSAs includes correctional facilities and state mental hospitals. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet National Health Service Corps (NHSC) site requirements.

(4) The percent of need met is computed by dividing the number of primary care physicians available to serve the population of the area, group, or facility by the number of primary care physicians that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a primary care HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For primary care geographic designations, the population to provider ratio must be at least 3,500 to 1. For primary care population designations or geographic designations in areas with unusually high needs, the threshold is 3,000 to 1. For correctional facilities, the threshold is 1,000:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.

(5) The percent of need met is computed by dividing the number of dentists available to serve the population of the area, group, or facility by the number of dentists that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a dental HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. For dental geographic designations, the ratio must be at least 5,000 to 1. For dental population designations or geographic designations in areas with unusually high needs, the threshold is 4,000 to 1. For correctional facilities, the threshold is 1,500:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed.

(6) The percent of need met is computed by dividing the number of mental health providers available to serve the population of the area, group, or facility by the number of mental health providers that would be necessary to reduce the population to provider ratio below the threshold for designation so that it would eliminate the designation as a mental health HPSA. Federal regulations stipulate that, in order to be considered as having a shortage of providers, a designation must have a population-to-provider ratio that meets or exceeds a certain threshold. Mental health designations may qualify for designation based on the population to psychiatrist ratio, the population to core mental health provider (psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists) ratio, or the population to both psychiatrist and core mental health provider ratios. For mental health geographic designations based on the ratio of population to psychiatrist ratio, the designation must have a ratio of 30,000 to 1, while for population designations or geographic designations in areas with unusually high needs, the threshold is 20,000 to 1. For mental health geographic designations based on the ratio of population to core mental health providers, the designation must have a ratio of 9,000 to 1, while for population designations or geographic designations in areas with unusually high needs, the threshold is 6,000 to 1. For mental health geographic designations based on the ratios of both population to psychiatrist and population to core mental health providers, the designation must have ratios of 20,000 to 1 (psychiatrists) and 6,000 to 1 (core mental health providers), while for population designations or geographic designations in areas with unusually high needs, the thresholds are 15,000 to 1 (psychiatrists) and 4,500 to 1 (core mental health providers). For correctional facilities, the threshold is 2,000:1 and takes into account the average length of stay, and whether or not intake examinations are routinely performed. For state mental hospitals, the calculation is based on workload units, which are a function of the average daily inpatient census and the number and type of admissions. For correctional facilities and state mental hospitals, psychiatrists are the only provider type counted.

Designated Health Professional Shortage Areas Statistics

Endnotes

(7) The number of additional primary care physicians needed to achieve a population-to-primary care physician ratio below the thresholds necessary for designation in all designated primary care HPSAs that would result in their removal from designation. The formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by nurse practitioners and physician assistants in an area. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.

(8) The number of additional dentists needed to achieve a population-to-dentist ratio below the thresholds necessary for designation in all designated dental HPSAs that would result in their removal from designation. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.

(9) The number of additional mental health providers needed to achieve a population-to-provider ratio below the thresholds necessary for designation in all designated mental health HPSAs that would result in their removal from designation. While the regulations allow mental health HPSA designations to be based on the psychiatrist to population ratio, the core mental health provider to population ratio, or both in conjunction, most mental health HPSA designations are currently based on the psychiatrists only to population ratio. If a HPSA designation is based on the ratio of population to psychiatrists only, it does not take into account the availability of additional mental health services provided by other mental health providers in the area, such as clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists. The figure reported for Practitioners Needed To Remove Designations for facility HPSAs includes correctional facilities and state mental hospitals. It excludes facilities not located in a HPSA that are designated based on providing services to the population of a geographic or population HPSA. It also excludes facilities automatically designated based on statute, including health center program grantees, Federally Qualified Health Center Look Alikes, Indian Health Service facilities, and rural health clinics that meet NHSC site requirements.

(10) Percentages of all designations classified as rural/non-rural are calculated by dividing the number of designations for the specified subcategory by the total number of designations for each discipline type and multiplying the result by 100. Due to decimal rounding, percentage totals may not equal exactly 100%.

(11) Partially rural designations are those made up of geographic components that have a mixture of rural, non-rural, and unknown statuses.

(12) Designations of unknown rural status may include 1) facility HPSAs whose precise location could not be located on a map (i.e. geocoded) or 2) geographic or population group HPSAs that are made up of some or all areas for which rural status is undefined. Rural status may be undefined where rural information or underlying geographic reference data for administrative boundaries is unavailable for the specified geographic area.

Exhibit C.II - Second Prong - Well-Positioned to Advance the Proposed Endeavor

Please refer to all documents in Exhibit B

Docusign Envelope ID: 87832B08-E088-4678-8E1C-2D66806D465C

spring health

60 Madison Avenue, Floor 2
New York, NY 10010

April 19, 2025

Dear **Raquel Marques,**

I am pleased to offer this letter to you on behalf of Spring Health. As of **4/19/2025,** you are considered fully privileged and are able to log in to Spring Health and service patients. This approval is good for 36 months from the date of this letter. At 32 months from the date of this letter **12/19/2027,** you must initiate the re-credentialing process in order to continue servicing Spring Health patients.

Number of Countries Approved:

One (1)

Country	Activity Type
Brazil	**Therapist**

Sincerely,

Signed by:
346FA50F2D8042C...

4/19/2025

Timothy M. Howard, MD, FAAFP | Spring Health

Raquel Marques(She/Her)
ClinicalPsychologist | CBTSpecialist | Crisis Inte...

More +Follow Send Message

Recommendations

Received Given



Daniele Clarindo Amorim· 3rd
Airworthiness Certification Specialist @ FAB | Systems Engineering, Control Systems
On September 2, 2025, Daniele was Raquel's client

Raquel is a unique professional in her activities, showing excellence and dedication in each session. Her direct, clear, and objective approach makes effective therapeutic monitoring possible, always focused on the real needs of the patient.

In addition to her remarkable capacity for active listening, Raquel stands out for her solid knowledge in her field of work, which she applies practically and assertively in each therapeutic process. This combination of technical preparation, experience, and constant updating ensures precise, well-founded interventions of great impact on the personal development of her patients.

Being accompanied by Raquel means having the certainty of relying on a competent psychologist, committed and truly passionate about what she does.



Maiara Moreno· 3rd
PhD in Materials Science | Materials Engineer | Reliability Engineer
On January 4, 2025, Maiara was Raquel's client

Excellent psychologist, I loved the sessions I had with her. Focus on solving the problem of now to improve the future. I liked the approach with slides where we followed the information at the same time as we talked, a bit of theory and then practice. The tasks were also important so that we would not stay only in the sessions, but bring this into daily life. Highly recommend.



Douglas William Dos Santos Silva· 3º
Quality Engineer
On December 20, 2024, Douglas William was Raquel's client

In a period of many difficulties in my personal and professional life, on the verge of depression, I was lucky to find Raquel Marques in a Google search. We did 10 therapy sessions that were fundamental for building a solid foundation for my personal growth.
The work we did together brought results that last until today, even after 10 years since the end of the treatment, when I write this recommendation.
I strongly recommend the work of this professional.



Gabriel Fiorati· 3rd
Business Specialist
On December 19, 2024, Gabriel was Raquel's client

I met Raquel at the beginning of 2024, after facing some anxiety crises, thanks to the recommendation of other professionals in the area. From the beginning, we worked on my emotional well-being, and she helped me deal with anxiety and other issues using effective techniques of Cognitive Behavioral Therapy.

Raquel is not just my therapist; she is a great source of inspiration. Her broad knowledge and mastery of tools and techniques, both from psychology and coaching, make each session a transformative experience. Each consultation is a true journey of self-knowledge, full of deep reflections, making one hour seem like weeks of progress.

With her guidance, I stopped being someone who fought against Generalized Anxiety Disorder to become a more balanced person, a better husband, a more present son, and a professional recognized for characteristics such as emotional intelligence, persistence, and discipline.

I literally left the shadows and began to confidently walk the path toward my goals, dreams, and plans.

Without a doubt, every achievement and leap I've experienced in recent months carries the mark of Raquel's exceptional work. Without her treatment and guidance, I would not be where I am today. I am deeply grateful for her dedication and expertise, which were fundamental for this transformation.

In 6 months of therapy I achieved my professional goals, earned 2 promotions at work, improved my relationship, and I am clear on the next steps to achieve my plans and goals!

More profiles for you



LEONARDO ANDRES PINO MOREIRA · 3rd and +
Bachelor's Degree in Nutrition and Dietetics
Send message



Juliana Araujo· 3rd
Portuguese Language and Sociology Teacher
Send message



Nohelia U.· 3rd and +
Clinical Psychologist and Psychotherapist | Contextual Therapist | Wellness Coach | Active Volunteer
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Maria Eduarda Batista· 3rd
Psychology Coordinator at Protea Neurodevelopment | Applied Behavior Analysis
Send message



Bruno Buzollo· 3rd
Risk Manager
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I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: September 23, 2025.

Recomendações

Recebidas Fornecidas



Daniele Clarindo Amorim · 3º
Airworthiness Certification Specialist @ FAB | Systems Engineering, Control Systems
Em 2 de setembro de 2025, Daniele era cliente de Raquel

Raquel é uma profissional ímpar em suas atividades, demonstrando excelência e dedicação em cada atendimento. Sua abordagem direta, clara e objetiva possibilita um acompanhamento terapêutico efetivo, sempre focado nas reais necessidades do paciente.

Além de sua notável capacidade de escuta ativa, Raquel se destaca pelo sólido conhecimento em sua área de atuação, que aplica de forma prática e assertiva em cada processo terapêutico. Essa combinação entre preparo técnico, experiência e atualização constante garante intervenções precisas, fundamentadas e de grande impacto no desenvolvimento pessoal de seus pacientes.

Ser acompanhado por Raquel é ter a certeza de contar com uma psicóloga competente, comprometida e verdadeiramente apaixonada pelo que faz.



Maiara Moreno · 3º
PhD in Materials Science | Materials Engineer | Reliability Engineer
Em 4 de janeiro de 2025, Maiara era cliente de Raquel

Excelente psicóloga, adorei as sessões que tive com ela. Foco em solucionar o problema de agora para melhorar o futuro. Gostei da abordagem con slides onde acompanhamos as informações ao mesmo tempo que conversamos, um pouco de teoria e depois a prática. As tarefas também foram importantes pra que não ficássemos apenas nas sessões, mas trazer isso pro dia a dia. Super recomendo.



Douglas William Dos Santos Silva · 3º
Quality Engineer
Em 20 de dezembro de 2024, Douglas William era cliente de Raquel

Em um período de muitas dificuldades na minha vida pessoal e profissional, a beira da depressão, tive a sorte de encontrar a Raquel Marques em uma pesquisa do Google. Fizemos 10 seções de terapia que foram fundamentais para construção de uma base sólida para a minha evolução pessoal.
O trabalho que fizemos juntos trouxeram resultados que perduram até hoje, mesmo após 10 anos do final do tratamento, quando escrevo esta recomendação.
Recomendo fortemente o trabalho da profissional.



Gabriel Fiorati · 3º
Especialista de Negócios
Em 19 de dezembro de 2024, Gabriel era cliente de Raquel

Conheci a Raquel no início de 2024, após enfrentar algumas crises de ansiedade, graças à recomendação de outros profissionais da área. Desde o início, trabalhamos no meu bem-estar emocional, e ela me ajudou a lidar com a ansiedade e outras questões utilizando técnicas eficazes da Terapia Cognitivo-Comportamental.

Raquel não é apenas minha terapeuta; ela é uma grande fonte de inspiração. Sua ampla bagagem de conhecimento e o domínio de ferramentas e técnicas, tanto da psicologia quanto do coaching, tornam cada sessão uma experiência transformadora. Cada consulta é uma verdadeira viagem de autoconhecimento, repleta de reflexões profundas, que fazem uma hora parecer semanas de evolução.

Com sua orientação, deixei de ser alguém que lutava contra o Transtorno de Ansiedade Generalizada para me tornar uma pessoa mais equilibrada, um melhor marido, um filho mais presente e um profissional reconhecido por

características como inteligência emocional, persistência e disciplina. Saí literalmente das sombras e comecei a trilhar com confiança o caminho rumo aos meus objetivos, sonhos e planos.

Sem dúvidas, cada conquista e salto que vivi nos últimos meses carregam a marca do trabalho excepcional da Raquel. Sem seu tratamento e direcionamento, eu não estaria onde estou hoje. Sou profundamente grato por sua dedicação e expertise, que foram fundamentais para essa transformação.

Em 6 meses de terapia conquistei meus objetivos profissionais, conquistei 2 promoções no trabalho, melhorei meu relacionamento e tenho claro os próximos passos para conquistar meus planos e objetivos!

Mais perfis para você



LEONARDO ANDRES PINO MOREIRA · 3º e +
Licenciado en Nutrición y Dietética
Enviar mensagem



Juliana Araujo · 3º
Professora de Língua Portuguesa e Sociologia.
Enviar mensagem



Nohelia U. · 3º e +
Psicóloga Psicoterapeuta Clínica | Terapeuta Contextual | Wellness Coach | Voluntaria activa
Enviar mensagem



Maria Eduarda Batista · 3º
Coordenador(a) de Psicologia na Protea Neurodesenvolvimento | Análise do Comportamento Aplicada
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Bruno Buzollo · 3º
Gestor de Riscos
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Exhibit C.II - Second Prong: Professional Training and Continuing Education

udemy

Nº do certificado: UC-a79e7a56-65c4-4297-acc2-6ed99d87959b
URL do certificado: ude.my/UC-a79e7a56-65c4-4297-acc2-6ed99d87959b
Número de referência: 0004

CERTIFICADO DE CONCLUSÃO

Investigative Interviewing

Instrutores **Ian Kirke**

Raquel Marques

Data **15 de Agosto de 2025**
Duração **33 total mins**

CONPEJ

TRÊSMARIAS COLLEGE

CERTIFICATE

The Director of Três Marias College – FTM, re-accredited by Ordinance No. 468, in the exercise of her duties and in view of the agreement with the National Council of Judicial Experts of the Federative Republic of Brazil, hereby certifies that

RAQUEL MARQUES DE OLIVEIRA

Of Brazilian nationality, born on **March 31, 1987**, in São José dos Campos-SP, holder of Identity Card **No. 03629464669** (Driver's License/SP), is hereby granted this Certificate so that she may enjoy all legal rights and prerogatives.

Successfully completed the course in

JUDICIAL EXPERTISE

Offered by this Higher Education Institution, with a total workload of 40 class hours, during the period from July 23, 2022, to July 24, 2022, the syllabus of which appears on the reverse side of this certificate.

João Pessoa, August 2, 2022

The acceptance of this document is subject to verification of its authenticity on the Internet, at www.faculdadetresmarias.edu.br/validacao.
Validation Code: 227c8e8f34008759

Emilia Fernandes Pimenta
Academic Director

TRÊSMARIAS COLLEGE

JUDICIAL EXPERTISE COURSE – EXTENSION

I. JUDICIAL EXPERTISE
- How to become a Judicial Expert and what an Expert does
- Appointment and requirements
- Courts in which the Expert may act
- How to serve as a Judicial Expert
- Work in the courts
- Judicial and Extrajudicial Expertise
- The proceedings and the 5 Principles of Procedural Law
- Procedural stages
- Summons in Proceedings and Withdrawal of Case Files
- Expert Fees

II. JUDICIAL REPORT
- Concept
- Drafting
- Structure
- Submission
- Supplemental Questions
- Standard Responses
- Delivery of the Expert Report
- Technical Assistants
- Clarifications of Questions

III. LEGISLATION
- Code of Civil Procedure: Articles 464 to 480 of the new CPC
- Code of Criminal Procedure: Crimes related to Experts
- Assistance

IV. SAMPLE DOCUMENTS
- Letters of Introduction
- Fee Proposals
- Various Reports

V. NEW CODE OF CIVIL PROCEDURE

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I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 3, 2025.**

CERTIFICADO

A Diretora da **Faculdade Três Marias - FTM**, recredenciada pela Portaria n°. 468, no uso de suas atribuições e tendo em vista o convênio com o Conselho Nacional dos Peritos judiciais da República Federativa do Brasil certifica que

RAQUEL MARQUES DE OLIVEIRA

De nacionalidade BRASILEIRA, nascido(a) na data de **31 de março de 1987**, em São José dos Campos-SP, portador(a) da cédula de Identidade **n°. 03629464669 (CNH/SP)**, e outorga-lhe o presente Certificado a fim de que a pessoa possa gozar de todos os direitos e prerrogativas legais.

Concluiu com êxito o curso de

PERÍCIA JUDICIAL

Ministrado por esta Instituição de Ensino Superior, com 40 horas-aula, durante o período de 23 de julho de 2022 a 24 de julho de 2022 e cujo conteúdo programático encontra-se no verso do presente certificado.

João Pessoa, 02 de agosto de 2022

A aceitação deste documento está condicionada à verificação de sua autenticidade na Internet, no endereço www.faculdadetresmarias.edu.br/validacao.
Código de Validação: 227c8e8f34008759

Emilia Fernandes Pimenta
Diretora Acadêmica

CURSO DE PERÍCIA JUDICIAL - EXTENSÃO

I. PERÍCIA JUDICIAL
- Como ser Perícia judicial e o que faz um Perito
- Nomeação e exigências
- Varas em que o Perito pode atuar
- Como ser Perito Judicial
- O trabalho nas varas
- Perícias Judiciais e Extrajudiciais
- O processo e os 5 Princípios dos Processos
- Fases Processuais
- Intimação nos atos e Retirada dos Autos
- Honorários Periciais

II. LAUDO JUDICIAL
- Conceito
- Elaboração
- Estrutura
- Encaminhamento
- Quesitos Suplementares
- Respostas Padrão
- Entrega do Laudo Pericial
- Assistentes Técnicos
- Esclarecimentos de Quesitos

III. Legislação
- CPC: artigos 464 a 480 do novo CPC
- CPP: Crimes relacionados a Peritos
- Assistência

IV. MODELOS DIVERSOS
- Cartas de Apresentação
- Propostas de Honorários
- Laudos Diversos

V. NOVO CÓDIGO DO PROCESSO CIVIL

A aceitação deste documento está condicionada à verificação de sua autenticidade na Internet, no endereço www.faculdadetresmarias.edu.br/validacao.
Código de Validação: 227c8e8f34008759

NCTSN The National Child Traumatic Stress Network

CERTIFICATE of ACHIEVEMENT

This is to certify that

Raquel Marques de Oliveira

has completed the course

Psychological First Aid (PFA) Online

October 27, 2025

Jenifer Wood Maze, PhD
Program Administrator

PFA®

5 CE Contact Hours
5 NBCC Clock Hours

National Center for Child Traumatic Stress has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 7218. Programs that do not qualify for NBCC credit are clearly identified. National Center for Child Traumatic Stress is solely responsible for all aspects of the programs. This program is approved by the National Association of Social Workers (Approval #886476741-6942) for (5) continuing education contact hours. The National Center for Child Traumatic Stress is approved by the American Psychological Association to sponsor continuing education for psychologists. The National Center for Child Traumatic Stress is solely responsible for all aspects of the programs.

11150 W. Olympic Blvd., Suite 650, Los Angeles, CA 90064, (310) 235-2633

intellect

Certificate of Completion

This certificate is awarded to

Raquel Marques de Oliveira

Successful completion of the training:

[Intellect Skills Training] The Many Faces of Grief: Understanding & Navigating Loss

Completed on:
29 Oct 2025

Hours: 2.0

Certificate ID:
690210eeaeb94f9327055788

Validate this certificate at:
https://mycourse.app/679iaNo1C0yWi4zv2

Spring Health

CERTIFICATE of COMPLETION

This is to certify that

Raquel Marques

has attended and completed, in its entirety, the following continuing education activity sponsored by Spring Health:

Diagnosing, Assessing, and Treating Military Personnel & Veterans for PTSD (APA)

2 CE credit(s)

INSTRUCTOR(S):

BJ Constantine, LMHC

DATE OF COURSE

09/29/2025

Hannah Hughes

Hannah Hughes, Spring Health

Spring Health is approved by the American Psychological Association to sponsor continuing education for psychologists. Spring Health maintains responsibility for this program and its content.

60 Madison Avenue, 2nd Floor New York, NY 10010 | (240) 558-5796 | providerops@springhealth.com

Office of the Attorney General

STATE OF FLORIDA

Florida Crime Prevention Training Institute

Hereby awards this certificate of recognition to

Raquel Marques de Oliveira

as evidence of the successful completion of the course

Victim Services Practitioner Designation

In witness thereof, this diploma has been issued by the Attorney General upon recommendation of the faculty on this 12th Day of June, 2026.

40 Hours

JAMES UTHMEIER
ATTORNEY GENERAL
STATE OF FLORIDA

HYPNOSIS AND SELF-HYPNOSIS

Over *10,000* People Already
TRAINED

ELLEVEN
TRAINING AND HUMAN DEVELOPMENT

We certify that

RAQUEL MARQUES DE OLIVEIRA

participated in the

22-hour course

Hypnosis and Self-Hypnosis

taught by Elleven Training and

Human Development.

São José dos Campos, June 4, 2017.

José Carlos Carturan Filho

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: September 3, 2025.

HIPNOSE E AUTO-HIPNOSE

Mais de 10.000 Pessoas já TREINADAS

ELLEVEN
TREINAMENTO E DESENVOLVIMENTO HUMANO

Certificamos que

RAQUEL MARQUES DE OLIVEIRA

participou do curso

Hipnose e Auto-Hipnose

com duração de 22 horas,
ministrado pela Elleven Treinamentos e
Desenvolvimento Humano.

São José dos Campos, 04 de Junho de 2017.

José Carlos Carturan Filho

M E D I T A

MINDFULNESS MEDITATION

We hereby certify this to **Raquel Marques de Oliveira**
for her participation in the Mindfulness Course - 8-week program, held from
October 31 to December 19, 2017, in a virtual environment by Espaço Medita, São Paulo - SP

Course duration: 12 hours

Luis Gustavo Gebara
President of Espaço Medita

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: September 3, 2025.

MEDITA

MEDITAÇÃO MINDFULNESS

Certificamos o presente a **Raquel Marques de Oliveira**
por sua participação no Curso de Mindfulness - programa 8 semanas, realizado em
31 de Outubro à 19 de Dezembro de 2017, em ambiente virtual pelo Espaço Medita, São Paulo - SP

Carga horária: 12 horas

Luis Gustavo Gebara
Presidente do Espaço Medita

UNITAU

University of Taubaté
Rua 4 de Março, 432 – Centro – Taubaté/SP – 12020-270
Phone: (12) 3625-4295
reitoria@unitau.br

D E C L A R A T I O N

Prof. Dr. José Felício Goussain Murade, Vice-President for Extension and Community Relations of the University of Taubaté, in the exercise of his legal and statutory duties, ...

DECLARES, for all due purposes, that **RAQUEL MARQUES** served as a scholarship holder in the extension project “Traverse: from reading and storytelling to culture and citizenship”, under the coordination of Prof. Dr. Tereza Elizete Gonçalves, from October to December 2011, completing a total of 180 hours. **NOTHING FURTHER**. Issued by the Office of the Vice-President for Extension and Community Relations of the University of Taubaté, on the twenty-first day of March, two thousand and twelve.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Vice-President for Extension and Community Relations

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

UNITAU

Universidade de Taubaté
Rua 4 de março, 432 Centro Taubaté-SP 12020-270
Tel.: (12) 3625-4295
reitoria@unitau.br

D E C L A R A Ç Ã O

Prof. Dr. José Felício Goussain Murade, Pró-reitor de Extensão e Relações Comunitárias da Universidade de Taubaté, no uso de suas atribuições legais e regimentais, ...

D E C L A R A para os devidos fins e efeitos que **RAQUEL MARQUES** atuou como bolsista no projeto de extensão "Travessia: da leitura e construção de histórias à cultura e cidadania", sob a coordenação da Profa. Dra. Tereza Elizete Gonçalves, no período de outubro a dezembro de 2011, perfazendo um total de 180 horas. **NADA MAIS**. Dada e passada na Secretaria da Pró-reitoria de Extensão e Relações Comunitárias da Universidade de Taubaté, aos vinte e um dias do mês de março do ano de dois mil e doze.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Pró-reitor de Extensão e Relações Comunitárias

JUDICIARY

São Paulo State Court of Justice,
Children and Youth Court of the
District of São José dos Campos/SP.

CERTIFICATE

We certify that **Raquel Marques de Oliveira** participated in the Psychosocial and Legal Preparation for Adoption meeting held by the **CHILDREN AND YOUTH COURT OF THE DISTRICT OF SÃO JOSÉ DOS CAMPOS** on February 18, 2011, in compliance with Article 50, paragraph 3a, of Law No. 8069/90, as amended by Law No. 12.010/09.

São José dos Campos, February 18, 2011.

Dr. Marco César Vasconcelos e Souza
Judge

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 3, 2025.**

PODER JUDICIÁRIO
Tribunal de Justiça do Estado de São Paulo
Vara da Infância e Juventude da
Comarca de São José dos Campos /SP.

CERTIDÃO

Certifico que ***Raquel Marques de Oliveira*** participou do encontro de Preparação Psicossocial e Jurídica para Adoção realizada pela **VARA DA INFÂNCIA E JUVENTUDE DA COMARCA DE SÃO JOSÉ DOS CAMPOS** no dia 18 de fevereiro de 2011 em atendimento ao artigo 50, parágrafo 3ª da Lei nº 8069/90 alterado pela Lei nº 12.010/09.

São José dos Campos, 18 de fevereiro de 2011.

Dr. Marco César Vasconcelos e Souza
Juiz de Direito

Certificate

UNIARA
Araraquara University Center

We certify that Raquel Marques de Oliveira

participated in the **Symposium "Compulsions in the Present Day: A Psychoanalytic Perspective,"** held on September 21 and 22, 2007, at this University Center.

UNIARA
PSYCHOLOGY

Ribeirão Preto Institute of Psychoanalytic Studies

Araraquara, September 22, 2007.

Professor Dr. Rita de Cássia M. Moreira,
Coordinator of the Psychology Course

Dr. Cleuza Beatriz Baptista Silva
President of the IEP

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 3, 2025.**

Certificado

UNIARA
Centro Universitário de Araraquara

Certificamos que Raquel Marques de Oliveira

participou do **Simpósio Compulsões na Atualidade: um Olhar Psicanalítico**, realizado nos dias 21 e 22 de setembro de 2007, neste Centro Universitário.

PSICOLOGIA UNIARA

Instituto de Estudos Psicanalíticos RP

Araraquara, 22 de setembro de 2007.

Profa. Dra. Rita de Cássia M. Moreira
Coordenadora do Curso de Psicologia

Dra. Cleuza Beatriz Baptista Silva
Presidente do IEP

CONPEJ

TRÊSMARIAS COLLEGE

CERTIFICATE

The Director of Três Marias College – FTM, re-accredited by Ordinance No. 468, in the exercise of her duties and in view of the agreement with the National Council of Judicial Experts of the Federative Republic of Brazil, hereby certifies that

RAQUEL MARQUES DE OLIVEIRA

Of Brazilian nationality, born on **March 31, 1987**, in São José dos Campos-SP, holder of Identity Card **No. 03629464669** (Driver's License/SP), is hereby granted this Certificate so that she may enjoy all legal rights and prerogatives.

Successfully completed the course in

JUDICIAL EXPERTISE

Offered by this Higher Education Institution, with a total workload of 40 class hours, during the period from July 23, 2022, to July 24, 2022, the syllabus of which appears on the reverse side of this certificate.

João Pessoa, August 2, 2022

The acceptance of this document is subject to verification of its authenticity on the Internet, at www.faculdadetresmarias.edu.br/validacao.
Validation Code: 227c8e8f34008759

Emilia Fernandes Pimenta
Academic Director

TRÊSMARIAS COLLEGE

JUDICIAL EXPERTISE COURSE – EXTENSION

I. JUDICIAL EXPERTISE
- How to become a Judicial Expert and what an Expert does
- Appointment and requirements
- Courts in which the Expert may act
- How to serve as a Judicial Expert
- Work in the courts
- Judicial and Extrajudicial Expertise
- The proceedings and the 5 Principles of Procedural Law
- Procedural stages
- Summons in Proceedings and Withdrawal of Case Files
- Expert Fees

II. JUDICIAL REPORT
- Concept
- Drafting
- Structure
- Submission
- Supplemental Questions
- Standard Responses
- Delivery of the Expert Report
- Technical Assistants
- Clarifications of Questions

III. LEGISLATION
- Code of Civil Procedure: Articles 464 to 480 of the new CPC
- Code of Criminal Procedure: Crimes related to Experts
- Assistance

IV. SAMPLE DOCUMENTS
- Letters of Introduction
- Fee Proposals
- Various Reports

V. NEW CODE OF CIVIL PROCEDURE

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Validation Code: 227c8e8f34008759

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Marina Viana **Date: September 3, 2025.**

TRÊSMARIAS COLLEGE

CERTIFICATE

The Director of Três Marias College – FTM, re-accredited by Ordinance No. 468, in the exercise of her duties and in view of the agreement with the National Council of Judicial Experts of the Federative Republic of Brazil, hereby certifies that

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João Pessoa, August 2, 2022

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Validation Code: 227c8e8f34008759

Emilia Fernandes Pimenta
Academic Director

CURSO DE PERÍCIA JUDICIAL - EXTENSÃO

I. PERÍCIA JUDICIAL
- Como ser Perícia judicial e o que faz um Perito
- Nomeação e exigências
- Varas em que o Perito pode atuar
- Como ser Perito Judicial
- O trabalho nas varas
- Perícias Judiciais e Extrajudiciais
- O processo e os 5 Princípios dos Processos
- Fases Processuais
- Intimação nos atos e Retirada dos Autos
- Honorários Periciais

II. LAUDO JUDICIAL
- Conceito
- Elaboração
- Estrutura
- Encaminhamento
- Quesitos Suplementares
- Respostas Padrão
- Entrega do Laudo Pericial
- Assistentes Técnicos
- Esclarecimentos de Quesitos

III. Legislação
- CPC: artigos 464 a 480 do novo CPC
- CPP: Crimes relacionados a Peritos
- Assistência

IV. MODELOS DIVERSOS
- Cartas de Apresentação
- Propostas de Honorários
- Laudos Diversos

V. NOVO CÓDIGO DO PROCESSO CIVIL

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Código de Validação: 227c8e8f34008759

CERTIFICATE

This is to certify that

Raquel Marques de Oliveira

Participated in Workshop No. 1 of the series "The Psychologist's Chest": **"Developing Listening Skills"**, conducted by Dr. Cristiana Mercadante Esper Berthoud, Dr. Maria Renata Machado Vaz Pinto Coelho, and Professor Vanda Gouvea Fenner, on March 27, 2010, from 8:30 a.m. to 7:00 p.m., with a total workload of 15 class hours.

Prof. Dr. Cristiana Mercadante Esper Berthoud
CRP – 06/12654-8

Prof. Dr. Maria Renata Machado Vaz Pinto Coelho
CRP – 06/10661

Prof. Vanda Gouvea Fenner
CRPC 0047/08 and CRT 40378

*CRP - Regional Council of Psychology
* CRT - Regional Council of Therapists

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 3, 2025.**

CERTIFICADO

Certificamos que

Raquel Marques de Oliveira

Participou do workshop nº 1 da Série "O Baú do Psicólogo": **"Desenvolvendo Habilidades de Escuta"**, ministrado por Dra. Cristiana Mercadante Esper Berthoud, Dra. Maria Renata Machado Vaz Pinto Coelho e Profa. Vanda Gouvea Fenner, no dia 27 de março de 2010, das 8h30m as 19h, com carga horária total de 15 horas/aula.

Profa. Dra. Cristiana Mercadante Esper Berthoud CRP - 06/12654-8

Profa. Dra. Maria Renata Machado Vaz Pinto Coelho CRP - 06/10661

Profa. Vanda Gouvea Fenner CRPC 0047/08 e CRT 40378

JUDICIARY

São Paulo State Court of Justice,
Children and Youth Court of the
District of São José dos Campos/SP.

CERTIFICATE

We certify that **Raquel Marques de Oliveira** participated in the Psychosocial and Legal Preparation for Adoption meeting held by the **CHILDREN AND YOUTH COURT OF THE DISTRICT OF SÃO JOSÉ DOS CAMPOS** on August 13, 2010.

São José dos Campos, August 13, 2010

Vera Lúcia Ferreira Ribeiro
Judiciary Psychologist

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 3, 2025.**

PODER JUDICIÁRIO
Tribunal de Justiça do Estado de São Paulo
Vara da Infância e Juventude da
Comarca de São José dos Campos /SP.

CERTIFICADO

Certifico que ***Raquel Marques de Oliveira*** participou do encontro de Preparação Psicossocial e Jurídica para Adoção realizada pela **VARA DA INFÂNCIA E JUVENTUDE DA COMARCA DE SÃO JOSÉ DOS CAMPOS** no dia 13 de agosto de 2010.

São José dos Campos, 13 de agosto de 2010.

Vera Lúcia Ferreira Ribeiro
Psicóloga Judiciária

UNIVERSITY OF TAUBATÉ

Department of Medicine

This is to certify that Raquel Marques de Oliveira participated in the IX Introductory Course of the League of Psychiatry and Mental Health, held on March 18, 2009, with a duration of two hours, at the Bom Conselho Auditorium in Taubaté, as a course attendee.

Gabriel Contreira Sansoni
President of the League of Psychiatry and Mental Health - LPSM.

Prof. Dr. Antonio Carlos Bartolomucci
Head of the Department of Medicine

Prof. Dr. Márcia Gonçalves
Professor and Coordinator of the LPSM.

League of Psychiatry and Mental Health
School of Medicine of Taubaté
SINCE 2000

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**

Universidade de Taubaté

Departamento de Medicina

Conferido a Raquel Marques de Oliveira, o certificado por sua participação no IX curso de iniciação da Liga de Psiquiatria e Saúde Mental, realizado no dia 18 de março de 2009, com duração de duas horas no Auditório do Bom Conselho em Taubaté, na qualidade de cursista.

Gabriel Contreira Sansoni

Presidente da LPSM.

Prof. Dr. Antonio Carlos Bartolomucci

Chefe do Dpto. de Medicina.

Profª. Drª. Márcia Gonçalves

Profª. Coordenadora da LPSM.



III International Seminar on Social Skills

Social Skills, Culture, Research, and Practice

CERTIFICATE

WE CERTIFY THAT

RAQUEL MARQUES DE OLIVEIRA

PARTICIPATED IN THE MINI-COURSE

INTRODUCTION TO SOCIAL SKILLS FOR THE MAINTENANCE OF DRUG ABSTINENCE
with a duration of 2 hours

OFFERED DURING THE III INTERNATIONAL SEMINAR ON SOCIAL SKILLS, HELD AT THE UNIVERSITY OF TAUBATÉ ON AUGUST 10, 11, 12, AND 13, 2011.

Maria Júlia Ferreira Xavier Ribeiro
Coordinator of the Organizing Committee

Zilda Aparecida Pereira Del Prette
Coordinator of the Scientific Committee

FAPESP · CNPq 60 ANOS · FAPETI · EDITORA VOZES · GLOBAL CULTURAL (globalculturalaudiovisual.com.br) · ESETec · VETOR EDITORA · Casa do Psicólogo® · UFSCar · Organizer: UNITAU

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**



III Seminário Internacional de Habilidades Sociais

Habilidades Sociais, Cultura, Pesquisa e Prática

Certificado

CERTIFICAMOS QUE

RAQUEL MARQUES DE OLIVEIRA

PARTICIPOU DO MINICURSO

INTRODUÇÃO ÀS HABILIDADES SOCIAIS PAR A MANUTENÇÃO DA ABSTINÊNCIA DE DROGAS,
com duração de 2 horas

MINISTRADO DURANTE O III SEMINÁRIO INTERNACIONAL DE HABILIDADES SOCIAIS, REALIZADO NA UNIVERSIDADE DE TAUBATÉ, NOS DIAS 10, 11, 12 E 13 DE AGOSTO DE 2011

Maria Júlia Ferreira Xavier Ribeiro
Coordenadora da Comissão Organizadora

Zilda Aparecida Pereira Del Prette
Coordenadora da Comissão Científica

FAPESP · CNPq 60 ANOS · FAPETI · EDITORA VOZES · GLOBAL CULTURAL globalculturalia.uol.com.br · ESETec · VETOR EDITORA · Casa do Psicólogo® www.casadopsicologo.com.br · realização: UNITAU


XV National Meeting of ABRAPSO
Social Psychology and Policies of Existence
BORDERS AND CONFLICTS
Maceió, 10/30 to 11/02 2009
CERTIFICATE
We certify that
RAQUEL MARQUES DE OLIVEIRA
participated in the XV National Meeting of the Brazilian Association of Social Psychology, held in Maceió-AL, at Tiradentes Integrated College – FITs, from October 30 to November 2, 2009, completing a total workload of 30 hours.
BENEDITO MEDRADO
Organizing Committee
JEFFERSON BERNARDES
Organizing Committee
Organized by
ABRAPSO
Brazilian Association of Social Psychology
Supported by
UFAL
Fits
Technical Support
Partnership
CRP 15
CESMAC
Instituto PAPAI
(Unreadable)
FAPEAL

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**


XV Encontro Nacional da ABRAPSO
Psicologia social e políticas de existência:
Fronteiras e conflitos
Maceió | 30/10 a 02/11 de 2009
certificado
Certificamos que,
RAQUEL MARQUES DE OLIVEIRA
participou do XV Encontro Nacional da Associação Brasileira de Psicologia Social, realizado em Maceió-AL, na Faculdade Integrada Tiradentes - FITs, no período de 30 de outubro a 02 de novembro de 2009, cumprindo uma carga horária de 30 horas.
BENEDITO MEDRADO
COMISSÃO ORGANIZADORA
JEFFERSON BERNARDES
COMISSÃO ORGANIZADORA
Realização:
ABRAPSO
Apoio:
UFAL
Fits
Apoio Técnico:
Parceria:
CRP 13
CESMAC
PAPAI
Patrocínio:
FAPEAL

BEZERRA DE MENEZES

TREATMENT CENTER

CERTIFICATE

Raquel Marques Oliveira

Participated in the I International Seminar on Psychosis and Drugs: Challenges for Clinical Practice and Public Policies, with a duration of 8 hours.

São Paulo, September 16, 2011

Claudio Lopes
President

Guilherme Peres Messas
Coordinator of the Psychosis and Drugs Project of CTBM

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**

CENTRO DE TRATAMENTO

BEZERRA DE MENEZES

CERTIFICADO

Raquel Marques Oliveira

Participou do I Seminário Internacional sobre Psicose e Drogas: Desafios para a Clínica e para as Políticas Públicas com duração de 08h.

São Paulo, 16 de setembro de 2011

Claudio Lopes
Presidente

Guilherme Peres Messas
Coord. do Projeto Psicose e Drogas do CTBM

Taubaté, September 1, 2011

DECLARATION

We hereby declare, for all due purposes, that **Raquel Marques de Oliveira, ID No. 43.929.570-1**, successfully participated in the Forum *Building a Proposal for the Inclusion of Youth in Conflict with the Law*, held on August 30, 2011, from 2:00 p.m. to 5:00 p.m., with a total workload of 3 hours.

Carmen Lùcia dos Santos
Educational Secretary
SENAC Taubaté

João Alexandre Moreira Martinez
Acting Manager
SENAC Taubaté

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

_____ **Date: September 4, 2025.**

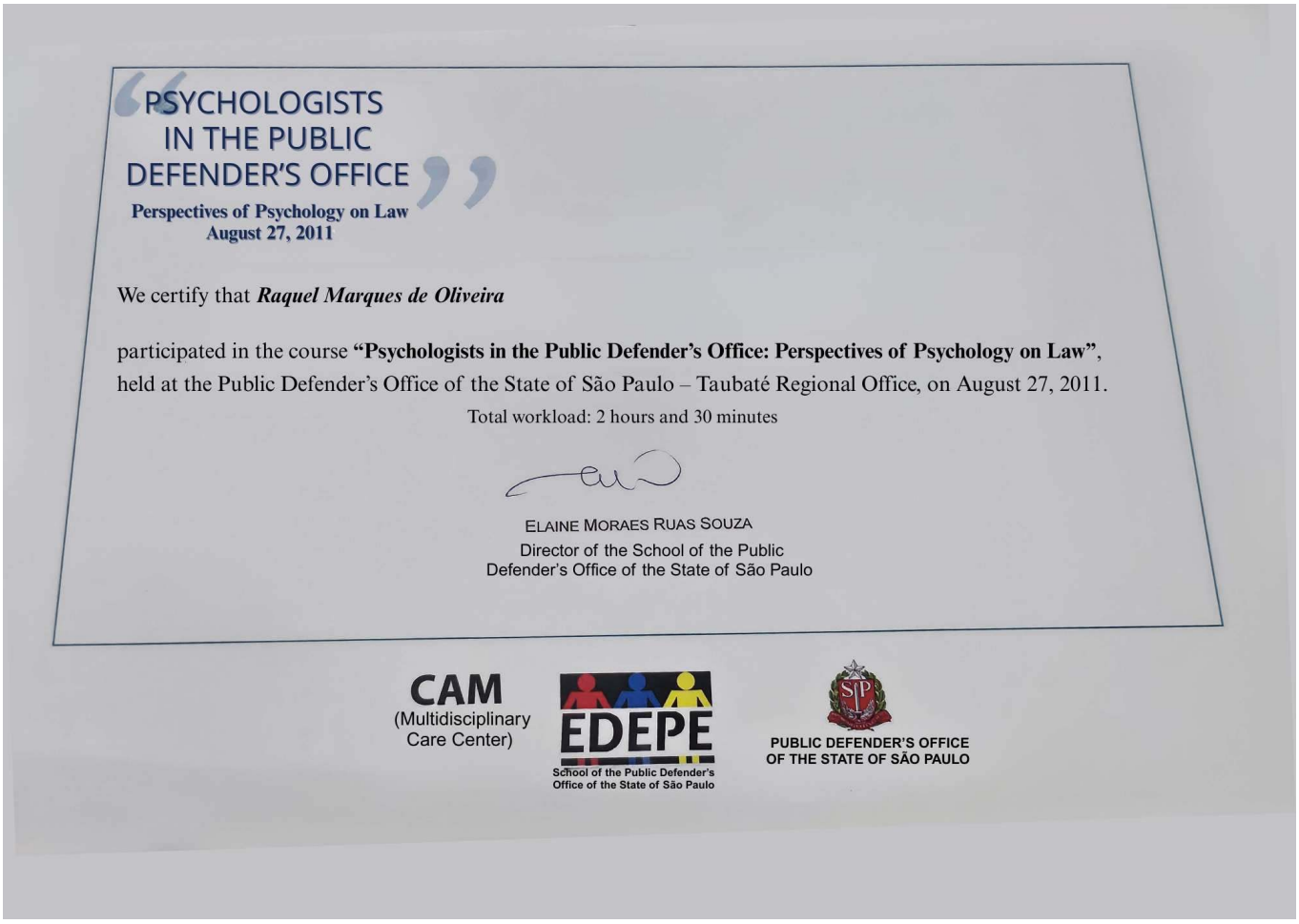
Taubaté, 01 de setembro de 2011.

DECLARAÇÃO

Declaramos para os devidos fins, que **Raquel Marques de Oliveira**, **RG nº 43.929.570-1,** participou com aproveitamento do Fórum *Construindo uma proposta de inclusão dos jovens em conflito com a lei,* realizado no dia 30 de agosto de 2011, das 14h às 17h, com carga horária total de 3 horas.

Carmem Lúcia dos Santos
Secretaria Educacional
SENAC Taubaté

João Alexandre Moreira Martinez
Gerente Substituto
SENAC Taubaté



"PSYCHOLOGISTS IN THE PUBLIC DEFENDER'S OFFICE"

Perspectives of Psychology on Law
August 27, 2011

We certify that ***Raquel Marques de Oliveira***

participated in the course **"Psychologists in the Public Defender's Office: Perspectives of Psychology on Law"**, held at the Public Defender's Office of the State of São Paulo – Taubaté Regional Office, on August 27, 2011.

Total workload: 2 hours and 30 minutes

ELAINE MORAES RUAS SOUZA
Director of the School of the Public
Defender's Office of the State of São Paulo

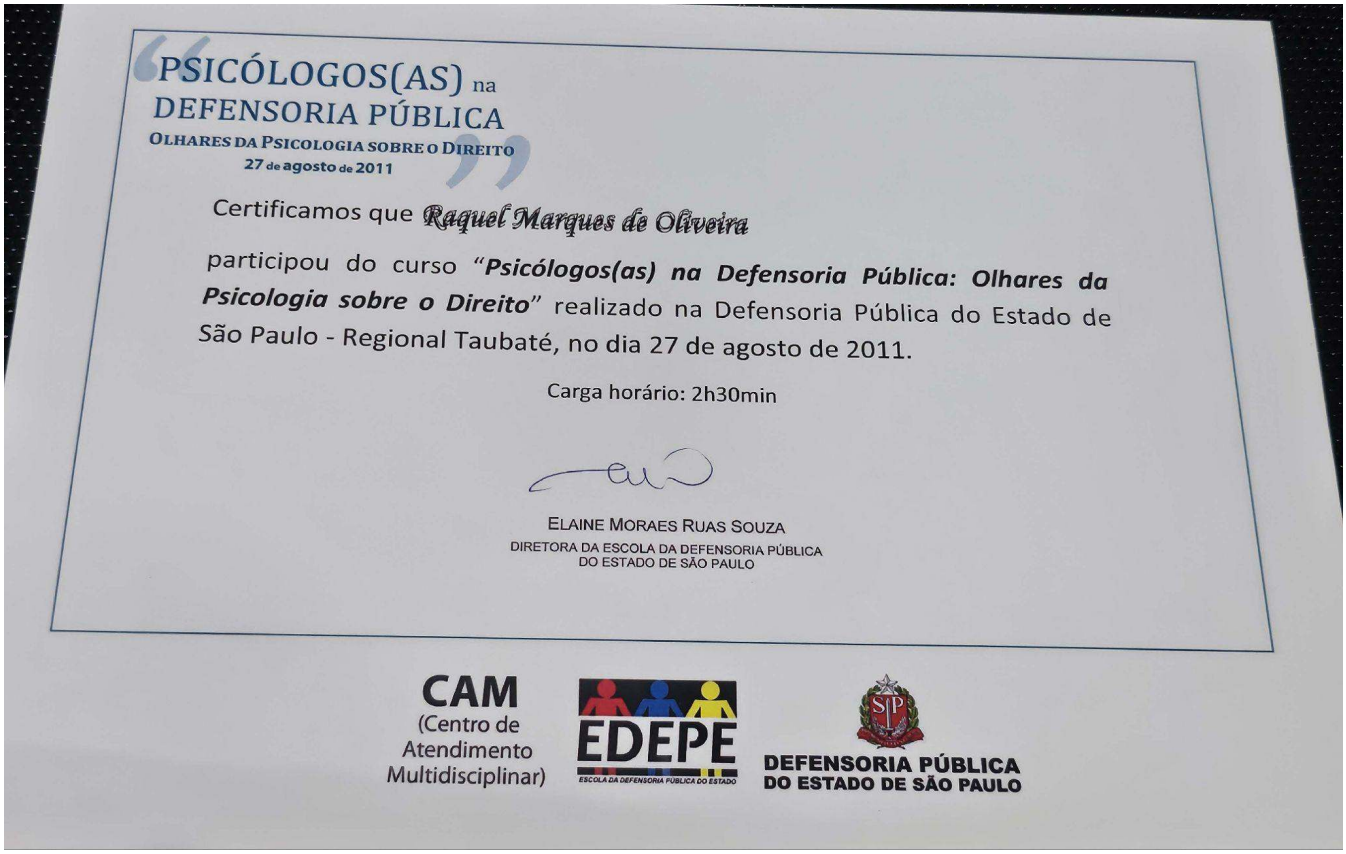
CAM
(Multidisciplinary
Care Center)

EDEPE
School of the Public Defender's
Office of the State of São Paulo

PUBLIC DEFENDER'S OFFICE
OF THE STATE OF SÃO PAULO

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**



PSICÓLOGOS(AS) na
DEFENSORIA PÚBLICA
OLHARES DA PSICOLOGIA SOBRE O DIREITO
27 de agosto de 2011

Certificamos que *Raquel Marques de Oliveira*

participou do curso "***Psicólogos(as) na Defensoria Pública: Olhares da Psicologia sobre o Direito***" realizado na Defensoria Pública do Estado de São Paulo - Regional Taubaté, no dia 27 de agosto de 2011.

Carga horário: 2h30min

ELAINE MORAES RUAS SOUZA
DIRETORA DA ESCOLA DA DEFENSORIA PÚBLICA
DO ESTADO DE SÃO PAULO

CAM
(Centro de
Atendimento
Multidisciplinar)

EDEPE
ESCOLA DA DEFENSORIA PÚBLICA DO ESTADO

DEFENSORIA PÚBLICA
DO ESTADO DE SÃO PAULO



III International Seminar on Social Skills

Social Skills, Culture, Research, and Practice

CERTIFICATE

WE CERTIFY THAT

RAQUEL MARQUES DE OLIVEIRA

PARTICIPATED IN THE III INTERNATIONAL SEMINAR ON SOCIAL SKILLS, HELD AT THE UNIVERSITY OF TAUBATÉ ON AUGUST 10, 11, 12, AND 13, 2011, AS A

Participant

Maria Júlia Ferreira Xavier Ribeiro
Coordinator of the Organizing Committee

Zilda Aparecida Pereira Del Prette
Coordinator of the Scientific Committee

Supported by FAPESP CNPq 60 ANOS FAPETI EDITORA VOZES GLOBAL CULTURAL globalculturaba@uol.com.br ESETec VETOR EDITORA Casa do Psicólogo® ufscar Organizer: UNITAU

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**



III Seminário Internacional de Habilidades Sociais

Habilidades Sociais, Cultura, Pesquisa e Prática

Certificado

CERTIFICAMOS QUE

Raquel Marques de Oliveira

PARTICIPOU DO III SEMINÁRIO INTERNACIONAL DE HABILIDADES SOCIAIS, REALIZADO NA UNIVERSIDADE DE TAUBATÉ, NOS DIAS 10, 11, 12 E 13 DE AGOSTO DE 2011, NA CONDIÇÃO DE

Participante

Maria Júlia Ferreira Xavier Ribeiro
Coordenadora da Comissão Organizadora

Zilda Aparecida Pereira Del Prette
Coordenadora da Comissão Científica

apoio: FAPESP CNPq 60 ANOS FAPETI EDITORA VOZES GLOBAL CULTURAL ESETec VETOR EDITORA Casa do Psicólogo® UFSCar realização: UNITAU

III Brazilian Congress
PSYCHOLOGY:
SCIENCE & PROFESSION

CERTIFICATE

We certify that Raquel Marques de Oliveira
participated in the III BRAZILIAN CONGRESS OF PSYCHOLOGY: SCIENCE AND PROFESSION, held from September 3 to 7, 2010, at UNINOVE and the Latin America Memorial, São Paulo – SP.

Maria da Graça Marchina Gonçalves
Congress Coordinator

Monica Giacomini Guedes da Silva
Secretary of the Forum of National
Entities of Brazilian Psychology

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**



III CONGRESSO BRASILEIRO
PSICOLOGIA:
CIÊNCIA & PROFISSÃO

CERTIFICADO

Certificamos que Raquel Marques de Oliveira
participou do III CONGRESSO BRASILEIRO PSICOLOGIA: CIÊNCIA E PROFISSÃO, realizado de 03 a 07 de setembro de 2010, na UNINOVE e no Memorial da América Latina, São Paulo – SP.

Maria da Graça Marchina Gonçalves
Coordenadora do Congresso

Monica Giacomini Guedes da Silva
Secretária do Fórum de Entidades Nacionais da Psicologia Brasileira

GRUPO CONVIVÊNCIA

CONVIVÊNCIA GROUP

COUNCILMAN

Prof. Jeferson Campos PV

TAUBATÉ - SP

CERTIFICATE – III ADOPTION WEEK

We certify that Raquel Marques Oliveira.

participated in the lecture "Return of Children in Adoption" during the III Adoption Week, held at the City Council of Taubaté, on May 21, 2010, with a total duration of 3 hours.

Taubaté, May 21, 2010

Ângela Soares da Cruz
President of Convivência Group

Councilman Prof. Jeferson Campos – PV
City Council of Taubaté – SP

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**



GRUPO CONVIVÊNCIA

Prof. Jeferson Campos PV VEREADOR
TAUBATÉ - SP

CERTIFICADO - III SEMANA DA ADOÇÃO

Certificamos que Raquel Marques Oliveira.
participou da palestra "Devolução de Crianças na Adoção" durante a III Semana da Adoção, realizada na Câmara Municipal de Taubaté, no dia 21 de maio de 2010, totalizando 3h de duração.

Taubaté, 21 de maio de 2010.

Ângela Soares da Cruz
Presidente do Grupo Convivência

Vereador Prof. Jeferson Campos - PV
Câmara Municipal de Taubaté-SP

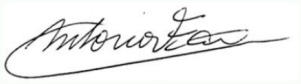
CERTIFICATE

We certify that

Raquel Marques de Oliveira,

participated in the Forensic Psychopathology Course, with a total workload of 8 hours.

September 26, 2020



Dr. ANTONIO JOSÉ EÇA
Physician, Psychiatrist, and
Specialist in Forensic Psychiatry

VIVARE
COURSES AND EVENTS

LILIAN CARLA DE LUCA
GENERAL COORDINATOR

VIVARE CURSOS E EVENTOS
CNPJ 36.230.609/0001-02

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**

CERTIFICADO

Certificamos que
Raquel Marques de Oliveira,
participou do Curso de
Psicopatologia Forense, com carga
horária de 08 horas.

26 DE SETEMBRO DE 2020



Dr. ANTONIO JOSÉ EÇA
Médico, Psiquiatra e
Especialista em Psiquiatria Forense.

VIVARE
CURSOS E EVENTOS

LILIAN CARLA DE LUCA
COORDENADORA GERAL

VIVARE CURSOS E EVENTOS
CNPJ 36.230.609/0001-02

CERTIFICATE

I certify that

RAQUEL MARQUES DE OLIVEIRA

completed the course

INTENSIVE COURSE FOR THE SÃO PAULO COURT OF JUSTICE (TJ-SP)

with a total workload of 35 hours.
02/15/2022

MATHIAS GLENS - Legal Psychology
Psychologist - CRP 06/85042

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 4, 2025.**

CERTIFICADO

Certifico que

RAQUEL MARQUES DE OLIVEIRA

completou o curso

CURSO INTENSIVO PARA O TJ-SP

com carga horário total de 35 horas

15/02/2022

MATHIAS GLENS - PSICOLOGIA JURÍDICA
Psicólogo - CRP 06/85042



III International Seminar on Social Skills

Social Skills, Culture, Research, and Practice

CERTIFICATE

WE CERTIFY THAT

RAQUEL MARQUES DE OLIVEIRA

PARTICIPATED IN THE MINI-COURSE

Public Speaking Anxiety: Self-Report Instrument

OFFERED DURING THE III INTERNATIONAL SEMINAR ON SOCIAL SKILLS, HELD AT THE UNIVERSITY OF TAUBATÉ ON AUGUST 10, 11, 12, AND 13, 2011.

Maria Júlia Ferreira Xavier Ribeiro
Coordinator of the Organizing Committee

Zilda Aparecida Pereira Del Prette
Coordinator of the Scientific Committee

Supported by

FAPESP · CNPq 60 ANOS · FAPETI · EDITORA VOZES · GLOBAL CULTURAL (globalculturaleditora@uol.com.br) · ESETec · VETOR EDITORA · Casa do Psicólogo® · ufscar

Organizer: UNITAU

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 5, 2025.**



III Seminário Internacional de Habilidades Sociais

Habilidades Sociais, Cultura, Pesquisa e Prática

Certificado

CERTIFICAMOS QUE

Raquel Marques de Oliveira

PARTICIPOU DO MINICURSO

Ansiedade de Falar em Público: Instrumento de Autorelato

MINISTRADO DURANTE O III SEMINÁRIO INTERNACIONAL DE HABILIDADES SOCIAIS, REALIZADO NA UNIVERSIDADE DE TAUBATÉ, NOS DIAS 10, 11, 12 E 13 DE AGOSTO DE 2011

Maria Júlia Ferreira Xavier Ribeiro
Coordenadora da Comissão Organizadora

Zilda Aparecida Pereira Del Prette
Coordenadora da Comissão Científica

apoio: FAPESP CNPq 60 ANOS FAPETI EDITORA VOZES GLOBAL CULTURAL globalcultural@uol.com.br ESETec VETOR EDITORA Casa do Psicólogo® realização: UNITAU

SBY
INTEGRAL
BRAZILIAN SOCIETY OF INTEGRAL YOGA

YOGA TEACHER TRAINING COURSE
DIPLOMA OF COMPLETION

RAQUEL MARQUES DE OLIVEIRA

CERTIFIED YOGA TEACHER

This program meets the educational requirements of the Brazilian Society of Integral Yoga, registered with the Yoga Alliance under the 500-hour standard.

President of the Brazilian Society of Integral Yoga
Mahesh Charu
Bruno Maiello

500 HOURS

ALIANÇA DO YOGA

COURSE COMPLETED ON 06/04/2017

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 5, 2025.**

SBY
INTEGRAL
SOCIEDADE BRASILEIRA DE YOGA INTEGRAL

YOGA TEACHER TRAINING COURSE
DIPLOMA OF COMPLETION

RAQUEL MARQUES DE OLIVEIRA

CERTIFIED YOGA TEACHER

Este programa atende às exigências educacionais da Sociedade Brasileira de Yoga Integral registrado pela Aliança do Yoga no padrão 500h.

Presidente da Sociedade Brasileira de Yoga Integral
Mahesh Charu
Bruno Maiello

CURSO CONCLUÍDO EM 04/06/2017

500 HORAS

ALIANÇA DO YOGA



CERTIFICATE

LEGAL PSYCHOLOGY COURSE

We certify that *Raquel Marques De Oliveira* participated in the "Legal Psychology Course"

promoted by Renova Cursos on August 14 and 15, 2010,
with a total duration of 16 hours (sixteen hours).

São Paulo, August 15, 2010.

Vera Lucia Lourenço
CRP 25939/05
Regional Council of Psychology

Renova cursos

Renova Cursos
Ricardo Sciammarella M. de Souza
General Coordinator

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

CERTIFICADO

CURSO DE PSICOLOGIA JURÍDICA

Declaramos que *Raquel Marques De Oliveira* participou do

"CURSO DE PSICOLOGIA JURÍDICA"

promovido pela Renova Cursos nos dias 14 e 15/08/2010,

com duração de 16 horas (dezesseis horas).

São Paulo, 15 de Agosto de 2010.

Vera Lucia Rosumeiro
CRP 25939/05

Renova cursos

Renova Cursos
Ricardo Sciammarella M. de Souza
Coordenador Geral

Bullying!

What to do when faced with this challenge?

CERTIFICATE

We certify that

participated in the seminar **BULLYING! WHAT TO DO WHEN FACED WITH THIS CHALLENGE?**, organized and held by Fundhas – Hélio Augusto de Souza Foundation, on June 8, 2011. We hereby state that the total workload was 4 (four) hours.

São José dos Campos, June 8, 2011

Dr. Roniel T. Soeiro de Faria
President Director

Sonia Maria da Silva
Director Specialized in Children and Adolescents

FUNDHAS
Hélio Augusto de Souza Foundation

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: September 5, 2025.**

Bullying!

O que fazer diante deste desafio?

CERTIFICADO

Certificamos que

_____

Participou do seminário **BULLYING! O QUE FAZER DIANTE DESTE DESAFIO?** organizado e realizado pela Fundhas – Fundação Hélio Augusto de Souza no dia 8 de junho de 2011. Informamos que a carga horária de atividades foi de 4 (quatro) horas.

São José dos Campos, 08 de Junho de 2011

Dr. Roniel T. Soeiro de Faria
Diretor Presidente

Sonia Maria da Silva
Diretora Especializada em Criança e Adolescente

FUNDHAS

CERTIFICATE

We hereby certify, for academic purposes, that Ms. **RAQUEL MARQUES DE OLIVEIRA**, holder of Identity Card No. **43929570-1**, student of the 5th year/class of the Psychology Program at the University of Taubaté, completed, at this Women's Resocialization Center, from 06/06/2011, to 11/18/2011, 104 (**one hundred and four**) hours of Supervised Specific Internship: Psychology and Management Processes II, as recorded in the files of this Institution.

São José dos Campos, November 18, 2011.

Eliana Maria G. Capostagno
Director of Women's Resocialization
Center of São José dos Campos

Supervised Specific Internship: Psychology and Management Processes II

INTERNSHIP COMMITMENT AGREEMENT
(Article 3, item II of Federal Law No. 11.788/2008)

On the *13th* day of *May* 2009, in the city of *Taubaté*, State of *São Paulo*, the parties named below enter into this act:

HOST ENTITY
Corporate Name: Women's Resocialization Center of São José dos Campos
Address Travessa Francisco Almada Phone (12) 3911-2201
Neighborhood Centro City São José dos Campos State SP ZIP Code 12245-681
CNPJ No.: State Registration:
Represented by Dr. Eliana Capostagno Position Director
Supervisor Edna Lucia de Seixas Nunes Position Technical Director II Phone:
Email: elianacapostagno@ig.com.br Signature

INTERN
Name: Raquel Marques ID 43.929.570-1
Address Rua Madre Paula de São José Phone (12) 91826-845
Neighborhood Vila Ema City São José dos Campos State SP ZIP Code: 12243-010
CTPS No./Series CPF 358.329.038-03
Regularly enrolled student of the 5th year, Class B, PSYCHOLOGY Program Student ID: 890244
E-mail quel.psico@yahoo.com.br

EDUCATIONAL INSTITUTION		
Corporate Name University of Taubaté		CNPJ No.: 45.176.153/0001-22 –
Address Av. Nove de Julho, 183	Neighborhood Centro	Phone (12) 3625-4204
City Taubaté	State SP	ZIP Code 12020-200
Represented by Prof. Dr. Edison Tibagy Dias de Carvalho Almeida		
Position General Coordinator of the Internship Center		
Internship Supervising Professor Vera Ribeiro		
Phone	Email	Signature **-----//signature//-----**

The parties hereby enter into this INTERNSHIP COMMITMENT AGREEMENT, under the following clauses and conditions:

CLAUSE 1 – This Internship Commitment Agreement shall be governed by the basic conditions outlined in the **INTERNSHIP AGREEMENT** signed on ____/ ____/___, between the **HOST ENTITY** and the **EDUCATIONAL INSTITUTION** to which the **INTERN** is enrolled.

CLAUSE 2 – The purpose of this internship is to provide the **INTERN**, by the **HOST ENTITY**, with complementary education and training, in terms of practical training, technical, cultural, and scientific development, and human relations, and must be planned, executed, supervised, and evaluated following the curricular guidelines of the stage, modality, and area of education and with the pedagogical project of the **EDUCATIONAL INSTITUTION**'s program **(Article 2 of Law No. 11.788/2008).**

CLAUSE 3 – It is agreed between the parties that:

a) The internship activities to be performed by the **INTERN** shall take place from 1:00 p.m. to 5:00 p.m., on Wednesdays and Fridays, totaling 32 hours per month, in a schedule compatible with the **INTERN**'s school hours and with the **HOST ENTITY**'s hours, at the Women's Resocialization Center (CRF).
b) The **INTERN** is entitled, whenever the internship lasts for 1 (one) year or more, to a 30-day recess, and proportionally when the internship lasts for less than 1 (one) year, to be preferably taken during school vacation periods (Article 13 of Law No. 11.788/2008).
c) The recess shall be paid if the intern receives a stipend or any other form of compensation.
d) This **Internship Commitment Agreement** shall be valid from June 6, 2011, to October 28, 2011, and may be terminated at any time, by either party, upon written notice at least 5 (five) days in advance.

CLAUSE 4 – The intern shall perform, following the host entity's regulations and the pedagogical project of the program, the following activities: Personnel Management (Supervised Internship: Psychology and Management II).

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 29, 2025.

SECRETARIA DE ESTADO DA ADMINISTRAÇÃO PENITENCIÁRIA
Coordenadoria de Unidades Prisionais da Região do Vale do Paraíba e Litoral
CENTRO DE RESSOCIALIZAÇÃO FEMININO DE SÃO JOSÉ DOS CAMPOS

ATESTADO

Atestamos, para fins escolares, que a Sra **RAQUEL MARQUES DE OLIVEIRA,** portadora da cédula de identidade nº **43929570-1**, aluna da 5ª série/turma do Curso de Psicologia da Universidade de Taubaté, realizou, neste Centro de Ressocialização Feminino, no período de 06/06/2011 a 18/11/2011, 104 **(Cento e Quatro)** horas de Estágio Supervisionado Específico: Ênfase Psicologia e Processos de Gestão II, conforme consta nos registros desta Instituição.

São José dos Campos, 18 de novembro de 2011.

Eliana Maria G. Capostagno
Diretora C. R. F S. J. dos Campos

Estágio Supervisionado Específico: Ênfase Psicologia e Processos de Gestão II

Travessa Francisco Almada, 81 – Centro – CEP 12245-680 - Telefones (012) 3911-2201/ 3911-2308
Fone/Fax (012) 3942-8997 - São José dos Campos – Estado de São Paulo

TERMO DE COMPROMISSO DE ESTÁGIO
(Artigo 3°, inciso II da Lei Federal n.° 11.788/2008)

Aos 13 dias do mês de Junho de 2011, na cidade de Taubaté, Estado de São Paulo, neste ato, as partes a seguir nomeadas:

UNIDADE CONCEDENTE
Razão Social :Centro de Ressocialização Feminino de São José dos Campos
Endereço Travessa Francisco Almada Fone (12) 39112201
Bairro Centro Cidade São José dos Campos Estado SP CEP 12245681
CNPJ n.°: Insc. Est.
Representada por Dra Eliana Capostagno Cargo Diretora
Supervisor Edna Lucia de Seixas Nunes Cargo Diretor Técnico II Fone:
Email: elianacapostagno@ig.com.br Assinatura

ESTAGIÁRIO
Nome Raquel Marques RG 43929570-1
Endereço Rua Madre Paula de São José Fone 12 91826845
Bairro Vila Ema Cidade São José dos Campos Estado SP CEP 12243-010
CTPS n.°/série CPF 35832903803
Aluno regularmente matriculado na série 5a. B do curso de PSICOLOGIA RA: 890244
E-mail quel.psico@yahoo.com.br

INSTITUIÇÃO DE ENSINO		
Razão Social Universidade de Taubaté		CNPJ n.°: 45.176.153/000122
Endereço Av. Nove de Julho, 183	Bairro Centro	Fone (12) 3625-4204
Cidade Taubaté	Estado SP	CEP 12020-200
Representada por Prof. Dr. Edison Tibagy Dias de Carvalho Almeida		
Cargo Coordenador Geral da Central de Estágios		
Professor Supervisor do Estágio Vera Ribeiro		
Fone E-mail Assinatura		

Celebram entre si este TERMO DE COMPROMISSO DE ESTÁGIO, convencionando as cláusulas e condições seguintes:

CLÁUSULA 1.ª - Este Termo de Compromisso de Estágio reger-se-á pelas condições básicas estabelecidas no **TERMO DE CONVÊNIO** celebrado em / / , entre a **UNIDADE CONCEDENTE** e a **INSTITUIÇÃO DE ENSINO** da qual o **ESTAGIÁRIO** é aluno.

CLÁUSULA 2.ª - O presente estágio tem como objetivo propiciar ao **ESTAGIÁRIO**, por parte da **UNIDADE CONCEDENTE**, uma complementação do ensino e da aprendizagem, em termos de treinamento prático, aperfeiçoamento técnico, cultural e científico e de relacionamento humano, devendo ser planejado, executado, supervisionado e avaliado em conformidade com as diretrizes curriculares da etapa, modalidade e área de ensino e do projeto pedagógico do curso da **INSTITUIÇÃO DE ENSINO (Artigo 2° da Lei n° 11.788/2008).**

CLÁUSULA 3.ª - Fica compromissado entre as partes que:

a) As atividades do estágio a serem cumpridas pelo **ESTAGIÁRIO** serão desenvolvidas no horário das 1300às 1700 e das às , as quartas e sextas - feiras, totalizando 32 horas por mês, jornada essa compatível com o horário escolar do **ESTAGIÁRIO** e com o horário da **UNIDADE CONCEDENTE** e no local CRF.
b) É assegurado ao estagiário, sempre que o estágio tenha duração igual ou superior a 1 (um) ano, período de recesso de 30 (trinta) dias e proporcional, nos casos de o estágio ter duração inferior a 1 (um) ano, a ser gozado preferencialmente durante suas férias escolares (Artigo 13° da Lei n° 11.788/2008).
c) O recesso deverá ser remunerado quando o estagiário receber bolsa ou outra forma de contraprestação.
d) Este **Termo de Compromisso de Estágio** terá vigência de 06/junho/2011 à 28/outubro/2011, podendo ser denunciado a qualquer tempo, por qualquer uma das partes, mediante comunicação por escrito e com antecedência mínima de 05 (cinco) dias.

CLÁUSULA 4.ª – O estagiário realizará de acordo com o regulamento da empresa concedente e o projeto pedagógico do curso, as seguintes atividades: Gestão de Pessoal (Estágio Supervisionado: Psicologia e Gestão II) .

INTERNSHIP COMMITMENT AGREEMENT
(Article 3, item II of Federal Law No. 11.788/2008)

On the *13th* day of *May* 2009, in the city of *Taubaté*, State of *São Paulo*, the parties named below enter into this act:

HOST ENTITY

Corporate Name: *Prof. Anita Ribar de Andrade Municipal School*

Address: *R· Jose Pedro Soledo M. No. 69* Phone: _____

Neighborhood: *Parque Três Maria* **City:** *Taubaté* **State:** _____ **ZIP Code:** _____

CNPJ No.: _____ **State Registration:** _____

Represented by: **Adneia Gouvea Mattje** **Position:** **School Principal**

Internship Supervisor: **Adneia Gouvea Mattje** **Phone:** _____

Email: _____ **Signature:** _____

INTERN

Name: *Raquel Marques* **ID:** *43.929.570-1*

Address: *Rua Madre Paula de São José No. 86* **Phone:** *(12) 91826-845*

Neighborhood: *Vila Ema* City: *São José dos Campos* **State:** *SP* **ZIP Code**: *12243-010*

CTPS No./Series _____ **CPF** *358.329.038-03*

Regularly enrolled student of the *3rd* **year of the** *Psychology* **Program**

Student ID: *00890244*

EDUCATIONAL INSTITUTION

Corporate Name: University of Taubaté **CNPJ No.: 45.176.153/0001-22**

Address: Av. Nove de Julho, 183 **Neighborhoo: Centro** **Phone: (12) 3625-4204**

City: Taubaté **State: SP** **ZIP Code: 12020-200**

Represented by: Prof. Dr. Maria Aparecida Campos Diniz de Castro

Position: General Coordinator of the Internship Center

Internship Supervising Professor: *Prof. Cecília Pescatore Alves* **Phone:** *(11) 96876115*

Email: *spercatore@uol.com.br* **Signature:** _____

The parties hereby enter into this INTERNSHIP COMMITMENT AGREEMENT, under the following clauses and conditions:

CLAUSE 1 – This Internship Commitment Agreement shall be governed by the basic conditions outlined in the **INTERNSHIP AGREEMENT** signed on ____/ ____/___, between the **HOST ENTITY** and the **EDUCATIONAL INSTITUTION** to which the **INTERN** is enrolled.

CLAUSE 2 – The purpose of this internship is to provide the **INTERN**, by the **HOST ENTITY**, with complementary education and training, in terms of practical training, technical, cultural, and scientific development, and human relations, and must be planned, executed, supervised, and evaluated following the curricular guidelines of the stage, modality, and area of education and with the pedagogical project of the **EDUCATIONAL INSTITUTION**'s program **(Article 2 of Law No. 11.788/2008).**

CLAUSE 3 – It is agreed between the parties that:

a) The internship activities to be performed by the **INTERN** shall take place from *2:00 p.m.* to *6:00 p.m.*, and from _____ to _____, totaling _____ hours per month, with the workload being compatible with the **INTERN**'s class schedule and with the schedule of the **HOST ENTITY**, and will take place at *the facilities of the Host Organization*.

b) The **INTERN** is entitled, whenever the internship lasts for 1 (one) year or more, to a 30-day recess, and proportionally when the internship lasts for less than 1 (one) year, to be preferably taken during school vacation periods (Article 13 of Law No. 11.788/2008).

c) The recess shall be paid if the intern receives a stipend or any other form of compensation.

d) This **Internship Commitment Agreement** shall be valid from *04/20/09* to *11/30/2009*, and may be terminated at any time, by either party, upon written notice at least 5 (five) days in advance.

CLAUSE 4 – The intern shall perform, following the host entity's regulations and the pedagogical project of the program, the following activities: Health Promotion in Schools, assessment, and brief intervention
_____
_____
_____

CLAUSE 5 - The following constitute grounds for automatic termination of this **Internship Commitment Agreement**:
a) Withdrawal or completion of the program, cancellation, or suspension of enrollment;
b) Non-compliance with the terms of this Internship Commitment Agreement and/or the Cooperation Agreement.

CLAUSE 6 - Pursuant to **Article 9, section IV, of Federal Law No. 11.788/2008**, during the term of this **Internship Commitment Agreement**, under the responsibility and at the expense of the **HOST ENTITY**, the **INTERN** shall be covered against accidents occurring at the internship site, by means of Personal Accident Insurance, under Policy No. *068 1100-0* of *Porto Seguro* ***Insurance Company.***

CLAUSE 7 - In cases of mandatory internship, the **INTERN** may receive from the **HOST ENTITY** an Internship Allowance in the amount of R$ _____ (_____) and transportation voucher, or another form of compensation that may be agreed upon, the granting of such allowance, as well as of transportation assistance, is mandatory in the case of non-mandatory internships (Article 12 of Law No. 11,788/2008).

CLAUSE 8 - In fulfilling the internship, the **INTERN** shall:
a) Perform the internship program diligently and with commitment, notifying in due time any justified impossibility of attendance, with academic obligations constituting a valid justification;
b) Observe and comply with the internal rules of the **HOST ENTITY**, of which the **INTERN** declares awareness, being liable for material and financial damages caused to the **HOST ENTITY** through intent or negligence;
c) Prepare reports at least every six (6) months, or more frequently if required by the **HOST ENTITY** or the **EDUCATIONAL INSTITUTION**.

CLAUSE 9 - This Agreement and the Internship Activity Plan may be amended or extended through Amendments.

CLAUSE 10 - When, due to the internship program, the **INTERN** incurs additional expenses that would not normally occur, the **HOST ENTITY** shall provide reimbursement, following its internal regulations.

CLAUSE 11 - Pursuant to Article 3 of Federal Law No. 11.788/2008, the INTERN shall not have any employment relationship of any nature with the **HOST ENTITY**.

CLAUSE 12 - The parties agree to elect the Court of the **District of Taubaté** as the competent forum, expressly waiving any other, however privileged it may be, to resolve any disputes arising from this **Internship Commitment Agreement** that cannot be settled amicably.

And in full and mutual agreement with the conditions herein established, the parties sign this **Internship Commitment Agreement**, together with the **EDUCATIONAL INSTITUTION**, in three (3) copies of equal content and form, the first copy remaining with the **HOST ENTITY**, the second with the **INTERN**, and the third with the **EDUCATIONAL INSTITUTION**.

INTERN

HOST ENTITY
(Name, position, and stamp)
Adnéia Gouvêa Mattje
ID 19 215 111-3
School Principal

Prof. Anita Ribar de Andrade Municipal School
Rua José Pedro Toledo
Marcondes, 69
Parque Três Marias
Taubaté SP
ZIP Code 12001-200

EDUCATIONAL INSTITUTION

Prof. Dr.
Maria Aparecida C. Diniz Castro
COORDINATOR OF THE
INTERNSHIP CENTER

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

_____ **Date: August 29, 2025.**

TERMO DE COMPROMISSO DE ESTÁGIO
(Artigo 3º, inciso II da Lei Federal n.º 11.788/2008)

Aos 13 dias do mês de Maio de 2009, na cidade de Taubaté, Estado de SP, neste ato, as partes a seguir nomeadas:

UNIDADE CONCEDENTE

Razão Social: E. M. Prof. Anita Ribas de Andrade
Endereço: R. José Pedro Soledo M. nº 69 Fone:
Bairro: Pq. Três Marias Cidade: Taubaté Estado: CEP
CNPJ n.º: Insc. Est.:
Representada por: Adneia Gouvea Mattje Cargo: Diretor de Escola
Supervisor do Estágio: Adneia Gouvea Mattje
E-mail: tel:
Ass:

ESTAGIÁRIO

Nome: Raquel Marques RG: 43.929.570-1
Endereço: R. Madre Paula São José nº 96 Fone: 39217826
Bairro: Vila Ema Cidade: SJC Estado: SP CEP 12243-010
CTPS n.º/série CPF 358 329 038-03
Aluno regularmente matriculado na 3ª série do curso de Psicologia
R.A.: 00890244

INSTITUIÇÃO DE ENSINO

Razão Social: Universidade de Taubaté CNPJ n.º: 45.176.153/0001-22
Endereço: Av. Nove de Julho, 183 Bairro: Centro Fone: (12) 3625-4204
Cidade: Taubaté Estado: SP CEP: 12020-200
Representada por: Profa. Dra. Maria Aparecida Campos Diniz de Castro
Cargo: Coordenadora Geral da Central de Estágios
Prof. Orientador do Estágio: Cecília Pescatore Alves telef: 11-96876115
E-mail: cpescatore@uol.com.br Ass:

Celebram entre si este TERMO DE COMPROMISSO DE ESTÁGIO, convencionando as cláusulas e condições seguintes:

CLÁUSULA 1.ª - Este Termo de Compromisso de Estágio reger-se-á pelas condições básicas estabelecidas no **TERMO DE CONVÊNIO** celebrado em ___/___/___, entre a **UNIDADE CONCEDENTE** e a **INSTITUIÇÃO DE ENSINO** da qual o **ESTAGIÁRIO** é aluno.

CLÁUSULA 2.ª - O presente estágio tem como objetivo propiciar ao **ESTAGIÁRIO**, por parte da **UNIDADE CONCEDENTE**, uma complementação do ensino e da aprendizagem, em termos de treinamento prático, aperfeiçoamento técnico, cultural e científico e de relacionamento humano, devendo ser planejado, executado, supervisionado e avaliado em conformidade com as diretrizes curriculares da etapa, modalidade e área de ensino e do projeto pedagógico do curso da **INSTITUIÇÃO DE ENSINO** (Artigo 2º da Lei nº 11.788/2008).

CLÁUSULA 3.ª - Fica compromissado entre as partes que:

a) As atividades do estágio a serem cumpridas pelo **ESTAGIÁRIO** serão desenvolvidas no horário das 14h às 18h e das _____ às _____, totalizando _____ horas por mês, jornada essa compatível com o horário escolar do **ESTAGIÁRIO** e com o horário da **UNIDADE CONCEDENTE** e no local Local da unidade Concedente.

b) É assegurado ao estagiário, sempre que o estágio tenha duração igual ou superior a 1 (um) ano, período de recesso de 30 (trinta) dias e proporcional, nos casos de o estágio ter duração inferior a 1 (um) ano, a ser gozado preferencialmente durante suas férias escolares (Artigo 13º da Lei nº 11.788/2008).

c) O recesso deverá ser remunerado quando o estagiário receber bolsa ou outra forma de contraprestação.

d) Este **Termo de Compromisso de Estágio** terá vigência de 20/04/09 à 30/11/09, podendo ser denunciado a qualquer tempo, por qualquer uma das partes, mediante comunicação por escrito e com antecedência mínima de 05 (cinco) dias.

CLÁUSULA 4.ª – O estagiário realizará de acordo com o regulamento da empresa concedente e o projeto pedagógico do curso, as seguintes atividades: Promoção de Saúde na Escola, Avaliação e intervenção breve.

CLÁUSULA 5.º - Constituem motivos para a interrupção automática do presente **Termo de Compromisso de Estágio**:

a) A desistência ou conclusão do curso e o cancelamento ou trancamento de matrícula;

b) O não cumprimento do convencionado neste Termo de Compromisso e/ou Termo de Convênio.

CLÁUSULA 6.ª – Nos termos do **Artigo 9º, inciso IV, da Lei nº 11.788/2008**, na vigência do presente Termo de Compromisso, por conta e a cargo da **UNIDADE CONCEDENTE**, o **ESTAGIÁRIO** estará protegido contra acidente sofridos no local de estágio, mediante respectivo **Seguro de Acidentes Pessoais**, coberto pala Apólice n.º 0681100-0 da **Companhia Seguradora** Porto Seguro.

CLÁUSULA 7.ª Nos casos de estágio obrigatório, o **ESTAGIÁRIO** poderá receber da **UNIDADE CONCEDENTE** uma Bolsa-estágio no valor de R$ _____ (_____) por _____ e vale transporte, ou outra forma de contraprestação que venha a ser acordada, sendo compulsória a sua concessão, bem como a do auxílio-transporte, na hipótese de estágio não obrigatório (Artigo 12 da Lei nº 11.788/2008).

CLÁUSULA 8.ª - No cumprimento do estágio ora compromissado, caberá ao **ESTAGIÁRIO**:

a) Cumprir com o empenho e interesse a programação estabelecida para seu estágio, comunicando, em tempo hábil, a impossibilidade de fazê-lo, sendo motivo justo, de não cumprimento, as suas obrigações escolares;

b) Observar e obedecer as normas internas da **UNIDADE CONCEDENTE**, que declara conhecer, responsabilizando-se pelos danos e perdas materiais e financeiras causadas à **UNIDADE CONCEDENTE**, por dolo ou negligência;

c) Elaborar relatórios com periodicidade mínima de 06 (seis) meses, inclusive, a critério da **UNIDADE CONCEDENTE** ou da **INSTITUIÇÃO DE ENSINO**.

CLÁUSULA 9ª – O presente instrumento e o Plano de Atividades de estágio poderão ser alterados ou prorrogados por meio de Termos Aditivos.

CLÁUSULA 10.ª - Quando, em razão da programação de estágio, ficar o **ESTAGIÁRIO** sujeito a despesas adicionais que normalmente não teria, a **UNIDADE CONCEDENTE** providenciará o seu reembolso, observando, para tanto, as suas normas internas a respeito.

CLÁUSULA 11.ª - Nos termos do **Artigo 3º da Lei Federal n.º 11.788/2008**, o estagiário não terá vínculo empregatício de qualquer natureza com a **UNIDADE CONCEDENTE**.

CLÁUSULA 12.ª - De comum acordo as partes elegem o Fórum da **Comarca de Taubaté**, renunciando desde já qualquer outro, por mais privilegiado que seja, para dirimir qualquer questão que se origine deste **Termo de Compromisso de Estágio** e que não possa ser resolvida amigavelmente.

E por estarem de inteiro e comum acordo com as condições estabelecidas, as partes assinam, juntamente com a **INSTITUIÇÃO DE ENSINO**, o presente **Termo de Compromisso de Estágio**, em 03 (três) vias de igual teor, cabendo a primeira à **UNIDADE CONCEDENTE**, a segunda ao **ESTAGIÁRIO** e a terceira à **INTITUIÇÃO DE ENSINO**.

ESTAGIÁRIO

UNIDADE CONCEDENTE
(nome, cargo e carimbo)
Adnéia Gouvêa Mattje
RG. 19.215.111-3
Diretor de Escola

EMIEF. Profª Anita Hidas de Arruda
Rua José Pedro Toledo Marcondes, 69
Pq. Três Marias
Taubaté SP
CEP 12081-200

INSTITUIÇÃO DE ENSINO

Profª Drª Maria Aparecida C. Diniz Castro
COORDENADORA DA CENTRAL DE ESTÁGIO



CERTIFICATE

LEGAL PSYCHOLOGY COURSE

We certify that *Raquel Marques De Oliveira* participated in the "Legal Psychology Course"

promoted by Renova Cursos on August 14 and 15, 2010,
with a total duration of 16 hours (sixteen hours).

São Paulo, August 15, 2010.

Vera Lucia Lourenço
CRP 25939/05
Regional Council of Psychology

Renova cursos

Renova Cursos
Ricardo Sciammarella M. de Souza
General Coordinator

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

CERTIFICADO

CURSO DE PSICOLOGIA JURÍDICA

Declaramos que *Raquel Marques De Oliveira* participou do

"CURSO DE PSICOLOGIA JURÍDICA"

promovido pela Renova Cursos nos dias 14 e 15/08/2010,

com duração de 16 horas (dezesseis horas).

São Paulo, 15 de Agosto de 2010.

Vera Lucia Rosumeiro
CRP 25939/05

Renova cursos

Renova Cursos
Ricardo Sciammarella M. de Souza
Coordenador Geral

UNITAU

University of Taubaté
Rua 4 de Março, 432 – Centro – Taubaté/SP – 12020-270
Phone: (12) 3625-4295
reitoria@unitau.br

DECLARATION

Prof. Dr. José Felício Goussain Murade, Vice-President for Extension and Community Relations of the University of Taubaté, in the exercise of his legal and statutory duties, ...

DECLARES, for all due purposes, that **RAQUEL MARQUES** served as a volunteer in the extension project "Traverse: from reading and storytelling to culture and citizenship", under the coordination of Prof. Dr. Tereza Elizete Gonçalves, from April to September 2011, completing a total of 52 hours. **NOTHING FURTHER**. Issued by the Office of the Vice-President for Extension and Community Relations of the University of Taubaté, on the twenty-fifth day of April, two thousand and twelve.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Vice-President for Extension and Community Relations

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

UNITAU

Universidade de Taubaté
Rua 4 de março, 432 Centro Taubaté-SP 12020-270
Tel.: (12) 3625-4295
reitoria@unitau.br

D E C L A R A Ç Ã O

Prof. Dr. José Felício Goussain Murade, Pró-reitor de Extensão e Relações Comunitárias da Universidade de Taubaté, no uso de suas atribuições legais e regimentais, ...

D E C L A R A para os devidos fins e efeitos que **RAQUEL MARQUES** atuou como voluntária no projeto de extensão "Travessia: da leitura e construção de histórias à cultura e cidadania", sob a coordenação da Profa. Dra. Tereza Elizete Gonçalves, no período de abril a setembro de 2011, perfazendo um total de 52 horas. **NADA MAIS**. Dada e passada na Secretaria da Pró-reitoria de Extensão e Relações Comunitárias da Universidade de Taubaté, aos vinte e cinco dias do mês de abril do ano de dois mil e doze.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Pró-reitor de Extensão e Relações Comunitárias

UNITAU

Department of Psychology
Av. Tiradentes, 500 – Centro
ZIP Code: 12030-180 – Taubaté/SP
Phone: (12) 3625-4283 / 3621-8768
E-mail: psico@unitau.br

CERTIFICATE

We hereby certify that RAQUEL MARQUES participated in the XXXII Psychology Week of the University of Taubaté, "Past, Present and Future: History and Perspectives of Psychology at UNITAU", held from August 24 to 27, 2011, in the capacity of **lecturer**.

Activity:

Lecture: "Traverse Project and the experience with grassroots youth groups in the region."

Total Workload: 2

Taubaté, October 17, 2011

UNIVERSITY OF TAUBATÉ Dept. of Psychology

Prof. Dr. Benedito Donizeti Goulart
Head of the Department of Psychology

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

UNITAU

Departamento de Psicologia
Av. Tiradentes, 500 – Centro
CEP: 12030-180 – Taubaté/SP
Tel.: 3625-4283 3621-8768
e-mail: psico@unitau.br

CERTIFICADO

Certificamos que **RAQUEL MARQUES** participou da *XXXII Semana da Psicologia da Universidade de Taubaté "Passado, Presente e Futuro: História e Perspectivas da Psicologia na UNITAU"*, realizada no período de 24 a 27 de agosto de 2011, na qualidade de **palestrante.**

Atividades:

- Palestra: "Projeto Travessia e a experiência com grupos populares de jovens da região".

Carga Horária total: 02 horas

Taubaté, 17 de outubro de 2011

UNIVERSIDADE Depto de Psicologia TAUBATÉ

Prof. Dr. Benedito Donizeti Goulart
Chefe do Departamento de Psicologia

BRAZILIAN FEDERATION OF THERAPEUTIC COMMUNITIES

Federal Public Unit No. 26.170/95 – Official Gazette of 10/08/96 – Municipal Public Unit Decree No. 7.739 of 12/21/93
CNAS Registration No. 28996.026497/95-00 of 05/05/97 – Certificate of Philanthropic Entity No. 28996.026497/95-00
Registered with SENAD under No. 00187.0031178/2000-80 – CNPJ No. 71.753.263/0001-10 – State Registration: Exempt

UNISAL

SALESIAN UNIVERSITY CENTER OF SÃO PAULO

HEREBY CERTIFY THAT

RAQUEL MARQUES DE OLIVEIRA

Completed the **Training Course for Professionals, Coordinators, and Monitors of Therapeutic Communities**, held from 01/30/2012 to 02/09/2012, totaling 80 hours.

This training program was offered jointly by FEBRACT and as a University Extension Program of UNISAL.

Campinas, February 9, 2012.

Executive Director
FEBRACT

Director of the Education and Training Center
FEBRACT

Director
UNISAL

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

FEDERAÇÃO BRASILEIRA DE COMUNIDADES TERAPÊUTICAS

Unidade Pública Federal nº 26.170/95 – DOU de 08/10/96 – Unidade Pública Municipal Dec. nº 7.739 de 21/12/93Registro CNAS nº 28996.026497/95-00 de 05/05/97 – Certificado Entidades Fins Filantrópicos nº 28996.026497/95-00Cadastrada na SENAD sob o nº 00187.0031178/2000-80 – C.N.P.J. nº 71.753.263/0001-10 – Insc. Estadual: Isenta

UNISAL

CENTRO UNIVERSITÁRIO SALESIANO DE SÃO PAULO

CERTIFICAM QUE

RAQUEL MARQUES DE OLIVEIRA

Concluiu com aproveitamento o Curso de **Capacitação para Profissionais, Coordenadores e Monitores de Comunidades Terapêuticas,** no período de 30/01/2012 a 09/02/2012, num total de 80 horas.

Programa de Capacitação da FEBRACT e de Extensão Universitária do Centro UNISAL.

Campinas, 09 de fevereiro de 2012.

Diretor Executivo
FEBRACT

Diretor do Centro de Formação e Treinamento
FEBRACT

Diretor
UNISAL

JUDICIARY

COURT OF JUSTICE OF THE STATE OF SÃO PAULO

JUVENILE COURT OF THE DISTRICT OF SÃO JOSÉ DOS CAMPOS

Av. Deputado Benedito Matarazzo, 7981 – Vila Bethânia – ZIP Code: 12242-010 – Phone/Fax: (12) 3943-4472

We hereby certify, for academic purposes, that Ms. **RAQUEL MARQUES DE OLIVEIRA**, holder of Identity Card No. **43.929.570-1**, student of the 4th year, class B, of the Psychology Program at the University of Taubaté, completed at this Institution, from **08/09/2010** to **11/18/2010,** 165h and 15min. **(one hundred and sixty-five hours and fifteen minutes)** of **Specific Supervised Internship: Psychology and Health I**, as recorded in the files of this Institution.

São José dos Campos, November 24, 2010.

VERA LÚCIA FERREIRA RIBEIRO
Court Psychologist
CRP-06/26675
Regional Council of Psychology

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

PODER JUDICIÁRIO
TRIBUNAL DE JUSTIÇA DO ESTADO DE SÃO PAULO
VARA DA INFÂNCIA E DA JUVENTUDE DA COMARCA DE SÃO JOSÉ DOS CAMPOS
Av. Deputado Benedito Matarazzo, 7981 - Vila Bethânia - CEP: 12242-010 – Tel/Fax.: (12) 3943-4472

Atestamos, para fins escolares, que a Sr.a **RAQUEL MARQUES DE OLIVEIRA,** portadora da cédula de identidade nº **43.929.570-1**, aluna da 4ª série B do Curso de Psicologia da Universidade de Taubaté, realizou, nesta Instituição, no período de **09/08/2010** a **18/11/2010**, 165h15', (**cento e sessenta e cinco horas e quinze minutos**) de **Estágio Supervisionado Específico: Ênfase Psicologia e Saúde I,** conforme consta nos registros desta Instituição.

São José dos Campos, 24 de novembro de 2010.

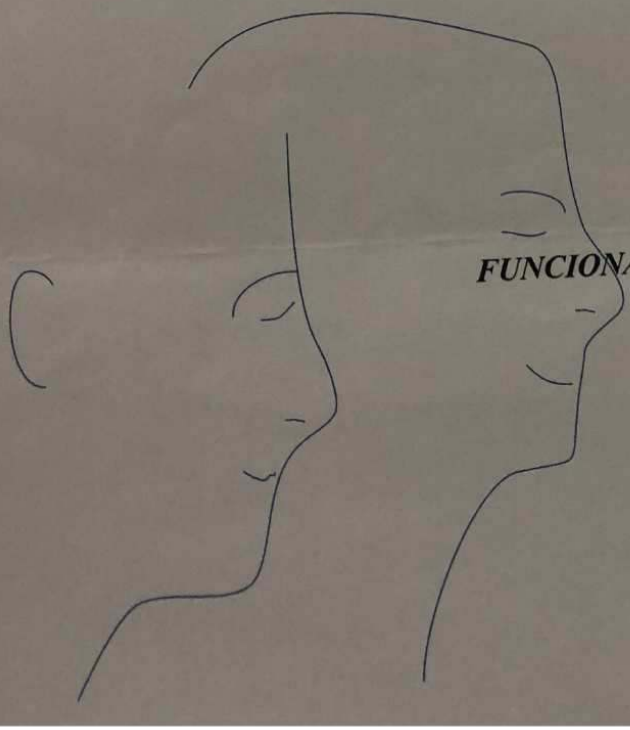
VERA LÚCIA FERREIRA RIBEIRO
Psicóloga Judiciária
CRP-06/26675

RH empregos
FUNCIONAL

DECLARATION

The company FUNCIONAL CONSULTORIA EM RECURSOS HUMANOS LTDA, located at Rua Joaquim Bráulio de Melo, 59, Room 04 – Centro, in the city of São José dos Campos, State of São Paulo, registered with the CNPJ under No. 07.790.113/0001-87, through its duly authorized representative, DECLARES that ***RAQUEL MARQUES DE OLIVEIRA***, holder of Work and Social Security Card (CTPS) No. 23940, Series 00297-SP, served as our PSYCHOLOGY INTERN from 04/16/2008, to 07/18/2008, and that there is nothing in our records that may discredit her.

São José dos Campos, July 28, 2008



FUNCIONAL CONSULTORIA EM RH LTDA

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

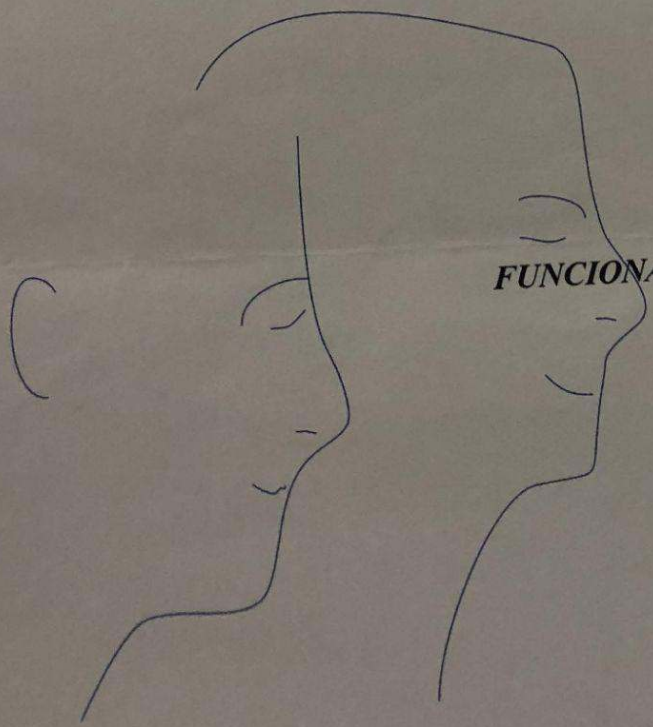
Date: August 28, 2025.

RH empregos
FUNCIONAL

DECLARAÇÃO

A empresa FUNCIONAL CONSULTORIA EM RECURSOS HUMANOS LTDA, sita a Rua Joaquim Bráulio de Melo, 59, sala 04 - Centro, na cidade de São José dos Campos, estado de São Paulo, inscrita no CNPJ sob no. 07.790.113/0001-87, através de seu representante legal abaixo assinado, DECLARA, que ***RAQUEL MARQUES DE OLIVEIRA***, portadora da CTPS no. 23940 Série 00297-SP, foi nossa ESTAGIARIA DE PSICOLOGIA no período de 16/04/2008 a 18/07/2008, e que nada consta em nossos arquivos que possa desaboná-la.

São José dos Campos, 28 de Julho de 2008



FUNCIONAL CONSULTORIA EM RH LTDA

UNITAU

University of Taubaté
Rua 4 de Março, 432 – Centro – Taubaté/SP – 12020-270
Phone: (12) 3625-4295
reitoria@unitau.br

D E C L A R A T I O N

Prof. Dr. José Felício Goussain Murade, Vice-President for Extension and Community Relations of the University of Taubaté, in the exercise of his legal and statutory duties, ...

DECLARES, for all due purposes, that **RAQUEL MARQUES** served as a scholarship holder in the extension project “Traverse: from reading and storytelling to culture and citizenship”, under the coordination of Prof. Dr. Tereza Elizete Gonçalves, from October to December 2011, completing a total of 180 hours. **NOTHING FURTHER**. Issued by the Office of the Vice-President for Extension and Community Relations of the University of Taubaté, on the twenty-first day of March, two thousand and twelve.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Vice-President for Extension and Community Relations

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 28, 2025.

UNITAU

Universidade de Taubaté
Rua 4 de março, 432 Centro Taubaté-SP 12020-270
Tel.: (12) 3625-4295
reitoria@unitau.br

D E C L A R A Ç Ã O

Prof. Dr. José Felício Goussain Murade, Pró-reitor de Extensão e Relações Comunitárias da Universidade de Taubaté, no uso de suas atribuições legais e regimentais, ...

D E C L A R A para os devidos fins e efeitos que **RAQUEL MARQUES** atuou como bolsista no projeto de extensão "Travessia: da leitura e construção de histórias à cultura e cidadania", sob a coordenação da Profa. Dra. Tereza Elizete Gonçalves, no período de outubro a dezembro de 2011, perfazendo um total de 180 horas. **NADA MAIS**. Dada e passada na Secretaria da Pró-reitoria de Extensão e Relações Comunitárias da Universidade de Taubaté, aos vinte e um dias do mês de março do ano de dois mil e doze.

Prof. Dr. **JOSÉ FELÍCIO GOUSSAIN MURADE**
Pró-reitor de Extensão e Relações Comunitárias

Zero Suicide Alliance

Because ONE life lost is ONE too many

TRAINING CERTIFICATE

Raquel Marques de Oliveira

completed the ZSA Suicide Awareness Training

I took the training to:

- improve my suicide awareness
- better understand suicide risk and warning signs
- gain confidence to talk to someone struggling
- help signpost someone to further support

END THE SILENCE END SUICIDE

www.zerosuicidealliance.com

@Zer0Suicide

Zero Suicide Alliance

@ZeroSuicideAlliance

Completed on
26 February 2025

This training was made possible by Mersey Cares (Mersey Cares NHS Charity). Charity registration no (1191576); funded by NHS Charities Together.

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Because ONE life lost is ONE too many

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Completed on
26 February 2025

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intellect

INTELLECT CERTIFIED TRUST & SAFETY ADVANCED PRACTITIONER

AWARDED TO

Raquel Marques de Oliveira



COMPLETED ON:
25 Jan 2025

CERTIFICATE ID:
67942da443a7ca

VALIDATE THIS CERTIFICATE AT:
https://mycourse.app/SFYxPUbNsPgQsbAI

THE CPD GROUP

ACCREDITED ACTIVITY
20 CPD CREDITS
#1017278
Verify @ https://thecpdregister.com

intellect

Certificate

OF COMPLETION



Raquel Marques de Oliveira

[Intellect Skills Training] An Overview of OCD Treatment

COMPLETED ON: 5 May 2025

Certificate ID:
68188e05c06f9744980deea6

Validate your certificate by visiting:
https://mycourse.app/lKYFg3rSy2kcruoEq

ILSC EDUCATION GROUP
BUSINESS ENGLISH CERTIFICATE PROGRAM

Raquel Marques de Oliveira

Having completed the necessary courses of study and having satisfied all other requirements is hereby awarded this certificate in

Business English Management

February 03, 2014– April 25, 2014

Business & Humanities Program Director

May 15,2014
Date of Issue

ilsc
EDUCATION
GROUP



Ana Paula Cirino
Tradutora Pública e Intérprete Comercial / Sworn Translator
ENGLISH / PORTUGUESE - PORTUGUESE / ENGLISH
Matric. JUCESP Nº 602 - CPF Nº 116.486.678-80 - CCM Nº 2.388.651-0
Endereço/Address: Rua Bartolomeu Bueno da Silva, 49 - Granja Viana - Cotia - São Paulo - 06706-085 - Brazil
Telefone/Phone: (11) 99949-9766 – e-mail: anacirino@outlook.com

Tradução nº / Translation No.: 72327 Livro / Book: 478 Folhas / Pages: 387

I, Ana Paula Cirino, Public and Sworn Translator, certify and acknowledge the receipt of one document in Portuguese, which I identify as a Diploma, from which I translate the results and pertinent data into English:

[Logo: SBCOACHING]

The Brazilian Society of Coaching

[Seal: Brazilian Society of Coaching / VOX VERITAS VITA / SINCE 1999 / MEMBER]

certifies that this document

Raquel Marques de Oliveira

Has completed the training

Personal & Professional Coaching

fulfilling a workload of 100 hours. Having demonstrated the highest degree of competence and skill, is qualified to use the title of

Certified Personal & Professional Coach

São Paulo, September 21, 2014

[Logo: ACCREDITED CERTIFICATE in Coach Training] [Seal: INSTITUTE OF COACHING RESEARCH] [Signature] **Villela da Mata** Founder of the Brazilian Society of Coaching [Signature] **Flora Victoria** Founder of the Brazilian Society of Coaching [Logo: BRAZILIAN SOCIETY OF COACHING]

* Verify the authenticity of this certificate by the number of series or QR Code found on the back of it.

To verify the authenticity of this certificate, visit the URL and enter the code below:

URL: http://sbcoaching.com.br/validacao-certificado
Certificate Code: 35832903803-ppc

[QR Code]

If you prefer, use the QR Code above to verify from your mobile device.*

(*) A QR code reader must be installed on your device.

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Ana Paula Cirino
Sworn Translator and Commercial Interpreter
São Paulo, December 20, 2024

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SBCOACHING

A Sociedade Brasileira de Coaching

certifica por este documento que

Raquel Marques de Oliveira

completou o treinamento

Personal & Professional Coaching

cumprindo carga horária de 100 horas. Tendo demonstrado o mais alto grau de competência e habilidade, está apto(a) a utilizar o título de

Certified Personal & Professional Coach

São Paulo, 21 de Setembro de 2014

Villela da Matta
Fundador da Sociedade Brasileira de Coaching

Flora Victoria
Fundadora da Sociedade Brasileira de Coaching

SOCIEDADE BRASILEIRA DE COACHING

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São Paulo, December 20, 2024

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SBCOACHING

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Raquel Marques de Oliveira

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Personal & Professional Coaching

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São Paulo, 21 de Setembro de 2014

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Fundador da Sociedade Brasileira de Coaching

Flora Victoria
Fundadora da Sociedade Brasileira de Coaching

SOCIEDADE BRASILEIRA DE COACHING

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intellect

INTELLECT CERTIFIED TRUST & SAFETY ADVANCED PRACTITIONER

AWARDED TO

Raquel Marques de Oliveira



COMPLETED ON:
25 Jan 2025

CERTIFICATE ID:
67942da443a7ca

VALIDATE THIS CERTIFICATE AT:
https://mycourse.app/SFYxPUbNsPgQsbAI

THE CPD GROUP

ACCREDITED ACTIVITY
20 CPD CREDITS
#1017278
Verify @ https://thecpdregister.com

intellect

Certificate of Participation

Proudly presented to:

Raquel Marques de Oliveira

For successfully completing the course

Intellect Helpline - Rangers' Training 3

22/06/2024

Issued Date

intellect

Hosted and endorsed by Dr. Oliver Suendermann

Ph.D., D.Clin.Psy, Clinical Director

intellect

Certification

This certification is awarded to

Raquel Marques de Oliveira

For successfully completing the course

Intellect Helpline - Rangers' Training 1

15/06/2024	**Never**
Issued Date	Expiration Date

intellect

Certification

This certification is awarded to

Raquel Marques de Oliveira

For successfully completing the course

Intellect Helpline - Rangers' Training 2

16/06/2024	Never
Issued Date	Expiration Date



I completed the ZSA Suicide Awareness Training!

Join me in raising awareness.
Take the training today 👇

www.zerosuicidealliance.com/training

Zero Suicide Alliance | Because ONE life lost is ONE too many

NHS
Mersey Care
NHS Foundation Trust

ILSC EDUCATION GROUP
WORK EXPERIENCE PROGRAM
CERTIFICATE OF COMPLETION

This is to certify that

Raquel Marques de Oliveira

Has successfully completed 2 weeks of the ILSC Work Experience Program in a placement at

Mahony & Sons

Server

Internship Program Manager

May 15, 2014, Vancouver, BC, Canada
Date and Place of Issue

ilsc
EDUCATION GROUP


I'VE TAKEN THE...
ZSA
SUICIDE
AWARENESS
TRAINING
ZEROSUICIDEALLIANCE.COM

intellect

ACCREDITATION

MENTAL HEALTH FIRST AID® International
Licensed Provider

MENTAL HEALTH FIRST AID INTERNATIONAL (SINGAPORE)
accredits

Raquel Marques de Oliveira

as a **Standard Mental Health First Aider** after successful completion of the course and assessment.

This 12-hour course teaches skills for providing initial help to a person who is developing a mental health problem or experiencing a mental health crisis.

Jit

MHFA INSTRUCTOR(S)

23 Feb 2025

ACCREDITATION DATE

This accreditation is valid 3 years from the accreditation date



intellect

ACCREDITATION

MENTAL HEALTH FIRST AID® International
Licensed Provider

MENTAL HEALTH FIRST AID INTERNATIONAL (SINGAPORE)
accredits

Raquel Marques de Oliveira

as a **Standard Mental Health First Aider** after successful completion of the course and assessment.

This 12-hour course teaches skills for providing initial help to a person who is developing a mental health problem or experiencing a mental health crisis.

Jit

MHFA INSTRUCTOR(S)

23 Feb 2025

ACCREDITATION DATE

This accreditation is valid 3 years from the accreditation date



intellect

Certification

This certification is awarded to

Raquel Marques de Oliveira

For successfully completing the course

Care Compass: Enhancing Risk Assessment Skills

16/10/2024	**Never**
Issued Date	Expiration Date

ILSC EDUCATION GROUP

Certificate of Completion

This certifies that

Raquel Marques de Oliveira

has successfully completed

12 week(s)

of English Language Study

February 03, 2014 - April 25, 2014

Director of Academics

April 25, 2014

Date of Issue

ilsc

EDUCATION GROUP



Exhibit C.II - Second Prong: Professional License

FEDERAL COUNCIL OF PSYCHOLOGY
REGIONAL COUNCIL OF PSYCHOLOGY - 6TH REGION
CRP06 - PARAÍBA VALLEY AND NORTHERN COAST
Rua Nancy Guisard Kehier, 25, Centro - Jardim das Nações
TAUBATÉ - São Paulo - ZIP Code 12030-130 - Phone: (12) 3631-1315 /
https://www.crpsp.org

CERTIFICATE OF REGISTRATION STATUS

This is to certify, for the purpose of proving registration compliance, that **RAQUEL MARQUES DE OLIVEIRA**, registered with the **REGIONAL COUNCIL OF PSYCHOLOGY - 6TH REGION**, with jurisdiction in the State of São Paulo, under number **06/109389**, is currently **ACTIVE** and authorized to practice as a psychologist.

In accordance with CFP Resolution No. 20/2018, this certificate is valid for 30 (thirty) days from the date of issue. A new certificate may be requested through the official CRP-SP website under Atendimento > Certidão de Inscrição or via the QR Code.

TAUBATÉ, September 20, 2025.

The authenticity of this certificate can be verified at
https://cfpsp.brctotal.com/crp06_servicosonline/pgsprocesso/ConsultarCertidao.aspx
Enter the numbers below (including the periods) to verify its authenticity

Authenticity Code
20092.02503.11421.49693.9

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 29, 2025.

CONSELHO FEDERAL DE PSICOLOGIA
CONSELHO REGIONAL DE PSICOLOGIA 6ª REGIÃO
CRP06 - VALE DO PARAÍBA E LITORAL NORTE
Rua Nancy Guisard Kehier, 25 Centro - Jardim das Nações
TAUBATÉ - SP - CEP 12030-130 - Tel: (12) 3631-1315 /
https://www.crpsp.org

CERTIDÃO DE REGULARIDADE DE INSCRIÇÃO

Certifica-se, para fins de comprovação de regularidade de inscrição, que a/o profissional **RAQUEL MARQUES DE OLIVEIRA**, inscrita/o no **CONSELHO REGIONAL DE PSICOLOGIA DA 6ª REGIÃO**, com jurisdição no Estado de São Paulo, sob o número **06/109389**, encontra-se **ATIVA/O** e está autorizada/o a exercer a profissão de psicóloga/o.

Conforme Resolução CFP nº 20/2018, esta certidão tem validade de 30 (trinta) dias após a emissão, podendo ser requerida uma nova certidão por meio do site oficial do CRP SP em Atendimento > Certidão de Inscrição ou QR Code.

TAUBATÉ, 20 de setembro de 2025.

A autenticidade desta certidão poderá ser confirmada na página
https://cfpsp.brctotal.com/crp06_servicosonline/pgsprocesso/ConsultarCertidao.aspx

Insira os números abaixo (com os pontos) para verificação da autenticidade

Código de Autenticidade
20092.02503.11421.49693.9

Who We Are

Compartilhar 0

Regional Council of Psychology of São Paulo, 6th Region

We are a federal public agency whose purpose is to guide, discipline, and oversee the practice of the psychology profession, in accordance with the provisions of Federal Law No. 5,766, of December 20, 1971.

Currently, there are 24 Regional Councils distributed across states and/or regions. The CRP SP maintains a headquarters in the capital and the following sub-headquarters: Alto Tietê, Assis, Baixada Santista and Vale do Ribeira, Bauru, Campinas, Grande ABC, Metropolitana, Ribeirão Preto, São José do Rio Preto, Sorocaba and Vale do Paraíba and Litoral Norte.

The guidelines and working methods of the Federal Council (CFP) and the Regional Councils (CRPs) are based on the resolutions of the National Congress of Psychology (CNP), held every three years, when theses are approved regarding the functional structure of the Councils and the principles that guide their actions concerning the practice, training, and professional ethics.

The Council System is composed of the following bodies:

Assembly of Administrative and Financial Policies – APAF

It is the deliberative body of the System, below the National Congress of Psychology, composed of representatives from the CFP (Federal Council of Psychology) and all Regional Councils. It meets ordinarily twice a year according to a pre-defined calendar and extraordinarily, upon convocation by the CFP or at the request of 2/3 (two-thirds) of the Regional Councils.

Its responsibilities include: approving the Internal Regulations and budget of the CFP; reviewing the CFP's financial statements, proposing verifications and audits; deliberating on matters of interest to the entity in the administrative and financial spheres; setting parameters for the collection of annual fees; approving the Electoral Regulations; deliberating on intervention in the Regional Councils; deliberating on the acquisition and disposal of CFP real estate; monitoring the execution of the resolutions of the National Congress; monitoring the regional execution of policies approved in the National Professional Councils; establishing criteria and guidelines for the organization of the CFP's administrative structure; and amending the CFP's Statute by a 2/3 (two-thirds) vote of its members.

General Assembly

It takes place annually and is open to all registered members. Its purpose is to suggest the amounts of annual fees and other charges. In addition, it reviews the institution's budget and approves the political action plans for a one-year period.

Plenary

The deliberative body is composed of council members (full and alternate members). They are elected for a three-year term through direct vote by psychologists registered with the Council. It approves action strategies, new administrative operating procedures for the Council, and judges ethical cases.

Board of Directors

The executive body, elected annually by the Plenary, is composed of four full members who fill the positions of president, vice-president, secretary, and treasurer.

Permanent and Special Committees – CFP Resolution No. 05/2023

The CRP SP is organized into permanent and special committees.

The permanent bodies are advisory and consultative organs of the Plenary and the Board of Directors, with the function of fulfilling the primary obligations foreseen in legislation, ensuring guidance for compliance with the fundamental principles of the Professional Code of Ethics, guaranteeing compliance with the resolutions and regulations of the CFP (Federal Council of Psychology), developing norms for the planning, organization, execution, coordination and control of legal activities, and are foreseen in **CFP Resolution No. 05/2023.**

These are the permanent committees: Ethics Committee (COE), Guidance and Oversight Committee (COF), Committee for Analysis for Granting Registration of Specialist Psychologists (CARPE), Sub-Headquarters Management Committee, Human Rights Committee (CDH), Institutional Communication Committee (ComCom), Internal Audit and Control Committee (CACI), Bidding Committee (CL), Legislative Processes and Competitions Committee (CPLC), and the Center for Technical Reference in Psychology and Public Policies (CREPOP).

On the other hand, special committees have the function of meeting specific needs for the functioning of the management with a fixed term and appointment, to technically support the Plenary's deliberations on administrative and financial matters, and must be created by resolution of the Regional Council and are provided for in CRP Resolution 06 No. 05/2023.

These are special committees: Special Committee on the History and Memory of Psychology (CHM), Special Committee on Clinical Psychology and Psychological Assessment (CPAP), Special Committee on Risks, Emergencies and Disasters (CRED), and Special Committee on Ethnic-Racial Relations (CRER).

Subcommittee

These are auxiliary bodies of the CRP SP (Regional Psychology Council of São Paulo) and the Commissions, used to deepen thematic discussions in order to respond to the demands of the profession and society, and should be linked to the actions of the Strategic Planning in the Action Plan.

Elections in the Council System

Periods:

Elections for the Regional Psychology Councils (CRPs) take place every three years, always on August 27th – Psychologist's Day. Throughout the election year, preparatory events and Regional Congresses are held simultaneously in the Regional Councils, where the candidates for the CRP are presented. Following this, there is the National Congress of Psychology, where the candidates for the Federal Council of Psychology (CFP) are presented, and the theses and principles that will guide the actions to be implemented by the elected administrations during the next three years are approved.

With each new election, the Federal Council of Psychology publishes a resolution regulating the election process, as required by law.

Voting

is universal and mandatory for all professionals registered with the Council and up-to-date with their annual fees; voting by proxy is not permitted. Voting locations are indicated in advance by the Electoral Commission.

Opening hours

The CRP SP maintains a headquarters in the capital and ten sub-offices in the interior of the state; their hours, addresses, and telephone numbers can be found at the following link: https://www.crpsp.org/sede/index



Headquarters of CRP SP

CRP SP

Headquarters of the Regional Council of Psychology 6th Region
Rua Teodoro Sampaio, 417 - Pinheiros
São Paulo - SP, 05405-000
Phone: 11 3065-9494

For in-person appointments, please schedule in advance.
For other inquiries, contact your local sub-office.

Access our WhatsApp broadcast channel .

Contact Us.

Hello, I am the CRP SP contact person

Exhibit C.II - Second Prong: Membership in Professional Association(s)

Certificate of Membership

Raquel Marques De Oliveira

was elected to International status as per the Bylaws and Association Rules of APA

Your membership in APA recognizes your participation and support of our profession. APA is an association whose mission is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

AMERICAN PSYCHOLOGICAL ASSOCIATION

Member Number: C2605875938

Member Since: 2026

Active Year: 2026

Association Rules Amended August 2024

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PREFACE

Association Rules, adopted and amended by the APA Council of Representatives (henceforth Council), detail the operational and managerial authority needed to conduct the affairs of the Association under the bylaws of the American Psychological Association (henceforth APA Bylaws).

The amendment or repeal of an Association Rule, or the addition of a new rule, becomes effective at the close of the meeting at which it is adopted.

10. MEMBERSHIP

10-1. MEMBERSHIP CLASSES

10-1.1 The APA Bylaws provide for four classes of membership in the Association: Fellow, Member, and Associate member, and Graduate Student member. Requirements for each class of membership are given in the APA Bylaws.

10-2. MEMBERSHIP BOARD

10-2.1 The Membership Board shall consist of no fewer than nine members, one of which shall be a Graduate Student member, and one affiliate of the Association, three of whom shall be elected each year for a term of three years. At least one member of the board shall be an early career psychologist.

10-2.2 Nomination slates for election to the Membership Board shall be drawn in such a fashion as to reflect the diverse interests of APA members.

10-2.3 Members shall not serve on a division Fellows Committee, nor endorse initial APA Fellow candidates, during their term on the Membership Board.

10-2.4 The Membership Board shall provide guidance regarding membership engagement in advancing the mission of APA.

10-3. FELLOWS COMMITTEE

10-3.1 There shall be a Fellows Committee whose mission shall be to review the nominations for Fellows and report their recommendations on each case to the Board of Directors through the Membership Board. The Fellows Committee shall consist of at least four Fellows of the Association, at least one of whom shall be appointed each year for a term of three years. The Fellows Committee shall report to Council through the Membership Board.

10-3.2 Members shall not serve on a division Fellows Committee, nor endorse initial APA Fellow candidates, during their term on the Fellows Committee.

10-3.3 The terms of the two senior members of the Committee may be extended for up to two years to permit their participation in the committee's meeting at which Fellowship nominations are considered.

10-4. APPLICATION PROCEDURES

10-4.1 Application or nomination forms for Member, Associate member, Graduate Student Member or Fellow status shall be prescribed by the Membership Board, after consultation with other APA committees involved in their use. Such forms are used to collect information sufficient to establish the applicant's ethical and technical qualifications for membership and to create necessary membership records and APA Directory/Register records.

All applicants for Associate member, Graduate Student member or Member status shall indicate whether or not they have previously been rejected for membership in the Association or had

membership voided or have previously been sanctioned by any professional ethics body, licensing board, other regulatory body or any professional or scientific organization. All applications for Member, Associate member status or Graduate Student member shall carry the following statement, which the applicant shall sign:

"In making this application, I subscribe to and will support the objectives of the American Psychological Association as set forth in Article I of the bylaws, and the Ethical Principles of Psychologists and Code of Conduct, as adopted by the Association, and I affirm that the statements made in this application correctly represent my qualifications for membership, and understand that if they do not, my membership may be voided."

APA may seek evidence from schools and universities that the candidate has attended, State/Provincial/Territorial or local psychological associations, professional employers, and/or other appropriate sources of information, when the submitted documentation leaves doubt as to the applicant's qualifications for membership in the Association.

Nominations for Fellow status shall be made by divisions to the Fellows Committee. The written nomination shall show that the candidate's doctoral dissertation was on a psychological subject and that the professional experience cited as qualifying an individual for Fellow status was work which the person was properly qualified to perform and that was appropriately supervised. The recommendation shall include the endorsement of at least three, but preferably more, Fellows of the Association. In instances when the nominee is working in a highly specialized area, one of the three endorsers may be a former APA Fellow who is no longer a Member of the Association. The recommendation shall make clear what evidence the division puts forward to support the "unusual and outstanding contribution" of the candidate. The division may assemble the information by whatever means it deems appropriate but shall make reasonable verification of it before submission to the Fellows Committee.

(a) With respect to the nomination of Fellows, each division shall, by such means as it shall determine, solicit nominations from its members of those who are deemed worthy of election to this honor. The division may require the nominator to indicate the evidence available in support of the nomination. It shall be the responsibility of the division to select from these nominees and to prepare the recommendations for submission as provided in the previous section.

(b) Divisions shall be informed that it is the assumption of Council that the final list of Members recommended for election to initial Fellow status contains only those Members officially nominated by the relevant divisions. Divisions are responsible for maintaining appropriate review schedules to meet this requirement. This rule does not deny the right of an individual Council member to challenge any nomination on the list.

10-5. INTERPRETATION OF EDUCATIONAL REQUIREMENTS

10-5.1 In acting upon an application for Graduate Student member, Associate member or Member status in the Association, the Membership Board and/or Membership Staff shall be guided by the following interpretation of the requirements stated in the APA Bylaws:

The applicant's graduate or professional school must have full regional accreditation at the time the applicant is elected to membership, although the applicant's training or degree may have been received during the five years prior to full accreditation. A regionally accredited institution is defined as an institution that is listed as fully accredited by the appropriate regional

accrediting body in the Directory of Accredited Institutions of Postsecondary Education, published annually by the American Council on Education, or one of equivalent standing outside the United States.

10-6. FELLOW CRITERIA

10-6.1 There can be no single criterion upon which to base nomination for Fellow status. Operational definitions of "unusual and outstanding contribution or performance" differ from division to division. The relative weight given to individual criteria and to combinations of criteria shall be carefully examined by divisions and by the APA Fellows Committee when they assess the impact the nominee has had on the field of psychology. Criteria may include, but shall not be limited to, the following: publications, innovations, workshop activity, professional service, demonstrated leadership, journal editorship, and awards. (see Appendix B for the criteria included on the Standard Evaluation Form (Fellow) and on certain division surveys.)

10-6.2 A person may be nominated for initial Fellow status by only one division. If additional division Fellow nominations are submitted at the same time as the initial nomination, Fellow status may take place for these additional divisions upon initial Fellowship election by the Council of Representatives. Any individuals who are nominated by more than one division shall select the division which best represents their work and contributions to psychology. The selected division will become the "nominating division." Such nominees will inform the nominating division of any other divisions which have also expressed interest in nominating them for Fellow status.

10-7. DIVISION STANDARDS AND PROCEDURES FOR NOMINATION OF FELLOWS

10-7.1 When a division nominates a Member for Fellow status, and that person is already a Fellow in another division, the standards to be applied by the second division shall not be significantly different from those applied when a Member is nominated for Fellow status for the first time.

A division may have requirements for Fellow status in that division beyond those required by the Association. The Central Office will endeavor so far as possible to assist a division in administering these additional requirements but is not required to do so.

10-8. JUSTIFYING A WAIVER OF REQUIREMENTS

10-8.1 When asking for waivers of the doctoral or experience requirement for Member or Fellow status or a waiver based on distinction in a related field, the applicants must provide reasonably persuasive evidence to support the request. It is not sufficient that such a waiver is recommended by a division, nor is it the responsibility of the Membership Board to develop or document the case.

10-9. VOIDING OF MEMBERSHIP

10-9.1 Membership obtained on the basis of false or fraudulent evidence may be voided at any subsequent time by the Board of Directors. Action to void may be brought either by the Ethics Committee or by the Membership Board.

10-10. TERMINATION OF MEMBERSHIP

10-10.1 Membership in the Association may be terminated by the death of a member, resignation, dropping for nonpayment of dues, or as provided in the Ethics Committee's Rules and Procedures.

Notice of the death of a member or formal resignation should be forwarded to APA Central Office. Resignation will ordinarily be accepted forthwith, except while a member is under scrutiny by the Ethics Committee. While under such scrutiny, a member may be permitted to resign under stipulated conditions in accordance with provisions in the Ethics Committee's Rules and Procedures.

A member is dropped from membership in the Association after nonpayment of dues by January 1 of the year after dues have been unpaid for one year, except while a member is under scrutiny by the Ethics Committee. Members dropped after nonpayment of dues will be considered voluntary resignations from the Association.

10-10.2 A member may resign from any division by not paying the dues or assessment of that division in connection with the annual Association dues statement.

10-11. REINSTATEMENT OR READMISSION

10-11.1 The membership of a person who has voluntarily resigned may be fully reinstated at any time by the payment of all current dues. Prior to such reinstatement, the person must indicate any prior unethical conduct and make the ethics affirmation in accordance with the procedures of Association Rule 10-4 and is subject to investigation by the Ethics Committee as provided in its Rules and Procedures for applicants. Reinstatement is effective as of the current year. The period of voluntary resignation shall not be counted towards the years needed to attain dues-exempt status. When fully reinstated, the person's membership dates from the original year of election. This option shall not be available to a former member who was under scrutiny by the Ethics Committee at the time membership was terminated.

10-11.2 A person whose membership has been terminated under the provisions of Article II, Section 16 of the APA Bylaws or who has resigned while under the scrutiny of the Ethics Committee may request reinstatement of membership under the conditions stated in Article II, Section 17. Accordingly, the Membership Board will automatically inform the Ethics Committee of all such reinstatement requests and the Ethics Committee shall be responsible for furnishing the Membership Board with a recommendation as provided in its Rules and Procedures.

10-11.3 Ordinarily, individuals who have previously resigned or been expelled from membership must reinstate into the previously held membership status and dues category and may not reapply as a new member. Exceptions regarding the membership status and dues category of reinstating members may be made by the chief staff officer or the Membership Board.

10-12. LIFE MEMBERSHIP STATUS (DUES EXEMPTION)

10-12.1 Any member who has reached the age of 65 and has belonged to the APA for a total of 25 years, may choose to begin the dues-reduction process, culminating in dues exemption by so advising Central Office of his or her eligibility. Any member, who, regardless of age or length of membership, has been adjudged totally and permanently disabled, may choose to become

exempt from dues by so advising Central Office of his or her eligibility. Ordinarily, the transfer in status will become effective as of the January 1 immediately following the member's request, but in appropriate circumstances the change in status may be made effective as of the previous January 1.

These members will be exempt from further payment of APA dues, as well as division dues, division assessments, or other assessments established by the Council. However, these members will have the option of paying a subscription price/service fee if they choose to receive the American Psychologist and the APA Monitor on Psychology. The subscription price/service fee will be determined by Council to allow for dues distribution to those APA divisions to which the dues-exempt member belongs and to help defray the costs of the American Psychologist, the APA Monitor on Psychology, and for administering services.

Dues-exempt members shall pay the same price for journals as dues-paying members. However, subscriptions to the American Psychologist and the APA Monitor on Psychology are included in the subscription price/servicing fee set by Council to cover such subscriptions and to help defray the cost of administering services to dues-exempt members. (see also Association Rule 100-6 LIFE MEMBERSHIP STATUS (DUES-EXEMPTION). The journal credit applies only to dues-paying members.

10-13. INTERNATIONAL AFFILIATE

10-13.1 Applications from persons who wish the status of International Affiliate may be accepted at any time by the chief staff officer, who shall have discretion in determining what form of evidence is sufficient to meet the requirements for this application.

International Affiliates may subscribe to any of the journals published by the Association or purchase other APA publications at the same reduced rates charged to members. They may attend meetings of the Association as members of the Association.

10-14. STUDENT AFFILIATE

10-14.1 Applications from college and high school students desiring to become Student Affiliates may be accepted at any time by the chief staff officer, who shall have discretion in determining what form of evidence is sufficient to meet the requirements for this application.

A Student Affiliate who interrupts studies for a period not to exceed ten consecutive years shall be considered as a student throughout the break in studies for purposes of determining eligibility for Student Affiliate status.

Student Affiliates may subscribe to any of the journals published by APA or purchase other APA publications at the same reduced rates charged to members.

10-15. HIGH SCHOOL TEACHER AFFILIATE

10-15.1 Applications for High School Teacher affiliate status may be accepted at any time by the chief staff officer, who shall have discretion in determining what form of evidence is sufficient to meet the requirements for this application.

High School Teacher Affiliates may subscribe to any of the journals published by the Association or purchase other APA publications at the same reduced rates charged to members.

Cross-Reference

o Regarding "Dues Exemption," see "Fees" and "Reduced Dues Status" in FINANCE.

o Regarding "Voiding of Election," "Termination," and "Reinstatement," see ETHICS.

10-16. 2-YEAR COLLEGE TEACHER AFFILIATE

10-16.1 Applications for 2-Year College Teacher Affiliate status may be accepted at any time by the chief staff officer, who shall have discretion in determining what form of evidence is sufficient to meet the requirements for this application.

2-Year College Teacher Affiliates may subscribe to any of the journals published by the Association or purchase other APA publications at the same reduced rates charged to members.

20. ETHICS

20-1. ETHICS COMMITTEE

20-1.1 The Ethics Committee shall consist of seven APA members and one public member, each elected for a term of three years. At least one member of the committee shall be an early career psychologist.

20-2. PROCEDURES AND RULES

20-2.1 The Ethics Committee shall conduct as much of its business as is practical through correspondence. In addition to regular meetings, the Chair is empowered to call a physical meeting of the Committee on not less than two weeks' notice if circumstances require.

20-2.2 The Ethics Committee shall maintain a central file of material concerning ethical complaints and cases. The director of the Ethics Office shall have custody of the records of the Ethics Committee.

20-2.3 The Ethics Committee shall establish rules that govern its own procedures, subject to the approval of the Board of Directors acting for Council, and information about these rules may be communicated to any person inquiring about them.

The Ethics Committee is empowered to (a) investigate on its own behalf; (b) make use of other trusted persons to conduct investigations for it; (c) with the approval of the chief staff officer, employ counsel; and (d) expend funds in other ways that are germane to its purpose, subject only to the approval of the chief staff officer.

Society for Neuroscience
College on Problems of Drug Dependence
International Test Commission

National Association for Biomedical Research
American Association for Accreditation of Laboratory Animal Care

Committee for Global Psychology

World Federation for Mental Health
U.S. National Committee for the International Union of Psychological Science (USNC/IUPSYS)

190-2. AFFILIATION OF OTHER ORGANIZATIONS WITH APA

190-2.1 In implementing Article XIV of the APA Bylaws, it is the intent of Council that the only two organizations currently eligible for such affiliation are Psi Chi and Psi Beta, and they are now affiliated.

200. CENTRAL OFFICE

200-1. LOCATION, FUNCTION, AND MISSION

200-1.1 The APA Central Office shall be maintained in Washington, D.C.

200-1.2 The functions of the Central Office shall be the administration and the business management of the affairs of the Association except where these are specifically delegated to officers or to parts of the APA such as the divisions or state/provincial/territorial psychological associations.

200-1.3 The mission of the APA Central Office shall be to provide high quality, timely, cost-efficient products and services to the membership and relevant others and to provide support and guidance to the APA governance in the conduct of Association activities so that the objectives of the Association, as specified in the APA Bylaws, are fulfilled. This mission is accomplished by: (a) effectively managing the resources of the APA and ensuring its fiscal integrity; (b) supporting Council and its Board of Directors and the board and committee infrastructure in developing and implementing sound policies and programs; (c) facilitating information exchange among and between psychologists, psychological organizations, media, consumers, and the general public; (d) providing legislative, executive branch, and legal advocacy; (e) striving for a suitable balance of services to APA members, consumers, and other users of its expertise and services.

200-2. CHIEF STAFF OFFICER AND STAFF

200-2.1 The chief staff officer shall direct and define the duties of Central Office staff, including the assignment of staff to support boards and committees, establish the titles of staff, and delegate management responsibility to Central Office staff as shall be in the best interest of the Association, except insofar as law or APA Bylaws, or Association Rules shall make some explicit provision for a different line of responsibility.

200-3. EMPLOYEES

200-3.1 All regular APA employees shall be hired on the authority of the chief staff officer, and they shall continue to serve at his or her pleasure, except that the appointment of senior staff personnel shall be subject to confirmation by the Board of Directors.

200-3.2 Conditions of employment, such as hours of work, paid holidays, sick leave, leaves of absence, vacation schedules, notice of termination, overtime, travel allowances, and the like, shall be determined by the chief staff officer and stated on a timely basis in writing. Any complaint under these Association Rules may be appealed to the APA Treasurer and may be arbitrated by him or her or by a person appointed by him or her on behalf of the Association. Such arbitration shall include, but not be limited to, an opportunity for the individual submitting the complaint to present evidence to the arbitrator directly and in person.

200-3.3 The APA shall maintain a suitable plan including the following benefits for its employees: (a) F.I.C.A.; (b) Workers Compensation under the appropriate jurisdiction; (c) group life insurance; (d) supplementary retirement income for Central Office employees; and (e) hospital and other health insurance.

In addition, the APA will cover with insurance special risks of bonding, travel, and professional liability for those members of the staff requiring it. The form and extent of the coverage shall be contained in a schedule supporting, and approved as part of, the annual budget.

200-4. RELATION OF STAFF TO COMMITTEES AND BOARDS

200-4.1 The chief staff officer shall assign staff to serve as liaisons to boards and committees. These staff shall inform themselves about the work of the board or committee and shall support the board or committee in the conduct of its business. The committee shall keep Central Office informed of its activities through staff assigned to serve as liaisons unless, in the opinion of the committee's chair, the matter is privileged.

200-4.2 Central Office staff shall not serve as a member of or chair APA boards and committees while employed by APA. Ex officio membership may be designated only in the APA Bylaws.

200-5. PLACEMENT ACTIVITIES AND EMPLOYMENT BULLETIN

200-5.1 The Central Office shall maintain a register of available psychologists and opportunities for employment in such form as the chief staff officer finds best. It shall provide facilities at the annual convention for the exchange of information about employment. Fees may be charged for listing positions and listing availability of individuals, but these may be waived by the chief staff officer for groups and individuals when it is in the interest of the profession to do so. The APA reserves the right to refuse any listing where the nature or conditions of employment are contrary to the policies of the Association. It shall also provide facilities for the exchange of information about employment at regional or state/provincial/territorial psychological association meetings on a cost-reimbursable basis. The sponsoring regional or state/provincial/territorial psychological association will retain fees charged applicants and employers. The regional or state/provincial/territorial psychological association will continue to pay the costs they now pay, such as convention-site operational costs. Costs are allocated in accordance with standard functional cost accounting procedures used by the APA.

200-5.2 The Central Office shall publish an employment bulletin under the direction of the chief staff officer. It shall have a regular subscription list. Generally, only APA members may list themselves, and only positions requiring qualifications equal to APA membership requirements will be listed.

200-5.3 The APA reserves the right to refuse any listing where the nature or conditions of employment are contrary to policies of the Association.

The employment bulletin shall accept listings for position openings at institutions censured by the American Association of University Professors (AAUP), but these listings shall be suitably identified to advise the job seekers that the institution has been censured and that further information may be obtained from relevant AAUP Bulletins.

200-6. APPLICATION AND ACCEPTANCE OF OUTSIDE FUNDS

200-6.1 The chief executive officer may apply for or accept government contracts, grants, and donations of funds for special or additional activities of the Association within the following limits: (a) the project shall fall clearly within the area of APA's special competence; (b) the project shall not be one that can be more competently conducted by some existing group (e.g., university department or laboratory, public or private research and consulting organization); (c) the project shall not interfere with APA activities already under way nor overtax APA's facilities; and (d) the project shall be evaluated, in advance of its submission, by the respective executive director in conjunction with the APA board or committee most directly concerned with the substantive matters involved as deemed appropriate, by the chief executive officer (or his/her designee), legal counsel, and the grants/contracts office. (See also Association Rule 170-10.)

APA, in consultation with the Office of Communications, maintains the right of first refusal on publications resulting from APA conferences and other APA-supported activities.

200-7. GROUP INSURANCE PLANS FOR APA MEMBERS

200-7.1 The chief staff officer is empowered to enter into contracts with insurance companies offering group insurance plans for APA members, with the understanding that (a) such plans have been approved by the Board of Directors upon recommendation of the Board of Professional Affairs, (b) participation in such plans is entirely voluntary on the part of individual members, (c) costs of the plan are borne by the participants and the insurance companies, and (d) any profits or dividends are returnable in the final accounting to the participants.

200-8. PUBLIC RELATIONS

200-8.1 The chief staff officer may designate a member of the Central Office staff to assist in preparing and disseminating information about the activities of psychologists of interest to the public. When it is practical, the APA shall assist regional or state/provincial/territorial psychological associations in the area of public information.

Cross-Reference

o Regarding "chief staff officer," see also PUBLICATIONS AND COMMUNICATIONS and FINANCE.

210. FINANCE

210-1. FINANCE COMMITTEE

210-1.1 The Finance Committee shall be composed of seven voting members and up to seven non-voting members. Of the voting members, two shall be elected each year for terms of three years, one slate shall be drawn from current Council members or Finance Committee members who have served within the previous seven years (including outgoing members of the Finance Committee); the second slate shall be drawn from APA members who have demonstrated interest and expertise in organizational financial policies and operations. No member may serve more than two consecutive terms. The seventh voting member of the Committee is the APA Treasurer, who shall serve as its Chair.

The non- voting members shall be representatives from the investment community (up to four) and the accounting/financial community (up to three) and are not usually psychologists. The non-voting members will be recommended by the Finance Committee and approved by the Board of Directors for terms of three years, which may be renewed at the recommendation of the Finance Committee and approval of the Board of Directors.

210-2. BUDGET

210-2.1 Council delegates to the Board the authority for decision-making related to budget and financial matters. At least annually, a report on the Association's budget and finances will provided to Council on behalf of the Board of Directors.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-2.2 The overall financial goals of the APA should be considered with APA's commitment to providing programs and services that meet the scientific and charitable mission and the changing priorities of the association.

Financial plans shall be made with the aim of insuring that only necessary expenses shall be incurred in carrying out policies and programs of the Association and that those expenses are consistent with the need to maintain a reasonable standard of performance. With respect to income, financial plans shall maximize income from all sources other than dues and shall support programs consistent with the basic objectives and professional standards of the APA. It shall be the goal to present a balanced integrated[1] budget annually (after consideration of the cash flow from building operations and a draw of up to 5% from the long-term investment portfolio[2]) and manage operations during the year to produce a positive integrated budget operating margin over a rolling three-year period.

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1 The integrated budget and margin include annual revenues and cash resources approved for spending less annual operating and non-operating expenses and those expenses incurred for special projects.

2 The draw from the long-term investment portfolio – The annual integrated budget will be supported by a draw of up to 5% of the average market value of the long-term investment portfolio over the previous 12 quarters ending 6 months prior to the beginning of the year. The amount of the draw will be reviewed annually during the budget process. The percentage will be recommended by the Investment Subcommittee and reviewed by the Finance Committee who will then make a recommendation to Council.

210-2.3 To achieve these goals, the chief executive officer (CEO) shall be responsible for developing the Association's annual budgets to be submitted to the Board of Directors for approval. These budgets shall be reviewed, modified, and approved first by the Finance Committee and then the Board of Directors prior to submission as information to Council. Council approval is required for any single, unbudgeted item that exceeds $3 million or sale of Association real estate. The strategic planning process should represent the avenue by which the Association's priorities are set and new initiatives are approved.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-2.4 In order that this policy can be adequately carried out, the financial records of the APA shall be so maintained as to permit a matching of direct income and direct expenses plus allocated expenses by program. The annual budget shall be developed in such a way that the projected difference between income and expenses, by program, can be readily determined.

210-2.5 Presidential Activities Fund

A budget shall be established for presidential activities and should be spent during the first two years of the three-year cycle of each President. The Finance Committee shall be responsible for setting the presidential activities budget limit. Presidential activities funded by the Association must be consistent with the Strategic Plan and approved by the Board of Directors. The CEO shall facilitate completion of presidential activities by the end of the year of presidency and within the budget limit. The Board must approve any presidential activities that extend beyond the first two years of the Presidential cycle.

210-3. ORGANIZATIONAL FINANCIAL HEALTH

On a continuing basis, the Association shall strive to maintain organizational financial health, which shall be measured as follows:

Short-term financial health.

The Association shall strive to maintain cash on hand as of December 31st equal to at least three months of annual operating expenses and three months of the current portion of long-term debt.

Long-term financial health.

The Association shall strive to maintain financial health. The long-term financial health of the Association will be measured/monitored in several ways:

- Maintaining a long-term investment portfolio equal to at least 30% of total annual operating expenses.
- Acknowledging a conservative estimate of fair market value (FMV) of equity in buildings as a point of reference[3].
- Maintaining Standard & Poor's (S&P) Bond Rating BBB or higher.
- Complying with debt covenants, as applicable.

3 Including FMV of building equity in net assets for such measures is not industry standard recognizing that access is limited to borrowing until point of sale.

210-4. FORECAST

210-4.1 Council delegates to the Board the authority for decision-making related to budget and financial matters.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-4.2 Consistent with the mission of the Finance Committee set forth in Article XI, section 3 of the APA Bylaws, the Finance Committee shall work with the CEO and the CFO in the development of an annual financial forecast (up to three years) to be presented to Council as part of the report provided in Association Rule 210-2.1. The Finance Committee shall recommend to the Board of Directors overall long-range financial goals for the Association, which will be provided to Council as information. Upon approval of these goals by the Board of Directors, the CEO will proceed to develop budgets to achieve the organizational financial health requirements covered in Rule 210-3.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-5. DUES

210-5.1 In preparing the annual budget, the Finance Committee shall recommend necessary changes in dues rates. The Finance Committee's recommendation will be reviewed by the Board of Directors and submitted to Council as information. Recommendations for dues increases will be submitted to Council for approval.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-5.2 The annual dues of Members, including Fellows, and Associate Members shall be determined by Council based on recommendations from the Membership Board, Finance Committee and Board of Directors. Dues amounts will be based on the following guideline:

Associate member Step1 (years 1-3)	40% of regular Member dues.
Associate member Step 2 (years 4+)	72% of regular Member dues.
Member (Postdoctoral) Step 1 (years 1-3)	40% of regular Member dues.
Member (Postdoctoral) Step 2 (years 4-6)	60 % of regular Member dues.
Member Step 3 (years 7 and 8)	80% of regular Member dues.
Member Step 4 (years 9+)	100% of regular Member dues.

Dues for Members and Associate members who have reached both 65 years of age and 25 years of membership, and have advised Central Office of their choice to begin the dues-reduction process, shall be based on the following schedule. At any step in the process where dues are less than the current subscription price/servicing fee, the latter shall prevail.

Step 1 (first year) – 90% of regular dues
Step 2 (second year) – 70% of regular dues
Step 3 (third year) – 50 % of regular dues
Step 4 (fourth year) – 30 % of regular dues

Step 5 (fifth year) – full dues exemption

When full dues exemption is attained, the subscription price/servicing fee option becomes available.

This section shall be reviewed by Council at three-year intervals beginning the first meeting of Council in 2023.

210-6. CANADIAN PSYCHOLOGICAL ASSOCIATION

210-6.1 A Fellow, Member, or Associate member residing in Canada, who also belongs to the Canadian Psychological Association (CPA) and pays full dues to that Association, is eligible for a reduction of 50% in his or her dues payable to the American Psychological Association. Conversely, a Fellow, Member, or Associate member who resides in the United States and also belongs to the Canadian Psychological Association and who pays full dues to APA is eligible for a 50% reduction in dues payable to CPA.

210-7. FEES

210-7.1 The Finance Committee shall be responsible for recommending the fees for the following categories: (a) Members; (b) late payment of dues; (c) International Affiliates; (d) High School Teacher Affiliates; (e) Student Affiliates; and (f) 2-Year College Teacher Affiliates.

210-8. CONVENTION REGISTRATION FEES

210-8.1 The convention registration fees shall be set annually by the Board of Directors after recommendation from the Board of Convention Affairs. This shall normally be done no later than January of the year for which the fees are set. The fees should be set at levels consistent with the goals set forth for direct service programs covered in Rule 210-2.1.

210-9. REDUCED DUES STATUS

210-9.1 Any Fellow, Member or Associate member may request reduced dues status by so indicating on the annual dues statement and submitting a written request to the Central Office.

There shall be an annual APA membership maintenance fee for reduced dues status, set by the Membership Board. This fee applies to APA dues and assessments. The fee will ordinarily be lower than full dues, with the amount to be determined by the Membership Board. Reduced dues status is limited to a total of five years and must be renewed annually, on the member dues statement. Those members requesting reduced dues status may continue to subscribe to APA journals, purchase APA books, and register for the annual convention at the member prices or rates.

210-10. JOURNAL SUBSCRIPTION PRICES

210-10.1 The APA's subscription prices for journals shall be set in such a way as to encourage the widest practicable distribution of high quality journals to individuals and institutions needing them. The prices shall be set consistent with the goals set forth for direct service programs covered in Rule 210-2.1. Costs to be recovered must include the direct costs to produce and service publications as well as a proportionate share of allocated expenses. In general, subscription prices will be set with a view toward fairness to subscribers, both members

and non-members. Prices charged to members should normally be lower than the prices charged to non-members, but not necessarily in a fixed proportion. It is the responsibility of the Publications and Communications Board to anticipate the need for subscription price changes and recommend these to the Board of Directors for approval. The Board of Directors shall report its actions to Council.

210-10.2 The chief executive officer (CEO) may accept subscriptions at member rates from nonprofit scientific foundations for donation to foreign subscribers when such donations are in the best interest of the APA.

210-10.3 The chief executive officer (CEO) shall set prices for single issues, foreign subscriptions, back issues, and other publications as appropriate.

210-11. SUBSCRIPTIONS INCLUDED IN DUES AND HOUSEHOLD CREDIT

210-11.1 Each member shall receive a subscription to the *American Psychologist* and the *APA Monitor on Psychology*.

If APA members reside in the same household, one member may claim the dues amount allocated for the *American Psychologist* and the *APA Monitor on Psychology* as a credit toward current year dues in lieu of receiving duplicate subscriptions to these periodicals.

Members exempt from dues under the provisions of Article XIX, Section 6 of the APA Bylaws may receive the *American Psychologist* and the *APA Monitor on Psychology* at a charge determined by Council and may subscribe to other APA journals at member rates.

210-12. DIVISION DUES AND ASSESSMENT

210-12.1 Divisions may vote to make special assessments to be collected as part of the APA dues or collected separately by the divisions. All divisions must inform the Central Office in writing of the amount of their special assessments for the next calendar year within five days following the APA convention each year.

If a division fails to inform the Central Office within five days, the special assessment that applied the previous year will remain in force.

210-13. PSYCHOLOGY DEFENSE FUND

210-13.1 The Psychology Defense Fund shall operate in accordance with policy adopted by Council at its January 18-20, 1980, meeting and published in the June 1980 *American Psychologist*. The Council shall receive an annual report of grants awarded by the Fund.

210-14. MEETINGS OF COMMITTEES AND BOARDS AND REIMBURSEMENT OF FUNDS

210-14.1 All meetings of APA boards, committees, ad hoc committees, task forces and the like that are funded by APA will be held in the greater Washington, D.C., metropolitan area, unless there is a valid reason for holding the meetings in another city. This does not pertain to meetings held in cities at the time of the annual convention. A different location for a meeting requires the advance approval of the chief executive officer (CEO) or his or her designee. Except under unusual circumstances, APA does not pay travel or per diem expenses for board or committee meetings scheduled during the annual convention.

Exhibit C.II - Second Prong: Evidence of Professional Activities and Operational Capacity


Aqui tem
criança

Parent School – Educating Without Stress

5 LOVE LANGUAGES FOR PARENTS AND CHILDREN



DISCOVERING YOUR CHILD'S LOVE LANGUAGE CAN MAKE ALL THE DIFFERENCE IN YOUR RELATIONSHIP AND HELP BOOST THEIR SELF-ESTEEM.

SEPTEMBER 28 | 9:30 AM

COLÉGIO PROSSEGUIR

RAQUEL MARQUES
PSYCHOLOGIST

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana
_____ **Date: August 27, 2025.**

Escola de Pais - Educar Sem Pirar

5 LINGUAGENS DE AMOR PARA PAIS E FILHOS



CONHECER A LINGUAGEM DE AMOR DO SEU FILHO PODE FAZER TODA A DIFERENÇA EM SEU RELACIONAMENTO E ELEVAR A AUTOESTIMA DELE.

28 DE SETEMBRO | 09H30

Colégio Prosseguir

RAQUEL MARQUES
Psicóloga


TVCE - Self-Knowledge (Raquel Marques) Part 1/2
ENTRE VISTA
17:46 / 19:23
Scroll to see details

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 27, 2025.

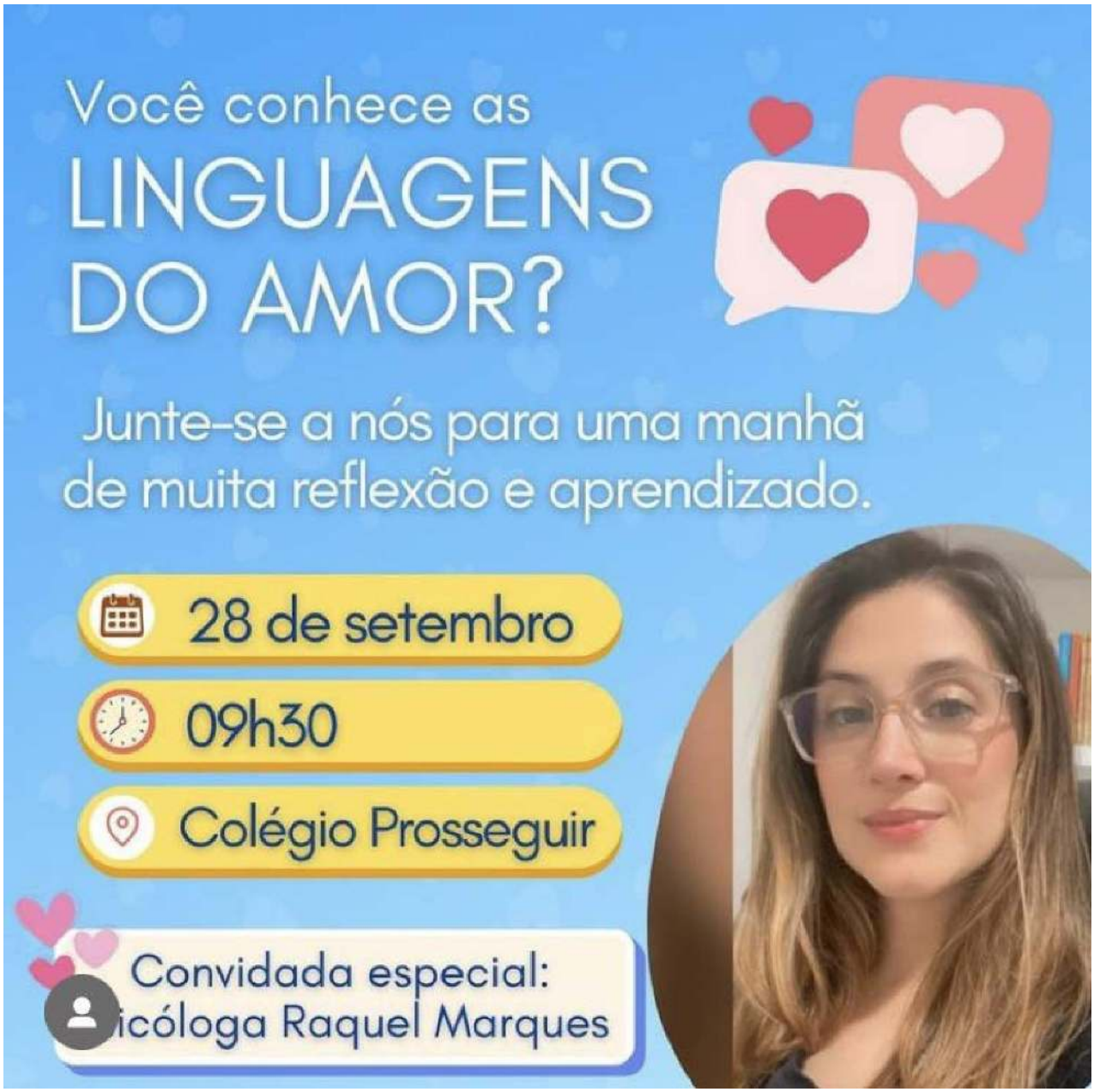

TVCE - Autoconhecimento (Raquel Marques) - Parte 1/2
ENTRE VISTA
17:46 / 19:23
Role para ver detalhes


Do you know the
LOVE LANGUAGES?
JOIN US FOR A MORNING OF
REFLECTION AND LEARNING.
September 28
9:30 AM
Colégio Prosseguir
Special Guest:
Psychologist Raquel Marques

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 27, 2025.


Você conhece as
LINGUAGENS
DO AMOR?
Junte-se a nós para uma manhã
de muita reflexão e aprendizado.
28 de setembro
09h30
Colégio Prosseguir
Convidada especial:
icóloga Raquel Marques


17:46
gabi.oliveirafiod
Lecture now at
@colegioprosseguir ❤️🙏
PALESTRA
AS 5
LINGUAGENS
DO AMOR
PARA PAIS
E FILHOS

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana
_____ **Date: August 27, 2025.**


17:46
gabi.oliveirafiod
Palestra agora no
@colegioprosseguir ❤️🙏
PALESTRA
AS 5
LINGUAGENS
DO AMOR
PARA PAIS
E FILHOS

Want your child to listen to you without resentment or tantrums?

Join us 👇

Parent School

Educating without stress!



Raquel Marques
Clinical Psychologist



COLÉGIO PROSSEGUIR

Save the date

09 28 24

@psi_raquelmarques

@colegioprosseguir

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana
_____ **Date: August 27, 2025.**

Quer que seu filho te escute sem ressentimentos e birras?

Participe 👇

Escola de pais

Educar sem pirar!



Raquel Marques
Psicóloga Clínica



COLÉGIO PROSSEGUIR

Reserve na agenda a data

28 09 24

@psi_raquelmarques

@colegioprosseguir

Parent School

Educating without stress!

COLÉGIO PROSSEGUIR

Save the date

09 28 24



Raquel Marques
Clinical Psychologist



I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana **Date: August 27, 2025.**


Escola de pais
Educar sem pirar!
COLÉGIO PROSSEGUIR
Reserve na agenda a data
28
09
24
Raquel Marques
Psicóloga Clínica
Tema
As 5 linguagens
do amor
para pais e filhos


It's tomorrow!
5 Love Languages for Parents and Children
To become generous, loving, and responsible adults, children need to know and feel loved.
Speaker: Raquel Marques
Psychologist
September 28 | 9:30 AM
COLÉGIO PROSSEGUIR
Rua Maricá, 571 - Jd. Satélite

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 27, 2025.

É amanhã!

5 Linguagem de amor para pais e filhos



Para tornarem-se adultos generosos, amorosos e responsáveis, os filhos precisam saber e sentir que são amados.

Palestrante: Raquel Marques
Psicóloga

28 de setembro | 09h30

COLÉGIO PROSSEGUIR

Rua Maricá, 571 - Jd. Satélite




PALESTRA
AS 5 LINGUAGENS DE AMOR PARA PAIS E FILHOS
Aqui tem criança FELIZ!

FEDERATIVE REPUBLIC OF BRAZIL

NATIONAL REGISTER OF LEGAL ENTITIES

REGISTRATION NUMBER	CERTIFICATE OF ENROLLMENT AND REGISTRATION STATUS	DATE OF ESTABLISHMENT
53.293.760/0001-09 **HEAD OFFICE**		**12/22/2023**

BUSINESS NAME
RAQUEL MARQUES DE OLIVEIRA LTDA

TRADE NAME (DBA)	SIZE
RM CONSULTORIA	**ME (Microenterprise)**

CODE AND DESCRIPTION OF THE PRIMARY ECONOMIC ACTIVITY
86.50-0-03 - Psychology and psychoanalysis activities

CODE AND DESCRIPTION OF SECONDARY ECONOMIC ACTIVITIES
85.93-7-00 - Teaching of Languages (Exempt *)

CODE AND DESCRIPTION OF LEGAL NATURE
206-2 - Limited Liability Company

ADDRESS	NUMBER	UNIT
RUA HELENA DAVID NEME	**180**	**Apartment 121**

ZIP CODE	NEIGHBORHOOD/DISTRICT	CITY	STATE
12.245-310	**JARDIM SAO DIMAS**	**SAO JOSE DOS CAMPOS**	**SP**

EMAIL ADDRESS	TELEPHONE
RMPSII0@GMAIL.COM	**(12) 9135-4406**

FEDERAL ENTITY RESPONSIBLE (EFR)
*****

REGISTRATION STATUS	DATE OF REGISTRATION STATUS
ACTIVE	**12/22/2023**

REASON FOR REGISTRATION STATUS

SPECIAL STATUS	DATE OF SPECIAL STATUS
—	—

(*) The exemption from permits and licenses is a right of the entrepreneur who meets the requirements set forth in CGSIM Resolution No. 51, of June 11, 2019, or in specific legislation submitted to CGSIM by the federative entities. The Federal Revenue Service bears no responsibility regarding the exempted activities.

Approved by Normative Instruction RFB No. 2.119, of December 6, 2022.

Issued on 09/22/2025 at 09:37:33 AM (Brasília date and time).

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 30, 2025.

REPÚBLICA FEDERATIVA DO BRASIL

CADASTRO NACIONAL DA PESSOA JURÍDICA

NÚMERO DE INSCRIÇÃO	COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL	DATA DE ABERTURA
53.293.760/0001-09 **MATRIZ**		**22/12/2023**

NOME EMPRESARIAL
RAQUEL MARQUES DE OLIVEIRA LTDA

TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA)	PORTE
RM CONSULTORIA	**ME**

CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL
86.50-0-03 - Atividades de psicologia e psicanálise

CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS
85.93-7-00 - Ensino de idiomas (Dispensada *)

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA
206-2 - Sociedade Empresária Limitada

LOGRADOURO	NÚMERO	COMPLEMENTO
R HELENA DAVID NEME	**180**	**APT 121**

CEP	BAIRRO/DISTRITO	MUNICÍPIO	UF
12.245-310	**JARDIM SAO DIMAS**	**SAO JOSE DOS CAMPOS**	**SP**

ENDEREÇO ELETRÔNICO	TELEFONE
RMPSI10@GMAIL.COM	**(12) 9135-4406**

ENTE FEDERATIVO RESPONSÁVEL (EFR)
*****

SITUAÇÃO CADASTRAL	DATA DA SITUAÇÃO CADASTRAL
ATIVA	**22/12/2023**

MOTIVO DE SITUAÇÃO CADASTRAL

SITUAÇÃO ESPECIAL	DATA DA SITUAÇÃO ESPECIAL
********	********

(*) *A dispensa de alvarás e licenças é direito do empreendedor que atende aos requisitos constantes na Resolução CGSIM nº 51, de 11 de junho de 2019, ou da legislação própria encaminhada ao CGSIM pelos entes federativos, não tendo a Receita Federal qualquer responsabilidade quanto às atividades dispensadas.*

Aprovado pela Instrução Normativa RFB nº 2.119, de 06 de dezembro de 2022.

Emitido no dia **22/09/2025** às **09:37:33** (data e hora de Brasília).

GOVERNMENT OF THE STATE OF SÃO PAULO
DEPARTMENT OF ECONOMIC DEVELOPMENT
COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

CERTIFICATE OF FULL CONTENT

DOCUMENT ISSUED ONLINE

COMPANY DETAILS			
COMPANY NAME RAQUEL MARQUES DE OLIVEIRA LTDA		LEGAL TYPE SOLE LIMITED LIABILITY COMPANY	
NIRE (Business Registration Identification Number) 35262850981	CNPJ 53.293.760/0001-09	FILING NUMBER 35262850981	FILING DATE 12/22/2023

CERTIFICATE INFORMATION		
ISSUANCE DATE 12/06/2024	ISSUANCE TIME 2:16:52	CONTROL CODE 253102739
THE AUTHENTICITY OF THIS DOCUMENT, AS WELL AS THE FILE IN ELECTRONIC FORM, CAN BE VERIFIED AT WWW.JUCESPONLINE.SP.GOV.BR		

THIS COPY WAS DIGITALLY AUTHENTICATED AND SIGNED ON 12/06/2025 BY THE GENERAL SECRETARY OF JUCESP - MARINA CENTURION DARDANI, ACCORDING TO ART. 1 OF MP2200-2 OF 08/24/2001, WHICH ESTABLISHES THE INFRASTRUCTURE OF BRAZILIAN PUBLIC KEYS – ICP BRASIL, IN FORCE ACCORDING TO E.C No. 32 OF 09/11/2001 M-ART.2.

ART. 1 THE BRAZILIAN PUBLIC KEY INFRASTRUCTURE – ICP BRASIL IS ESTABLISHED, TO GUARANTEE AUTHENTICITY, INTEGRITY AND LEGAL VALIDITY OF DOCUMENTS IN ELECTRONIC FORM, SUPPORT APPLICATIONS AND ENABLED APPLICATIONS THAT USE DIGITAL CERTIFICATES, AS WELL AS THE PERFORMANCE OF SECURE ELECTRONIC TRANSACTIONS.

I certify the registration of incorporation under NIRE No. 35262850981 on 12/22/2023 of the company RAQUEL MARQUES DE OLIVEIRA Ltda, filed under No. SPP2331229927. Authentication: validate the authenticity of the registration at http://www.jucesp.sp.gov.br/com with its number. MARINA CENTURION DARDANI - General Secretary. This copy was digitally authenticated and signed on 12/06/2024 by MARINA CENTURION DARDANI - General Secretary. Authentication: 253102739. JUCESP guarantees the authenticity of the registration and the Full Content Certificate when viewed directly on the portal www.jucesponline.sp.gov.br.

JUCESP

GOVERNMENT OF THE STATE OF SÃO PAULO

Cover Application

DOC. SEQ
01
01

Redesim Protocol

SPP2331229927

REGISTRATION DATA

ACT(S) **Normal Incorporation; Microenterprise Classification - ME**		
COMPANY NAME **RAQUEL MARQUES DE OLIVEIRA LTDA**		SIZE **ME (Microenterprise)**
ADDRESS **RUA HELENA DAVID NEME**		NUMBER **180**
UNIT **APARTMENT 121**	NEIGHBORHOOD/DISTRICT **JARDIM SAO DIMAS**	ZIP CODE **12245310**
CITY **SÃO JOSÉ DOS CAMPOS**		STATE **SP**
EMAIL **bittencourtcontabil@outlook.com**		TELEPHONE
NUMBER OF REQUIREMENT(S) **NO PREVIOUS REQUIREMENT**	CNPJ - HEAD OFFICE	NIRE – HEAD OFFICE
IDENTIFICATION OF SIGNATORY/APPLICANT OF THE REQUEST FORM NAME: **CRISTIANE MENDES BITTENCOURT DE SOUZA - Responsible** SIGNATURE DATE: 12/22/2023 SIGNATURE: Cristiane M B de Souza		AMOUNTS PAID DARE **R$ 195.28** DARF **Exempt**

I DECLARE UNDER THE PENALTIES OF THE LAW THAT THE INFORMATION CONTAINED IN THE REQUEST/PROCESS IS TRUE.

FOR EXCLUSIVE USE OF THE COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO (INCLUDING REVERSE SIDE)

PROTOCOL STAMP	NOTES

DOCUMENTS NOT WITHDRAWN WITHIN 90 DAYS OF AVAILABILITY WILL BE DISCARDED - ARTICLE 57, PARAGRAPH 5, DECREE 1.800/96

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

I certify the registration of incorporation under NIRE No. 35262850981 on 12/22/2023 of the company RAQUEL MARQUES DE OLIVEIRA Ltda, filed under No. SPP2331229927. Authentication: validate the authenticity of the registration at http://www.jucesp.sp.gov.br/com with its number. MARINA CENTURION DARDANI - General Secretary. This copy was digitally authenticated and signed on 12/06/2024 by MARINA CENTURION DARDANI – General Secretary. Authentication: 253102739. JUCESP guarantees the authenticity of the registration and the Full Content Certificate when viewed directly on the portal www.jucesponline.sp.gov.br.

ARTICLES OF ASSOCIATION LIMITED LIABILITY COMPANY

RAQUEL MARQUES DE OLIVEIRA LTDA

Managing partner RAQUEL MARQUES DE OLIVEIRA, Brazilian, married, under partial community property regime, born in the city of São José dos Campos, State of São Paulo, on 03/31/1987, identity document No.: CNH 03629464669, issuing authority: DETRAN/SP, psychologist, CPF No.: 35832903803, RESIDING AND DOMICILED at RUA HELENA DAVID NEME, No. 180, Neighborhood: JARDIM SÃO DIMAS, São José dos Campos, State of São Paulo, ZIP Code 12245-310.

They resolve, by mutual agreement, to establish a limited liability company, under the following terms and conditions:

CORPORATE NAME

Clause One - The company shall adopt the following corporate name: RAQUEL MARQUES DE OLIVEIRA.

HEAD OFFICE

Clause Two - The company shall have its head office at the following address: RUA HELENA DAVID NEME, No. 180, Apartment 121, Neighborhood: JARDIM SÃO DIMAS, São José dos Campos, State of São Paulo, ZIP Code 12245310.

CORPORATE PURPOSE

Clause Three - The company shall have as its corporate purpose the performance of the following economic activities: PSYCHOLOGY ACTIVITIES AND ENGLISH TEACHING.

Sole Paragraph. At the establishment designated as the head office, the activities of PSYCHOLOGY ACTIVITIES AND ENGLISH TEACHING shall be carried out.

COMMENCEMENT OF ACTIVITIES AND TERM

Clause Four - The company shall commence its activities as of 12/15/2013, and shall have an indefinite term of duration.

OF THE SHARE CAPITAL

Clause Five - The share capital shall be R$ 3,000.00 (three thousand reais), divided into 3,000 (three thousand) shares, each with a nominal value of R$ 1.00 (one real), fully subscribed and duly paid in as indicated below.

The amount of R$ 3,000.00 (three thousand reais) is hereby paid in, in legal currency of the country,

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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in the name of RAQUEL MARQUES DE OLIVEIRA, CPF no.: 35832903803.

PARTNER	NO. OF SHARES	AMOUNT	PERCENTAGE
RAQUEL MARQUES DE OLIVEIRA	3,000	R$ 3,000.00	100%
TOTAL	3,000	R$ 3,000.00	100%

MANAGEMENT

Clause Six - The management of the company shall be carried out by RAQUEL MARQUES DE OLIVEIRA, Brazilian, married, under partial community property regime, born in the city of São José dos Campos, State of São Paulo, on 03/31/1987, identity document no.: CNH 03629464669, issuing authority: DETRAN/SP, psychologist, CPF no.: 35832903803, RESIDING AND DOMICILED at RUA HELENA DAVID NEME, No. 180, Neighborhood: JARDIM SÃO DIMAS, São José dos Campos, State of São Paulo, ZIP Code 12245310, who shall legally represent the company and may perform any and all acts of management related to the corporate purpose.

Sole Paragraph. If not constituting the corporate purpose, the sale or encumbrance of real estate assets shall require authorization by the majority.

FINANCIAL STATEMENTS

Clause Seven - At the end of each fiscal year, on December 31, the manager shall provide a justified account of their administration, preparing the inventory, the balance sheet, and the income statement, with the man being entitled to any profits or responsible for any losses determined.

DECLARATION OF NON-DISQUALIFICATION OF THE MANAGER

Clause Eight - The managers of the company declare, under the penalties of law, that they are not disqualified from exercising the management of the company by any special law, or due to a criminal conviction, or being subject to its effects, which would prohibit, even temporarily, access to public office; nor for bankruptcy-related crimes, malfeasance, bribery, extortion, embezzlement, or offenses against the national economy, the financial system, competition regulations, consumer relations, public faith, or prosperity.

JURISDICTION

Clause Nine - The parties elect the jurisdiction of the company's registered office to resolve any disputes arising from this contractual instrument, as well as for the exercise and fulfillment of the rights and obligations resulting from this contract, waiving any other jurisdiction, however privileged it may be

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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CLASSIFICATION

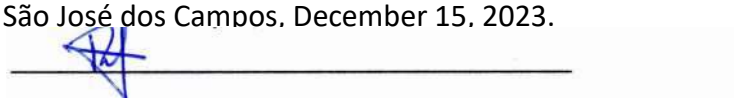
Clause Ten - The partners declare that the company qualifies as a Microenterprise, under the terms of Complementary Law No. 123, of December 14, 2006, and that it does not fall under any of the exclusion cases listed in § 4 of Article 3 of the aforementioned law **(art. 3, I, CL No. 123, of 2006)**.

OWNER'S DRAW

Clause Eleven - The partners may, by mutual agreement, establish a monthly remuneration as **owner's draw** for the managing partners, in accordance with the applicable regulatory provisions.

And, being in full agreement, they sign this private instrument in a single copy.

São José dos Campos, December 15, 2023.



RAQUEL MARQUES DE OLIVEIRA (Managing Partner)

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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DECLARATION

I, RAQUEL MARQUES DE OLIVEIRA, holder of Identification Document No. 03629464669, registered in the Individual Taxpayer Registry (CPF) under No. 35832903803, in my capacity as owner, partner, or legal representative of the company RAQUEL MARQUES DE OLIVEIRA, **DECLARE** that I am aware that the **ESTABLISHMENT** located at RUA HELENA DAVID NEME, No. 180, Neighborhood: JARDIM SÃO DIMAS, São José dos Campos, State of São Paulo, ZIP Code 12245310, **MAY NOT CONDUCT** its activities without first obtaining the municipal opinion regarding the feasibility of its installation and operation at the indicated location, in accordance with the guidelines established in land use and occupation legislation, municipal regulations, and restrictions in environmental protection areas, pursuant to Article 24, §2 of State Decree No. 55.660/2010, and without a valid **INTEGRATED LICENSING CERTIFICATE**, obtained through the Via Rápida Empresa system - State Licensing Module.

I further declare that I am aware that any change to the establishment's address, its activity or group of activities, or any other condition determining the issuance of the Integrated Licensing Certificate results in the loss of its validity, and that, from the moment of such change, I assume the obligation to renew it.

Finally, I declare that I am aware that the issuance of the Integrated Licensing Certificate may be requested by a duly authorized legal representative, in person, at the time of collecting the certificates related to the company registration at the city hall, or by the owner, partner, or accountant linked to the National Registry of Legal Entities (CNPJ) directly on the Jucesp website, through the licensing module, using the respective digital certificate.



RAQUEL MARQUES DE OLIVEIRA (Managing Partner)
03629464669

JUCESP
COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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JUCESP

GOVERNMENT OF THE STATE OF SÃO PAULO

DECLARATION OF AUTHENTICITY

I, **CRISTIANE MENDES BITENCOURT DE SOUZA**, with active registration in the Regional Accounting Council of São Paulo under No. **1SP316032**, issued on **12/15/2015**, registered with CPF No. 30488127840, DECLARE, under the penalties of criminal law and without prejudice to administrative and civil sanctions, that this document is authentic and corresponds to the original. Documents presented:

Other files (Private documents)

Normal Constitution File

São Paulo, 12/22/2023.

CRISTIANE MENDES BITENCOURT DE SOUZA

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

I certify the registration of incorporation under NIRE No. 35262850981 on 12/22/2023 of the company RAQUEL MARQUES DE OLIVEIRA Ltda, filed under No. SPP2331229927. Authentication: validate the authenticity of the registration at http://www.jucesp.sp.gov.br/com with its number. MARINA CENTURION DARDANI - General Secretary. This copy was digitally authenticated and signed on 12/06/2024 by MARINA CENTURION DARDANI – General Secretary. Authentication: 253102739. JUCESP guarantees the authenticity of the registration and the Full Content Certificate when viewed directly on the portal www.jucesponline.sp.gov.br.

TERMS OF ANALYSIS AND DECISION.

I approve the requests under protocol **SPP2331229927** for the Normal Incorporation of the company **RAQUEL MARQUES DE OLIVEIRA LTDA**.

The Judge **Bianca Fernandez** signs this decision statement using a digital certificate.

Commercial Registry of the State of São Paulo, 12/22/2023.

Bianca Fernandez, CPF: 32526258812

This document was digitally signed by Bianca Fernandez and is an integral part of protocol No. SPP2331229927

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

I certify the registration of incorporation under NIRE No. 35262850981 on 12/22/2023 of the company RAQUEL MARQUES DE OLIVEIRA Ltda, filed under No. SPP2331229927. Authentication: validate the authenticity of the registration at http://www.jucesp.sp.gov.br/com with its number. MARINA CENTURION DARDANI - General Secretary. This copy was digitally authenticated and signed on 12/06/2024 by MARINA CENTURION DARDANI – General Secretary. Authentication: 253102739. JUCESP guarantees the authenticity of the registration and the Full Content Certificate when viewed directly on the portal www.jucesponline.sp.gov.br.

TERM OF AUTHENTICATION AND REGISTRATION

I hereby certify that the incorporation and classification as a Microenterprise, digitally signed, of the company **RAQUEL MARQUES DE OLIVEIRA LTDA**, and filed under protocol number **SPP2331229927** on **12/22/2023**, is registered with Jucesp under the NIRE of the head office **35262850981**.

The registration is signed digitally by the Secretary-General - Maria Cristina Frei.

The authenticity of this document, as well as the electronic file, can be verified on the website: www.jucesp.sp.gov.br, by providing the authenticity number available on the cover of the full content certificate.

Commercial Registry of the State of São Paulo, 12/22/2023.

Maria Cristina Frei, CPF: 14804696881

This document was digitally signed by Bianca Fernandez and is an integral part of protocol No. SPP2331229927.

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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SIGNATURE PROTOCOL

The above document was submitted for digital signing on the VRE Digital platform.

The names indicated for signature, as well as their status on 12/15/2023, are:

Full Name	CPF	Date and Time	Certificate
Arquivo de Declaração de Autenticidade.pdf			
CRISTIANE MENDES BITTENCOURT DE SOUZA	30488127840	12/22/23 3:52 PM	AC Certisign RFB G5 / PDF-1.4
Outros....pdf			
CRISTIANE MENDES BITTENCOURT DE SOUZA	30488127840	12/22/23 3:52 PM	AC Certisign RFB G5 / PDF-1.4
Capa (8).pdf			
CRISTIANE MENDES BITTENCOURT DE SOUZA	30488127840	12/22/23 3:52 PM	AC Certisign RFB G5 / PDF-1.4

This document serves as a reference for the electronic signatures carried out in the documentation of protocol No. SPP2331229927

JUCESP COMMERCIAL REGISTRY OF THE STATE OF SÃO PAULO

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I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 30, 2025.

GOVERNO DO ESTADO DE SÃO PAULO
SECRETARIA DE DESENVOLVIMENTO ECONÔMICO
JUNTA COMERCIAL DO ESTADO DE SÃO PAULO

CERTIDÃO DE INTEIRO TEOR

DOCUMENTO EMITIDO PELA INTERNET

DADOS DA EMPRESA			
NOME EMPRESARIAL RAQUEL MARQUES DE OLIVEIRA LTDA		TIPO JURÍDICO LIMITADA UNIPESSOAL (M.E.)	
NIRE 35262850981	CNPJ 53.293.760/0001-09	NÚMERO DO ARQUIVAMENTO 35262850981	DATA DO ARQUIVAMENTO 22/12/2023

DADOS DA CERTIDÃO		
DATA DE EXPEDIÇÃO 06/12/2024	HORA DE EXPEDIÇÃO 14:16:52	CÓDIGO DE CONTROLE 253102739
A AUTENTICIDADE DO PRESENTE DOCUMENTO, BEM COMO O ARQUIVO NA FORMA ELETRÔNICA PODEM SER VERIFICADOS NO ENDEREÇO WWW.JUCESPONLINE.SP.GOV.BR		

ESTA CÓPIA FOI AUTENTICADA DIGITALMENTE E ASSINADA EM 06/12/2024 PELA SECRETÁRIA GERAL DA JUCESP – MARINA CENTURION DARDANI, CONFORME ART. 1º DA MP2200-2 DE 24/08/2001, QUE INSTITUI A INFRAESTRUTURA DE CHAVES PÚBLICAS BRASILEIRAS – ICP BRASIL, EM VIGOR CONSOANTE E.C Nº32 DE 11/09/2001 M- ART.2º.

ART 1º. FICA INSTITUÍDA A INFRAESTRUTURA DE CHAVES PÚBLICAS BRASILEIRA – ICP BRASIL, PARA GARANTIR AUTENTICIDADE, INTEGRIDADE E VALIDADE JURÍDICA DE DOCUMENTOS EM FORMA ELETRÔNICA, DAS APLICAÇÕES DE SUPORTE E DAS APLICAÇÕES HABILITADAS QUE UTILIZEM CERTIFICADOS DIGITAIS, BEM COMO A REALIZAÇÃO DE TRANSAÇÕES ELETRÔNICAS SEGURAS.

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

JUCESP

GOVERNO DO ESTADO DE SÃO PAULO

Requerimento Capa

SEQ. DOC
01
01

Protocolo Redesim

SPP2331229927

DADOS CADASTRAIS

ATO(S)

Constituição Normal; Enquadramento de Microempresa - ME

NOME EMPRESARIAL		PORTE
RAQUEL MARQUES DE OLIVEIRA LTDA		**ME**
LOGRADOURO		NÚMERO
RUA HELENA DAVID NEME		**180**
COMPLEMENTO	BAIRRO/DISTRITO	CEP
APT 121	**JARDIM SAO DIMAS**	**12245310**
MUNICÍPIO		UF
SÃO JOSÉ DOS CAMPOS		**SP**
E-MAIL		TELEFONE
bitencourtcontabil@outlook.com		
NÚMERO EXIGÊNCIA (S)	CNPJ - SEDE	NIRE - SEDE
SEM EXIGÊNCIA ANTERIOR		

IDENTIFICAÇÃO DO SIGNATÁRIO/ASSINANTE DO REQUERIMENTO CAPA

NOME: **CRISTIANE MENDES BITENCOURT DE SOUZA - Responsável**

DATA ASSINATURA: 22/12/2023

ASSINATURA: Cristiane M Bitencourt

VALORES RECOLHIDOS

DARE **R$ 195,28**

DARF **Isento**

DECLARO, SOB AS PENAS DA LEI, QUE AS INFORMAÇÕES CONSTANTES DO REQUERIMENTO/PROCESSO SÃO EXPRESSÃO DA VERDADE.

PARA USO EXCLUSIVO DA JUNTA COMERCIAL DO ESTADO DE SÃO PAULO (INCLUSIVE VERSO)

CARIMBO PROTOCOLO	OBSERVAÇÕES:

DOCUMENTOS NÃO RETIRADOS EM ATÉ 90 DIAS DA DISPONIBILIDADE SERÃO DESCARTADOS - ART. 57, §5º, DECRETO 1.800/96

JUCESP Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

CONTRATO SOCIAL DE SOCIEDADE LIMITADA

RAQUEL MARQUES DE OLIVEIRA LTDA

Sócio-Administrador RAQUEL MARQUES DE OLIVEIRA, nacionalidade: brasileira, casado (a), comunhão parcial de bens, natural da cidade de São José dos Campos/SP, nascido(a) em: 31/03/1987, n° do documento de identidade: CNH 03629464669 Órgão Emissor: DETRAN/SP, psicóloga, n° do CPF: 35832903803, RESIDENTE E DOMICILIADO(A) no(a) RUA HELENA DAVID NEME, 180 - Bairro: JARDIM SAO DIMAS, São José dos Campos - SP CEP 12245310.

Resolvem, em comum acordo, constituir uma sociedade limitada, mediante as condições e cláusulas seguintes:

DO NOME EMPRESARIAL

Cláusula Primeira - A sociedade adotará o seguinte nome empresarial: RAQUEL MARQUES DE OLIVEIRA LTDA.

DA SEDE

Cláusula Segunda - A sociedade terá sua sede no seguinte endereço: RUA HELENA DAVID NEME, 180 APT 121 - Bairro: JARDIM SAO DIMAS, São José dos Campos - SP CEP 12245310.

DO OBJETO SOCIAL

Cláusula Terceira - A sociedade terá por objeto o exercício das seguintes atividades econômicas: ATIVIDADES DE PSICOLOGIA E PROFESSOR DE INGLES..

Parágrafo único. Em estabelecimento eleito como Sede (Matriz) será(ão) exercida(s) a(s) atividade(s) de ATIVIDADES DE PSICOLOGIA E PROFESSOR DE INGLES..

DO INÍCIO DAS ATIVIDADES E DO PRAZO

Cláusula Quarta - A empresa iniciará suas atividades a partir de 15/12/2023 e seu prazo de duração indeterminado.

DO CAPITAL SOCIAL

Cláusula Quinta - O capital será de R$ 3.000,00 (Três mil reais), divididos em 3.000 quotas, no valor nominal de R$ 1,00 (Um real) cada uma, subscrito e devidamente integralizado conforme abaixo indicado:

O valor de R$ 3.000,00 (Três mil reais) é integralizado neste ato, em moeda corrente do país em nome de

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

RAQUEL MARQUES DE OLIVEIRA, n° do CPF: 35832903803.

SÓCIO	Nº DE QUOTAS	VALOR	PERCENTUAL
RAQUEL MARQUES DE OLIVEIRA	3.000	R$ 3.000,00	100,00%
TOTAL	3.000	R$ 3.000,00	100,00%

DA ADMINISTRAÇÃO

Cláusula Sexta - A administração da sociedade será exercida por RAQUEL MARQUES DE OLIVEIRA, nacionalidade: brasileira, casado (a), comunhão parcial de bens, natural da cidade de São José dos Campos/SP, nascido(a) em: 31/03/1987, n° do documento de identidade: CNH 03629464669 Órgão Emissor: DETRAN/SP, psicóloga, n° do CPF: 35832903803, RESIDENTE E DOMICILIADO(A) no(a) RUA HELENA DAVID NEME, 180 - Bairro: JARDIM SAO DIMAS, São José dos Campos - SP CEP 12245310, que representará(ão) legalmente a sociedade e poderá(ão) praticar todo e qualquer ato de gestão pertinente ao objeto social.

Parágrafo único. Não constituindo o objeto social, a alienação ou a oneração de bens imóveis depende de autorização da maioria.

DO BALANÇO PATRIMONIAL

Cláusula Sétima - Ao término de cada exercício, em 31 de Dezembro, o administrador prestará contas justificadas de sua administração, procedendo à elaboração do inventário, do balanço patrimonial e do balanço de resultado econômico, cabendo ao empresário, os lucros ou perdas apuradas.

DA DECLARAÇÃO DE DESIMPEDIMENTO DE ADMINISTRADOR

Cláusula Oitava - O(s) administrador(es) da empresa declara(m), sob as penas da lei, que não está(ão) impedido(s) de exercer a administração da empresa, por lei especial, ou em virtude de condenação criminal, ou por se encontrar sob os efeitos dela, a pena que vede, ainda que temporariamente, o acesso a cargos públicos; ou por crime falimentar, de prevaricação, peita ou suborno, concussão, peculato, ou contra a economia popular, contra o sistema financeiro nacional, contra normas de defesa da concorrência, contra as relações de consumo, fé pública, ou a propriedade.

DO FORO

Cláusula Nona - As partes elegem o foro da sede para dirimir quaisquer dúvidas decorrentes do presente instrumento contratual, bem como para o exercício e cumprimento dos direitos e obrigações resultantes deste contrato, renunciando a qualquer outro, por mais privilegiado que possa ser.

JUCESP Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

DO ENQUADRAMENTO

Cláusula Décima - Os sócios declaram que a sociedade se enquadra como Microempresa, nos termos da Lei Complementar nº 123, de 14 de dezembro de 2006, e que não se enquadra em qualquer das hipóteses de exclusão relacionadas no § 4º do art. 3º da mencionada lei. **(art. 3º, I, LC nº 123, de 2006)**.

DO PRO LABORE

Cláusula Décima Primeira - Os sócios poderão, de comum acordo, fixar uma retirada mensal, a título de **pro labore** para o(s) sócio(s) administrador(es), observadas as disposições regulamentares pertinentes.

E, por estarem justos e contratados, assinam o presente instrumento particular em via única.

São José dos Campos, 15 de dezembro de 2023.

RAQUEL MARQUES DE OLIVEIRA (Sócio-Administrador)

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

JUCESP

GOVERNO DO ESTADO DE SÃO PAULO

DECLARAÇÃO

Eu, RAQUEL MARQUES DE OLIVEIRA, portador do Documento de Identificação nº 03629464669, inscrito no Cadastro de Pessoas Físicas – CPF sob nº 35832903803, na qualidade de titular, sócio ou responsável legal da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, **DECLARO** estar ciente que o **ESTABELECIMENTO** situado no(a) RUA HELENA DAVID NEME, 180 APT 121 - Bairro: JARDIM SAO DIMAS, São José dos Campos - SP CEP 12245310, **NÃO PODERÁ EXERCER** suas atividades sem que obtenha o parecer municipal sobre a viabilidade de sua instalação e funcionamento no local indicado, conforme diretrizes estabelecidas na legislação de uso e ocupação do solo, posturas municipais e restrições das áreas de proteção ambiental, nos termos do art. 24, §2 do Decreto Estadual nº 55.660/2010 e sem que tenha um **CERTIFICADO DE LICENCIAMENTO INTEGRADO VÁLIDO**, obtido pelo sistema Via Rápida Empresa - Módulo de Licenciamento Estadual.

Declaro ainda estar ciente que qualquer alteração no endereço do estabelecimento, em sua atividade ou grupo de atividades, ou em qualquer outra das condições determinantes à expedição do Certificado de Licenciamento Integrado, implica na perda de sua validade, assumindo, desde o momento da alteração, a obrigação de renová-lo.

Por fim, declaro estar ciente que a emissão do Certificado de Licenciamento Integrado poderá ser solicitada por representante legal devidamente habilitado, presencialmente e no ato da retirada das certidões relativas ao registro empresarial na Prefeitura, ou pelo titular, sócio, ou contabilista vinculado no Cadastro Nacional da Pessoa Jurídica (CNPJ) diretamente no site da Jucesp, através do módulo de licenciamento, mediante uso da respectiva certificação digital.

RAQUEL MARQUES DE OLIVEIRA (Sócio-Administrador)
03629464669

JUCESP
Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

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GOVERNO DO ESTADO DE SÃO PAULO

DECLARAÇÃO DE AUTENTICIDADE

Eu **CRISTIANE MENDES BITENCOURT DE SOUZA** com inscrição ativa na(o) Conselho Regional de Contabilidade de São Paulo sob o nº **1SP316032**, expedida em **15/12/2015**, inscrito no CPF nº 30488127840, DECLARO, sob as penas da Lei penal e, sem prejuízo das sanções administrativas e cíveis, que este documento é autêntico e condiz com o original. Documentos apresentados:

Arquivo de Outros (Docs. privados)

Arquivo de Constituição Normal

São Paulo, 22/12/2023.

_____

CRISTIANE MENDES BITENCOURT DE SOUZA

JUCESP Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

JUCESP

GOVERNO DO ESTADO DE SÃO PAULO

TERMO DE ANÁLISE E DECISÃO.

Defiro a (s) solicitação (ões), sob o (s) protocolo (s) **SPP2331229927** de Constituição Normal da empresa **RAQUEL MARQUES DE OLIVEIRA LTDA**.

Assina o presente termo de decisão, mediante certificado digital, o Julgador **Bianca Fernandez**.

Junta Comercial do Estado de São Paulo, 22/12/2023.

Bianca Fernandez, CPF: 32526258812

Este documento foi assinado digitalmente por Bianca Fernandez e é parte integrante sob o protocolo Nº SPP2331229927.

JUCESP Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

JUCESP

GOVERNO DO ESTADO DE SÃO PAULO

TERMO DE AUTENTICAÇÃO E REGISTRO

Certifico que a constituição e enquadramento Microempresa, assinado digitalmente, da empresa **RAQUEL MARQUES DE OLIVEIRA LTDA**, e protocolado sob o número **SPP2331229927** em **22/12/2023**, encontra-se registrado na Jucesp, sob o NIRE da matriz **35262850981**.

Assina o registro, mediante certificado digital, o(a) Secretário(a)-Geral – Maria Cristina Frei.

A autenticidade do presente documento, bem como o arquivo na forma eletrônica poderão ser verificados no sítio eletrônico: www.jucesp.sp.gov.br, mediante a indicação do número de autenticidade disponível na capa da certidão de inteiro teor.

Junta Comercial do Estado de São Paulo, 22/12/2023.

Maria Cristina Frei, CPF: 14804696881

Este documento foi assinado digitalmente por Maria Cristina Frei e é parte integrante sob o protocolo Nº SPP2331229927.

JUCESP Junta Comercial do Estado de São Paulo

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

PROTOCOLO DE ASSINATURAS

O documento acima foi proposto para assinatura digital na plataforma VRE Digital.

Os nomes indicados para assinatura, bem como seus status em 15/12/2023 são:

Nome Completo	CPF	Data e hora	Certificado
Arquivo de Declaração de Autenticidade.pdf			
CRISTIANE MENDES BITENCOURT DE SOUZA	30488127840	22/12/23 15:52	AC Certisign RFB G5 / PDF-1.4
Outros....pdf			
CRISTIANE MENDES BITENCOURT DE SOUZA	30488127840	22/12/23 15:52	AC Certisign RFB G5 / PDF-1.7
Capa (8).pdf			
CRISTIANE MENDES BITENCOURT DE SOUZA	30488127840	22/12/23 15:52	AC Certisign RFB G5 / PDF-1.7

Este documento é referência das assinaturas eletrônicas realizada nas documentações do protocolo Nº SPP2331229927

Certifico o registro de constituição sob o NIRE nº 35262850981 em 22/12/2023 da empresa RAQUEL MARQUES DE OLIVEIRA LTDA, protocolado sob o nº SPP2331229927. Autenticação: validar a autenticidade do registro em http://www.jucesp.sp.gov.br/ com o número do mesmo. MARINA CENTURION DARDANI - Secretária Geral. Esta cópia foi autenticada digitalmente e assinada em 06/12/2024 por MARINA CENTURION DARDANI – Secretária Geral. Autenticação: 253102739. A JUCESP garante a autenticidade do registro e da Certidão de Inteiro Teor quando visualizado diretamente no portal www.jucesponline.sp.gov.br.

ACCOUNTING STATEMENT

JORGE LUIZ RODRIGUES DE MELO

CPF No. 009.722.214-33

Regional Accounting Council (CRC) No. 024753

Address: Rua Icatu No. 390, Apt. 1008, Block 04

To Whom It May Concern,

I, **JORGE LUIZ RODRIGUES DE MELO**, Brazilian, married, accountant, hereby declare, for all due purposes, that Mrs. **RAQUEL MARQUES DE OLIVEIRA**, Brazilian, married, holder of CPF No. 358.329.038-03, carries out professional activities as a **Self-Employed CLINICAL PSYCHOLOGIST**.

The professional has worked as a **PSYCHOLOGIST** since **2013**, **as a self-employed clinical psychologist** with excellence and professionalism.

She has also worked as a self-employed CLINICAL PSYCHOLOGIST providing services to several companies.

In view of the foregoing, I certify the expertise of Mrs. **RAQUEL MARQUES DE OLIVEIRA** as an **Excellent Professional and Manager**, who has solid experience, with work in the **CLINICAL PSYCHOLOGY** market. The professional has shown substantial growth over the last few years, with an emphasis in **CLINICAL PSYCHOLOGY**.

Psychologist Raquel Marques de Oliveira has the following professional history as follows:

Professional Experience

Clinical Psychologist & Coach – Private Practice since 2014.
Over the years, Mrs. Raquel has built a solid and diversified career, working both in private practice and in national and international institutions. In her office, she provides individual services to adults, couples, adolescents, and children, focusing on the promotion of mental health, emotional well-being, and personal development, using mainly Cognitive-Behavioral Therapy (CBT), combined with evidence-based approaches.

In addition to clinical practice, she works as a Personal and Professional Coach, conducting career planning processes, goal setting, skill development, and decision-making. She is also

responsible for the complete management of the office, including scheduling, records, therapeutic planning, and application of psychological instruments.

Mrs. Raquel Marques also provides services for international companies:

Spring Health (USA) – Since May 2025, she has worked as a clinical psychologist, providing care to adults, adolescents, couples, and families through the company's online platform and in person, in programs focused on corporate mental health and brief counseling, with culturally sensitive and evidence-based care.

Intellect Company Pte. Ltd. (Singapore) – Since September 2024, she has provided psychotherapy to adolescents and adults through the company's platform. Since May 2024, she has also served as a Crisis Helpline Responder, handling cases of suicidal ideation, self-harm, and crises, conducting risk assessments, interventions, and appropriate referrals, in compliance with international data protection legislation (such as GDPR).

In addition, she joined the following teams:

Vitta | Digital Hospital – Between April and September 2024, she provided psychological care to beneficiaries of corporate health plans, in a digital context and with a multidisciplinary team.

TELAVITA Health Services LTDA – From December 2023 to May 2024, provided services via a telemedicine platform, conducting psychotherapy and clinical follow-ups.

Other relevant experiences include:

Clínica Esperança (2013): work in substance abuse treatment, individual sessions, psychoeducational lectures, and therapeutic groups.

Yoga Instructor (2016–2021): taught Yoga, Acroyoga, Aerial Yoga, and meditation, promoting physical and mental health.

Speaker: delivered lectures and educational activities in clinics, schools, social media, and television programs, addressing topics such as mental health, emotional intelligence, interpersonal relationships, and personal development.

Since the beginning of her professional activities, I have worked with Mrs. Raquel as her accountant and can attest to her fiscal and professional compliance. She is an ethical, experienced, and committed professional with significant contributions to the field of mental health and the potential to perform her role in international contexts.

Below is the breakdown of personal revenue earned by Mrs. **RAQUEL MARQUES DE OLIVEIRA** over the last five (5) years, detailing sources of income from **service provision**, according to financial records and income declarations:

- **In 2020**: **R$84,640.00**, from service provision, of which R$58,640.00 was through a legal entity and R$28,000.00 as individual income.

- **In 2021**: **R$98,600.00**, from service provision, of which R$71,100.00 was through a legal entity and R$27,500.00 as individual income.

- **In 2022**: **R$104,600.00**, from service provision, of which R$76,100.00 was through a legal entity and R$28,500.00 as individual income.

- **In 2023**: **R$106,000.00**, from service provision, of which R$77,500.00 was through a legal entity and R$28,500.00 as individual income.

- **In 2024**: **R$115,000.00**, from service provision, of which R$84,954.00 was through a legal entity and R$30,046.00 as individual income.

I emphasize that the professional has shown robust growth, evidenced by the continuous increase of her annual revenue, which in the last three years was: 2022: R$104,600.00; 2023: R$106,000.00; 2024: R$115,000.00, and holds a relevant position in the market, working in a high-demand area, especially in the field of CLINICAL PSYCHOLOGY.

We remain available for any additional clarifications, if necessary.
Sincerely,



JORGE LUIZ RODRIGUES DE MELO
ACCOUNTANT CRC 024753-GO
CPF 009.722.214-33

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

_____ **Date: September 22, 2025.**

DECLARAÇÃO CONTÁBIL

JORGE LUIZ RODRIGUES DE MELO

CPF nº 009.722.214-33

CRC nº 024753

Endereço: Rua Icatu nº 390 apto 1008 Bloco 04

A quem possa interessar,

Eu, **JORGE LUIZ RODRIGUES DE MELO**, brasileiro, casado, contador, declaro, para os devidos fins, que o Sra. **RAQUEL MARQUES DE OLIVEIRA,** brasileira, casada, portadora do CPF nº 358.329.038-03, exerce atividades profissionais como **Profissional Autônoma** de **PSICÓLOGA CLÍNICA**.

A profissional exerce sua laboração como **PSICOLOGA** desde **2013, como psicóloga clínica autônoma** com excelência e profissionalismo.

Também laborou como PSICÓLOGA CLINICA autônoma que prestou serviços em diversas empresas.

Diante do exposto, certifico a expertise da Sra. **RAQUEL MARQUES DE OLIVEIRA** como **Excelente Profissional e Gestora**, a qual tem uma experiência sólida, com atuação no mercado de **PSICOLOGIA CLÍNICA**. A profissional tem demonstrado um crescimento substancial ao longo dos últimos anos, com ênfase na **PSICOLOGIA CLÍNICA**.

A Psicóloga Raquel Marques de Oliveira tem o seguinte histórico profissional como segue:

Experiência Profissional

Psicóloga Clínica & Coach – Consultório Particular desde 2014.
Ao longo dos anos, a Sra. Raquel construiu uma carreira sólida e diversificada, atuando tanto em consultório particular quanto em instituições nacionais e internacionais. Em seu consultório, realiza atendimentos individuais a adultos, casais, adolescentes e crianças, com foco na promoção da saúde mental, bem-estar emocional e desenvolvimento pessoal, utilizando principalmente a Terapia Cognitivo-Comportamental (TCC), aliada a abordagens baseadas em evidências.

Além da prática clínica, atua como Coach Pessoal e Profissional, conduzindo processos de planejamento de carreira, definição de metas, desenvolvimento de habilidades e

tomada de decisões. É também responsável pela gestão completa do consultório, incluindo agenda, prontuários, planejamento terapêutico e aplicação de instrumentos psicológicos.

A Sra. Raquel Marques também presta serviços para empresas internacionais:

Spring Health (EUA) – Desde maio de 2025, atua como psicóloga clínica, oferecendo atendimento a adultos, adolescentes, casais e famílias por meio da plataforma online da empresa e presencialmente, em planos com foco em saúde mental corporativa e aconselhamento breve, com atendimento culturalmente sensível e baseado em evidências.

Intellect Company Pte. Ltd. (Singapura) – Desde setembro de 2024, presta psicoterapia a adolescentes e adultos pela plataforma da empresa. Desde maio de 2024, também atua como Crisis Helpline Responder, atendendo casos de ideação suicida, automutilação e situações de crise, realizando triagens de risco, intervenções e encaminhamentos adequados, em conformidade com legislações internacionais de proteção de dados (como o GDPR).

Além disso, integrou as seguintes equipes:

Vitta | Hospital Digital – Entre abril e setembro de 2024, realizou atendimentos psicológicos a beneficiários de planos corporativos de saúde, em contexto digital e com equipe multidisciplinar.

TELAVITA Serviços de Saúde LTDA – De dezembro de 2023 a maio de 2024, atendeu via plataforma de telemedicina, realizando psicoterapia e acompanhamentos clínicos.

Outras experiências relevantes incluem:

Clínica Esperança (2013): atuação em tratamento de abuso de substâncias, atendimentos individuais, palestras psicoeducativas e grupos terapêuticos.

Professora de Yoga (2016–2021): ministrou aulas de Yoga, Acroyoga, Aerial Yoga e meditação, promovendo saúde física e mental.

Palestrante: Realização de palestras e ações educativas em clínicas, escolas, redes sociais e programas de televisão, abordando temas de saúde mental, inteligência emocional, relações interpessoais e desenvolvimento pessoal.

Desde o início de sua atuação, acompanho a Sra. Raquel como responsável contábil e posso atestar sua regularidade fiscal e profissional. Trata-se de uma profissional ética, experiente e comprometida, com contribuição significativa para o campo da saúde mental

e potencial para exercer sua função em contextos internacionais.

A seguir, apresento a discriminação do faturamento pessoal obtido pelo Sra. **RAQUEL MARQUES DE OLIVEIRA** nos últimos 5 (cinco) anos, detalhando as fontes de renda advindas de **prestação de serviços**, conforme os registros financeiros e declarações de renda:

- **Em 2020**: RS **84.640,00**, provenientes de prestação de serviços, sendo R$ 58,640,00 na pessoa jurídica e R$ 28.000,00 rendimentos de pessoa física.
- **Em 2021**: RS **98.600,00**, provenientes de prestação de serviços, sendo R$ 71,100,00 na pessoa jurídica e R$ 27.500,00 rendimentos de pessoa física.
- **Em 2022**: R$ **104.600,00**, provenientes de prestação de serviços, sendo R$ 76,100,00 na pessoa jurídica e R$ 28.500,00 rendimentos de pessoa física.
- **Em 2023**: **106.000,00**, provenientes de prestação de serviços, sendo R$ 77,500,00 na pessoa jurídica e R$ 28.500,00 rendimentos de pessoa física.
- **Em 2024**: **115.000,00**, provenientes de prestação de serviços, sendo R$ 84.954,00 na pessoa jurídica e R$ 30.046,00 rendimentos de pessoa física.

Ressalto que a profissional tem apresentado um crescimento robusto, evidenciado pelo aumento contínuo de sua receita anual, que nos últimos três anos foi de: 2022: R$ 104.600,00; 2023: R$ 106.000,00; 2024: R$ 115.000,00, e possui uma posição relevante no mercado, atuando em uma área de alta demanda, especialmente no setor de PSICOLOGIA CLÍNICA.

Permanecemos à disposição para quaisquer esclarecimentos adicionais, caso necessário.
Atenciosamente,

JORGE LUIZ RODRIGUES DE MELO
CONTADOR CRC 024753-GO
CPF 009.722.214-33

Exhibit C.II - Second Prong: Letters of Support

August 20, 2025, São José dos Campos, São Paulo, Brazil

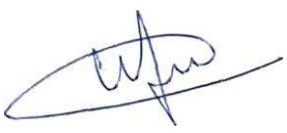
Dear USCIS Immigration Officer,

My name is Weudman Araújo, and I hold a degree in Psychology from the University of Mogi das Cruzes (2000), with both a Teaching and a Bachelor's degree in Psychology, and I have over 24 years of experience in the field. I work in Clinical and Institutional Psychology, with an emphasis on psychotherapy for adolescents, adults, and the elderly, as well as in clinical supervision, particularly in Gestalt Therapy, a psychotherapeutic approach that focuses on the individual's present experience, aiming to increase awareness and foster personal growth. My experience includes work with institutions such as the Nossa Casa de Acolhida Association, where I provided care for children and adolescents living with HIV, and the Maria Marcondes Children's Home, where I developed socio-educational and preventive programs on STDs/AIDS and drug use for at-risk youth. Since 2009, I have served as a clinical supervisor, training and mentoring psychologists in their professional practice, including psychologist Raquel Marques, whose competence I have closely followed since 2014.

My first contact with psychologist Raquel Marques occurred in my role as a clinical supervisor. Since then, we have maintained a continuous and close professional relationship, during which I have directly and consistently observed her development as a clinical psychologist, both in in-person sessions and through international telepsychology platforms, and I can confidently state that her patients consistently achieve excellent outcomes in therapy, reflecting the quality and effectiveness of her work.

Raquel has been working as a clinical psychologist for over 13 years and has traveled professionally to several countries, including Canada, Australia, Italy, and the United States, building a solid and consistent career in the field of mental health. She currently works for two large international companies, providing care to patients from various countries, which sets her apart significantly from many of her peers due to the breadth of her experience and her ability to navigate complex multicultural contexts. She possesses exceptional investigative skills, applying her psychological expertise with precision to support processes and situations that require in-depth analysis of human behavior.

In critical situations, she has demonstrated courage and responsibility by reporting cases of domestic violence, saving patients' lives, including children, adolescents, and adults, who were at risk. Her experience is extensive in working with individuals in crisis, substance dependence, imminent suicide risk, and various types of trauma, always providing effective and compassionate interventions. Raquel also exhibits a strong sense of leadership, proactively contributing suggestions and feedback to improve productivity, workflow, and engagement



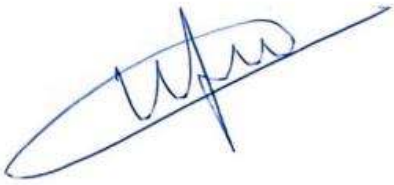
within the international companies she works for. Her contributions have had a positive impact on team dynamics and organizational outcomes.

In the course of her professional practice, Raquel has prepared psychological reports with a high level of rigor, ethics, and professionalism, ensuring that her conclusions are always technical, impartial, and evidence-based. She has also demonstrated the ability to collaborate with law enforcement agencies, providing relevant technical input for complex investigations. She has implemented risk management strategies that have become a reference for other professionals. In this regard, it is also important to highlight her ongoing commitment to professional development, as she continuously engages in learning and improvement, participating in both national and international courses and certifications that strengthen her clinical practice and expand her ability to deliver ethical, up-to-date, and high-quality services.

In addition to her clinical skills and practice, I have followed her work as a public reference, participating in interviews on regional TV stations about substance dependence and self-awareness, as well as delivering lectures in schools aimed at guiding parents, thereby strengthening mental health prevention and education within the community.

With over a decade of international experience in clinical psychology, Raquel's work is highly relevant and addresses urgent mental health needs in the United States, preventing deaths, strengthening public safety, and promoting the psychological well-being of diverse communities. I strongly recommend her as a professional capable of combining clinical excellence, multicultural experience, and meaningful social impact, making her an exceptional candidate for the EB2-NIW visa. Her international background and ability to operate in highly complex contexts place her at a distinguished level, contributing directly to national interest objectives.

I am available to provide any additional information that may be required and can be contacted by email or by phone at (+55 12) 98121-0398.



Weudman Araújo

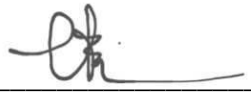
Clinical and Institutional Psychologist

weudman@gmail.com



*CRP: Regional Psychology Council

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: August 29, 2025.

20 de Agosto de 2025São José dos Campos, SP, Brasil

Caro Oficial de Imigração da USCIS,

Meu nome é Weudman Araújo, graduado em Psicologia pela Universidade de Mogi das Cruzes (2000), com Licenciatura e Bacharelado em Psicologia, e tenho mais de 24 anos de experiência na área. Atuo em Psicologia Clínica e Institucional, com ênfase em psicoterapia para adolescentes, adultos e idosos, além de supervisão em atendimento clínico, especialmente em Gestalt-Terapia, uma abordagem psicoterapêutica que foca na experiência presente do indivíduo, buscando aumentar a consciência e promover o crescimento pessoal. Minha experiência inclui trabalho em instituições como a Associação Nossa Casa de Acolhida, onde atendi crianças e adolescentes portadores do vírus HIV, e o Lar Infantil Maria Marcondes, desenvolvendo ações socioeducativas e de prevenção em DST/AIDS e drogas para jovens em situação de risco. Desde 2009, atuo como supervisor em atendimento clínico, formando e acompanhando psicólogos em sua prática profissional, incluindo a psicóloga Raquel Marques, cuja competência acompanho de perto desde 2014.

Meu primeiro contato com a psicóloga Raquel Marques ocorreu em minha função de supervisor clínico. Desde então, tivemos um relacionamento profissional contínuo e próximo, no qual acompanhei de forma direta e constante sua evolução como psicóloga clínica, tanto em atendimentos presenciais quanto em plataformas internacionais de telepsicologia e posso afirmar que seus pacientes consistentemente alcançam resultados excelentes em terapia, refletindo a qualidade e a eficácia de seu trabalho.

Raquel atua como psicóloga clínica há mais de 13 anos, e viajou profissionalmente para diversos países, incluindo Canadá, Austrália, Itália e Estados Unidos, acumulando uma trajetória sólida e consistente na área da saúde mental. Atualmente, trabalha para duas empresas internacionais de grande porte, atendendo pacientes de diferentes países, o que a diferencia significativamente de muitos colegas de profissão pela amplitude de sua experiência e pela competência em lidar com contextos multiculturais complexos. Possui uma qualidade excepcional para a área investigativa, aplicando sua expertise psicológica de forma precisa para auxiliar em processos e contextos que exigem análise aprofundada de comportamento humano.

Em situações críticas, demonstrou coragem e responsabilidade ao denunciar casos de violência doméstica, salvando vidas de pacientes, incluindo crianças, adolescentes e adultos, que estavam em risco. Sua experiência é extensa no atendimento a pessoas em crise, dependência química, risco iminente de suicídio e traumas de diversas naturezas, sempre com intervenções eficazes e humanizadas. Raquel também demonstra forte espírito de liderança, contribuindo de forma proativa com sugestões e feedbacks para a melhoria de produtividade, fluidez e engajamento nas empresas

internacionais em que atua, impactando positivamente a dinâmica das equipes e os resultados organizacionais.

No exercício de sua prática profissional, Raquel elaborou laudos psicológicos conduzidos com elevado rigor, ética e profissionalismo, assegurando que suas conclusões sejam sempre técnicas, imparciais e fundamentadas em evidências. Demonstrou ainda capacidade de colaborar com órgãos de segurança, oferecendo subsídios técnicos relevantes para investigações complexas. Implementou estratégias de manejo de risco que se tornaram referência para outros profissionais. Neste sentido, também cabe destacar seu compromisso contínuo com a evolução profissional, mantendo-se em constante processo de aprendizado e aprimoramento, participando de cursos e certificações nacionais e internacionais que fortalecem sua prática clínica e ampliam sua capacidade de oferecer um serviço atualizado, ético e de excelência.

Além de suas habilidades e prática clínica, acompanhei sua atuação como referência pública, participando de entrevistas em emissoras de TV regionais sobre dependência química e autoconhecimento, bem como ministrando palestras em escolas voltadas à orientação de pais, fortalecendo a prevenção e a educação em saúde mental na comunidade.

Com mais de uma década de experiência internacional em psicologia clínica, o trabalho de Raquel é altamente relevante e supre necessidades urgentes na área de saúde mental nos Estados Unidos, prevenindo mortes, fortalecendo a segurança pública e promovendo o bem-estar psicológico de comunidades diversas. Recomendo-a fortemente como uma profissional capaz de unir excelência clínica, experiência multicultural e impacto social significativo, sendo uma candidata excepcional para o visto EB2-NIW. Sua experiência internacional e capacidade de atuação em contextos de alta complexidade a colocam em um patamar de destaque, contribuindo para objetivos de interesse nacional.

Coloco-me à disposição para quaisquer informações complementares que se façam necessárias, podendo ser contatado pelo e-mail ou pelo telefone (12) 98121-0398.

Weudman Araújo

Psicólogo Clínicio e Institucional

weudman@gmail.com



July 29, 2025

Dear USCIS Officer,

I am Ms. Claudia Regina Carraro (CRP 06/52299-0), a clinical psychologist with over twenty-five years of experience focused on career development, leadership, and mental health. I hold a Bachelor's in Psychology (UEL) and a Master's in Management and Regional Development (UNITAU), with research in professional social skills training and Executive Coaching. I am also a Certified EMDR Therapist (EMDRIA) and completed postgraduate work in Cognitive Behavioral Therapy and Career Guidance. My background includes supervising university-level psychology internships, teaching and researching career competencies, and providing psychotherapeutic services in organizational settings. I was honored with the "*Psicóloga Agenda Dourada*" award from Equilibrio Mente e Corpo for my contributions as a Certified EMDR Therapist.

Currently, I serve as a psychologist at Clínica de Psicologia 9 de Julho in Brazil, where I provide EMDR-based (Eye Movement Desensitization and Reprocessing) psychotherapy for adolescents and adults, career orientation, and specialized cognitive-behavioral interventions aimed at removing emotional barriers and improving personal and professional performance.

I first supervised Ms. Raquel Marques de Oliveira in 2010 at the University of Taubaté, in the course component *"Estágio Supervisionado Específico – Ênfase: Psicologia e Processos de Gestão II."* At that time, Ms. Marques was a fourth-year psychology student participating in our PROJETA program, which delivered vocational guidance to local public-school students in Taubaté. In 2022, we worked together again in a structured self-assessment focused on clarifying her work-related values. Across these interactions, Ms. Marques consistently demonstrated empathy, dedication to evidence-based practice, and a clear commitment to continuous improvement.

In my professional estimation, Ms. Marques's interpersonal effectiveness, including the ability to maintain strong relationships, adapt to new contexts, and collaborate in multidisciplinary teams, meaningfully enhances both clinical and organizational outcomes. She shows initiative, sound judgment, and credibility with peers and clients, helping align teams around shared goals without sacrificing ethical rigor.

From a technical standpoint, Ms. Marques is grounded in evidence-based methodologies (notably Cognitive Behavioral Therapy) and applies them with cultural sensitivity, including work with vulnerable populations and individuals with substance use disorders. She is also advancing an ongoing specialization in Legal Psychology, bridging clinical practice with forensic settings in a mature and ethically diligent manner. Ms. Marques provides professional services to two international organizations, one headquartered in Singapore and another in the United States, reflecting her cross-cultural communication skills and capacity to collaborate effectively in diverse environments.

To illustrate her approach, I highlight patterns I have observed in her work that are directly relevant to U.S. priorities: she has designed and delivered CBT-informed interventions for vocational and therapeutic contexts, supporting participant engagement and program adherence; implemented structured processes that streamline institutional workflows and foster clearer coordination between clinical and administrative teams; and

helped disseminate elements of her practice among colleagues in similar settings, promoting more consistent use of CBT-aligned procedures and clearer documentation across teams.

Additionally, in terms of practice dissemination, colleagues in comparable settings have incorporated elements of her approach, which has promoted more consistent use of CBT-aligned procedures and clearer documentation across teams. In my observation, this reflects her ability to translate evidence-based methods into clear, reproducible routines.

Ms. Marques's profile advances public-interest goals by expanding access to evidence-based, culturally attuned services and by strengthening organizational practices in healthcare, education, and community programs.

For these reasons, I wholeheartedly support Ms. Marques for the EB-2 NIW. Her specialized knowledge, cross-cultural adaptability, and commitment to measurable results make her well-positioned to contribute meaningfully to psychological practice and mental health initiatives in the United States.

Should you require any additional information, I remain available.

Sincerely,

Ms. Claudia Regina Carraro, CRP 06/52299-0
Clinical Psychologist / Certified EMDR Therapist
Email: cclaudia2010@gmail.com
Phone: +55 (12) 99786-1802

São José dos Campos, São Paulo, Brazil

Contact

cclaudia2010@gmail.com

www.linkedin.com/in/claudiacarraro (LinkedIn)

Key Competencies

Human resources

Team leadership

ALPHA COACHING ASSESSMENT
Alfa Coaching is an advisement tool

Languages

English - currently attending ICBEU (Full Professional)

Certifications

SEBRAE IDEAL

Personal & Professional Coach

Executive Coach Expert

Certified EMDR Therapist

Executive Coach

Publications

SOCIAL COMPETENCIES WHEEL: DEVELOPMENT AND APPLICATION AS A TOOL FOR SELF-PERCEPTION AND SELF-MONITORING OF PROFESSIONAL SOCIAL SKILLS

PROFESSIONAL SOCIAL SKILLS PRESENT IN ENGINEERS ENROLLED IN AN MBA PROGRAM AT A UNIVERSITY IN INLAND SÃO PAULO

Cognitive-Behavioral Coaching in the development of interpersonal competencies in engineers

Claudia Carraro

Clinical Psychologist | EMDR | Certified EMDR Psychotherapist | Trauma Specialist | Professional Social Skills #emdr #career #softskills #traumas

São José dos Campos, São Paulo, Brazil

Summary

Certified EMDR Psychotherapist/Consultant-in-Training

#I am a clinical psychologist who helps professionals seeking career development and leadership while valuing mental health, emotional well-being, and quality of life. In psychotherapy sessions, I use the EMDR approach.

MORE ABOUT ME:

#I started my career in the Human Resources field 25 years ago, having assumed management of the department in companies in the food, financial, and pharmaceutical sectors.

#I hold a bachelor's degree in Psychology (State University of Londrina - UEL), a master's degree (University of Taubaté - UNITAU), Specialization in career guidance at Sedes Sapientiae Institute, graduate studies in Human Resources and Cognitive Behavioral Therapies and training in EMDR therapy.

#I have training in coaching: Personal, Professional and Executive Coaching (SBCoaching), Executive Coaching (Coaching Club), Coach Profession (Gerônimo Theml Institute of Coaching and Human Development);

▶ #Currently in my professional practice I help people:

-Who seek emotional and mental health;

-Who want to reframe their traumas;

-Who need to treat depression, anxiety, social phobia, stress and burnout.

-Who are choosing which career to pursue.

✔YOU CAN FIND ME AT:
Instagram: @claudiacarraro.psi
Contact only WhatsApp (12)98710-0431

Work Experience

Claudia Carraro
18 years, 5 months

Clinical Psychotherapist in private practice
January 2012 - Present (13 years, 7 months)
São José dos Campos

“Psicóloga Agenda Dourada” (*Psychology advanced certification*) granted by the company Equilibrio Mente e Corpo

In-person and online care.

I work as an EMDR psychotherapist in topics related to:

Social and emotional competencies

Career guidance;

Vocational guidance;

Burnout and Professional Stress;

Anxiety;

Generalized anxiety disorder;

Social anxiety;

Panic:

Mood disorder (bipolarity and depression);

Stress coping training;

Development of social skills;

Social Skills Training;

Traumas;

I attend Adolescents and Adults.

view less

Career Counselor
March 2007 - September 2022 (15 years, 7 months)
São José dos Campos Area, Brazil

I was responsible for providing services to individuals, using the coaching psychology approach, cognitive-behavioral coaching, and interpersonal skills coaching.

Career choice, transition and career redirection, preparation for job and trainee selection processes.
Leadership development and team development in companies;
Development of interpersonal competencies (soft skills).

PROFILE ANALYSIS
- Analysis of psychological profile through the application of psychological tests IHS-2, PALOGRAPHIC, QUATI, IFP-II, BPR-5, EMEP, AIP, AC, G-36 and Coaching Assessment tools (DISC methodology) and Alpha Coaching Assessment of Worth Ethic Corporation.

Main experience in training and HR.
-Instructor and training facilitator acting in the implementation of the Corporate University, in needs assessment, preparation of material, organization of course logistics, analysis of results, evaluation. Work in institutions such as: SEBRAE, SEST/SENAT, SENAC, IDORT, ACI, STATE DEPARTMENT OF EDUCATION OF SÃO PAULO, MUNICIPAL DEPARTMENT OF EDUCATION OF THE MUNICIPALITIES OF SÃO BENTO DO SAPUCAÍ AND OLÍMPIA, HITACHI, LINDE GASES, ALPINA EUCALYPTUS, FAAP, among others.

Office at Avenida Nove de Julho, in São José dos Campos-São Paulo

FAAP
Professor - Graduate Studies
February 2013 - September 2020 (7 years, 8 months)
São José dos Campos Area, Brazil

Professor responsible for the courses:

Graduate Studies - BUSINESS ADMINISTRATION: STRATEGIC BUSINESS INTELLIGENCE
Course: Executive Coaching

Graduate Studies - PEOPLE MANAGEMENT: STRATEGIC DEVELOPMENT OF CAPITAL
Course: Introduction to Coaching - opportunities and challenges

Course: Career Workshop

Course: Engagement and Positive Psychology

Course: Executive Coaching

Graduate Studies - INTERIOR DESIGN: PROJECT REPERTOIRE

Course: Career Planning and Design

FREE COURSE
Coaching of competencies: developing leadership.

Other courses taught until 2015:

Graduate Studies - PEOPLE MANAGEMENT

Courses: Emotional Intelligence and Personal Marketing

Graduate Studies - MARKETING MANAGEMENT

Course: Consumer Behavior

UNITAU - University of Taubaté

Researcher - Planning, management and development of careers.
March 2015 - June 2019 (4 years, 4 months)
Taubaté Area, Brazil

Member of the research group on planning, management and career development at the regional level.

MAIN ACTIVITIES:
- Psychological assessment of professional profile;
- Application, scoring and feedback of psychological tests and instruments;
- Psychological interview;
- Development, application and evaluation of the Executive Coaching program and Social Skills Training for Managers and Professionals;

Advisor: Prof. Dr. Marilsa de Sá Rodrigues -

ETEP Colleges

Graduate Studies Professor
August 2017 - September 2018 (1 year, 2 months)
São José dos Campos

I was responsible for the courses:

- Recruitment and Selection;
- Coaching;
- Self-knowledge with assessment,

Soluções Usiminas
Executive Coach
July 2016 - May 2017 (11 months)
Taubaté Area, Brazil

I was responsible for the coaching process with supervisors.
Main activities: application, scoring, interpretation and feedback of the professional and psychological profile assessment. Application of the cognitive-behavioral coaching process in the development of interpersonal leadership competencies (SOFT SKILLS).

PROGRAM OBJECTIVE
Develop the competencies necessary for good leadership performance through cognitive-behavioral coaching (CCC) and professional social skills training (THSP).

WHAT IS IT?
Coaching in the development of leadership competencies is a program that helps the coachee achieve their behavioral and emotional competencies. In the process, the coach professional stimulates the coachee through techniques and tools, to feel, think and explore new ideas and behaviors important for good performance in their work.

METHODOLOGY USED
-Cognitive-Behavioral Coaching (CCC): coaching approach that uses techniques and tools that help the coachee deal with emotional, psychological and behavioral blocks that prevent them from achieving professional goals. The main objective of cognitive-behavioral coaching is increased awareness to help the coachee leave their comfort zone.
- Social Skills Training (THS): psychology approach that is considered the most frequently used technique to increase effectiveness in relationships between people (interpersonal relationships). There are human characteristics that can be changed through training and life experience.

ETEP Colleges
University Professor

May 2011 - August 2013 (2 years, 4 months)
São José dos Campos Area, Brazil

I taught the following courses:

- Career Planning: Employability, demystifying the selection process, resume building, group dynamics, career anchors, graduate studies, job market.

- Human Behavior: organizational behavior, personality, perception, cognition, motivation.

-Organizational Psychology:
interpersonal communication, assertiveness, leadership, group dynamics, organizational culture, motivation, conflict and negotiation, QWL (Quality of Work Life), multiple intelligences.

- Psychology Applied to People Management I and II: Organizational Behavior, Emotional Competencies and Emotional Intelligence. Classical and Operant Conditioning, Social Learning, Modeling, Values and Attitude. Cognitive Dissonance, Attitudes, Socialization, Memory and Individual Differences. Personality I - Emotions, Personality, Personality Structure, FREUD Model, Jungian Analytical Psychology. Temperament, Applicability in People Management;

-Construction, application and grading of course assessment;

UNITAU - University of Taubaté

Professor and Internship Supervisor in the area of People Management and Career Guidance - Psychology

February 2010 - January 2011 (1 year)
Taubaté Area, Brazil

I worked as a Professor and Internship Supervisor in the area of People Management and Career Guidance in the Psychology program.
-I developed the project and supervised students in Organizational Climate Research in companies in Taubaté and surrounding area.
-Responsible for the development, delivery of the methodology and supervision of students in the Career Guidance project carried out with 9th grade students at the Prof. José Ezequiel de Souza - Taubaté Municipal School

Agostiniano São José College - Unit I
Career and Professional Guidance Counselor
December 2006 - December 2007 (1 year, 1 month)
São José do Rio Preto Area, Brazil

I was responsible for career and professional guidance for high school students;
I implemented the career guidance project for elementary school students (8th and 9th grade)
I supervised teachers/tutors in the career guidance project for elementary school students;
I organized the school career fair.

QUALIS CONSULTORES
Consultant
September 2000 - March 2007 (6 years, 7 months)
São José do Rio Preto Area, Brazil

- I worked as a facilitator in the Management Circuit Project, carried out in partnership with IDORT - SP at the São Paulo State Department of Education, in the People Management Training Modules (Leadership and Teamwork; Leadership and Decision Making; and Leading Teams with Decision Making). Topics covered: Leadership, Transactional Analysis, Conflict Management, Assertiveness, Interpersonal Relationships, Communication, Motivation, Decision Making, Effective Meetings and Negotiation. Trainings were conducted in the cities of Botucatu, Bebedouro, Monte Aprazível and São José do Rio Preto - São Paulo with school principals, pedagogical coordinators, inspectors, secretaries and teachers of the São Paulo State Education Network.
-Human Resources consulting;

-Recruitment and Selection, Team Integration;

-Organizational Climate Diagnosis;

-Analysis and Job Description;

-Training and People Development;

- Career Counseling services for adolescents and adults;

Sebrae
Facilitator
August 2006 - December 2006 (5 months)
São José do Rio Preto Area, Brazil

I worked as a facilitator in the SGE (Business Management System)

Facilitator, Speaker and responsible for delivering the following trainings:

SGE-How to develop leadership and stimulate motivation

Topics: working with change in the company, identifying the true leader, becoming a true leader, leading motivated and united teams, operating in a participative environment

SGE-Conflict Management: Strategy for successful negotiation
Topics: analyzing causes and effects of conflicts, defining the profile of a competent negotiator, developing negotiation strategies and conflict resolution.

SGE - Maximum quality in customer service

Topics: analyze critical service situations, serve and understand your customer, define the professional profile of the attendant, evaluate the service provided to customers.
Target audience: microentrepreneurs in the city's commerce sector and their employees

SEST SENAT
Facilitator
August 2006 - December 2006 (5 months)
São José do Rio Preto Area, Brazil

I worked as a facilitator in the Business Management Program for Transport - Passenger Transport
Training: ENTREPRENEURSHIP (Identification and Evaluation of Business Opportunities, Development of a Business Plan, Initial Investments, Results Projections and Fundraising), carried out in partnership with CNT (National Confederation of Transport), IDT (Transport Development Institute) and SEBRAE, in the city of São José do Rio Preto - São Paulo

Multidrogas-Rede de Farmácia Associativista
Human Resources Manager
May 2004 - December 2006 (2 years, 8 months)
São José do Rio Preto Area, Brazil

Associative and cooperative network with 120 pharmacies in the countryside of São Paulo, Minas Gerais and Mato Grosso do Sul.
I was Human Resources/Training Manager

-Developed the sales team in the HPC (Hygiene, Perfumery and Cosmetics) area, defining technical and behavioral competencies focused on sales results,

which resulted in a 30% increase in perfumery product sales.
-Implemented the Human Resources department, organizational climate diagnosis, recruitment and selection of employees at the business center and pharmacies;
-Responsible for the expansion program, awareness and training of new associated pharmacies and employees on aspects of cooperativism and associativism;
-Trained the team and developed leadership within the business center;
-Developed and implemented with the marketing department, motivational campaigns for product launches and institutional programs such as winter clothing drive campaign, solidarity school, create a mascot, loyalty program;
-Organized and promoted events and lectures in partnership with the pharmaceutical industry;
-Supported pharmacy owners in people management and leadership practices

Operator Serviços e Sistemas de Cobrança-São Paulo
Human Resources Manager
August 2001 - January 2004 (2 years, 6 months)
São Paulo Area, Brazil

Collection company with 700 employees and 13 branches.
Responsible for identifying training needs and analyzing results, developing operational and motivational training manuals, coordinating technical and operational training sessions, and designing and implementing motivational campaigns for product launches. Direct involvement with clients in presenting the company and its products, as well as organizing, supporting, and promoting events in collaboration with the marketing department. Development and implementation of team development programs, organizational climate assessment, recruitment and selection processes, onboarding of new employees, job descriptions, and exit interviews. Team integration activities, coordination of the operational internship program for Branch Managers, and responsibility for selecting and developing interns. Collaboration with the Organizational Development department in the creation of technical standards, reducing employee turnover through work with branch managers, and facilitating communication between senior management and employees.

Babilônia Boulevard Choperia e Restaurante
Psychologist-Human Resources

August 1997 - September 2000 (3 years, 2 months)
São José do Rio Preto Area, Brazil

-Responsible for implementing the HR department;

-Organizational climate diagnosis;

Recruitment and Selection, exit interviews, emotional support for employees;
-Training and development of leadership, sales and teamwork; Monitoring and training of the waitstaff team;
-Conducting meetings with management and waiters;

-Support to the board of directors. Interface with the personnel administration office.

Severínia City Hall
Psychologist
January 1997 - December 1999 (3 years)

I worked as a Psychologist and Psychopedagogue. Work carried out with children with special needs.

Academic Background

State University of Londrina

Bachelor's Degree - Psychology, Professional Guidance, Careers and Human Resources · (1991 - 1996)

University of Taubaté

Master's Degree in Management and Regional Development, Coaching / Social Competencies / Professional Social Skills/Coaching Psychologist · (2015 - 2017)

Cognitive Scientia

Lato Sensu Specialization in Cognitive Behavioral Therapies, Clinical Psychology; cognitive-behavioral coaching; social skills and competencies · (2018 - 2020)

CETCC

Training in Cognitive Behavioral Therapy, Cognitive Behavioral Therapy · (2012 - 2013)

SBCoaching

Executive Coaching, Personal and Professional Coaching and Alpha Coaching Analyst, Career Coaching, Leadership Coaching, Team Coaching · (2010 - 2011)

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 20, 2026.

Contato

cclaudia2010@gmail.com

www.linkedin.com/in/claudiacarraro (LinkedIn)

Principais competências

Recursos humanos

Liderança de equipe

ALPHA COACHING ASSESSMENT
Alfa Coaching é uma ferramenta de assessement dese

Languages

Inglês- cursando ICBEU (Full Professional)

Certifications

SEBRAE IDEAL

Personal & Professional Coach

Executive Coach Expert

Terapeuta Certificada em EMDR

Executive Coach

Publications

RODA DAS COMPETÊNCIAS SOCIAIS: ELABORAÇÃO E APLICAÇÃO COMO FERRAMENTA PARA AUTOPERCEPÇÃO E AUTOMONITORAMENTO DAS HABILIDADES SOCIAIS PROFISSIONAIS

HABILIDADES SOCIAIS PROFISSIONAIS PRESENTES EM ENGENHEIROS ALUNOS DE MBA DE UMA UNIVERSIDADE NO INTERIOR DE SÃO PAULO

Coaching Cognitivo-Comportamental no desenvolvimento de competência interpessoais de engenheiros

Claudia Carraro

Psicóloga Clínica|EMDR|Psicoterapeuta Certificada em EMDR| Especialista em Traumas|Competências Sociais Profissionais #emdr #carreira #softskills#traumas

São José dos Campos, São Paulo, Brasil

Resumo

Psicoterapeuta certificada em EMDR/Supervisora em Formação

#Sou psicóloga clínica, ajudo profissionais que procuram desenvolvimento de carreira e liderança e que valorizam a saúde mental, emocional e qualidade de vida. Nos atendimentos de terapia uso a abordagem EMDR.

MAIS SOBRE MIM

#Iniciei minha carreira na área de RH há 25 anos, tendo assumido a gerência do setor em empresas do ramo alimentício, financeiro e farmacêutico.

#Tenho formação em Psicologia(UEL) , mestrado(UNITAU).Especialização em orientação de carreiras pelo Instituto Sedes Sapientiae e pós-graduação em Recursos Humanos e em Terapias Cognitivo-Comportamental. e formaçao em terapia EMDR.

#Possuo formações em coaching: Personal, Professional e Executive Coaching(SBCoaching), Executive Coaching(Coaching Club), Profissão Coach(Instituto Gerônimo Theml de Coaching e Desenvolvimento Humano);

▸#Atualmente na minha atuação profissional eu ajudo pessoas:
-Que buscam saúde emocional e mental;
-Que querem ressignificar seus traumas;
-Que precisam tratar a depressão, ansiedade, fobia social, estresse e burnout.
-Que estão escolhendo qual carreira seguir.

✓ONDE VOCÊ PODE ME ENCONTRAR:
Instagran: @claudiacarraro.psi
Contato somente WhatsApp (12)98710-0431

Experiência

Claudia Carraro
18 anos 5 meses

Psicoterapeuta de clínica particular
janeiro de 2012 - Present (13 anos 7 meses)
São José dos Campos

Psicóloga Agenda Dourada pela empresa Equilibrio Mente e Corpo

Atendimento presencial e online.
Atuo como psicoterapeuta EMDR em temas relacionados a:
Competências sociais e emocionais
Orientação de carreira;
Orientação profissional(vocacional);
Burnout e Estresse Profissional;
Ansiedade;
Transtorno de ansiedade generalizada;
Ansiedade social;
Pânico:
Transtorno do humor(bipolaridade e depressão);
Treino de combate ao stress;
Desenvolvimento de habilidades sociais;
Treino de Habilidades Sociais;
Traumas;
Atendo Adolescentes e Adultos.
visualizar menos

Orientadora de carreira
março de 2007 - setembro de 2022 (15 anos 7 meses)
São José dos Campos e Região, Brasil

Fui responsável pelos atendimentos de pessoas físicas , utilizando a abordagem da psicologia do coaching, coaching cognitivo-comportamental e coaching de competências interpessoais.

Escolha, transição e redirecionamento de carreira, preparação para processos seletivos de emprego e trainee.
Desenvolvimento de lideranças e desenvolvimento de equipes em empresas;
Desenvolvimento de competências interpessoais (soft skills).

ANÁLISE DE PERFIL
-Análise de perfil psicológico por meio da aplicação de testes psicológicos IHS-2, PALOGRÁFICO, QUATI, IFP-II, BPR-5, EMEP, AIP, AC, G-36. e ferramentas Coaching Assessment (metodologia DISC) e Alpha Coaching Assessment da Worth Ethic Corporation.

Principais experiências em treinamento e RH.
-Instrutora e facilitadora de treinamentos atuando na implantação da universidade corporativa , no levantamento das necessidades, confecção de material, organização da logística dos cursos, análise dos resultados, avaliação. Atuação em instituições como: SEBRAE, SEST/SENAT, SENAC, IDORT, ACI, SECRETARIA ESTADUAL DE EDUCAÇÃO DE SÃO PAULO, SECRETARIA MUNICIPAL DE EDUCAÇÃO DOS MUNICIPIOS DE SÃO BENTO DO SAPUCAÍ E OLÍMPIA, HITACHI, LINDE GASES, ALPINA EUCALIPTOS, FAAP, entre outras.

Escritório na Av. Nove de Julho, em São José dos Campos-SP

FAAP

Professora - Pós- Graduação

fevereiro de 2013 - setembro de 2020 (7 anos 8 meses)
São José dos Campos e Região, Brasil

Professora responsável pelas disciplinas:
Pós-Graduação - ADMINISTRAÇÃO DE EMPRESAS: INTELIGÊNCIA ESTRATÉGICA EMPRESARIAL
Disciplina: Coaching para executivos

Pós-Graduação - GESTÃO DE PESSOAS: DESENVOLVIMENTO ESTRATÉGICO DO CAPITAL
Disciplina: Introdução ao Coaching - oportunidades e desafios

Disciplina: Oficina de Carreiras

Disciplina: Engajamento e Psicologia Positiva

Disciplina: Coaching para executivos

Pós graduação-DESIGN DE INTERIORES: REPERTÓRIO PROJETUAL
Disciplina: Planejamento e projeto de Carreira

CURSO LIVRE
Coaching de competências : desenvolvendo lideranças.

Outras disciplinas ministradas até 2015:

Pós-Graduação - GESTÃO DE PESSOAS
Disciplinas: Inteligência Emocional e Marketing Pessoal

Pós-Graduação - GESTÃO DE MARKETING
Disciplina-Comportamento do Consumidor

UNITAU - Universidade de Taubaté
Pesquisadora -Planejamento,gestão e desenvolvimento de carreiras.
março de 2015 - junho de 2019 (4 anos 4 meses)
Taubaté e Região, Brasil

Integrante do grupo de pesquisa planejamento,gestão e desenvolvimento de carreiras no âmbito regional.

PRINCIPAIS ATIVIDADES:
-Avaliação psicológica do perfil profissional;
-Aplicação, correção e devolutiva de testes e instrumentos psicológicos;
-Entrevista psicológica;
- Elaboração, aplicação e avaliação do programa de Coaching Executivo e Treino de Habilidades Sociais Profissionais Gerenciais;

Orientadora: Prof.ª Drª Marilsa de Sá Rodrigues -

ETEP Faculdades
Professor Pós- Graduação
agosto de 2017 - setembro de 2018 (1 ano 2 meses)
São José dos Campos

Fui responsável pelas disciplinas:

-Recrutamento e Seleção;
-Coaching;
-Autoconhecimento com assessment,

Soluções Usiminas
Coach Executivo
julho de 2016 - maio de 2017 (11 meses)
Taubaté e Região, Brasil

Fui responsável pelo processo de coaching com supervisores.
Principais atividades: Aplicação, correção, interpretação e devolutiva da avaliação do perfil profissional e psicológico.Aplicação do processo de coaching cognitivo-comportamental no desenvolvimento de competências interpessoais de liderança.(SOFT SKILLS)
OBJETIVO DO PROGRAMA
Desenvolver as competências necessárias para o bom desempenho na liderança por meio do coaching cognitivo-comportamental(CCC)e treino de habilidades sociais profissionais(THSP).
O QUE É?
O coaching no desenvolvimento de competências em liderança, é um programa que auxilia o coachee no alcance das suas competências comportamentais e emocionais . No processo, o profissional coach, estimula o coachee por meio de técnicas e ferramentas , a sentir, pensar e explorar novas ideias e comportamentos importantes para o bom desempenho em seu trabalho.

METODOLOGIA UTILIZADA
-Coaching Cognitivo-Comportamental(CCC): abordagem de coaching que usa técnicas e ferramentas que auxiliam o coachee a lidar com bloqueios emocionais, psicológicos e comportamentais que o impedem de alcançar os objetivos profissionais. O objetivo principal do coaching cognitivo-comportamental é o aumento da consciência para auxiliar o coachee a sair de sua zona de conforto.
-O treino de Habilidades Sociais(THS): abordagem da psicologia que é considerada a técnica mais frequentemente utilizada para aumentar a eficácia na relação entre as pessoas(relacionamento interpessoal).Existem características humanas que podem ser mudadas por meio de treino e experiência de vida.

ETEP Faculdades
Professora Universitária

maio de 2011 - agosto de 2013 (2 anos 4 meses)
São José dos Campos e Região, Brasil

Ministrei nas disciplinas:
-Planejamento de Carreira : Empregabilidade, desmistificando o processo seletivo, construção de currículo, dinâmica de grupo, âncoras de carreira, pós-graduação, mercado de trabalho.

-Comportamento Humano: comportamento organizacional,personalidade, percepção, cognição, motivação.

-Psicologia Organizacional:
Comunicação interpessoal, assertividade, liderança, dinâmica grupal, cultura organizacional, motivação, conflito e negociação, QVT(Qualidade de Vida no Trabalho), inteligências múltiplas.

-Psicologia Aplicada à Gestão de Pessoas I e II:Comportamento Organizacional,Competência Emocionais e Inteligência Emocional
Condicionamento: Clássico e Operante,Aprendizagem Social, Modelagem,Valores e Atitude
Dissonância Cognitiva, Atitudes,Socialização, Memória e Diferenças Individuais.Personalidade I- Emoções, Personalidade, Estrutura personalidade, Modelo FREUD,Psicologia Analítica-Junguiana. Temperamento,Aplicabilidade na Gestão de Pessoas;

-Construção, aplicação e correção de avaliação da disciplina;

UNITAU - Universidade de Taubaté
Docente e Supervisora de Estágio área de Gestão e Pessoas e Orientação de Carreira-Psicologia
fevereiro de 2010 - janeiro de 2011 (1 ano)
Taubaté e Região, Brasil

Atuei como Docente e Supervisora de Estágio na área de Gestão de Pessoas e Orientação Profissional da faculdade de Psicologia.
-Elaborei o Projeto e Supervisionei os alunos nas Pesquisas de Clima Organizacional em empresas de Taubaté e região.
-Responsável pela Elaboração, Repasse da Metodologia e Supervisão dos Alunos no Projeto de Orientação Profissional realizados com alunos do nono ano na Escola Municipal Prof. José Ezequiel de Souza-Taubaté

Colégio Agostiniano São José - Unidade I
Orientadora Profissional e de Carreiras
dezembro de 2006 - dezembro de 2007 (1 ano 1 mês)
São José do Rio Preto e Região, Brasil

Fui responsável pela orientação profissional e de carreira para alunos do ensino médio;
Implantei o projeto de orientação profissional para alunos do ensino fundamental.(8º e 9º ano)
Supervisionei professores/tutores projeto de orientação profissional para alunos do ensino fundamental;
Organizei a feira de profissões do colégio.

QUALIS CONSULTORES
Consultora
setembro de 2000 - março de 2007 (6 anos 7 meses)
São José do Rio Preto e Região, Brasil

-Atuei como facilitadora no Projeto Circuito Gestão, realizado em parceria com o IDORT -SP na Secretaria Estadual da Educação-SP, nos Módulos de Capacitação de Gestão de Pessoas (Liderança e Trabalho em Equipe; Liderança e Tomada de Decisão e Liderando Equipes com decisão) Assuntos desenvolvidos: Liderança, Análise Transacional, Administração de Conflitos, Assertividade, Relacionamento Interpessoal, Comunicação, Motivação, Tomada de Decisão, Reuniões Eficazes e Negociação. Treinamentos realizados nas cidades de Botucatu, Bebedouro e Monte Aprazível e São José do Rio Preto- SP com Diretores de escola, coordenadores pedagógicos, inspetores, secretários e professores da Rede Estadual de Educação do Estado de São Paulo.
-Consultoria em Recursos Humanos;
-Recrutamento e Seleção, Integração de Equipe;
-Diagnóstico de Clima Organizacional;
-Análise e Descrição de Cargos;
-Treinamento e Desenvolvimento de Pessoas;
-Prestação de Serviço em Aconselhamento em Orientação de Carreiras para adolescentes e adultos;

Sebrae
Facilitadora
agosto de 2006 - dezembro de 2006 (5 meses)
São José do Rio Preto e Região, Brasil

Atuei como facilitadora do SGE (Sistema de Gestão Empresarial)

Facilitadora, Palestrante e responsável pela aplicação dos seguintes treinamentos:

SGE-Como desenvolver lideranças e estimular a motivação
Assuntos: Trabalhar com a mudança na empresa, identificar o verdadeiro líder, tornar-se um verdadeiro líder, liderar equipes motivadas e unidas, atuar em um ambiente participativo

SGE-Administração de conflitos: Estratégia para uma negociação de sucesso
Assuntos: Analisar causas e efeitos de conflitos, definir o perfil do negociador competente, desenvolver estratégias de negociação e solução de conflitos.

SGE-Qualidade máxima no atendimento ao cliente
Assuntos: Analisar situações críticas de atendimento, atender e entender seu cliente, definir o perfil profissional do atendente, avaliar o atendimento prestado aos clientes.
Público alvo: Microempresários do comércio da cidade e seus funcionários

SEST SENAT
Facilitadora
agosto de 2006 - dezembro de 2006 (5 meses)
São José do Rio Preto e Região, Brasil

Fui facilitadora do Programa Gestão Empresarial do Transporte-Transporte de Passageiros
Treinamento : EMPREENDEDORISMO (Identificação e Avaliação de Oportunidades de Negócios, Desenvolvimento do Plano de Negócios, Investimentos Iniciais, Projeção de Resultados e Captação de Recursos, realizado em parceria com CNT (Confederação Nacional do Transporte), IDT (Instituto de Desenvolvimento do Transporte e SEBRAE, na cidade de São José do Rio Preto -SP

Multidrogas-Rede de Farmácia Associativista
Gerente de Recursos Humanos
maio de 2004 - dezembro de 2006 (2 anos 8 meses)
São José do Rio Preto e Região, Brasil

Rede associativista e cooperativista com 120 farmácias no interior de SP , MG e MS.
Fui Gerente de Recursos Humanos/Treinamento
-Desenvolvi a equipe de vendedoras da área de HPC(Higiene, perfumaria e cosméticos), definição das competências técnicas e comportamentais com

foco nos resultados em vendas o que ocasionou um aumento de 30% nas vendas de produtos da perfumaria.
-Implantei o setor de Recursos Humanos, diagnóstico de clima organizacional, recrutamento e seleção de funcionários na central de negócios e farmácias;
-Fui responsável pelo programa de expansão, sensibilização e treinamento das novas farmácias associadas e funcionários para os aspectos do cooperativismo e associativismo;
-Treinei a equipe e desenvolvi lideranças na central de negócios;
-Desenvolvi e implantei junto ao departamento de marketing de campanhas motivacionais para lançamento de produtos e programas institucionais como campanha do agasalho, escola solidária, crie um mascote, programa de fidelidade;
-Organizei e promovi eventos e palestras em parceria com a indústria farmacêutica;
-Apoiei os proprietários das farmácias em relação à gestão de pessoas e práticas de liderança

Operator Serviços e Sistemas de Cobrança-São Paulo
Gerente de Recursos Humanos
agosto de 2001 - janeiro de 2004 (2 anos 6 meses)
São Paulo e Região, Brasil

Empresa de cobrança com 700 funcionários e 13 filiais.
Responsável pelo levantamento das necessidades de treinamento e análise dos resultados, elaboração de apostilas de treinamento operacional e motivacional, coordenação de treinamentos técnicos /operacionais, elaboração e aplicação de campanhas motivacionais para lançamento de produtos,atuação direta com clientes na apresentação da empresa e dos produtos,organização, acompanhamento e promoção de eventos junto ao departamento de marketing, elaboração e implantação de programas de desenvolvimento de equipe,diagnóstico de Clima Organizacional, recrutamento e seleção, integração de novos funcionários, descrição de funções, entrevista de desligamento, integração da equipe,responsável pelo programa de estágio operacional de Gerentes de Filiais, responsável pela seleção e desenvolvimento de estagiários,atuação junto ao departamento de desenvolvimento organizacional na elaboração de Normas Técnicas,redução da rotatividade, através de trabalho com gerentes de filiais,inter-relacionamento entre Diretoria e Funcionários.

Babilônia Boulevard Choperia e Restaurante
Psicóloga-Recursos Humanos

agosto de 1997 - setembro de 2000 (3 anos 2 meses)
São José do Rio Preto e Região, Brasil

-Responsável pela implantação do departamento de RH;
-Diagnóstico de clima organizacional ;
Recrutamento e Seleção, Entrevista de desligamento, acompanhamento emocional dos funcionários;
-Treinamento e desenvolvimento das lideranças, vendas e trabalho em equipe. acompanhamento e treinamento da equipe de garçons;
-Condução de reuniões com a a gerência e garçons;
-Apoio à diretoria. Interface junto ao escritório de administração de pessoal.

Prefeitura Municipal de Severínia
Psicóloga
janeiro de 1997 - dezembro de 1999 (3 anos)

Atuei como Psicóloga e Psicopedagoga. Trabalho realizado com crianças portadoras de necessidades especiais.

Formação acadêmica

Universidade Estadual de Londrina
Graduação -Psicologia, Orientação Profissional, , Carreiras e Recursos Humanos · (1991 - 1996)

Universidade de Taubaté
Mestrado Profissional em Gestão e Desenvolvimento Regional, Coaching/ Competências Sociais/Habilidades Sociais Profissionais/Coaching Psycologist · (2015 - 2017)

Cognitiva Scientia
Especialização Latu Sensu em Terapias Cognitivo-Comportamental, Psicologia Clínica; coaching cognitivo-comportamental; habilidades e competências sociais · (2018 - 2020)

CETCC
Formação em Terapia Cognitivo Comportamental, Terapia Cognitivo Comportamental · (2012 - 2013)

SBCoaching

Executive Coaching,Personal e Professional Coaching e Analista Alpha Coaching, Coaching de carreira, leadership coaching, team coaching · (2010 - 2011)

July 24, 2025

Email: isabela.duartef@gmail.comPhone: +55 (67) 98130-2015

To the United States Citizenship and Immigration Services (USCIS),

Dear Sir or Madam,

My name is Isabela Duarte Fernandes Pinto Paiva, and I am a psychologist and Ranger Care Navigator at Intellect. I hold a Bachelor's degree in Psychology (2018) from Universidade Católica Dom Bosco (UCDB), and I am currently undertaking a specialization in Gestalt Therapy at the Instituto de Gestalt Terapia do Rio de Janeiro (2024–present). Since 2019, I have maintained an independent clinical practice, complementing continuous professional development that includes training in Criminal Psychology, Organizational Psychology, Group Dynamics, and animal-assisted therapy. My clinical and academic work has led to conference presentations at UCDB and applied interventions with diverse populations.

I became acquainted with Ms. Raquel Marques de Oliveira through our shared responsibilities at Intellect, where we both serve as Ranger Care Navigators. In this position, we respond to mental-health crisis calls for clients across twelve countries: Australia, Brazil, France, Germany, Ireland, Mexico, New Zealand, Peru, Poland, Russia, the United Kingdom, and the United States.

In my professional opinion, Ms. Marques combines proactive problem-solving, empathy, and clear communication with the adaptability required to handle diverse, high-pressure scenarios. She demonstrates proactivity, solid decision-making, and earns the trust of both colleagues and clients, effectively uniting teams around common objectives while upholding strong ethical standards.

During our collaboration at Intellect, Ms. Marques has proposed structured administrative improvements that simplify workflows for our team and the public we serve. Her recommendations, for instance, systematically recording the final digits of our weekly test-call numbers in both dashboards and spreadsheets, creating dedicated check-in call groups rather than mixing them with unrelated chats, and launching an internal "Ranger Recognition" initiative to spotlight high-performing frontline staff, have streamlined procedures, reduced errors, and strengthened team engagement. These suggestions, aimed at eliminating unnecessary bureaucracy and enhancing service delivery, have been acknowledged by supervisors and promptly incorporated into our routines, underscoring her ability to translate clinical judgment into practical, high-impact processes.

Additionally, colleagues in comparable settings have incorporated elements of her approach, promoting more consistent use of evidence-based procedures and clearer documentation across teams. This reflects her capacity to turn clinical insight into reproducible routines that strengthen program quality.

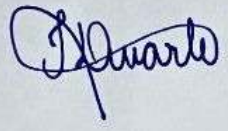
Ms. Marques work supports priorities serving the public good by enhancing the delivery of mental-health services across diverse populations and contexts. Her competence in cross-cultural communication, crisis-response, and process optimization directly advances organizational goals that benefit the communities they serve.

Ms. Marques is well-positioned to advance these objectives in the United States. Her combination of formal training, frontline experience, and demonstrated capacity for collaboration equips her to implement evidence-based approaches efficiently and reliably in new settings.

I strongly support Ms. Marques in her immigration process. Her specialized knowledge, cross-cultural adaptability, and commitment to measurable results make her well-qualified to contribute meaningfully to psychological practice and mental-health initiatives in the United States.

Should you require any additional information, please feel free to contact me.

Cordially,



Isabela Duarte Fernandes Pinto PaivaCRP 14/07615-4Ranger Care Navigator, Intellect | Clinical PsychologistCampo Grande, Mato Grosso do Sul, Brazil



ISABELA DUARTE FERNANDES PINTO PAIVA

PSYCHOLOGIST
CRP14/07615-4

PERSONAL INFORMATION

Brazilian, single, 28 years old.
Rua Praia de Ipanema, 53.
Jardim Autonomista - Campo Grande - Mato Grosso do Sul.
Mobile: (67) 98130-2015.
Email: isabela.duartef@gmail.com

OBJECTIVE

Individual clinical care, in groups, couples, or family settings, in-person, home care, and online.

ADDITIONAL INFORMATION

Availability for relocation to another city.
Category B driver's license and own vehicle.

ACADMIC BACKGROUND

Catholic University Dom Bosco - UCDB
Bachelor's Degree in Psychology, started in 2014 and completed in 2018 in Campo Grande, Mato Grosso do Sul.
Specialization in:
Clinical Psychology - Gestalt Therapy: individual, couple, and family, at the Gestalt Therapy and Family Care Institute

WORK EXPERIENCE

2019 - present:
Independent clinical psychologist with a private practice
2024 - present:
Ranger Care Navigator at Intellect

QUALIFICATIONS AND ADDITIONAL ACTIVITIES

Renova Courses
"Psychology Criminal" course, completed in 2017

Prime Courses
"Introduction to Organizational Psychology" course, completed in 2018
"Introduction to Group Dynamics" course, completed in 2018

Therapy Dog Outreach Project
Using Animal-Assisted Therapy, carried out in 3 institutions: AMA (Association of Parents and Friends of Autistic Individuals), Casa da Criança Peniel, and AACC (Association of Friends of Children with Cancer).

Presentation of work at a Conference.
Work "The importance of Cognitive-Behavioral Theory for Driving Phobia", Saberes em Ação Congress, UCDB, 2018.
Work "The impact of the Therapy Dog Project at Casa da Criança Peniel", Saberes em Ação Congress, UCDB, 2015.

COMPETENCIES

Advanced English level.
Intermediate Microsoft Office skills
Knowledge and application of psychological tests.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 22, 2026.



ISABELA DUARTE FERNANDES PINTO PAIVA

PSICÓLOGA
CRP14/07615-4

INFORMAÇÕES

Brasileira, solteira, 28 anos.
Rua Praia de Ipanema, 53.
Jardim Autonomista - Campo Grande - MS.
Celular: (67) 98130-2015.
Email: isabela.duartef@gmail.com

OBJETIVO

Atendimento clínico individual, em grupo, casal ou família, presencial, home care e online.

INFORMAÇÕES ADICIONAIS

Disponibilidade para mudança de cidade.
Carteira de Habilitação B e veículo próprio.

FORMAÇÃO ACADÊMICA

Universidade Católica Dom Bosco - UCDB
Bacharel em Psicologia, iniciado em 2014 e concluído em 2018 em Campo Grande - MS.

Especialização em:
Psicologia Clínica Gestalt Terapia: indivíduo, casal e família pelo Instituto de Gestalt-Terapia e Atendimento Familiar

EXPERIÊNCIA PROFISSIONAL

2019- até o presente:
Psicóloga clínica autônoma com consultório independente

2024- até o presente:
Ranger Care Navigator na empresa Intellect

QUALIFICAÇÕES E ATIVIDADES COMPLEMENTARES

Renova Cursos
Curso "Psicologia Criminal", realizado em 2017

Prime Cursos
Curso "Introdução à Psicologia Organizacional" realizado em 2018
Curso "Introdução à Dinâmicas de Grupo" realizado em 2018

Projeto de Extensão Cão Terapeuta
Utilizando Terapia Assistida por animais, realizado em 3 instituições: AMA (Associação de Pais e Amigos do Autista), Casa da Criança Peniel e AACC (Associação de Amigos das Crianças com Câncer).

Apresentação de Trabalho em Congresso
Trabalho "A importância da Teoria Cognitiva-Comportamental para a Fobia de Dirigir", Congresso Saberes em Ação, UCDB, 2018.
Trabalho "Atuação do Projeto Cão Terapeuta na Casa da Criança Peniel", Congresso Saberes em Ação, UCDB, 2015.

HABILIDADES

Inglês nível avançado.
Pacote Office intermediário.
Conhecimento e aplicação de testes psicológicos.

Lian Jia Yie Crisis Intervention Excellence Specialist Intellect Email: jiayie@intellect.coPhone: +60 11 6440 9217

August 11, 2025

To Whom It May Concern,

It is with the highest level of professional confidence that I provide this recommendation for Ms. Raquel Marques de Oliveira in support of her petition for classification under the EB2 National Interest Waiver (NIW) category.

I am a registered Clinical Psychologist under the Ministry of Health (MoH) in Malaysia, holding a *Dottore Magistrale* in Clinical Psychology from UniBG, Italy, and a Master's degree in Human Sciences (Clinical and Counselling Psychology) from the International Islamic University Malaysia (IIUM). With nearly a decade of experience in the mental health field across diverse global contexts, I currently serve as a Crisis Intervention Excellence Specialist at Intellect, overseeing multidisciplinary crisis intervention teams and providing clinical supervision across multiple regions.

I first met Ms. Marques in August 2024 when she joined our regional crisis helpline as a Crisis Helpline Responder. From the outset, she demonstrated exceptional clinical expertise, strategic thinking, and cultural competence, qualities that distinguish her from her peers. Our collaboration included operational supervision, strategic workflow development, and training initiatives that directly enhanced the effectiveness of cross-regional crisis response.

One of the most significant examples of Ms. Marques' contribution was her pivotal role in a multilingual, multi-regional operational review designed to streamline helpline operations. Leveraging her frontline expertise and advanced clinical judgment, she identified critical structural and procedural inefficiencies and proposed evidence-based, sustainable solutions. Her recommendations resulted in improved call handling protocols and reduced response times for crisis cases, standardized documentation procedures that increased accuracy and compliance across multiple regions and clearer escalation pathways, leading to more timely and effective interventions.

The outcome of her work was not only organizationally transformative but also directly advanced public health objectives by improving the accessibility and quality of mental health crisis services for multilingual and multicultural populations.

Her skills in crisis intervention, trauma-informed care, risk assessment, and cross-cultural communication are rare in combination and of clear national importance to the United States, particularly given the country's increasing demand for culturally competent mental health services. Her ability to translate clinical insights into scalable operational strategies is exactly the type of expertise that aligns with the national interest waiver criteria, as it benefits the broader community in ways that extend beyond a single employer or region.

Ms. Marques is a globally recognized, values-driven professional whose contributions have enduring impact. Without reservation, I affirm that her skills are not only substantially above those ordinarily encountered in the field, but also essential to advancing the standards of crisis intervention and mental health care internationally.

Her ability to translate clinical insights into scalable operational strategies, while fostering quiet yet inspiring leadership, demonstrates a unique capacity to elevate both organizational systems and human connection.

For these reasons, I strongly and unequivocally recommend Ms. Raquel Marques for the EB2-NIW visa category. I am confident that her continued work in the United States will result in significant public health benefits, the

development of best practices in mental health crisis response, and the elevation of service delivery standards nationwide.

Sincerely,



19-08-2025

Lian Jia Yie Crisis Intervention Excellence Specialist Intellect

Contact

www.linkedin.com/in/lian-jia-yie (LinkedIn)

Top Skills

Crisis Management
Crisis Intervention
Risk Assessment

Certifications

Mindshift : Break Through Obstacles to Learning and Discover Your Hidden Potential
Psychodiagnostics and Psychological Assessment
Acceptance and Commitment Therapy DNA-V
Intensive Training in Acceptance & Commitment Therapy
BPS Approved Certification in Clinical Supervision: Advance Supervision Skills (Level 3)

Honors-Awards

Best Academic Paper
UniBG Scholarship

Publications

“Jom Sembang” for Coping with COVID-19: Mental Health Challenges, Interventions and Help-Seeking in Malaysian B40 Communities
Censorship of Mental Health in Malaysian Educational Setting
Positive Orientation Effects on Aversive Peer Experience Relationship of Cyber Aggression and Cyber Victimization
Positive orientation effects on aversive peer experience such as cyber aggression and cyber victimization
Covid-19 Vaccination Social Stories for IDD Individuals

Lian Jia Yie

Clinical Psychologist | Crisis Specialist | Clinical Supervisor
Malaysia

Summary

Remaining committed to my passion, I work at the intersection of clinical care, digital systems, and thoughtful innovation to support safe, meaningful mental health support at scale.As a clinical psychologist, my work extends beyond providing clinical therapy to strengthening the systems, tools, and standards that support practitioners and the people they serve. Through clinical quality assurance, supervision, and the careful use of digital and AI-enabled workflows, I help ensure care remains ethical, human-centred, and grounded in real-world clinical practice.I believe lasting impact happens when technology supports, but not replaces human connection, and when clinical excellence is built quietly, consistently, and with care.

Experience

Intellect
3 years 3 months

Senior Clinical Excellence Specialist
January 2026 - Present (2 months)

In my role as Senior Clinical Excellence Specialist, I strengthen and maintain clinical quality assurance across Intellect’s mental health services, with a focus on helpline and frontline responder care. I ensure clinical standards, SOPs, and risk protocols are not only evidence-based, but operationally feasible within digital and AI-supported care environments.

I work at the intersection of clinical practice and systems design, partnering with Product, Tech, and Operations to translate clinical requirements into scalable, real-world solutions. This includes supporting the development of AI-enabled workflows and quality measurement tools that help monitor clinical standards, strengthen safety, and inform continuous improvement, while enabling practitioners through supervision and skills development, and using data-driven insights to continuously improve quality, safety, and service delivery.

Crisis Excellence & Training Specialist
July 2025 - January 2026 (7 months)

As a Crisis Intervention Excellence Specialist, I am responsible for upholding and advancing the clinical and operational standards of global crisis response & mental health services across 40+ countries, including regions in Asia, Latin America, Europe, and Oceania.

My core functions include quality assurance, clinical supervision (individual and group), and the development and facilitation of evidence-based training programs. I also support the creation of clinical certification pathways to strengthen internal competencies and collaborated cross-functionally to scale certification programs, increasing clinical readiness and confidence across teams.

Crisis Specialist Supervisor
July 2024 - July 2025 (1 year 1 month)

As a Crisis Intervention Unit (CIU) Specialist Supervisor, I supervise a team of helpline crisis specialists and responder dedicated to providing in-depth and in-the-moment crisis intervention support, across 40+ countries and different regions (Asia, Latin America, Europe, Oceania, etc).

In my capacity, I am responsible of managing the unit’s operations, oversee complex cases, and ensure timely, effective interventions are smoothly performed. My role involves coordinating with mental health professionals and corporate stakeholders to deliver comprehensive care from individualized to company wide crisis management support, while maintaining high standards in case management and intervention strategies.

Crisis Helpline Supervisor
January 2024 - July 2024 (7 months)

In my role as a Crisis Helpline Supervisor, I am responsible for managing a team of crisis responders who provide essential support to individuals in distress. I oversee daily operations, ensure adherence to best practices, and create a supportive environment for both staff and service users. My focus is on enhancing the quality of service delivery through real-time crisis intervention, training initiatives, and continuous process improvement.

Helpline Associate & Crisis Responder
December 2022 - December 2023 (1 year 1 month)

Engaged in the setup and optimization of the Employee Assistance Program (EAP) crisis helpline service. Responsibilities encompass supporting the

development of standard operating procedures, trainings, and process flows, as well as managing, onboarding, and supporting crisis responders across 20+ countries.

In my capacity, I conduct risk assessments, including lethality evaluations, and skillfully triage suicidal cases, ensuring immediate attention to those in need by providing evidence-based, professional crisis counseling services and personal support, utilizing de-escalation techniques and crisis intervention strategies to offer immediate assistance.

Additionally, entailing a data-driven approach, performing usage data analysis to derive valuable insights that enhance the helpline's efficacy and responsiveness to users' needs. It also involves meticulous documents upkeep, ensuring accurate records of crisis counseling and intervention activities to uphold compliance and enhance program efficiency.

Cogstate
Consulting Psychologist
January 2026 - Present (2 months)

Safe Space™
Clinical Psychologist
April 2025 - Present (11 months)

Cozy Psych
Clinical Psychologist
January 2025 - Present (1 year 2 months)

Hospital Sultan Abdul Aziz Shah, UPM
Clinical Psychologist (Practicum)
March 2024 - July 2024 (5 months)

As a Clinical Psychologist Trainee at Hospital Sultan Abdul Aziz Shah (HSAAS), under the guidance of Prof. Firdaus Mukhtar, I engage in comprehensive clinical training across the Psychiatric unit, Obstetrics & Gynecology (O&G) Psychosexual unit and Metabolism unit.

My role involves conducting comprehensive neuropsychological assessments, delivering targeted psychological interventions, especially to patients with ASD, ADHD, Bipolar Disorder, PTSD, Anxiety Disorder, Depression, OCD and

more, as well as providing detailed reports to patients and other clinicians, while collaborating with multidisciplinary teams to ensure holistic patient care.

Hospital Tunku Azizah (Hospital Kuala Lumpur)
Clinical Psychologist (Practicum)
October 2023 - February 2024 (5 months)
Kuala Lumpur, Federal Territory of Kuala Lumpur, Malaysia

As a Clinical Psychologist Trainee at Hospital Tunku Azizah in Kuala Lumpur, Malaysia, I had the valuable opportunity to contribute to the holistic psychological well-being of my patients. Guided under the supervision of licensed clinical psychologist Ms. Jeannie Cheah, I conducted thorough assessments and interventions, providing essential insights and support to individuals facing diverse mental health challenges. This included cases involving sensitive issues such as sexual abuse, physical abuse, traumata, and various forms of neurodevelopmental challenges.

In addition to my direct responsibilities, I actively collaborated with a multidisciplinary healthcare team, particularly engaging with psychiatrists from both Hospital Kuala Lumpur and Hospital Tunku Azizah by attending weekly case conferences and continuous medical education (CME) sessions. This involvement not only contributed to the team's collective expertise but also allowed me to stay updated on the latest advancements in the field of mental health and psychology.

IIUM Psychology Service Unit
Clinical Psychologist (Practicum)
August 2023 - October 2023 (3 months)

Thrive Well
2 years 6 months

Community Volunteer
October 2022 - June 2023 (9 months)

Participated and facilitated in community programs such as

- KAMI Juara Advance Buku Jalanan Chow Kit (February - June, 2023)
- KAMI Sembang PPR Lembah Subang (September - December, 2022)

Center Coordinator
January 2022 - October 2022 (10 months)

Leading and managing people, projects and stakeholders across different departments, while developing and co-leading digitisation change in the organisation.

Departments involved;
- Center Services department
- Clinical Delivery & Management department
- Strategy & Adcovacy department
- Community Development department

As well as handling and piloting community mental health projects working with children and parents while incorporating Trauma Informed Care (TIC) and Strengthening Family Program (SFP) in programme such as:

- Cilik Program
- KAMI Juara
- KAMI Cilik
- KAMI Sembang
- KAMI Bersama

Provisional Associate Clinical Psychologist
October 2021 - December 2021 (3 months)

Particularly as the Employee Assistance Program (EAP) consultant handling and coordinating international clients and stakeholders. Particularly in charge of managing stakeholders requests, module research and development, as well as co-facilitating trainings and workshops.

Research Analyst
January 2021 - October 2021 (10 months)

Took part in some exciting research and community projects and collaborating with NGOs such as
- Pusat Kreatif Kanak-kanak Tunku Bainun (PKK)
- BFM Health & Living Minds Matters
- Teach for Malaysia (TFM)
- Yayasan Hasanah Special Grant: Jom Sembang Research
- Public engagement with MASCA, Malaysian Health Tourism Corporation, UCSI University, Mindflu, Biztimes, etc

and more

University of Nottingham Malaysia
Research Assistant
April 2022 - December 2022 (9 months)

Actively participated in a collaborative project with the International Medical University (IMU) that centered around exploring the association and variables related to caregiver burden. My involvement encompassed various key tasks, including contributing to data analysis, interpreting research findings, and providing valuable support to master's degree students engaged in their research.

Throughout the project, I played a vital role in helping to uncover insights into the intricate dynamics of caregiver burden. By contributing to the data analysis process, I aided in extracting meaningful patterns and relationships from the collected information. Furthermore, my expertise in interpreting research reports allowed for a comprehensive understanding of the project's outcomes, contributing to the project's success.

Skybi
Clinical Psychologist Trainee
September 2021 - December 2021 (4 months)
Malaysia

Managed and supported a diverse client base through the Employee Assistance Program (EAP) services, specializing in addressing work-related challenges and performance issues by providing compassionate and professional guidance, and counseling skills to assist individuals in overcoming obstacles and achieving personal and career growth.

Furthermore also actively contributed to the continuous improvement of EAP services, participating in data analysis and program evaluation to enhance effectiveness and client satisfaction.

Humankind.my
Module Research & Development
November 2020 - December 2021 (1 year 2 months)

Joined as a volunteer to develop modules and research current mental health trends to empower marginalized communities in Malaysia, supported under the Yayasan Hasanah Special Grant. Additionally also took part in giving workshops for children and adults during the COVID-19 pandemic in hope to provide support and an listening ear to those who need especially during the pandemic time.

Communities Impacted:
- Shelter Home
- Ruth Education Centre
- Somali Refugee Community
- Refugee Learning Centres (Klang Valley)
- UNHCR Learning Centres (Nationwide)
- Yayasan Chow Kit
- Persatuan Pendidikan & Kebudayaan Masyarakat India Sungai Petani
and more

Oasis Place
5 months

Associate Psychologist
July 2021 - September 2021 (3 months)

Actively involved in delivering supervised interventions under the guidance of seasoned clinical psychologists and therapists. My expertise extends to various settings, including occupational and speech pathology environments.

In this journey, I was trained comprehensively in conducting assessments and consultation activities, and proficient in scoring assessment tools such as WISC, WPPSI, WAIS, WIAT, CBCL, CONNORS, and others to effectively analyze testing data and generate well-crafted assessment reports.

My primary focus revolves around working with children and young adults, ensuring their emotional well-being, and fostering positive outcomes.

Clinical Psychology Trainee
May 2021 - July 2021 (3 months)
Malaysia

Busan Language Institute
Foreign Language & Cultural Educator
November 2018 - January 2019 (3 months)
Haeundae-gu, Busan, Korea

In a dynamic language institute based in Busan, South Korea, I offer language instruction and thoughtful consultation to individuals of all ages, including teenagers, adults, and the older generation. My role involves facilitating open discussions about their life experiences and stories, all while incorporating

counseling skills and empathy to assist them in overcoming challenges and fostering personal growth.

As part of my responsibilities, I meticulously manage and monitor class schedules for our esteemed clients. I take pride in developing customized and engaging one-to-one sessions for each individual, tailoring the learning experience to their unique needs and preferences. Moreover, I am committed to motivating individual progress and diligently track their weekly activities, ensuring their language journey is rewarding and enriching.

Leaderonomics
Youth Department
November 2017 - December 2017 (2 months)
Kuala Lumpur, Malaysia

Joined a visionary social enterprise company with a mission to drive national transformation through leadership development content and programs. As an intern, I actively contributed to various essential roles, including:

- Providing day-to-day support to the department
- Facilitating and coordinating leadership camps, school clubs, and conferences.
- Client management duties include the following:
- Scheduling meetings and appointments
- Designing proposals
- Following up on clients
- Program managing and executing

Guangzhou Lücui Modern Experimental School
Teacher
October 2016 - December 2016 (3 months)
Guangzhou, Guangdong, China

Education

Università degli Studi di Bergamo
Laurea Magistrale , Clinical Psychology · (October 2019 - April 2022)

International Islamic University Malaysia (IIUM)
Master's degree, Human Sciences In Psychology (Clinical & Counselling) · (October 2022 - August 2024)

UCSI

BA (Hons) Psychology, Psychology · (2016 - 2018)

UCSI

Foundation degree, Liberal Arts and Sciences/Liberal Studies · (2015 - 2016)

To whom it may concern

My name is Inna Francesca Zeringue, and I am writing this letter in support of Ms. Raquel Marques de Oliveira. Raquel and I are collaborating on the development of a health and wellness coaching business. Through our professional collaboration and joint planning efforts, I have been able to closely evaluate her professional qualifications, technical approach, and preparedness to contribute meaningfully to this endeavor, as well as her role in shaping the company we are planning to build.

My academic and professional background has prepared me to evaluate her abilities seriously and responsibly. I completed a Bachelor of Arts in International Relations and Affairs at Florida State University, where I was conferred cum laude honors. My undergraduate record at Florida State University includes extensive coursework in international affairs, languages, and related subjects. I have also pursued further university studies at the University of Idaho in Moscow, Idaho, where my academic record reflects thirty-one institutional credits completed with a grade point average of 3.83. This academic background, combined with my direct involvement in developing a U.S.-based health and wellness business, allows me to assess Raquel's professional capacity from both an academic and practical perspective.

Raquel and I have studied coaching together, and I have observed her applied use of coaching methodologies in the context of client support and service design. Her work reflects a structured approach to client assessment, ethical considerations, and strategy selection when addressing individuals experiencing chronic pain and emotional stress. In addition, her contributions to business model development, including session design, client engagement strategies, and service delivery formats, demonstrate her capacity to apply coaching principles in a professional and operational context, allowing me to assess her professional reasoning and applied skills.

From her demonstrated training and applied experience, certain qualities stand out very clearly. Raquel has experience in psychology and coaching that makes her an ideal partner for a successful coaching business. She consistently integrates psychological insight into coaching techniques, particularly when addressing behavioral patterns, emotional regulation, and motivation, which is especially relevant for clients dealing with chronic pain. This applied integration differentiates her work from more generic coaching approaches and strengthens the quality of services we intend to provide.

The company we are planning to open is called Soul Wellness. According to our business plan, it will be a health and wellness coaching business located in Houston, Texas, with services provided remotely through virtual technology and also in person. Our target clients are veterans and others with chronic pain. By focusing on these populations, the business seeks to address gaps in access to supportive, non-clinical wellness services that complement traditional healthcare. Within this structure, Raquel plays an active role as a co-founder and operational partner, contributing directly to service development and client-focused strategies.

The purpose that guides this endeavor is clear. Our coaching business will empower clients to take control of their lives and health. This purpose translates into practical coaching interventions aimed at improving quality of life, self-management, and long-term well-being. Based on our ongoing planning and collaboration, Raquel's role is central to achieving these objectives, as she consistently contributes structured ideas and applied solutions aligned with the mission of the business.

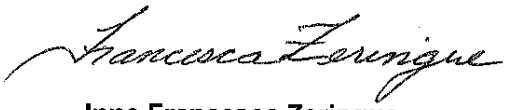
One of the distinctive strengths Raquel brings to our partnership is her proficiency in foreign languages. This capability allows our services to be accessible to individuals who may face linguistic barriers when seeking wellness support, including underserved populations. In the context of veterans and individuals with chronic pain, this accessibility is particularly valuable, as it promotes inclusivity and broader community reach.

Our business planning also reflects a serious commitment to making this project viable. The plan calls for an initial investment of fifty thousand dollars from personal savings and contemplates coaching sessions at a rate of one hundred dollars per hour. The company, Soul Wellness, is being designed to provide coaching services with a clear structure and professional standards, and to grow over time with the support of a small team that may include roles such as receptionist, accountant, web designer, and graphic designer. Within this framework, Raquel's expertise and active participation are essential to both operational execution and long-term growth.

Given her background in psychology-informed coaching, her methodological approach to client care, and her role in structuring wellness services for individuals with chronic pain, I can confidently state that she possesses the skills, expertise, and professional commitment necessary to advance this project in the United States.

If any further information is needed, I will be glad to provide it. I can be reached by email at wolfwindrider1@gmail.com, or by phone at +1 504 2147196.

Sincerely



Inna Francesca Zeringue
wolfwindrider1@gmail.com
+1 504 2147196
Utah, USA
02/09/2026

I. Francesca Zeringue

Phone: 504-214-7196

E-mail: fzeringue1@gmail.com

EDUCATION

University of Idaho, Moscow—Master's (2006— Present) Applied Cultural Anthropology
Moscow, Idaho

Florida State University – Bachelor's of Arts – *International Affairs* (cum laude)
Tallahassee, FL - President's and Dean's List – Minority Academic Scholarship

Tallahassee Community College – Associate of Arts – *Foreign Languages* (valedictorian)
Tallahassee, FL Outstanding Student – Minority Academic Scholarship - District 1 Coordinator

PROFESSIONAL EXPERIENCE

HEALTH AND WELLNESS COACHING– Position title at VA: Social Science Program Specialist
VA Salt Lake City Health Care System January 2023 - Present
ANESTHESIA Pain Medicine— Chronic Pain

- Deliver health coaching to individuals and groups in outpatient and inpatient settings using face-to-face, telephone, and virtual modalities to support positive lifestyle and behavior change.
- Partner with Veterans to identify strengths, leverage resources, and develop self-directed strategies for sustainable behavior change and chronic disease management.
- Collaborate with interdisciplinary clinical and non-clinical teams to facilitate Veteran-centered goal setting aligned with each Veteran's mission, aspiration, and purpose.
- Apply motivational interviewing and evidence-based coaching theories to guide Veterans in creating and completing personalized action plans.
- Provide education on Whole Health coaching services, research, and behavior-change best practices to Veterans and staff.
- Follow national guidance from the Office of Patient Centered Care and Cultural Transformation, VHA policy, and NBHWC-aligned coaching standards.
- Ensure Veterans understand the coaching process, expectations, and available well-being resources supporting their self-identified goals.
- Connect Veterans with appropriate well-being programs and services to enhance long-term health outcomes.
- Maintain accurate, timely documentation of coaching encounters in accordance with local and national requirements.
- Contribute to department goals under the general supervision of the Supervisory Health and Wellness Coach.

ADVANCED MEDICAL SUPPORT ASSISTANT (AMSA)
VA Salt Lake City Health Care System February 2019 - January 2023
HAS—Assigned to Whole Health Services (WHS)

- Accurately schedule patients from Consults and RTC orders.
- Create criteria to meet seamless and efficient scheduling goals for the flagship (WHS) department.

ADVANCED MEDICAL SUPPORT ASSISTANT (AMSA) - *cont'd*

- Work with providers and groups throughout WHS seeking self-determined goals related to development of their clinics' relating to scheduling request practices with the belief that each is an expert in their field while ensuring interactions are respectful, non-judgmental, and productive.
- Implement plans, assess progress adjusting plans as needed in a client-centered process to facilitate and empower providers in their scheduling request practices.
- Train providers on efficient methods of scheduling request practices to ensure optimum results per their goals while meeting AMSA/MSA informational needs.
- Coach providers on current changes and need for adherence to national and local organizational policies, directives, and functions.
- Create a scheduling Standard Operating Procedures (SOP) reference manual for Providers and AMSAs/ MSAs in accordance to tested and tried criteria while implementing organizational mandates and directives, assessing progress in order to adjust training as necessary.
- Coach providers on scheduling request processes to empower them with lasting changes aligned with their and WHS's values, displaying an unconditional positive regard and believing in their capacity for change.
- Collaborate on the development of PowerPoint presentation for scheduling education and training section for the WHS departmental SharePoint by providing information on the relationship between the Provider/Patient scheduling goals of WHS and the VA national and local mandates.
- Train incoming AMSA's and providers on departmental procedures for scheduling of Consults and RTC orders, ensuring interactions are respectful and non-judgmental.
- Coach, train, and encourage incoming AMSA's on communications with departmental and interdepartmental providers, as necessary, with regard to scheduling and also patient concerns or Questions.
- Encourage and assist providers and AMSAs with the adoption of habits conducive to a higher quality of scheduling requests and input.
- Identify habits and behaviors that are counterproductive to effective scheduling of patients.
- Contact patients to schedule in appropriate clinics or classes on designated dates and times, coordinating services with veterans, family members, or caregivers, respectfully and non-judgmentally.
- Teach providers HAS National and Local compliance requirements for mandates and directives.
- Accurately schedule, change, or cancel patient appointments within 48 hrs. from RTC orders, Consults, notes, or patient phone calls.
- Generate and manage clinic reports including queries in GUI and Consults in CTM systems, routinely conducting clinic clean up.
- Accurately enter check ins/outs and no shows into VistA system to insure encounter completion to obtain appropriate departmental workload credit; verify and update patient demographics, strictly adhering to patient confidentiality and privacy laws, and business office policies.
- Energetically foster an environment of individual responsibility to maximize work effectiveness, utilizing and incorporating trust principles in day-to-day activities with AMSAs, MSAs and providers.
- Train providers on efficient methods of scheduling practices to ensure optimum results per their goals.
- Coordinate with others to ensure optimal patient care.
- Use VistA, CPRS, Microsoft Office software, Intranet, Internet, and other applicable software to track and support patient scheduling and communication.
- Communicate proactively with Veterans, peers, and supervisors to provide best possible service.

INTERPRETER

Linguistica International Salt Lake City, Utah November 2018 - March 2019

- Conduct simultaneous interpretations, face-to-face or via phone, for medical, legal, and business entities and their patients, clients, or customers, respectfully and non-judgmentally.
- Improve quality of interpretations by assessing progress to adjust plans as needed in a client-centered process to facilitate and empower client and individuals in their respective communications.
- Coach clients on what to expect, collaborative cues, and how to proceed to ensure their end interpretive g oals are achieved.
- Educate clients on potential challenges that may occur during a session and options from which to choose.
- Respecting that each client is an expert on his or her business and ensuring that all interactions are respectful and non-judgmental, work with individuals on identifying their communications goals with medical providers, attorneys, and/or representatives.
- Maintain education and knowledge by searching, researching, and compiling technical terms into glossaries and terminology databases to improve quality and accuracy of interpretations.
- Mitigate misunderstandings between medical provider(s), attorneys, or representative(s) and patient by assessing and accurately interpreting while supporting clients target communication goals.
- Convey style and tone of the communication by converting concepts in the source language to equivalent concepts in the target language to effectively and accurately relay goal communication.
- Conduct simultaneous interpretations, face-to-face or via phone, for medical, legal, and business entities and their patients or customers respectfully and non-judgmentally.
- Improve quality of interpretations by researching and compiling technical terms into glossaries and terminology databases. Reduce misunderstandings between provider and patient by accurately interpreting and displaying unconditional positive regard for each.
- Relay style and tone of the original language, converting concepts in the source language to equivalent concepts in the target language.

LOGISTICS MANAGER

Hemingway Builders, LLC Draper, Utah June 2018 - October 2018

- Contact and conduct one-on-one meetings (face-to-face, via phone, text, and/or email) with unconditional positive regard for the clients to assist them with their self-directed project needs aligned with their values and target construction outcomes.
- Develop information by acquiring a large network of resource partners to assist clients achieve their project goals.
- Implement plans, assess progress adjusting plans as needed—in a client-centered process to facilitate and empower clients with their construction goals.
- Track project crew's performance and meet budgetary objectives, manage tasks, and assist in develop ment of cost estimates, evaluating and reporting on sub-contractor performance.
- Coach sub-contractors on project goals.
- Actively track, assess progress of sub-contractors in order to adjust plans accordingly to reach construc tion goals.
- Use and continually develop leadership skills while reporting to and communicating with company president on developments and outcomes.
- Develop comprehensive project plans to be shared.

LOGISTICS MANAGER - *cont'd*

- Work with clients in a client-centered process to identify their end goals, assessing progress and budget, providing information on costs and realistic outcomes to requested changes, trusting in and with the belief of the client's expertise in his/her own shelter needs and construction goals.
- Delegate project tasks to respective subcontractors with the belief they are experts in their specialties and capacity to fulfill their contracts.
- Assess and compare bids to identify best pairing to achieve construction goals developed in accordance to the desires of and in collaboration with clients.
- Maintain database of resource partners and clients.
- Support development and implementation of acquisition strategies and plans.
- Responsible for procurement research and planning, source selection, proposal evaluation and contract negotiations.
- Coach and educate clients on feasibility of add-on projects with regard to existing or requested budgetary constraints.
- Review current progress and develop goals for future general contracting and sub-contracting, designed to improve construction outcomes ensuring clarity of desired results to reduce risk of work errors, and lessen likelihood of delays resulting from reworks.
- Document time and attendance.
- Coach workers on specific project goals and assess progress.
- Confer with and report on bid progress with company President and Owner.
- Create an environment that fosters individual responsibility of workers while encouraging teamwork to increase productivity.
- Maintain education and knowledge appropriate to projects current and upcoming.
- Train crews on site safety and requirements for after-work cleanup.

KITCHEN AND BATH DESIGNER, FLOORING SPECIALIST, PASA (Contractor Sales)

The Home Depot: March 2011 - June 2018

Idaho Falls, ID - Flooring Specialist, Kitchen and Bath Designer
LaPlace, LA - PASA
Gretna, LA - PASA (Contractor Sales)

- Educate customer's on product knowledge.
- Ensure customer satisfaction by listening to customer's needs and wants to identify desired results for their kitchen designs, floor coverings, and construction projects.
- Research out and collaborate with appropriate departments and vendors for solutions to unique projects and to further empower customers, resulting in an overall repeat business result of 89%.
- Interface via telephone, face-to-face, email, and text, to answer customer questions and assist with concerns, or challenges - redirecting them, when necessary, to appropriate professional, resulting in customer satisfaction report ratings resulting in my attaining Platinum level for customer satisfaction twice (rare for an average associate).
- Provide product options, service information, and guidance for their self-directed projects. during remodeling processes, empowering customers to believe in their abilities to execute their self-directed DIY and construction projects with confidence.
- Coach customers on the application and execution of processes of projects.
- Educate colleagues and interdepartmental associates on new product information and application.

KITCHEN AND BATH DESIGNER, FLOORING SPECIALIST, PASA - *cont'd*

- Coach customers on the application and execution of processes of projects.
- Educate colleagues and interdepartmental associates on new product information and application.
- Educate and cross-train associates from other departments on new product information.
- Coach and train interdepartmental associates on customer instruction methods of application methods for new products appropriate for their projects.
- Triage customers' needs and wants for kitchen, bath, flooring, or window remodels or new installations and work within their respective/specified budgets, while meeting or surpassing their project expectations - this approach resulted in an 87% repeat and referral customers for new projects.
- Maintain contact with customers by telephone, setting up follow-up meetings (face-to-face or phone).
- Charged with growing the Gretna store's Pro-desk minority contractor customer base, which efforts resulted in a doubling of the same within 3 weeks, and exponential growth within 3 months — nearing $1 million in sales as a part-timer within 8 months.
- Maintain accurate database of resource partners.
- Negotiate package bids for contractor clients' remodel and new construction projects.
- Proactively seek product knowledge and application to keep with cutting edge construction materials, products, and application methods to, in-turn, educate customers upon request.
- Coach contractor clients on techniques and methods of application of specialized products and materials for projects, displaying an unconditional positive regard for them and demonstrating belief in their capacity to use the product correctly to achieve desired results.
- Research out and provide information on where to access services and products not provided by The Home Depot in an effort to provide top level customer service to each and every customer and contractor client, resulting becoming a 2-time Platinum Award winner for customer service.

GRADUATE RESEARCH ASSISTANT, Graduate Office
University of Idaho (U of I) Moscow, ID - *2007*

- Research platforms for the digital preservation of Thesis and Dissertations.
- Collaborate with Program Coordinators of leading schools using digital repositories to identify best medium for Thesis and Dissertation preservation and access for U of I.
- Coach and educate Graduate Studies Dean and Library Director on findings and provide recommendations.
- Research out and visit universities practicing cutting edge digital preservation practices to identify those best suited for the U of I.

ASSISTANT DIRECTOR, New Orleans Staging Area Command Center
Church of Jesus Christ of Latter-day Saints - Metairie, LA September 2005 – November 2005

- Establish and develop volunteer relief center for relief efforts for Hurricane Katrina in collaboration and under the supervision of the Director — (peak staff and crews ~ 400 volunteers).
- Serve as primary point of contact for incoming Crew Chiefs.
- Educate Director, Regional and/or local church officials on progress, challenges, and needs of and for effective relief efforts.

Assistant Director, New Orleans Staging Area Command Center - *cont'd*

- Develop workshops for blue tarp procedures, safety procedures, etc., to educate and train Crew Chiefs on correct application to mitigate further damage and provide temporary protection from potential damaging elements (rain, wind, etc.)
- Train and coach Crew Chiefs on blue tarp and safety procedures for them to pass on to their crews believing in their ability and expertise to train and lead their teams with the information provided.
- Train and manage volunteers (command center) and Crew Chiefs (field)
- Coach volunteers on survivor relations and relief procedures while believing in their abilities to render comfort, glean information on needs of survivors, and effectively communicate vital information for relief efforts.
- Debrief Crew Chiefs daily, addressing challenges, assessing assignment needs for next day scheduling.
- Respectfully and non-judgmentally debrief volunteers (command center) and Crew Chiefs (field) regarding daily efforts, looking for signs of distress and/or depression in an effort to mitigate potential mental health risks.
- Assess, prioritize, and assign appropriate crews to affected areas.
- Coordinate logistics of affected areas and dispatch crews accordingly.
- Meet with and conduct face to face meetings with survivors (more severe cases) to discuss and assess their immediate needs and safety, understanding that each is an expert in their own life and or that which is of most importance to them while ensuring all interactions are respectful, non-judgmental, and compassionate.
- Develop organizational methods and implement hurricane survivor relief processes to improve crew efficiency and effectiveness, incorporating their areas of strength and expertise collaboratively with Crew Chiefs.
- Report progress (including supporting documentation) of operations and status of assigned resources.
- Research and actively follow up to ensure tactical assignments were carried out and local needs met.
- Implement assigned portion of incident action plan, including management and supervision of resources.
- Develop procedures, policies, and plan-of-action to maximize relief efforts following organizational guidelines.
- Ensure and maintain confidentiality of survivor information.
- Trained, educated, coached, and debriefed to incoming Assistant Directors on procedures for continued effective and efficient running of Relief Center.
- Continued on as advisor, once 2 (two) full-time paid Assistant directors were able to take over duties.

OFFICE MANAGER, Department of Pharmacology

Tulane University - New Orleans, LA *February 2000 - February 2003*

- Manage departmental office, decision making, and empowering the team to collaborate, aligning with incumbent Chairman's vision and values.
- Directly responsible for decisions regarding staff work assignments.
- Coach staff on departmental needs and staff support, distributing assignments equitably for most efficient and effective completion of work to meet deadlines, ensuring compliance with established university processes, policies, and regulations.
- Collaborate with faculty researchers, to update and manage course, exam, and drug research information.
- Manage course, exam, and drug research information, personnel and student files.

OFFICE MANAGER, Department of Pharmacology - *cont'd*

- Research and provide information used to assemble offers by hiring managers, to secure desired candi dates with an 85% success rate.
- Coach students on their scholastic needs (face-to-face, via phone, or email).
- Collaborate with faculty on their financial (budget), and/or research needs.
- Develop network of vendors and service providers to meet the departmental and research needs.
- Update and maintain accurate faculty, student, new faculty candidate databases.
- Confidentially manage personnel and student files.
- Develop, plan, and market: seminars; conferences; other departmental events.
- Edit research grants, course materials, and reports.
- Prepare and assist in development of Masters' program brochures, handouts, and departmental Procedures Manual, correspondence, and reports.
- Prepare and present orientation for incoming graduate students, new and visiting faculty, and visiting dignitaries—including a Nobel laureate.
- Collaborate with chairman and research faculty on departmental direction, new programs, problem-based classes, and events.
- Assess, prioritize, organize, and manage work for self and staff to meet deadlines, ensuring compliance with established processes, policies, and regulations.
- Directly responsible for decisions regarding: staff work assignments; execution of new faculty criteria for laboratory and office design implementation; departmental, laboratory supplies, and drug orders (under direction of licensed PhD faculty member).
- Educate and coach, faculty, visiting faculty/lecturers, and student workers on pay/benefits regulations and entitlements.
- Confidentially manage course, exam, and drug research information, personnel and student files.
- Coach chairman and faculty on current university policy updates believing in they are capable of change to be in compliance.
- Restructure and organize support staff procedures for improved performance.
- Conduct one-on-one meetings (face-to-face, via phone, or email) with tenured departmental and international visiting faculty, assisting them with their financial (budget), and/or research needs respectfully and non-judgmentally.
- Create departmental Standard Operating Procedures (SOP) manual.
- Collaborate with chairman and research faculty on departmental direction, new programs, problem-based classes and events.
- Coach students and field inquiries regarding available programs, registration, fees, and policies.

LONG-TERM SUBSTITUTE TEACHER

St. Charles Parish School District - St. Charles Parish, LA 2000-2005

- Prepare (when possible) and present instructional material to students in respective classes to which assigned.
- Educate students in assigned subject matter.
- Coach students to appropriate behaviors believing in their capacity for change.
- Encourage and foster study habits conducive to learning subject matter that will help them attain their self-determined life goals.
- Present materials and subject matter per regular teacher's directives.

LONG-TERM SUBSTITUTE TEACHER—*(cont'd)*

- Educate students in the importance of self-motivation and goal-setting, empowering them to develop their skills.
- Coach on and inspire students to their potential to achieve their goals by acquiring education that will empower them, trusting in there capacity for change and ability to succeed.

GRANTS, ACCOMPLISHMENTS, & AWARDS:

SPARK– SEED - SPREAD Innovations Grant FY2022 – Awarded
SPARK– SEED - SPREAD Innovations Grant FY2021 – Awarded
Cum Laude Graduate - Florida State University
Minority Academic Scholarship for 9 consecutive semesters
Most Outstanding Student –Tallahassee Community College
District 1 Student Body Coordinator—Tallahassee Community College
Student Body Member - Tallahassee Community College

VOLUNTEER ACTIVITIES & SERVICE

Equine Experience Project- SLCVAMC - Volunteer October 2019-2021

- Collaborate with WHS Director on project methods and goals.
- Collaborate with USU's Adaptive Sports Director and Team on logistics and information materials.
- Recruit veteran participants.
- Educate interdepartmental providers and veterans on the benefits of the Equine program to generate referrals.
- Organize and provide transportation for veterans.
- Listen to veterans' concerns and respond appropriately.
- Coach and educate veterans on the options available to empower them to choose the direction of their participation trusting they are experts in their physical abilities to participate.
- Report to WHS Team & Director.

Church of Jesus Christ of Latter-day Saints 1983-Present

- Primary Worker/Teacher (7-8 year olds) -West Jordan, UT
- Ward Bulletin/Program Coordinator - West Jordan, UT
- Emergency Preparedness Coordinator -Idaho Falls, ID
- Primary Children's Choir Director - Luling, LA
- Primary Teacher (11-12 year olds) - Luling, LA
- Young Women's Presidency (1st Counselor) - Luling, LA

  Collaborate with other members of the Young Women (YW) Presidency to create and execute wholesome activities for the YW program. Actively listen respectfully and non-judgmentally to young women (ages 12-18). Coach the YW to see the correlation between choices and consequences, then empower them to make sound choices. Coach, encouraging the YW to recognize their self-worth and their personal power within to overcome adversity and life challenges to achieve their s elf-directed goals. Report to YW President.
- Relief Society - Secretary - Luling, LA

VOLUNTEER ACTIVITIES & SERVICE — *(cont'd)*

Church of Jesus Christ of Latter-day Saints - *(cont'd)*

- Gospel Principles Sunday School Teacher - Luling, LA
- Young Women's Personal Progress Coordinator - Tallahassee, FL

  Coach, encourage, and empower young women (ages 12-18) in groups and one-on-one on setting self-directed goals and methods to achieve to increase self-confidence and self-worth. Actively help the young women (YW) recognize their value and personal ability to make sound decisions to attain their life goals. Report to YW President.
- Primary Teacher - (11-12 year olds) - Tallahassee, FL
- Play Writer & Director (1989) - placed 2nd among 7—Tallahassee, FL
- Young Women's Presidency (2nd Counselor) - Oslo, Norway

CORE COMPETENCIES & ABILITIES

- Program/project development
- Coaching
- Educating
- Training
- Training and material development
- Foreign language skills in English, Spanish, Portuguese, Norwegian - including reading and writing
- Patient Relations
- Public Speaking & Presentation
- Motivator
- Professional, effective, and tactful communication
- Empowerment of teams to collaborate, independently/cross collaboration
- Independent utilization of reference sources
- Problem resolution within complex systems environment
- Advanced knowledge of medical terminology
- Advanced knowledge of policies and procedures associated with patient care
- Persuasive Written & Communication Sills
- Microsoft Office Suite, Adobe Acrobat, Home Depot design, Publisher, M2O, ESVS, SPOS, CPRS, VistA, CTM, GUI, VCM, ISS
- Strong persuasive written, and verbal communication skills.
- Sense of humor
- Excellent listening and comprehension skills
- Project Organization & Development
- Mentor
- ♦ Data Collection & Management
- ♦ Training
- ♦ Research, planning, execution, and follow up
- ♦ Leadership & Supervision

NATIONAL BOARD FOR HEALTH & WELLNESS COACHING

attests that

Inna Francesca Zeringue

ID: A-4120803

has passed the Health and Wellness Coach Certifying Examination and fulfilled all the requirements of the Board, and is hereby granted the title of

National Board Certified Health & Wellness Coach (NBC-HWC)

Board Certified Since: December 1, 2025

Current Recertification Cycle: December 1, 2025 - November 30, 2028

Deanna Fournier
Executive Director

Moain Abu Dabrh, MBBCh, MS,
NBC-HWC
Board Chair

September 24, 2025

To Whom It May Concern,

My name is Vera Lúcia Ferreira Ribeiro, and I am a retired forensic psychologist who served for twenty-eight years at the Court of Justice of the State of São Paulo. I also maintain a private clinical practice and provide technical psychological assistance in family-law proceedings. Over the course of my long career, supervised and collaborated with many professionals, and among them I had the opportunity to supervise Ms. Raquel Marques de Oliveira.

I came into contact with Ms. Marques in 2009, when I was working as a court-appointed psychologist at the Juvenile, Family, and Succession Courts in São José dos Campos. At that time, she was a psychology student at the University of Taubaté (UNITAU) seeking a supervised internship. Although the Court initially denied her request due to confidentiality restrictions, she persisted in studying the field on her own — reviewing legal cases, professional literature, and statutory frameworks — which demonstrated exceptional motivation and resilience. In 2010, she was formally admitted to the internship, becoming the only UNITAU student in the region to obtain this placement, while most local courts declined to accept trainees.

During her internship, Ms. Marques actively participated in the preparation of psychosocial evaluations, organized case documentation, attended technical meetings with judges, and contributed to adoption-preparation programs, all while maintaining strict adherence to ethical and procedural standards. She also volunteered in municipal projects such as Travessia and Aquarela, providing clinical support to children and adolescents in vulnerable situations, often victims of abuse and violence.

In 2022, even while pregnant, she prepared for and undertook the highly competitive public examination for the position of Judicial Psychologist, further proving her determination and professional commitment. Her academic work "The Role of the Court Psychologist in the Juvenile Court," which received the highest grade at UNITAU, reflected the depth of her theoretical understanding and her applied insight into the justice system.

Ms. Marques possesses the rare combination of technical expertise, human sensibility, and ethical rigor essential for professionals working with children, families, and victims of rights violations. Her intellectual curiosity, resilience, and initiative clearly distinguish her as a professional capable of developing and applying impactful methodologies that benefit not only her clients but also the broader legal-psychological field.

I have no hesitation in recommending Ms. Marques for any professional endeavor, including the EB-2 NIW visa process, as her contributions to forensic and clinical psychology represent a clear benefit to the public interest.Please feel free to contact me for any additional information.

Best Regards,

Vera Lúcia Ferreira Ribeiro
Email: veralfribeiro@gmail.com
Phone: +55 (12) 99793-2165

Vera Lúcia Ferreira Ribeiro

✉ Email: veralfribeiro@gmail.com 📞 Phone: +55 (12) 99793-2165

Psychologist with more than 30 years of experience, with a solid career in public service and clinical practice. Worked for 28 years as a Forensic Psychologist at the Court of Justice of the State of São Paulo (TJSP), specializing in psychological evaluations for the Juvenile Court, Family Court, and Domestic Violence Court. Possesses expertise in preparing psychological reports and technical opinions to support judicial decisions in complex cases involving adoption, child custody, and rights violations. In addition to legal practice, has extensive experience in Clinical Psychology with a psychoanalytic orientation and Brief Psychotherapy, having coordinated the Clinical Psychosocial Service for judges and court employees at the TJSP. Ethical professional with strong analytical skills, technical leadership, and a commitment to the protection of human rights and psychosocial well-being.

WORK EXPERIENCE

01/2020 – 02/2026

Technical Assistant in Psychology and Independent Clinical Psychologist| São José dos Campos, São Paulo and Paraisópolis, Minas Gerais

Worked as a Technical Assistant in Family law proceedings, conducting analyses of forensic psychological reports and providing specialized technical consulting. Simultaneously, maintains a private clinical practice with a psychoanalytic orientation for adolescents and adults, providing in-person and online psychotherapy services focused on mental health and emotional well-being.

01/2014 – 12/2019

Clinical Psychologist, Psychosocial Services Department, Court of Justice of the State of São Paulo (TJSP) | São Paulo, São Paulo, Brazil

Responsible for providing clinical care and psychosocial support to Judges and Court Employees of the Court of Justice. Technical leadership in promoting mental health within the institutional environment, conducting clinical interventions and providing guidance focused on the well-being of the institution's workforce.

01/1991 – 12/2014

Forensic Psychologist, Court of Justice of the State of São Paulo (TJSP) | São José dos Campos, São Paulo, Brazil

Conducting psychological evaluations for more than two decades for the Juvenile Court, Family Court, and Domestic Violence Courts. Preparation of psychological reports, assessments, and technical opinions essential to support judicial rulings in cases of Adoption (Domestic and International), Parental Alienation, Custody Modification, and Socio-Educational Measures. Participation in hearings and technical meetings with judges and multidisciplinary teams.

01/1990 – 12/1991

Psychology Instructor, Santa Ângela School | Paraisópolis, Minas Gerais, Brazil

Psychology Instructor for the Teacher Training Program, responsible for the pedagogical and psychological training of future educators, with a focus on child development and learning processes.

01/1989 – 12/1991

Institutional Psychologist, Association of Parents and Friends of Exceptional Children (APAE) | Paraisópolis, Minas Gerais, Brazil

Work in an institutional setting focused on providing care for individuals with disabilities and their families. Development of inclusion programs, psychosocial support, and technical guidance for the pedagogical team and family members.

ACADEMIC BACKGROUND

12/2018
Graduate Studies program in Brief Psychotherapy, Unyleya College | Rio de Janeiro, Rio de Janeiro, Brazil

- Specialization focused on focal and strategic clinical interventions, optimizing treatment time and the effectiveness of therapeutic outcomes.

12/1985
Bachelor's Degree in Psychology, United Metropolitan Colleges (FMU) | São Paulo, São Paulo, Brazil

MAIN COURSES / SEMINARS

UPDATE COURSE IN CIVIL PROCEDURE CODE FOR EXPERT WITNESSES – 2015

PSYCHOSOCIAL PREPARATION COURSE FOR ADOPTION – 2011

TRAINING IN THE RULES OF THE JUDICIAL ADMINISTRATIVE DEPARTMENT AND THE CHILD AND ADOLESCENT STATUTE (ECA) – 1991-2019

SEMINAR ON DOMESTIC VIOLENCE AND CHILD AND ADOLESCENT SEXUAL ABUSE – VARIOUS EDITIONS

PROFESSIONAL LICENSE

REGIONAL COUNCIL OF PSYCHOLOGY **(CRP)**

AWARDS AND HONORS

RECOGNITION FOR YEARS OF SERVICE DEDICATED TO THE JUDICIARY – 2019 SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRAZIL

Official tribute and recognition from the Court of Justice of the State of São Paulo (TJSP) for 28 years of service as a Judicial Psychologist, contributing to the efficiency and fairness of decisions in the Juvenile and Family Courts.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 21, 2026.

Vera Lúcia Ferreira Ribeiro

✉ E-mail: veralfribeiro@gmail.com 📞 Telefone: +55 (12) 99793-2165

Psicóloga com mais de 30 anos de experiência, com sólida trajetória no serviço público e na prática clínica. Atuou por 28 anos como Psicóloga Perita no Tribunal de Justiça do Estado de São Paulo (TJSP), especializando-se em perícias psicológicas nas Varas da Infância e Juventude, Família e Violência Doméstica. Possui expertise na elaboração de laudos e pareceres técnicos para subsidiar decisões judiciais em casos complexos de adoção, guarda e violação de direitos. Além da atuação jurídica, possui vasta experiência em Psicologia Clínica de orientação psicanalítica e Psicoterapia Breve, tendo coordenado o Serviço Psicossocial clínico para magistrados e servidores do TJSP. Profissional ética, com forte capacidade analítica, liderança técnica e compromisso com a proteção de direitos humanos e o bem-estar psicossocial.

EXPERIÊNCIA

01/2020 – 02/2026

Assistente Técnica em Psicologia e Psicóloga Clínica, Autônoma | São José dos Campos, SP e Paraisópolis, MG

Atuação como Assistente Técnica em processos judiciais nas Varas da Família, realizando análise de laudos periciais e prestando consultoria técnica especializada. Paralelamente, mantém prática clínica de orientação psicanalítica para adolescentes e adultos, realizando atendimentos presenciais e on-line, com foco em saúde mental e equilíbrio emocional.

01/2014 – 12/2019

Psicóloga Clínica do Serviço Psicossocial, Tribunal de Justiça do Estado de São Paulo (TJSP) | São Paulo, SP, Brasil

Responsável pelo atendimento clínico e suporte psicossocial a Magistrados e Servidores do Tribunal de Justiça. Liderança técnica na promoção de saúde mental no ambiente institucional, realizando intervenções clínicas e orientações voltadas ao bem-estar do corpo funcional da instituição.

01/1991 – 12/2014

Psicóloga Perita Judiciária, Tribunal de Justiça do Estado de São Paulo (TJSP) | São José dos Campos, SP, Brasil

Atuação por mais de duas décadas na realização de perícias psicológicas para as Varas da Infância e Juventude, Família e Violência Doméstica. Elaboração de laudos, relatórios e pareceres técnicos fundamentais para subsidiar sentenças judiciais em casos de Adoção (Nacional e Internacional), Alienação Parental, Modificação de Guarda e Medidas Socioeducativas. Participação em audiências e reuniões técnicas com magistrados e equipes multidisciplinares.

01/1990 – 12/1991

Professora de Psicologia, Colégio Santa Ângela | Paraisópolis, MG, Brasil

Docente da disciplina de Psicologia para o curso de Magistério, sendo responsável pela formação pedagógica e psicológica de futuros educadores, com foco em desenvolvimento infantil e processos de aprendizagem.

01/1989 – 12/1991

Psicóloga Institucional, Associação de Pais e Mestres dos Excepcionais (APAE) | Paraisópolis, MG, Brasil

Atuação em contexto institucional voltado ao atendimento de pessoas com deficiência e suas famílias. Desenvolvimento de programas de inclusão, suporte psicossocial e orientação técnica para a equipe pedagógica e familiares.

EDUCAÇÃO

12/2018
Pós-graduação em Psicoterapia Breve, Faculdade Unyleya | Rio de Janeiro, RJ, Brasil

- Especialização focada em intervenções clínicas focais e estratégicas, otimizando o tempo de tratamento e a eficácia dos resultados terapêuticos.

12/1985
Bacharel em Psicologia, Faculdades Metropolitanas Unidas (FMU) | São Paulo, SP, Brasil

PRINCIPAIS CURSOS / SEMINÁRIOS

CURSO DE ATUALIZAÇÃO EM CÓDIGO DE PROCESSO CIVIL PARA PERITOS – 2015

CURSO DE PREPARAÇÃO PSICOSSOCIAL PARA ADOÇÃO – 2011

CAPACITAÇÃO EM NORMAS DA CORREGEDORIA GERAL DE JUSTIÇA E ECA – 1991-2019

SEMINÁRIO DE VIOLÊNCIA DOMÉSTICA E ABUSO SEXUAL INFANTO-JUVENIL – DIVERSAS EDIÇÕES

LICENÇA PROFISSIONAL

CONSELHO REGIONAL DE PSICOLOGIA **(CRP)**

PRÊMIOS E HONRARIAS

RECONHECIMENTO POR ANOS DE SERVIÇO DEDICADOS À MAGISTRATURA – 2019
SÃO JOSÉ DOS CAMPOS, SP, BRASIL

Homenagem e reconhecimento oficial do Tribunal de Justiça do Estado de São Paulo (TJSP) pelos 28 anos de serviços prestados como Psicóloga Judiciária, contribuindo para a celeridade e justiça nas decisões das Varas da Infância e Família.

02/2026

September 12, 2025
São Paulo, SP, Brasil

Dear Immigration Officer,

I am Gabriel Fiorati Marcantonio, a business professional based in São Paulo, and I am a patient of Ms. Raquel Marques de Oliveira. We began care through the Vitta corporate platform and, after her transition in care model, I chose to continue treatment privately because of the trust built and the effectiveness of the method applied.

I describe the structured plan for professional resumption and routine restructuring that I carried out with Ms. Oliveira in 2024 aiming to reverse an anxiety and burnout condition, plan a return to work within two months, and sustain performance with clear indicators. The protocol combined cognitive-behavioral psychology, structured tools for prioritization and routine organization, and medical coordination**.** We used, among others, the Skildhelper Model, Ideal Model, My Ideal Self, Strategic SWOT, Life Map, and behavioral assessment, with weekly sessions at the outset and then biweekly. Under psychiatric follow-up, I used Escitalopram Oxalate for one year and six months, discontinuing it after stabilization.

The results were objective and measurable. In the first two months, we planned and executed the return to work. Within eight months, I reached 200% of KPIs**,** first place in the São Paulo region among 600 employees, received two Elite Sales awards in 2024**,** had two promotions in one year, and tripled my compensation, in addition to losing 10 kg, maintaining biweekly follow-up, and becoming medication-independent. The indicators were tracked session by session and used as the basis for plan adjustments.

She was the first professional able to turn a clinical crisis into a structured action plan with clear goals, consistent monitoring, and accountability. Where others saw symptoms, she designed a pipeline of behaviors, priorities, and checkpoints, replaced generalities with concrete tasks, and created an accountability environment that required delivery, not just reflection. The effect was a true turnaround, with sustained gains in performance, health, and clarity of direction. I did not find this combination of clinical depth with a practical, replicable, results-oriented method in prior treatments.

It is important to emphasize the importance of Ms. Oliveira's work. Her protocol is transferable across clinics and companies, reduces time to functional return, decreases medication dependence when clinically indicated, and anchors improvement in productivity indicators that matter for economic competitiveness. In a market facing high costs from burnout, absenteeism, and turnover, professionals who can integrate evidence-based therapy, behavioral coaching, and medical coordination, converting all of it into observable, auditable routines, contribute directly to U.S. public priorities in mental health and workforce strength. Ms. Marques's presence in the United States expands the ability to scale high-impact interventions, with direct benefits to patients, employers, and communities.

For these reasons, I unequivocally recommend granting the EB-2 NIW to Ms. Marques, confident that her work in the United States will expand effective, scalable interventions in mental health and productivity.

Sincerely,



Gabriel Fiorati Marcantonio
E-mail: gmdigital520@gmail.com
Phone: +55 11 91351-5750

gov.br
Documento assinado digitalmente
GABRIEL FIORATI MARCANTONIO
Data: 28/09/2025 15:11:59-0300
Verifique em https://validar.iti.gov.br

November 4, 2025

To Whom It May Concern,

I am Dr. Tereza Elizete Gonçalves, a psychologist trained in Psychoanalysis at Instituto Sedes Sapientiae, with a Master's and Ph.D. in Clinical Psychology from Pontifícia Universidade Católica de São Paulo (PUCSP). I taught for many years in the Psychology program at the University of Taubaté (UNITAU), including courses in Play Therapy, Personality Psychology, and Child and Adolescent Psychopathology. I currently teach in the Psychoanalysis training program at the Universidade do Vale do Paraíba (UNIVAP).

I met Ms. Raquel Marques de Oliveira during her undergraduate studies in Psychology. I later invited her to participate in an academic extension initiative I coordinated, "Projeto Travessia", which connects university work with community spaces. She served first as a volunteer from April to September 2011 and then as a scholarship student from October to December 2011, with a twenty_hour_per_week commitment.

The project operated in institutional and community settings, including a riverside community in São José dos Campos, a midsize city in the state of São Paulo, Brazil. Meetings were group based and centered on voice, memory, and creative expression in written, visual, and performative forms. The intent was to create conditions for participation and belonging, especially where silence and fragmentation were prevalent. Projeto Travessia was part of the university's outreach efforts and received recognition for promoting social inclusion through expressive and therapeutic practices.

Ms. Marques became a stabilizing axis who quickly read the group's dynamics and anticipated impasses. She adjusted activities to bring withdrawn children and adolescents into the circle while preserving trust and ethical boundaries. In tense moments when stories of violence surfaced, she guided the shift from turmoil to speech with rare poise and helped contain emotions so the group could move forward. She also introduced simple expression stations with brief writing, drawing, and short scenes that opened participation pathways for those who could not speak aloud. Throughout, she combined humane presence with discipline, keeping clear

records, managing logistics with care, and protecting each participant's dignity. Where many lose structure, she built it.

Her contribution aligned with the project's public_interest focus. By sustaining spaces where participants could revisit difficult histories and rework them through narrative and creative practice, the project fostered engagement and community presence. Outcomes included cultural activities, stronger local participation, and the publication "Ciranda de Vozes: a aventura da escrita e da memória" (Ed. Cultura, 2013), which reflects the voices gathered along the way.

My experience with Ms. Marques is of a professional who brings steadiness, ethical clarity, and care for detail to collective work. In the United States, these qualities would translate well to initiatives that combine professional knowledge and social engagement, particularly those aimed at promoting psychological wellbeing and community development.

Should you need further context or clarification, I will be glad to provide it.

Sincerely,

Dr. Tereza Elizete Gonçalves
Professor at Universidade do Vale do Paraíba
Email: telizete@gmail.com
Phone: +55 12 39231973

TEREZA ELIZETE GONÇALVES

Email | telizete@gmail.com

Phone | +55 12 3923-1973

Psychologist trained in Psychoanalysis at the Sedes Sapientiae Institute, with a Master's and Doctoral Degree in Clinical Psychology from Pontifical Catholic University of São Paulo (PUC-SP), with a solid academic and teaching background. Worked for many years as a professor in the Psychology graduate studies program at the University of Taubaté (UNITAU), teaching courses such as Play Therapy, Personality Psychology, and Child and Adolescent Psychopathology. Currently a professor in the Psychoanalysis training program at University of Vale Do Paraíba (UNIVAP), contributing to the clinical and ethical training of new professionals. Has experience coordinating a university outreach project with activities in institutional and community settings, integrating teaching, research, and continuing education. Works guided by ethical principles, with strong academic leadership skills, organization, communication, and experience in conducting humanized interventions.

WORK EXPERIENCE

PROFESSOR OF THE PSYCHOANALYSIS TRAINING PROGRAM

UNIVAP | SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRAZIL

2014 - PRESENT

Teaching in the Psychoanalysis training program, responsible for transmitting theoretical and practical knowledge for the clinical training of new psychoanalysts. Focus on the development of ethical and technical competencies required for contemporary professional practice.

PROFESSOR OF THE UNDERGRADUATE PSYCHOLOGY PROGRAM

UNITAU | TAUBATÉ, SÃO PAULO, BRAZIL

RETIRED

Tenured faculty member of Play Therapy, Personality Psychology and Child and Adolescent Psychopathology courses. Academic leadership in the training of hundreds of psychologists, integrating theory and clinical practice. Responsible for the development of teaching plans, internship guidance and supervision of professional practices within the university context.

COORDINATOR OF THE PROJETO TRAVESSIA

UNITAU | TAUBATÉ AND SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRAZIL

2011 – 2013

Coordination of the University Outreach Project "Projeto Travessia: Das Oficinas de Leitura à Cultura e à Cidadania" (*Travessia Project: From Reading Workshops to Culture and Citizenship*), supported by the Vice President's Office for Outreach of UNITAU. Leadership of a multidisciplinary team and scholarship students in community and institutional interventions aimed at children and adolescents in vulnerable situations. Management of partnerships with education and culture agencies, culminating in the publication of the book "Ciranda de Vozes: a aventura da escrita e da memória" (*Circle of Voices: the adventure of writing and memory*) (2013), which recorded the social and cultural impact of the actions developed.

ACADEMIC BACKGROUND

UNDERGRADUATE DEGREE IN PSYCHOLOGY
PUC-SP (PONTIFICAL CATHOLIC UNIVERSITY OF SÃO PAULO)
SÃO PAULO, SÃO PAULO, BRAZIL

MASTER'S DEGREE IN CLINICAL PSYCHOLOGY
PUC-SP (PONTIFICAL CATHOLIC UNIVERSITY OF SÃO PAULO)
SÃO PAULO, SÃO PAULO, BRAZIL
2003 - 2006

DOCTORATE IN CLINICAL PSYCHOLOGY
PUC-SP (PONTIFICAL CATHOLIC UNIVERSITY OF SÃO PAULO)
SÃO PAULO, SÃO PAULO, BRAZIL
2006

TRAINING IN PSYCHOANALYSIS
SEDES SAPIENTIAE INSTITUTE
SÃO PAULO, SÃO PAULO, BRAZIL
2015

MAIN COURSES / SEMINARS

- **TRAINING IN PSYCHOANALYSIS - SEDES SAPIENTIAE INSTITUTE**
- **OUTREACH COURSE IN CHILD AND ADOLESCENT PSYCHOPATHOLOGY AND PLAY THERAPY**

BOOK PUBLISHED

- **CIRANDA DE VOZES: A AVENTURA DA ESCRITA E DA MEMÓRIA**
  CULTURA PUBLISHER
  2013 - SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRAZIL

  Work resulting from the Travessia project, recording community intervention methodologies and narratives of social protagonism.

EVENTS AND EXAMINATION COMMITTEES

- **OUTREACH CONGRESS OF THE MONTEVIDEO GROUP OF UNIVERSITIES ASSOCIATION (AUGM)**
  SPEAKER - 2013 - International Event

  Speaker on the topic: “Recomposition of relational webs and identity representations in a Riverside Community".

- **5TH BRAZILIAN OUTREACH CONGRESS**
  SPEAKER - 2011

  Speaker on the topic: “Stories that reverse Stories. Cultural mediators in reducing vulnerabilities and violence".

- **PONTIFICAL CATHOLIC UNIVERSITY OF SÃO PAULO (PUC-SP)**

  2010

  Member of the Doctoral Dissertation Examination Committee, graduate: Liz Andrea Lima Mirim.

11/2025.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: July 21, 2026.

TEREZA ELIZETE GONÇALVES

E-mail | telizete@gmail.com

Telefone | +55 12 3923-1973

Psicóloga com formação em Psicanálise pelo Instituto Sedes Sapientiae, Mestre e Doutora em Psicologia Clínica pela PUC-SP, com sólida trajetória acadêmica e docente. Atuou por muitos anos como professora no Curso de Graduação em Psicologia da Universidade de Taubaté (UNITAU), lecionando disciplinas como Ludoterapia, Psicologia da Personalidade e Psicopatologia Infantojuvenil. Atualmente, é professora no curso de formação em Psicanálise da UNIVAP, contribuindo para a formação clínica e ética de novos profissionais. Possui experiência em coordenação de projeto de extensão universitária com atuação em contextos institucionais e comunitários, integrando ensino, pesquisa e extensão. Desenvolve trabalho orientado por princípios éticos, com forte capacidade de liderança acadêmica, organização, comunicação e condução de intervenções humanizadas.

EXPERIÊNCIA

PROFESSORA DO CURSO DE FORMAÇÃO EM PSICANÁLISE

UNIVAP | SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRASIL

2014 - PRESENTE

Atuação docente no curso de formação em Psicanálise, sendo responsável pela transmissão de conhecimentos teóricos e práticos para a formação clínica de novos psicanalistas. Foco no desenvolvimento de competências éticas e técnicas necessárias para a prática profissional contemporânea.

PROFESSORA DO CURSO DE GRADUAÇÃO EM PSICOLOGIA

UNITAU | TAUBATÉ, SÃO PAULO, BRASIL

APOSENTADA

Docente titular nas disciplinas de Ludoterapia, Psicologia da Personalidade e Psicopatologia Infanto-Juvenil. Liderança acadêmica na formação de centenas de psicólogos, integrando teoria e prática clínica. Responsável pela elaboração de planos de ensino, orientação de estágios e supervisão de práticas profissionais no âmbito universitário.

COORDENADORA DO PROJETO TRAVESSIA

UNITAU | TAUBATÉ E SÃO JOSÉ DOS CAMPOS, SÃO PAULO, BRASIL

2011 – 2013

Coordenação do Projeto de Extensão Acadêmica "Projeto Travessia: Das Oficinas de Leitura à Cultura e à Cidadania", apoiado pela Pró-Reitoria de Extensão da UNITAU. Liderança de equipe multidisciplinar e bolsistas em intervenções comunitárias e institucionais voltadas para crianças e adolescentes em situação de vulnerabilidade. Gestão de parcerias com órgãos de educação e cultura, culminando na editoração do livro "Ciranda de Vozes: a aventura da escrita e da memória" (2013), que registrou o impacto social e cultural das ações desenvolvidas.

EDUCAÇÃO

GRADUAÇÃO EM PSICOLOGIA
PUC-SP (PONTIFÍCIA UNIVERSIDADE CATÓLICA DE SÃO PAULO)
SÃO PAULO, SP, BRASIL

MESTRADO EM PSICOLOGIA CLÍNICA
PUC-SP (PONTIFÍCIA UNIVERSIDADE CATÓLICA DE SÃO PAULO)
SÃO PAULO, SP, BRASIL
2003 - 2006

DOUTORADO EM PSICOLOGIA CLÍNICA
PUC-SP (PONTIFÍCIA UNIVERSIDADE CATÓLICA DE SÃO PAULO)
SÃO PAULO, SP, BRASIL
2006

FORMAÇÃO EM PSICANÁLISE
INSTITUTO SEDES SAPIENTIAE
SÃO PAULO, SP, BRASIL
2015

PRINCIPAIS CURSOS / SEMINÁRIOS

- **FORMAÇÃO EM PSICANÁLISE – INSTITUTO SEDES SAPIENTIAE**
- **CURSOS DE EXTENSÃO EM PSICOPATOLOGIA INFANTO-JUVENIL E LUDOTERAPIA**

LIVRO PUBLICADO

- **CIRANDA DE VOZES: A AVENTURA DA ESCRITA E DA MEMÓRIA**
  EDITORA CULTURA
  2013 – SÃO JOSÉ DOS CAMPOS, SP, BRASIL
  Obra resultante do Projeto Travessia, registrando metodologias de intervenção comunitária e narrativas de protagonismo social.

EVENTOS E BANCAS

- **CONGRESSO DE EXTENSIÓN DE LA ASOCIACION DE UNIVERSIDAD GRUPO MONTEVIDEO (AUGM)**
  PALESTRANTE - 2013 - Evento Internacional

  Palestrante com o tema: "Recomposição de teias relacionais e de representações identitárias em Comunidade Ribeirinha".

- **V CONGRESSO BRASILEIRO DE EXTENSÃO UNIVERSITÁRIA**
  PALESTRANTE - 2011

  Palestrante com o tema: "Histórias que revertem Histórias. Mediadores de cultura na redução de vulnerabilidades e violências".

- **PONTIFÍCIA UNIVERSIDADE CATÓLICA DE SÃO PAULO (PUC-SP)**

  2010

  Membro da Banca Examinadora de Tese de Doutorado, candidata: Liz Andrea Lima Mirim.

11/2025.

Exhibit C.II - Second Prong: Letters of Support from Service Recipients

September 11, 2025.

To USCIS,

My name is Daiane Sofia Costa de Sousa, and I have been a patient of Ms. Raquel Marques de Oliveira since June 2024. Our first appointment was online through my company's plan, and when her care model changed, I chose to continue privately due to the effectiveness of her work and the trust she established.

When I began treatment, I was in severe clinical crisis: major depression with suicidal ideation, generalized anxiety, and a one-week hospitalization due to a severe depressive episode. I had stopped basic self-care, my home had fallen into disarray, and multiple medications had triggered social phobia, making simple daily tasks and leaving the house extremely difficult.

Ms. Marques then applied multiple techniques and structured steps, including cognitive-behavioral therapy with structured homework, mindfulness meditations, relaxation exercises, coaching strategies, and a vocational test. She constantly adapted methods to my case, such as guided meditations, breathing in four counts, and cognitive reframing of negative thoughts. She also worked at the root causes, conducting sessions with my father, sister, children, and ex-husband, using child-psychology techniques with my children through drawings and conversations. She coordinated with my family when I could not, issued technical reports, met with the school, and when necessary, acted firmly by filing a police report, contacting the Guardianship Council, and denouncing institutional violence. In a critical phase, she even called me late at night to anchor me in the present, showing a level of dedication I had never experienced before.

The outcomes have been concrete and observable. I have been able to stop all medication, which previously left me lethargic and without any drive. Today, I am fully functional, engaged, and actively participating in my life. I re-established family bonds with healthy boundaries, became a more present and patient mother, and improved my way of raising my children with balance and love. I also returned to social interaction, strengthened relationships with relatives and friends, and regained self-confidence, as I once again take care of myself and my home. I now practice regular physical activity, maintain basic self-care, and actively play and care for my children. I have normalized my sleep, organized a daily routine, and learned to apply breathing and mindfulness techniques to control panic attacks and anxiety spikes. Most importantly, I recovered hope and faith, can now make future plans, and believe in my ability to build a better life for me and my children.

This profound progress is a direct result of the therapeutic work. The cognitive-behavioral therapy focused on identifying and reframing distorted thoughts has been crucial, allowing me to replace negative patterns with more functional interpretations. I am now achieving more consistent and lasting results through psychotherapy alone than I ever did with medication. Furthermore, techniques like the four-count mindfulness meditation have been essential for developing emotional regulation, and the written exposure model has helped me confront

Daiane Sofia Costa de Sousa

and reshape past traumatic experiences. This blend of clinical depth, system-level intervention, and results orientation made change leave the page and persist over time.

Beyond my individual case, this protocol is transferable and scalable, with clear potential for deployment across clinics and employer programs. Approaches that shorten stabilization time, reduce crisis frequency, and sustain functional routines can lower costs linked to absenteeism, emergency care, and hospitalizations, improve school outcomes and child safety when the protection network is engaged, and strengthen family functioning. The documented elements above include school meetings and reports, family sessions, police reporting, Guardianship Council contact, late-night crisis support, and structured CBT and mindfulness tasks.

For these reasons, I strongly recommend granting the immigration visa to Ms. Marques. Her presence in the United States would expand effective, replicable interventions that benefit patients, families, schools, and communities.

Cordially,
Daiane Sofia Costa de Sousa
Email: daianesofia12@hotmail.com
Phone: +55 (47) 99730-7992
Brazil.

Daiane Sofia Costa de Sousa

October 19, 2025

Dear Immigration Officer,

My name is Larissa Rizzo, and I am writing this letter as a patient of Ms. Marques. I first came into contact with her in 2022, after being referred by a friend and former patient who had consulted with her. At that time, I was struggling with a few psychological aspects in both personal and professional situations, experiencing difficulty in making decisions and managing interpersonal relationships. I was looking for specialized professional guidance to help me develop effective strategies for coping and personal growth.

Ms. Marques supported me with a personalized therapeutic plan. Her approach combined active listening, cognitive-behavioral interventions, and evidence-based emotional-regulation techniques, all tailored to my circumstances. She guided me through behavioral analyses, journaling exercises for self-awareness, and specific strategies for emotional management, demonstrating an ability to translate complex psychological theory into routine practice.

As a result of her guidance, I experienced an improved control of my emotional regulation, including during decision-making processes. My emotions are more balanced, I feel more present in the current moment (mindfulness), and I developed healthier routines that included regular physical activity. I also cultivated advanced emotional-intelligence skills that enhanced my leadership and communication abilities, positively impacting my professional performance and personal stability.

The long-term impact of Ms. Marques's work has been visibly tangible. Professionally, I developed more emotional intelligence, and welll-balanced perspectives, which increased my effectiveness at work and contributed to my profesional development. Personally, I acquired psychological tools that guided me through life decisions aligned with my long-term goals, while also building more meaningful relationships. The benefits of her methods extended beyond my individual health, improving my family dynamics and the relationships with profesional colleagues, which illustrates how her work produces community-wide benefits.

I firmly believe that Ms. Marques's patient-centric and personalized methodology represents a valuable contribution to the field of mental health. By integrating structured self-analysis

reflective materials and progress tracking into therapy (unusual approaches in conventional settings), Ms. Marques enables consistent, measurable, and evidence-driven outcomes. For these reasons, I warmly recommend her services to friends and colleagues, some of whom have started to experience improvement under her care.

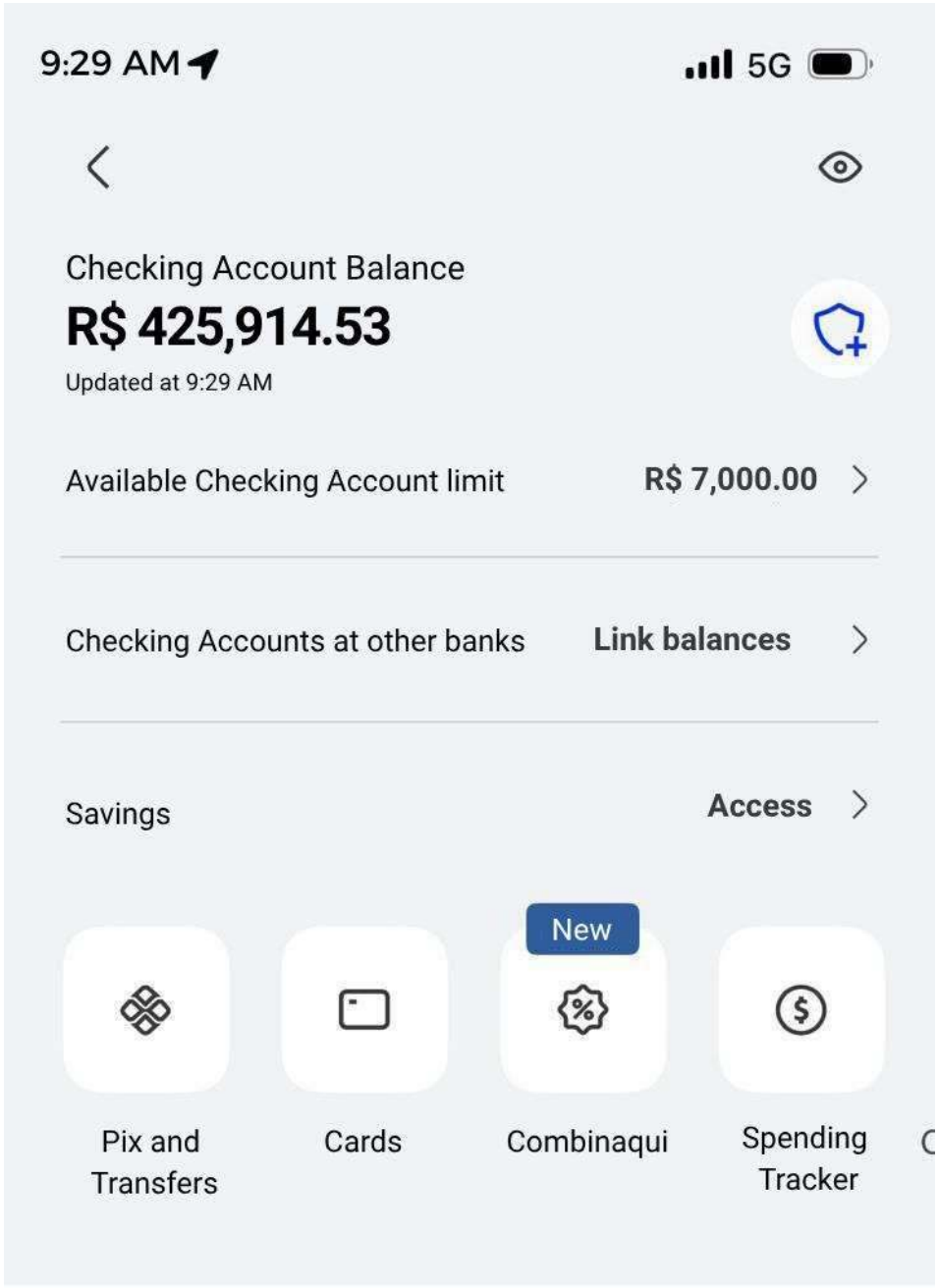
I am grateful for the guidance I've received under Ms. Marques's care and to have been positively impacted by the results of her valuable work. I strongly support her consideration under the EB2-NIW process, as her evidence-based methodology and long-term outcomes clearly serve the broader public interest.

Best regards,



Larissa Rizzo
Email: larissarizzo01@gmail.com
Phone: +46(0)79-3131536

Exhibit C.I - Second Prong: Business Plan Viability Evidence



Transactions

Recent | Future

Yesterday, May 7, 2026

Daily Balance: R$ 425,914.53

Financing received

Real Estate Financing Disbursement

R$ 425,590.58

9:29 AM 5G

Financing received

Real Estate Financing Disbursement

R$ 425,590.58

May 7, 2026

Category

Loans and financing

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.



Lançamentos

Recentes | Futuros

Ontem, 07 de maio de 2026

Saldo do dia: R$ 425.914,53

Recebimento de financiamento

Liber Financ Imobiliario

R$ 425.590,58

9:29 5G

Recebimento de financiamento

Liber Financ Imobiliario

R$ 425.590,58

07 de maio de 2026

Categoria

Empréstimos e financiamentos

Investment Receipt

May 11, 2026

Debited Account Information

Name:	**RAQUEL MARQUES DE OLIVEIRA**
Branch:	**2229**
Account:	**9992-0**
Product:	**CDB DI Itau - APR/2031**
Investment term:	**1800 days**
Investment amount:	**R$200,000.00**
Investment date:	**05/11/2026**
Maturity date:	**04/15/2031**
Transaction number:	**2261317073874**
Automatic Renewal:	**No**
Liquidity date:	**05/12/2026**

- With Automatic Renewal, upon the maturity of your investment, your funds will be automatically reinvested in the same product, in accordance with the rate and term policy in effect on the renewal date. At the time of renewal, for the new investment to be carried out:

- The product must be available for investment;

- The amount credited upon the maturity of the previous investment, net of applicable taxes, must be available in the account at the time of renewal and meet the minimum investment amount required for the product.

- your investment profile must be up to date.

- In the case of the automatic renewal of repurchase agreement transactions, the amount of the new transaction may be lower than the amount credited upon the maturity of the previous investment due to the unit price of the securities available on that day as collateral for such transactions. In this case, the remaining amount will be maintained as a balance in the checking account.

- If you wish, you may cancel Automatic Renewal up to the day before the reinvestment date or redeem the renewed investment at any time through any of the customer service channels made available by Itaú Unibanco. Itaú Unibanco may, at any time, discontinue Automatic Renewal upon prior notice.

- The liquidity and daily return conditions are guaranteed only while the investment is maintained with Itaú. In the event of a custody transfer, these conditions will no longer apply, and the investor will be subject to the liquidity conditions established by the new custodian of the investment.

Contracted on 05/11/2026 at 2:18:48 PM via the Internet.

Authentication: **476FF31787F0B55042B3419721E9852DA387BC86**

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.

Comprovante de aplicação

11 mai de 2026

Dados da conta debitada

Nome:	**RAQUEL MARQUES DE OLIVEIRA**
Agência:	**2229**
Conta:	**9992-0**
Produto:	**CDB DI Itau - ABR/2031**
Prazo da aplicação:	**1800 dias**
Valor da aplicação:	**R$ 200.000,00**
Data da aplicação:	**11/05/2026**
Data de vencimento:	**15/04/2031**
Número da operação:	**2261317073874**
Renovação Automática:	**Não**
Data de liquidez:	**12/05/2026**

- Com a Renovação Automática, no vencimento da sua aplicação, seus recursos serão reaplicados automaticamente no mesmo produto, conforme política de taxas e prazos do dia da renovação. No momento da renovação, para a nova aplicação ser realizada:

- O produto deverá estar disponível para contratação;

- O valor creditado no vencimento da aplicação anterior, já líquido dos impostos incidentes, deverá estar disponível em conta no momento da renovação e atender ao valor mínimo para aplicação no produto.

- o seu perfil de investimentos deverá estar atualizado.

- No caso da renovação automática de operações compromissadas, o valor da nova operação poderá ser inferior ao valor creditado no vencimento da aplicação anterior, em razão do preço unitário dos títulos disponíveis no dia como lastro para tais operações. Neste caso, o valor remanescente será mantido como saldo em conta corrente.

- Caso deseje, você poderá descadastrar a Renovação Automática até o dia anterior à reaplicação ou resgatar a operação renovada a qualquer momento, por meio de qualquer dos canais de atendimento ao cliente disponibilizados pelo Itaú Unibanco. O Itaú Unibanco poderá, a qualquer tempo, extinguir a Renovação Automática, mediante aviso prévio.

- As condições de liquidez e rentabilidade diária são garantidas apenas enquanto a aplicação é mantida no Itaú. Na hipótese de transferência de custódia, perde-se estas condições e o investidor fica sujeito às condições de liquidez do novo custodiante da aplicação.

Contratação efetuada em 11/05/2026 às 14:18:48 via Internet.

Autenticação: **476FF31787F0B55042B3419721E9852DA387BC86**

NAME: RAQUEL MARQUES DE OLIVEIRA
CPF: 358.329.038-03
ANNUAL ADJUSTMENT DECLARATION

INCOME TAX - INDIVIDUAL
TAX YEAR 2025 **CALENDAR YEAR 2024**

TAXPAYER IDENTIFICATION

Name:	RAQUEL MARQUES DE OLIVEIRA	CPF:	358.329.038-03
Date of Birth:	03/31/1987		
Do you have a spouse or partner?	Yes		
Were you a resident abroad and became a resident in Brazil in 2024?	No		
Were there any changes to the registration details?	Yes		
Is one of the declarants a person with a serious illness or a physical or mental disability?	No		

Address:	RUA HELENA DAVID NEME	Number:	180
Unit:	APT. 121	Neighborhood/District:	JD SAO DIMAS
City:	SÃO JOSÉ DOS CAMPOS	State:	SP
ZIP Code:	12245-310	Area Code/Telephone:	
Email:	RMPSI1 0@GMAIL.COM	Area Code/Mobile:	(12) 99135-4406

Occupation Type:	012 - OWNER OF A COMPANY OR SOLE PROPRIETOR OR EMPLOYER-OWNER
Main Occupation:	120 - EXECUTIVE, PRESIDENT, AND DIRECTOR OF AN INDUSTRIAL, COMMERCIAL, OR SERVICE COMPANY
Type of Declaration:	Original Annual Adjustment Declaration
Receipt Number of the last declaration filed in the 2024 tax year:	17.72.60.64.85-45

DEPENDENTS

No Information

ALIMONY RECIPIENTS

No Information

TAXABLE INCOME RECEIVED FROM LEGAL ENTITY BY THE TAXPAYER

No information

TAXABLE INCOME RECEIVED FROM LEGAL ENTITY BY DEPENDENTS

No information

TAXABLE INCOME RECEIVED FROM INDIVIDUALS AND ABROAD BY THE TAXPAYER (Values in Reais)

NIT/PIS/PASEP:

	INCOMES			
	NON-SALARIED WORK	RENTALS, INCLUDING SHORT-TERM RENTALS	ALIMONY AND OTHERS	ABROAD
JAN	0.00	2,300.00	0.00	0.00
FEB	0.00	2,300.00	0.00	0.00
MAR	0.00	1,150.00	0.00	0.00
APR	0.00	0.00	0.00	0.00
MAY	0.00	0.00	0.00	0.00
JUN	0.00	0.00	0.00	0.00
JUL	0.00	0.00	0.00	0.00
AUG	0.00	0.00	0.00	0.00
SEP	0.00	2,750.00	0.00	0.00
OCT	0.00	5,060.00	0.00	0.00
NOV	0.00	16,486.78	0.00	0.00
DEC	0.00	0.00	0.00	0.00
TOTAL	0.00	30,046.78	0.00	0.00

	DEDUCTIONS				CARNÊ-LEÃO*
	OFFICIAL PENSION	NUMBER OF DEPENDENTS	ALIMONY	CASH BOOK	PAID DARF* CODE 0190
JAN	0.00	0	0.00	0.00	0.00
FEB	0.00	0	0.00	0.00	0.00
MAR	0.00	0	0.00	0.00	0.00
APR	0.00	0	0.00	0.00	0.00
MAY	0.00	0	0.00	0.00	0.00
JUN	0.00	0	0.00	0.00	0.00
JUL	0.00	0	0.00	0.00	0.00
AUG	0.00	0	0.00	0.00	0.00
SEP	0.00	0	0.00	0.00	0.00
OCT	0.00	0	0.00	0.00	0.00
NOV	0.00	0	0.00	0.00	0.00
DEC	0.00	0	0.00	0.00	0.00
TOTAL	0.00	0	0.00	0.00	0.00

* NIT - Worker's Identification Number
* PIS - Program for Social Integration
* PASEP - Public Servant's Property Formation Program
* CARNÊ-LEÃO - Income tax that must be paid monthly, mandatorily, by individuals residing in Brazil who receive income from another individual or from abroad
* DARF - Tax Payment Document

TAXABLE INCOME RECEIVED FROM INDIVIDUALS AND ABROAD BY DEPENDENTS

No information

EXEMPT AND NON-TAXABLE INCOME

(Values in Reais)

09. Profits and received dividends 20,000,00

Beneficiary	CPF	CNPJ of the Paying Source	Name of the Paying Source	Amount
Taxpayer	358.329.038-03	53.293.760/0001-09	RAQUEL MARQUES DE OLIVEIRA LTDA	20,000,00

TOTAL 20,000,00

INCOME SUBJECT TO EXCLUSIVE/DEFINITIVE TAXATION

(Values in Reais)

No information

TAXABLE INCOME RECEIVED FROM LEGAL ENTITY BY THE TAXPAYER (TAX WITH SUSPENDED EXIGIBILITY)

No information

TAXABLE INCOME RECEIVED FROM LEGAL ENTITY BY THE DEPENDENTS (TAX WITH SUSPENDED EXIGIBILITY)

No information

TAXABLE INCOME FROM LEGAL ENTITY RECEIVED CUMULATIVELY BY THE TAXPAYER

No information

TAXABLE INCOME FROM LEGAL ENTITY RECEIVED CUMULATIVELY BY THE DEPENDENT

No information

TAX PAID / WITHHELD

No information

PAYMENTS MADE

(Values in Reais)

CODE	BENEFICIARY NAME	BENEFICIARY CPF/CNPJ	AMOUNT PAID	NON-DEDUCTIBLE PORTION
Taxpayer				
21	KEJE - ASSOCIADOS S/S LTDA	01.328.173/0001-04	540.00	0,00
Description:				
21	LABORATORIO DE PATOLOGIA CIRURGICA DE SAO PAULO LTDA EPP	51.236.974/0001-00	40.00	0,00
Description:				
71	INVEST NEGOCIOS IMOBILIARIOS LTDA	53.322.459/0001-78	500.00	0,00
Description:				

PAYMENTS MADE

(Values in Reais)

CODE	BENEFICIARY NAME	BENEFICIARY CPF/CNPJ	AMOUNT PAID	NON-DEDUCTIBLE PORTION
71	CASSIANO DIMITRY IMOVEIS LTDA	27.058.367/0001-83	4,623.63	0,00
Description:				

DONATIONS MADE

No information

STATEMENTS OF ASSETS AND RIGHTS

(Values in Reais)

Did you update the value of any real estate property and pay the capital gain tax by 12/16/2024 in accordance with Law No. 14.973/2024?	No

GROUP	CODE	DISCLOSURE	STATUS ON 12/31/2023	STATUS ON 12/31/2024
01	11	APARTMENT, PANORAMA CONDOMINIUM, VILA EMA	570,000.00	570,000.00
105 - BRAZIL				

Municipal Registration (IPTU): 41004000500012

Address: RUA FRANCISCO RICCI
Unit: APT. 41
City: SAO JOSE DOS CAMPOS
Total Area: 54,6 ha
Registered at the Registry Office: Yes
Registration: BOOK 692, PAGE 335/338

No.: 101
Neighborhood: VILA EMA
State: SP ZIP Code: 12243-261
Acquisition Date: 04/05/2021

Name of the Registry Office:

GROUP	CODE	DISCLOSURE	STATUS ON 12/31/2023	STATUS ON 12/31/2024
01	11	APARTMENT, LE PARC BUILDING	126,000.00	126,000.00
105 - BRAZIL				

Municipal Registration (IPTU): 43000700430001

Address: RUA HELENA DAVID NEME
Unit: APT. 121
City: SAO JOSE DOS CAMPOS
Total Area: 70,0 m²
Registered at the Registry Office: Yes
Registration: 184.481

No.: 180
Neighborhood: JARDIM SAO DIMAS
State: SP ZIP Code: 12245-310
Acquisition Date: 02/22/2019

Name of the Registry Office: 10th NOTARY OFFICE OF SJ CAMPOS

GROUP	CODE	DISCLOSURE	STATUS ON 12/31/2023	STATUS ON 12/31/2024
01	11	APARTMENT AT RESIDENTIAL MATHEUS .. WITH RESPECTIVE PARKING AREA	400,000.00	400,000.00
105 - BRAZIL				

Municipal Registration (IPTU): 46005700160000

Address: RUA LEA MARIA BRANDAO RUSSO
Unit: APT. 82 - RESIDENCIAL MATHEUS
City: SAO JOSE DOS CAMPOS
Total Area: 97,2 m²
Registered at the Registry Office: Yes
Registration: 190.801 ENTRY 01

No.: 419
Neighborhood: JARDIM SATELITE
State: SP ZIP Code: 12231-820
Acquisition Date: 11/01/2022

Name of the Registry Office: REAL ESTATE REGISTRY OFFICE OF SJ CAMPOS-SP

STATEMENTS OF ASSETS AND RIGHTS

(Values in Reais)

Did you update the value of any real estate property and pay the capital gain tax by 12/16/2024 in accordance with Law No. 14.973/2024?	No

GROUP	CODE	DISCLOSURE	STATUS ON 12/31/2023	STATUS ON 12/31/2024
02	01	MITSUBISHI LANCER GT 2.0 16V 160 HP VEHICLE, YEAR/MODEL 2014 - BLACK COLOR, LICENSE PLATE ETA0C64, CHASSIS JMYSTC4AEU001027, FINANCED WITH A DOWN PAYMENT OF R$10,900.00 AND THE REMAINING BALANCE IN 60 INSTALLMENTS OF R$1,622.57 WITH 51 INSTALLMENTS REMAINING AS OF 12/31/2024 105 - BRAZIL RENAVAM (National Registry of Motor Vehicles): 00552311880	0 ,00	30.370 ,84
02	01	VW-VOLKSWAGEN AMAROK CD02 16V VEHICLE - YEAR/MODEL 2013, BLACK COLOR, LICENSE PLATE OQS4D59, CHASSIS WV1DD42H6DA055140, FINANCED WITH A DOWN PAYMENT OF R$ 22,900.00 AND THE REMAINING BALANCE IN 48 INSTALLMENTS OF R$2,988.53 WITH 47 INSTALLMENTS REMAINING AS OF 12/31/2024 105 - BRAZIL RENAVAM (National Registry of Motor Vehicles): 00568259149	0 ,00	25.888,53
04	01	BANCO SANTANDER (BRASIL) S/A - SAVINGS ACCOUNT 105 - BRAZIL Asset or right belonging to: Taxpayer CPF: 358.329.038-03 CNPJ: 90.400.888/0001-42 Bank: 033 Branch: 3983 Account: 060012520-5	0,00	102,32
TOTAL			1,096,000.00	1,152,361.69

ENCUMBRANCES AND REAL LIABILITIES

(Values in Reais)

CODE	DISCLOSURE	STATUS ON 12/31/2023	STATUS ON 12/31/2024	AMOUNT PAID IN 2024
11	OVERDRAFT FACILITY AT BANCO SANTANDER	0,00	7,229,99	0,00
14	LOAN OBTAINED FROM SAMUEL PEREIRA DE SOUZA CPF 387.174.978-84	0.00	30,000.00	0,00
TOTAL		0,00	37,229.99	0,00

DONATIONS TO POLITICAL PARTIES AND CANDIDATES FOR ELECTIVE OFFICES

No information

STATEMENT OF RURAL ACTIVITY – BRAZIL

IDENTIFICATION DATA OF THE EXPLORED PROPERTY - BRAZIL

No information

INCOME AND EXPENSES - BRAZIL

No information

CALCULATION OF THE RESULT – BRAZIL

No information

LIVESTOCK ACTIVITY - BRAZIL

No information

ASSETS OF RURAL ACTIVITY - BRAZIL

No information

DEBTS RELATED TO RURAL ACTIVITY - BRAZIL

No information

STATEMENT OF RURAL ACTIVITY – ABROAD

IDENTIFICATION DATA OF THE EXPLORED PROPERTY - ABROAD

No information

INCOME AND EXPENSES - ABROAD

No information

CALCULATION OF THE RESULT – ABROAD

No information

LIVESTOCK ACTIVITY - ABROAD

No information

ASSETS OF RURAL ACTIVITY - ABROAD

No information

DEBTS RELATED TO RURAL ACTIVITY - ABROAD

No information

STATEMENT OF CAPITAL GAINS CALCULATION

No Information

VARIABLE INCOME - COMMON OPERATIONS/DAY TRADE – TAXPAYER

NET GAINS OR LOSSES - JAN

No information

NET GAINS OR LOSSES - FEB

No information

NET GAINS OR LOSSES - MAR

No information

NET GAINS OR LOSSES - APR

No information

NET GAINS OR LOSSES - MAY

No information

NET GAINS OR LOSSES - JUN

No information

NET GAINS OR LOSSES - JUL

No Information

NET GAINS OR LOSSES - AUG

No Information

NET GAINS OR LOSSES - SEP

No Information

NET GAINS OR LOSSES - OCT

No Information

NET GAINS OR LOSSES - NOV

No Information

NET GAINS OR LOSSES - DEC

No Information

VARIABLE INCOME - COMMON OPERATIONS/DAY TRADE - DEPENDENTS

No information

REAL ESTATE INVESTMENT FUNDS OR IN AGRO-INDUSTRIAL PRODUCTION CHAINS - TAXPAYER

No information

REAL ESTATE INVESTMENT FUNDS OR IN AGRO-INDUSTRIAL PRODUCTION CHAINS - DEPENDENTS

No information

SUMMARY **TAXATION USING THE STANDARD DEDUCTION**

TAXABLE INCOME AND STANDARD DEDUCTION

Received from Legal Entity by the Taxpayer	0,00
Received from Legal Entity by Dependents	0,00
Received from Individual/Abroad by the Taxpayer	30.046,78
Received from Individual/Abroad by Dependents	0,00
Received Cumulatively by the Taxpayer	0,00
Received Cumulatively by Dependents	0,00
Taxable Income from Rural Activity	0,00
TOTAL TAXABLE INCOME	30.046,78
Standard Deduction	6.009,35
Taxable Base	24.037,43
Tax Due	0,00
Tax Due RRA (on received accumulated income)	0,00
Effective Tax Rate (%)	0,00
Total Tax Due	0,00

TAX PAID

Tax Withheld at Source by the Taxpayer	0,00
Tax Withheld at Source by Dependents	0,00
Taxpayer's Carnê-Leão	0,00
Dependents' Carnê-Leão	0,00
Complementary Tax	0,00
Tax Paid Abroad	0,00
Tax Withheld at Source (Law No.11.033/2004)	0,00
Tax Withheld RRA	0,00
Total Tax Paid	0,00

TAX TO BE REFUNDED	0,00
BALANCE OF TAX PAYABLE	0,00

INSTALLMENT PLAN

Installment Amount	0,00
Number of Installments	0

BANKING INFORMATION

Automatic Debit: NO

Bank

Branch (without Checking Digit)

Account for credit

ASSET EVOLUTION

Assets and Rights on 12/31/2023	1,096,000.00
Assets and Rights on 12/31/2024	1,152,361.69
Encumbrances and Real Liabilities on 12/31/2023	0,00
Encumbrances and Real Liabilities on 12/31/2024	37,229.99

OTHER INFORMATION

Exempt and non-taxable income	20,000,00
Income subject to exclusive/definitive taxation	0,00
Taxable income - tax with suspended liability	0,00
Judicial Deposits of Tax	0,00
Tax Paid on Capital Gains	0,00
Tax Paid on Capital Gains Foreign Currency - Assets, Rights, and Financial Investments	0,00
Total tax withheld at source (Law No. 11.033/2004), as per the data provided by the taxpayer	0,00
Tax Paid on Variable Income	0,00
Donations to Political Parties and Candidates for Elective Office	
Tax Payable on Capital Gain - Foreign Currency in Cash	0,00
Deferred Tax on Capital Gains	0,00
Tax Due on Capital Gains	0,00
Tax Due on Net Income from Variable Income	0,00
Tax Due on Capital Gains in Foreign Currency - Assets, Rights, and Financial Investments	0,00

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.

NOME: RAQUEL MARQUES DE OLIVEIRA
CPF: 358.329.038-03 **IMPOSTO SOBRE A RENDA - PESSOA FÍSICA**
DECLARAÇÃO DE AJUSTE ANUAL **EXERCÍCIO 2025** **ANO-CALENDÁRIO 2024**

IDENTIFICAÇÃO DO CONTRIBUINTE

Nome:	RAQUEL MARQUES DE OLIVEIRA	CPF:	358.329.038-03
Data de Nascimento:	31/03/1987		

Possui cônjuge ou companheiro(a)? Sim

Era residente no exterior e passou a ser residente no Brasil em 2024? Não

Houve alteração de dados cadastrais? Sim

Um dos declarantes é pessoa com doença grave ou portadora de deficiência física ou mental? Não

Endereço:	RUA HELENA DAVID NEME	Número:	180
Complemento:	APTO 121	Bairro/Distrito:	JD SAO DIMAS
Município:	SÃO JOSÉ DOS CAMPOS	UF:	SP
CEP:	12245-310	DDD/Telefone:	
E-mail:	RMPSI10@GMAIL.COM	DDD/Celular:	(12) 99135-4406

Natureza da Ocupação: 12 - PROPRIETÁRIO DE EMPRESA OU DE FIRMA INDIVIDUAL OU EMPREGADOR-TITULAR

Ocupação Principal: 120 - DIRIGENTE, PRESIDENTE E DIRETOR DE EMPRESA INDUSTRIAL, COMERCIAL OU PRESTADORA DE SERVIÇOS

Tipo de declaração: Declaração de Ajuste Anual Original

Nº do recibo da última declaração entregue do exercício de 2024: 17.72.60.64.85-45

PROTEGIDA POR SIGILO FISCAL

DEPENDENTES

Sem Informações

ALIMENTANDOS

Sem Informações

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA JURÍDICA PELO TITULAR

Sem Informações

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA JURÍDICA PELOS DEPENDENTES

Sem Informações

NOME: RAQUEL MARQUES DE OLIVEIRA
CPF: 358.329.038-03 **IMPOSTO SOBRE A RENDA - PESSOA FÍSICA**
DECLARAÇÃO DE AJUSTE ANUAL **EXERCÍCIO 2025** **ANO-CALENDÁRIO 2024**

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA FÍSICA E DO EXTERIOR PELO TITULAR (Valores em Reais)

NIT/PIS/PASEP:

RENDIMENTOS

	TRABALHO NÃO ASSALARIADO	ALUGUÉIS, INCLUSIVE POR TEMPORADA	OUTROS	EXTERIOR
JAN	0,00	2.300,00	0,00	0,00
FEV	0,00	2.300,00	0,00	0,00
MAR	0,00	1.150,00	0,00	0,00
ABR	0,00	0,00	0,00	0,00
MAI	0,00	0,00	0,00	0,00
JUN	0,00	0,00	0,00	0,00
JUL	0,00	0,00	0,00	0,00
AGO	0,00	0,00	0,00	0,00
SET	0,00	2.750,00	0,00	0,00
OUT	0,00	5.060,00	0,00	0,00
NOV	0,00	16.486,78	0,00	0,00
DEZ	0,00	0,00	0,00	0,00
TOTAL	0,00	30.046,78	0,00	0,00

DEDUÇÕES

CARNÊ-LEÃO

	PREVIDÊNCIA OFICIAL	QUANTIDADE DE DEPENDENTES	PENSÃO ALIMENTÍCIA	LIVRO CAIXA	DARF PAGO CÓD. 0190
JAN	0,00	0	0,00	0,00	0,00
FEV	0,00	0	0,00	0,00	0,00
MAR	0,00	0	0,00	0,00	0,00
ABR	0,00	0	0,00	0,00	0,00
MAI	0,00	0	0,00	0,00	0,00
JUN	0,00	0	0,00	0,00	0,00
JUL	0,00	0	0,00	0,00	0,00
AGO	0,00	0	0,00	0,00	0,00
SET	0,00	0	0,00	0,00	0,00
OUT	0,00	0	0,00	0,00	0,00
NOV	0,00	0	0,00	0,00	0,00
DEZ	0,00	0	0,00	0,00	0,00
TOTAL	0,00		0,00	0,00	0,00

PROTEGIDA POR SIGILO FISCAL

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA FÍSICA E DO EXTERIOR PELOS DEPENDENTES

Sem Informações

RENDIMENTOS ISENTOS E NÃO TRIBUTÁVEIS

(Valores em Reais)

09. Lucros e dividendos recebidos 20.000,00

Beneficiário	CPF	CNPJ da Fonte Pagadora	Nome da Fonte Pagadora	Valor
Titular	358.329.038-03	53.293.760/0001-09	RAQUEL MARQUES DE OLIVEIRA LTDA	20.000,00

TOTAL 20.000,00

RENDIMENTOS SUJEITOS À TRIBUTAÇÃO EXCLUSIVA / DEFINITIVA

(Valores em Reais)

TOTAL 0,00

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA JURÍDICA PELO TITULAR (IMPOSTO COM EXIGIBILIDADE SUSPENSA)

Sem Informações

RENDIMENTOS TRIBUTÁVEIS RECEBIDOS DE PESSOA JURÍDICA PELOS DEPENDENTES (IMPOSTO COM EXIGIBILIDADE SUSPENSA)

Sem Informações

RENDIMENTOS TRIBUTÁVEIS DE PESSOA JURÍDICA RECEBIDOS ACUMULADAMENTE PELO TITULAR

Sem Informações

RENDIMENTOS TRIBUTÁVEIS DE PESSOA JURÍDICA RECEBIDOS ACUMULADAMENTE PELOS DEPENDENTES

Sem Informações

IMPOSTO PAGO / RETIDO

Sem Informações

PAGAMENTOS EFETUADOS

(Valores em Reais)

CÓD.	NOME DO BENEFICIÁRIO	CPF/CNPJ DO BENEFICIÁRIO	VALOR PAGO	PARC. NÃO DEDUTÍVEL
Titular				
21	KEJE - ASSOCIADOS S/S LTDA	01.328.173/0001-04	540,00	0,00
Descrição:				
21	LABORATORIO DE PATOLOGIA CIRURGICA DE SAO PAULO LTDA EPP	51.236.974/0001-00	40,00	0,00
Descrição:				
71	INVEST NEGOCIOS IMOBILIARIOS LTDA.	53.322.459/0001-78	500,00	0,00
Descrição:				

PROTEGIDA POR SIGILO FISCAL

PAGAMENTOS EFETUADOS

(Valores em Reais)

CÓD.	NOME DO BENEFICIÁRIO	CPF/CNPJ DO BENEFICIÁRIO	VALOR PAGO	PARC. NÃO DEDUTÍVEL
71	CASSIANO DIMITRY IMOVEIS LTDA	27.056.367/0001-83	4.623,63	0,00

Descrição:

DOAÇÕES EFETUADAS

Sem Informações

DECLARAÇÃO DE BENS E DIREITOS

(Valores em Reais)

Atualizou o valor de algum bem imóvel e pagou o ganho de capital até 16/12/2024 de acordo com a Lei nº 14.973/2024?	Não

GRUPO	CÓDIGO	DISCRIMINAÇÃO	SITUAÇÃO EM 31/12/2023	SITUAÇÃO EM 31/12/2024
01	11	APARTAMENTO, CONDOMINIO PANORAMA VILA EMA	570.000,00	570.000,00

105 - BRASIL

Inscrição Municipal (IPTU): 41004000500012

Logradouro: RUA FRANCISCO RICCI
Nº: 101
Comp.: APTO. 41
Bairro: VILA EMA
Município: SÃO JOSÉ DOS CAMPOS
UF: SP CEP: 12243-261
Área Total: 54,6 ha
Data de Aquisição: 05/04/2021
Registrado no Cartório: Sim
Nome Cartório:
Matrícula: LIVRO 692, PAG. 335/338

GRUPO	CÓDIGO	DISCRIMINAÇÃO	SITUAÇÃO EM 31/12/2023	SITUAÇÃO EM 31/12/2024
01	11	APARTAMENTO EDIFICIO LE PARC	126.000,00	126.000,00

105 - BRASIL

Inscrição Municipal (IPTU): 43000700430001

Logradouro: RUA HELENA DAVID NEME
Nº: 180
Comp.: APTO. 121
Bairro: JARDIM SAO DIMAS
Município: SÃO JOSÉ DOS CAMPOS
UF: SP CEP: 12245-310
Área Total: 70,0 m²
Data de Aquisição: 22/02/2019
Registrado no Cartório: Sim
Nome Cartório: 1O. CART. REG. NOTAS DE SJCAMPOS
Matrícula: 184,481

GRUPO	CÓDIGO	DISCRIMINAÇÃO	SITUAÇÃO EM 31/12/2023	SITUAÇÃO EM 31/12/2024
01	11	APARTAMENTO RESIDENCIAL MATHEUS .. COM RESPECTIVA AREA DE GARAGEM.-	400.000,00	400.000,00

105 - BRASIL

Inscrição Municipal (IPTU): 46005700160000

Logradouro: RUA LEA MARIA BRANDAO RUSSO
Nº: 419
Comp.: APTO. 82 - RESIDENCIAL MATHEUS
Bairro: JARDIM SATELITE
Município: SÃO JOSÉ DOS CAMPOS
UF: SP CEP: 12231-820
Área Total: 97,2 m²
Data de Aquisição: 01/11/2022
Registrado no Cartório: Sim
Nome Cartório: C.R.I.A. DE SJCAMPOS-SP.
Matrícula: 190.801 FICHA 01

PROTEGIDA POR SIGILO FISCAL

DECLARAÇÃO DE BENS E DIREITOS

(Valores em Reais)

Atualizou o valor de algum bem imóvel e pagou o ganho de capital até 16/12/2024 de acordo com a Lei nº 14.973/2024?	Não

GRUPO	CÓDIGO	DISCRIMINAÇÃO	SITUAÇÃO EM 31/12/2023	SITUAÇÃO EM 31/12/2024
02	01	VEICULO MARCA MITSUBISHI LANCER GT 2.0 16V 160 CV ANO/MODELO 2014 - COR PRETA, PLACA ETA0C64 CHASSIS JMYSTC4AEU001027, FINANCIADO SENDO ENTRADA DE R$ 10.900,00 E O RESTANTE EM 60 PARCELAS DE R$ 1.622,57 RESTANDO 51 PARCELAS EM 31.12.2024 105 - BRASIL RENAVAM: 00552311880	0,00	30.370,84
02	01	VEICULO MARCA VW-VOLKSWAGEN AMAROK CD02 16V - ANO/MODELO 2013, COR PRATA, PLACA OQS4D59 - CHASSIS WV1DD42H6DA055140 FINANCIADO SENDO ENTRADA DE R$ 22.900,00 E 48 PARCELAS DE R$ 2.988,53 RESTANDO 47 PARCELAS EM 31.12.2024 105 - BRASIL RENAVAM: 00568259149	0,00	25.888,53
04	01	BANCO SANTANDER (BRASIL) S/A - CONTA POUPANCA.- 105 - BRASIL Bem ou direito pertencente ao: Titular CPF: 358.329.038-03 CNPJ: 90.400.888/0001-42 Banco: 033 Agência: 3983 Conta: 060012520-5	0,00	102,32
TOTAL			1.096.000,00	1.152.361,69

DÍVIDAS E ÔNUS REAIS

(Valores em Reais)

CÓDIGO	DISCRIMINAÇÃO	SITUAÇÃO EM 31/12/2023	SITUAÇÃO EM 31/12/2024	VALOR PAGO EM 2024
11	CHEQUE ESPECIAL NO BANCO SANTANDER	0,00	7.229,99	0,00
14	EMPRESTIMO CONTRAIDO DE SAMUEL PEREIRA DE SOUZA CPF 387.174.978-84	0,00	30.000,00	0,00
TOTAL		0,00	37.229,99	0,00

DOAÇÕES A PARTIDOS POLÍTICOS E CANDIDATOS A CARGOS ELETIVOS

Sem Informações

PROTEGIDA POR SIGILO FISCAL

DEMONSTRATIVO DE ATIVIDADE RURAL - BRASIL

DADOS E IDENTIFICAÇÃO DO IMÓVEL EXPLORADO - BRASIL

Sem Informações

RECEITAS E DESPESAS - BRASIL

Sem Informações

APURAÇÃO DO RESULTADO - BRASIL

Sem Informações

MOVIMENTAÇÃO DO REBANHO - BRASIL

Sem Informações

BENS DA ATIVIDADE RURAL - BRASIL

Sem Informações

DÍVIDAS VINCULADAS À ATIVIDADE RURAL - BRASIL

Sem Informações

PROTEGIDA POR SIGILO FISCAL

DEMONSTRATIVO DE ATIVIDADE RURAL - EXTERIOR

DADOS E IDENTIFICAÇÃO DO IMÓVEL EXPLORADO - EXTERIOR

Sem Informações

RECEITAS E DESPESAS - EXTERIOR

Sem Informações

APURAÇÃO DO RESULTADO - EXTERIOR

Sem Informações

MOVIMENTAÇÃO DO REBANHO - EXTERIOR

Sem Informações

BENS DA ATIVIDADE RURAL - EXTERIOR

Sem Informações

DÍVIDAS VINCULADAS À ATIVIDADE RURAL - EXTERIOR

Sem Informações

DEMONSTRATIVO DA APURAÇÃO DOS GANHOS DE CAPITAL

Sem Informações

PROTEGIDA POR SIGILO FISCAL

RENDA VARIÁVEL - OPERAÇÕES COMUNS/DAYTRADE - TITULAR

GANHOS LÍQUIDOS OU PERDAS - JAN

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - FEV

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - MAR

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - ABR

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - MAI

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - JUN

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - JUL

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - AGO

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - SET

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - OUT

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - NOV

Sem Informações

GANHOS LÍQUIDOS OU PERDAS - DEZ

Sem Informações

RENDA VARIÁVEL - OPERAÇÕES COMUNS/DAYTRADE - DEPENDENTES

Sem Informações

FUNDOS DE INVESTIMENTO IMOBILIÁRIO OU NAS CADEIAS PRODUTIVAS AGROINDUSTRIAIS - TITULAR

Sem Informações

FUNDOS DE INVESTIMENTO IMOBILIÁRIO OU NAS CADEIAS PRODUTIVAS AGROINDUSTRIAIS - DEPENDENTES

Sem Informações

PROTEGIDA POR SIGILO FISCAL

NOME: RAQUEL MARQUES DE OLIVEIRA
CPF: 358.329.038-03 **IMPOSTO SOBRE A RENDA - PESSOA FÍSICA**
DECLARAÇÃO DE AJUSTE ANUAL **EXERCÍCIO 2025** **ANO-CALENDÁRIO 2024**

RESUMO — TRIBUTAÇÃO UTILIZANDO O DESCONTO SIMPLIFICADO

RENDIMENTOS TRIBUTÁVEIS E DESCONTO SIMPLIFICADO	
Recebidos de Pessoa Jurídica pelo Titular	0,00
Recebidos de Pessoa Jurídica pelos Dependentes	0,00
Recebidos de Pessoa Física/Exterior pelo Titular	30.046,78
Recebidos de Pessoa Física/Exterior pelos Dependentes	0,00
Recebidos acumuladamente pelo titular	0,00
Recebidos acumuladamente pelos dependentes	0,00
Resultado tributável da Atividade Rural	0,00
TOTAL DE RENDIMENTOS TRIBUTÁVEIS	30.046,78
Desconto Simplificado	6.009,35
Base de cálculo do Imposto	24.037,43
Imposto devido	0,00
Imposto devido RRA	0,00
Aliquota efetiva (%)	0,00
Total do imposto devido	0,00
IMPOSTO PAGO	
Imposto retido na fonte do titular	0,00
Imp. retido na fonte dos dependentes	0,00
Carnê-Leao do titular	0,00
Carnê-Leao dos dependentes	0,00
Imposto Complementar	0,00
Imposto pago no exterior	0,00
Imposto retido na fonte (Lei nº 11.033/2004)	0,00
Imposto retido RRA	0,00
Total do imposto pago	0,00
IMPOSTO A RESTITUIR	0,00
SALDO IMPOSTO A PAGAR	0,00
PARCELAMENTO	
Valor da quota	0,00
Número de Quotas	0

INFORMAÇÕES BANCÁRIAS

Débito automático: NÃO

Banco
Agência (sem DV)
Conta para crédito

PROTEGIDA POR SIGILO FISCAL

EVOLUÇÃO PATRIMONIAL

Bens e direitos em 31/12/2023	1.096.000,00
Bens e direitos em 31/12/2024	1.152.361,69
Dívidas e ônus reais em 31/12/2023	0,00
Dívidas e ônus reais em 31/12/2024	37.229,99

OUTRAS INFORMAÇÕES

Rendimentos isentos e não tributáveis	20.000,00
Rendimentos sujeitos à tributação exclusiva/definitiva	0,00
Rendimentos tributáveis - imposto com exigibilidade suspensa	0,00
Depósitos judiciais do imposto	0,00
Imposto pago sobre Ganhos de Capital	0,00
Imposto pago Ganhos de Capital Moeda Estrangeira - Bens, direitos e Aplicações Financeiras	0,00
Total do imposto retido na fonte (Lei nº11.033/2004), conforme dados informados pelo contribuinte	0,00
Imposto pago sobre Renda Variável	0,00
Doações a Partidos Políticos e Candidatos a Cargos Eletivos	
Imposto a pagar sobre o Ganho de Capital - Moeda Estrangeira em Espécie	0,00
Imposto diferido dos Ganhos de Capital	0,00
Imposto devido sobre Ganhos de Capital	0,00
Imposto devido sobre ganhos líquidos em Renda Variável	0,00
Imposto devido sobre Ganhos de Capital Moeda Estrangeira - Bens, direitos e aplic. financeiras	0,00

PROTEGIDA POR SIGILO FISCAL

FEDERATIVE REPUBLIC OF BRAZIL
VALID THROUGHOUT THE NATIONAL TERRITORY. ANY ALTERATION, ERASURE OR AMENDMENT INVALIDATES THIS DOCUMENT

CIVIL REGISTRY OFFICE OF NATURAL PERSONS AND NOTARY PUBLIC OFFICE
DISTRICT OF EUGÊNIO DE MELO
SÃO JOSÉ DOS CAMPOS - SÃO PAULO
JUDICIAL DISTRICT OF SÃO JOSÉ DOS CAMPOS

CERTIFIED TRANSCRIPT BOOK 435 PAGE(S) 033/035
ACT No. 018
DEED OF PURCHASE AND SALE.
SALE AND PURCHASE AMOUNT: R$ 400,000.00.

KNOW ALL persons by these presents that on December first, two thousand twenty-two (12/01/2022), in this municipality and Judicial District of São José dos Campos - São Paulo, on-site and before me, Acting Notary of the Civil Registry of Natural Persons and NOTARY PUBLIC OFFICE of the District of Eugênio de Melo, who signs this instrument, appeared the parties among themselves, duly agreed and contracted, namely: on the one hand, as grantor sellers: **JOÃO ANTÔNIO PEREIRA NETO**, Brazilian, born in Piranguçu - Minas Gerais on 01/10/1955, son of Benedito Pereira da Silva and Celina Dias da Silva, self-employed, holder of Identity Card SSP.SP No. 9.890.864-9 and registered with CPF/MF under No. 213.717.256-91, and his wife **MARIA REGINA FERREIRA PEREIRA**, Brazilian, born in Piranguçu - Minas Gerais on 05/09/1958, daughter of Paulo Caetano Ferreira and Alvina Maria da Luz Ferreira, beautician, holder of Identity Card SSP.SP No. 15.366.016-8 and registered with CPF/MF under No. 214.099.218-08, married under the universal community of property regime during the validity of Law No. 6.515/77, as evidenced by Marriage Certificate Registration No. 0378120155 1979 2 00011 186 0000182 74 issued by the Civil Registry and Notary Office of Piranguçu - Minas Gerais, and by prenuptial agreement recorded under No. 1187 in Book 03, auxiliary registry, of the Real Estate Registry Office of Itajubá - Minas Gerais, residing and domiciled in this municipality at Rua Professor Carlos Alberto de Buarque Borges, No. 137, Jardim das Colinas – ZIP Code 12242-060; and on the other hand, as purchaser grantees: purchaser grantees: **SAMUEL PEREIRA DE SOUZA**, Brazilian, born in this municipality on 03/02/1994, son of Eurildo Paes de Souza and Aparecida de Cassia Pereira Souza, physical education professional, holder of Identity Card SSP.SP No. 50.315.040-X and CPF/MF No. 387.174.978-84, and his wife **RAQUEL MARQUES DE OLIVEIRA**, Brazilian, born in this municipality on 03/31/1987, daughter of Fernando Cesar de Oliveira Junior and Leia Regina Marques Oliveira, psychologist, holder of National Driver's License registration No.03629464669 - DETRAN/SP, in which Identity Card SSP.SP No. 439295701 and CPF/MF No. 358.329.038-03 are recorded, married under the partial community of property regime during the validity of Federal Law No. 6.515/77, as evidenced by the Marriage Certificate issued on 11/18/2022 by the Civil Registry Office of the 1st Subdistrict of this locality, registration No. 123026 01 55 2019 3 00060 230 0013016 13, residing and domiciled in this municipality at Rua Benedito Pereira, No. 79, Bosque dos Eucaliptos. The present parties are legally competent, known to each other and identified as the very persons referred to herein by me, of which I hereby certify. Then, the seller stated and declared that: **I)** Under lawful title, fully free and clear of any and all liens or encumbrances, whether legal or contractual, including overdue taxes or fees, mortgages, liens, seizures and attachments, he is is the owner and lawful possessor of: **APARTMENT No. 82**, located on the 8th floor or 9th level of the development known as "**RESIDENCIAL MATHEUS",** located at Rua Léa Maria Brandão Russo, No. 419, in the subdivision known as "SATÉLITE INDUSTRIAL DE SÃO JOSÉ DOS CAMPOS", in this municipality, judicial district and 1st Real Estate Registry Office of São José dos Campos, with the measurements and characteristics set forth in Property Registration No. **190.801**, Book No. 02, General Record of the 1st Real Estate Registry Office of this locality, and was acquired by the sellers pursuant to R.02 of the aforementioned registration. Registered with the local City Hall under No. 46.0057.0016.0030, with an appraised market value of R$ 290,328.71. **II)** Thus, owning the described property, they are duly agreed and contracted to sell it to the purchaser grantees, as in fact by this deed and in the best form of

Avenida Francisco Marcondes, 387, Jardim São Vicente - ZIP Code 12224-350
São José dos Campos, São Paulo
Phone: (12) 3929-5200

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.

VANDERLEI MARINHO DA SILVA NOGUEIRA - INTERINO

TRASLADO **LIVRO 435** **PÁGINAS 033/035**
ATO N.º 018
ESCRITURA DE COMPRA E VENDA.
VALOR DA VENDA E COMPRA: R$ 400.000,00.

SAIBAM quantos esta pública escritura virem que, ao primeiro dia do mês de dezembro do ano de dois mil e vinte e dois (01/11/2022), nesta cidade e Comarca de São José dos Campos – SP, em diligência e perante mim, Tabelião Interino do Oficial de Registro Civil das Pessoas Naturais e TABELIÃO DE NOTAS do Distrito de Eugênio de Melo, que está subscreve, compareceram partes entre si, justas e contratadas, a saber, de um lado, como outorgantes vendedores: **JOÃO ANTONIO PEREIRA NETO**, brasileiro, nascido em Piranguçu - MG no dia 10/01/1955 filho de Benedito Pereira da Silva e Celina Dias do Silva, autônomo, portador do RG.SSP.SP nº 9.890.864-9 e inscrito no CPF/MF sob nº 213.717.256-91 e sua mulher **MARIA REGINA FERREIRA PEREIRA**, brasileira, nascida em Piranguçu - MG aos 09/05/1958, filha de Paulo Caetano Ferreira e Alvina Maria da Luz Ferreira, esteticista, portadora do RG.SSP.SP nº 15.366.016-8 e inscrita no CPF/MF sob nº 214.099.218-08, casados pelo regime da comunhão universal de bens na vigência da Lei nº 6.515/77, conforme demonstra a certidão de casamento Matricula nº 0378120155 1979 2 00011 186 0000182 74 emitida pelo Cartório de Registro Civil e Tabelionado de Piranguçu - MG e escritura de pacto antenupcial registrado sob nº 1187 do Livro 03 registro auxiliar do Cartório de Registro de Imóveis de Itajuba-MG, residentes e domiciliados nesta cidade na Rua Professor Carlos Alberto de Buarque Borges, nº 137, Jardim das Colinas - CEP 12242-060; e de outro lado, como outorgados compradores: **SAMUEL PEREIRA DE SOUZA**, brasileiro, nascido nesta cidade em 02/03/1994 filho de Eurildo Paes de Souza e Aparecida de Cassia Pereira Souza, educador físico, portador do RG.SSP.SP n.º 50.315.040-X e do CPF/MF n.º 387.174.978-84 e sua mulher **RAQUEL MARQUES DE OLIVEIRA**, brasileira, nascida nesta cidade em 31/03/1987 filha de Fernando Cesar de Oliveira Junior e Leia Regina Marques Oliveira, psicóloga, portadora da carteira nacional de habilitação registro n.º 03629464669 – DETRAN/SP na qual consta o RG.SSP.SP n.º439295701 e do CPF/MF n.º 358.329.038-03, casados sob o regime da comunhão parcial de bens na vigência da Lei Federal n.º 6.515/77 conforme demonstra certidão de casamento emitida em 18/11/2022 pelo Oficial de Registro Civil do 1º Subdistrito local, matricula n.º 123026 01 55 2019 3 00060 230 0013016 13, residentes e domiciliados nesta cidade na Rua Benedito Pereira, no 79, Bosque dos Eucaliptos. Os presentes capazes, conhecidos entre si e reconhecidos como os próprios de que se trata, por mim, do que dou fé. Então, pelo vendedor foi dito e declarado que: **I)** A justo título, inteiramente livre e desembaraçado de quaisquer ônus ou vínculos, legais ou convencionais, de impostos ou taxas em atraso, hipotecas, penhoras, sequestros e arrestos, é senhor e legítimo possuidor do seguinte imóvel: **O APARTAMENTO** n.º **82**, localizados no 8º andar ou 9º pavimento do empreendimento denominado **"RESIDENCIAL MATHEUS"**, situado na Rua Léa Maria Brandão Russo, n.º 419, do loteamento denominado "SATELITE INDUSTRIAL DE SÃO JOSÉ DOS CAMPOS", desta cidade, comarca e 1ª circunscrição imobiliária de São José dos Campos, com as medidas e características, constantes na matrícula n.º **190.801**, Livro n.º 02, Registro Geral do 1º Oficial de Registro de Imóveis local e for havido pelos vendedores por força do R.02 da aludida matrícula. Cadastrado na Prefeitura local, sob o n.º 46.0057.0016.0030 com o valor venal de R$ 290.328,71. **II)** Assim, possuindo o imóvel descrito e caracterizado, estão justos e contratados para vendê-lo aos outorgados compradores, como de fato por esta escritura e na melhor forma de

REPÚBLICA FEDERATIVA DO BRASIL
VALIDO EM TODO TERRITÓRIO NACIONAL, QUALQUER ADULTERAÇÃO, RASURA OU EMENDA, INVALIDA ESTE DOCUMENTO

Av José Francisco Marcondes, 387, Jd São Vicente CEP: 12224-350
São Jose dos Campos, SP
Fone: (12) 3929-5200

-----//Signature//-----



VALID THROUGHOUT THE NATIONAL TERRITORY. ANY ALTERATION, ERASURE OR AMENDMENT INVALIDATES THIS DOCUMENT

1st CERTIFIED TRANSCRIPT – BOOK No. 692 – PAGES 335/338

DEED OF PURCHASE AND SALE

ACT No. 096

On April fifth, two thousand twenty-one (04/05/2021), at this 4th Notary Public Office of the Municipality and Judicial District of São José dos Campos, State of São Paulo, located at Avenida Andrômeda, No. 3780 - Bosque dos Eucaliptos, before me, Deputy Clerk, appeared the parties among themselves, duly agreed and contracted, namely: on the one hand, as grantor sellers: **01) CARLOS ALEXANDRE PEIXOTO COSTA**, Brazilian, engineer, single, of legal age, as evidenced by the Birth Certificate registered under No. 157750 02 55 1974 1 01192 153 0115487 10, issued on 03/25/2021, by the 6th Civil Registry Office of Natural Persons of Rio de Janeiro, Rio de Janeiro, holder of Identity Card SSP.SP No. 62.646.548-5 and CPF/MF No. 035.884.797-40, residing and domiciled in this city, at Rua Irmã Maria Demétria Kfuri, No. 560, apartment 103, Jardim Esplanada II; and, **02) NALINI ANANDA PANTOJA VAIDYA**, Brazilian, writer, judicially separated, as evidenced by the Marriage Certificate registered under No. 093112 01 55 1998 2 00024 300 0007200 68, issued by the Civil Registry Office of Natural Persons of the 2nd Judicial District of Niterói, Rio de Janeiro, issued on 03/16/2021, holder of Identity Card SSP.SP No. 62.251.129-4 and CPF/MF No. 086.868.197-02, residing and domiciled in this municipality, at Rua Irmã Maria Demétria Kfuri, No. 560, apartment 103, Jardim Esplanada II; and on the other hand, as purchaser grantees: **01) OF THE BARE OWNERSHIP: RAQUEL MARQUES DE OLIVEIRA,** Brazilian, psychologist, holder of Identity Card SSP.SP No. 43.929.570-1, and CPF/MF No. 358.329.038-03, married to **SAMUEL PEREIRA DE SOUZA**, Brazilian, psychologist, holder of Identity Card SSP.SP No. 50315040X (as evidenced by the National Driver's License, registration No. 06199787991 - DETRAN-SP) and CPF/MF No. 387.174.978-84, married under the partial community of property regime, under Federal Law No. 6.515/77, as evidenced by the Marriage Certificate registered under No. 123026 01 55 2019 3 00060 230 0013016 13, issued on 03/04/2021 by the Civil Registry Office of Natural Persons and Interdictions and Guardianships of the 1st subdistrict of this judicial district, residing and domiciled in this municipality, at Rua Ribeirão Preto, No. 137, Jardim Alvorada; and, **02) OF THE LIFETIME USUFRUCT: LÉIA REGINA BARBOSA MARQUES**, Brazilian, event coordinator, divorced, as evidenced by the Marriage Certificate registered under No. 123026 01 55 1985 2 00116 025 0017552 68, issued on 03/04/2021 by the Civil Registry Office of Natural Persons and of Interdictions and Guardianships of the 1st Subdistrict of this judicial district, holder of Identity Card SSP.SP No. 10.219.238-8 and CPF/MF No. 975.980.628-20, residing and domiciled in this municipality, at Rua Pedro de Toledo, No. 244, apartment 07, Vila Adyana. **And additionally, as intervening consenting party: SAMUEL PEREIRA DE SOUZA**, **already fully identified.** The present parties are legally competent, known to each other and identified as the very persons referred to herein by me, of which I hereby certify. Thereafter, the sellers informed me that: **I)** Under lawful title, fully free and clear of any and all liens or encumbrances, whether legal or contractual, including overdue taxes and fees, liens, seizures and attachments (with the exception of the fiduciary transfer mentioned below), they are the lawful owners of the following property: **"APARTMENT No. 41, located on the 4th floor or 5th level, part of the development known as "PANORAMA VILA EMA CONDOMINIUM", located at Rua FRANCISCO RICCI, No. 101, in the SERIMBURA neighborhood, in this municipality, judicial district and 1st Real Estate Registry Office of São José dos Campos - São Paulo, with a private area of 98.800 square meters, private balcony area of 15.190 square meters, non-proportional common area of 54.600 square meters, with the apartment being entitled to the exclusive use of 01 (one) double parking space in an undetermined location, with capacity for 02 vehicles, and proportional common area of 47.562 square meters**

187.967 / apartment 41

Registration	Entry
235.527	01

Protocol: 692186

1ST REAL ESTATE REGISTRY OFFICE AND OTHER SERVICES
SÃO JOSÉ DOS CAMPOS - SÃO PAULO

On August 4, 2015.

BOOK NUMBER TWO GENERAL RECORD -----//Signature//----

Property: **PANORAMA VILA EMA CONDOMINIUM**

Apartment No. 41, located on the 4th floor or 5th level, part of the development known as **"PANORAMA VILA EMA CONDOMINIUM"**, located at Rua FRANCISCO RICCI, in the SERIMBURA neighborhood, in this municipality, judicial district and 1st Real Estate Registry Office of São José dos Campos, with a private area of 98.800 square meters, private balcony area of 15.190 square meters, non-proportional common area of 54.600 square meters, with the apartment being entitled to the exclusive use of **01 (one) double parking space in an undetermined location**, with capacity for 02 vehicles, proportional common area of 47.562 square meters, totaling an overall area of 216.152 square meters, corresponding to an undivided interest of 0.013061.

Municipal Registration: **99.0099.0070.0009** (in a larger area).

Owner: **SAN GIMIGNANO - EMPREENDIMENTOS E PARTICIPAÇÕES LTDA**, CNPJ No. 04.270.696/0001-27, registered office at Rua da Consolação, No. 2.984, suite 141, Cerqueira César Neighborhood, São Paulo - São Paulo.

Previous Registration: Registration 187.967 of 01/12/2009, with incorporation registered under No. 01, book 2, of this Registry Office.

Protocol No. 464.352 of July 13, 2011.

I, -----//Signature//---- Patrícia Miguel Araújo, Clerk, typed and reviewed the instrument, the act performed, and hereby sign it.

Av. 01 - On July 26, 2011.

In accordance with R.**01** of registration No**. 187.967**, of May 15, 2009, it is recorded that the development known as **"PANORAMA VILA EMA CONDOMINIUM"** was submitted to the real estate incorporation regime, pursuant to Article 32 of Law No. 4.591/64, with **HORIZONTES – REAL ESTATE DEVELOPMENT SPE LTDA**, CNPJ No. 09.674.561/0001-40, registered office at Avenida Ibirapuera, No. 2144, 6th floor, suite 62, Moema, São Paulo - State of São Paulo, acting as the developer, and the above-described autonomous unit being **under construction**.

see reverse

Certificate issued by Electronic Real Estate Registry System (SREI)

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.

VALIDO EM TODO TERRITÓRIO NACIONAL. QUALQUER ADULTERAÇÃO, RASURA OU EMENDA, INVALIDA ESTE DOCUMENTO

1º TRASLADO – LIVRO Nº 692 – PÁGINAS 335/338

ESCRITURA DE COMPRA E VENDA

ATO N.º 096

Aos cinco dias do mês de Abril do ano de dois mil e vinte e um (05/04/2021), neste 4º Tabelionato de Notas da Cidade e Comarca de São José dos Campos, Estado de São Paulo, localizado na Avenida Andrômeda, nº 3780 – Bosque dos Eucaliptos, perante mim Escrevente Substituta, compareceram partes entre si, justas e contratadas, a saber, de um lado, como outorgantes vendedores: **01) CARLOS ALEXANDRE PEIXOTO COSTA**, brasileiro, engenheiro, solteiro, maior, conforme demonstra a Certidão de Nascimento, matriculada sob n.º 157750 02 55 1974 1 01192 153 0115487 10, expedida em 25/03/2021, pelo 6º Oficial de Registro Civil das Pessoas Naturais do Rio de Janeiro-RJ, portador do RG.SSP.SP n.º 62.646.548-5 e do CPF/MF n.º 035.884.797-40, residente e domiciliado nesta cidade, na Rua Irmã Maria Demétria Kfuri, n.º 560, apartamento 103, Jardim Esplanada II; e, **02) NALINI ANANDA PANTOJA VAIDYA**, brasileira, escritora, separada judicialmente, conforme demonstra a Certidão de Casamento, matriculada sob n.º 093112 01 55 1998 2 00024 300 0007200 68, do Oficial de Registro Civil Pessoas Naturais da 2ª Zona Judiciária de Niterói – RJ, expedida em 16/03/2021, portadora do RG.SSP.SP. n.º 62.251.129-4 e do CPF/MF n.º 086.868.197-02, residente e domiciliado nesta cidade, na Rua Irmã Maria Demétria Kfuri, n.º 560, apartamento 103, Jardim Esplanada II; e de outro lado, como outorgados compradores: **01) DA NUA PROPRIEDADE: RAQUEL MARQUES DE OLIVEIRA**, brasileira, psicóloga, portadora do RG.SSP.SP. n.º 43.929.570-1 e do CPF/MF n.º 358.329.038-03, casada com **SAMUEL PEREIRA DE SOUZA**, brasileiro, psicóloga, portador do RG.SSP.SP. n.º 50315040X (conforme demonstra a Carteira Nacional de Habilitação, registro n.º 06199787991 – DETRAN-SP) e do CPF/MF n.º 387.174.978-84, pelo regime da comunhão parcial de bens, na vigência da Lei Federal n.º 6.515/77, conforme demonstra a Certidão de casamento, matriculada sob n.º 123026 01 55 2019 3 00060 230 0013016 13, expedia em 04/03/2021, pelo Oficial de Registro Civil das Pessoas Naturais e de Interdições e Tutelas do 1º subdistrito desta comarca, residentes e domiciliados nesta cidade, na Rua Ribeirão Preto, n.º 137, Jardim Alvorada; e, **02) DO USUFRUTO VITALICIO: LÉIA REGINA BARBOSA MARQUES**, brasileira, coordenadora de eventos, divorciada, conforme demonstra a Certidão de Casamento, matriculada sob n.º 123026 01 55 1985 2 00116 025 0017552 68, expedida em 04/03/2021, pelo Oficial de Registro Civil das Pessoas Naturais e de Interdições e Tutelas do 1º Subdistrito desta comarca, portadora do RG.SSP.SP. n.º 10.219.238-8 e do CPF/MF n.º 975.980.628-20, residente e domiciliada nesta cidade, na Rua Pedro de Toledo, n.º 244, apartamento 07, Vila Adyana. **E ainda como interveniente anuente: SAMUEL PEREIRA DE SOUZA, já qualificado.** Os presentes capazes, conhecidos entre si e reconhecidos como os próprios de que se trata, por mim, do que dou fé. Então, pelos vendedores, me foi dito que: **I)** A justo título, inteiramente livre e desembaraçado de quaisquer ônus ou vínculos, legais ou convencionais, de impostos ou taxas em atraso, penhoras, sequestros e arrestos, (com exceção da alienação fiduciária adiante mencionada) são senhores e legítimos possuidores do seguinte imóvel: **"O APARTAMENTO n.º 41, localizado no 04º andar ou 05º pavimento, integrante do empreendimento denominado "CONDOMÍNIO PANORAMA VILA EMA", situado na Rua FRANCISCO RICCI, n.º 101, no Bairro do SERIMBURA, desta cidade, comarca e 1ª circunscrição imobiliária de São José dos Campos – SP, com a área privativa de 98,800 metros quadrados, área privativa de varanda de 15,190 metros quadrados, área de uso comum de divisão não proporcional de 54,600 metros quadrados, cabendo ao apartamento o uso exclusivo de 01 (uma) vaga dupla em local indeterminado, com capacidade para abrigar 02 veículos, área de uso comum de divisão proporcional de 47,562 metros**

Protocolo: 692186

187.967 / apartamento 41

Matrícula	Ficha
235.527	01

1º OFICIAL DE REGISTRO DE IMÓVEIS E ANEXOS
SÃO JOSÉ DOS CAMPOS - SP

Em 04 de agosto de 2015.

LIVRO NÚMERO DOIS — REGISTRO GERAL

Imóvel: **CONDOMÍNIO PANORAMA VILA EMA**

O **apartamento nº 41**, localizado no 04° andar ou 05° pavimento, integrante do empreendimento denominado "**CONDOMÍNIO PANORAMA VILA EMA**", situado na Rua FRANCISCO RICCI, no Bairro do SERIMBURA, desta cidade, comarca e 1ª circunscrição imobiliária de São José dos Campos, com a área privativa de 98,800 metros quadrados, área privativa de varanda de 15,190 metros quadrados, área de uso comum de divisão não proporcional de 54,600 metros quadrados, cabendo ao apartamento o uso exclusivo de **01 (uma) vaga dupla em local indeterminado**, com capacidade para abrigar 02 veículos, área de uso comum de divisão proporcional de 47,562 metros quadrados, encerrando a área total de 216,152 metros quadrados, correspondendo-lhe uma fração ideal do terreno de 0,013061.

Cadastro Municipal: **99.0099.0070.0009** (em maior área).

Proprietária: **SAN GIMIGNANO - EMPREENDIMENTOS E PARTICIPAÇÕES LTDA**, CNPJ nº 04.270.696/0001-27, com sede na Rua da Consolação, nº 2.984, conjunto 141, Bairro Cerqueira César, São Paulo-SP.

Registro Anterior: Matrícula 187.967 em 12/01/2009, com incorporação registrada sob nº 01, livro 2, deste Cartório.

Protocolo nº 464.352 em 13 de julho de 2011.

Eu, Patrícia Miguel Araújo, Escrevente digitei, conferi o instrumento, o ato praticado e assino.

Av. 01 - Em 26 de julho de 2011.

Conforme R.**01**, da matrícula nº **187.967**, em 15 de maio de 2009, consta que o empreendimento denominado "**CONDOMÍNIO PANORAMA VILA EMA**", foi submetido ao regime de incorporação imobiliária, nos termos do artigo 32, da Lei nº 4.591/64, figurando na qualidade de incorporadora **HORIZONTES - EMPREENDIMENTO IMOBILIÁRIO SPE LTDA**, CNPJ nº 09.674.561/0001-40, com sede na Avenida Ibirapuera, nº 2144, 6º andar, cj. 62, Moema, São Paulo-SP, estando a unidade autônoma acima descrita, **em construção**.

vide verso

Certidão emitida pelo SREI

CERTIFIED TRANSCRIPT – BOOK 1010 – PAGE(S) 390/392

ACT No. 148

1st Real Estate Registry Office
of São José dos Campos
Protocol 645.973
Date 02/28/2019
Validity 03/30/2019

DEED OF DONATION
AMOUNT R$ 126,000

FEDERATIVE REPUBLIC OF BRAZIL
VALID THROUGHOUT THE NATIONAL TERRITORY. ANY ALTERATION, ERASURE OR AMENDMENT INVALIDATES THIS DOCUMENT

KNOW ALL persons by these presents that on February twenty-second, two thousand nineteen (02/22/2019), in this city and judicial district of São José dos Campos, State of São Paulo, at this 2nd Notary Public Office, before me, Clerk, assisted by the Designated Notary who also signs this document, appeared the parties among themselves, duly agreed and contracted, namely: on the one hand as grantor donor, hereinafter simply referred to as "DONOR", **MARIA JULIA PIRES BARBOSA MARQUES,** Brazilian, widowed, retired, holder of Identity Card No. 5.109.121-5-SSP/SP (previously holder of Identity Card No. 5.109.121-SSP/SP), registered with the Individual Taxpayer Registry of the Ministry of Finance under No. 050.140.058-37; domiciled in this municipality, residing at Rua Pedro de Toledo, No. 244, apartment 7, Vila Jacy; and, on the other hand as grantee donee, hereinafter simply referred to as "DONEE", **RAQUEL MARQUES DE OLIVEIRA,** Brazilian, psychologist, holder of Identity Card No. 43.929.570-1-SSP/SP, registered with the Individual Taxpayer Registry of the Ministry of Finance under No. 358.329.038-03, married under the partial community of property regime, under law No. 6515/77, to SAMUEL PEREIRA DE SOUZA, Brazilian, physical education professional, holder of Identity Card No. 50.315.040-X-SSP/SP, registered with the Individual Taxpayer Registry of the Ministry of Finance under No. 387.174.978-84; domiciled in this municipality, residing at Rua Manoel Bandeira, No. 523, Jardim das Indústrias. The present parties are legally competent, known to each other and identified as the very persons referred to herein by me and by the Designated Notary, of which I hereby certify. And, by the aforementioned "DONOR", I was informed of the following: I – That, under lawful title, fully free and clear of any and all liens or encumbrances, whether legal or contractual, including condominium taxes and fees, she is the owner and lawful possessor of: **APARTMENT** No. 121 (one hundred twenty-one), located on the 12th floor or 13th level, and PARKING SPACES Nos. V05 and V06, located on the 1st level of the development known as "LE PARC BUILDING", located at Rua Dona Helena David Neme, No. 180, in the "JARDIM SÃO DIMAS" subdivision, urban perimeter of this municipality, judicial district and 1st Real Estate Registry Office of São José dos Campos; described and characterized under registration No. 184.481, book No. 2, of the First Real Estate Registry Office and Other Services of this judicial district. This property was acquired under registration No. 1104 on 02/16/1976, with specification registered under No. 20, book 2, and condominium charter registered under No. 10.802, book 3, Auxiliary Registry, both on 12/27/2007, and is currently registered under No. 184.481, book No. 02, of the aforementioned Real Estate Registry Office. This same property is registered with the local City Hall under real estate registration No. 43.0007.0043.0045 (previously registered under a larger area under No. 43.0007.0043.0000), with a market value of R$ 139,371.05 and it is valued

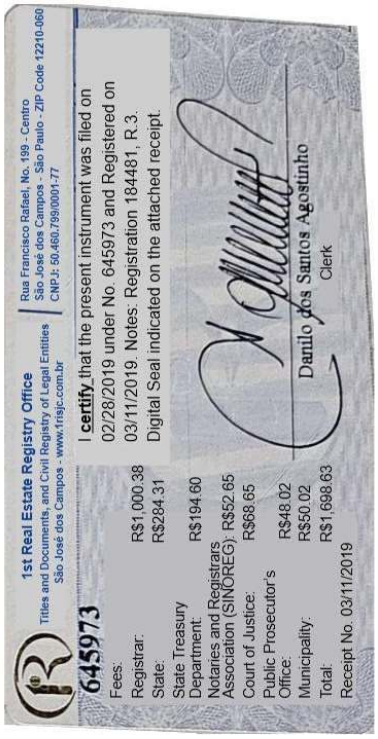
by the "DONOR" at R$ 126,000.00 (ONE HUNDRED TWENTY-SIX THOUSAND REAIS), equivalent on this date to 4.749,34036939 UFESP (*Tax Reference Unit of the State of São Paulo*) units, based on the unit value of UFESP at R$ 26.53. II – That, thus owning the aforementioned property, she has decided of her own free and spontaneous will, without coercion or inducement from anyone whatsoever, to DONATE it free of charge to the aforementioned "DONEE", her granddaughter, as in fact, by this deed and in the best form of law, hereby donates it. III – That, consequently, the "DONEE" hereby assigns, conveys, and transfers all possession, ownership, rights, and actions she held and exercised over the said property, so that the same "DONEE" may use, enjoy, and freely dispose of it as her own property, which it is and henceforth shall be, by virtue of this deed, the "DONOR" undertaking to make this donation always valid, firm, and effective, on her own behalf, and that of her assets, heirs, and successors. IV – That the present donation is made from the disposable portion of the assets of the "DONOR", over which she could freely dispose by will, and is made without any charge, encumbrance, or condition, the "DONOR" hereby waiving the reservation of lifetime usufruct over the property now donated, given that she owns other assets and sufficient means for her maintenance and subsistence. The "DONOR" declared: a) in the form and under the penalties of law, that she is not bound as a mandatory contributor to the National Social Security Institute (INSS); b) in the form and under the penalties of law that she owes nothing in respect of condominium fees and contributions; and c) under civil and criminal liability that there are no real or personal in rem actions relating to the property now donated, nor any other encumbrances thereon, and presented to me the following documents: a) Clearance Certificate, Transfers, Real or Personal In Rem Actions, issued by the First Real Estate Registry Office and Other Services of this Judicial District, on February 19, 2019, which is filed and archived at this Notary Office, on page 032 of book No. 241, for due legal purposes; and b) Certificate of No Labor Debts No. 167704033/2019, issued by the Judiciary - Labor Court, on January 13, 2019, which shall accompany this deed; hereby authorizing from this moment on all and any annotations that may be necessary before the competent Real Estate Registry Office. A consultation was carried out in the database of the Registry of Asset Unavailability, under consultation code – Hash No. 4a14.9099.7a0a.9d8b.3cd3.9736.0061.db41.d889.8e38, and no unavailability in the name of the "DONOR" was found in relation to the property hereby donated, in accordance with Provision No. 13/2012. Thereafter, by the aforementioned "DONEE", I was informed that she accepts the present donation and this deed in all its express terms, so that it may produce its due legal effects, expressly declaring that she waives the presentation of tax certificates relating to taxes levied on the property hereby donated, and in this case, the "DONEE" shall be liable, under the terms of the law, for the payment of any existing tax debts, in accordance with Federal Decree No. 93.240, of September 9, 1986; and presented to me the ITCMD (*Tax on Inheritance and Donations*) payment slip, mechanically authenticated on 02/19/2019, in the amount of R$ 5,594.91 (such payment being made pursuant to Law No. 10.705, of December 28, 2000). THUS, THEY DECLARED AND I HEREBY CERTIFY. At the request of the parties, I drew up this deed, which, having been prepared and read aloud to them in a clear and audible voice, and having been found in conformity, they accepted it in the form in which it is written, granted it, and signed it. It shall be issued "DOI – REAL ESTATE TRANSACTION DECLARATION", in

FEDERATIVE REPUBLIC OF BRAZIL

accordance with the current Normative Instruction of the Federal Revenue Service, of which I hereby certify. I, **-----//Signature//----** (CARIL OLIVEIRA ROCHA), Clerk, drafted it. I, **-----//Signature//----** (SILVIO PEREIRA DE VANCONCELOS), Designated Notary, signed it.

★ **-----//Signature//----**

★ **-----//Signature//----**



Fee charged for the deed	
To the Notary Public:	1,398.35
State:	397.43
State Treasury Department:	272.02
Civil Registry:	73.60
Court Tax:	95.97
Santa Casa:	13.98
Public Prosecutor's Office:	67.12
Municipality:	27.96
TOTAL:	2,346.43

-----//Signature//----

This instrument bears the digital seal 1238691ES0000000001344191, its authenticity may be verified at https://selodigital.tjsp.jus.br/

CERTIFIED TRANSCRIPT

I hereby declare and certify that this transcript is a true and faithful reproduction of the deed drawn up at this notary office on pages 390/392 of book 1010, duly initialed by me, comprising 03 pages. I, **-----//Signature//----** (SILVIO PEREIRA DE VASCONCELOS), Designated Notary, drafted it.

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-----//Signature//----

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P:09865 R:002057

Avenida Francisco José Longo, 149 - Stores 7 / 9 / 12 - São Dimas
São José dos Campos, São Paulo - ZIP Code 12245-000
PHONE: (12) 3921-6022 - FAX: (12) 3921-6248

FEDERATIVE REPUBLIC OF BRAZIL
VALID THROUGHOUT THE NATIONAL TERRITORY. ANY ALTERATION, ERASURE OR AMENDMENT INVALIDATES THIS DOCUMENT

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 24, 2026.

TRASLADO - LIVRO 1010 - PÁGINA(S) 390/392
ATO Nº 148

1º REG. SJC
Protocolo 645.973
Data 28/02/2019
Validade 30/03/2019

ESCRITURA DE DOAÇÃO
VALOR R$ 126.000,00

S A I B A M quantos esta pública escritura virem que aos vinte e dois dias do mês de fevereiro, do ano de dois mil e dezenove (22.02.2019), nesta cidade e comarca de São José dos Campos, do Estado de São Paulo, neste Segundo Tabelião de Notas, perante mim Escrevente, assistido do Substituto Designado que esta subscreve, compareceram partes entre si, justas e contratadas, a saber: de um lado como outorgante doadora, a seguir simplesmente denominada "DOADORA", **MARIA JULIA PIRES BARBOSA MARQUES**, brasileira, viúva, aposentada, portadora da cédula de identidade, Registro Geral nº 5.109.121-5-SSP/SP (anteriormente portadora da cédula de identidade, Registro Geral nº 5.109.121-SSP/SP), inscrita no Cadastro de Pessoas Físicas do Ministério da Fazenda, sob nº 050.140.058-37; domiciliada nesta cidade, onde reside à Rua Pedro de Toledo, nº 244, apt° 7, Vila Jacy; e, de outro lado como outorgada donatária, a seguir simplesmente denominada "DONATÁRIA", **RAQUEL MARQUES DE OLIVEIRA**, brasileira, psicóloga, portadora da cédula de identidade, Registro Geral nº 43.929.570-1-SSP/SP, inscrita no Cadastro de Pessoas Físicas do Ministério da Fazenda, sob nº 358.329.038-03, casada pelo regime da comunhão parcial de bens, na vigência da lei 6515/77, com SAMUEL PEREIRA DE SOUZA, brasileiro, educador físico, portador da cédula de identidade, Registro Geral nº 50.315.040-X-SSP/SP, inscrito no Cadastro de Pessoas Físicas do Ministério da Fazenda, sob nº 387.174.978-84; domiciliados nesta cidade, onde residem à Rua Manoel Bandeira, nº 523, Jardim das Indústrias. As presentes capazes, conhecidas entre si e reconhecidas como as próprias de que trato, por mim e pelo Substituto Designado, do que dou fé. E, pela "DOADORA" referida, me foi dito o quanto segue: I- Que, a justo título, inteiramente livre e desembaraçado de todos e quaisquer ônus ou vínculos, legais ou convencionais, inclusive de impostos e taxas de condomínio, é senhora e legítima possuidora de: **O APARTAMENTO** nº 121 (cento e vinte e um), localizado no 12º andar ou 13º pavimento e as VAGAS nºs V05 e V06, localizadas no 1º do empreendimento denominado "EDIFÍCIO LE PARC", situado na Rua Dona Helena David Neme, nº 180, do loteamento "JARDIM SÃO DIMAS", perímetro urbano desta cidade, comarca e 1a. Circunscrição Imobiliária de São José dos Campos; descrito e caracterizado na matrícula nº 184.481, do livro nº 2, do Primeiro Cartório de Registro de Imóveis e Anexos desta comarca. Imóvel esse havido por força da matrícula nº 1104 em 16/02/1976, com especificação registrada sob nº 20, livro 2 e convenção de condomínio sob nº 10.802, livro 3, Registro Auxiliar, ambos em 27/12/2007, estando o imóvel atualmente matriculado sob nº 184.481, do livro nº 02, do aludido cartório imobiliário. Esse mesmo imóvel, encontra-se cadastrado na Prefeitura Municipal local, com a inscrição imobiliária nº 43.0007.0043.0045 (anteriormente cadastrado em maior área sob nº 43.0007.0043.0000), com o valor venal de R$ 139.371,05 e

REPÚBLICA FEDERATIVA DO BRASIL
VALIDO EM TODO TERRITÓRIO NACIONAL. QUALQUER ADULTERAÇÃO, RASURA OU EMENDA, INVALIDA ESTE DOCUMENTO

é estimado pela "DOADORA" em R$ 126.000,00 (CENTO E VINTE E SEIS MIL REAIS), equivalente nesta data a 4.749,34036939 UFESP's, tendo-se por base o valor unitário da UFESP em R$ 26,53. II- Que assim possuindo referido imóvel, resolveu de sua livre e espontânea vontade, sem coação ou induzimento de quem quer que seja, DOÁ-LO gratuitamente à ora "DONATÁRIA", sua neta, como de fato, pela presente escritura e na melhor forma de direito, doado tem-no. III- Que, em conseqüência à "DONATÁRIA" cede, transmite e transfere toda a posse, domínio, direitos e ações que tinha e exercia sobre referido imóvel, para que dele a mesma "DONATÁRIA" use, goze e livremente disponha, como propriedade sua que é e fica sendo de hoje em diante, por força desta escritura, obrigando-se a "DOADORA" a fazer esta doação sempre boa, firme e valiosa, por si, seus bens, herdeiros e sucessores. IV- Que, a presente doação é destacada da parte disponível dos bens dela "DOADORA", da qual poderia livremente dispor por testamento, e é feita sem nenhum encargo, vínculo ou condição, deixando ela "DOADORA" de reservar para si o usufruto vitalício do imóvel ora doado, visto possuir outros bens e meios necessários à sua manutenção e subsistência. Declarou ela "DOADORA": a) na forma e sob as penas da lei, não estar vinculada como contribuinte obrigatório ao INSS; b) Na forma e sob as penas da lei que nada deve a título de taxas e contribuições de condomínio; e c) sob pena de responsabilidade civil e penal que não há ações reais ou pessoais reipersecutórias, relativas ao imóvel ora doado, e de outros ônus reais incidentes sobre o mesmo, e exibiu-me os seguintes documentos: a) Certidão Negativa de Ônus, Alienações, Ações Reais ou Pessoais Reipersecutórias, expedida pelo Primeiro Cartório do Registro de Imóveis e Anexos desta Comarca, em 19 de fevereiro de 2019, a qual fica arquivada nestas Notas, à folha 032, do livro nº 241, para os devidos fins; e b) Certidão Negativa de Débitos Trabalhistas sob nº 167704033/2019, expedida pelo Poder Judiciário - Justiça do Trabalho, em 13 de janeiro de 2019, a qual acompanhará a presente escritura; autorizando desde já todas e quaisquer averbações que se façam necessárias junto ao Cartório do Registro Público Competente. Foi efetuada a consulta na base dos dados da Central de Indisponibilidade de Bens, conforme código de consulta - Hash nº 4a14.9099.7a0a.9d8b.3cd3.9736.0061.db41.d889.8e38, não constando em nome da "DOADORA" qualquer indisponibilidade com relação ao imóvel ora doado, conforme determina o Provimento nº 13/2012. A seguir, pela "DONATÁRIA" referida, me foi dito que aceitava a presente doação e esta escritura em todos os seus expressos termos, para que surta seus devidos e legais efeitos, declarando expressamente que dispensa a apresentação das certidões fiscais, referentes aos tributos que incidam sobre o imóvel ora doado, neste caso, ela "DONATÁRIA" responderá nos termos da lei, pelo pagamento de quaisquer débitos fiscais existentes, de conformidade com o que dispõe o Decreto Federal nº 93.240, de 09 de setembro de 1986; e exibiu-me a guia de ITCMD, autenticada mecanicamente em data de 19.02.2019, guia essa no valor de R$ 5.594,91 (recolhimento esse nos termos d Lei nº 10.705, de 28 de dezembro de 2000). ASSIM DISSERAM E DOU FÉ. A pedido das partes, lavrei esta escritura, a qual feita e lhes sendo lida em alta e clara voz, por conforme aceitaram, na forma como esta redigida, outorgaram e assinam. Será emitida "DOI - DECLARAÇÃO SOBRE OPERAÇÃO

REPÚBLICA FEDERATIVA DO BRASIL

IMOBILIÁRIA", conforme Instrução Normativa da Secretaria da Receita Federal vigente, do que dou fé. Eu, _____ (CARIL OLIVEIRA ROCHA), Escrevente, que a escrevi. Eu, _____ Substituto Designado, subscrevi. (SILVIO PEREIRA DE VASCONCELOS),

Maria Julia Gres Barbosa Marques

Raquel Marques de Oliveira

Valor cobrado pela escritura	
Ao Tabelião	1.398,35
Estado	397,43
Sec. Fazenda	272,02
Reg. Civil	73,60
Trib. Justiça	95,97
Sta. Casa	13,98
Min. Público	67,12
Município	27,96
TOTAL	2.346,43

Este instrumento possui o selo digital 1238691ES00000000001344191, sua autenticidade pode ser confirmada em https://selodigital.tjsp.jus.br/

TRASLADO

Declaro e dou fé que o presente traslado é cópia fiel da escritura lavrada neste cartório às páginas 390/392 do livro 1010, que vão devidamente rubricadas por mim, em número de 03 páginas. Eu, _____ (SILVIO PEREIRA DE VASCONCELOS), Substituto Designado, que a escrevi.

EM BRANCO

1º Oficial de Registro de Imóveis
Títulos e Documentos e Civil de Pessoa Jurídica
São José dos Campos - www.1riajc.com.br
Rua Francisco Rafael, nº 199 - Centro
S. José dos Campos - SP - Cep 12210-080
CNPJ: 50.460.799/0001-77

645973

Certifico que o presente título foi protocolado em 28/02/2019 sob nº 645973 e Registrado em 11/03/2019. Anotações: MAT 18448 R.3
Indicação do Selo Digital no recibo anexo

Emolumentos:
Oficial: R$1000,38
Estado: R$284,31
Sec.Faz.: R$194,60
Sinoreg.: R$52,65
T.Justiça: R$68,65
M.Público:R$48,02
Município:R$50,02
Total: R$1698,63
Guia Nº 11/03/2019

Danilo dos Santos Agostinho
Escrevente

1238691TR00000000001345195
https://selodigital.tjsp.jus.br

REPÚBLICA FEDERATIVA DO BRASIL
VALIDO EM TODO TERRITÓRIO NACIONAL. PENA QUEM ADULTERAR, RASURA OU EMENDA. INVALIDA ESTE DOCUMENTO
União Internacional do Notariado Latino (fundada em 1948)

PROPERTY APPRAISAL STATEMENT

Property: Residential Apartment, in the Le Parc Building.

Property Registration Number: 184,481

Identification of the Appraised Property: Le Parc Building at Rua Helena David Neme, 180 - Apartment: Unit 121 - Jardim São Dimas, 12245-310, São José dos Campos/São Paulo.

Property Description

Private Area of 73 square meters, with a standard balcony, 1 parking space.

Main Area: 2 Bedrooms, Living Room, Kitchen, Social Bathroom, Laundry Area, 1 Parking Space.

Finishes and General Conditions: Tiled flooring throughout the apartment, paintwork in good condition. Apartment is in good state of preservation.

Appraisal Result

Suggested Sale Price – R$ 600,000.00 (Six hundred thousand Reais).

The value stated above was determined in accordance with the liquidity of the local market as of the current date, taking into account the specific attributes of the property, its physical characteristics, its location, and the availability of similar properties in the real estate market.

Final Remarks

In order to produce its legal and juridical effects, I, Real Estate Broker registered with CRECI SP (Regional Council of Real Estate Brokers of São Paulo) - 2nd Region, under No. 272253-F, certify this statement, which was prepared in accordance with Article 3 of Law 6.530/78.

São José dos Campos, São Paulo, July 23, 2025.

-----//Signature//----

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

PROPERTY APPRAISAL STATEMENT

Property: Residential Apartment, in the Residencial Mateus.

Property Registration Number: 46.0057.0016.0030

Identification of the Appraised Property: Rua Léa Maria Brandão Russo, 419 - Apartment, Unit 82 - Jardim Satélite, 12231-820, São José dos Campos, São Paulo.

Property Description

Private Area of 78 square meters, with a standard balcony, 2 parking spaces.

Main Area: 3 Bedrooms, Living Room, Kitchen, Social Bathroom, Laundry Area, 2 Parking Spaces.

Finishes and General Conditions: Tiled flooring throughout the apartment, paintwork in good condition. Apartment is in good state of preservation.

Appraisal Result

Suggested Sale Price – R$ 450,000.00 (Four hundred and fifty thousand Reais).

The value stated above was determined in accordance with the liquidity of the local market as of the current date, taking into account the specific attributes of the property, its physical characteristics, its location, and the availability of similar properties in the real estate market.

Final Remarks

In order to produce its legal and juridical effects, I, Real Estate Broker registered with CRECI SP - 2nd Region, under No. 272253-F, certify this statement, which was prepared in accordance with Article 3 of Law 6.530/78.

São José dos Campos, São Paulo, July 23, 2025.

-----//Signature//----

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

PROPERTY APPRAISAL STATEMENT

Property: Residential Apartment, in the Condominium Panorama Vila Ema.

Property Registration Number: 235,527

Identification of the Appraised Property: Rua Francisco Ricci, 101, Apartment 41, in the Serimbura neighborhood, São José dos Campos, SP.

Property Description

Private Area of 98.800 square meters, private balcony area of 15.190 square meters, common area of non-proportional division of 54.600 square meters.

Main Area: 3 Bedrooms, Living Room, Kitchen, Social Bathroom, Laundry Area, 2 Parking Spaces.

Finishes and General Conditions: Tiled flooring throughout the apartment, paintwork in good condition. Apartment is in good state of preservation.

Appraisal Result

Suggested Sale Price – R$ 1,000,000.00 (One Million Reais).

The values stated above were determined in accordance with the liquidity of the local market as of the current date, taking into account the specific attributes of the property, its physical characteristics, its location, and the availability of similar properties in the real estate market.

Final Remarks

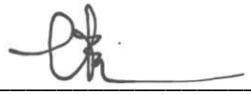
In order to produce its legal and juridical effects, I, Real Estate Broker registered with CRECI SP - 2nd Region, under No. 272253-F, certify this statement, which was prepared in accordance with Article 3 of Law 6.530/78.

São José dos Campos, São Paulo, July 23, 2025.

-----//Signature//----

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: September 22, 2025.

Grupo Kaza

LAUDO DE AVALIAÇÃO DE BENS IMÓVEIS

Imóvel: Apartamento Residencial, no Edificio Le Parc.

Matrícula do Imóvel: 184.481

Identificação do Bem Avaliando: Edifício Le Parc na Rua Helena David Neme, 180 – Apto: Unid. 121 - Jardim São Dimas 12245-310, São José dos Campos/SP.

Descrição do Imóvel

Área Privativa de 73 metros quadrados, com varanda padrão, 1 Vaga de garagem.

Área Principal: 02 Dormitórios, Sala, Cozinha, Banheiro Social, Área de Serviço, 01 Vaga de Garagem.

Acabamento e Condições Gerais: Piso frio em todo apartamento, pintura em bom estado. Apartamento em bom estado de conservação.

Resultado da Avaliação

Valor de Venda Sugerido – R$ 600.000,00 (Seiscentos mil Reais).

Os valores expressos acima foram obtidos em concordância com a liquidez do mercado local, na presente data, obedecendo aos atributos particulares do imóvel, suas características físicas, sua localização e a oferta de imóveis assemelhados no mercado imobiliário.

Observações finais

Para que produza os seus legais e jurídicos efeitos, eu Corretor de Imóveis inscrito no CRECI SP da 2a. Região sob nº 272253-F certifico este parecer, que foi elaborado de acordo com o art. 3º da Lei 6.530/78.

São José dos Campos SP, 23 de Julho de 2025.

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

Grupo Kaza
Negócios Imobiliários

LAUDO DE AVALIAÇÃO DE BENS IMÓVEIS

Imóvel: Apartamento Residencial, no Residencial Mateus.

Matrícula do Imóvel: 46.0057.0016.0030

Identificação do Bem Avaliando: Rua Léa Maria Brandão Russo, 419 - Apto, Unid. 82 - Jardim Satélite, 12231-820, São José dos Campos SP.

Descrição do Imóvel

Área Privativa de 78 metros quadrados, com varanda padrão, 2 Vagas de garagem.

Área Principal: 03 Dormitórios, Sala, Cozinha, Banheiro Social, Área de Serviço, 02 Vagas de Garagem.

Acabamento e Condições Gerais: Piso frio em todo apartamento, pintura em bom estado. Apartamento em bom estado de conservação.

Resultado da Avaliação

Valor de Venda Sugerido – R$ 450.000,00 (Quatrocentos e cinquenta mil Reais).

Os valores expressos acima foram obtidos em concordância com a liquidez do mercado local, na presente data, obedecendo aos atributos particulares do imóvel, suas características físicas, sua localização e a oferta de imóveis assemelhados no mercado imobiliário.

Observações finais

Para que produza os seus legais e jurídicos efeitos, eu Corretor de Imóveis inscrito no CRECI SP da 2a. Região sob nº 272253-F certifico este parecer, que foi elaborado de acordo com o art. 3º da Lei 6.530/78.

São José dos Campos SP, 23 de Julho de 2025.

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

Grupo Kaza
Negócios Imobiliários

LAUDO DE AVALIAÇÃO DE BENS IMÓVEIS

Imóvel: Apartamento Residencial, no Condomínio Panorama Vila Ema.

Matrícula do Imóvel: 235.527

Identificação do Bem Avaliando: Rua Francisco Ricci, 101 Apartamento 41, no bairro Serimbura São José dos Campos SP.

Descrição do Imóvel

Área Privativa de 98,800 metros quadrados, área privativa de varanda de 15,190 metros quadrados, área de uso comum de divisão não proporcional de 54,600 metros quadrados.

Área Principal: 03 Dormitórios, Sala, Cozinha, Banheiro Social, Área de Serviço, 02 Vagas de Garagem.

Acabamento e Condições Gerais: Piso frio em todo o apartamento, pintura em bom estado. Apartamento em bom estado de conservação.

Resultado da Avaliação

Valor de Venda Sugerido – R$ 1.000.000,00 (Hum Milhão de Reais).

Os valores expressos acima foram obtidos em concordância com a liquidez do mercado local, na presente data, obedecendo aos atributos particulares do imóvel, suas características físicas, sua localização e a oferta de imóveis assemelhados no mercado imobiliário.

Observações finais

Para que produza os seus legais e jurídicos efeitos, eu Corretor de Imóveis inscrito no CRECI SP da 2a. Região sob nº 272253-F certifico este parecer, que foi elaborado de acordo com o art. 3º da Lei 6.530/78.

São José dos Campos SP, 23 de Julho de 2025.

Isis Barros de Oliveira Bueno
CRECI SP 272253-F
isisdeoliveira.grupokaza@gmail.com
12988771939

Exhibit D - Personal Documents

FEDERATIVE REPUBLIC OF BRAZIL

CIVIL REGISTRY
1st SUBDISTRICT

APRIL 2, 1987

São José Dos Campos

STATE OF SÃO PAULO

Célio Simões
REGISTRAR
Pedro José de Siqueira
Flavio Antonio Santana Generoso
Gilberto Motta Simões

CIVIL REGISTRY
FIRST SUBDISTRICT
CGC No. 50.460.815/0001-21

JUDICIAL DISTRICT OF SÃO JOSÉ DOS CAMPOS

Bachelor Sebastião Santos da Silva
DEPUTY REGISTRAR
Sonia Maria da Silveira Kodaira
Raimundo Edison Vaz da Silva

CLERKS

BIRTH No. 93921

I CERTIFY that on pages 236.- of book no. A 233.-
of birth records, the entry of §§§§§ RAQUEL MARQUES DE OLIVEIRA §§§§§.-------*
was drawn up today.
born on March 31, 1987 at 10:15 a.m.,
in this Subdistrict. - Nossa Sra. de Fátima Hospital, at Avenida Fco
José Longo No. 1189., female, -
daughter of Fernando Cesar de Oliveira Junior. -
and Ms. Léia Regina Marques Oliveira. -
Paternal grandparents Fernando Cesar de Oliveira. -
and Ms. Maria Letícia Cardoso de Oliveira. -
and maternal grandparents Léo Vargas Marques. -
and Ms. Maria Julia Pires Marques. -
The declarant was the father. -
and the witnesses were those listed in the record
Notes: Born on March thirty-first, nineteen eighty-seven, -------*
----------*
----------*

The above is true and I certify.
1st Subdistrict - São José dos Campos, April 2, 19 87

Flavio Antonio Santana Generoso
Authorized Clerk

Fees: See Reverse Side: -----//Signature//----

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 29, 2025.

REGISTRO CIVIL
1.º SUBDISTRITO
02 ABR 1987
São José dos Campos

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE SÃO PAULO — REGISTRO CIVIL PRIMEIRO SUBDISTRITO — COMARCA DE S. JOSÉ DOS CAMPOS

CGC N.º 50 460 815/0001-21

Célio Simões
OFICIAL
Pedro José de Siqueira
Flávio Antonio Santana Generoso
Gilberto Motta Simões

Bel. Sebastião Santos da Silva
OFICIAL MAIOR
Sonia Maria da Siloeira Kodaira
Raimundo Edison Vaz da Silva

ESCREVENTES

NASCIMENTO Nº 93921

CERTIFICO que, às fls. 236 .- do Livro N.o A 233 .- do Registro de Nascimentos, foi lavrado hoje o assento de §§§§§ RAQUEL MARQUES DE OLIVEIRA §§§§§§§.- - - - - - - - - *
nascid a aos 31 de março.- de 1987, às 10 horas e 15 minutos Neste Subdistrito.- Hospital Nossa Srª de Fátima, na Av. Fcº José Longo nº1189.- -, do sexo feminino,-
filh a de Fernando Cesar de Oliveira Junior .-
e de Dona Léia Regina Marques Oliveira .-
Sendo avós paternos Fernando Cesar de Oliveira .-
e Dona Maria Leticia Cardoso de Oliveira .-
e maternos Léo Vargas Marques .-
e Dona Maria Julia Pires Marques.-
Foi declarante o pai.-
e serviram de testemunhas as constantes do têrmo
Observações : Nascida no dia trinta e um de março de mil novecentos e - oitenta e sete,- - - - - - - - *
- - - - - - - - - - - - - - - - *
- - - - - - - - - - - - - - - - - *

O referido é verdade e dou fé
1.o Subdistrito - São José dos Campos, 02 de abril.- - - - - de 19 87

Flávio Antonio Santana Generoso
Escrevente Autorizado

Emolumentos: V. Verso:

Raquel Marques de Oliveira

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

GF001382

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
GF001382

SOBRENOME / SURNAME
MARQUES DE OLIVEIRA



NOME / GIVEN NAMES
RAQUEL

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
31 MAR/MAR 1987

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
SÃO JOSÉ DOS CAMPOS/SP

FILIAÇÃO / FILIATION
LEIA REGINA MARQUES OLIVEIRA

FERNANDO CESAR DE OLIVEIRA JUNIOR

DATA DE EXPEDIÇÃO / DATE OF ISSUE
18 AGO/AUG 2022

AUTORIDADE / AUTHORITY
DPF/SJK/SP

VÁLIDO ATÉ / DATE OF EXPIRY
17 AGO/AUG 2032

P<BRAMARQUES<DE<OLIVEIRA<<RAQUEL<<<<<<<<<<<<<
GF001382<5BRA8703318F3208173<<<<<<<<<<<<<<00


UNITED STATES OF AMERICA
VISA
Issuing Post Name
SAO PAULO
Surname
MARQUES DE OLIVEIRA
Given Name
RAQUEL
Passport Number
GF001382
Sex
F
Birth Date
31MAR1987
Nationality
BRZL
Entries
M
Annotation
Issue Date
27MAY2026
Control Number
20261468560025
Visa Type /Class
R B1/B2
Expiration Date
25MAY2036
W8422431
VNUSAMARQUES<DE<OLIVEIRA<<RAQUEL<<<<<<<<<<<<
GF001382<5BRA8703318F3605255B3SPL4DN3D853204

VISA

UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20131936690004

Surname
MARQUES DE OLIVEIRA

Given Name
RAQUEL

Visa Type /Class
R B1/B2

Passport Number
FB390645

Sex
F

Birth Date
31MAR1987

Nationality
BRZL

Entries
M

Issue Date
15JUL2013

Expiration Date
11JUL2023

1001

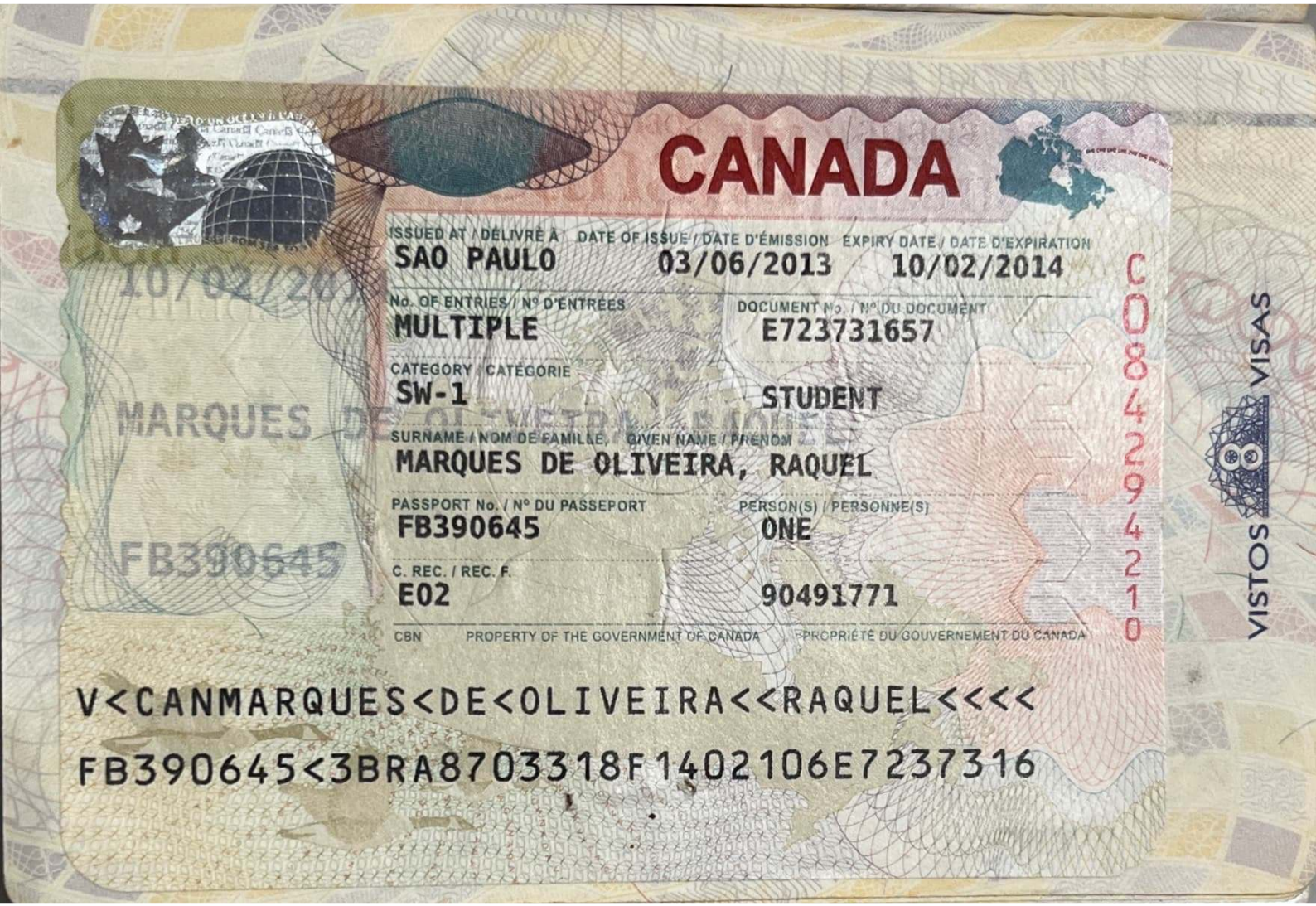
Annotation

H7113466

*

VNUSAMARQUES<DE<OLIVEIRA<<RAQUEL<<<<<<<<<<<<<

FB390645<3BRA8703318F2307116B3SPL10ILY553238



CANADA

ISSUED AT / DÉLIVRÉ À: SAO PAULO
DATE OF ISSUE / DATE D'ÉMISSION: 03/06/2013
EXPIRY DATE / DATE D'EXPIRATION: 10/02/2014
No. OF ENTRIES / Nº D'ENTRÉES: MULTIPLE
DOCUMENT No. / Nº DU DOCUMENT: E723731657
CATEGORY / CATÉGORIE: SW-1
STUDENT
SURNAME / NOM DE FAMILLE, GIVEN NAME / PRÉNOM: MARQUES DE OLIVEIRA, RAQUEL
PASSPORT No. / Nº DU PASSEPORT: FB390645
PERSON(S) / PERSONNE(S): ONE
C. REC. / REC. F.: E02
90491771
CBN PROPERTY OF THE GOVERNMENT OF CANADA / PROPRIÉTÉ DU GOUVERNEMENT DU CANADA

CO842942 10

VISTOS VISAS

V<CANMARQUES<DE<OLIVEIRA<<RAQUEL<<<<
FB390645<3BRA8703318F1402106E7237316

Departure Number

197278768 30

Department of
Homeland Security

CBP I-94A (11/04)
Departure Record

B2
22013
FEB 14 2014
Aug 13 2014

Family Name
MARQUES DE OLIVEIRA

First (Given) Name
RAQUEL

Birth Date (Day Mo Yr)
31 03 87

Country of Citizenship
BRAZIL

20140214 US-VISIT 20140214 MULTIPLE

See Other Side

STAPLE HERE

Seal No. 1230262PV000000002819419K
Verify the authenticity of the Digital Seal at:
https://selodigital.tjsp.jus.br

Civil Registry Office Stamp

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

RELIGIOUS MARRIAGE CERTIFICATE WITH CIVIL EFFECT

NAMES

SAMUEL PEREIRA DE SOUZA	CPF **387.174.978-84**
RAQUEL MARQUES DE OLIVEIRA	CPF **358.329.038-03**

REGISTRATION:
123026 01 55 2019 3 00060 230 0013016 13

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

SAMUEL PEREIRA DE SOUZA, Brazilian, born in São José dos Campos, São Paulo, on March 2, 1994, son of EURILDO PAES DE SOUZA and APARECIDA DE CASSIA PEREIRA SOUZA.

RAQUEL MARQUES DE OLIVEIRA, Brazilian, born in São José dos Campos, São Paulo, on March 31, 1987, daughter of FERNANDO CESAR DE OLIVEIRA JUNIOR and LÉIA REGINA MARQUES DE OLIVEIRA

DATE OF MARRIAGE REGISTRATION IN FULL	DAY	MONTH	YEAR
January ninth, two thousand nineteen	09	01	2019

MARITAL PROPERTY REGIME
Partial community property

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)
No name change is registered

NOTATIONS / ANNOTATIONS TO BE INCLUDED
The act was recorded in Book B AUX-60, on page 230, under No. 13016. Date of the religious marriage with civil effect: December 21, 2018. Nothing further to certify.

REGISTRATION NOTES

Civil Registry Office of Natural Persons and of Interdictions and Guardianships of the 1st Subdistrict of the Headquarters
Bachelor Horácio da Silva Martes

City and Judicial District of São José dos Campos - São Paulo, Rua Humaitá, 220, Centro, ZIP Code 12245-810
Phone: (12) 3904-0079 – CNPJ 50.460.815/0001-21

The content of this certificate is true. I certify.
São José dos Campos, January 9, 2019.

----//signature//----

Alessandra Aurora Machado e Souza
Authorized Clerk

1st Copy - Issued free of charge to the parties

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 29, 2025.

Selo nº 1230262PV000000028194198
Consulte a Autenticidade do Selo Digital em https://selodigital.tjsp.jus.br

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO RELIGIOSO COM EFEITO CIVIL

NOMES

SAMUEL PEREIRA DE SOUZA — CPF 387.174.978-84

RAQUEL MARQUES DE OLIVEIRA — CPF 358.329.038-03

MATRÍCULA

123026 01 55 2019 3 00060 230 0013016 13

NOMES COMPLETOS DE SOLTEIRO, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÃO DOS CÔNJUGES

SAMUEL PEREIRA DE SOUZA, nacionalidade brasileira, natural de São José dos Campos-SP, nascido no dia 2 de março de 1994, filho de EURILDO PAES DE SOUZA e APARECIDA DE CASSIA PEREIRA SOUZA

RAQUEL MARQUES DE OLIVEIRA, nacionalidade brasileira, natural de São José dos Campos-SP, nascida no dia 31 de março de 1987, filha de FERNANDO CESAR DE OLIVEIRA JUNIOR e LÉIA REGINA MARQUES OLIVEIRA

DATA DE REGISTRO DO CASAMENTO POR EXTENSO

Nove de janeiro de dois mil e dezenove.

DIA	MÊS	ANO
09	01	2019

REGIME DE BENS DO CASAMENTO

comunhão parcial de bens

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)

Não consta alteração de nome.

AVERBAÇÕES/ANOTAÇÕES A ACRESCER

Ato registrado no livro B AUX-60, ás folhas 230 , sob o nº 13016. Data de celebração do Casamento Religioso com efeito civil: 21 de dezembro de 2018. Nada mais me cumpria certificar.

ANOTAÇÕES DE CADASTRO

Oficial de Registro Civil das Pessoas Naturais e de Interdições e Tutelas do 1º Subdistrito da Sede
Bel. Horácio da Silva Martes

Municipio e Comarca de São José dos Campos - São Paulo Rua Humaitá, 220, Centro, CEP 12245-810
Telefax: (12) 3904.0079 - CNPJ 50.460.815/0001-21

O conteúdo da certidão é verdadeiro. Dou fé.
São José dos Campos, 9 de janeiro de 2019.

Alessandra Aurora Machado e Souza
Escrevente autorizada

1ª VIA - Expedida sem ônus para as partes

Judicial Branch
STATE COURT OF JUSTICE
Civil Division – Court of Justice of the State of São Paulo
Presiding Court I – Judicial Center for Conflict Resolution and Citizenship- CEJUSC
of the District of São José dos Campos

Rua Paulo Setúbal, 220, - Neighborhood: Jardim São Dimas - ZIP Code: 12245460 - Phone: (12) 2138-8951 - Email: cejusc.sjcampos@tjsp.jus.br

PRE-PROCEDURAL CLAIM No. 4000421-29.2026.8.26.0577/SP

JUDGMENT

I HEREBY RATIFY, by judgment, the agreement reached between the parties, which included the favorable opinion of the Public Prosecutor's Office (Event 11), so that it may produce its legal and juridical effects, pursuant to Provision No. 2,348/2016 of the CSM (CNJ Resolution No. 125), and **I HEREBY GRANT** the consensual **DIVORCE** of the parties.

A copy of this judgment and the settlement agreement shall have the effect of a custody and responsibility order regarding the minor child HEITOR MARQUES PEREIRA, as well as authorization for visitation, and shall also serve as an official order for payroll deduction of child support by the employer of the maintenance obligor, whenever presented, or by the social security agency or public entity, if applicable, even if there is no express provision in the hearing agreement.

The said amount shall be paid to Ms. RAQUEL MARQUES DE OLIVEIRA, CPF No. 35832903803, by deposit into the bank account indicated in the hearing record, or any other account subsequently and directly informed to her by the maintenance obligor or his/her legal representative, without the need for a new court order.

A Judicial Release Order shall be issued in favor of the facilitator, if applicable.

This instrument shall have the effect of a registration amendment order to the Civil Registry Office of Natural Persons of the 1st Subdistrict of the City and District of São José dos Campos, State of São Paulo, so that the necessary annotation shall be made on the margin of the marriage record, recording that the divorce of the above-mentioned parties has been granted.

Name adopted by the parties after divorce:

He: SAMUEL PEREIRA DE SOUZA

She: RAQUEL MARQUES DE OLIVEIRA

Marriage registration No.: 123026 01 55 2019 3 00060 230 0013016 13

Date of final and unappealable judgment: 04/06/2026

LET THIS BE COMPLIED with this decision under the terms of the law, under penalty thereof.

I FURTHER RATIFY the waiver of the appeal period. Certify the finality of judgment.

Failure to comply with any item of the above request shall subject the responsible party to the penalty of the crime of disobedience (Article 529, §1 of the Code of Civil Procedure).

After due formalities and necessary annotations, archive the records.

São José dos Campos, 04/06/2026.

Electronic document signed by **DANIEL TOSCANO**, Judge of Law, pursuant to Article 1, item III, of Law No. 11,419, of December 19, 2006. Verification of **document authenticity** is available at https://eproc1g.tjsp.jus.br/eproc/externo_controlador.php?acao=consulta_autenticidade_documentos, using verification code **610007507246v2** and CRC code **e4eb7e7b**.

Additional signature information:
Signatory: DANIEL TOSCANO
Date and time: 04/13/2026, at 9:41:08 PM

https://eproc-consulta.tjsp.jus.br/consulta_1g/controlador.php?acao=acessar_documento_publico&doc=611776127220422522030442675559&evento=611776127220422522030442681403&key=eef1585aeb14f1cbb1c5cecde1df550b5b46… 1/1

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: June 24, 2026

Poder Judiciário
JUSTIÇA ESTADUAL
Cível - Tribunal de Justiça do Estado de São Paulo
Juízo Titular I - CEJUSC da Comarca de São José dos Campos

Rua Paulo Setúbal, 220, - Bairro: Jardim Sao Dimas - CEP: 12245460 - Fone: (12) 2138-8951 - Email: cejusc.sjcampos@tjsp.jus.br

RECLAMAÇÃO PRÉ-PROCESSUAL Nº 4000421-29.2026.8.26.0577/SP

SENTENÇA

HOMOLOGO, por sentença, o acordo a que chegaram as partes, que contou com a manifestação favorável do Ministério Público (Evento 11), para que produza os seus jurídicos e legais efeitos, nos termos do Provimento nº 2.348/2016 do CSM (Resolução nº 125 do CNJ), e **DECRETO O DIVÓRCIO** consensual das partes.

A cópia da sentença e o termo de acordo celebrado tem eficácia de termo de guarda e responsabilidade do(a) filho(a) menor HEITOR MARQUES PEREIRA, autorização de visitas, assim como serve de ofício para desconto de pensão alimentícia pela empregadora do(a) alimentante em que esta for apresentada, ou pelo órgão ou autarquia previdenciária, se for o caso, ainda que não tenha havido disposição expressa no termo de audiência.

Referida importância deverá ser paga ao(à) Sr(a). RAQUEL MARQUES DE OLIVEIRA, CPF: 35832903803 mediante depósito em conta informada em termo de audiência, ou outra que lhe venha a ser diretamente informada, pelo(a) alimentante ou sua representante legal, sem a necessidade de novo ofício judicial.

Expeça-se Mandado de Levantamento Judicial para o facilitador, se o caso.

O presente termo terá eficácia de mandado de averbação para o Oficial de Registro Civil das Pessoas Naturais do 1º Subdistrito do Município e Comarca de São José dos Campos, Estado de São Paulo, para que se proceda à margem do assento de casamento a necessária averbação de modo a ficar consignado que foi decretado o divórcio das partes acima mencionadas.

Nome que as partes passaram a adotar:

Ele: SAMUEL PEREIRA DE SOUZA

Ela: RAQUEL MARQUES DE OLIVEIRA

Registro de Casamento matr. nº: 123026 01 55 2019 3 00060 230 0013016 13

Data do trânsito em julgado: 06/04/2026

CUMPRA-SE na forma e sob as penas da lei.

HOMOLOGO, ainda, a desistência do prazo recursal. Certifique-se o trânsito em julgado.

O não atendimento à qualquer item da requisição acima sujeita-se à pena de crime de desobediência (artigo 529, § 1º do CPC).

Oportunamente, com as necessárias anotações, arquivem-se o expediente.

São José dos Campos, 06/04/2026.

Documento eletrônico assinado por **DANIEL TOSCANO, Juiz de Direito**, na forma do artigo 1°, inciso III, da Lei 11.419, de 19 de dezembro de 2006. A conferência da **autenticidade do documento** está disponível no endereço eletrônico https://eproc1g.tjsp.jus.br/eproc/externo_controlador.php?acao=consulta_autenticidade_documentos, mediante o preenchimento do código verificador **610007507246v2** e do código CRC **e4eb7e7b**.

Informações adicionais da assinatura:
Signatário (a): DANIEL TOSCANO
Data e Hora: 13/04/2026, às 21:41:08

1230262PV0000000428170227
Verify the authenticity of the Digital Seal at:
https://selodigital.tjsp.jus.br/

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

- 1st Civil Registry Office - São José dos Campos

Birth Certificate

NAME:

HEITOR MARQUES PEREIRA

CPF: 602.330.138-06

REGISTRATION:
123026 01 55 2022 1 00700 120 0373045 20

DATE OF MARRIAGE REGISTRATION (IN FULL)	DAY	MONTH	YEAR
April twenty-eighth, two thousand twenty-two.	28	04	2022

TIME OF BIRTH	PLACE OF BIRTH
10:39 AM	São José dos Campos - São Paulo

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
São José dos Campos - São Paulo	Irmandade Santa Casa, São José dos Campos - São Paulo	Male

FILIATION
SAMUEL PEREIRA DE SOUZA, born in São José dos Campos - São Paulo and RAQUEL MARQUES DE OLIVEIRA, born in São José dos Campos - São Paulo, both residents in born in São José dos Campos - São Paulo

GRANDPARENTS
EURILDO PAES DE SOUZA and APARECIDA DE CASSIA PEREIRA SOUZA (paternal) and FERNANDO CESAR DE OLIVEIRA and LÉIA REGINA MARQUES OLIVEIRA (maternal)

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
No	No record

TWINDATE OF REGISTRATION (IN FULL)	LIVE BIRTH REGISTRATION NUMBER
May second, two thousand twenty-two.	No 30-88835556-6

ANNOTATIONS / NOTES TO BE ADDED
“The present certificate includes elements of an annotation of rectification in the margin of the record.” Nothing further was required of me to certify.

REGISTRATION NOTES
No record.

Civil Registry Office of Natural Persons and of Interdictions and Guardianships of the 1st Subdistrict of the Headquarters
Bachelor Horácio da Silva Martes
City and Judicial District of São José dos Campos - São Paulo, Rua Humaitá, 220, Centro, ZIP Code 12245-810
Phone: (12) 3904-0079 - CNPJ 50.460.815/0001-21

The content of this certificate is true. I certify.
São José dos Campos, May 2, 2022.

----//signature//----

Sandra Balsanelli - Authorized Clerk
Exempt from fees

123026 - AA000454721

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: December 30, 2025.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

1º Cartório do Reg. Civil - São José dos Campos

1230262PV0000000428170227
Consulta de Autenticidade do Selo:
https://selodigital.tjsp.jus.br/

Certidão de Nascimento

NOME:

HEITOR MARQUES PEREIRA

CPF 602.330.138-06

MATRÍCULA:
123026 01 55 2022 1 00700 120 0373045 20

DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS	ANO
Vinte e oito de abril de dois mil e vinte e dois.	28	04	2022

HORA DE NASCIMENTO	NATURALIDADE
10h39min	São José dos Campos-SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL, MUNICÍPIO DE NASCIMENTO E UF	SEXO
São José dos Campos - SP	Irmandade Santa Casa, São José dos Campos-SP	Masculino

FILIAÇÃO
SAMUEL PEREIRA DE SOUZA, natural de São José dos Campos-SP e RAQUEL MARQUES DE OLIVEIRA, natural de São José dos Campos-SP, ambos residentes em São José dos Campos-SP

AVÓS
EURILDO PAES DE SOUZA e APARECIDA DE CASSIA PEREIRA SOUZA (paternos) e FERNANDO CESAR DE OLIVEIRA e LÉIA REGINA MARQUES OLIVEIRA (maternos)

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não	Nada consta

DATA DE REGISTRO (POR EXTENSO)	NÚMERO DA DNV/DECLARAÇÃO DE NASCIDOS VIVOS
Dois de maio de dois mil e vinte e dois.	30-88835556-6

AVERBAÇÕES/ANOTAÇÕES A ACRESCER
"A presente certidão envolve elementos de averbação de retificação a margem do termo": Nada mais me cumpria certificar.

ANOTAÇÕES DE CADASTRO
Nada consta.

Oficial de Registro Civil das Pessoas Naturais e de Interdições e Tutelas do 1º Subdistrito da Sede Bel. Horácio da Silva Martes
Municipio e Comarca de São José dos Campos - São Paulo Rua Humaitá, 220, Centro, CEP 12245-810
Telefax: (12) 3904.0079 - CNPJ 50.460.815/0001-21

O conteúdo da certidão é verdadeiro. Dou fé.
São José dos Campos, 02 de maio de 2022.

Sandra Balsanelli - Escrevente Autorizada
Isento de Emolumentos

123026 - AA000454721 03/22

Menor de 12 anos de idade
Child under the age of 12

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

GF630434

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
GF630434

SOBRENOME / SURNAME
MARQUES PEREIRA



NOME / GIVEN NAMES
HEITOR

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
28 ABR/APR 2022

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
SÃO JOSÉ DOS CAMPOS/SP

FILIAÇÃO / FILIATION
SAMUEL PEREIRA DE SOUZA

RAQUEL MARQUES DE OLIVEIRA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
22 NOV/NOV 2022

AUTORIDADE / AUTHORITY
DPF/SJK/SP

VÁLIDO ATÉ / DATE OF EXPIRY
21 NOV/NOV 2023

P<BRAMARQUES<PEREIRA<<HEITOR<<<<<<<<<<<<<<<<
GF630434<1BRA2204282M2311218<<<<<<<<<<<<<<04