



**IFB RESPONSE SUBMITTED TO:**



**THE STATE OF ARKANSAS  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
IFB: 710-25-039  
NEUROLOGY SERVICES  
FEBRUARY 5, 2025 - 10:00 AM CST**

**Prepared by  
Dayne Troupe, Managing Partner  
Adelphi Staffing, LLC  
965 Geneva Walk NW  
Kennesaw, GA 30152  
Tel: 678-365-1101; Fax: 678-257-2992  
[govt@adelphistaffing.com](mailto:govt@adelphistaffing.com)**

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# **BID RESPONSE PACKET**

***BID RESPONSE PACKET***  
***710-25-039***  
***Neurology Services-CHDC***


# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
<b>Company:</b>	Adelphi Staffing, LLC				
<b>Address:</b>	3651 Peachtree Pkwy, Suite E439				
<b>City:</b>	Suwanee	<b>State:</b>	GA	<b>Zip Code:</b>	30024-6034
<b>Business Designation:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation LLC <input type="checkbox"/> Nonprofit				
<b>Minority and Women-Owned Designation*:</b>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American				
	AR Certification #: <u>N/A</u> * See Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
<b>Contact Person:</b>	Dayne Troupe	<b>Title:</b>	Managing Partner		
<b>Phone:</b>	678-365-1101	<b>Alternate Phone:</b>			
<b>Email:</b>	govt@adelphistaffing.com				
CONFIRMATION OF REDACTED COPY					
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
COMBINED CERTIFICATIONS FORM					
Prospective Contractor has included, in this submission packet, the signed Attachment H-Combined Certifications for Contracting with the State of Arkansas.					

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be disqualified:**


**Authorized Signature:**                       **Title:** Managing Partner  
**Printed/Typed Name:** Dayne Troupe                      **Date:** 1/31/2025

## **SECTIONS 1 - 4 VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

Adelphi Staffing, LLC has no exceptions to the IFB requirements. Our firm will fully comply with the terms and conditions of this solicitation.

By signature below, vendor agrees to and **shall** fully comply with all requirements as shown in the bid solicitation.

<b>Vendor Name:</b>	Adelphi Staffing, LLC	<b>Date:</b>	1/31/2025
<b>Signature:</b>		<b>Title:</b>	Managing Partner
<b>Printed Name:</b>	Dayne Troupe		

## PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP
N/A		

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

# DOCUMENTATION CHECKLIST

*As outlined in section 2.3 Minimum Qualifications in the solicitation document, please provide the following:*

- Active registration from the Arkansas Secretary of State's Office, or other state approved documentation
- Copy of License to practice medicine in the State of Arkansas
- Copy of Controlled Substance Registration Certificate
- Official Bid Price Sheet
- All documents provided in the bid response packet
- Copy of Vendor's Equal Opportunity Policy
- Signed Addenda, if applicable
- EO 98-04 Disclosure Form (Attachment A)
- Combined Certifications (Attachment H)
- Client History Form (Attachment I)





## COMBINED CERTIFICATIONS FOR CONTRACTING WITH THE STATE OF ARKANSAS

Pursuant to Arkansas law, a vendor must certify as specified below and as designated by the applicable laws.

1. **Israel Boycott Restriction:** For contracts valued at \$1,000 or greater.  
A public entity shall not contract with a person or company (the "Contractor") unless the Contractor certifies in writing that the Contractor is not currently engaged in a boycott of Israel. If at any time after signing this certification the Contractor decides to boycott Israel, the Contractor must notify the contracting public entity in writing. See Arkansas Code Annotated § 25-1-503.
2. **Illegal Immigrant Restriction:** For contracts valued at \$25,000 or greater.  
No state agency may contract for services with a Contractor who knowingly employs or contracts with an illegal immigrant. The Contractor shall certify that it does not knowingly employ, or contract with, illegal immigrants. See Arkansas Code Annotated § 19-11-105.
3. **Energy, Fossil Fuel, Firearms, and Ammunition Industries Boycott Restriction:** For contracts valued at \$75,000 or greater.  
A public entity shall not contract unless the contract includes a written certification that the Contractor is not currently engaged in and agrees not to engage in, a boycott of an Energy, Fossil Fuel, Firearms, or Ammunition Industry for the duration of the contract. See Arkansas Code Annotated § 25-1-1102.
4. **Scrutinized Company Restriction:** Required with bid or proposal submission.  
A state agency shall not contract with a Scrutinized Company or a company that employs a Scrutinized Company as a subcontractor. A Scrutinized Company is a company owned in whole or with a majority ownership by the government of the People's Republic of China. A state agency shall require a company that submits a bid or proposal for a contract to certify that it is not a Scrutinized Company and does not employ a Scrutinized Company as a subcontractor. See Arkansas Code Annotated § 25-1-1203.

By signing this form, the Contractor agrees and certifies they are not a Scrutinized Company and they do not currently and shall not for the aggregate term of any resultant contract:

- Boycott Israel.
- Knowingly employ or contract with illegal immigrants.
- Boycott Energy, Fossil Fuel, Firearms, or Ammunition Industries.
- Employ a Scrutinized Company as a subcontractor.

Contract Number: \_\_\_\_\_ Description: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

A handwritten signature in blue ink, appearing to read "Dwayne Toupe", is written over a horizontal line.

Vendor Signature

Date

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

☐ Yes ☐ No

IS THIS FOR:

TAXPAYER ID NAME:

**Goods? Services? Both?**

YOUR LAST NAME:

FIRST NAME

M.I.:

ADDRESS:

CITY:

STATE:

ZIP CODE:

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COUNTRY:

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### F O R I N D I V I D U A L S \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☐ None of the above applies

### F O R A N E N T I T Y ( B U S I N E S S ) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☐ None of the above applies

## Contract and Grant Disclosure and Certification Form

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.*

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature  Title \_\_\_\_\_ Date \_\_\_\_\_

Vendor Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Agency use only

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

# **SIGNED ADDENDUM**

## Instructions

This Response Template must be used for submission of written questions. All questions should provide the requested information. Those that do not, may not be answered by DHS. The Vendor may add as many lines as needed. DHS would strongly prefer the Vendor to ask multi-part questions as individual questions on separate lines.

**Instructions:** Complete all cells of each question asked in the Table below. Clearly identify the referenced section or text.

Question ID	Reference (page number, section number, paragraph)	Specific Language	Question	Answers
Example	Page 7, section 1.15, C	J. Vendors may submit multiple bid	May vendors submit more than one bid?	yes See section 1.15, J
1	Page 10, Section 2.3, A-D	English	Are locum agency allowed to bid on the contract	Yes.
2	Page 10, Section 2.3, A-D	English	locum agencies don't disclose their candidate's proprietary information before a contract is issued. Can the requirement for a copy of the physicians license, CSR and DEA be waived?	No.
3	Page 10, Section 2.3, A-D	English	If the requirement for a copy of the physician's license, CSR and DEA can not be waived, can we redact the physicians personal/identifying information?	Yes.
4	Page 10, Section 2.4, A1	English	Is this an inpatient or outpatient need?	Inpatient/Residential Facility
5	Page 11, Section 2.4, Subsection B	The neurologist is expected to provide services Monday through Friday, from 8:00 AM to 4:30 PM CST, with an estimated total of 24 monthly hours. Given that the stated daily schedule accounts for 8.5 hours per day over five working days per week, this calculation appears inconsistent with the total of 24 hours per month.	Could you clarify how the monthly total of 24 hours is determined in light of the specified daily and weekly schedule?	The daily schedule will be established by the CHDC medical department and the neurologist. See IFB Section 2.4 (B)(2)
6	Page 10, Section 2.3, Subsection C	The Contractor must be a Board-Certified Neurologist and licensed to practice medicine in the State of Arkansas.	Can the agency confirm that temporary or provisional licenses for neurologists are not acceptable, even if the neurologist is otherwise eligible for permanent licensure in Arkansas?	Correct.
7	Page 5, Section 1.5, Subsection A	Vendor(s) must include all pricing on the Official Bid Price Sheet(s) only. Any cost not identified by the successful vendor but subsequently incurred in order to achieve successful operation shall be borne by the vendor	Does the agency allow for reimbursement of travel and lodging expenses incurred while providing services, or should these costs be included in the hourly rate provided on the Official Bid Price Sheet? If reimbursement is allowed, are there specific rates or limits that apply?	No.

8	Page 11, Section 2.4, Subsection A, Point 4	The neurologist must be available twenty-four (24) hours per day, including weekends and holidays, to respond to calls from CHDC and for consultation(s) with medical, nursing and/or other team staff	What is the expected response time for on-call requests? Is there a specific requirement for the neurologist to be within a certain distance or vicinity of the facility during on-call hours to allow for in-person responses if necessary?	1) <i>Neurologist must respond to an on-call request within two (2) hours.</i> 2) <i>No.</i>
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Dayne Troupe, Managing Partner

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# MINIMUM QUALIFICATION DOCUMENTATION

DR. EDWARD KRAMER PROFILE:  
Arkansas Licensed Neurologist with over 30 years  
of experience

# RESUME

## CURRICULUM VITAE EDWARD LOVETT KRAMER, D.O.



### Personal Data

Home Address:   
Hot Springs National Park, AR 71901

Place of Birth: Brooklyn, New York

Nationality: United States citizen

Marital Status: Married

Arkansas Driver's License: 941329009

### Education

1964 – 1968 B.A. degree, English Literature  
Upsala College  
East Orange, NJ

1968 – 1969 M.F.A. program, Directing and Playwriting  
Tulane University Graduate School of Drama  
New Orleans, LA

1981 – 1985 Premedical studies  
University of Arkansas at Little Rock  
Little Rock, AR

1985 – 1989 D.O. degree Oklahoma State University College of Osteopathic Medicine  
Tulsa, OK

### Postgraduate Training

1989 – 1990 Family Practice internship  
University of South Alabama Medical Center  
Mobile, AL 36617

1990 – 1993 Neurology residency  
University of South Alabama Medical Center  
Mobile, AL 36617

1992 Mini Fellowship in Epilepsy  
The Bowman Gray School of Medicine of Wake Forest University  
Winston-Salem, NC 27101

### Active Medical Licensure

Arkansas E-10819 Date issued: 08/04/2017 Expiration date: 04/30/2026  
Texas J7038 Date issued: 01/05/1994 Expiration date: 05/31/2024 (Renewal pending)  
DEA BK2638863 Expiration date: 12/31/2026



**Board Certification Status**      Board Eligible

**Professional Experience**

4/13/2020 to 9/26/2024	Neurologist CHI St. Vincent Neurology Clinic – Hot Springs 1 Mercy Lane, Ste. 505 Hot Springs, AR 71913
7/22/2019 to 10/31/2019	Neurologist / Epileptologist Jackson T. Stephens Spine & Neuroscience Institute's Neurology University of Arkansas for Medical Sciences Little Rock, AR 72205
11/1/2017 -- 7/22/2019	Medical Director, Baptist Health Neurology – Conway, AR
7/17/2017	Signed employment agreement with Arkansas Health Group (AHG)
4/23/1999 – 9/31/2017	Private neurology practice, Fort Worth, TX
1994 – 2/28/99	Assistant Professor of Medicine Department of Internal Medicine, Division of Neurology University of North Texas Health Science Center at Fort Worth  Contract Neurologist, FCI and FMC Carswell, U.S. Bureau of Prisons Neurological consultations for purposes of diagnosis, formulation of neurological care plans, and differentiation of physiologic versus factitious presentations among the prison population

**Lecture blocks:**

- Cerebrovascular disease (Stroke and TIA)
- Disorders of Higher Cognitive Functioning (Dementia, Delirium, Cerebral palsy, Coma)
- Epilepsy
- Guillain-Barré syndrome and CIDP
- Headache
- Multiple Sclerosis
- Neurocutaneous Disorders
- Neuro-Oncology
- Parkinson's Disease and other movement disorders
- Pseudosigns in Neurology (Malingering, Conversion Disorder, Pain Amplification, Munchausen's Syndrome, Proxy Munchausen's Syndrome)

1993 - 1994	Neurologist Northeast Alabama Neurological Services Anniston, AL and Gadsden, AL
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1984 – 1985	Chief Copywriter and Broadcast Producer Mangan Rains Ginaven Holcomb Agency Advertising, Marketing and Public Relations Little Rock, AR
-------------	--

1981 – 1984	Free Lance Advertising and Public Relations Consultant, Writer / Broadcast Producer Little Rock, AR
-------------	--

1973 – 1981	Director of Information and Education Arkansas Highway Safety Program
-------------	--

Office of the Governor, Department of Public Safety  
 U.S. Dept. of Transportation  
 National Highway Traffic Administration and Federal Highway Administration  
 Little Rock, AR

1971 – 1973 Theatre Director and Drama Instructor  
 Arkansas Arts Center  
 Little Rock, AR

1969 – 1971 Screenwriter, M-G-M and Kaliedoscope Films, Ltd.  
 New York, NY

1968 – 1969 Professional Actor, Director and Playwright

### **Other Professional Experience**

2020 – Present ARCOM, Clinical Preceptor for medical students  
 Per agreement with Frazier Edwards, Executive Director of Clinical Resources and CME  
 Arkansas College of Osteopathic Medicine (ARCOM) (479) 308-2200

Clinical Preceptor, CHI Internal Medicine residents

1999 – 7/21/2017 University of North Texas Health Science Center (UNTHSC)  
 Clinical preceptor for medical students, interns and residents from UNTHSC,  
 Plaza Medical Center and John Peter Smith Hospital

Co-founder, Tarrant County Spasticity Clinic

1999 Deep Brain Thalamic Stimulator Placement for patients with medically refractory  
 Parkinson's disease and Essential Tremor Intra-operative monitoring and outpatient  
 programming of the Medtronic Implantable Pulse Generator

1997 – 1999 Member, Tarrant County Stroke Team

1998 – 1999 Co-investigator for Phase III Drug Trials in Stroke, Headache, Epilepsy, and  
 Neuropathic Pain  
 University of North Texas Health Science Center at Fort Worth

1994 – 1998 Member, Subcommittee on Credentialing, University of North Texas Health  
 Science Center at Fort Worth

1994 – 1998 Member, Quality Assurance Committee  
 Osteopathic Medical Center of Texas  
 Fort Worth, TX

1994 – 1998 Adjunct Faculty, Dept. of Behavioral Psychology, University of North Texas at Denton

1998 – 1999 Member, Medical Library Committee  
 University of North Texas Health Science Center at Fort Worth

1997 – 1998 Member, Contract Committee, Texas Independent Osteopathic Physician's Association  
 Fort Worth, TX

1994 – 1997 Vice-Chairman, Medical Executive Committee  
 HealthSouth Rehabilitation Hospital  
 Fort Worth, TX

1980 - 1981	Associate Faculty Transportation Safety Institute U.S. Department of Transportation Oklahoma City, OK
1979 – 1981	National Chairman, Committee on Community Program Development and Evaluation National Assn. of Governor's Highway Safety Representatives
1979 – 1981	Advisor, Task Force on Accident Prevention Central Arkansas Health Systems Agency

### **Professional Memberships**

Arkansas Medical Society  
American Academy of Neurology  
Texas Neurological Society

### **Publications**

Kramer EL, Giacoia GP, Say B, et al: Split notochord syndrome with dorsal enteric fistula and sacral agenesis. *Teratology*, 38:1-5, 1988.

Dickerman RD, Kramer E, Pertusi R, et al: Peripheral neuropathy and testosterone. *Neurotoxicology*

Kramer EL: The Great Arkansas Motorcycle Helmet Law Fight. *Traffic Safety*. 79:1830, 1979.

### **Grand Rounds / Guest Lectures**

2001 "*Multiple Sclerosis*"  
Campbell Hospital  
Weatherford, TX  
Sponsored by MS Society

"*Update in Multiple Sclerosis for Neurologists*"  
AMA Category 1 CME instructor  
Midland/Odessa, Lubbock, and San Marcos, TX

"*Alzheimer's Disease*"  
Alzheimer's Support Group  
Campbell Hospital  
Weatherford, TX  
Sponsored by Alzheimer's Assn.

August 2000 "*Diagnosis and Treatment of Migraine*"  
Glaxo Wellcome  
Fort Worth, TX

November 1999 "*Migraines: Drug Therapy*"  
Glaxo Wellcome  
Fort Worth, TX

January 1999 "*Central Dysautonomic Hypotension: Causes and Treatments*"  
Grand Rounds, University of North Texas Health Science Center  
Fort Worth, TX

December 1998 "*Epilepsy: Classification and Treatment*"  
Grand Rounds  
John Peter Smith Hospital  
Fort Worth, TX

November 1998 *"Stroke: Causes, Treatment and Rehabilitation Issues"*  
Arlington Stroke Support Group  
HealthSouth Rehabilitation Center  
Arlington, TX

March 1998 *"Stroke"*  
In-service for nursing staff  
Osteopathic Medical Center of Texas  
Fort Worth, TX

July 1997 *"Midnight Seizures"*  
In-service for nursing staff  
Osteopathic Medical Center of Texas  
Fort Worth, TX

June 1997 *"Pseudosigns in Neurology"*  
FMC Carswell – U.S. Bureau of Prisons  
Fort Worth, TX

June 1997 *"Approach to the Dizzy Patient"*  
Roberts Pharmaceuticals  
Fort Worth, TX

November 1996 *"Migraine Headaches"*  
Texas Pharmacist Assn. Regional Meeting  
Waco, TX

May 1996 *"Integrating Neuroimaging Techniques in Clinical Practice"*  
Fort Worth Neuropsychological Society Second Annual Conference  
Fort Worth, TX

April 1996 *"Headaches: Three Case Reports"*  
Annual Family Practice Spring Update  
University of North Texas Health Science Center  
Dallas, TX

March 1994 *"Classification of Epilepsy":*  
University of North Texas Health Science Center  
Fort Worth, TX

March 1994 *"Pseudosigns in Neurology"*  
Alabama Osteopathic Medical Assn.  
Annual Procedural Conference  
Birmingham, AL

March 1993 *"Proteus Syndrome and Other Hamartomas"*  
University of South Alabama Medical Center  
Mobile, AL



# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

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

## Detailed License Verification

Queried on: Friday, January 31, 2025 at: 2:34 PM

### General Information

Name: Edward Lovett Kramer, D.O.

Primary Specialty: Neurology

Secondary Specialty:

### Address Information

Mailing Address: One Mercy Lane

Address 2: Suite 505

City/State/Zip: Hot Springs, AR 71913

Phone:

Fax:

Home State: AR

### License Information

License Number: E-10819

Original Issue Date: 8/4/2017

Expiration Date: 4/30/2026

License Status: Active

License Category: Unlimited

License Number: T2017-174

Original Issue Date: 7/28/2017

Expiration Date: 8/4/2017

License Status: Inactive

License Category: Temporary

### Certifications (ABMS Boards)

Specialty: Unknown  
Certification Type: Unknown  
Certification Status: None/Unknown  
Certification Board: NONE  
Certificate Number:  
Certification Date:  
Recertification Date:  
Expiration Date:  
Verification Date: 12/27/2023  
Verification Source: Certifacts  
Remarks: Not Certified

## Board History

Appearance: No

Reason: Licensure

Date of Action: 8/4/2017

Minutes:

KRAMER, Edward Lovett, D.O., was granted a permanent license and a waiver of the requirement for direct verification of Electrophysiology Fellowship, Cleveland Clinic Foundation Program, 1/1/92 - 12/31/92.

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# DEA LICENSE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BK2638863	12-31-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	PRACTITIONER	12-03-2023
KRAMER, EDWARD L CHI ST. VINCENT 1 MERCY LN STE 505 HOT SPRINGS, AR 719136462		

***Attachment I***  
***Client History Form***  
***Neurology Services***  
***710-25-039***



# Attachment I

## Neurology Services

*Instructions:* This form is intended to help the State gain a more complete understanding of each Respondent's experience. This form **must** be completed completely and accurately.

The State reserves the right to verify the accuracy of these answers by contacting any of the listed clients, and all applicable clients **must** be listed. Omission of a client will constitute a failure to complete this form.

For purposes of this form, the "client" is not an individual but the entity which held the contract. By way of explanation, in the Contract resulting from this IFB, Arkansas DHS will be the client. For each listed client, Respondents may (but are not required) provide the contact information for a person at the client entity who is knowledgeable of the named project. If the State contacts clients listed on this form, the State reserves the right to contact the listed individual or another person at the listed client.

The boxes below each prompt will expand if necessary. The form **must** be signed (please see the final page) by the same signatory who signed the Response Signature Page.

1. Please list clients where you (the prime contractor only) **served as the prime contractor** providing neurology services to individuals with intellectual disabilities for at least three (3) years. For each client, please specify the organization/agency/division, not the individual names. Please briefly describe the scope of the contract and the duration of services. If there are no contracts which meet this definition, please state "none."

Authorized Signature:  Title: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# BIDDER LICENSES AND EQUAL OPPORTUNITY POLICY



**John Thurston**  
ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

**Application for Certificate of Registration of For. LLC**

of

**ADELPHI MEDICAL STAFFING, LLC**

filed in this office  
June 22, 2022

**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 22nd day of June 2022.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 54703162b4be806f04b  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)





## Arkansas Secretary of State John Thurston

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State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

### **Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

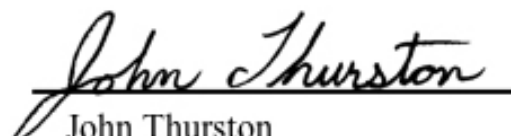
### **ADELPHI MEDICAL STAFFING, LLC**

formed under the laws of the state of Georgia, and authorized to transact business in the State of Arkansas as a Foreign Limited Liability Company, was granted a Registration of Foreign Limited Liability Company by this office June 22, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of October 2024.

  
John Thurston  
Secretary of State

Online Certificate Authorization Code: 77199f7fe7df9ba

To verify the Authorization Code, visit [sos.arkansas.gov](https://sos.arkansas.gov)

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Adelphi Staffing, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 28194780  
Date Inc/Auth/Filed: 01/17/2017  
Jurisdiction : Georgia  
Print Date : 11/01/2024  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

# EQUAL OPPORTUNITY POLICY

Adelphi Staffing LLC provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Adelphi Staffing LLC complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status is expressly prohibited.

We are committed to a diverse workforce. We value all employees' talents and support an environment that is inclusive and respectful. We are strongly committed to this policy and believe in the concept and spirit of the law.

We are committed to ensuring that:

- ▣ All recruiting, hiring, training, promotion, compensation and other employment-related programs are provided fairly to all persons on an equal opportunity basis.
- ▣ Employment decisions are based on the principles of equal opportunity. All personnel actions such as compensation, benefits, transfers, training, and participation in social and recreational programs are administered without regard to any characteristic protected by state, federal or local law.
- ▣ Employees and applicants will not be subjected to harassment, intimidation, threats, retaliation, coercion or discrimination because they have exercised any right protected by law.
- ▣ Reasonable accommodations will be made for disabilities and religious beliefs.

We believe in and practice equal opportunity. The Director of Human Resources serves as our Equal Opportunity Coordinator and has overall responsibility for ensuring compliance with this policy. All employees are responsible for supporting the concept of equal opportunity and diversity and assisting our Company in meeting its objectives.

Adelphi Staffing, LLC  
965 Geneva Walk NW  
Kennesaw, GA, 30152  
678-365-1101 | adelphistaffing.com