


p. 10

**DEPARTMENT OF SPECIAL SERVICES
TOWNSHIP OF UNION PUBLIC SCHOOLS
M-E-M-O-R-A-N-D-U-M**

To : Pat Ditri

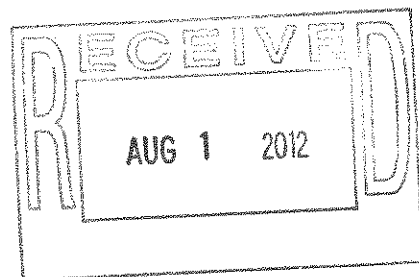
From: Kim Conti 

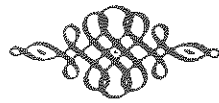
Re: Board Agenda

Date: July 30, 2012

Please place the following on the board agenda:

- The committee recommends and I so move that approval be given to Pediatric Workshop to provide Physical Therapy for an Out of District student at Midland School at the rate of \$81.00 per 40 minutes and \$43.00 per twenty minutes. Not to exceed \$5,600.00 for the 2012-2013 school year. (Account #11-000-216-320-01-19)





PEDIATRIC WORKSHOP

Cynthia Argiro, PT, MA

P.O. Box 4194

Warren, NJ 07059

(908) 400-8587

Lic. No. 40QA00319800

May 15, 2012

Union Township Board of Education
Department of Special Services
2155 Morris Ave.
Union, NJ 07803
Attn: Kathy Gilmartin

Dear Sir/Madam:

Enclosed please find original and one copy of contract for physical therapy services for the 2012-2013 school year. Please sign and return copy of contract to us at your earliest convenience.

If you have any questions, or need additional information, please call. Thank you.

Very truly yours,

Cynthia Argiro, MA, PT

CA/mm
enclosures



PEDIATRIC WORKSHOP

Cynthia Argiro, PT, MA

P.O. Box 4194

Warren, NJ 07059

(908) 400-8587

Lic. No. 40QA00319800

**AGREEMENT FOR
PHYSICAL THERAPY SERVICES**

AGREEMENT, MADE THIS 10 DAY OF MAY, 2012 BY AND BETWEEN

Pediatric Workshop
P. O. Box 4194
Warren, NJ 07059

And

Union Township Board of Education
Department of Special Services
2155 Morris Ave.
Union, NJ 07803
Attn: Kathy Gilmartin

Whereas, Pediatric Workshop offers and/or arranges for services by licensed Physical Therapists, and/or other health professionals in order to assist educational facilities to conform to state regulations, and to develop and implement quality services, and

Whereas, Union Township operates a department of education and desires the services of a registered Physical Therapist and other health professionals to provide necessary physical therapy services to its students, and

Now, therefore, Pediatric Workshop and Union Township agree to the following:

1) Term - The term of this agreement shall be for the 2012-2013 school year.

2) Compensation - In consideration for the services to be rendered by Pediatric Workshop,
Union Township shall pay:

\$107 for 60 minute treatment session

\$85 for 45 minute treatment session

\$81 for 40 minute treatment session

\$61 for 30 minute treatment session

\$43 for 20 minute treatment session

\$285 for evaluation

Invoices will be submitted monthly.

3) Session Length - The length of therapy service will range between one-half hour and one full
hour, depending on the prescription signed by the physician.

4) Current Student list - The current weekly student therapy list is as follows:

Andrew Poole 1 x 20, 1 x 40 minute session

This list may be increased/ decreased as becomes necessary during the school year. It is
understood a physical therapy evaluation will be conducted prior to placing any child on a physical
therapy program.



Cynthia Argiro MA PT
Pediatric Board Certified Specialist

Union Township Board of Education

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: If blue State seal back-
ground is not present,
this is a photocopy

02/01/2006

CYNTHIA L. ARGIRO
7 QUAIL RUN
WARREN, NJ 07059

Your request for criminal history record processing has been completed. The fingerprints submitted by you through the school district, private school or bus contractor have been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for public school employment in accordance with N.J.S.A. 18A: 6 - 7.1, N.J.S.A. 18A: 39 - 19.1 or N.J.S.A. 18A: 6 - 4.13.

CYNTHIA L. ARGIRO

7 QUAIL RUN

WARREN, NJ 07059

39 - UNION

4670 - SCOTCH PLAINS-FANWOOD

A notice of qualification has been forwarded to the school district, private school or bus contractor making the original request for a fingerprint search. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office in which you are registered. Please retain possession of this letter as proof that you have completed the statutory requirements with the district that submitted your fingerprints for a criminal history background check.

School bus drivers must be printed upon initial application for a school bus endorsement and each time their driver's license is renewed. All other persons must be fingerprinted upon any change in employment from one district or contract service provider to another.

If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

Carl H. Carabelli

Carl H. Carabelli, Director
Criminal History Review Unit

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Physical Therapy

HAS LICENSED

CYNTHIA L. ARGIRO
7 QUAIL RUN
WARREN NJ 07059-7149

FOR PRACTICE IN NEW JERSEY AS A(N): Physical Therapist

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Physical Therapy
HAS LICENSED
CYNTHIA L. ARGIRO
Physical Therapist

11/17/2009 TO 01/31/2012
VALID
40QA00319800
SIGNATURE
Cynthia L. Argiro

11/17/2009 TO 01/31/2012
VALID

40QA00319800

LICENSE/REGISTRATION/CERTIFICATION #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Physical Therapy
P.O. Box 45014
Newark, NJ 07101

Cynthia L. Argiro
Signature of Licensee/Registrant/Certificate Holder

David B...
DIRECTOR

PLEASE DETACH HERE

CYNTHIA L. ARGIRO EXPIRATION DATE 2012
YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 40QA 00319800 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

Board of Physical Therapy
P.O. Box 45014
Newark, NJ 07101

PRINT YOUR NEW ADDRESS OF RECORD BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME
BUSINESS

PRINT YOUR NEW MAILING ADDRESS BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

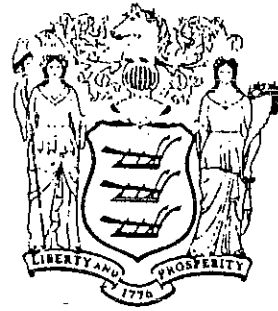
HOME
BUSINESS

TELEPHONE
INCLUDE AREA CODE

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of
business.

The State of



New Jersey

Department of Education
State Board of Examiners

This is to certify that
CYNTHIA L ARGIRO

has met all of the requirements established by the State Board of Education and is
authorized to serve in the public schools of New Jersey as indicated below:

TYPE	ISSUED	EXPIRES	DESCRIPTION	CO. DIST.
REG.	10/85	-	SCHOOL PHYSICAL THERAPIST *****	

Saul Cooper
Commissioner of Education

Alveta M. Rocco
Secretary, State Board of Examiners

