**ATTACHMENT A**
**Statement of Qualifications Cover Sheet**

The Mississippi Department of Rehabilitation Services is seeking statements of qualifications from qualified contractors to provide Medical and Psychological Consulting Services throughout the State of Mississippi for students who are served by MDRS.

Statements of Qualifications are to be submitted as listed below, on or before 10:00 AM CST, Friday July 31, 2026.

**PLEASE MARK YOUR ENVELOPE:**

**Mississippi Department of Rehabilitation Services**
**Attention: Lee Shirley, Director of Contracts**
**1281 Highway 51 North**
**Madison, Mississippi 39110**
**Request for Qualifications for Medical and Psychological Consulting Services RFQ No.** 3120003341
**Opening Date: 10:00 AM CST, Friday, July 31, 2026**
**SEALED STATEMENT OF QUALIFICATIONS PACKAGE – DO NOT OPEN**

*** List either "medical" or "psychological" as the consultant category.* Medical

**Company Name:** Mississippi Primary Care, LLC

**Address:** 7112 S. Sibell Rd., Suite C

**City/State/Zip:** Byram, MS 39272

**Telephone:** (601) 398-2847

**Fax Number:** (601) 510-3883

**E-Mail Address:** GetPrimaryCare1@msprimarycare.com

**Printed Name of Authorized Signer:** Chatina Martin

**Signature and Date:** 7/13/2026

## ATTACHMENT B

### Authorization and Acknowledgements

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Qualifications, RFQ 3120003341, and the attachments herein;

2. That the company meets all requirements and acknowledges all certifications contained in this Request for Qualifications, RFQ 3120003341, and the attachments herein;

3. That the company agrees to all provisions of this Request for Qualifications, RFQ 3120003341, and the attachments herein;

4. That the company can and will meet all required laws, regulations, and/or procedures related to confidentiality and represents that its workers are licensed, certified, and possess the requisite credentials to perform the transition services; and

5. That the company has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duties required to be performed under this Request for Qualifications.

6. That the company understands that should an amendment to this RFQ be issued, it will be posted on the MDRS website (www.mdrs.ms.gov) in a manner that all proposers will be able to view. Proposers shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the statement of qualifications, by identifying the amendment number and date in the space provided for this purpose on this form. The acknowledgment must be received by MDRS by the time and at the place specified for receipt of statement of qualifications. It is the company's sole responsibility to monitor the website for amendments to the RFQ.

**Company Name:** Mississippi Primary Care, LLC

**Signature and Date:** [signature] - 7/13/2026

**Name and Title:** Chatina Martin - Owner, Administrator, Provider in Clinic, NP

## ATTACHMENT C

### Certifications and Assurances

I/We make the following certifications and assurances as a required element of the offer to which it is attached, of the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award or continuation of the related contract(s) by circling the applicable word or words in each paragraph below:

1. **Representation Regarding Contingent Fees.**

   Contractor represents that it **[ HAS** *or* **HAS NOT ]** retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's statement of qualifications.

2. **Representation Regarding Gratuities.**

   The Respondent or Contractor represents that it **[ HAS** *or* **HAS NOT ]** violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal service Contract Review Rules and Regulations.

3. **Certification of Independent Price Determination.**

   The Respondent certifies that the prices submitted in response to the solicitation **[ HAVE** *or* **HAVE NOT ]** been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a statement of qualifications, or the methods or factors used to calculate price.

4. **Prospective Contractor's Representation Regarding Contingent Fees.**

   The Prospective Contractor represents as a part of such Contractor's statement of qualifications that such Contractor **[ HAS** *or* **HAS NOT ]** retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Mississippi Primary Care, LLC

**Signature and Date:** [signature] - 7/13/2026

**Name and Title:** Khatina Martin - Owner, Admin. NP-Provider in clinic

***Note:** Please be sure to **circle the applicable word or words** provided above. Failure to circle the applicable word or words and/or to sign the statement of qualifications form may result in the statement of qualifications being rejected as nonresponsive. **Modifications or additions to any portion of this statement of qualifications document may be cause for rejection of the statement of qualifications.***

## ATTACHMENT D

### Statement of Qualifications Questionnaire

**Service Category**—Applicant must mark each category for which he or she wishes to be considered.

• Medical Consultant • Psychological Consultant

**Please answer the following questions regarding your qualifications and experience:**

Provide the age of your business as well as the number of years your company has been performing medical/psychological services. Does your company have a specific area of expertise in the field, and if so, how many years of experience?

Mississippi Primary Care, LLC has been in business seeing patients for 6 months 13 days. I have practiced as a Nurse Practitioner, caring for patients ages 13 and older in the area of Adult-Gerontology for approx. 8 years.

Please provide the average number of employees maintained by your business over the past year.

Mississippi Primary Care, LLC has seen approximately 3-5 daily since opening. However at other places of employment I am accustomed to seeing approximately 5-10 patients daily.

List all degrees and specialized education of all persons who would be assigned to provide the required services requested in this RFQ. Please provide the name of the schools as well as the dates of graduation.

① Chatina Martin-Licensed Practical Nurse-Hinds Community College-2006; Registered Nurse-Hinds Community College-2007; Bachelor's Degree in Nursing-Chamberlain College-2014; Master's Degree in Nursing-Walden University-2018-Adult Primary Care Nurse Practitioner; ② Angelia Calvin-Certified medical assistant-April 2024.

List all licenses, permits and/or certifications of all persons who would be assigned to provide the required services requested in this RFQ. Additionally, please provide copies of all applicable licenses, permits and/or certifications with the submission packet.

Chatina Martin-Registered Nurse; Certified Adult-Gerontological Primary Care Nurse Practitioner. Certification in Medical Cannabis; Certification in Medication Assisted Treatment; Angelia Calvin-Certified Medical Assistant-MedLab Training Center.

Has your company had any prior experience evaluating Social Security disability eligibility claims? If yes, list any other contracts, providing the name of your previous employers and the number years these services were provided.

Mississippi Primary Care has no prior experience evaluating social security disability eligibility claims.

**Company Name:** Mississippi Primary Care, LLC

**STATE OF MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES CONTRACT FOR PROFESSIONAL SERVICES**

1. Parties. The parties to this contract are the Mississippi Department of Rehabilitation Services (hereinafter "MDRS") and [Contractor Name] (hereinafter "Contractor").

2. Purpose. The purpose of this contract is for MDRS to engage Contractor to provide certain professional services as set forth in RFQ 3120003341, issued by MDRS and incorporated herein by reference. Contractor is one of the vendors selected through the above referenced RFQ.

3. General Terms and Conditions. This contract is hereby made subject to the terms and conditions included in Exhibit "A", attached hereto and incorporated herein, captioned "General Terms and Conditions."

4. Scope of Services. Contractor will perform and complete in a timely and satisfactory manner the services described in Exhibit "B", attached hereto and incorporated herein, captioned "Scope of Services."

5. Consideration. As consideration for the performance of the services referenced in Exhibit "B", MDRS agrees to compensate Contractor as provided in Exhibit "B", attached hereto and incorporated herein, captioned "Compensation."

6. Period of Performance. This contract will become effective for the period beginning September 9, 2026 and ending on September 8, 2027, upon the approval and signature of the parties hereto. MDRS has the option to renew the contract for four (4) successive one-year period(s) not to exceed a maximum of five (5) year contract period of performance.

7. Notices. All notices required or permitted to be given under this agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth Exhibit "C", attached hereto and incorporated herein, captioned "Notifications."

In witness whereof, the parties hereto have affixed, on duplicate originals, their signatures on the date indicated below, after first being authorized so to do.

By: _____

DATE

Samandra Murphy, Chief of Staff
Mississippi Department of Rehabilitation Services

7/13/2026

DATE

By: Chatina Martin

Nurse Practitioner, Owner, Administrator
Mississippi Primary Care, LLC

Copies

## ATTACHMENT A
## Statement of Qualifications Cover Sheet

The Mississippi Department of Rehabilitation Services is seeking statements of qualifications from qualified contractors to provide Medical and Psychological Consulting Services throughout the State of Mississippi for students who are served by MDRS.

Statements of Qualifications are to be submitted as listed below, on or before 10:00 AM CST, Friday July 31, 2026.

**PLEASE MARK YOUR ENVELOPE:**

**Mississippi Department of Rehabilitation Services**
**Attention: Lee Shirley, Director of Contracts**
**1281 Highway 51 North**
**Madison, Mississippi 39110**
**Request for Qualifications for Medical and Psychological Consulting Services RFQ No.** 3120003341
**Opening Date: 10:00 AM CST, Friday, July 31, 2026**
**SEALED STATEMENT OF QUALIFICATIONS PACKAGE – DO NOT OPEN**

*** List either "medical" or "psychological" as the consultant category.*

**Company Name:** Mississippi Primary Care, LLC

**Address:** 7112 S. Siwell Rd., Suite D

**City/State/Zip:** Byram, MS 39272

**Telephone:** (601) 398-2847

**Fax Number:** (601) 510-3883

**E-Mail Address:** GrctPrimaryCare1@msprimarycare.com

**Printed Name of Authorized Signer:** Chatina Martin

**Signature and Date:** [signature] 7/13/2026

## ATTACHMENT B

### Authorization and Acknowledgements

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges on behalf of the company:

1. That he/she has thoroughly read and understands this Request for Qualifications, RFQ 3120003341, and the attachments herein;

2. That the company meets all requirements and acknowledges all certifications contained in this Request for Qualifications, RFQ 3120003341, and the attachments herein;

3. That the company agrees to all provisions of this Request for Qualifications, RFQ 3120003341, and the attachments herein;

4. That the company can and will meet all required laws, regulations, and/or procedures related to confidentiality and represents that its workers are licensed, certified, and possess the requisite credentials to perform the transition services; and

5. That the company has, or will secure, at its own expense, applicable personnel who shall be qualified to perform the duties required to be performed under this Request for Qualifications.

6. That the company understands that should an amendment to this RFQ be issued, it will be posted on the MDRS website (www.mdrs.ms.gov) in a manner that all proposers will be able to view. Proposers shall acknowledge receipt of any amendment to the solicitation by signing and returning the amendment with the statement of qualifications, by identifying the amendment number and date in the space provided for this purpose on this form. The acknowledgment must be received by MDRS by the time and at the place specified for receipt of statement of qualifications. It is the company's sole responsibility to monitor the website for amendments to the RFQ.

**Company Name:** Mississippi Primary Care, LLC

**Signature and Date:** [signature] - 7/13/2026

**Name and Title:** Chatina Martin - Owner; Administrator Provider of clinic

## ATTACHMENT C

### Certifications and Assurances

I/We make the following certifications and assurances as a required element of the offer to which it is attached, of the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award or continuation of the related contract(s) by circling the applicable word or words in each paragraph below:

1. **Representation Regarding Contingent Fees.**

   Contractor represents that it [ **HAS** *or* **HAS NOT** ] retained a person to solicit or secure a state contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except as disclosed in Contractor's statement of qualifications.

2. **Representation Regarding Gratuities.**

   The Respondent or Contractor represents that it [ **HAS** *or* **HAS NOT** ] violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 6-204 (Gratuities) of the Mississippi Public Procurement Review Board Office of Personal service Contract Review Rules and Regulations.

3. **Certification of Independent Price Determination.**

   The Respondent certifies that the prices submitted in response to the solicitation [ **HAVE** *or* **HAVE NOT** ] been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other respondent or competitor relating to those prices, the intention to submit a statement of qualifications, or the methods or factors used to calculate price.

4. **Prospective Contractor's Representation Regarding Contingent Fees.**

   The Prospective Contractor represents as a part of such Contractor's statement of qualifications that such Contractor [ **HAS** *or* **HAS NOT** ] retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

**Company Name:** Mississippi Primary Care, LLC

**Signature and Date:** [signature] 7/13/2026

**Name and Title:** Chatina Martin - Owner, Admin., NP - Provider at clinic

*Note: Please be sure to **circle the applicable word or words** provided above. Failure to circle the applicable word or words and/or to sign the statement of qualifications form may result in the statement of qualifications being rejected as nonresponsive. **Modifications or additions to any portion of this statement of qualifications document may be cause for rejection of the statement of qualifications.***

## ATTACHMENT D

### Statement of Qualifications Questionnaire

**Service Category**—Applicant must mark each category for which he or she wishes to be considered.

• Medical Consultant • Psychological Consultant

**Please answer the following questions regarding your qualifications and experience:**

Provide the age of your business as well as the number of years your company has been performing medical/psychological services. Does your company have a specific area of expertise in the field, and if so, how many years of experience?

Mississippi Primary Care, LLC has been in business seeing patients for 6 months 13 days. I have practiced as a Nurse Practitioner caring for patients ages 13 and older in the area of Adult-Gerontology for approx. 8 years.

Please provide the average number of employees maintained by your business over the past year.

Mississippi Primary Care, LLC has seen approximately 3-5 daily since opening. However, at other places of employment I am accustomed to seeing approximately 5-10 patients daily.

List all degrees and specialized education of all persons who would be assigned to provide the required services requested in this RFQ. Please provide the name of the schools as well as the dates of graduation.

① Chatina Martin-Licensed Practical Nurse-Hinds Community College-2005; Registered Nurse-Hinds Community College-2006; Bachelor's Degree in Nursing-Chamberlain College-2014; Master's Degree in Nursing Walden University-2018-Adult Primary Care Nurse Practitioner; ③ Angelia Calvin, Certified Medical Assistant-April 2024

List all licenses, permits and/or certifications of all persons who would be assigned to provide the required services requested in this RFQ. Additionally, please provide copies of all applicable licenses, permits and/or certifications with the submission packet.

DEA License

Chatina Martin-Registered Nurse and Certified Adult Gerontological Primary Care Nurse Practitioner. Certification in Medical Cannabis, Medication Assisted Treatment; Angelia Calvin-Certified Medical Assistant-Med Lab Training Center.

Has your company had any prior experience evaluating Social Security disability eligibility claims? If yes, list any other contracts, providing the name of your previous employers and the number years these services were provided.

Mississippi Primary Care has no prior experience evaluating Social Security disability eligibility claims!

**Company Name:** Mississippi Primary Care, LLC

**STATE OF MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES CONTRACT FOR PROFESSIONAL SERVICES**

1. Parties. The parties to this contract are the Mississippi Department of Rehabilitation Services (hereinafter "MDRS") and [Contractor Name] (hereinafter "Contractor").

2. Purpose. The purpose of this contract is for MDRS to engage Contractor to provide certain professional services as set forth in RFQ 3120003341, issued by MDRS and incorporated herein by reference. Contractor is one of the vendors selected through the above referenced RFQ.

3. General Terms and Conditions. This contract is hereby made subject to the terms and conditions included in Exhibit "A", attached hereto and incorporated herein, captioned "General Terms and Conditions."

4. Scope of Services. Contractor will perform and complete in a timely and satisfactory manner the services described in Exhibit "B", attached hereto and incorporated herein, captioned "Scope of Services."

5. Consideration. As consideration for the performance of the services referenced in Exhibit "B", MDRS agrees to compensate Contractor as provided in Exhibit "B", attached hereto and incorporated herein, captioned "Compensation."

6. Period of Performance. This contract will become effective for the period beginning September 9, 2026 and ending on September 8, 2027, upon the approval and signature of the parties hereto. MDRS has the option to renew the contract for four (4) successive one-year period(s) not to exceed a maximum of five (5) year contract period of performance.

7. Notices. All notices required or permitted to be given under this agreement must be in writing and personally delivered or sent by certified United States mail, postage prepaid, return receipt requested, to the party to whom the notice should be given at the address set forth Exhibit "C", attached hereto and incorporated herein, captioned "Notifications."

In witness whereof, the parties hereto have affixed, on duplicate originals, their signatures on the date indicated below, after first being authorized so to do.

_____ By: _____

DATE

Samandra Murphy, Chief of Staff
Mississippi Department of Rehabilitation Services

7/13/2026 By: Chatina Martin

DATE

Nurse Practitioner, Owner, Administrator
Mississippi Primary Care, LLC

Mississippi Board of Nursing

713 S. Pear Orchard Rd., Plaza II, Suite 300, Ridgeland, MS 39157

**VERIFICATION OF LICENSURE**
**as of**
**June 10, 2026**

| | | | |
|---|---|---|---|
| **Name** | Chatina Jenee Spears Martin | **License Number** | 903055 |
| **Social Security #** | XXX-XX-3957 | **License Type** | Nurse Practitioner |
| **Date of Birth** | 11/04/1973 | **Issue Date** | 12/03/2018 |
| **Date of Graduation** | | **Expiration Date** | 12/31/2026 |
| **Original Licensure** | | **License Status** | Active |
| | | **Current Discipline Status** | No Discipline |

The following program has been approved by a legal accrediting agency satisfactory to the Mississippi Board of Nursing.

**Program**

**Testing Service**

**Testing Score**

Marcia Washington, , Mississippi Board of Nursing

# Mississippi Board of Nursing

## State of Mississippi

## Chatina Jenee Spears Martin

*has fulfilled the requirements governing the issuance of licensure of nurses and is hereby certified and therefore entitled to practice as a*

## Nurse Practitioner

*Witness our signatures this* **3rd** *day of* **December**, **2018**

Sandra Culpepper
*President*


Phyllis Johnson
*Executive Director*

# Mississippi Board of Nursing

## State of Mississippi

## Chatina Jenee Spears Martin

*has fulfilled the requirements governing the issuance of licensure of nurses and is hereby certified and therefore entitled to practice as a*

## Registered Nurse

*Witness our signatures this* **12th** *day of* **July**, **2007**

Sandra Culpepper
*President*

MISSISSIPPI BOARD OF NURSING OFFICIAL

Phyllis Johnson
*Executive Director*

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MM5419115 | 01-31-2028 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | MLP-NURSE PRACTITIONER | 01-18-2025 |

MARTIN, CHATINA
308 MELBA HILL DR
JACKSON, MS 392092833

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

REGISTERED ACTIVITY WITHIN SCHEDULE IS RESTRICTED BY YOUR STATE.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MM5419115 | 01-31-2028 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | MLP-NURSE PRACTITIONER | 01-18-2025 |

MARTIN, CHATINA
308 MELBA HILL DR
JACKSON, MS 392092833

REGISTERED ACTIVITY WITHIN SCHEDULE IS RESTRICTED BY YOUR STATE.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# BASIC LIFE SUPPORT

## BLS Provider

American Heart Association.

**Chatina Martin**

**has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.**

**Issue Date**
9/1/2024

**Training Center Name**
Always CPR Training Center LLC

**Training Center ID**
TX20806

**Training Center City, State**
Melissa, TX

**Training Center Phone Number**
(214) 296-9626

**Training Site Name**

**Renew By**
09/2026

**Instructor Name**
Kevin Jackson

**Instructor ID**
03130158432

**eCard Code**
255413739153

**QR Code**

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

AMERICAN ACADEMY of NURSE PRACTITIONERS
CERTIFICATION BOARD

hereby acknowledges that

# Chatina Spears Martin, AGNP-C

has successfully met the requirements for national certification by this board as an

## Adult-Gerontology Primary Care Nurse Practitioner

Certification # AG11180100
Certified for the period: November 26, 2018 to November 25, 2028

Accredited by the American Board of Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA).
Original certificate bears an embossed seal of the certifying issuer.

Chairperson, Certification Commission

Chief Executive Officer, Certification

BOARD of NURSING

# Licensee Gateway

We've received your request to update your collaborative agreement for this practice! Please navigate to your Gateway homepage to upload documentation.

# Nurse Practitioner #903055

## » Mississippi Primary Care, LLC

### Practice Site

**Site Name:**
Mississippi Primary Care, LLC

**Phone:**
601-622-5620

**Fax:**
601-510-3883

**Email:**
GetPrimaryCare1@msprimarycare.com

**Status:**
Approved

**Address:**
7112 S. Siwell Rd.
Suite C
Byram, MS 39272

**Veteran's Administration:**
No

### Collaborating Physicians

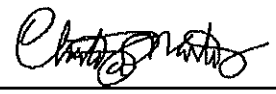
**Charles David Hill**
720 Medical Center drive
West Point, MS 39773
**Specialty:** Pediatrics

Charles David Hill
**Physician Signature**

03/30/2026
**Date**

### Terms of Agreement

I do hereby attest that the information submitted is true, accurate, and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.



**Licensee Signature**

03/30/2026

**Date**

# CHATINA SPEARS-MARTIN

## PROFESSIONAL PROFILE

I have practiced nursing for approximately 20 years. I am currently the owner/operator of Mississippi Primary Care Clinic, LLC. My collaborating physician is Dr. Charles D. Hill. My experience includes LPN (1 year), RN 11 years) and NP 8 years). I have received my DEA License, Medical Cannabis Certification, and I am Medicare/Medicaid Credentialed and Suboxone Certified.

## EDUCATION HISTORY

Walden University-pursuing Doctorate of Nursing Practice-presently

Expected date of graduation-12/2026

Walden University-Master of Science in Nursing-Adult Gerontological Primary Care Nurse Practitioner-10/2016 to 05/2018

Specialization Courses: NURS 6501 - Advanced Pathophysiology,

NURS 6512 - Advanced Health Assessment and Diagnostic Reasoning,

NURS 6521 - Advanced Pharmacology, NURS 6531 - Advanced Practice Care of Adults Across the Lifespan,

NURS 6540 - Advanced Practice Care of Frail Elders,

NURS 6551 - Primary Care of Women, and

NURS 6565 - Synthesis in Advanced Nursing Practice Care of Patients in Primary Care Settings

Chamberlain College of Nursing-Bachelor of Science Degree in Nursing-01/2014 to 12/2014

# CHATINA SPEARS-MARTIN

Hinds Community College-Associate of Applied Science in Nursing-06/2006 to 05/2007

Hinds Community College-Practical Nursing Program-08/2004 to 08/2005

Southwest Mississippi Community College-Associate of Arts-Pre-Nursing-01/1994 to 12/1995

## Licenses and Certifications

Credentialed by the American Academy of Nurse Practitioners Certification# AG1118O100

Nurse Practitioner License# 903055

Registered Nurse, License # 877832

License Practical Nurse, License# 320991

## EMPLOYMENT HISTORY

Medical Solutions Staffing

University of Mississippi Medical Center-12/15/2025-Present

(Nursing Contract)

RN-Select Specialty Hospital, Critical Care Hospital

Amergis Staffing

Medical-Surgical/Telemetry, 09/08/2025-12/6/2025

(Nursing Contract)



112 Levon Owens, Raymond Mississippi (601) 923-2903 or (601) 622-5620; nursteen@me.com

# CHATINA SPEARS-MARTIN

**Complete Care Rural Health Clinic,** Vicksburg, MS

05/2021-09/2025

Nurse Practitioner-Patient Assessment & Diagnosis:
Performing physical exams, recording medical histories, and evaluating symptoms to diagnose acute and chronic conditions.
Creating personalized, evidence-based treatment plans that may include prescribing medications, therapies, and lifestyle changes.

**Diagnostic Testing**:
Ordering and interpreting laboratory tests and diagnostic procedures to assess patient health.

**Health Promotion & Education**:
Guiding patients on healthy lifestyle choices, self-care, and disease prevention.
**Collaboration**:
Working with physicians, other healthcare professionals, and patients to ensure coordinated and high-quality care
Patient Assessment & Diagnosis:
Performing physical exams, recording medical histories, and evaluating symptoms to diagnose acute and chronic conditions.

**Clinic Manager**, Complete Care Rural Health Clinic. Oversee the daily run of the healthcare facility, ensuring efficient and high-quality patient care. Manage staff, budgets, and compliance with regulations.

## **Clinical Leader,** Complete Care Rural Health Clinic-05/2024-07/2025

### Managed all clinics (4)

- **Staff Management**:
  Recruit, train, and supervise medical and administrative staff. Develop staff schedules, conduct performance evaluations, and promote professional development.
- **Operational Oversight**:
  Manage the daily flow of the clinic, including patient appointments and staff assignments. Implement and maintain clinic policies and procedures to ensure smooth operations.
- **Financial & Budget Management**:
  Develop and manage the clinic's budget, control expenses, and oversee billing and insurance processes.
- **Quality Assurance**:
  Ensure high standards of patient care by monitoring clinical quality, implementing best practices, and addressing patient concerns.
- **Regulatory Compliance**:
  Ensure the clinic adheres to all relevant healthcare laws, regulations, and safety standards.
- **Patient Services**:
  Coordinate patient care services and communicate with patients to resolve issues and gather feedback.
- **Resource Management**:
  Oversee the management and maintenance of clinic facilities, equipment, and supplies.

- **Stakeholder Collaboration**:
  Build and maintain relationships with other healthcare providers, vendors, insurance companies, and regulatory bodies.
- **Process Improvement**:
  Identify areas for improvement in workflows and service delivery, and implement strategies to enhance efficiency and patient outcomes.

**Methodist Rehabilitation Hospital**, Jackson, MS

Registered Nurse-BRAIN INJURY UNIT

08/2023-5/2024

**Magnolia Medical Clinic**, Canton, Mississippi-Nurse Practitioner, 08/2018-05/2021

- Treatment Planning:
  Creating personalized, evidence-based treatment plans that may include prescribing medications, therapies, and lifestyle changes.
- Diagnostic Testing:
  Ordering and interpreting laboratory tests and diagnostic procedures to assess patient health.
- Health Promotion & Education:
  Guiding patients on healthy lifestyle choices, self-care, and disease prevention.
- Collaboration:
  Working with physicians, other healthcare professionals, and patients to ensure coordinated and high-quality care.

**Select Specialty Hospital**-Jackson, Mississippi-Registered Nurse-Long-Term Acute Care Facility-04/2018 to 08/2018-PRN

As an RN, worked alongside Certified Nursing Assistants, collaborating with physicians and therapists to ensure the plan of care for the patient population.

Specific responsibilities included:

- Receiving admissions and/or transfers to the unit
- Initial and on-going systematic patient assessment
- Timely and accurate documentation



112 Levon Owens, Raymond Mississippi (601) 923-2903 or (601) 622-5620; nursteen@me.com

- Interpreting assessment/diagnostic data including labs, telemetry
- Ensuring medical orders are transcribed and processed accurately
- Competence in Rapid Response and code events
- Promoting continuous quality improvement
- Teaching and counseling patients/families
-

**St. Dominic Hospital**, RN-Cardiology, Case Manager, RN-Post-op Surgical-04/2015 to 02/2018

As Case Manager, responsible and accountable for day to day concurrent clinical management of assigned patient population and the dissemination of aggregate clinical, quality and financial outcome information for that population.

As Registered Nurse, at St. Dominic's Hospital, coordinated and delivered patient care to cardiac and post-surgical patients using the health care team philosophy practice model. Coordinated care with patient teaching and discharge planning.

**Select Specialty Hospital**-Jackson, Mississippi-Registered Nurse/Case Manager/Assistant QI Manager-Long-Term Acute Care Facility-11/2014 to 04/2015

As an RN, worked alongside Certified Nursing Assistants, collaborating with physicians and therapists to ensure the plan of care for the patient population.

Specific responsibilities included:

- Receiving admissions and/or transfers to the unit
- Initial and on-going systematic patient assessment
- Timely and accurate documentation
- Interpreting assessment/diagnostic data including labs, telemetry
- Ensuring medical orders are transcribed and processed accurately
- Competence in Rapid Response and code events
- Promoting continuous quality improvement
- Teaching and counseling patients/families

As a Case Manager, developed and implemented a patient specific, safe and timely discharge plan,

Performed verification of utilization criteria reviews,

Built relationships and coordinated with payor sources to assure proper reimbursement for hospital provided services, promoted costs attentive care via focus on resource management within the plan of care.

Facilitated multi-disciplinary team meetings including physicians, other nurses, respiratory therapists and rehabilitation therapists

**Southern Healthcare Nursing Agency**

11/2014-02/2015

Registered Nurse-As an RN, maintained adherence to policies, standards of practice and care of patients on the cardiac, oncology, and medical-surgical unit. Worked float pool over the Univerity Medical Center's Adult house. While doing so, demonstrated leadership skills by serving as a role model and charge nurse, when designated. This was achieved by applying the nursing process to improve patient care. Also treated Oncology patients by administering chemo and other cancer treatments, such as Procrit, iron infusions, etc. Patients were monitored at the bedside for side effects and complications with the code cart. Provided emotional support to the patient, as well as the family.

Registered Nurse (Adult Intensive Care Unit)-**Mississippi Baptist Medical Center**-Jackson Mississippi-11/2013 to 11/2014

As an ICU RN, coordinated and provided care utilizing the critical thinking framework known as the nursing process.The nursing process forms the foundation of the nurse's decision making to help partner with patients/families to attain, maintain and restore health whenever possible. Blends caring, compassion, knowledge and integrity to provide safe quality care that preserves patient autonomy, dignity and rights. Integrates practice



112 Levon Owens, Raymond Mississippi (601) 923-2903 or (601) 622-5620; nursteen@me.com

# CHATINA SPEARS-MARTIN

with a service-first focus keeping within the Baptist Mission of the three fold ministry of Christ through healing, teaching and preaching. Performed other duties as assigned.

**River Oaks Hospital**-Jackson, Mississippi-Registered Nurse-Neurosurgical Unit-10/2012 to 11/2013

REGISTERED NURSE (CARDIAC/TELEMETRY/MEDICAL-SURGICAL), **ST. DOMINIC HOSPITAL**, JACKSON, MISSISSIPPI-09/2010 TO 07/2012

Registered Nurse (CARDIAC/TELEMETRY/ONCOLOGY), **VA Medical Center, Jackson,** Mississippi-08/2007 to 08/2010

As an RN, maintained adherence to the VA's policies, standards of practice and care of patients on the cardiac, oncology, and medical-surgical unit. While doing so, demonstrated leadership skills by serving as a role model and charge nurse, when designated. This was achieved by applying the nursing process to improve patient care. Also treated Oncology patients by administering chemo and other cancer treatments, such as Procrit, iron infusions, etc. Patients were monitored at the bedside for side effects and complications with the code cart. Provided emotional support to the patient, as well as the family.

Licensed Practical Nurse (Cardiac/Telemetry/Medical-Surgical)-Southern Healthcare Agency-VA Medical Center-Jackson,Licensed Practical Nurse (Float Pool-Medical-Surgical)-**Primecare Nursing Agency**-University of Mississippi Medical Center-Jackson, Mississippi-07/2006 to 01/2007

Licensed Practical Nurse-Jackson Hinds Comprehensive Health Center-Jackson, Mississippi-04/2006 to 07/2006

Licensed Practical Nurse (Postpartum, Antepartum, Women Med-Surg/Oncology)-University of Mississippi Medical Center, Jackson, Mississippi-08/2005 to 04/2006

## Achievements

Nurse of the Year 2008-VA Medical Center

## Hobbies and Interests

Reading, Traveling, Playing Tennis, Photography, and Bargain Shopping at Flea Markets, Garage Sales, Church.

## PROFESSIONAL ASSOCIATIONS

Regular volunteer at Greater Bethlehem Temple Church Healthcare Ministry

Member of Mississippi Nurses Association/America Nurses Association

Golden Key Honor Society

The National Society of Leadership and Success



112 Levon Owens, Raymond Mississippi (601) 923-2903 or (601) 622-5620; nursteen@me.com

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

American Academy of Addiction Psychiatry
Translating Science. Transforming Lives.

# Certificate of Completion

This certificate documents

Chatina Martin, Master of Science in Nursing-Adult Gerontological Primary Care Nurse Practitioner
has completed the

"8-hour MAT NP Waiver Course (Part 1 of 2)"

Chatina Martin has met the 8-hour requirement specified in the Drug Addiction Treatment Act of 2000.

Adam Bisaga, MD
Co-Chair, Clinical Experts Committee

December 22, 2019
Issue Date

*Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (grant no. 1U79TI026556) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

AAP American Academy of Addiction Psychiatry
Translating Science. Transforming Lives.

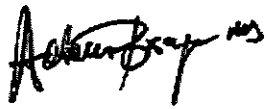
# Certificate of Completion

This certificate documents

Chatina Martin, Master of Science in Nursing-Adult Gerontological Primary Care Nurse Practitioner
has completed the

"16-hour MAT NP Waiver Course (Part 2 of 2)"

Chatina Martin has met the additional 16-hour requirement specified in the Comprehensive Addiction and Recovery Act.



Adam Bisaga, MD
Co-Chair, Clinical Experts Committee

December 22, 2019
Issue Date

*Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Medication Assisted Treatment (grant no. 1U79TI026556) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.*

# Med Lab Training Center

Elmont Campus
Parkland, MD
Philadelphia, MD
Established 2014

*This certifies that*

# Angelia Calvin

*has successfully met all the requirements set forth by The Med Lab Training Center for The Certified Medical Assistant Program as of April 12, 2024.*

*Director of Med Lab Training*

Kim Lewis

# National Healthcareer Association®

nha™

***angelia calvin***

**has successfully completed the requirements set forth by the NHA as a Certified Clinical Medical Assistant**

Jennifer R. Anglin
Executive Director - Certifications

**Eff. Date 03/18/2025**
**Exp. Date 03/18/2027**

**Certification #G3E6L3X2**

**Please Note:** All certifications are required to maintain **CE Credits.**

# CERTIFICATE OF COMPLETION

THIS CERTIFIES THAT

ANGELIA CALVIN

has successfully completed and passed all required coursework and exams to obtain certification in

Adult/Child/Infant CPR & First Aid & AED

498229-1724162310

12-26-2024
Completion Date

12-26-2026
Expiration Date

NewLife CPR
Trained Certificate/ch Partner