



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

RENEWAL NO. 2

September 26, 2024

Assessment Inc  
2500 McGee Drive  
Suite 131  
Norman, OK 73072

**APPROVED**

12-17-2024

BY THE CITY COUNCIL  
*Arny H. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C233060** for **Psychological Services for the Police and fire Departments** for the term **1/1/2025 through 12/31/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **October 26, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

**YOUR CONCURRENCE DOES NOT GUARANTEE RENEWAL.** Should the Contracting Entity decide not to renew the above contract, you will be notified in writing or electronically. **This form may be mailed, faxed, emailed, scanned, or otherwise electronically submitted for contract/pricing agreement renewal.**

If you have any questions, please contact me at (405) 297-2784, Fax (405) 297-05475 or Email: [Caleb.Gutel@okc.gov](mailto:Caleb.Gutel@okc.gov).

Thank you,

*Caleb Gutel*

Caleb Gutel, Senior Buyer  
Procurement Services

☒ Yes, I would like to renew  
per the above mentioned.  
☐ No, I do not wish to renew.

[INTERNAL USE ONLY]

☐ The Contracting Entity  
chooses not to renew the  
above contract/pricing  
agreement.

*ALAN DUPUIS*  
PRINTED NAME

*CEO*  
TITLE

*Alan Dupuis*  
AUTHORIZED SIGNATURE

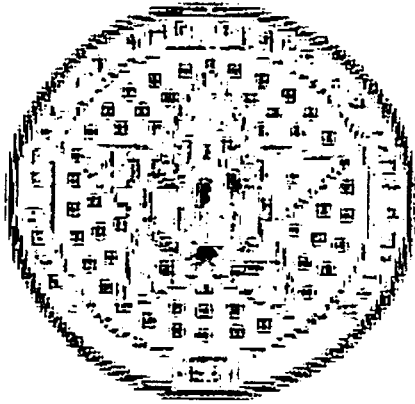
*ASSESSMENT, INC*  
COMPANY NAME

*2500 MCGEE, Suite 131*  
STREET ADDRESS

*NORMAN, OK 73072*  
CITY, STATE AND ZIP CODE

*405-573-9728*  
BUSINESS TELEPHONE

*ASSESSMENTINC@YAHOO.COM*  
CONTACT E-MAIL



Health Service Psychologist  
**OKLAHOMA**

THIS IS TO CERTIFY THAT  
William Ruwe, Psy.D.

**License #883      Expires 12/31/2024**

IS LICENSED AS A PSYCHOLOGIST IN THE STATE OF OKLAHOMA AS  
AUTHORIZED BY THE STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS.

A handwritten signature in black ink, appearing to read "Christy M. Anderson", written over a horizontal line.

Chair of the Board

A handwritten signature in black ink, appearing to read "Jeanne Rose", written over a horizontal line.

Executive Officer



OKLAHOMA  
Board of Behavioral  
Health Licensure

This is to certify that

**Allan L Dupuis**

Is duly authorized to practice as an  
Licensed Professional Counselor  
in the State of Oklahoma.

License No:

**LPC03360**

Issue Date:

**07/01/2024**

Expiration Date:

**06/30/2025**



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP



**Certificate of Insurance**  
**OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**

Mail Date: 01/15/24

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

<b>PRODUCER</b> 018098	<b>BRANCH</b> 970	<b>PREFIX</b> HPG	<b>POLICY NUMBER</b> 0273563812-8	<b>POLICY PERIOD</b> From: 03/22/24 to 03/22/25 at 12:01 AM Standard Time
<b>Name Insured and Address:</b> ALLAN DUPUIS 833 OAKBROOK DR NORMAN, OK 73072-7008				<b>Program Administered by:</b> Healthcare Providers Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034-3278 1-800-982-9491 www.hpso.com
<b>Medical Specialty</b> Licensed Professional Counselor Excludes Cosmetic Procedures			<b>Code</b> 80723	<b>Insurance Provided by:</b> American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606

**Professional Liability** **\$1,000,000 each claim** **\$3,000,000 aggregate**

Your professional liability limits shown above include the following:

- Good Samaritan Liability
- Malplacement Liability
- Personal Injury Liability
- Sexual Misconduct included in the PL Limit shown above subject to \$25,000 aggregate sublimit

**Coverage Extensions**

License Protection	\$ 25,000	per proceeding	\$ 25,000	aggregate
Defendant Expense Benefit	\$ 1,000	per day limit	\$ 25,000	aggregate
Deposition Representation	\$ 10,000	per deposition	\$ 10,000	aggregate
Assault <i>Includes Workplace Violence Counseling</i>	\$ 25,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 25,000	per person	\$ 100,000	aggregate
First Aid	\$ 10,000	per incident	\$ 10,000	aggregate
Damage to Property of Others	\$ 10,000	per incident	\$ 10,000	aggregate
Information Privacy (HIPAA) Fines & Penalties	\$ 25,000	per incident	\$ 25,000	aggregate
Media Expense	\$ 25,000	per incident	\$ 25,000	aggregate

**Workplace Liability**

Workplace Liability	Included in Professional Liability Limit shown above
Fire and Water Legal Liability	Included in the PL limit above subject to \$150,000 aggregate sub limit
Personal Liability	\$1,000,000 aggregate

**Total \$323.00**

Premium reflects Self-employed, Full-time with ACA Membership discount.

**Policy Forms and Endorsements** (Please see attached list of policy forms and endorsements)

Chairman of the Board

Secretary

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

**Coverage Change Date:**  
CNA93692 (11-2018)

**Endorsement Date:**

**Master Policy: 188711433**



The City of  
**OKLAHOMA CITY**  
DEPARTMENT OF FINANCE

RENEWAL NO. 2

September 26, 2024

Shawn Roberson PhD PLLC  
Robert Shawn Roberson  
PO Box 31075  
Edmond, OK 73003

**APPROVED**  
12-17-2024

BY THE CITY COUNCIL  
*Ann. H. Simpson* CITY CLERK

Dear Vendor:

The Contracting Entity and the contracting vendor have the option of renewing Contract/Pricing Agreement No. **R24-C233061 for Psychological Services for the Police and fire Departments** for the term **1/1/2025 through 12/31/2025** under the same terms, conditions and provisions as originally awarded, including price(s).

Please indicate your concurrence or non-concurrence by completing the below listed information, including signature, and return to me by **October 26, 2024**. If the individual signing below is not the owner or an officer of the business or corporation, a letter of authorization should also be attached. Corporate Seal will be accepted in lieu of an authorization letter if affixed to this document.

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If you have any questions, please contact me at (405) 297-2784, Fax (405) 297-05475 or Email: [Caleb.Gutel@okc.gov](mailto:Caleb.Gutel@okc.gov).

Thank you,

*Caleb Gutel*

Caleb Gutel, Senior Buyer  
Procurement Services

☒ **Yes, I would like to renew per the above mentioned.**  
☐ **No, I do not wish to renew.**

**[INTERNAL USE ONLY]**

☐ **The Contracting Entity chooses not to renew the above contract/pricing agreement.**

*Dr. Shawn Roberson*

**PRINTED NAME**

*forensic psychologist*

**TITLE**

*Shawn Roberson PhD*

**AUTHORIZED SIGNATURE**

*Shawn Roberson, PhD, PLLC*

**COMPANY NAME**

*PO Box 31075*

**STREET ADDRESS**

*Edmond, OK 73003*

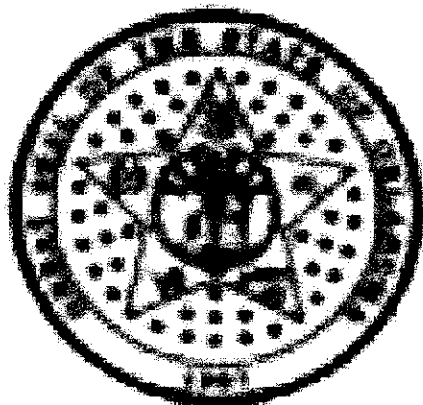
**CITY, STATE AND ZIP CODE**

*405-639-9956*

**BUSINESS TELEPHONE**

*info@drshawnroberson.com*

**CONTACT E-MAIL**



Health Service Psychologist  
**OKLAHOMA**

THIS IS TO CERTIFY THAT  
Shawn Roberson, Ph.D.

**License #914      Expires 12/31/2024**

IS LICENSED AS A PSYCHOLOGIST IN THE STATE OF OKLAHOMA AS  
AUTHORIZED BY THE STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS.

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Chair of the Board

A handwritten signature in black ink, appearing to read "Jeanne Rose", written over a horizontal line.

Executive Officer

# CERTIFICATE OF INSURANCE

ALLIED WORLD INSURANCE COMPANY  
C/O: American Professional Agency, Inc.  
95 Broadway, Amityville, NY 11701  
800-421-6694

This is to certify that the insurance policies specified below have been issued by the company indicated above to the insured named herein and that, subject to their provisions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured(s) as stated.

**THIS CERTIFICATE OF INSURANCE NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE(S) AFFORDED BY THE POLICY(IES) LISTED ON THIS CERTIFICATE.**

Name and Address of Named Insured:

SHAWN ROBERSON PHD LLC  
1221 N.W. 196TH STREET  
EDMOND OK 73012

Additional Named Insureds:

ROBERT SHAWN ROBERSON

Type of Work Covered: PROFESSIONAL PSYCHOLOGIST

Location of Operations: N/A

(If different than address listed above)

**Claim History:**

Retroactive date is 04/08/2002

Coverages	Policy Number	Effective Date	Expiration Date	Limits of Liability
PROFESSIONAL/ LIABILITY	5012-8968	4/08/2024	4/08/2025	1,000,000 3,000,000

**NOTICE OF CANCELLATION WILL ONLY BE GIVEN TO THE FIRST NAMED INSURED, WHO SHALL ACT ON BEHALF OF ALL INSURED WITH RESPECT TO GIVING OR RECEIVING NOTICE OF CANCELLATION.**

**Comments:** Defense Reimbursement Proceedings Limit is \$100,000.

This Certificate Issued to:

Name: SHAWN ROBERSON PHD LLC  
1221 N.W. 196TH STREET

Address: EDMOND OK 73012



Authorized Representative