

P-15

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

TO: Pat Ditri

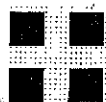
From: Kim Conti 

Re: Board Agenda Items

Date: December 7, 2011

Please place the following on the board agenda:

The committee recommends and I so move that approval be given to Dr. Mark Faber to provide Psychiatric evaluations at the rate of \$550.00 per evaluation from December 21, 2011 to June 30, 2012 , not to exceed \$4000.00. (Acct # 11-000-219-320-01-19)

**SAINT BARNABAS
HEALTH CARE SYSTEM**

PEDIATRIC SPECIALTY CENTER
at Saint Barnabas Ambulatory Care Center

RONALD J. DEL MAURO
President and Chief Executive Officer

Mark P. Faber, M.D.
Child & Adolescent Psychiatry
973-322-7600
Fax 973-322-7253

May 26, 2010

TO: Director, Special Services and Child Study Team Staff

FROM: Mark Faber, M.D.

Thank you so much for referring students to me for Child Psychiatric Evaluations. It has been my pleasure to assist your students, their families and your staff.

Beginning June 24, 2011, I will be available to see students in my Upper Montclair Office, as I will no longer be located in Livingston.

Please change all Voucher information for any new student referral to reflect my address and Tax ID # (22-3485748). The fee remains \$550.00 unchanged from last year.

Please refer all students/families to my phone number, (973) 746-6711. Also, please fax a cover letter and any supporting materials (prior evaluations, etc.) to (973) 226-3130. My new address for referrals is:

Mark Faber, M.D.
594 Valley Road
Upper Montclair, NJ 07043

Again thanks for your consideration and I look forward to seeing your students in Montclair.


Mark P. Faber, M.D.
Board Certified, Child & Adolescent Psychiatry

MPF:ab

MARK P. FABER, M.D.
BOARD CERTIFIED
CHILD AND ADULT PSYCHIATRY

*Upper
Montclair*

May 31, 2011

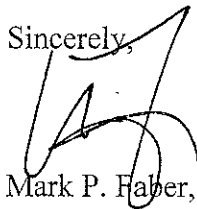
To Directors of Special Services and Child Study Teams:

It has been my pleasure to provide your district with Child Study Team Psychiatric Evaluations. My office is no longer located at St. Barnabas in Livingston. My new address is **594 Valley Road, Upper Montclair, New Jersey 07043**. The fee for the 2011-2012 school year shall remain \$550 (for the third consecutive year at this rate). Enclosed please find my Business Registration Certificate **Tax Payer Identification No. 223-485-748**.

I will make every effort to schedule appointments and return reports to your office in a timely fashion. Child Study Team members may have the parent call me directly for an appointment at **973-746-6711**. Also, school staff should forward an introductory letter with the student's background information including the reason for the psychiatric evaluation. Any other reports (educational, psychological, social, speech and language, etc.) may be faxed to my office ahead of the scheduled appointment. This fax number is **973-226-3130**.

Again, it is my pleasure to work with you and members of your school district. I hope that you have been satisfied with my services and if there is any way in which I may improve, please do not hesitate to contact me.

Sincerely,



Mark P. Faber, M.D.

MPF/cmc
Enclosure

07/27/07

Taxpayer Identification# 223-485-748/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Acting Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

AXPAYER NAME:

ABER, MARK

TRADE NAME:

ADDRESS:

94 VALLEY RD
UPPER MONTCLAIR NJ 07043

SEQUENCE NUMBER:

1343372

EFFECTIVE DATE:

07/01/06

ISSUANCE DATE:

07/27/07



Acting Director
New Jersey Division of Revenue

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

State of New Jersey
DEPARTMENT OF EDUCATION

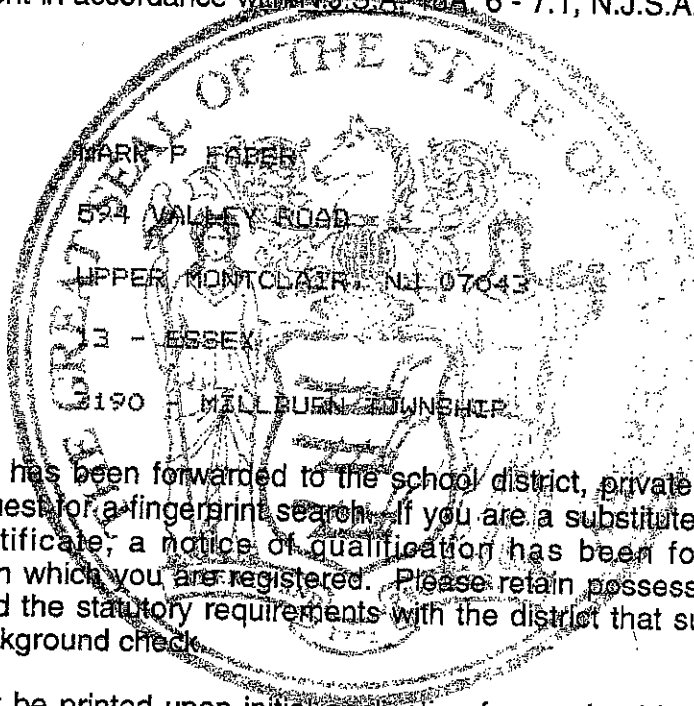
PO BOX 500
TRENTON, NEW JERSEY 08625-0500

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

11/27/2005

MARK P FABER
594 VALLEY ROAD
UPPER MONTCLAIR, NJ 07043

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.



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