



# Sex Offender Management Board Approved Statewide Provider List



## Statewide

### Affiliated Psychologists, LTD

Name & Main Office Address:		Mark Aghakhan, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email: maghakhan@AP-LTD.com
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL Psy.D.-#071-00735
Evaluations ?	Yes	All treatment provider qualifications?	No
Treatment ?	Yes	All evaluation provider qualifications?	No
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	No		
Name & Main Office Address:		Martha J. Bellew-Smith, Ph.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email:
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL 71-004170; MS 01377
Evaluations ?	Yes	All treatment provider qualifications?	No
Treatment ?	No	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	No		
Name & Main Office Address:		Peter J. Eisenmenger 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (217) 898-9415 Fax: (773) 777-7543 Email: p.eisenmenger@mchi.com
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL-LCPC
Evaluations ?	Yes	All treatment provider qualifications?	Yes
Treatment ?	Yes	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	No		
Name & Main Office Address:		Patrick Hoatlin, LCSW 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email:
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL LCSW #149-011120
Evaluations ?	Yes	All treatment provider qualifications?	Yes
Treatment ?	Yes	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	No		
Name & Main Office Address:		Barry M. Leavitt, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email: ckopeny@ap-ltd.com
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL LCP, Hare Psychopathy Checklist (PCL-R) Certification
Evaluations ?	Yes	All treatment provider qualifications?	Yes
Treatment ?	Yes	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	Yes		
Name & Main Office Address:		Thomas E. Martin, Psy.D. 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email:
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL Psy.D.#071.007240; IL LCPC #180-006118
Evaluations ?	Yes	All treatment provider qualifications?	Yes
Treatment ?	Yes	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	Yes		
Name & Main Office Address:		Ray Quackenbush 4801 W. Peterson Avenue, Suite 525 Chicago, IL 60646	Phone: (773) 286-3100 Fax: (773) 777-7543 Email: quaq@earthlink.net
<i>Services Provided:</i>		Provider Meets the following qualifications:	Language(s): English Licenses: IL Psychology License #091-006293, Clinical Member ATSA
Evaluations ?	Yes	All treatment provider qualifications?	Yes
Treatment ?	Yes	All evaluation provider qualifications?	Yes
Adult ?	Yes	All applicant attestation qualifications:	Yes
Juvenile ?	Yes		



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Name & Main Office Address: Phil Reidda, Ph.D.  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email: ckopeny@ap-ltd.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL LCP, Hare Psychopathy Checklist (PCL-R) Certification, Diplomat American Board Professional Psychologists

Name & Main Office Address: Laura T. Schultz, Psy.D.  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL LCP

Name & Main Office Address: Pamela C. Van Wyk  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (765) 721-7863  
Fax: (773) 777-7543  
Email: pcvw811@illicom.net

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	Yes
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinical Member

### Basit, Abdul Ph.D.

Name & Main Office Address: Abdul Basit, Ph.D.  
3612 W. Lincoln Highway, Suite 17  
Olympia Fields, IL 60461

Phone: (708) 767-3452  
Fax: (708) 720-0130  
Email: abasit97@aol.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): Arabic, English, Hindi, Urdu  
Licenses: IL LCP #071-005712

### Chester Mental Health Center

Name & Main Office Address: Richard D. Johnson, Ph.D.  
1315 Lehman Drive  
Chester, IL 62233

Phone: (618) 826-4571  
Fax:  
Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL CP; ILCPC; Nationally Certified Counselor, Certified Clinical Mental Health Counselor

Name & Main Office Address: Christopher E. Leonard, LCSW  
P.O. Box 31  
Chester, IL 62233

Phone: (618) 826-4571  
Fax: (618) 826-3229  
Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	No
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL LCSW #149-006035, MO LCSW #004849

Name & Main Office Address: James C. Morris  
1315 Lehman Drive  
Chester, IL 62233

Phone: (618) 826-4571  
Fax: (618) 826-3229  
Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: LCSW #149-006336



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### **Codispoti, MD, D-FAPA, Victoria Lisa**

Name & Main Office Address: Victoria Lisa Codispoti, MD, D-FAPA  
#2 Salem Business Center South  
Salem, IL 62881

Phone: (618) 548-0400  
Fax: (618) 292-3437  
Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL & OH Lic. Physician & Surgeon Diplomate,  
American Board of Psychiatry & Neurology

### **Counseling and Assessment Services, P.C.**

Name & Main Office Address: Craig B. Rypma, Ph.D., P.C.  
2404 Forest Drive  
Des Moines, IA 50312

Phone: (515) 282-0304  
Fax: (515) 282-1328  
Email: cas2u2@aol.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IA #00508, AZ #3653, ME #PS1125

### **Family Resources**

Name & Main Office Address: Nancy C. Moore  
805 W. 35th Street  
Davenport, IA 52806

Phone: (563) 445-0557  
Fax:  
Email: nmoore@famres.org

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: LMSW; Licensed Direct Child Welfare Service  
Employee; IL Foster Care Licensed

### **Forensic Psych Associates, Ltd.**

Name & Main Office Address: Robert H. Gordon, Ph.D.  
203 N. LaSalle Street, #2100  
Chicago, IL 60601

Phone: (312) 917-1610  
Fax: (608) 756-5174  
Email: rgordon@forensicpsych.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL LCP

### **Kirk Witherspoon, Ph.D.**

Name & Main Office Address: Kirk Witherspoon, Ph.D.  
722 - 23rd Avenue Court  
Moline, IL 61265-4624

Phone: (309) 762-2922  
Fax: (309) 762-8394  
Email: kirkwitherspoon@mchsi.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English  
Licenses: IL LCP 71-2839

### **LBR Psychological Consultants**

Name & Main Office Address: Luis Rosell, Psy.D.  
114 E. Monroe Street, #109  
Mount Pleasant, IA 52641

Phone: (319) 385-8868  
Fax: (319) 385-8868  
Email: lrosell@mchsi.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English, Spanish  
Licenses: IA-00897; MO #2003000317



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## Statewide

### Psychological & Counseling Center

Name & Main Office Address: Ronald Matthew  
N7193 3rd Court  
Westfield, WI 53964

Phone: (715) 347-1311  
Fax: (715) 344-8127  
Email: ronlewmatt@yahoo.com  
Language(s): English  
Licenses: IL #071-002091, WI #2434-057

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

### Ruth Boutin Kuncel, Ph.D.

Name & Main Office Address: Ruth Boutin Kuncel, Ph.D.  
911 N. Elm Street, #320  
Hinsdale, IL 60521

Phone: (630) 325-4310  
Fax: (630) 617-5751  
Email:  
Language(s): English  
Licenses: Licensed Clinical Psychologist #071-002327

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

### Schaab, Anthony T., Ph.D.

Name & Main Office Address: Anthony T. Schaab, Ph.D.  
929 N. East Avenue  
Oak Park, IL 60302

Phone: (708) 386-5203  
Fax:  
Email: aschaab@yahoo.com  
Language(s): English  
Licenses: IL LCP #071-003072

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

### Tri-County Mental Health Professionals

Name & Main Office Address: Robert T. Baker III, PsyD  
62 W. Washington  
Oswego, IL 60543

Phone: (312) 201-5900  
Fax: (312) 201-5917  
Email: rtb@adler.edu  
Language(s): English  
Licenses: IL LCP #071-006239

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Lloyd Thomas Cunningham, Psy.D.  
62 W. Washington  
Oswego, IL 60543

Phone: (630) 554-0555  
Fax:  
Email: ltc53@hotmail.com  
Language(s): English, Spanish  
Licenses:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	No
Juvenile ?	No	All applicant attestation qualifications:	Yes

Name & Main Office Address: Patricia L. Grosskopf  
62 W. Washington  
Oswego, IL 60543

Phone: (815) 727-5081  
Fax: (815) 740-8148  
Email:  
Language(s): English  
Licenses: MA in Clinical Psychology, Certified in Group Therapy

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes