

CAQH Data Summary Date 10/17/2025
Delorme, Emmanuella Applied Behavioral Analyst
CAQH Provider ID : 16653391

Last Reattestation Date: 10/17/2025 9:44:05 PM

PREPARE			
NUCC Grouping:		Behavioral Health & Social Service Providers	
Provider Type:	Applied Behavioral Analyst	Practice Setting:	Inpatient/Outpatient or Outpatient Only
Primary Practice State:	FL		
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :	Emmanuella	Middle Name :	
Last Name :	Delorme	Suffix :	
Have you used other names?	No		
Home Address			
Street 1 :	1336 Charles st	Street 2 :	
City :	Orlando	State :	FL
Country :		Province :	
County :		Zip Code :	32808
Mailing Address			
Is Mailing address and Home Address Same?	Yes		
Street 1 :	1336 Charles St	Street 2 :	
City :	Orlando	State :	FL
Country :		Province :	
County :		Zip Code :	32808-6928
Primary Method of Contact			
Primary E-mail Address :	edelormee@yahoo.com	Personal E-Mail Address :	
PMOC CC Email1 :		PMOC CC Email2 :	
Phone Numbers			
Home Phone :		Personal Cell Phone :	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :	769-90-7706		
Foreign National Identification Number :		FNIN Country of Issue :	
Do you have a Unique Physicians Identification Number (UPIN)?	No		
Do you have an Individual (Type 1) National Provider Identifier (NPI)?	Yes	Individual NPI :	1104226745
Demographics			
Gender Identity:	Female		
Race/Ethnicity :	Black or African American		
Birth Date :	7/9/1990	Birth City :	
Birth State :		Birth Country :	Haiti
Languages			
Non-English languages spoken by provider :			

PROFESSIONAL IDENTIFICATION NUMBERS			
Professional License			
License State :	FL	Do you currently practice in this state?	No
License Number :	1-25-84567	License Type :	ABA
License Status :		Expiration Date :	09/27/2027
Issue Date :	09/27/2025		
DEA Registration			
Do you have a DEA Registration Certificate?	No		
Controlled Dangerous Substance (CDS) Registration			
Do you have a CDS Registration Certificate?	No		
Medicare			
Are you a participating Medicare provider?	No		

Medicaid			
Are you a participating Medicaid provider?		Yes	
Medicaid Number :		115665400	State : FL
ECFMG			
Do you have a Educational Commission for Foreign Medical Graduates (ECFMG) Number?		No	
USMLE			
USMLE No. :		Exam Date :	
Workers Compensation Number			
Workers Compensation Number :			

EDUCATION			
Graduate Type :		US/Canada Graduate	
Professional School Information			
Country :		United States	State : IN
County :		Tippecanoe County	
Professional School :		Purdue Global University	Street 1 : 2550 Northwestern Avenue
Street 2 :		Suite 1100	City : West Lafayette
Province :			
Zip Code :		47906	
Phone Number :			Fax Number :
Degree :		Other Degree	
Professional School Start Date :		08/2024	Professional School End Date : 05/2025
Area of Training / Course of Study / Major :		Master of Science in Applied Behavior Analysis	
Did you complete your professional education at this school?		Yes	Graduation Date : 05/22/2025
Undergraduate Education			
Country :		United States	State : MO
School :		Columbia college of missouri	Street 1 : Missouri Hall, 1001 Rogers
Street 2 :		St #111	City : Columbia
Province :			
Zip Code :		65201	
Phone Number :		573-875-8700	Fax Number :
Degree :		Bachelor of Arts (BA)	
Start Date :		04/2020	End Date : 12/2022
Area of Training / Course of Study / Major :		Bachelors of Arts in Psychology	
Did you complete your Undergraduate education at this school?		Yes	Graduation Date : 12/22/2022
Certificate Received/Awarded :			
Undergraduate Education			
Country :		United States	State : FL
School :		Valencia College	Street 1 : 1800 S Kirkman Rd
Street 2 :			City : Orlando
Province :			
Zip Code :		32811	
Phone Number :			Fax Number :
Degree :		Associate in Arts (AA)	
Start Date :		01/2016	End Date : 05/2018
Area of Training / Course of Study / Major :			
Did you complete your Undergraduate education at this school?		Yes	Graduation Date :
Certificate Received/Awarded :			

TRAINING INFORMATION	
Cultural Competency Training :	
Have you completed cultural competency training?	
Yes	
Please select which program(s) you have completed:	

SPECIALTY INFORMATION	
Primary Specialty	
Primary Specialty :	
Behavior Analyst (103K00000X)	
Board Certified?	
Yes	
Name of Certifying Board :	
Behavior Analyst Certification	

Country :	Board United States	State :	CO
County :			
Street 1 :	7950 Shaffer Pkwy	Street 2 :	
City :	Littleton	Province :	
Zip Code :	79508-0127		
Certification Number :	1-25-84567		
Initial Certification Date :	9/27/2025	Does your board certification have an expiration date?	Yes
Expiration Date :	9/27/2027	Last Recertification Date :	9/27/2025
Do you wish to be listed in the directory under this primary specialty? By HMO	Yes		
Do you wish to be listed in the directory under this primary specialty? By PPO	Yes		
Do you wish to be listed in the directory under this primary specialty? By POS	Yes		
Secondary Specialty			
Do you have a Secondary Specialty?	No		
Special Experience, Skills, and Training			
Please select one or more special experience, skills, and training that apply from the list below:			

CERTIFICATION INFORMATION

*** THERE IS NO DATA ON RECORD FOR THIS SECTION ***

PRACTICE LOCATIONS

Active Locations

General Information :			
Confirmed Date :	10/17/2025		
Office Type :	Primary Practice	Providers's Start Date :	10/9/2025
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Behavior Analyst	Subspecialty :	
Will you continue to practice at this location			
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Positive Behavior Supports Corporation - Central Florida		
Street 1 :	907 Outer Rd Ste B		
Street 2 :		Country :	United States
City :	Orlando	State :	FL
County :		Province :	
Zip Code :	32814-6601	Email Address :	RrPinero@teampbs.com
Can general correspondence be sent to this location?		Practice Location Website	www.teampbs.com
Appointment Scheduling Website			
Mailing Address :			
Street1 :	7108 S Kanner Hwy	Street2 :	
City :	Stuart	State :	FL
County :	Martin County	Province :	
Country :	United States	Zip Code :	34997-7462
Type of Practice :	Single Specialty Group		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1700024296
Group Medicaid Number :	017422400	Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	855-832-6727	Phone Extention :	
Fax Number :	772-675-9100		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:	Yes		

Phone Coverage Type :	Voice Mail Other		
Tax Information :			
Practice Name as it appears on the W-9 :	Positive Behavior Supports Corporation		
Tax ID :	205268843	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :	Positive Behavior Supports Corp		
Network Denial :			
Have you closed your practice to any plans or programs ?	No		
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		
Do you accept all new patients at this location?	Yes		
Do you accept new Medicare patients at this location?	No		
Do you accept new Medicaid patients at this location?	Yes		
Do you accept new CHIP patients at this location?	No		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		
Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.			
What questions should we ask a patient, to help determine the appropriateness of the referral?			
Does this information vary by health plan ?	No		
Colleagues :			
Do you have any Partners/Associate at this location ?			
Covering Colleagues :			
Mid-Level Practitioners :			
Do you have any mid-level practitioners at this location?			
Office Manager or Business Staff Contact :			
First Name :	Rafael	Last Name :	Pinero
Middle Name :		Suffix :	
Phone Number :	855-832-6727	Fax Number :	772-675-9100
E-mail Address :	RrPinero@teampbs.com		
Is Office Manager Credentialing Contact :			
Billing Contact :			
Office Manager & Billing Contact are same ?			
Payment and Remittance :			
Billing department name :	PBS Corp Billing Department	Check Payable to :	Positive Behavior Supports Corp

Electronic billing capabilities ?	Yes		
Office Manager & Payee Contact are same ?			
Practice Limitations and Patient Populations :			
Are there any Practice Limitations ?	No		
Gender Limitations :			
Are there any Age Limitations? :			
Only Native Americans:			
Only Enrolled Students:			
Other Limitations :			
Accessibility :			
Does this office meet ADA accessibility requirements ?	Yes		
Does this office provide handicapped accessibility ?	Yes		
Please specify how this location meets handicapped accessibility requirements:			
Exterior Building	No		
Interior Building	No		
Wheelchair access to exam room	No		
Exam table/scale/chair	No		
Gurneys & Stretchers	No		
Portable Lifts	No		
Radiologic Equipment	No		
Signage & documents	No		
Parking	Yes		
Restroom	Yes		
Other Handicapped Access :			
Does this office have other services for the disabled ?	No		
Please specify other services for the disabled:			
Text Telephony (TTL) :	No		
American Sign Language :	No		
Mental/Physical Impairment Services :	No		
Other Disability Services :			
Is this office accessible by public transportation ?	No		
Please specify how this office is accessible by public transportation:			
Bus Transportation:	No		
Subway :	No		
Regional Train :	No		
Other Transportation :			
Does this Location Provide Child Care Services?	No		
Does this office meet all state and local fire, safety and sanitation requirements?	No		
Do you have TDD(hearing impaired device) available :	No		
Do you accept Workers' Compensation Patients?	No		
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?	No		
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No		
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No		
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No		
Telehealth :			
I provide telehealth services at this location:	Yes		
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	Yes		
Telehealth Service Type:			
Audio :	Yes	Audio/Video :	Yes
Online Adaptive Interviews :	Yes	Secure Text Messaging :	Yes
Remote Monitoring :	Yes	Store-and-Forward :	No
Are you willing and able to support family caregivers?	Yes		
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No

Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		

Archived Locations

***THERE IS NO DATA ON RECORD FOR THIS SECTION**

HOSPITAL AFFILIATIONS

General :

Do you have admitting privileges at one or more hospitals?

No

Do you have an admitting arrangement where another provider admits for you?

No

Do you have any non-admitting hospital affiliations?

CREDENTIALING INFORMATION

First Name :
Last Name :
Street 2 :
State :
Country :
Phone Number :
Email Address :
Primary Credentialing Contact :
Location Type :

Christian
Helenius

FL
United States
855-832-6727
chelenius@teampbs.com
Yes
PracticeLocation

Middle Name :
Street 1 :
City :
Zip Code :
Province :
Fax Number :

7108 S Kanner Hwy
Stuart
34997-7462

772-675-9100

Location :
Positive Behavior Supports Corporation - Central Florida

INSURANCE INFORMATION

Policy Number :
Covered Practice Locations :
Original Effective Date :
Current Effective Date :
Current Expiration Date :
Carrier/Self Insured Name :
Street 1 :
City :
State :
Zip Code :
Phone Extension :
Do you have unlimited coverage with this insurance carrier?
Type of coverage :
Amount of coverage per occurrence :
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?
Individual Coverage :
Self-Insured?

6799172

01/31/2025
01/31/2025
01/31/2026
Lexington Insurance Company
99 High Street
Boston
MA
02110-2387

No
Occurrence
\$1,000,000.00
No
No

Street 2 :
Province :
Country :
Phone Number :
Fax Number :

Amount of coverage aggregate :

United States
617-330-1100
866-671-9288

\$3,000,000.00
No

WORK HISTORY INFORMATION

Employment Information Record

Practice/Employer Name :	Positive Behavior Supports Corporation	Department :	
Street 1 :	907 Outer Road	Street 2 :	Suite B
Country :	United States		
City :	Orlando	State :	FL
Province :		Zip Code :	32814
Phone Number :	855-832-6727	Phone Extension :	
Fax Number :	772-675-9100		
Start Date :	10/2025		
Is this your current employer?	Yes		
Practice/Employer Name :	PINNACLE INTERNATIONAL THERAPY CENTER LLC	Department :	
Street 1 :	3501 W VINE ST	Street 2 :	
Country :	United States		
City :	Kissimmee	State :	FL
Province :		Zip Code :	34741
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	04/2024		
Is this your current employer?	Yes		
Practice/Employer Name :	FoundArt Academy	Department :	
Street 1 :	6881 Kingspointe Pkwy	Street 2 :	
Country :	United States		
City :	ORLANDO	State :	FL
Province :		Zip Code :	32819
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	12/2022		
Is this your current employer?	No		
End Date :	01/2024	Reason for departure :	RELOCATION
Practice/Employer Name :	Action Behavior Centers	Department :	
Street 1 :	6955 Portwest Dr	Street 2 :	
Country :	United States		
City :	Houston	State :	TX
Province :		Zip Code :	77024
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	01/2022		
Is this your current employer?	No		
End Date :	12/2022	Reason for departure :	relocating to Florida
Practice/Employer Name :	Kelly Services	Department :	
Street 1 :	7556 Municipal Dr	Street 2 :	
Country :	United States		
City :	Orlando	State :	FL
Province :		Zip Code :	32819
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	01/2017		
Is this your current employer?	No		
End Date :	12/2021	Reason for departure :	Relocating to Texas
Employment Gap Record :			
Start Date:	08/2024	End Date:	05/2025
Gap Explanation:	Academic/Training leave		
Start Date:	04/2020	End Date:	12/2022
Gap Explanation:	Academic/Training leave		
Start Date:	01/2016	End Date:	05/2018
Gap Explanation:	Academic/Training leave		
Military :			
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	No

Licensure :

1. Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? **No**

2. Has there been any challenge to your licensure, registration or certification? **No**

Hospital Privileges and Other Affiliations :

3. Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board? **No**

4. Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation? **No**

5. Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? **No**

Education, Training and Board Certification :

6. Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign? **No**

7. Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program? **No**

8. Have any of your board certifications or eligibility ever been revoked? **No**

9. Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation? **No**

DEA or CDS :

10. Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? **No**

Medicare, Medicaid or other Governmental Program Participation :

11. Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs? **No**

Other Sanctions or Investigations :

12. Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**

13. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? **No**

14. Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? **No**

15. Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct? **No**

16. Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency? **No**

Professional Liability Insurance Information and Claims History :

17. Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history? **No**

18. Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history? **No**

Malpractice Claims History :

19. Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? If yes, provide information for each case. **No**

Criminal/Civil History :

20. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony? **No**

21. In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**

22. Have you ever been court-martialed for actions related to your duties as a medical professional? **No**

Ability to Perform Job :

23. Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. Illegal use of drugs refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.) **No**

24. Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?	No
25. Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?	No
26. Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?	No