



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

COMMITTEE FOR PROFESSIONAL COUNSELORS
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Loree V. Kessler
Executive Director

TENTATIVE OPEN SESSION AGENDA
Missouri Committee for Professional Counselors
Missouri Association of School Administrators
3550 Amazonas – Jefferson City, Missouri
April 1, 2011 - 3:00 p.m.

Missouri Committee for Professional Counselors
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri
April 2, 2011 – 9:00 a.m.

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Committee for Professional Counselors, P.O. Box 1335, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-0018 to ensure available accommodations. The text telephone for the Deaf or Hard of Hearing is 800/735-2966 or 800/735-2466 for Voice Relay Missouri.

Except to the extent disclosure is otherwise required by law, the Missouri Committee for Professional Counselors is authorized to close meetings, records and votes, to the extent they relate to the following: Chapter 610.021 subsections (1), (3), (5), (7), (13), (14), and Chapter 324.001.8 and 324.001.9 RSMo.

The Committee may convene in closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public, with the motion and vote recorded in open session minutes.

Please see attached agenda for this meeting.

Attachment

TENTATIVE OPEN SESSION AGENDA
Missouri Committee for Professional Counselors
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri
April 1, 2011 - 3:00 p.m.

Missouri Committee for Professional Counselors
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri
April 2, 2011 – 9:00 a.m.

- 1 Call to Order Dr. Verl Pope, Chairperson
- 2 Roll Call Ms Margaret Pigg, Secretary
- 3 Approval of Open Session Agenda
- 4 Approval of Open Session Minutes
 - January 18, 2011 Credentials Subcommittee
 - February 15, 2011 Full Committee
 - February 15, 2011 Credentials Subcommittee
 - March 15, 2011 Credentials Subcommittee
- 5 Financial Report
- 6 Invitation to NBCC Annual Meeting
- 7 Forms Update
 - Registration of Supervision Form
 - Post Degree Experience Form
- 8 Counselor Educators Roundtable (no materials)

Convene in closed session pursuant to motions to close section 610.021 subsection (14) and 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings.

Adjournment

OPEN SESSION MINUTES
Missouri Committee for Professional Counselors
Credentials Subcommittee
January 18, 2011 –7:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

The Committee for Professional Counselors Credentials Subcommittee was called to order by Dr. Mark Comensky, subcommittee chairperson, at 7:32 a.m., at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. The executive director facilitated roll call.

Subcommittee Members Present

Dr. Mark Comensky, Chairperson
Dr. Verl Pope
Margo Pigg
Craig Miner
Greg Roeback

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Sarah Becker, Licensure Technician II

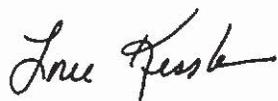
Dr. Comensky stated he would be voting in open and closed sessions.

Fee Regulation

The executive director provided an overview of the five year revenue projections in comparison to the committee's appropriation and expenditures over the past several years. A motion was made by Mr. Roeback and seconded by Ms. Pigg for the executive director to proceed with the filing the emergency regulation, request for rulemaking, and small business impact statement to reduce the renewal fee for the 2011-2013 cycle from \$150 to \$50 and a regulatory amendment to the fee regulation, request for rulemaking, and small business impact statement reducing the application for licensure fee from \$150 to \$100 and application for supervision fee from \$100 to \$75. Subcommittee members voting aye: Dr. Comensky, Dr. Pope, Ms. Pigg, Mr. Miner, and Mr. Roeback. Motion carried unanimously.

At 7:35 a.m., a motion was made by Dr. Pope and seconded by Ms. Pigg to convene in closed session pursuant to motions to close section 610.021 subsection (14) and 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal actions, causes of action or litigation and any confidential or privileged communications between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Subcommittee members voting aye: Dr. Pope, Dr. Comensky, Ms. Pigg, Mr. Miner and Mr. Roeback. Motion carried unanimously.

At 8:39 a.m. a motion was made by Ms. Pigg and seconded by Mr. Miner to convene in open session and adjourn. A motion was made by Mr. Roebach and seconded by Ms. Pigg to approve the recommendations. Credentials subcommittee members voting aye; Dr. Comensky, Dr. Pope, Ms. Pigg, Mr. Miner, and Mr. Roebach. Motion carried unanimously.



Loree Kessler, Executive Director

Approved by Committee on

OPEN SESSION MINUTES
Missouri Committee for Professional Counselors
February 15, 2011 – 7:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

At 7:31 a.m., the Committee for Professional Counselors was called to order by Dr. Verl Pope chairperson, at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. Margo Pigg, secretary facilitated roll call.

Committee Members Present

Dr. Verl Pope, Chairperson
Margo Pigg, Secretary
Dr. Gene Dexter, Public Member
Dr. Mark Comensky
Greg Roebach

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Sarah Becker, Licensure Technician II
Earl Kraus, Division Counsel

Dr. Pope stated he would be voting in open and closed sessions.

A motion was made by Dr. Comensky and Seconded by Mr. Roebach to approve the open session agenda. Committee members voting aye: Dr. Comensky, Dr. Pope, Dr. Dexter, Mr. Roebach, and Ms. Pigg. Motion carried unanimously.

A motion was made by Dr. Comensky and seconded by Ms. Pigg to approve the open session minutes of the June 8 full and credentials subcommittee conference call meeting, July 2 full and credentials subcommittee meeting, September 14 credentials subcommittee conference call meeting, November 5-6 full and credentials subcommittee meeting, and December 14 credentials subcommittee conference call meeting.

At 7:35 a. m., a motion was made by Dr. Comensky and seconded by Ms. Pigg to convene in closed session pursuant to section 610.021 subsections (14), section 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Committee members voting aye: Dr. Comensky, Dr. Pope, Dr. Dexter, Mr. Roebach, and Ms. Pigg. Motion carried unanimously.

At 8:00 a.m. a motion was made by Ms. Pigg and seconded by Dr. Comensky to convene in open session and adjourn the conference call meeting. Committee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roebach, Dr. Dexter, and Ms. Pigg. Motion carried unanimously.



Executive Director

Approved by Committee on

OPEN SESSION MINUTES
Missouri Committee for Professional Counselors
Credentials Subcommittee
February 15, 2011 – 7:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

The Committee for Professional Counselors Credentials Subcommittee was called to order by Dr. Mark Comensky, subcommittee chairperson, at 8:01 a.m. at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. Margo Pigg, secretary facilitated roll call.

Committee Members Present

Dr. Mark Comensky, Chairperson
Greg Roeback
Margo Pigg
Dr. Verl Pope

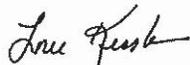
Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Sarah Becker, Licensure Technician II

Dr. Comensky stated he would be voting in open and closed sessions.

At 8:02a. m., a motion was made by Ms. Pigg and seconded by Dr. Pope to convene in closed session pursuant to section 610.021 subsections (14), section 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Subcommittee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roeback, and Ms. Pigg. Motion carried unanimously.

At 8:51 a.m. a motion was made by Ms. Pigg and seconded by Dr. Pope to convene in open session and adjourn the conference call meeting. Subcommittee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roeback and Ms. Pigg. Motion carried unanimously.



Executive Director

Approved by Committee on

OPEN SESSION MINUTES
Missouri Committee for Professional Counselors
Credentials Subcommittee
March 15, 2011 – 7:30 a.m.
Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri

The Committee for Professional Counselors Credentials Subcommittee was called to order by Dr. Mark Comensky, subcommittee chairperson, at 7:31 a.m. at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. Margo Pigg, secretary facilitated roll call.

Committee Members Present

Dr. Mark Comensky, Chairperson
Greg Roeback
Margo Pigg
Dr. Verl Pope
Craig Miner

Staff Present

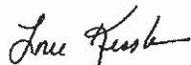
Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Sarah Becker, Licensure Technician II

Dr. Comensky requested a minute of silence for the victims of the recent tsunami in Japan.

Dr. Comensky stated he would be voting in open and closed sessions.

At 7:33 a.m., a motion was made by Ms. Pigg and seconded by Mr. Roeback to convene in closed session pursuant to section 610.021 subsections (14), section 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Subcommittee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roeback, Mr. Miner and Ms. Pigg. Motion carried unanimously.

At 8:29 a.m. a motion was made by Dr. Pope and seconded by Mr. Roeback to convene in open session and adjourn the conference call meeting. Subcommittee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roeback, Mr. Miner and Ms. Pigg. Motion carried unanimously.



Executive Director

Approved by Committee on

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	Professional Counselors - 0672																	
2	FY 2011 Monthly Fund Balance Sheet																	
3		FY 2011 Actual													FY 2011 Projections			
4		July	August	September	October	November	December	January	February	March	April	May	June	Lapsed July	YTD Total	Projected	Remaining (Projected - YTD Total)	
5	Beginning Fund Balance	766,984.32	758,371.39	755,685.56	747,258.90	740,968.99	734,767.81	723,473.98	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	58,979.25	515,535.00	456,555.75
6	Revenue	7,475.00	12,675.00	7,940.00	8,400.00	7,700.00	5,850.00	8,939.25	0.00	0.00	0.00	0.00	0.00	0.00	58,979.25	515,535.00	456,555.75	
7	Total Funds Available	774,459.32	771,046.39	763,625.56	755,658.90	748,668.99	740,617.81	732,413.23	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	58,979.25	515,535.00	456,555.75	
8																		
9	Appropriation Costs:																	
10	Expense and Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
11	Personal Service and Per Diem	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
12	Total Appropriation Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13																		
14	Transfer Costs:																	
15	Rent	0.00	0.00	450.58	225.29	225.29	225.29	225.29	0.00	0.00	0.00	0.00	0.00	0.00	1,351.74	2,703.49	1,351.75	
16	Workers Compensation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17	Board Staff Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
18	DIFP Department Cost Allocation	576.89	5.50	0.00	575.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,157.86	2,307.57	1,149.71	
19	Licensee Refunds	0.00	0.00	0.00	90.00	0.00	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	240.00	1,000.00	760.00	
20	Biennium Sweep	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21																		
22	PR Transfer:																	
23	Division-Wide Costs	0.00	1,081.80	1,708.19	1,111.43	1,101.45	1,130.02	1,130.47	0.00	0.00	0.00	0.00	0.00	0.00	7,263.36	27,185.08	19,921.72	
24	Purchasing Staff	0.00	29.24	28.98	25.39	31.14	29.83	29.16	0.00	0.00	0.00	0.00	0.00	0.00	173.74	315.89	142.15	
25	PR/IT Staff	0.00	66.77	40.65	116.67	127.54	12.02	91.80	0.00	0.00	0.00	0.00	0.00	0.00	455.45	883.10	427.65	
26	Legal Team	0.00	222.23	5.73	46.26	78.26	497.53	18.68	0.00	0.00	0.00	0.00	0.00	0.00	868.69	823.95	(44.74)	
27	CRR Staff	0.00	204.95	224.06	186.16	215.56	234.67	214.44	0.00	0.00	0.00	0.00	0.00	0.00	1,279.84	3,675.52	2,395.68	
28	Board Specific:																	
29	Expense/Equipment	0.00	1,689.67	4,240.43	425.93	1,601.54	1,308.44	8,978.74	0.00	0.00	0.00	0.00	0.00	0.00	18,244.75	84,121.00	65,876.25	
30	Start-up Loan Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(10,580.36)	(10,580.36)	
31	Personal Services	0.00	6,143.78	6,043.78	5,643.78	5,675.93	6,679.53	7,072.38	0.00	0.00	0.00	0.00	0.00	0.00	37,259.18	83,777.05	46,517.87	
32	Fringe Benefits	0.00	2,877.52	2,913.22	2,818.08	2,819.26	2,980.08	2,931.53	0.00	0.00	0.00	0.00	0.00	0.00	17,339.69	40,958.60	23,618.91	
33	Technical Support Staff	0.00	241.07	212.67	250.25	254.96	311.17	197.04	0.00	0.00	0.00	0.00	0.00	0.00	1,467.16	2,691.86	1,224.70	
34	Central Mail Processing	0.00	275.05	254.90	228.33	227.63	259.71	234.22	0.00	0.00	0.00	0.00	0.00	0.00	1,479.84	2,768.35	1,288.51	
35	CIU Investigations	0.00	2,437.26	243.47	1,041.72	1,542.62	1,490.85	1,584.58	0.00	0.00	0.00	0.00	0.00	0.00	8,340.50	25,411.41	17,070.91	
36	Total PR Transfer	0.00	15,269.34	15,916.08	11,894.00	13,675.89	14,933.85	22,483.04	0.00	0.00	0.00	0.00	0.00	0.00	94,172.20	262,031.45	167,859.25	
37																		
38	OA Cost Allocation Transfer:																	
39	OA Cost Allocation - Board Cost	0.00	0.00	0.00	0.00	0.00	1,910.00	955.00	0.00	0.00	0.00	0.00	0.00	0.00	2,865.00	3,815.00	950.00	
40	OA Cost Allocation - PR Cost	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
41	Total OA Cost Allocation Transfer	0.00	0.00	0.00	0.00	0.00	1,910.00	955.00	0.00	0.00	0.00	0.00	0.00	0.00	2,865.00	3,815.00	950.00	
42																		
43	GR Transfer:																	
44	Attorney General	0.00	0.00	0.00	0.00	0.00	0.00	4,002.17	0.00	0.00	0.00	0.00	0.00	0.00	4,002.17	27,113.65	23,111.48	
45	Administrative Hearing Comm.	0.00	85.50	0.00	1,196.50	0.00	365.75	422.75	0.00	0.00	0.00	0.00	0.00	0.00	2,070.50	2,000.00	(70.50)	
46	Total GR Transfer	0.00	85.50	0.00	1,196.50	0.00	365.75	4,424.92	0.00	0.00	0.00	0.00	0.00	0.00	6,072.67	29,113.65	23,040.98	
47																		
48	FY 2008-10 Transfers Carried Over:																	
49	FY 2008 PR Transfer Adj-J. Weider	0.00	0.00	0.00	0.00	0.00	0.00	(26.40)	0.00	0.00	0.00	0.00	0.00	0.00	(26.40)	0.00	26.40	
50	FY 2009 PR Transfer Adj-J. Weider	0.00	0.00	0.00	0.00	0.00	0.00	(15.78)	0.00	0.00	0.00	0.00	0.00	0.00	(15.78)	0.00	15.78	
51	FY 2010 June PR Transfer (E&E)	2,184.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,184.60	2,184.60	0.00	
52	FY 2010 June PR Transfer (PS)	13,107.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	13,107.94	13,107.94	0.00	
53	FY 2010 July Lapse PR Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
54	FY 2010 PR Transfer Adjustment	0.00	0.00	0.00	0.00	0.00	(291.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(291.06)	(291.06)	0.00	
55	FY 2010 Final Rent Transfer Adj	0.00	0.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.49	0.49	0.00	
56	FY 2010 AG - June	0.00	0.00	0.00	708.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	708.65	708.65	0.00	
57	FY 2010 AHC - Dec. Adj (PR Tran)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
58	FY 2010 AHC - June	218.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	218.50	218.50	0.00	
59	Total FY 2010 Transfers Carried Over	15,511.04	0.49	0.00	708.65	0.00	(291.06)	(42.18)	0.00	0.00	0.00	0.00	0.00	0.00	15,886.94	15,929.12	42.18	
60	Total Transfers	16,087.93	15,360.83	16,366.66	14,689.91	13,901.18	17,143.83	28,196.07	0.00	0.00	0.00	0.00	0.00	0.00	121,746.41	316,900.28	195,153.87	
61	Total Appropriation Costs and Transfers	16,087.93	15,360.83	16,366.66	14,689.91	13,901.18	17,143.83	28,196.07	0.00	0.00	0.00	0.00	0.00	0.00	121,746.41	316,900.28	195,153.87	
62	Ending Fund Balance	758,371.39	755,685.56	747,258.90	740,968.99	734,767.81	723,473.98	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16	704,217.16				

*FY 2011 YTD Expenses by Budget Class Code - Appropriation 2207
As of January 31, 2011
Professional Counselors
Activity Code: LR19*

<i>Budget Object Class</i>	<i>Budget Object Class Name</i>	<i>YTD Expended</i>	<i>Appropriation</i>	<i>Remaining Appropriation</i>	<i>Percent Remaining</i>
140	TRAVEL, IN-STATE	5,114.80	8,000.00	2,885.20	36.07%
160	TRAVEL, OUT-OF-STATE	366.94	4,000.00	3,633.06	90.83%
180	FUEL & UTILITIES			0.00	
190	SUPPLIES	2,937.29	25,000.00	22,062.71	88.25%
320	PROFESSIONAL DEVELOPMENT	1,438.00	4,000.00	2,562.00	64.05%
340	COMMUNICATION SERV & SUPP	645.55	2,000.00	1,354.45	67.72%
400	PROFESSIONAL SERVICES	6,050.78	28,500.00	22,449.22	78.77%
420	HOUSEKEEP & JANITOR SERV			0.00	
430	M&R SERVICES	132.30	1,800.00	1,667.70	92.65%
480	COMPUTER EQUIPMENT			0.00	
560	MOTORIZED EQUIPMENT			0.00	
580	OFFICE EQUIPMENT		1,700.00	1,700.00	100.00%
590	OTHER EQUIPMENT	16.80		(16.80)	
640	PROPERTY & IMPROVEMENTS			0.00	
680	BUILDING LEASE PAYMENTS	942.98	2,000.00	1,057.02	52.85%
690	EQUIPMENT RENTAL & LEASES		500.00	500.00	100.00%
740	MISCELLANEOUS EXPENSES	816.43	5,500.00	4,683.57	85.16%
	TOTAL	18,461.87	83,000.00	64,538.13	77.76%

nbcc



NATIONAL BOARD FOR
CERTIFIED COUNSELORS

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FAX: +1.336.547.0017
www.nbcc.org

February 2, 2011

Dear State Counselor Licensure Board Members and Executives:

NBCC is pleased to invite you to our annual meeting for state counselor licensure boards. This year we will convene in Greensboro, NC, home of NBCC. As anticipated, we will sponsor one top staff member AND one board member as state representatives at this meeting.

We will provide updates in the National Counselor Examination for Licensure and Certification (NCE) and the National Clinical Mental Health Counseling Examination (NCMHCE) and discuss the counselor job analysis and computer-based training. Other topics will include addictions licensing, legal and ethical practice, as well as a legislative update. We will also offer valuable networking opportunities for state licensure board members and executives.

This year's meeting will be held **Thursday, August 11 and Friday, August 12, 2011** at the Proximity Hotel (www.PROXIMITYHOTEL.COM). Please plan to arrive Wednesday, August 10 and depart Saturday, August 13, unless you will be spending additional time in the North Carolina area. All arrangements to attend are to be made through NBCC.

As in the past, NBCC invites all state counseling board members and staff to attend. We will pay travel and expenses for one staff person and one board member from each state board. For those flying, reservations must be made by June 1, 2011.

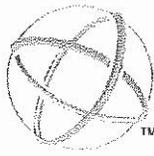
To register, please complete the attached registration form by **March 15, 2011**. Hotel reservations will be based on forms received by the deadline. A travel profile and detailed information will be sent to all attendees who return the completed registration form.

We look forward to seeing you in Greensboro, NC.

Sincerely,

A handwritten signature in cursive script that reads "Thomas W. Clawson".

Thomas W. Clawson, Ed.D, NCC, NCSC, LPC
President and CEO



NATIONAL BOARD FOR
CERTIFIED COUNSELORS.

State Licensure Boards Meeting
August 11-12, 2011
Greensboro, NC

REGISTRATION INFORMATION

- The _____ Board is **unable to send** a representative to the 2011 meeting.
(state)
- The _____ Board **will send** at least one representative to the 2011 meeting.
(state)

Board Member Attendee (expenses covered by NBCC):

Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Telephone Number: () _____ E-mail Address: _____

Primary Staff Attendee (expenses covered by NBCC):

Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Telephone Number: () _____ E-mail Address: _____

Additional Attendee (optional, at expense of your state board):

Name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Telephone Number: () _____ E-mail Address: _____

BOARD CONTACT INFORMATION

Board Contact Person: _____
Telephone Number: _____ Fax Number: _____
E-mail Address: _____

Please respond by Tuesday, March 15, 2011.

Send registration to: NBCC • Attn: Jolie Long • 3 Terrace Way • Greensboro, NC 27401
Tel: 336-547-0607 • Fax: 336-547-0558 • E-mail: long@nbcc.org



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

COMMITTEE FOR PROFESSIONAL COUNSELORS
3605 Missouri Boulevard
P.O. Box 1335
Jefferson City, MO 65102-1335
Telephone: 573/751-0018
Fax: 573/751-0735
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
profcounselor@pr.mo.gov

Loree V. Kessler
Executive Director

Memo

To: Board Members

From: Loree Kessler

A handwritten signature in black ink that reads "Loree Kessler".

CC: File

Date: March 16, 2011

Re: Forms Update

Attached is the registration of supervision form and verification of supervision form. Based upon prior committee comments, suggested changes are provided within the form by clicking on the small yellow text boxes.

Suggested changes to the registration of supervision form include;

- Adding a checkbox to indicate multiple sites and/or supervisors (See Section III Supervised Practice Site)
- Updating question #24 referencing weekly meetings
- Adding a #24A for the supervisor to explain how records are reviewed
- Update Section VIII Statement of Applicant requiring a signature of the applicant
- Update Section VIII Statement of Applicant adding a statement regarding providing results of application review to the licensure supervisor

Suggested changes to verification of post degree experience form include;

- Changing question #12 to a written response versus "yes" "no" question
- Adding items I and K to question 13

If you have other suggestions please make note of them so they can be discussed during the meeting.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
REGISTRATION OF SUPERVISION

COMMITTEE FOR PROFESSIONAL COUNSELORS
 3605 MISSOURI BOULEVARD
 PO BOX 1335
 JEFFERSON CITY, MO 65102-1335

INSTRUCTIONS

PLEASE TYPE OR PRINT IN BLACK INK

1. This application must be **TYPED** or **PRINTED** in **BLACK INK** and **ALL SECTIONS MUST BE COMPLETED**.
2. Official Graduate Transcript must be sent to the committee by the College or University.
3. Mail application and fee to:
 Committee for Professional Counselors
 3605 Missouri Boulevard
 Post Office Box 1335
 Jefferson City, MO 65102-1335
TELEPHONE: (573) 751-0018 **(VOICE MAIL)** **FAX:** (573) 751-0735 **TDD:** 800-735-2966 **EMAIL:** profcounselor@pr.mo.gov
4. **FEE:** \$100.00 cashier's check, money order, or personal check.
5. Pursuant to §620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The committee will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the committee to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The committee can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the committee to provide your SSN to child support and tax compliance officials.

I. APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN)		E-MAIL ADDRESS
2. ADDRESS (STREET AND BOX NUMBER, IF APPLICABLE, CITY, STATE, ZIP)		
3. TELEPHONE HOME	4. DATE OF BIRTH	5. SOCIAL SECURITY NUMBER (REQUIRED)
6. GENDER (THIS INFORMATION IS VOLUNTARY)		7. RACE (THIS INFORMATION IS VOLUNTARY)

II. SUPERVISOR DATA

8. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)		9. IS SUPERVISOR A RELATIVE OF APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
10. ADDRESS (STREET, CITY, STATE, ZIP CODE)		11. DAYTIME PHONE NUMBER
12. DATE OF EMPLOYMENT	13. IF NOT EMPLOYED BY INSTITUTION, SUBMIT A CONTRACT AFFILIATING SUPERVISOR WITH THE PROPOSED SITE <input type="checkbox"/> CONTRACT OF AFFILIATION ATTACHED	

14. PLEASE CHECK ALL THAT APPLY TO SUPERVISOR:

<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHOLOGIST	LICENSE NUMBER	STATE
<input type="checkbox"/> LICENSED PSYCHIATRIST	LICENSE NUMBER	STATE
<input type="checkbox"/> OTHER (list credential)	LICENSE NUMBER	STATE

III. SUPERVISED PRACTICE SITE

15. NAME OF PRACTICE SITE

16. SITE ADDRESS

17. IS SITE A PRIVATE PRACTICE? IF YES, ANSWER QUESTIONS 18 AND 19 BELOW

18. IDENTIFY INDIVIDUAL(S) WHO HAVE AN OWNERSHIP INTEREST IN THE PRIVATE PRACTICE.

19. LIST ALL INDIVIDUALS EMPLOYED BY OR AFFILIATED WITH THE PRIVATE PRACTICE (attach separate sheet, if necessary.)

NAME	TITLE	LICENSE NUMBER	STATUS

IV. NATURE OF SUPERVISION

20. CHECK THE APPROPRIATE BOX(ES) THAT DESCRIBE THE DUTIES TO BE PERFORMED BY THE APPLICANT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

- ASSESSMENT/TESTING CRISIS INTERVENTION GROUP COUNSELING
 INDIVIDUAL COUNSELING (Please specify) CHILDREN ADULTS ADOLESCENTS FAMILY
 RESEARCH SCHOOL COUNSELING SUBSTANCE ABUSE COUNSELING
 VOCATIONAL/CAREER COUNSELING OTHER (Please explain) _____

BRIEFLY DESCRIBE JOB DESCRIPTION AND DUTIES

21. APPLICANT'S WORK TITLE

22. DATE OF APPLICANT'S INITIAL EMPLOYMENT

23. ESTIMATED NUMBER OF HOURS PER WEEK APPLICANT WILL BE WORKING

24. CHECK THE APPROPRIATE BOX(ES) THAT APPLY TO THE NATURE OF THE SUPERVISION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

- COSIGN ALL REPORTS/CASE NOTES GROUP SUPERVISION SESSIONS OBSERVE SESSIONS
 REVIEW AUDIO/VISUAL TAPES REVIEW CASE NOTES REVIEW TREATMENT PLANS
 SEMINARS WEEKLY MEETINGS OTHER (Please explain) _____

V. STATEMENT OF EMPLOYER

I, as a representative of the proposed supervision site, hereby affirm that the supervisor and counselor-in-training are employed at or affiliated with the site requested in Section III. I understand that if both are not employees, a contract must be provided to the committee which will affiliate the supervisor to the practice site.

EMPLOYER SIGNATURE _____ PRINT NAME AND TITLE _____ DATE _____

VI. EDUCATIONAL EXPERIENCE

OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK REQUIRED

25. Have you completed an advanced degree with a major in counseling, counseling psychology, clinical psychology, guidance and counseling, or school psychology? YES NO

If graduate course work is in quarter hours, please check here

If graduate course work is from an online or Internet based program, please check here

26. DEGREE INFORMATION		DATES ATTENDED				DEGREE TYPE	CONFERRED	
		FROM		TO			MO	YR
UNIVERSITY/COLLEGE ATTENDED	CITY AND STATE	MON	YR	MON	YR			
A.								
B.								
C.								

27. LIST CORE COURSES TAKEN FOR GRADUATE CREDIT THAT APPEAR ON A TRANSCRIPT.

COURSE NO.	COLLEGE/UNIVERSITY	TITLE OF COURSE	CREDIT HOURS	DATE TAKEN
A. COUNSELING THEORY (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
B. HUMAN GROWTH & DEVELOPMENT (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
C. SOCIAL AND CULTURAL DIVERSITY (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
D. HELPING RELATIONSHIP (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
E. GROUP COUNSELING (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
F. CAREER DEVELOPMENT (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
G. APPRAISAL (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
H. RESEARCH METHODS (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
I. PROFESSIONAL ORIENTATION (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
J. DIAGNOSIS (MINIMUM OF 3 HOURS GRADUATE CREDIT REQUIRED)				
K. PRACTICUM / INTERNSHIP / FIELD STUDY (MINIMUM OF 6 HOURS GRADUATE CREDIT REQUIRED)				

VII. APPLICANT HISTORY

32. Please answer the following questions (Yes answers must be explained in writing)	YES	NO
a. Have you, or any license or right to practice held by you, been restricted, disciplined, such a disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list the board name, state, and license number.	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo condendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? Applicants must answer "yes" even if a suspended imposition of sentence or suspended execution of sentence was received/ordered. If "yes", are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you had a judgment rendered against you based upon fraud, misrepresentation, or deception related to your practice as a professional counselor?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you ever been named as a defendant in a civil suit related to counseling?	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

Information relating to state income tax compliance must be directed to MO Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

VIII. STATEMENT OF APPLICANT

I understand I must practice professional counseling under the supervision of a licensed professional counselor, psychologist, or psychiatrist approved by the Committee for Professional Counselors, until I am licensed. I further understand that the minimum acceptable supervised experience shall be 3,000 hours and 24 months obtained within 24 - 60 calendar months for master's degree applicants or 1,500 hours and 12 months obtained within 12 - 36 calendar months for applicants with at least 30 hours post-master's degree course work in counseling or a counseling related field. If, for any reason, the approved site or supervisor changes, I will notify the Committee for Professional Counselors and file a change of supervision application. I understand that any supervision obtained without such notification will not be applicable toward licensure. I hereby affirm under penalties of perjury that I am the applicant named in this registration and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief. I submit for consideration this application for supervision as required by the Missouri law governing the practice of professional counseling and subject to the regulations of the Missouri Committee for Professional Counselors. I subscribe and agree to abide by all applicable laws and regulations regarding the practice of professional counseling. I hereby certify that I have familiarized myself with sections 337.500 - 337.540 RSMo, and applicable regulations promulgated by the Missouri Committee for Professional Counselors.

Enclosed is the application fee which is not refundable. I understand that the Committee may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

APPLICANT SIGNATURE	DATE
---------------------	------

IX. STATEMENT OF SUPERVISOR (SIGNATURE REQUIRED)

I have reviewed this proposal for supervised professional experience and accept full responsibility for the work this applicant will be performing under my supervision. This work will be performed pursuant to my order, control, oversight and guidance. If I am unable to complete this supervision arrangement or discontinue supervision I will advise the Committee for Professional Counselors in writing. I hereby affirm under penalties of perjury that I am the supervisor named in this registration and that all the statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

APPLICANT SIGNATURE	DATE
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STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF POST DEGREE
COUNSELING EXPERIENCE

COMMITTEE FOR PROFESSIONAL COUNSELORS
 3605 MISSOURI BOULEVARD
 P.O. BOX 1335
 JEFFERSON CITY, MO 65102-1335

INSTRUCTIONS

PLEASE TYPE OR PRINT IN BLACK INK

APPLICANT: Complete items 1-4 and forward this form to all supervisors in order verify supervised counseling experience. Additional forms may be requested from the committee office and are available online at <http://pr.mo.gov/counselors.asp>.

SUPERVISOR: Please complete sections II and III. Please return to:
 COMMITTEE FOR PROFESSIONAL COUNSELORS
 3605 MISSOURI BOULEVARD
 POST OFFICE BOX 1335
 JEFFERSON CITY, MO 65102-1335.

Telephone: (573) 751-0018 (voice mail) **FAX:** (573) 751-0735 **TDD:** 800-735-2966 **Email:** profcounselors@pr.mo.gov

I. APPLICANT DATA

1. NAME (LAST, FIRST, MIDDLE, MAIDEN)	2. EMAIL ADDRESS
3. ADDRESS (STREET, BOX NUMBER, CITY, STATE, ZIP CODE)	4. PROVISIONAL LICENSE # (IF APPLICABLE)

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BELOW TO THE MISSOURI COMMITTEE FOR PROFESSIONAL COUNSELORS.

5. SIGNATURE OF APPLICANT	SOCIAL SECURITY NUMBER	DATE
---------------------------	------------------------	------

APPLICANT DO NOT WRITE BELOW THIS LINE -- FOR SUPERVISOR'S COMPLETION ONLY

II. SUPERVISOR SECTION

Complete items below and return the original (not a photocopy) of this supervision verification form to Missouri Committee for Professional Counselors. **DO NOT RETURN THIS FORM TO THE APPLICANT.** You must verify all hours worked under your supervision.

6. SUPERVISOR NAME (LAST, FIRST, MIDDLE, MAIDEN)	7. TELEPHONE NUMBER
8. CURRENT WORK ADDRESS	

9. PLEASE INDICATE BELOW PROFESSIONAL LICENSURES THAT APPLY TO THE SUPERVISOR.

	LICENSE STATE	LICENSE NUMBER
<input type="checkbox"/> LICENSED PROFESSIONAL COUNSELOR		
<input type="checkbox"/> LICENSED PSYCHOLOGIST		
<input type="checkbox"/> LICENSED PSYCHIATRIST		

10. LIST SITE THE APPLICANT PROVIDED PROFESSIONAL COUNSELING EXPERIENCE UNDER YOUR SUPERVISION.

AGENCY/FACILITY	DATE FROM (MONTH/YR)	DATE TO (MONTH/YR)
ADDRESS (STREET, CITY, STATE ZIP)		

ONE HOUR PER WEEK FACE-TO-FACE SUPERVISION REQUIRED. 50% MUST BE INDIVIDUAL SUPERVISION. REMAINING HOURS CAN BE INDIVIDUAL OR GROUP SUPERVISION.	HOURS OBTAINED
A. TOTAL HOURS OF DIRECT CLIENT CONTACT UNDER SUPERVISION DURING ENTIRE SUPERVISION PERIOD	
B. TOTAL HOURS APPLICANT PERFORMED COUNSELING DUTIES UNDER YOUR SUPERVISION DURING ENTIRE SUPERVISION PERIOD TO INCLUDE DIRECT CLIENT CONTACT.	
C. DID YOU MEET AT LEAST ONE HOUR PER WEEK WITH THE APPLICANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE CHECK ONE BELOW.	
<input type="checkbox"/> ALL SUPERVISORY MEETINGS WERE WITH THE APPLICANT FOR AT LEAST ONE HOUR PER WEEK. NO GROUP SUPERVISION WAS PROVIDED.	
<input type="checkbox"/> WEEKLY SUPERVISION MEETINGS CONSISTED OF INDIVIDUAL AND GROUP SUPERVISION. PLEASE PROVIDE A BREAKDOWN OF SUPERVISION _____ % INDIVIDUAL _____ % GROUP	

TITLE(S) APPLICANT HELD DURING SUPERVISION

11. CHECK ALL OF THE APPROPRIATE BOXES INDICATING THE NATURE OF COUNSELING DUTIES PERFORMED BY THE APPLICANT:

- ASSESSMENT/TESTING CRISIS INTERVENTION GROUP COUNSELING
 INDIVIDUALS (Please specify) _____ ADOLESCENTS _____ ADULTS _____ CHILDREN _____ FAMILY
 RESEARCH SCHOOL COUNSELING SUBSTANCE ABUSE COUNSELING
 VOCATIONAL/CAREER OTHER (Please explain) _____

12. DID YOU READ AND COSIGN ALL WRITTEN REPORTS, IF NO PLEASE EXPLAIN?

YES NO

13. INDICATE YOUR EVALUATION OF THE COUNSELOR-IN-TRAINING OR PLPC BY PLACING A CHECKMARK IN THE APPROPRIATE COLUMN.

	NOT ACCEPTABLE	AVERAGE	ABOVE AVERAGE	VERY GOOD
A. SUBSTANTIVE KNOWLEDGE OF THE PRACTICE OF PROFESSIONAL COUNSELING.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. ABILITY TO ESTABLISH AND MAINTAIN GOOD INTERPROFESSIONAL RELATIONS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. POSSESSION OF EMOTIONAL MATURITY, STABILITY, AND TEMPERAMENTAL CHARACTERISTICS REQUIRED FOR PERFORMANCE AS A PROFESSIONAL COUNSELOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. UNDERSTANDING OF AND ADHERENCE TO APPROVED STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. PERSONAL CHARACTER: HONESTY, INTEGRITY AND GENERAL CONDUCT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. REPUTATION AMONG COLLEAGUES.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. CAPACITY FOR PROFESSIONAL GROWTH AND DEVELOPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. I WOULD RATE THIS APPLICANT'S OVERALL PERFORMANCE UNDER BY SUPERVISION AS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. RECOMMENDATION FOR LICENSURE

- WITHOUT RESERVATION DO NOT RECOMMEND (ATTACH EXPLANATION)
 WITH RESERVATION (ATTACH EXPLANATION)

III. SUPERVISOR ATTESTATION

I hereby affirm under penalties of perjury that I am the supervisor named in this verification and that all statements and enclosures herein are true and accurate to the best of my knowledge, information and belief.

SIGNATURE	DEGREE	DATE
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FOR OFFICIAL USE ONLY

OPEN SESSION MINUTES
Missouri Committee for Professional Counselors

Missouri Association of School Administrators
3550 Amazonas – Jefferson City, Missouri
Missouri Committee for Professional Counselors
April 1, 2011 - 3:00 p.m.

Division of Professional Registration
3605 Missouri Boulevard – Jefferson City, Missouri
April 2, 2011 – 9:00 a.m.

At 3:00 p.m. the Committee for Professional Counselors was called to order by Dr. Verl Pope chairperson, at the Division of Professional Registration, 3605 Missouri Boulevard, Jefferson City, Missouri. Margo Pigg, secretary facilitated roll call.

Committee Members Present

Dr. Verl Pope, Chairperson
Margo Pigg, Secretary
Dr. Gene Dexter, Public Member
Dr. Mark Comensky
Craig Miner
Greg Roeback

Staff Present

Loree Kessler, Executive Director
Jeanette Wilde, Executive I
Sarah Becker, Licensure Technician II
Earl Kraus, Division Counsel

Dr. Pope stated he would be voting in open and closed sessions.

A motion was made by Mr. Roeback and seconded by Ms. Pigg to approve the open session agenda. Committee members voting aye: Dr. Comensky, Dr. Pope, Dr. Dexter, Mr. Roeback, Mr. Miner, and Ms. Pigg. Motion carried unanimously.

A motion was made by Dr. Comensky and seconded by Ms. Pigg to approve the open session minutes of the January 18 credentials subcommittee conference call, February 15 full committee and credentials subcommittee meeting, and March 15 credentials subcommittee conference call. Committee members voting aye: Dr. Comensky, Dr. Pope, Dr. Dexter, Mr. Roeback, Mr. Miner, and Ms. Pigg. Motion carried unanimously.

At 3:02 p. m., a motion was made by Dr. Comensky and seconded by Dr. Dexter, to convene in closed session pursuant to section 610.021 subsections (14), section 324.001.8 and 324.001.9 RSMo for the purpose of discussing investigative reports and/or complaints and/or audits and/or other information pertaining to the licensee or applicant section 610.021 subsection (1) RSMo for the purpose of discussing general legal action, causes of action or

litigation and any confidential or privileged communication between this agency and its attorney, and for the purpose of reviewing and approving closed meeting minutes of one or more previous meetings under the subsection 610.021 RSMo which authorizes this agency to go into closed session during those meetings. Committee members voting aye: Dr. Comensky, Dr. Pope, Dr. Dexter, Mr. Roebach, Mr. Miner, and Ms. Pigg. Motion carried unanimously.

At 6:09 p.m. a motion was made by Ms. Pigg and seconded by Dr. Comensky to convene in open session. Committee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roebach, Dr. Dexter, Mr. Miner, and Ms. Pigg. Motion carried unanimously.

Financial Report

The committee reviewed the report with no official action taken.

At 6:12 p.m. the committee took a recess and reconvened at 6:14 p.m.

National Board for Certified Counselors Annual Meeting

The executive director was instructed to ask NBCC if two committee members could attend. Ms. Pigg and Mr. Miner stated they would check their schedules and coordinate with committee office.

Forms Update

The committee reviewed a draft of the revisions to the registration of supervision and verification of supervision form and authorized the executive director to implement the proposed changes.

Counselor Educators Roundtable

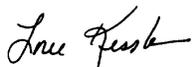
The roundtable was facilitated by Dr. Pope with Dr. Comensky and committee staff in attendance. Dr. Pope reported that the feedback was positive and there was considerable discussion. At the August meeting, the committee can begin the discussion regarding potential amendments to the regulations.

Conference Call

The credentials subcommittee scheduled a conference call for May 17 at 7:30 a.m.

At 6:51 p.m., a motion was made by Dr. Comensky and seconded by Mr. Roebach to adjourn the meeting. Committee members voting aye: Dr. Comensky, Dr. Pope, Mr. Roebach, Dr. Dexter, Mr. Miner, and Ms. Pigg. Motion carried unanimously.

NOTE: The full committee did not convene on April 2, 2011 at the Division of Professional Registration since all open session agenda items were discussed during the April 1, 2011 open session.



Executive Director

Approved by Committee on October 21, 2011