

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 319			ATE: 2/23/2021		
COMMITTEE: Corrections and Public Institutions		·			
TESTIFYING: VIN SUPPORT OF		OR INFORMAT	IONAL PURPOSES		
	WITNESS NAME				
INDIVIDUAL:					
		PHONE NUMBER:			
BUSINESS/ORGANIZATION NAME:		TITLE:			
ADDRESS:		·			
CITY:		STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATI 2/23/2021			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
I am in Support of this Bill. Psytchologists	-				

would like see an Amendment to not destroy any Complaint or Documents and that the complaint and documents must remain in the Employees File.



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COMMITTEE: Corrections and Public Institutions			•	
TESTIFYING: VIN SUPPORT	OF IN OPPOSITION TO		ATIONAL PURPOSES	
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: PAUL T. KORTE, PH.D.			PHONE NUMBER: 573-355-2084	
BUSINESS/ORGANIZATION NAME: MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: LEGISLA		
ADDRESS: 4468 TIMBER LN				
CITY: FULTON		STATE: MO	ZIP: 65251	
EMAIL: pkorte@paloaltou.edu	ATTENDANCE: Written		SUBMIT DATE: 2/22/2021 8:47 PM	
THE INFORMATION ON THIS F	ORM IS PUBLIC RECO	RD UNDER CHA	PTER 610, RSMo.	
Chairman McDaniel and Members of express our support for HB 319 whic psychologist's license.Psychologist matters of competence or risk to the that the outcome of these evaluation this occurs, those being evaluated n Psychologists. This bill provides ad Missouri Department of Corrections to a licensee's professional career. H future employment or in obtaining li- those psychologists who provide the	ch will modify provisions re s are frequently engaged w community of those who a ns may not be to the satisfa- nay choose to react via com ditional protection to those from unwarranted complain laving formal complaints of censure in additional states	lated to prisoner co ith the correctional re currently incarce ction of those being plaints to the State psychologists willints that could poten file and reported we support addit	omplaints against a system to address erated. We recognize g evaluated. When e Committee of ng to serve the ntially be detrimental could interfere with ional protections of	



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		DATE: 2/23/2021		
tions				
PORT OF IN OPPOSI		IFORMATIONAL PURPO	SES	
WITNESS N	AME			
N:				
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF MENTAL HEALTH		TITLE: LEGISLATIVE LIASION		
ATTENDANCE:		SUBMIT DATE: 2/23/2021 12:00 AM		
	PORT OF IN OPPOSI WITNESS N N: MENTAL HEALTH	PORT OF IN OPPOSITION TO FOR IN WITNESS NAME N: PHO 573 MENTAL HEALTH LEC	CORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPO WITNESS NAME N: PHONE NUMBER: 573-301-4845 TITLE: LEGISLATIVE LIASION STATE: ZIP: 65102 ATTENDANCE: SUBMIT DATE:	