



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1198</b>		DATE: <b>3/5/2025</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AUVEED ARSHADI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>auveeda@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 10:05 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I support this bill. International medical students and doctors go through the same rigorous academic achievements as they do in the united states and should be honored in the same manner! Thank you!**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AZAM ARSHADI, PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>azamarshadi@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 6:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EFTEKHAR ARSHADI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>eftekhara@aol.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 7:25 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JAMES HARRIS</b>		PHONE NUMBER: <b>573-761-7875</b>	
REPRESENTING: <b>CICERO ACTION</b>		TITLE:	
ADDRESS: <b>122 E HIGH STREET, SUITE 200</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JANE STROUD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jstro@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 9:01 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>I support this bill and we need dedicated physicians.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JOHN ARSHADI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arshadimd@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 6:25 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>I am in full support of HB1198</b>			



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JORGEN SCHLEMEIER</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>WASHINGTON UNIVERSITY</b>		TITLE:	
ADDRESS: <b>213 E. CAPITAL AVE</b>			
CITY: <b>JC</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KHODAYAR ARSHADI</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arshadi25@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 7:17 AM</b>
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I show my support.





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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LISA JOELE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>lisajoeleartstudio@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 7:35 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Wholeheartedly, I support physicians who have been trained overseas. I cared for my late husband for years, and we made as many decisions to choose immigrant physicians as we could, and his life was extended greatly by these kind, intelligent, humane and reasonable professionals. For my own care now, I choose physicians who have trained overseas on purpose, because I trust that I will receive a high level of care.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RACHNA KUMAR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>Drrachnakumar@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 6:45 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I also served as a witness when this passed originally



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RICHA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>richav76@hotmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 7:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SHELL TEAHAN</b>		PHONE NUMBER: <b>314-302-1520</b>	
BUSINESS/ORGANIZATION NAME: <b>THE FINER POINTS SPA AND BODY ESTHETICS</b>		TITLE: <b>OWNER OF THE FINER POINTS SPA</b>	
ADDRESS: <b>106 FOUR SEASONS SHOPPING CENTER</b>			
CITY: <b>CHESTERFIELD</b>		STATE: <b>MO</b>	ZIP: <b>63017</b>
EMAIL: <b>Shell@finerbodiesbycryo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 8:06 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I want to submit my testimony as a business for them to pass this bill so that international doctors can get their license approved here in the United States that are working here, who are dedicated practitioners and want to become fully licensed to help others



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>USHA VAID</b>		PHONE NUMBER: <b>314-360-3780</b>	
BUSINESS/ORGANIZATION NAME: <b>DIVINITY AESTHETICS; MIDWEST AESTHETICS AND HAIR</b>		TITLE: <b>OWNER</b>	
ADDRESS: <b>777 CRAIG RD</b>			
CITY: <b>CREVE COEUR</b>		STATE: <b>MO</b>	ZIP: <b>63141</b>
EMAIL: <b>toskabab@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/5/2025 6:31 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			
<b>We are in full support of HB119</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>WILLIAM T SCHMIDT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>tschmidt@satoritnt.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/5/2025 8:07 AM</b>

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**There is a dire need for medical doctors throughout Missouri. This bill will allow qualified doctors to fill that need.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/5/2025 11:31 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am Opposed to this Bill. I believe that Physicians shall move to Missouri, Take the Testing necessary to get the appropriate Licensing and follow the Rules and Regulations of the State Medical Board.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRIAN BERNSKOETTER</b>		PHONE NUMBER: <b>573-636-2822</b>	
REPRESENTING: <b>MO ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>101 E. HIGH</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2025 12:00 AM</b>	
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