

BILL NUMBER: HB 268				DATE: <b>2/20/2025</b>		
COMMITTEE: Higher Education	and Workforce Develo	oment				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ASHLEY EVANS			PHONE NUME	BER:		
BUSINESS/ORGANIZATION NAME:				TITLE:		
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: ashley_kalamon@	)yahoo.com	ATTENDANCE: Written	SUBMIT E 2/16/20	DATE: 25 8:45 AM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.		
full accreditation. candidacy status	Furthermore, students can or will be retroactive	V program that is in pre-c enrolled in an MSW prog vely recognized as having r MSW students to have	gram that has pre- g received their M	candidacy or SW from a CSWE		

accredited program. It is best practice for MSW students to have the ability to sit for the LMSW exam and engage in clinical supervision to ensure flawless transition into their LCSW licensure. Failure to pass this bill means failure to remove a significant barrier for MSW students, and will stall their progress for months or years in obtaining proper licensure. I am an MSW student preparing to graduate from a program in pre-candidacy/candidacy. If I am unable to sit for my LMSW exam prior to graduation and accreditation, my career plans will be put on hold. I am in support of this bill as it will not only benefit myself, but benefit many other current and prospective MSW students seeking licensure.



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		INFORMATI	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: EMMY HARMON			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		רוד	ſLE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL: eharmon646@lsr7	'.net	ATTENDANCE: Written		SUBMIT DATE 2/17/2025	
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BILL NUMBER: HB 268				DAT <b>2/2</b>	E: <b>0/2025</b>
COMMITTEE: Higher Education	and Workforce Develo	pment		·	
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: GREG ENDRES			PHONE	E NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE	:	ZIP:
EMAIL:		ATTENDANCE:	SL <b>2</b> /	JBMIT DATE: 20/2025 1	2:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
	OBBYIST:			
WITNESS NAME: JANA FRYE			PHONE NUME 314-265-5	
REPRESENTING: MISSOURI WESTE	ERN STATE UNIVERSIT	ſY	TITLE:	
ADDRESS:				
CITY: ST. JOSEPH			STATE: <b>MO</b>	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT I 2/20/20	DATE: 025 12:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		IATIONAL PURPOSES
		WITNESS NAME		
NDIVIDUAL:				
WITNESS NAME: MEGAN PHILLIPS			PHONE NUM	IBER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: merecr@icloud.co	om	ATTENDANCE: Written	SUBMIT 2/17/2	DATE: 025 4:47 PM
-		M IS PUBLIC RECOR		APTER 610. RSMo.
services industry employee. I Recer	since 1995 and am pro ntly retired from state g for the Adult Protectiv	m writing to support HB2 ud to share that all but or overnment and the posit 'e Services program with esponsible for all biring i	ne year of my ca ion I retired from the Department	reer was as a state was that of a of Health and Senior
Services. As a Reg applications from need more people more vulnerable. I Master's of Social (CSWE). Unfortun Masters program and there is no do	individuals with a back with a passion for soc will be graduating from Work which is in pre- ately, in Missouri, we c is accredited by CWSE bubt in my mind or any	kground in the social serv ial work , especially as o m Missouri Western State andidacy standing with t an only sit for the Social . MWSU has a successfu of my fellow MSW candid ey become eligible. The p	vices industry wa ur population ag University (MW he Council for S Work licensing e Il Bachelor of So lates' minds that	as infrequent. We es and becomes SU) this May with my ocial Work Education exam once our school ocial Work program accreditation from

Kansas and sit for the licensing exam as they allow this for programs in pre-candidacy. However, I would rather sit for the exam here, in Missouri, where I live and where I have always worked serving Missourians. I am a recipient of the Grow Your Own grant that Missouri has awarded to MWSU to grow their own social workers. This grant has provided me and many others with the wonderful gift of helping with the cost of our tuition. By passing this bill and ensuring it makes it out of committee you will continue that commitment to us and, in turn, we can take care of the people we should be taking care of-vulnerable Missourians.



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR INFO	RMATION	IAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: NIKKI PAULS DES	IMONE		PHONE N	IUMBER:	
BUSINESS/ORGANIZATIC	NNAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: nikki.desimone@p	oark.edu	ATTENDANCE: Written		MIT DATE: 7/2025 11	:13 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER C	HAPTER	R 610, RSMo.
		ers than we have. And wi are running even more			

schools MSW programs this past year, we are running even more of a deficit than usual. Allowing recent graduates of these programs in pre-candidacy and candidacy to become licensed and start working more quickly only can benefit our communities and ultimately our state. They have received the same education as fully accredited programs, delivered by excellent faculty. Additionally, allowing these graduates to enter the field to work more quickly will allow them to become clinically licensed more quickly, which again, only has positive health outcomes for our communities. Thank you!



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COMMITTEE: Higher Education and We	orkforce Develop	ment				
TESTIFYING:	SUPPORT OF	IN OPPOSITION TO		NFORMATIO	ONAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: SALLY FREDE., LCSW, C	CLS RPT-S		PHO	ONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITI	LE:		
ADDRESS:						
CITY:			STA	ATE:	ZIP:	
EMAIL: sallyfrede82@gmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 7		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
My Name is Sally Frede a in support of this bill bec						

in support of this bill because there are safeguards in place that protect from any issues that may occur. LMSW Social workers have to be under supervision of a LCSW and will be receiving the support they need. The program at Missouri Western in following all recommendations from the CSWE board. These students are receiving a solid education, and there is no reason to hold back their progress.



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: STEFANIE NOLD			PHC	NE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITL	E:	
ADDRESS:					
CITY:			STA	TE:	ZIP:
EMAIL: stef67.sw@gmail.c	com	ATTENDANCE: Written		SUBMIT DATE 2/19/2025	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR		R CHAPT	ER 610, RSMo.
graduates to begin for accreditation. A crucial for strength like Missouri West MSW program is c educational standa unnecessary barri growing mental he accrued during ca workers.By passin	accruing supervised h As a current MSW stude hening Missouri's socia ern State University can urrently in candidacy for ards. However, without ers to licensure, limiting ealth, healthcare, and so ndidacy, and Missouri so g HB 268, Missouri can	se Bill 268, which would nours toward licensure v ent and soon-to-be gradu al work workforce and er n continue to progress i pr accreditation, a rigoro HB 268, students gradu g their ability to serve in ocial service needs. Man should do the same to re professionals can begin	while their u uate, I firm isuring that in their care ous proces ating durin critical rol y states al stain and su tages, exp	university ly believe ers.Misso s that ens g this peri les that ad ready reco upport hig band acces	is in candidacy this legislation is from programs ouri Western's ures high iod face dress our state's ognize hours phly trained social as to mental

respectfully ask for your support in advancing this important bill.Thank you for your time and consideration. I appreciate your leadership and commitment to strengthening Missouri's social work profession



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TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STA	TE PUBLIC ADVOCATE	PHONE NUME	BER:		
BUSINESS/ORGANIZATION NAME:				TITLE:		
ADDRESS:			·			
CITY:			STATE:	ZIP:		
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT I 2/20/20	DATE: D25 11:46 PM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.		
by Baccalaureate	Degree or Master's Deg	he current method of an i gree in Social Work must that this proposed progr	remain tin place	to effectively service		

others in the Social Services Field. I feel that this proposed program will be cutting corners and not providing the proper foundation for the individual and to those that are being serviced. Keep the current regulations in place.