



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 765		DATE: 2/19/2025
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/19/2025 11:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and change to have Supervision under a Licensed and Certified Speech Pathologist.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: MO SPEECH HEARING ASSN		TITLE:	
ADDRESS: PO B 156			
CITY: JC		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LARA WAKEFIELD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wakefieldconsultationservices@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/18/2025 7:04 PM

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

My name is Dr. Lara Wakefield and I've been a licensed Speech-Language Pathologist for 30 years. We have a significant shortage of SLPs in Missouri and it is causing a crisis for providing services to children with IEPs in our public schools. This change to the statute is crucial to making sure we can have more supervising SLPs to assist the CF SLP obtain their licensure and practice in Missouri. This is archaic language that needs to be updated. Thank you for considering this important bill.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WESLEY SUTTON		PHONE NUMBER: 573-508-4832	
BUSINESS/ORGANIZATION NAME: DIVISION OF PROFESSIONAL REGISTRATION		TITLE: DIRECTOR OF BUDGET AND LEGISLATION	
ADDRESS: 3605 MISSOURI BLVD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2025 12:00 AM	
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