



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 765</b>		DATE: <b>2/19/2025</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>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>Written</b>		SUBMIT DATE: <b>2/19/2025 11:45 PM</b>

**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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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>MO SPEECH HEARING ASSN</b>		TITLE:	
ADDRESS: <b>PO B 156</b>			
CITY: <b>JC</b>		STATE: <b>MO</b>	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/19/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LARA WAKEFIELD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>wakefieldconsultationservices@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/18/2025 7:04 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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