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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

D R A F T M I N U T E S

MEETING OF:

STATE BOARD OF SOCIAL WORKERS,  
MARRIAGE AND FAMILY THERAPISTS,  
AND PROFESSIONAL COUNSELORS  
VIA MICROSOFT TEAMS

TIME: 2:00 P.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE  
2601 North Third Street  
One Penn Center, Board Room C  
Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

October 21, 2022

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State Board of Social Workers,  
Marriage and Family Therapists,  
and Professional Counselors  
October 21, 2022

BOARD MEMBERS:

- Michelle Santiago, Psy.D., LPC, Chair
- Joy E. Corby, Ph.D., LMFT
- Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs - Absent
- Eric DeCriscio, MA, LPC, ACS
- Kimberly Early, MSW, LSW, Vice Chair
- Erika Evans, Ph.D., LMFT
- Christian Jordal, Ph.D., LMFT - Absent
- Linda A. Martin, LCSW, RN
- Cindy Moyer, LCSW
- Marilyn L. Painter, Public Member - Absent
- Mayte Redcay, LCSW - Absent

BUREAU PERSONNEL:

- Tyesha C. Miley, Esquire, Board Counsel
- Sarah E. McNeill, Board Administrator
- Marc Farrell, Deputy Policy Director, Department of State

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2 State Board of Social Workers,  
3 Marriage and Family Therapists  
4 and Professional Counselors

5 October 21, 2022

6 \*\*\*

7 The State Board of Social Workers, Marriage and  
8 Family Therapists, and Professional Counselors  
9 Regulatory Meeting was held on Friday, October 21,  
10 2022. Michelle Santiago, Psy.D., LPC, Chair, called  
11 the meeting to order at 2 p.m.

12 \*\*\*

13 Introduction of Board Members and Attendees

14 \*\*\*

15 Regulatory Board Counsel - 16A-6924 Volunteer License  
16 Regulations

17 [Tyesha C. Miley, Esquire, Board Counsel, addressed  
18 16A-6924 regarding volunteer license regulations.  
19 She referred to the Volunteer License Application,  
20 noting it is available on the Board's website. She  
21 stated the current regulations do not regulate this  
22 particular area and is what this regulation is  
23 proposing. She addressed the wording of  
24 health care practitioner, noting it was designed  
25 generally for the health licensing divisions but was

1 not clear of the reason.

2 Dr. Corby asked whether it would be possible to  
3 correct the wording to reflect mental health and not  
4 just health.

5 Ms. Miley noted the form has been there since  
6 January 2016, but it may be something that could be  
7 addressed through the regulation. She believed it to  
8 be a general form applied to all of the health-  
9 related boards.

10 Dr. Corby asked whether volunteer licenses have  
11 been issued since 2016 without any regulation.

12 Ms. Miley and Ms. McNeill had not seen a  
13 volunteer license but will investigate further to  
14 determine if any were issued.

15 Ms. Miley noted that changing the form was likely  
16 on the administrative side and the discussion should  
17 be the regulation itself to determine whether the  
18 Board wants the language currently being proposed in  
19 the regulation.

20 Chair Santiago referred to § 47.19(a)(2), or  
21 provide health care services, noting people are  
22 taking some umbrage with that and would like it to  
23 say mental health services.

24 Ms. Martin commented that mental health falls  
25 under the general umbrella of health care services

1 and did not have a problem with the language.

2 Dr. Corby asked whether the definition of health  
3 care by the state is inclusive of mental health care.

4 Ms. McNeill explained that the Board is under the  
5 Health Licensing Division of the Bureau of  
6 Professional and Occupational Affairs and is in the  
7 Health Licensing Division.

8 Mr. Farrell, Deputy Policy Director, Department  
9 of State, commented that this all stems from the  
10 Volunteer Health Services Act, which states its  
11 purpose is to increase the availability of primary  
12 health care services, including mental health  
13 services.

14 Ms. Martin expressed concern that it is part of  
15 the form and part of the act that the volunteer  
16 licensee does not need to maintain liability  
17 insurance, particularly for protection of the  
18 professionals. She asked whether they would be  
19 allowed to be sued in court and not just have their  
20 license reviewed and if they need to maintain  
21 liability insurance for their own protection.

22 Ms. Miley believed the way this is set up is to  
23 permit individuals to practice within some sort of  
24 umbrella agency or organization, not necessarily that  
25 they are engaging in independent practice, and is why

1 they most likely would not be required to carry  
2 professional liability insurance.

3 Ms. Miley explained that the language is talking  
4 about individuals who at that time are not practicing  
5 and believed that is pertaining to doctors who retire  
6 and are not practicing. She noted that someone who  
7 is not retired but not practicing or providing health  
8 care services is not required to carry the insurance.

9 Ms. Martin commented that maybe physician  
10 licensees are required to have liability insurance,  
11 but there is no requirement under their regulation.  
12 She noted that with the way it is written into the  
13 regulation that there is some time when they are  
14 required to have liability insurance but is not in  
15 their license.

16 Ms. Martin believed it may give people who get a  
17 volunteer license the impression they cannot be sued  
18 and would like to see it removed because it assumes  
19 that there is a requirement to have liability  
20 insurance at some point.

21 Ms. Miley stated it is ideally only for  
22 individuals who practice within an approved clinic or  
23 upon referral from an approved organization, where  
24 the organization is assuming the responsibility for  
25 any lawsuits and essentially identify their insurance

1 to their liability carrier when someone is taken on  
2 with a volunteer license. She noted it is for  
3 someone practicing in these two settings and does not  
4 have an independent practice. She stated anyone who  
5 does not have a practice and is not providing health  
6 care in Pennsylvania is not required to have  
7 professional liability insurance because they are  
8 only working for an approved organization.

9 Dr. Corby referred to the section that reads, not  
10 required to maintain professional liability insurance  
11 under the Medical Care Availability and Reduction of  
12 Error (MCARE) Act.

13 Mr. DeCriscio stated that not knowing the purpose  
14 of volunteer licensure makes it difficult to comment  
15 thoroughly as a Board. He asked whether anyone knows  
16 what part of the MCARE Act that it is referencing.

17 Chair Santiago explained that the MCARE part  
18 refers to what type of insurance an agency has to  
19 have, the scope of the insurance, and the agency has  
20 to carry an X number of dollars of insurance.

21 Ms. Miley commented that what is required is this  
22 is similar to Act 41, where the legislature enacted  
23 Act 41 and then it was up to the Board to begin to  
24 engage in the regulatory process to draft regulations  
25 consistent with the legislature's enactment of Act

1 41.

2 Ms. Miley stated the volunteer license comes out  
3 of the Volunteer Health Services Act, where the  
4 legislature enacted the Volunteer Health Services Act  
5 some time ago and is a codification for the  
6 regulation to be set in the act the legislature  
7 passed. She noted the Board needs to enact  
8 regulations that are consistent with the  
9 legislature's action on the Volunteer Health Services  
10 Act because it needs to be created in relation to the  
11 actions of the legislature.

12 Ms. Moyer provided a link to the Volunteer Health  
13 Services Act under Pennsylvania Statutes Title 40  
14 P.S. Insurance.

15 Dr. Corby commented that volunteers are expected  
16 to get all of the continuing education units (CEUs)  
17 and nothing changes in the regulations. She noted  
18 being unsure as to why they have to make a specific  
19 license for a person to volunteer.

20 Ms. Martin stated the regulations are essentially  
21 physician regulations and is why they are having a  
22 problem with it because they do not apply to them.  
23 She noted that they are not required to have  
24 liability insurance and do not need regulations that  
25 say they are not required.



1 Dr. Corby asked why it is necessary for the Board  
2 to have a volunteer license.

3 Ms. Early explained that the Board has to follow  
4 the Health Services Act but that it is a "may"  
5 provision, where the Board does not have to issue a  
6 volunteer license.

7 Chair Santiago noted it is very specific about  
8 where people with a volunteer license could practice  
9 and asked whether it is worth discussing since it had  
10 been designed for other people and their people do  
11 not seem to use it.

12 Ms. Miley explained that it is part of the  
13 Board's regulation packages and is something the  
14 Board needs to go through the regulatory process,  
15 primarily to maintain compliance with the laws the  
16 legislature has set forth. She informed Board  
17 members that a decision would eventually have to be  
18 made.

19 Ms. Miley thanked Mr. Farrell for providing  
20 information in chat regarding the purpose of the  
21 Volunteer Health Services Act.

22 Dr. Corby commented that she would accept what  
23 has been written if the Board has to promulgate the  
24 act.

25 Ms. Early noted a section under return to active,

1 where a volunteer license holder has to notify the  
2 Board if they decide to return. She also noted Mr.  
3 Farrell placed a comment in chat that each Board is  
4 required to promulgate regulations regarding the  
5 volunteer license category.

6 Mr. DeCriscio commented that the State Board of  
7 Optometry has a set of regulations they promulgated  
8 that is very basic and believed it to be helpful to  
9 have at least a framework in place for the volunteer  
10 license.]

11 \*\*\*

12 16A-6923 General Revisions Annex Exposure Draft  
13 [Michelle Santiago, Psy.D., LPC, Chair, referred to  
14 16A-6923 regarding the general revisions annex  
15 exposure draft. She noted prior Board discussion  
16 regarding Chapter 47.

17 Dr. Corby requested an update regarding Chapters  
18 47, 48, and 49 and referred to § 48.14, where  
19 supervisors are supposed to submit directly to the  
20 Board and asked whether that is a now a possibility.

21 Ms. McNeill stated, with the Board-approved  
22 changes to the form, those forms were being emailed  
23 to the Board directly from the supervisors but have  
24 not been put into effect. She mentioned conducting  
25 several follow-ups recently concerning the

1 Pennsylvania Licensing System (PALS) not imputing the  
2 forms.

3 Ms. Miley addressed § 47.14, § 48.14, and §  
4 49.14, noting it is more of an administrative  
5 question as to whether it is possible. She noted it  
6 to be correct in Chapter 49.

7 Dr. Corby referred to § 48.32, noting the word  
8 "and" needs inserted before at least 1 clock hour.  
9 She noted it to be correct in Chapter 49. She also  
10 referred to § 48.36(a)(1)(iv), noting the Commission  
11 for Marriage and Family Therapy Education should be  
12 the Commission on Accreditation for Marriage and  
13 Family Therapy Education (COAMFTE).

14 Dr. Corby referred to § 48.36(a)(2), where the  
15 following entities may provide; sponsor; cosponsor;  
16 or approve continuing education courses, programs, or  
17 workshops. She noted they could do more than just  
18 one of them and suggested it should be "and/or" and  
19 changed in all of the chapters. She also referred to  
20 § 48.36(a)(3), where the following entities and their  
21 regional; state; and local affiliates may sponsor,  
22 cosponsor, or approve continuing education courses  
23 and programs should also be "and/or."

24 Dr. Corby referred to § 48.36(b), where the Board  
25 will consider for approval, as preapproved providers,

1 other organizations who offer multiple courses and  
2 programs for marriage and family therapists. The  
3 application for approval shall be submitted to the  
4 Board along with a \$65 fee. She suggested it to just  
5 read, "along with a fee established by the Board" and  
6 leaves room for change. She noted the change should  
7 be made to all of the chapters and any other area  
8 where there is a specified fee.

9 Ms. Miley commented that she may not be able to  
10 change the fee language everywhere.

11 Ms. McNeill addressed the applications for  
12 approval as a preapproved provider under § 47.36(b),  
13 § 48.36(b), and § 49.36(b). She asked whether they  
14 are still required to review their application every  
15 two years or should they be added to the regulations  
16 as a preapproved provider when the entities get  
17 approval as a preapproved provider. She also asked  
18 whether there was a way for someone to be added to  
19 the regulations as a preapproved provider and not  
20 have to renew every two years.

21 Dr. Corby explained that only national providers  
22 under the lists are approved, and organizations have  
23 to ask for preapproval every two years. She referred  
24 to § 48.36(a) for a list of approved providers in  
25 conjunction with all of the others in § 48.34.

1 Ms. McNeill further explained that organizations  
2 specifically named in the regulations do not have to  
3 apply for reapproval every two years and are  
4 indefinitely approved, but anyone else has to apply  
5 and renew every two years.

6 Ms. Early asked whether they would need a  
7 provision for a national organization that applied  
8 and was approved in between or after these are  
9 promulgated so they do not have to wait for  
10 regulations to then add them.

11 Ms. Miley commented that the Board could approve  
12 a provider, but it would require a regulatory change  
13 to add them to the regulations.

14 Dr. Corby referred to § 48.36(b), noting that it  
15 gives the Board the possibility of approving  
16 organizations to be preapproved providers but not  
17 approved providers, where the approved providers were  
18 set from the beginning in the regulations.

19 Dr. Corby addressed an error in § 48.37(b), where  
20 it reads a "license" seeking to obtain should read a  
21 "licensee" seeking to obtain. She also noted an  
22 error in § 48.34(a), where a fee of \$45 should be  
23 changed to a fee established by the Board instead of  
24 having a set fee in any of the regulations. She  
25 noted the fee would be provided on the website and

1 allow the Board to change the fee without changing  
2 the regulations.

3 Ms. Miley explained that the Revenue Department  
4 would only be allowed to do that. She noted the  
5 Bureau of Finance and Operations (BFO) also creates  
6 the reports outlining expenditures and makes the  
7 determination concerning fees. She mentioned it is  
8 possible to look at the \$45 fee and change that but  
9 to say as stated by the Board is a concern and lacks  
10 some transparency where an applicant would not know  
11 the fee. She offered to ask regulatory counsel about  
12 the change in § 48.34.

13 Chair Santiago asked whether it is written  
14 appropriately to reflect what the Board expects  
15 supervisors to have for people who are interested in  
16 marriage and family therapist (MFT) licensure. She  
17 noted MFT members have generally wanted more  
18 boundaries and parameters for what makes an MFT  
19 supervisor.

20 Dr. Corby reminded everyone that she wanted to  
21 put in much stricter guidelines but was told it would  
22 not pass, where they had to remove the whole thing  
23 about having to be an American Association for  
24 Marriage and Family Therapy (AAMFT)-approved  
25 supervisor because of the Practice Act but accepted

1 putting in the 6 CEUs required for supervision for  
2 everybody because it was better than nothing.

3 Mr. DeCriscio asked whether other states have a  
4 licensed marriage and family therapist (LMFT)  
5 supervisor standalone credential. He commented that  
6 the state Board actually offers a separate credential  
7 for licensure to LMFTs and some states have a  
8 licensed professional counselor (LPC) supervisor  
9 designation credential.

10 Dr. Corby explained that some states give  
11 licenses for supervision but Pennsylvania does not  
12 and was told Pennsylvania would never license  
13 supervisors.

14 Chair Santiago commented that someone could  
15 receive a certificate and be an approved clinical  
16 supervisor through the National Board for Certified  
17 Counselors (NBCC).

18 Ms. Miley informed Board members that there is  
19 time for further discussion on any concerns mentioned  
20 today before voting.

21 Chair Santiago referred to § 49.2(9) regarding  
22 clinical instruction under educational requirements  
23 and believed 100 clock hours of supervised practicum  
24 experience and 600 clock hours of supervised  
25 internship experience should be left in.

1 Ms. McNeill explained that it is being changed to  
2 look for only semester or quarterly credits. She  
3 mentioned they already evaluate applications with the  
4 6 semester and 9 quarter credits and are just  
5 removing old language before 2007.

6 Chair Santiago referred to § 49.3(1), hold an  
7 active license as a professional counselor in the  
8 state where the supervisee's experience is occurring  
9 and have 5 years of post-master's experience. She  
10 suggested the addition of the word "degree" and asked  
11 whether they could change it to 5 years of post-  
12 master's degree experience for clarity.

13 Chair Santiago asked whether the Board was  
14 keeping § 49.3(3), shall complete at least 6  
15 continuing education units on supervision prior to  
16 beginning as a supervisor or by the next biennial  
17 renewal cycle.

18 Ms. McNeill asked how they would verify they have  
19 done that if they are completing them as part of  
20 their continuing education.

21 Dr. Corby noted being told that a question could  
22 be added on the renewal forms simply asking  
23 supervisors whether they completed the 6 continuing  
24 education requirements or the graduate-level course.

25 She stated it could also be added to the supervisor



1 form sent in for each person, where there would be a  
2 check. She asked whether the 6 continuing education  
3 requirements could be increased to 12.

4 Ms. Martin disagreed, on behalf of the social  
5 work profession, with having more requirements in  
6 order to be supervisors. She mentioned that social  
7 workers already have enough trouble finding  
8 supervisors and more courses would not guarantee  
9 someone would be a good supervisor.

10 Dr. Corby commented that one of the  
11 qualifications for a supervisor should be a  
12 jurisprudence exam so they understand and know  
13 regulations but that it has been turned down by Board  
14 Counsel. She noted a jurisprudence exam is a  
15 necessity even to get licensed in other states and  
16 not just for supervisors because people do not know  
17 the regulations.

18 Ms. Miley offered to provide more information  
19 concerning the jurisprudence exam at another meeting.

20 Mr. DeCriscio informed Board members that he took  
21 the jurisprudence exam in Maryland and believed it  
22 should be taken every so many years because it does  
23 not benefit someone long term. He noted that  
24 approximately 20 percent of states require that exam  
25 for LPCs.

1           Mr. DeCriscio referred to § 49.11 under licensure  
2 examination, noting Pennsylvania offers several  
3 qualifying exams that no other states offer. He  
4 recommended deleting everything except the National  
5 Counselor Examination (NCE) and National Clinical  
6 Mental Health Counseling Examination (NCMHCE). He  
7 mentioned that some states have preliminary licensure  
8 to a full license and require those individuals to  
9 pass the NCE, but to become fully licensed,  
10 individuals are required to pass the NCMHCE. He  
11 reported that Pennsylvania is the only state that  
12 allows other examinations.

13           Ms. Miley noted the recommendation by the Board  
14 is to remove § 49.11(a)(2) through (7), keep §  
15 49.11(a)(1), and add § 49.11(a)(8), which is NCMHCE  
16 given by the National Board for Certified Counselors  
17 (NBCC). She stated it would change § 49.11 to §  
18 49.11(a)(1), NCE and (8) would become (2).

19           Mr. DeCriscio believed they have an agreement  
20 with the NBCC in terms of exams and would need to be  
21 altered because the Examination for Master Addictions  
22 Counselors (EMAC) is included on that examination.

23           Ms. Miley offered to provide the information to  
24 regulatory counsel to make sure the changes are  
25 possible.

1 Chair Santiago commented that she had no problems  
2 with § 49.12, general qualifications for licensure.

3 Dr. Corby referred to § 49.2 under education  
4 requirements. She noted prior Board discussion,  
5 where there is no mention of the number of client  
6 contact hours. She mentioned that the Council for  
7 Accreditation of Counseling and Related Educational  
8 Programs (CACREP) said it needed to have 240 client  
9 contact hours a few years ago. She noted that should  
10 be added so language is similar to the MFT.

11 Chair Santiago disagreed because Pennsylvania is  
12 not a Council for Accreditation of Counseling and  
13 Related Educational Programs (CACREP) state and their  
14 laws, rules, and regulations do not apply.

15 Dr. Corby noted MFTs need 300 hours of client  
16 contact education and professional counselors (PCs)  
17 should have a certain number of direct client contact  
18 hours during clinical instruction.

19 Chair Santiago commented that it varies from  
20 state to state for professional counselors depending  
21 on whether the school is a CACREP school, Masters in  
22 Psychology and Counseling Accreditation Council  
23 (MPCAC) school, or a school not accredited at all.

24 Chair Santiago asked where it is being reported  
25 for both fields. She noted being a clinical training

1 director and supervising people on an internship but  
2 who would be checking that she is making sure  
3 students are meeting the required hours.

4 Dr. Corby noted the students would have to report  
5 hours of direct client contact in their application.

6 Chair Santiago disagreed, noting they do not have  
7 a national standard like social work with the  
8 national social work organization and MFT with the  
9 Commission on Accreditation for Marriage and Family  
10 Therapy Education (COAMFTE), the Association of  
11 Marriage & Family Therapy Regulatory Boards (AMFTRB),  
12 etc.

13 Mr. DeCriscio addressed numbers in other states,  
14 noting it is typically a requirement but less than  
15 CACREP at around 170 hours of clinical experience.

16 Chair Santiago commented that the Board could  
17 follow up on that issue. She informed everyone that  
18 Ms. McNeill and Ms. Miley would be attending the  
19 American Association of State Counseling Boards  
20 (AASCB) Conference and could ask questions at that  
21 conference.

22 Ms. Martin asked whether the applicant would have  
23 to graduate from an accredited program by some  
24 educational board to meet the requirement to apply  
25 for a license as an LPC.

1           Chair Santiago addressed mandatory and voluntary  
2 accreditation. She noted mandatory is accreditation  
3 by Middle States and others, and a voluntary  
4 accreditation is by Masters in Psychology and  
5 Counseling Accreditation Council (MPCAC), something  
6 like CACREP, or whatever else falls under that kind  
7 of voluntary accreditation. She reported difficulty  
8 agreeing on what is best in their field.

9           Mr. DeCriscio provided data from the Council on  
10 Social Work Education (CSWE) showing approximately  
11 370 clinical mental health counseling CACREP-  
12 accredited master's in mental health programs in the  
13 United States, approximately 315 Master of Social  
14 Work (MSW)-accredited programs, 95 MFT-accredited  
15 programs, and approximately 56 Masters in Psychology  
16 and Counseling Accreditation Council (MPCAC)  
17 programs.

18           Mr. DeCriscio stated CACREP is the standard for  
19 counselors in the United States at this point but did  
20 not have a problem with recognizing MPCAC. He  
21 mentioned that CACREP is the accrediting institution  
22 and approximately 240 of the hours of clinical  
23 instruction must be face-to-face instruction.

24           Chair Santiago commented that the Board endorses  
25 people who come from CSWE and MFT organizations, but

1 when it comes to professional counselors, they also  
2 let people apply for a license according to their  
3 rules and regulations from mandatory accreditation,  
4 not voluntary accreditation.

5 Chair Santiago noted the importance of getting  
6 through the annex and making changes and changing  
7 something big and only taking people from a  
8 particular type of program with an X number of hours  
9 that CACREP accredited is a whole other issue.

10 Dr. Corby commented that a number could be  
11 established and pointed out that it is a clinical  
12 license and degree and should have some kind of  
13 number or somebody can actually receive a license who  
14 has never sat with a client.

15 Ms. Miley believed the issue was addressed  
16 internally prior to her arrival but offered to  
17 provide the information to regulatory counsel.

18 Ms. Miley referred to § 49.12 and adding  
19 supporting documents on forms and in the format  
20 required by the Board meeting all of the other  
21 information and deleting "the applicant has submitted  
22 two certificates of recommendation on forms furnished  
23 by the Board."

24 Board members offered no changes to § 49.13,  
25 licensed professional counselor; § 49.13a.,

1 electronic supervision; and § 49.14, standards for  
2 supervisors.

3 Chair Santiago noted § 49.15 was being deleted  
4 and the section reserved.

5 Chair Santiago offered no changes to § 49.32  
6 under requirements for biennial renewal.

7 Chair Santiago referred to § 49.36(b) and asked  
8 whether the \$65 fee would be carried forward.

9 Ms. Miley noted the fee amount would be changed  
10 to fee established by the Board.

11 Dr. Corby commented that the regulations do not  
12 include the cost of the biennial fee for a license  
13 and did not see why there would be difficulty  
14 removing the fee for the others.

15 Ms. Miley noted § 47.4 does lay out all of the  
16 license fees, where the biennial renewal under §  
17 47.4(2) is \$95.

18 Ms. Miley informed Board members that another  
19 meeting would be scheduled to answer and discuss  
20 today's questions and Chapter 47.

21 Ms. Miley referred to § 49.37, other sources of  
22 continuing education and § 49.40, exemption and  
23 waiver.

24 Ms. Martin commented that the exemption is for  
25 people in a crisis and did not agree with asking them

1 for at least 30 days' notice. She expressed concern  
2 with fining and possibly losing licensees even though  
3 they were in a crisis.

4 Ms. Miley believed the 30-day notice was to  
5 relieve some of the stress staff receives from  
6 requests, so someone could provide documentation  
7 within a timely fashion versus having staff send  
8 things the day before or day of.

9 Dr. Corby stated the requirement helps people who  
10 tend to procrastinate, where the Board would be fine  
11 with somebody who has a legitimate reason and have 20  
12 CEUs but something happened where they could not  
13 finish.

14 Board members offered no changes to § 49.71, code  
15 of ethical practice and professional conduct; §  
16 49.91, professional corporations; and § 49.92,  
17 fictitious names.

18 Ms. Miley thanked everyone for their cooperation  
19 and informed Board members that she would provide  
20 answers to questions raised today at an upcoming  
21 meeting.]

22 \*\*\*

23 Adjournment

24 MS. MILEY:

25 Do I have a motion for adjournment?



1 DR. CORBY:

2 So moved.

3 MS. MOYER:

4 Second.

5 \*\*\*

6 [There being no further business, the State Board of  
7 Social Workers, Marriage and Family Therapists, and  
8 Professional Counselors Regulatory Meeting adjourned  
9 at 4:55 p.m.]

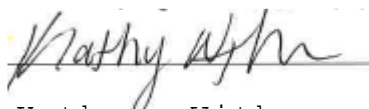
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11 CERTIFICATE

12 I hereby certify that the foregoing summary  
13 minutes of the State Board of Social Workers,  
14 Marriage and Family Therapists and Professional  
15 Counselors meeting, was reduced to writing by me or  
16 under my supervision, and that the minutes accurately  
17 summarize the substance of the State Board of Social  
18 Workers, Marriage and Family Therapists and  
19 Professional Counselors meeting.

20

21



22

Kathryn Witherow,

23

Minute Clerk

24

Sargent's Court Reporting

25

Service, Inc.

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STATE BOARD OF SOCIAL WORKERS,  
MARRIAGE AND FAMILY THERAPISTS,  
AND PROFESSIONAL COUNSELORS  
REFERENCE INDEX

October 21, 2022

TIME	AGENDA
2:00	Official Call to Order
2:01	Introduction of Board Members and Attendees
2:02	Regulatory Board Counsel
4:55	Adjournment