
Rules of Department of Economic Development

Division 95—Committee for Professional Counselors Chapter 1—General Rules

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**Title 4—DEPARTMENT OF
ECONOMIC DEVELOPMENT**

**Division 95—Committee for
Professional Counselors
Chapter 1—General Rules**

4 CSR 95-1.010 Application for Licensure

PURPOSE: This rule outlines the procedure for application for licensure as a professional counselor.

(1) Applications for licensure by examination must be made on the forms provided by the Missouri Committee for Professional Counselors. Application forms may be obtained by writing the executive director for the Committee for Professional Counselors, P.O. Box 153, Jefferson City, MO 65102.

(2) An application will not be considered as officially filed with the committee unless it is typewritten, signed, notarized, accompanied by all documents required by the committee and the applicant pays the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

(3) The complete application, including all documents, supporting material and official transcripts required by the committee, must be received at least ninety (90) days before the examination. Applications received or completed fewer than ninety (90) days before the next scheduled examination and all applications received after every available space for the examination has been filled, whether the application was received prior to or after this cut-off date, shall be scheduled for the next regularly scheduled examination.

(4) Following the committee's review, the applicant will be informed by letter either that the application for examination has been approved or that it has been rejected. Any rejection letter will outline, with as much specificity as practicable, the reasons for rejection.

AUTHORITY: sections 337.507 and 337.520, RSMo Supp. 1990.* Original rule filed Oct. 16, 1986, effective Jan. 30, 1987. Amended: Filed May 2, 1989, effective July 27, 1989. Amended: Filed Aug. 5, 1991, effective Dec. 9, 1991.

**Original authority:* 337.507, RSMo 1985, amended 1989 and 337.520, RSMo 1985, 1989, 1993, 1995.



STATE OF MISSOURI
COMMITTEE FOR PROFESSIONAL COUNSELORS
APPLICATION FOR LICENSURE

FOR OFFICIAL USE ONLY	
DATE FORWARDED	DATE RECEIVED
NUMBER	

INSTRUCTIONS PLEASE TYPE USE BLACK INK

1. APPLICANT MUST COMPLETE ALL SECTIONS

2. IF ADDITIONAL INFORMATION IS NEEDED FOR ANY QUESTIONS, PLEASE ATTACH A SEPARATE SHEET.

3. COMPLETED APPLICATIONS SHOULD BE MAILED TO THE FOLLOWING CENTRAL OFFICE ADDRESS:

MISSOURI COMMITTEE FOR PROFESSIONAL COUNSELORS
3523 NORTH TEN MILE DRIVE
POST OFFICE BOX 153
JEFFERSON CITY, MISSOURI 65102

TELEPHONE: (314) 751-2334 EXT. 200

FEES: ATTACH APPLICATION FEE OF \$100.00. IF APPLICATION IS APPROVED, YOU WILL BE NOTIFIED TO REMIT EXAM FEE OF \$150.00, RECIPROCITY FEE OF \$100.00 OR EXAM SCORE ENDORSEMENT FEE OF \$50.00

APPLICANT
ATTACH
RECENT
PHOTO
HERE

I. GENERAL INFORMATION

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PROFESSIONAL COUNSELOR IN THE STATE OF MISSOURI ON THE BASIS OF (CHECK)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
<input type="checkbox"/> EXAMINATION <input type="checkbox"/> RECIPROCITY <input type="checkbox"/> ENDORSEMENT OF SCORE	— —	

NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX, MAIDEN NAME)	SEX

MAILING ADDRESS (ACTUAL RESIDENTIAL ADDRESS, STREET AND BOX NO., IF APPLICABLE, CITY, STATE, ZIP)	COUNTY

INTENDED OR PRESENT OFFICE ADDRESS (IF DIFFERENT THAN ABOVE)	DAYTIME TELEPHONE NUMBER

DEGREE FOR WHICH YOU ARE APPLYING FOR LICENSURE	DEGREE MAJOR AS IT APPEARS ON TRANSCRIPT	DATE CONFERRED
<input type="checkbox"/> DOCTORATE <input type="checkbox"/> SPECIALIST <input type="checkbox"/> MASTERS		

LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE COUNSELING, IN ORDER OF ATTAINMENT. IF CURRENT STATUS IS "OTHER", PLEASE EXPLAIN ON SEPARATE SHEET.

STATE	LICENSE/CERTIFICATE NUMBER	ISSUE DATE	CURRENT STATUS
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER
			<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> OTHER

ANSWER THE FOLLOWING QUESTIONS (YES ANSWERS MUST BE EXPLAINED IN SWORN AFFIDAVIT)	YES	NO
1. Has your application for examination to be a Licensed Professional Counselor ever been rejected?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed an examination for counselor licensure? If so, how many times? _____ Where _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your license ever been revoked or, have you ever been the subject of disciplinary action by any licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been charged with or convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now or have you ever been addicted to or used in excess, any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now being treated or have you ever been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been named as a defendant in a civil suit?	<input type="checkbox"/>	<input type="checkbox"/>

II. EDUCATIONAL EXPERIENCE **OFFICIAL TRANSCRIPTS FOR ALL GRADUATE WORK REQUIRED.**

GRADUATE UNIVERSITY ATTENDED		DATES ATTENDED				DEGREE	CONFERRED	
UNIVERSITY/COLLEGE	CITY AND STATE	FROM		TO			MO.	YR.
		MON.	YR.	MON.	YR.			
A.								
B.								
C.								
D.								
E.								
F.								

PRACTICUM/INTERNSHIP SERVED AS PART OF DEGREE PROGRAM

FROM		TO		INSTITUTION NAME
MO.	YEAR	MON.	YEAR	INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
HOURS WORKED PER WEEK		▶		WERE YOU PROVIDING DIRECT COUNSELING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DESCRIBE YOUR DUTIES BELOW.
HOURS OF ONE TO ONE SUPERVISION PER WEEK		▶		
<hr/> <hr/> <hr/>				

FROM		TO		INSTITUTION NAME
MO.	YEAR	MON.	YEAR	INSTITUTION ADDRESS
				DIRECTOR OF PROGRAM
HOURS WORKED PER WEEK		▶		WERE YOU PROVIDING DIRECT COUNSELING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, DESCRIBE YOUR DUTIES BELOW.
HOURS OF ONE TO ONE SUPERVISION PER WEEK		▶		
<hr/> <hr/> <hr/>				

LIST ALL COURSES TAKEN FOR GRADUATE CREDIT. (OFFICIAL COPIES OF ALL GRADUATE DEGREE TRANSCRIPTS MUST BE SENT TO CENTRAL OFFICE DIRECTLY FROM THE UNIVERSITY/COLLEGE). THIS SECTION MUST BE COMPLETED.

A. COUNSELING THEORY (MINIMUM 3 HRS. REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

MO 419-1332 (9-89)



B. HUMAN GROWTH & DEVELOPMENT (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

C. SOCIAL AND CULTURAL FOUNDATIONS (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

D. THE HELPING RELATIONSHIP (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

E. GROUP DYNAMICS, PROCESSING AND COUNSELING (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

F. LIFESTYLE AND CAREER DEVELOPMENT (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

G. APPRAISAL OF INDIVIDUALS (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

H. RESEARCH AND EVALUATION (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)

COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

MO 419-1332 (9-89)

I. PROFESSIONAL ORIENTATION (GRADUATE PROGRAMS COMMENCING AFTER JULY 1, 1987, MINIMUM 3 HOURS REQUIRED)			
COURSE NO.	DEPARTMENT & SCHOOL	TITLE OF COURSE	DATE TAKEN

III. POST DEGREE SUPERVISED COUNSELING EXPERIENCE

INDICATE BELOW PERSON(S) DESIGNATED AS YOUR SUPERVISOR OF POST-DOCTORAL OR POST-MASTERS SUPERVISED EXPERIENCE TO WHOM ATTESTATION FORM(S) WILL BE SENT. ATTESTATION FORMS MUST BE RETURNED TO CENTRAL OFFICE BY THE ATTESTOR, NOT THE APPLICANT.

SUPERVISOR'S NAME	
INSTITUTION OR BUSINESS NAME & ADDRESS	
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)	
DATES APPLICANT EMPLOYED FROM	HOURS OF ONE TO ONE SUPERVISION PER WEEK
TO	
DESCRIPTION OF SUPERVISION	
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION	
SUPERVISOR'S NAME	
INSTITUTION OR BUSINESS NAME & ADDRESS	
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)	
DATES APPLICANT EMPLOYED FROM	HOURS OF ONE TO ONE SUPERVISION PER WEEK
TO	
DESCRIPTION OF SUPERVISION	
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION	

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SUPERVISOR'S NAME	
INSTITUTION OR BUSINESS NAME & ADDRESS	
CURRENT ADDRESS (IF DIFFERENT FROM ABOVE)	
DATES APPLICANT EMPLOYED	HOURS OF ONE TO ONE SUPERVISION PER WEEK
FROM	TO
DESCRIPTION OF SUPERVISION	
DESCRIPTION OF APPLICANT'S PROFESSIONAL WORK DURING THE SUPERVISION	

IV. PROFESSIONAL EXPERIENCE

Begin with the most recent employment, using additional sheets if necessary.

A. NAME AND ADDRESS OF EMPLOYER

	FROM		TO	IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
	MON.	YR.	MON.	YR.
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK				COUNSELING DUTIES PERFORMED

B. NAME AND ADDRESS OF EMPLOYER

	FROM		TO	IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
	MON.	YR.	MON.	YR.
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK				COUNSELING DUTIES PERFORMED

C. NAME AND ADDRESS OF EMPLOYER

	FROM		TO	IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
	MON.	YR.	MON.	YR.
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK				COUNSELING DUTIES PERFORMED

D. NAME AND ADDRESS OF EMPLOYER

	FROM		TO	IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
	MON.	YR.	MON.	YR.
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK				COUNSELING DUTIES PERFORMED

MO 419-1332 (9-89)

E. NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		COUNSELING DUTIES PERFORMED		
F. NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		COUNSELING DUTIES PERFORMED		
G. NAME AND ADDRESS OF EMPLOYER				
FROM		TO		IMMEDIATE SUPERVISOR'S NAME & ADDRESS (IF DIFFERENT FROM ABOVE)
MON.	YR.	MON.	YR.	
				TITLE OF YOUR POSITION
HOURS WORKED/WEEK		COUNSELING DUTIES PERFORMED		

EXAM SCORE ENDORSEMENT

NATIONAL CERTIFIED COUNSELOR EXAM TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ►	DATE EXAM TAKEN
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NOTE: APPLICANT IS RESPONSIBLE FOR HAVING HIS/HER EXAM SCORE SUBMITTED TO CENTRAL OFFICE BY THE TESTING SERVICE.

V. AFFIDAVIT

I, THE BELOW NAMED APPLICANT, BEING DULY SWORN, HEREBY AFFIRM UNDER PENALTIES OF PERJURY THAT I AM THE APPLICANT REFERRED TO IN THE PRECEEDING APPLICATION FOR A LICENSE TO PRACTICE AS A PROFESSIONAL COUNSELOR IN THE STATE OF MISSOURI, AND THAT ALL STATEMENTS AND ENCLOSURES ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I SUBMIT FOR CONSIDERATION THE ABOVE PROOFS AS REQUIRED BY THE MISSOURI LAW GOVERNING THE PRACTICE OF PROFESSIONAL COUNSELORS AND SUBJECT TO THE RULES AND REGULATIONS OF THE COMMITTEE FOR PROFESSIONAL COUNSELORS.

ENCLOSED IS THE APPLICATION FEE MADE PAYABLE TO THE MISSOURI COMMITTEE FOR PROFESSIONAL COUNSELORS, **WHICH IS NOT REFUNDABLE**, IN THE FORM OF A **MONEY ORDER, PERSONAL CHECK, CASHIER'S CHECK OR BANK DRAFT**. THE COMMITTEE MAY REQUIRE FURTHER EVIDENCE THAT IT DEEMS REASONABLE AND PROPER FROM THE SOURCES ABOVE.

MUST BE SIGNED IN PRESENCE OF NOTARY ►		APPLICANT SIGNATURE
NOTARY PUBLIC EMOSSER SEAL	STATE OF MISSOURI	
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF _____ 19____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.

MO 419-1332 (9-89)

4 CSR 95-1.020 Fees

PURPOSE: This rule establishes the fees for the Committee for Professional Counselors.

(1) The following fees are established by the Committee for Professional Counselors and are payable in the form of a cashier's check, personal check or money order:

- (A) Application Processing Fee \$100.00;
 - (B) Registration of Supervision Fee (includes education evaluation) \$100.00;
 - (C) Examination Fee \$150.00;
 - (D) Reexamination Fee \$150.00;
 - (E) Reciprocity Application Fee \$100.00;
 - (F) Examination Score Endorsement Fee \$ 50.00;
 - (G) Name Change Fee \$ 15.00;
 - (H) License Renewal Fee \$140.00;
 - in addition—
 - 1. One to sixty (1–60) days late \$ 50.00;
 - and
 - 2. Sixty-one (61) days to two (2) years late \$250.00;
 - (I) Endorsement to another jurisdiction \$ 10.00;
 - (J) Replacement wall-hanging \$ 15.00;
 - (K) Computer Printout Fee (per page) \$.50;
 - (L) Copy Fee (per page) \$.50;
 - (M) Prior Review Fee—Education \$ 25.00;
 - (N) Insufficient Funds Check Fee Charge \$ 50.00;
- and
- (O) Reregistration of Supervision \$ 25.00;

(2) All fees are nonrefundable.

AUTHORITY: sections 337.507 and 337.520, RSMo Supp. 1989. Original rule filed Oct. 16, 1986, effective Jan. 30, 1987. Amended: Filed May 2, 1989, effective July 27, 1989. Amended: Filed July 3, 1990, effective Dec. 31, 1990. Emergency amendment filed Aug. 14, 1991, effective Nov. 1, 1991, expired Feb. 29, 1992. Amended: Filed Aug. 5, 1991, effective Dec. 9, 1991. Amended: Filed Feb. 4, 1992, effective June 25, 1992.*

**Original authority: 337.507, RSMo 1985, amended 1989 and 337.520, RSMo 1985, amended 1989, 1993, 1995.*

4 CSR 95-1.030 Acceptable Agents for Exempt Categories

PURPOSE: This rule defines the agents acceptable to the committee regarding certain exempt categories.

(1) Accredited Vocational and Medical Rehabilitation Facilities. Professionals employed by vocational and medical rehabilitation facilities accredited or certified by agents acceptable to the committee are exempt from the requirements of sections 337.500–337.540, RSMo, pursuant to requirements of section 337.505(11), RSMo, so long as all counseling services are rendered in the performance of their assigned duties and they do not use the title of counselor. The term “agents acceptable to the committee” as used in section 337.505(11), RSMo, shall be the—

(A) Commission on the Accreditation of Rehabilitation Facilities;

(B) Accreditation of hospitals’ comprehensive rehabilitation service centers by the Joint Commission on Accreditation of Hospitals; and

(C) Missouri Department of Mental Health, provided, however, that professionals providing direct psychotherapy to individuals, groups or both must be licensed in accordance with Chapter 334 or 337, RSMo. The definition of psychotherapy as used in this rule is found in 9 CSR 30-4.010 as promulgated by the Missouri Department of Mental Health.

(2) Certified Marital and Family Therapists. Marital therapists and family therapists certified by an agent acceptable to the committee and their supervises are exempt from the requirements of sections 337.500–337.540, RSMo, pursuant to section 337.505(13), RSMo, so long as they serve only individuals with marital or family systems concerns and so long as they do not use, the title of counselor or counseling. The term “an agent acceptable to the committee,” as used in section 337.505(13), RSMo, shall be the American Association of Marriage and Family Therapists.

(3) Certified Drug Abuse Counselors. Drug abuse counselors certified by the Department of Mental Health as meeting standards in rules promulgated under section 630.655, RSMo or certified by an agent acceptable to the committee are exempt from the requirements of sections 337.505–337.540, RSMo, pursuant to section 337.505(15), RSMo, so long as they meet the following criteria:

(A) Practice consistent with these standards.

(B) Practice only in certified substance abuse programs; and

(C) Serve only individuals with drug-related concerns. The term an agent acceptable to the committee shall be the Missouri

Substance Abuse Counselors Certification Board.

(4) Certified Social Workers. Social workers certified by an agent acceptable to the committee and their supervises are exempt from the requirements of sections 337.500–337.540, RSMo, pursuant to section 337.505(16), RSMo, so long as they are doing work consistent with their training and with a code of ethics of the social work profession and so long as they do not use the title of professional counselor. The term an agent acceptable to the committee shall be the Division of Professional Registration as advised by the Advisory Committee for Licensed Clinical Social Workers and the National Association of Social Workers.

(5) To satisfy the characteristics of an acceptable agent for the certification of an exempted occupation as listed in section 337.510(11) and 337.510(13), RSMo, there are no additional agents acceptable to the committee other than the ones listed in sections (1)–(4) of this rule.

AUTHORITY: sections 337.505 and 337.520, RSMo Supp. 1990. Original rule filed Oct. 16, 1986, effective Jan. 30, 1987. Amended: Filed May 2, 1989, effective July 27, 1989. Amended: Filed Aug. 5, 1991, effective Dec. 9, 1991.*

**Original authority: 337.505, RSMo 1985, amended 1989, 1996 and 337.520, RSMo 1985, amended 1989, 1993, 1995.*

4 CSR 95-1.040 Policy for Handling Release of Public Records

PURPOSE: This rule sets forth the committee’s written policy in compliance with sections 610.010–610.030, RSMo regarding the release of information on any meeting, record or vote of the committee.

(1) The Missouri Committee for Professional Counselors is a public governmental body as defined in Chapter 610, RSMo and adopts the following as its written policy for compliance with the provisions of that chapter. This policy is open to public inspection and implements Chapter 610, RSMo provisions regarding the release of information on any meeting, record or vote of the committee which is not closed under the chapter.

(2) All public records of the Missouri Committee for Professional Counselors shall be open for inspection and copying by any member of the general public during normal

business hours (8:00 a.m. to 5:00 p.m. Monday through Friday, holidays excepted) except for records closed under section 610.021, RSMo. All public meetings of the Missouri Committee for Professional Counselors not closed under that section will be open to the public.

AUTHORITY: sections 337.520 and 610.010–610.030, RSMo 1986. Original rule filed May 2, 1989, effective July 27, 1989.*

**Original authority: 337.520, RSMo 1985, amended 1989, 1993, 1995; 610.010–610.030, RSMo please consult Missouri Revised Statutes.*

(3) The Missouri Committee for Professional Counselors establishes the executive director of the committee as the custodian of its records as required by section 610.023, RSMo. The executive director is responsible for maintaining committee records and responding to requests for access to public records.

(4) The committee may charge a reasonable fee for the cost for inspecting and copying the records. Charges and payments of the fees shall be based on the following:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The committee may require payment of fees prior to making the copies; and

(C) All fees collected shall be remitted to the director of revenue for deposit to the credit of the Committee for Professional Counselors' Fund.

(5) If the custodian believes that requested access is not required under Chapter 610, RSMo, the custodian shall consult with the Office of the Attorney General before deciding whether to deny access to the records. If contact with that office is not practicable or is impossible, the custodian may decide whether to deny access. However, in that case, the custodian shall consult with the Office of the Attorney General within five (5) working days of the decision. When access is denied, the custodian will comply with the requirements in section 610.023, RSMo concerning informing the individual requesting access to the records and shall supply to members of the committee copies of the written denial. At its next meeting, the committee shall either affirm or reverse the decision of the custodian. If the committee reverses the decision, it shall direct the custodian to so advise the requesting party and supply the access to the information during regular business hours at the party's convenience.

(6) The custodian shall maintain a file of copies of all written requests for access to records and responses to the requests. That file shall be maintained as a public record of the committee open for inspection by any member of the general public during regular business hours.