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# **Implementation Report Senate Bill 202, Article 1**

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**As Required By  
Senate Bill 202, Section 1.301, 84th Regular Session, 2015**



**Texas Department of Licensing and Regulation  
December 2019**

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## **Executive Summary**

This is the final report on the implementation of S.B. 202.

This report is provided by the Texas Department of Licensing and Regulation (TDLR) in accordance with the requirements of S.B. 202, Article 1, 84th Regular Session of the Texas Legislature, 2015. S.B. 202, Article 1 implemented the Sunset Advisory Commission's recommendation to transfer 13 occupational licensing programs from the Department of State Health Services (DSHS) to TDLR. The recommendation was intended to reduce the regulatory responsibilities assigned to DSHS and result in more effective administration of the programs at TDLR.

S.B. 202, Article 1 has been fully implemented. The bill required the transfer of the programs to TDLR in two phases. The first seven programs were required to be transferred no later than August 31, 2017. The remaining six programs were required to be transferred no later than August 31, 2019.

In accordance with Sec. 1.300 of the bill, DSHS and TDLR adopted a transition plan in April 2016 to provide for the orderly transfer of powers, duties, functions, programs, and activities. Under the terms of the transition plan, the first seven programs were successfully transferred to TDLR on October 3, 2016. The remaining six programs were successfully transferred to TDLR on November 1, 2017. The transfers occurred well in advance of the deadlines established in the bill.

## **Legislative Requirements**

S.B. 202 (2015), Article 1, Sec. 1.301, requires the development and submission of this report.

“(a) The Texas Department of Licensing and Regulation shall, not later than December 1 of each year, submit a report regarding the implementation of this article with respect to that calendar year to:

- (1) the Sunset Advisory Commission;
  - (2) each standing committee of the senate and house of representatives having primary jurisdiction over matters related to health and human services or the occupational licensing of health-related professions; and
  - (3) each advisory board or committee established to advise the Texas Department of Licensing and Regulation with regard to a program transferred to the department under this article.
- (b) A report submitted under this section must include:
- (1) detailed information regarding:
    - (A) the status of the implementation of the transition plan adopted under Section 1.300 of this Act, including an explanation of any delays or challenges in implementing the plan;
    - (B) appointments to each advisory board or committee established to advise the Texas Department of Licensing and Regulation with regard to a program transferred to the department under this article; and
    - (C) the establishment and operation of the health professions division of the Texas Department of Licensing and Regulation; and

(2) any other information the Texas Department of Licensing and Regulation considers relevant to the transfer of programs to the department under this article.

(c) In preparing a report required by this section, the Texas Department of Licensing and Regulation shall solicit input from the Department of State Health Services and each advisory board or committee established to advise the Texas Department of Licensing and Regulation with regard to a program transferred to the department under this article.

(d) The Texas Department of Licensing and Regulation shall make each report submitted under this section available to the public on the department's Internet website.

(e) This section expires January 1, 2020.”

### **Transition Overview**

TDLR formed the Health Professions Consolidation Team in July 2016 to coordinate and facilitate internal activities and planning of each transfer phase. Each functional area of the agency (licensing, customer service, enforcement, financial services, information technology, regulatory program management, general counsel, strategic communications, innovation, web services) was represented. DSHS staff also participated as members of the team. The team coordinated the creation of new web content, the revision of forms and publications, and public outreach to license holders via e-mails and a mass mailing. The team analyzed and resolved challenges and concerns related to go-live, staff training, the transfer of records from DSHS to TDLR, and external inquiries.

TDLR and DSHS adopted a detailed transition plan with several components:

- Summary of all transition and planning activities completed after the enactment of S.B. 202 and prior to the adoption of the transition plan;
- Summary of programs to be transferred, including current governance structure and projected transfer dates; and
- Specific activities to be accomplished in each phase of the transfers, with designation of the responsible agency and projected completion dates.

The transition plan projected the transfer date of the first seven programs (Phase One) to be October 1, 2016. Those programs included:

- Athletic trainers
- Dietitians
- Dyslexia therapists and practitioners
- Fitters and dispensers of hearing instruments
- Midwives
- Orthotists and prosthetists
- Speech-language pathologists and audiologists

These seven programs were successfully transferred to TDLR on October 1, 2016, and there were no delays or challenges associated with the transfers. The success of the transfer was due to

extensive pre-transfer planning, as well as the collaborative working relationship between TDLR and DSHS.

Upon completion of the Phase One transfers, TDLR and DSHS agreed that the remaining six programs (Phase 2) would transfer on November 1, 2017. These programs included:

- Code enforcement officers
- Laser hair removal professionals and facilities
- Massage therapists, instructors, schools, and establishments
- Mold assessors and remediators
- Offender education providers
- Sanitarians

For the first three business days after each phase of program transfers, TDLR staffed a command center to monitor all aspects of the transfer, including information technology issues, the volume of customer contacts by telephone and e-mail, the timeliness of responses to customer contacts, and the processing of initial and renewal license applications. After analysis of TDLR's performance in these areas for the first three days, the command center was discontinued due to the overall success of the transfer operation.

The ultimate success of Phase Two was due to legislative approval of Exceptional Item One, described in TDLR's FY 2018-2019 Legislative Appropriations Request. Since Phase Two was not scheduled to occur within the FY 2016-2017 biennium, funding was not included in the 2015 General Appropriations Act. Successful program consolidation requires sufficient and timely funding to evaluate the programs, solicit and select information technology bids, streamline and adopt program rules, identify and select office locations, train existing staff, and hire and train new staff.

In addition, TDLR's 2017-2021 Strategic Plan proposed several statutory changes for programs transferred in Phases One and Two to eliminate unneeded or redundant licenses and regulatory requirements, eliminate licensing impediments and other excessive requirements, and eliminate burdens and government interference with business practices. These recommendations were adopted by the Legislature to better align the transferred programs with TDLR's existing and successful regulatory model.

### **Outreach During Transfer of Programs to TDLR from DSHS**

TDLR believes that proactive communication with licensees and interested parties is essential to the ongoing successful operation of its licensing programs. During Phase One and Phase Two of the program transfers, E-mail subscribers received a *Welcome to TDLR* notice on the morning of transition. TDLR also posted information regarding the transfers on its Facebook and Twitter accounts.

Staff within the TDLR Regulatory Program Management Division served as a point of contact for professional associations and advisory board chairs during the important post-transition periods. Staff conducted telephone calls to share specific information regarding the status of the transition and to solicit input and concerns from the regulated community. TDLR received useful

information from stakeholders, which allowed for improvements in service delivery. TDLR also received significant positive feedback regarding the transition planning effort. Outreach included each of the ten advisory board chairs, as well as the following associations:

- Academic Language Therapy Association
- Texas State Athletic Trainers Association
- Texas Academy of Audiology
- Texas Speech-Hearing-Language Association
- Texas Academy of Nutrition and Dietetics
- Texas Hearing Aid Association
- Association of Texas Midwives
- Texas Association of Orthotists and Prosthetists
- American Academy of Orthotists and Prosthetists, Texas Chapter
- Texas Environmental Health Association
- Code Enforcement Officers Association of Texas
- American Massage Therapy Association – Texas Chapter

### **Information Forums**

In January and March 2017, TDLR hosted information forums in Dallas, Houston, and Austin and invited licensees and stakeholders from the Phase Two programs. During the forums, TDLR staff presented information about TDLR, including regulatory philosophy, core values, agency organization and overview, and the rulemaking process. At the March 2017 forum, TDLR staff presented draft proposed rules for each program, soliciting and incorporating input on the rules prior to publication in the Texas Register.

### **Advisory Boards and Advisory Committees**

In accordance with S.B. 202, Sec. 1.300(c), the following legacy boards and committees were abolished on October 1, 2016:

- Advisory Board of Athletic Trainers
- Texas State Board of Examiners of Dietitians
- Dyslexia Therapists and Practitioners Advisory Committee
- State Committee of Examiners in the Fitting and Dispensing of Hearing Instruments
- Texas Midwifery Board
- Texas Board of Orthotics and Prosthetics
- State Board of Examiners for Speech-Language Pathology and Audiology

On October 14, 2015, the Texas Commission of Licensing and Regulation established the new advisory boards and committees for the Phase One programs and began appointing members. TDLR hosted an Advisory Board Summit on October 28-29, 2015, and boards began meeting in early 2016.

On October 20, 2017, the Texas Commission of Licensing and Regulation established the new advisory boards and committees for the Phase Two programs and began appointing members. TDLR hosted an Advisory Board Summit on November 8-9, 2017 and boards began meeting in late 2017.

The technical expertise and industry input that was provided by advisory board members was invaluable to the transition of the health-related programs.

### **Current Advisory Boards and Advisory Committees**

The Advisory Board of Athletic Trainers consists of five members serving six-year terms expiring on January 31 of each odd-numbered year. Members are David Weir, Presiding Officer, College Station; Darrell Ganus, Kilgore; Dr. David Schmidt, San Antonio; Brittney Webb, San Marcos; and Michael Fitch, Richardson.

The Code Enforcement Officers Advisory Committee consists of nine members serving six-year terms expiring on February 1 of each odd-numbered year. Members are Teresa Adrian, Presiding Officer, Irving; Richard Adams, El Paso; Jennifer Bernal, Kingsville; Marie Brown; Flint; Matthew Christianson, College Station; Jyoti Naik, Port Lavaca, Texas; Christylla Miles, Houston, Mariola Sullivan, Austin; and Stuart Walker, Lubbock.

The Dietitians Advisory Board consists of nine members serving staggered six-year terms expiring September 1 of each odd-numbered year. Members are Janet Suzanne Hall, Presiding Officer, Georgetown; Irma G. Gutierrez, Georgetown; Matilde Ladnier, Houston; Aida “Letty” Moreno-Brown, El Paso; LeAnne Skinner, Austin; Mary Kate “Suzy” Weems, Waco; and Grace E. White, Watauga. Currently, the advisory board has two vacant public member position.

The Dyslexia Therapy Advisory Committee consists of five members serving six-year terms expiring on December 31 of each odd-numbered year. Members are Robin G. Cowsar, Presiding Officer, Fredericksburg; Beatriz “Betty” Daniels-Mills, Brownsville; Misty Dempsey, Kingwood; Helen M. Macik, Hutchins; and Letricia “Puff” L Niegos, Canyon.

The Hearing Instrument Fitters and Dispensers Advisory Board consists of nine members serving staggered six-year terms with the terms of three members expiring on February 1 of each odd-numbered year. Members are Benjamin Norris, Presiding Officer, Waco; Lance Robert Brooks, Paris; Jackie Cooper, Spring; Richard Davila, Lubbock; Dr. James Fowler, Brownwood; Gary Haun, San Angelo; T.J. McDow, Dallas; Detra Stewart, Houston; and Amy Trost, Seguin.

The Massage Therapy Advisory Board consists of nine members serving six-year terms expiring on September 1 of each odd-numbered year. Members are David Lauterstein, Presiding Officer, Austin; Antonio Gracia, Jr., Houston; Caroline Guerin, Spring; Roberta Hutson, San Antonio; Russell Rust, Dallas; Susan Sparks, Corpus Christi; Paul Stone, Tyler; Karen Vasquez, McKinney; and Carol Willess, Round Rock.

The Midwives Advisory Board consists of nine members serving staggered six-year terms with the terms of three members expiring on January 31 of each odd-numbered year. Members are Meredith Rentz Cook, Presiding Officer, Keller; Roxanne Anderson, Grand Prairie; Laurie

Fremgen, Austin; Dr. Charleta Guillory, Houston; Destiny Hooper, Pearland; Christy Martin, Fort Worth; Victoria Meinhardt, Austin; Dr. Michael Nix, Austin; and Erica Steele, San Marcos.

The Orthotists and Prosthetists Advisory Board consists of seven members serving staggered six-year terms with the terms of two or three members expiring on February 1 of each odd-numbered year. Members are Miguel Mojica, Presiding Officer, Coppel; David Ahrens, Denton; Randall Duncan, McKinney; and Catherine A. Mize, Double Oak. Currently the advisory board has vacancies for one licensed orthotist, one licensed prosthetist, and one public member who uses an orthosis.

The Registered Sanitarian Advisory Committee consists of nine members serving six-year terms expiring on February 1 of each odd-numbered year. Members are Jim Dingman, Presiding Officer, Plano; Erin Dunn, College Station; Dalton Knight, Tyler; Steven Kotsatos, Austin; Shaun May, Amarillo; Lisa Pomroy, Fort Worth, and Terry Ricks, San Antonio. Currently, the advisory committee has two vacancies.

The Speech-Language Pathologists and Audiologists Advisory Board consists of nine members serving six-year terms with the terms of three members expiring September 1 of each odd numbered year. Members are Sherry Sancibrian, Presiding Officer, Lubbock; Emanuel Bodner, Houston; Cheval Bryant, Sugar Land; Dr. Tammy Camp, Shallowater; Dr. Cristen Plummer-Culp, Round Rock; Kristina Kelley, Dallas; Kimberly Ringer, Pflugerville; Elizabeth Sterling, Austin; and Michelle Tejada, San Antonio.

Laser Hair Removal, Mold Assessors and Remediators and Offender Education Programs have no legally-required advisory boards. Historically, these programs had no advisory committee roles and TDLR believes the programs will continue functioning well without advisory board requirements.

### **SAO Audit of Health-Related Professions Programs**

On January 30, 2019, TDLR was notified of the State Auditor's Office's (SAO) intent to audit the health-related programs that were transferred from the Department of State Health Services. The audit objective was to determine whether TDLR had processes and related controls to help ensure that the agency administers regulatory activities in accordance with applicable requirements for selected health-related programs. The audit also included a review of the automated systems and processes that supported the audited functions.

On February 7, 2019, representatives from TDLR and SAO held an entrance conference to discuss the scope of the audit and engagement expectations. SAO staff began meeting with and interviewing TDLR staff the following week. SAO began their fieldwork in March 2019.

The SAO published their Audit Report in August 2019. Overall the audit found that TDLR had developed processes and related controls to administer and regulate the health-related programs as required by statute, administrative rules, and Department policies. However, not all processes, controls, and policies were sufficient.

The audit found that TDLR needed to:

- strengthen the license application review process;
- ensure that inspections are consistently performed and accurately documented;
- strengthen controls to ensure compliance with enforcement requirements;
- implement effective information technology application controls; and
- strengthen information system controls.

### **Strengthen the License Application Review Process**

The SAO found that TDLR had established processes to ensure that only qualified individuals are licensed. However, the process to ensure that all application documentation is consistently collected and maintained needed to be strengthened. This finding was given a medium-risk rating.

TDLR agreed to the finding. Procedures do require that application documentation be maintained in accordance with the Records Retention Schedule. Procedures for criminal history background checks and documentation were modified in January 2018 to ensure that the transferred health-related programs aligned with other TDLR programs. TDLR also reviewed current policies and procedures for accurateness and provided additional staff training. This finding was remedied in May 2019.

### **Ensure that Inspections are Consistently Performed and Accurately Documented**

The SAO found that TDLR had established a monitoring framework that included processes to assess a licensed facilities' compliance with statutory requirements and TDLR policies and rules, but it was insufficient. Additionally, inspection data was not reliable for decision-making purposes. These findings were given a high-risk rating.

TDLR agreed to the findings. TDLR's monitoring framework includes proof of inspection, inspection checklists, 10-day follow up visits, quality assurance inspections, and quarterly validation reviews. However, proof of inspection and inspection checklists were not completed and consistent for all inspections and inspection quality was not monitored. Inspectors received additional training on completing inspection forms, inspection forms were updated, and TDLR has comprehensive policies and procedures. TDLR has a robust enforcement process that includes penalty matrices for each program that help determine which violations are to be directly referred to Enforcement. Statewide massage inspector training was conducted in June 2019. This finding was remedied in June 2019.

The Legislature authorized the development of a new licensing system for TDLR. Though TDLR has begun updating VERSA to add inspection data entry controls to ensure data validity, the new system will be built to ensure appropriate controls are in place. This corrective action is currently ongoing.

### **Strengthen Controls to Ensure Compliance with Enforcement Requirements**

The SAO found that TDLR had sufficient controls and processes to ensure adequate enforcement of regulatory activities in accordance with statute and rules. However, TDLR should strengthen controls to ensure that suspension/revocation of a license is pursued with penalties are not paid

and to ensure that all 13 of the transferred health-related programs have a penalty matrix and criminal conviction guidelines in place. This finding was given a medium-risk rating.

TDLR agreed to this finding. TDLR updated the enforcement hold functionality in VERSA. TDLR does have procedures in place for the handling of cases when penalties are not paid. Staff have received training on the process to ensure compliance. Criminal conviction guidelines for all 13 health-related programs have been approved and are available on the Department's website. There are currently three health-related programs that have penalty matrices in various stages of development and three programs that have not been started. TDLR is ahead of the projected June 2020 corrective action implementation date.

### **Implement Effective Information Technology Application Controls**

The SAO found that licensing and enforcement processes were reliable; however, VERSA lacked controls to ensure that key fields were required, allowed for duplicate data entry, the enforcement hold was not functioning properly, and there were inaccurate license statuses. This finding was given a high-risk rating.

TDLR agreed to the finding. VERSA updates have been made or are in progress. The enforcement hold function has been engaged; unauthorized users, such as former employees, have been removed from the acceptable user lists; and lockout settings have also been updated. TDLR is working with our vendor to ensure the correct license status is displayed. This finding is expected to be remedied by December 31, 2019.

Additionally, the new licensing system will further TDLR's endeavor to implement greater controls.

### **Strengthen Information System Controls**

The SAO found that TDLR has established policies and procedures; however, not all controls are consistently applied. There were VERSA users who had inappropriate access to certain functions based on their current job responsibilities. TDLR was not performing user access reviews every six months as required by policy.

TDLR agreed to this finding. TDLR immediately conducted a full audit of user access to each system within the agency and corrected any deficiencies or removed users accordingly. TDLR will also conduct quarterly audits with each system being reviewed at least annually. This finding was corrected April 30, 2019.

## **Current Initiatives**

### **Legislative Bill Implementation**

In 2018, through a comprehensive strategic planning process, TDLR developed 11 strategic initiatives with a total of 28 statutory recommendations. Of these, 9 initiatives and 20 statutory recommendations were directly related to the transferred health-related programs. TDLR made 28 recommendations to the 86th Texas Legislature for statutory changes to various programs. The proposed recommendations were designed to further remove redundancies and impediments,

streamline regulations, safeguard the public, and ensure our licensing process is easier for our licensees.

Since the 86th Legislative Session has ended, TDLR has begun to implement the changes by seeking input from advisory boards, adopting rules, modifying forms, designing software programming, updating webpages, and providing notice to our licensees. The 86th Legislature adopted 21 of the 28 proposed statutory changes resulting in a 75 percent adoption rate.

Adopted statutory changes that impact the transferred health-related programs include:

- elimination of the voluntary registration of Orthotic Technicians, Prosthetic Technicians, and Orthotic/Prosthetic Technicians (HB 2847);
- authorization of fingerprint background checks for both new massage therapy applicants and existing licensees (HB 2747);
- requiring posting of human trafficking awareness signs in licensed massage establishments and schools (HB 2747);
- authorization for TDLR to issue massage therapy student permits, standardize massage school reporting of hours, and determine examination eligibility (HB 1865);
- for all health-related programs, provide TDLR with general rulemaking authority to establish uniform complaint confidentiality (HB 2847);
- removal the five-year “sit-out” period for a licensee who has any violation of the Massage Therapy statute (HB 1865);
- authorization for the Texas Commission of Licensing and Regulation (Commission) to standardize license terms and continuing education requirements for all programs (HB 2847);
- removal of the statutory fee floor that prohibits the Commission from setting a fee for an amount less than the amount on September 1, 1993 for midwives (HB 2847);
- removal of the required passing score of 70 percent or greater for Hearing Instrument Fitters and Dispensers applicants set by statute (HB 2699);
- reinstatement of continuing education requirements for laser hair removal providers (HB 2847);
- removal of the requirement that dietitians use a seal (HB 2847);
- removal of the requirement that the chair of the Midwives Advisory Board be a public member (HB 2847); and
- removal of the unnecessary requirement that an audiologist must register with TDLR their intention to fit and dispense hearing instruments (HB 2847).

### **Strategic Planning**

Because listening to people we serve is essential, TDLR is set to host the next strategic planning sessions in spring 2020. Every two years TDLR seeks the input of our licensees, industry leaders, and the public by holding face-to-face public meetings around Texas. The purpose of these meetings is to find out how well TDLR is meeting their needs and how we can improve our services. In the spring of 2018, TDLR facilitated strategic planning sessions in North Texas (Arlington), Central Texas (Austin), West Texas (El Paso), Southeast Texas (Houston), and South

Texas (McAllen). In addition, TDLR offered an online survey to allow our customers and others to share their observations and suggestions. Input gathered from these meetings, surveys and through social media helped develop the agency goals and strategic initiatives that are included in the TDLR 2019-2023 Strategic Plan.

### **Innovation and Efficiency**

TDLR's mission is to earn the trust of Texans every day by providing innovative regulatory solutions for our licensees and those they serve. Our vision is to be the best at creating 'next' practices that deliver low-cost licensing and regulatory services and an exceptional customer experience. In support of the mission and vision, TDLR strives to remove redundancies and impediments, streamline regulations, and ensure our licensing processes are easier for our licensees while protecting the public. TDLR continues to deliver on our promise to promote transparency and accountability, reduce fees, protect the health and safety of all Texans, and eliminate unnecessary barriers to doing business. To that end, TDLR has made some significant strides in implementing innovative regulatory improvements to increase program efficiency and reduce costs. These include:

- fee reductions totaling nearly \$2 million during the first three fiscal years since the program transfers occurred;
- streamlined rules to improve readability, remove duplicate or obsolete language, and reorganize the rules into smaller, more distinct rule sections;
- creating online services to replace cumbersome and time-consuming paper processes;
- reorganizing webpages for ease of navigation and to reduce the amount of time it takes to find information which reduced the time spent by visitors to the medical and health-related program pages by over 27 percent;
- refining licensing processes and forms to reduce license processing times; and
- performing school visits to help prospective applicants understand the licensing process and requirements.

### **Midwives Educational Summits**

TDLR has hosted two educational summits for the midwifery program. The first was held on January 7, 2019, in Austin and the second was held on July 26, 2019, in Hurst. The purpose of the summits is to share, educate, and have open dialogue on important topics within the profession. Midwives do incredibly important work and TDLR wants to honor the profession by actively learning from and engaging with licensees. The summits provide education to both the midwives who attend the conference and TDLR staff. Midwives receive continuing education for attending and students may count it towards their education requirements as well.

### **The Health Monitor Newsletter**

TDLR produces a quarterly newsletter, [\*The Health Monitor\*](#), that spotlights the TDLR Medical and Health Professions programs. The newsletter is distributed via email to more than 29,000 subscribers (*see Figure 1*) and has an average open rate per issue of 30 percent. Articles highlight programmatic and innovative changes, successes within the regulated community, upcoming outreach activities, advisory board/committee and commission meeting dates, how to find a licensee, and how to file a complaint. Current newsletters are also posted to the program webpages and past issues are available on the TDLR webpage.

Figure 1: TDLR Health Monitor - Total Delivered FY18-19

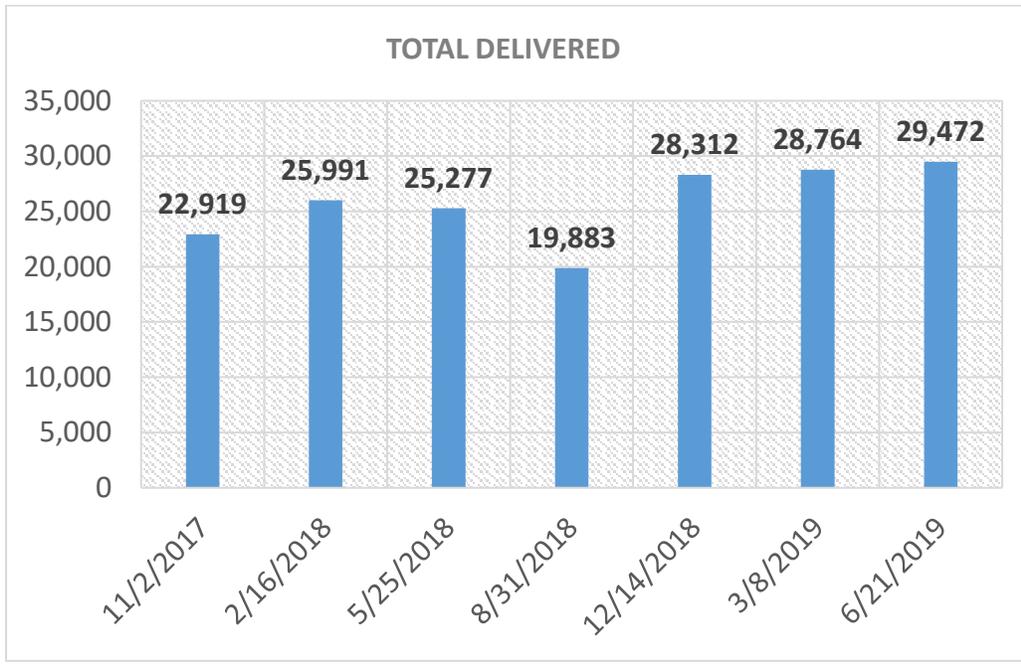
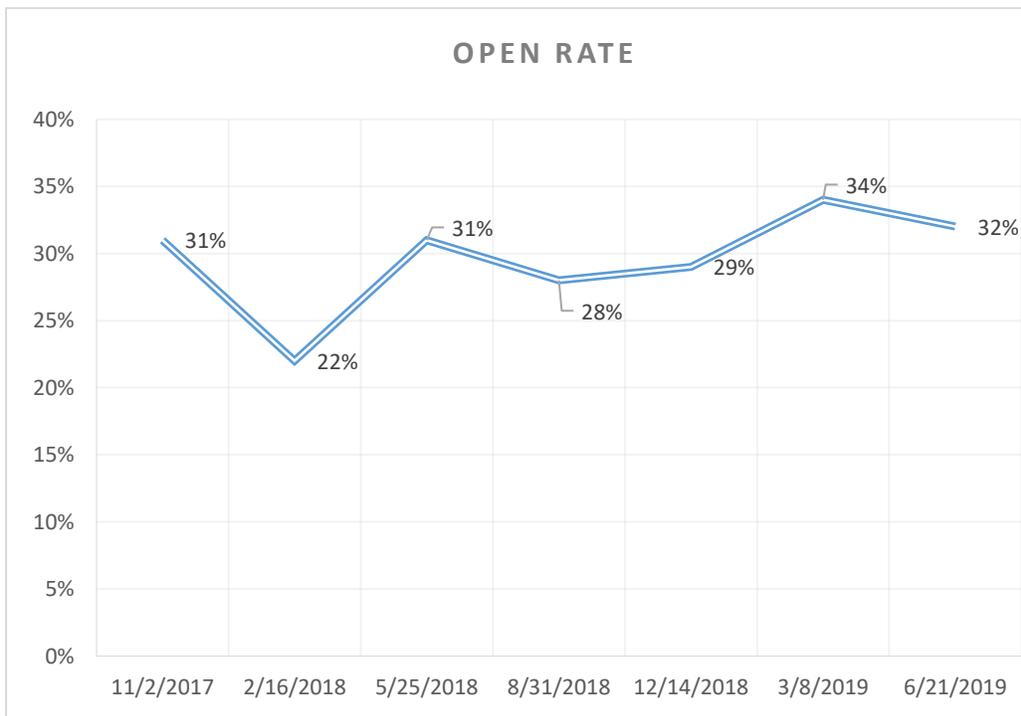


Figure 2: TDLR Health Monitor Open Rate Among Subscribers



## Key Statistics

### Licensing Statistics for Phase One Transfer Programs, FY 2019

<b>Program</b>	<b>License Renewals</b>	<b>New Licenses</b>	<b>Total Population</b>
Athletic Trainers	1,796	367	3,974
Dietitians	2,842	548	6,134
Dyslexia Therapists & Practitioners	457	98	964
Hearing Instrument Fitters & Dispensers	357	214	885
Midwives	141	39	313
Orthotists & Prosthetists	410	107	912
Speech Language Pathologists & Audiologists	10,160	2,335	21,692
<b>TOTALS</b>	<b>16,163</b>	<b>3,708</b>	<b>34,874</b>

### Licensing Statistics for Phase Two Transfer Programs, FY 2019

<b>Program</b>	<b>License Renewals</b>	<b>New Licenses</b>	<b>Total Population</b>
Code Enforcement Officers	979	358	2,571
Laser Hair Removal	550	1,269	3,357
Massage	14,628	3,206	33,986
Mold Assessors & Remediators	907	1,204	5,789
Offender Education Programs	546	245	4,077
Sanitarians	542	109	1,336
<b>TOTALS</b>	<b>18,152</b>	<b>6,391</b>	<b>51,116</b>

### Customer Service Statistics for Phase One Transfer Programs, FY 2019

<b>Program</b>	<b>Phone Calls Answered</b>	<b>Email Responses</b>
Athletic Trainers	2,124	2,827
Dietitians	3,116	3,920
Dyslexia Therapists & Practitioners	356	352
Hearing Instrument Fitters & Dispensers	1,550	835
Orthotists & Prosthetists	942	709
Midwives	335	319
Speech-Language Pathologists/Audiologists	15,718	17,654
<b>TOTALS</b>	<b>24,141</b>	<b>26,616</b>

**Customer Service Statistics for Phase Two Transfer Programs, FY 2019**

<b>Program</b>	<b>Phone Calls Answered</b>	<b>Email Responses</b>
Code Enforcement Officers	2,264	1,149
Laser Hair Removal	2,460	1368
Massage	19839	10,647
Mold Assessors & Remediators	3,906	3,697
Offender Education Programs	4,983	3,221
Sanitarians	1,131	693
<b>TOTAL</b>	<b>34,583</b>	<b>20,775</b>

**Exams Administered for Phase One Transfer Programs, FY 2019**

<b>Program</b>	<b>Exams Administered</b>
Athletic Trainers	664
Dietitians	2,241
Dyslexia Therapists & Practitioners	No Exam Requirement
Hearing Instrument Fitters & Dispensers	167
Licensed Prosthetists & Orthotists	75
Midwives	82
Speech Language Pathologists & Audiologists	2,106
<b>TOTAL</b>	<b>5,335</b>

**Exams Administered for Phase Two Programs, FY 2019**

<b>Program</b>	<b>Exams Administered</b>
Code Enforcement Officers	346
Laser Hair Removal	No Exam Requirement
Massage Therapy	1,883
Mold Assessors and Remediators	231
Offender Education Programs	No Exam Requirement
Sanitarians	91
<b>TOTAL</b>	<b>2,551</b>