


20 APR 27 PM 1:06

	<p align="center">TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS</p>	<p>For Agency Use Only</p>
	<p align="center">333 Guadalupe, Suite 2-450 Austin, Texas 78701 Tel.: (512) 305-7700 Fax: (512) 305-7701</p>	

CHANGE OF NAME OR ADDRESS FORM

<p align="center">Change of Name:</p>	
<p align="center"><i>You must include a copy of a current driver's license, social security card, marriage license, divorce decree or court order setting forth a change of name. See Board rule 461.6.</i></p>	
<p>License Number</p>	<p align="center">36071</p>
<p>Previous Name</p>	<p align="center">Colton Keo-Meier</p>
<p>Current Name</p>	<p align="center">Colton St. Amand</p>
<p align="center">Request for Updated Permit or License, and Associated Fees</p>	
<p align="center"><i>Please make your check, cashier's check, or money order payable to "TSBEP"</i></p>	
<p><input checked="" type="checkbox"/> I am requesting a new renewal permit reflecting my name change.</p>	<p align="center">\$10</p>
<p><input checked="" type="checkbox"/> I am requesting a new calligraphy license reflecting my name change.</p>	<p align="center">\$25</p>

<p align="center">Change of Public Address:</p>	
<p>Pursuant to Texas Board rule 461.6, an applicant or licensee is responsible for keeping his or her professional file updated. All changes must be reported to the Board in writing within 90 days. The address and phone number you designate below is the address and phone number which we will release in response to public inquiries and is the address and phone number the Board will use for all contacts to you regarding your license. If you change your address or phone number before your next renewal, it is your responsibility to notify the Board of the change in writing.</p>	
<p>NAME: Last First Middle</p>	<p>PHONE:</p>
<p>ADDRESS:</p>	<p>LICENSE NUMBER(S):</p>
<p>CITY, STATE, ZIP CODE:</p>	

<p>SIGNATURE: </p>	<p>DATE: 4/21/2020</p>
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NO. 20-FD-0207

FILED
20 FEB -4 AM 10:49
D. K. K...
DISTRICT CLERK
GALVESTON COUNTY, TEXAS

IN THE INTEREST OF

Colton Lawrence Keo-Meier
Petitioner,
An Adult

§
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§
§

IN THE DISTRICT COURT
306th JUDICIAL DISTRICT
GALVESTON COUNTY, TEXAS

FINAL ORDER TO CHANGE OF NAME OF ADULT

On February 4, 2020 the court considered Petitioner's request for a change of name.

Appearances

Petitioner appeared and announced ready.

Jurisdiction

The Court finds that it has jurisdiction over this case and the Petitioner.

Record

The court reporter of this court made a record of today's hearing.

Findings

A. The Court finds that Petitioner's personal information is as follows:

Petitioner's present true full name is Colton Lawrence Keo-Meier.

Petitioner is a white man.

Petitioner's date of birth is [REDACTED]

Petitioner has been issued the following state identification:

State: Texas
Number: 04057831
Date of Issue: 7/30/18

Petitioner's Social Security Number is [REDACTED]

Petitioner does not have any assigned FBI number, or State Identification number, or any other reference number in a criminal history record.

B. Criminal History

Petitioner has NOT been charged with a class A or B misdemeanor or felony.

C. Fingerprint Card

A legible and complete copy of Petitioner's fingerprint has been filed in this matter.

D. Petitioner's change of name is in Petitioner's interest or benefit and is in the interest of the public.


I.

Orders

The Court ORDERS that Petitioner's name is changed to Colton Meier St. Amand.

The Court ORDERS the Petitioner's birth certificate shall be issued reflecting the changes in name.

Signed on: February 4, 2020



Presiding Judge

Application Summary

7/15/12 4:42 PM

Page 1 of 4

License Type: **Licensed Psychological Associate**
License Number: **36071**
Application: **LPA Renewal**
Application Date: **07/15/2012 (mm/dd/yyyy)**

Personal Detail

First Name: **STACEY**
Middle Name: **LAWRENCE COLTON**
Last Name: **MEIER**
Birthdate: **[REDACTED] m/dd/yyyy)**
Gender: **Male**
Race: **White**

Addresses

Main Address

Address: **5204 50th Street**
APT L203
LUBBOCK
LUBBOCK, TX
79414
US
Phone Number: **713-743-8600**
Extension: **1**
E-mail Address: **[REDACTED]**
Contact # **409-782-6059**

LPA

1) Are you currently employed by an exempt agency and claiming exemption from the \$200 professional fee? If so, please submit the Statement of Exemption form to the Board's office PRIOR to renewing online. By claiming this exemption you are agreeing that you will not provide services outside of that setting during the term of this renewal. **No**

- 2) Do you currently have a student loan in default? If yes, please send proof of repayment to the Board's office within two weeks of renewing online. **No**
- 3) Are you currently in default of any court-ordered child support payments? **No**
- 4) Have you obtained the required continuing education hours? If you have held an initial license with this Board for less than a full year, continuing education are not required for renewal. **Yes**
- 5) Do you currently hold any type of psychology license/ certification in another jurisdiction, other than Texas? **No**
- 7) Have you been arrested, indicted, or convicted of any criminal offense which you have not previously reported to the Board? If yes, please submit an explanation and supporting documentation showing the final disposition (acquittal, dismissal or conviction) of each separate incident to the Board's office. Do not resubmit documentation of previously reported offenses. **No**
- 8) Have you been a party (plaintiff or defendant) to any civil lawsuit pertaining to the practice of psychology or involving any patient or former patient not previously reported to the Board? **No**
- 9) Is there pending action or a final action against a mental health license/ certificate held by you in any jurisdiction that you have not previously reported to the Board? **No**
- 11) Please select one of the following employment statuses. **Supervised by licensed psychologist**
- SB-29 Sect C (c-1)(1 to 4)**
- Select the County of Birth **GALVESTON**
- Are you of Hispanic origin? **No**
- Select Race **White**
- Select High School Location County **JEFFERSON**
- SB-29 Sect (g)**
- Select Method of Licensure **Exam**

SB-29 Sect C (3)

Indicate Basic Health Professions Degree obtained for Licensure.	MA
Enter Graduation Year in which Basic Health Professions Degree was obtained.	2009
Enter School Name where Basic Health Professions Degree was obtained.	University of Houston
Select the Location where Basic Health Professions Degree was obtained.	Texas
Indicate Highest Professional Degree obtained.	MA
Enter Graduation Year in which Highest Professional Degree was obtained.	2009
Enter School Name where Highest Professional Degree was obtained.	University of Houston
Select the Location where Highest Professional Degree was obtained.	Texas

SB-29 Sect C (c-1)(5)

Enter Primary Practice Street Number	201
Enter Primary Practice Street Name	Texas Tech Student Wellness C
Enter Primary Practice City	Lubbock
Select Primary Practice County	LUBBOCK
Select Primary Practice State	Texas
Enter Primary Practice Zip Code	79409

SB-29 Sect C (c-1)(6 to 8)

Indicate the number of hours per week spent at the Primary Practice.	40
Select the Primary Practice Setting	Public College or University
Select the Primary Practice Specialty	Counseling
Enter Primary Practice Location Zip Code	79409
Enter Primary Practice Location County	LUBBOCK

SB-29 Sect C (c-1)(9)**Continuing Education 1**

Course Title	Working with Transgender and Gender Non-Conforming Students
Course Hours	3
Completion Date	02/21/2012 (mm/dd/yyyy)

Continuing Education 2

Course Title	The demographics of the transgender population
Course Hours	4
Completion Date	07/02/2012 (mm/dd/yyyy)

Continuing Education 3

Course Title	Transgender Competencies (Ethics)
Course Hours	1.5
Completion Date	06/08/2012 (mm/dd/yyyy)

Continuing Education 4

Course Title	Basics of LGBTQQIA Language and Competencies (Ethics)
Course Hours	1.5
Completion Date	06/08/2012 (mm/dd/yyyy)

Continuing Education 5

Course Title	Ethical Standards, Psychological Research in GLBT Issues, an
Course Hours	1.5
Completion Date	11/18/2011 (mm/dd/yyyy)

Continuing Education 6

Course Title	TPA Movie Night
Course Hours	2
Completion Date	11/18/2011 (mm/dd/yyyy)

Fees

Total Amount Due:	\$114.00
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Application Summary

9/6/14 6:11 PM

Page 1 of 7

License Type: **Provisionally Licensed Psychologist**
License Number: **36071**
Application: **PLP Renewal**
Application Date: **09/06/2014 (mm/dd/yyyy)**

Personal Detail

First Name: **STACEY**
Middle Name: **LAWRENCE COLTON**
Last Name: **MEIER**
Birthdate: **[REDACTED] mm/dd/yyyy**
Gender: **Male**
Race: **White**

Addresses

Main Address

Name: **MEIER, STACEY LAWRENCE COLTON**
Address: **8299 CAMBRIDGE
401
HOUSTON, TX
77054
US**
Phone Number: **409-782-6059**
Extension: **1**
E-mail Address: **[REDACTED]**
Contact # **409-782-6059**

PLP

1) Are you currently employed by an exempt agency and claiming exemption from the \$200 professional fee? If so, please submit the Statement of Exemption form to the Board's office PRIOR to renewing online. By claiming this exemption you are agreeing that you will not provide services outside of that setting during the term of this renewal. **No**

- 2) Do you currently have a student loan in default? If yes, please send proof of repayment to the Board's office within two weeks of renewing online. **No**
- 3) Are you currently in default of any court-ordered child support payments? **No**
- 4) Have you obtained the required continuing education hours? If you have held an initial license with this Board for less than a full year, continuing education are not required for renewal. **Yes**
- 5) Do you currently hold any type of psychology license/ certification in another jurisdiction, other than Texas? **No**
- 7) Have you been arrested, charged, sentenced, or placed on community supervision or pretrial diversion for any crime which you have not previously reported to the Board? If yes, please submit an explanation and supporting documentation reflecting the criminal charge and its status. Do not resubmit documentation of previously reported offenses. **No**
- 8) Have you been a party (plaintiff or defendant) to any civil lawsuit pertaining to the practice of psychology or involving any patient or former patient not previously reported to the Board? **No**
- 9) Is there pending action or a final action against a mental health license/ certificate held by you in any jurisdiction that you have not previously reported to the Board? **No**
- 11) Please select one of the following employment statuses. **Supervised by licensed psychologist**
- 12) If you are supervised by a licensed psychologist, please list the psychologist's name and license number. **Rita S. Hurt, PsyD 34832**

SB-29 Sect C (c-1)(1 to 4)

- Select the County of Birth **GALVESTON**
- Are you of Hispanic origin? **No**
- Select Race **White**
- Select High School Location County **JEFFERSON**

SB-29 Sect (g)

Select Method of Licensure	Exam
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SB-29 Sect C (3)

Indicate Basic Health Professions Degree obtained for Licensure.	PhD
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Enter Graduation Year in which Basic Health Professions Degree was obtained.	2013
------------------------------------------------------------------------------	-------------

Enter School Name where Basic Health Professions Degree was obtained.	University of Houston
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Select the Location where Basic Health Professions Degree was obtained.	Texas
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Indicate Highest Professional Degree obtained.	PhD
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Enter Graduation Year in which Highest Professional Degree was obtained.	2013
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Enter School Name where Highest Professional Degree was obtained.	University of Houston
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Select the Location where Highest Professional Degree was obtained.	Texas
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SB-29 Sect C (c-1)(5)

Enter Primary Practice Street Number	150
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Enter Primary Practice Street Name	Dowlen
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Enter Primary Practice City	Beaumont
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Select Primary Practice County	JEFFERSON
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Select Primary Practice State	Texas
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Enter Primary Practice Zip Code	77706
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SB-29 Sect C (c-1)(6 to 8)

Indicate the number of hours per week spent at the Primary Practice.	16
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Select the Primary Practice Setting	Private Office
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Select the Primary Practice Specialty	Clinical
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Enter Primary Practice Location Zip Code	77706
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Enter Primary Practice Location County	JEFFERSON
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SB-29 Sect C (c-1)(9)

Select the Secondary Practice Specialty	Teaching
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Enter the Secondary Practice Zip Code	77204
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Select the Secondary Practice County	HARRIS
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Continuing Education 1

Course Title	Transgender Mental Health, Psychiatry, Psychology I
Course Hours	2
Completion Date	02/15/2014 (mm/dd/yyyy)

Continuing Education 2

Course Title	Transitioning in the early years: current practices and data
Course Hours	1.5
Completion Date	02/15/2014 (mm/dd/yyyy)

Continuing Education 3

Course Title	Interventions for Young People with Gender Dysphoria and The
Course Hours	1.5
Completion Date	02/15/2014 (mm/dd/yyyy)

Continuing Education 4

Course Title	Affirmative Psychological Practice Guidelines for Working Wi
Course Hours	1.5
Completion Date	02/16/2014 (mm/dd/yyyy)

Continuing Education 5

Course Title	Approach to Gender Variant Behavior in Preadolescents and Ad
Course Hours	1.5
Completion Date	02/16/2014 (mm/dd/yyyy)

Continuing Education 6

Course Title	Current Research into Trans Masculine Life Experiences, Sexu
Course Hours	1.5
Completion Date	02/16/2014 (mm/dd/yyyy)

Continuing Education 7

Course Title	Psychosexual Development of Gender Variant Children: Traject
Course Hours	2
Completion Date	02/17/2014 (mm/dd/yyyy)

Continuing Education 8

Course Title	Preventative Screening and Health Maintenance for Transgende
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Course Hours	1.5
Completion Date	02/17/2014 (mm/dd/yyyy)

Continuing Education 9

Course Title	Transgender Pediatrics and Adolescent Health
Course Hours	1.5
Completion Date	02/18/2014 (mm/dd/yyyy)

Continuing Education 10

Course Title	Ethical Treatment of Transgender Veterans
Course Hours	1
Completion Date	06/30/2014 (mm/dd/yyyy)

Continuing Education 11

Course Title	Youve Asked, They've Told, Now What? Increasing Cultural C
Course Hours	1
Completion Date	06/05/2014 (mm/dd/yyyy)

Continuing Education 12

Course Title	LGBT Initiatives in VA and Ethical Dilemmas in Providing Car
Course Hours	1
Completion Date	12/11/2013 (mm/dd/yyyy)

Continuing Education 13

Course Title	Perspectives for MH Treatment for Native American Veterans
Course Hours	1
Completion Date	07/09/2014 (mm/dd/yyyy)

Continuing Education 14

Course Title	Clinical Care of Older Veterans: What Psychologists Need to
Course Hours	1
Completion Date	06/11/2014 (mm/dd/yyyy)

Continuing Education 15

Course Title	Understanding the impact of Racial Microaggressions
Course Hours	1
Completion Date	05/14/2014 (mm/dd/yyyy)

Continuing Education 16

Course Title	Heterosexism and Homonegativity in the Mental Health Clinica
Course Hours	1
Completion Date	04/09/2014 (mm/dd/yyyy)

Continuing Education 17

Course Title	Differentiating OCD, PTSD, and post-traumatic OCD: Implicati
Course Hours	1
Completion Date	04/04/2014 (mm/dd/yyyy)

Continuing Education 18

Course Title	Engaging Rural Veterans in MH Treatment: The Use of Novel Me
Course Hours	1
Completion Date	10/09/2013 (mm/dd/yyyy)

Continuing Education 19

Course Title	Be a hero, save a hero: Eliminate Suicide
Course Hours	1
Completion Date	09/13/2013 (mm/dd/yyyy)

Continuing Education 20

Course Title	Transgender and Intersex Veteran Care
Course Hours	1
Completion Date	09/11/2013 (mm/dd/yyyy)

Continuing Education 21

Course Title	Intro to Middle Eastern Culture: Relevance to VA MH Provider
Course Hours	1
Completion Date	03/12/2014 (mm/dd/yyyy)

Continuing Education 22

Course Title	The psychosocial rehabilitation and recovery center: Collabo
Course Hours	1
Completion Date	03/06/2014 (mm/dd/yyyy)

Continuing Education 23

Course Title	Multiple minority status and mental health treatment
Course Hours	1

Completion Date 01/08/2014 (mm/dd/yyyy)

Continuing Education 24

Course Title Group based exposure therapy: sharing trauma narratives and

Course Hours 1

Completion Date 12/05/2013 (mm/dd/yyyy)

Continuing Education 25

Course Title Addressing spirituality with Veterans in mental health setti

Course Hours 1

Completion Date 12/11/2013 (mm/dd/yyyy)

Continuing Education 26

Course Title Primary Care and Cross Sex Hormone Treatment

Course Hours 1

Completion Date 06/20/2014 (mm/dd/yyyy)

Continuing Education 27

Course Title What Providers need to know about Disorders of Sexual Differ

Course Hours 1

Completion Date 06/20/2014 (mm/dd/yyyy)

Continuing Education 28

Course Title published article Testosterone Treatment and MMPI-2 Improvem

Course Hours 4

Completion Date 08/11/2014 (mm/dd/yyyy)

Continuing Education 29

Course Title book chapter Trans Adolescents

Course Hours 4

Completion Date 06/10/2014 (mm/dd/yyyy)

Fees

Total Amount Due: \$616.00

Application Summary

9/6/14 6:11 PM

Page 1 of 7

License Type:	Provisionally Licensed Psychologist
License Number:	36071
Application:	PLP Renewal
Application Date:	09/06/2014 (mm/dd/yyyy)

Personal Detail

First Name:	STACEY
Middle Name:	LAWRENCE COLTON
Last Name:	MEIER
Birthdate:	[REDACTED] m/dd/yyyy)
Gender:	Male
Race:	White

Addresses

Main Address

Name:	MEIER, STACEY LAWRENCE COLTON
Address:	8299 CAMBRIDGE # 401 HOUSTON, TX 77054 US
Phone Number:	409-782-6059
Extension:	1
E-mail Address:	[REDACTED]
Contact #	409-782-6059

PLP

1) Are you currently employed by an exempt agency and claiming exemption from the \$200 professional fee? If so, please submit the Statement of Exemption form to the Board's office PRIOR to renewing online. By claiming this exemption you are agreeing that you will not provide services outside of that setting during the term of this renewal.	No
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SB-29 Sect C (c-1)(1 to 4)

- Select the County of Birth **GALVESTON**
- Are you of Hispanic origin? **No**
- Select Race **White**
- Select High School Location County **JEFFERSON**

SB-29 Sect (g)

Select Method of Licensure	Exam
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SB-29 Sect C (3)

Indicate Basic Health Professions Degree obtained for Licensure.	PhD
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SB-29 Sect C (c-1)(5)

Enter Primary Practice Street Number	150
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Enter Primary Practice Street Name	Dowlen
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Enter Primary Practice City	Beaumont
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Select Primary Practice State	Texas
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Enter Primary Practice Zip Code	77706
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SB-29 Sect C (c-1)(6 to 8)

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Enter Primary Practice Location Zip Code	77706
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Enter Primary Practice Location County	JEFFERSON
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SB-29 Sect C (c-1)(9)

Select the Secondary Practice Specialty	Teaching
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Enter the Secondary Practice Zip Code	77204
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Course Title	Transitioning in the early years: current practices and data
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Continuing Education 3

Course Title	Interventions for Young People with Gender Dysphoria and The
Course Hours	1.5
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Continuing Education 4

Course Title	Affirmative Psychological Practice Guidelines for Working Wi
Course Hours	1.5
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Continuing Education 5

Course Title	Approach to Gender Variant Behavior in Preadolescents and Ad
Course Hours	1.5
Completion Date	02/16/2014 (mm/dd/yyyy)

Continuing Education 6

Course Title	Current Research into Trans Masculine Life Experiences, Sexu
Course Hours	1.5
Completion Date	02/16/2014 (mm/dd/yyyy)

Continuing Education 7

Course Title	Psychosexual Development of Gender Variant Children: Traject
Course Hours	2
Completion Date	02/17/2014 (mm/dd/yyyy)

Continuing Education 8

Course Title	Preventative Screening and Health Maintenance for Transgende
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Course Hours	1.5
Completion Date	02/17/2014 (mm/dd/yyyy)

Continuing Education 9

Course Title	Transgender Pediatrics and Adolescent Health
Course Hours	1.5
Completion Date	02/18/2014 (mm/dd/yyyy)

Continuing Education 10

Course Title	Ethical Treatment of Transgender Veterans
Course Hours	1
Completion Date	06/30/2014 (mm/dd/yyyy)

Continuing Education 11

Course Title	Youve Asked, They've Told, Now What? Increasing Cultural C
Course Hours	1
Completion Date	06/05/2014 (mm/dd/yyyy)

Continuing Education 12

Course Title	LGBT Initiatives in VA and Ethical Dilemmas in Providing Car
Course Hours	1
Completion Date	12/11/2013 (mm/dd/yyyy)

Continuing Education 13

Course Title	Perspectives for MH Treatment for Native American Veterans
Course Hours	1
Completion Date	07/09/2014 (mm/dd/yyyy)

Continuing Education 14

Course Title	Clinical Care of Older Veterans: What Psychologists Need to
Course Hours	1
Completion Date	06/11/2014 (mm/dd/yyyy)

Continuing Education 15

Course Title	Understanding the impact of Racial Microaggressions
Course Hours	1
Completion Date	05/14/2014 (mm/dd/yyyy)

Continuing Education 16

Course Title	Heterosexism and Homonegativity in the Mental Health Clinica
Course Hours	1
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Continuing Education 17

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Course Hours	1
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Continuing Education 18

Course Title	Engaging Rural Veterans in MH Treatment: The Use of Novel Me
Course Hours	1
Completion Date	10/09/2013 (mm/dd/yyyy)

Continuing Education 19

Course Title	Be a hero, save a hero: Eliminate Suicide
Course Hours	1
Completion Date	09/13/2013 (mm/dd/yyyy)

Continuing Education 20

Course Title	Transgender and Intersex Veteran Care
Course Hours	1
Completion Date	09/11/2013 (mm/dd/yyyy)

Continuing Education 21

Course Title	Intro to Middle Eastern Culture: Relevance to VA MH Provider
Course Hours	1
Completion Date	03/12/2014 (mm/dd/yyyy)

Continuing Education 22

Course Title	The psychosocial rehabilitation and recovery center: Collabo
Course Hours	1
Completion Date	03/06/2014 (mm/dd/yyyy)

Continuing Education 23

Course Title	Multiple minority status and mental health treatment
Course Hours	1

Completion Date **01/08/2014 (mm/dd/yyyy)**

Continuing Education 24

Course Title **Group based exposure therapy: sharing trauma narratives and**

Course Hours **1**

Completion Date **12/05/2013 (mm/dd/yyyy)**

Continuing Education 25

Course Title **Addressing spirituality with Veterans in mental health setti**

Course Hours **1**

Completion Date **12/11/2013 (mm/dd/yyyy)**

Continuing Education 26

Course Title **Primary Care and Cross Sex Hormone Treatment**

Course Hours **1**

Completion Date **06/20/2014 (mm/dd/yyyy)**

Continuing Education 27

Course Title **What Providers need to know about Disorders of Sexual Differ**

Course Hours **1**

Completion Date **06/20/2014 (mm/dd/yyyy)**

Continuing Education 28

Course Title **published article Testosterone Treatment and MMPI-2 Improvem**

Course Hours **4**

Completion Date **08/11/2014 (mm/dd/yyyy)**

Continuing Education 29

Course Title **book chapter Trans Adolescents**

Course Hours **4**

Completion Date **06/10/2014 (mm/dd/yyyy)**

Fees

Total Amount Due: **\$616.00**

Application Summary

7/29/15 10:34 PM

Page 1 of 5

License Type: **Licensed Psychologist**
License Number: **36071**
Application: **LP Renewal**
Application Date: **07/29/2015 (mm/dd/yyyy)**

Personal Detail

First Name: **COLTON**
Middle Name: **LAWRENCE**
Last Name: **KEO-MEIER**
Suffix:
Birthdate: **[REDACTED] (mm/dd/yyyy)**
Gender: **Male**
Race: **White**

Addresses

Main Address

Name: **KEO-MEIER, COLTON LAWRENCE**
Address: **8299 CAMBRIDGE**
401
HOUSTON, TX
77054
US
Phone Number: **409-782-6059**
Extension: **1**
E-mail Address: **[REDACTED]**
Contact # **409-782-6059**

LIC_INFO

- 1) Are you currently employed by an exempt agency and claiming exemption from the \$200 professional fee? If so, please submit the Statement of Exemption form to the Board's office PRIOR to renewing online. By claiming this exemption you are agreeing that you will not provide services outside of that setting during the term of this renewal. **No**
- 2) Do you currently have a student loan in default? If yes, please send proof of repayment to the Board's office within two weeks of renewing online. **No**
- 3) Are you currently in default of any court-ordered child support payments? **No**
- 4) Have you obtained the required continuing education hours? If you have held an initial license with this Board for less than a full year, continuing education are not required for renewal. **Yes**
- 5) Do you currently hold any type of psychology license/ certification in another jurisdiction, other than Texas? **No**
- 6) If you answered "yes" to question 5, please list the jurisdiction and the expiration date of that license/ certificate.
- 7) Have you been arrested, charged, sentenced, or placed on community supervision or pretrial diversion for any crime which you have not previously reported to the Board? If yes, please submit an explanation and supporting documentation reflecting the criminal charge and its status. Do not resubmit documentation of previously reported offenses. **No**
- 8) Have you been a party (plaintiff or defendant) to any civil lawsuit pertaining to the practice of psychology or involving any patient or former patient not previously reported to the Board? **No**

9) Is there pending action or a final action against a mental health license/ certificate held by you in any jurisdiction that you have not previously reported to the Board? **No**

10) If you answered "yes" to the previous question, list the jurisdiction and submit supporting documentation to the Board's office.

12) Please list all current supervisees by last name and first initial only.

SB-29 Sect C (c-1)(1 to 4)

Select the County of Birth **GALVESTON**

Are you of Hispanic origin? **No**

Select Race **White**

Select High School Location County **JEFFERSON**

SB-29 Sect (g)

Select Method of Licensure **Exam**

SB-29 Sect C (3)

Indicate Basic Health Professions Degree obtained for Licensure. **PhD**

Enter Graduation Year in which Basic Health Professions Degree was obtained. **2013**

Enter School Name where Basic Health Professions Degree was obtained. **University of Houston**

Select the Location where Basic Health Professions Degree was obtained. **Texas**

Indicate Highest Professional Degree obtained. **PhD**

Enter Graduation Year in which Highest Professional Degree was obtained. **2013**

Enter School Name where Highest Professional Degree was obtained. **University of Houston**

Select the Location where Highest Professional Degree was obtained. **Texas**

SB-29 Sect C (c-1)(5)

Enter Primary Practice Street Number **3418**

Enter Primary Practice Street Name **Mercer**

Enter Primary Practice City **Houston**

Select Primary Practice County **HARRIS**

Select Primary Practice State **Texas**

Enter Primary Practice Zip Code **77027**

SB-29 Sect C (c-1)(6 to 8)

Indicate the number of hours per week spent at the Primary Practice. **10**

Select the Primary Practice Setting **Private Office**

Select the Primary Practice Specialty **Clinical**

Enter Primary Practice Location Zip Code **77027**

Enter Primary Practice Location County **HARRIS**

SB-29 Sect C (c-1)(9)

Select the Secondary Practice Specialty **Teaching**

Enter the Secondary Practice Zip Code **77204**

Select the Secondary Practice County **HARRIS**

Continuing Education 1

Course Title **Testosterone treatment and MMPI-2 improvement in transgender**

Course Hours **4**

Completion Date **02/15/2015 (mm/dd/yyyy)**

Continuing Education 2

Course Title **Transgender and Intersex Veteran Care**

Course Hours **1**

Completion Date **09/11/2014 (mm/dd/yyyy)**

Continuing Education 3

Course Title **Clinical Considerations for Therapy with Transgender Clients**

Course Hours **1.5**

Completion Date **03/26/2015 (mm/dd/yyyy)**

Continuing Education 4

Course Title **Assessment, treatment and relapse prevention for obsessive c**

Course Hours **1**

Completion Date **04/02/2015 (mm/dd/yyyy)**

Continuing Education 5

Course Title **The Role of Mental Health Providers: Challenging Rigid Gende**

Course Hours **1**

Completion Date **05/13/2015 (mm/dd/yyyy)**

Continuing Education 6

Course Title **Preventing suicide in transgender and gender nonconforming c**

Course Hours **3**

Completion Date **06/05/2015 (mm/dd/yyyy)**

Continuing Education 7

Course Title **Nothing Ventured, Nothing Gained: Ethics, Professional Judg**

Course Hours **3**

Completion Date **07/29/2015 (mm/dd/yyyy)**

Continuing Education 8

Course Title **Differences in Sexual Orientation Diversity and Sexual Fluid**

Course Hours **4**

Completion Date **07/08/2015 (mm/dd/yyyy)**

Continuing Education 9

Course Title **Sexual Fluidity in Trans Men**

Course Hours **1.5**

Completion Date **10/05/2015 (mm/dd/yyyy)**

Fees

Total Amount Due: **\$412.00**

Lic Number 36071

File Number _____

APPLICANT'S NAME _____
Last First Middle

I. EXAMINATIONS

A. APPROVAL FOR EPPP _____ FOR JUR _____
mo.-day-yr. mo.-day-yr.

B. EPPP EXAM INFORMATION	1ST EXAM	2ND EXAM	3RD EXAM
Score in Texas	_____	_____	_____
Score from other State	_____	_____	_____
Date Taken	_____	_____	_____
Form Number	_____	_____	_____
I.D. Number	_____	_____	_____
Cut-off for Texas	_____	_____	_____

C. JUR EXAM INFORMATION

Score _____

Date Taken _____

Cut-off for Texas _____

D. SP EXAM INFORMATION

Score _____

Date Taken _____

I.D. Number _____

Cut-off for Texas _____

E. ORAL EXAM INFORMATION

Score	Pass <input checked="" type="checkbox"/> Fail _____	Score	Pass _____ Fail _____	Score	Pass _____ Fail _____
Date Taken	<u>7-12-14</u>	Date Taken	_____	Date Taken	_____
Category	<u>Clinical</u>	Category	_____	Category	_____

II. LIST THE DATES OF LIC/HSP ISSUED BY THE BOARD

III. COMMENTS

Licensed Psychological Associate	_____	_____
	mo.-day-yr.	
Provisionally Licensed Psychologist	_____	_____
	mo.-day-yr.	
Licensed Psychologist	<u>9-16-14</u>	_____
	mo.-day-yr.	
LSSP	_____	_____
	mo.-day-yr.	
Temp Lic	_____	_____
	mo.-day-yr.	
HSP	_____	_____
	mo.-day-yr.	

File # 12104

90 day Expiration: 8-19-13

2-year Expiration: LTC exp 8-31-14

Provisionally Licensed Psychologist Checklist

APPLICANT NAME: Stacey L.C. Meier ~~Meier~~ Degree PhD
(male)

ALL APPLICATIONS:

Criminal History Background Check 5-14-13

2 Passport Photos

Another TX License Active
LPA
36071

If licensed in another state(s), verification(s) received

Name of State(s): NO

1201 upgrade

APPLYING FOR 463.10 (b)(1):

Transcripts Accredited (Y) / N

Exams Taken (Y/N): Y EPPP Y JP X

Reference Letters:

Scores/Dates: 691 204 EPPP 96 204 JP
7/27/11 9-9-11

1) Richard Lenox Accept ✓ License # 25467

2) Sharla Boyd Accept ✓ License # 32168

3) Julia Babcock Accept ✓ License # 33483

If applicant is coming from another state, EPPP Exam scores Received?

State: TX-NA

APPLYING FOR 463.10 (b)(2):

All information must be received under 463.10(b)(1)

Affidavit showing:

- Courses meeting each of the requirements noted in 463.10(b)(2);
- Information regarding each of the instructions in the courses submitted as substantially equivalent;
- Appropriate, published information from the university awarding the degree, demonstrating that 463.10(b)(2)(A)-(J) have been met.

APPLYING FOR 463.10 (e):

Circle at least one:

ABPP CPQ HSP

- Documentation of CPQ, HSP, or ABPP received?

 FOREIGN APPLICANT (463.25):

- Documentation of licensure for References
- Applicant license verification (if applicable): _____ (Country)
- Date documentation was sent to the University of Texas at Austin: _____

Date application was completed: _____

COMMENTS/NOTES:



Texas State Board of Examiners of Psychologists
333 Guadalupe, Suite 2-450
Austin, TX 78701

9/16/2014

STACEY LAWRENCE COLTON MEIER PH.D.
401
8299 CAMBRIDGE
HOUSTON, TX 77054

RE: Application for Licensure as a Psychologist
License Number: 36071

Dear STACEY LAWRENCE COLTON MEIER PH.D.:

The Texas State Board of Examiners of Psychologists approved your application for licensure as a psychologist. Your actual license will be sent to you after the calligrapher has completed the document.

Your license issuance date is September 16, 2014.

As you enter the practice of psychology, it is important that you adhere to the requirements of the Psychologists' Licensing Act and Rules and Regulations of the Board. The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and profession as a whole. It is the ethical responsibility of all licensees to ensure that their competence, education, training and experience are accurately represented.

Please know that the Board is ready to respond to any inquiries, comments, or suggestions you might have. If we can be of assistance to you in the future, feel free to contact the Board office.

Congratulations on your achievement and good luck to you as you enter the practice of psychology.

Sincerely,

A handwritten signature in black ink that reads "Darrel D. Spinks".

Darrel Spinks
Executive Director

ltr_tsbeb_LicFinalApproval.rtf

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Name: Stacey Lawrence Colton Meier
Date Degree Conferred: 5-10-13
Completion Date (if applicable, must be on transcript):

Is the applicant actively licensed as a psychologist in good standing in another state(s)? Y or N

If yes, name of state(s) licensed:

Was verification from the state(s) received with a notary seal or state seal for confirmation? Y or N

Does the applicant have 3,000 hours of supervision? At least half of these hours (1,500) which are post-doctoral? Y or N

Fingerprints? Y or N

OR

Did the applicant send in the Formal Internship and Documentation of Experience Form? Y or N

Which rule does the Formal Year meet? APA or 463.11(c)(2)(B) or 463.11(c)(2)(C)

Did the applicant send in documentation of post-doctoral supervision? Y or N

Please provide the following:

Formal Year

Supervisor's Name	Start Date	End Date	Hours per Week	# of Months
<u>Shala Boyd</u>	<u>8-1-12</u>	<u>7-31-13</u>	<u>40</u>	<u>12</u>

Post-Doc Year

Supervisor's Name	Start Date	End Date	Hours per Week	# of Months
ellen song	8-11-13	8-10-14	40	12

Fingerprints? Y or N 5-14-13

If licensed in another state(s), was the verification from the state(s) received with a notary seal or state seal for confirmation? Y or N NA

STATUS: Complete

Additional Comments:

9-5-14 I left message that Dr. Meier needs to renew plp to continue processing the application for licensure as a psychologist.



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
Tel.: (512) 305-7700
Fax: (512) 305-7701

For Agency Use Only

TSBEP
2/26/15
13 PM 2:11

CHANGE OF NAME OR ADDRESS FORM

Change of Name:

You must include a copy of a current driver's license, social security card, marriage license, divorce decree or court order setting forth a change of name. See Board rule 461.6.

License Number

36071

Previous Name

Stacey Lawrence Colton Meier

Current Name

Colton Lawrence Keo-Meier

Request for Updated Permit or License, and Associated Fees

Please make your check, cashier's check, or money order payable to "TSBEP"

I am requesting a new renewal permit reflecting my name change.

\$10

I am requesting a new calligraphy license reflecting my name change.

\$25

Change of Public Address:

Pursuant to Texas Board rule 461.6, an applicant or licensee is responsible for keeping his or her professional file updated. All changes must be reported to the Board in writing within 90 days. The address and phone number you designate below is the address and phone number which we will release in response to public inquiries and is the address and phone number the Board will use for all contacts to you regarding your license. If you change your address or phone number before your next renewal, it is your responsibility to notify the Board of the change in writing.

NAME: Last First Middle

Keo-Meier Colton Lawrence

PHONE:

713-961-0651

ADDRESS:

3418 Mercer Street

LICENSE NUMBER(S):

36071

CITY, STATE, ZIP CODE:

Houston, TX 77027

SIGNATURE:

Colton Keo-Meier

DATE:

1/28/15

P-3
nca
SC

NO. 2014-70699

IN THE MATTER OF

§

IN THE DISTRICT COURT

STACEY LAWRENCE COLTON
MEIER,

§

257th JUDICIAL DISTRICT

An Adult

§

HARRIS COUNTY, TEXAS

§

Chnax

ORDER GRANTING CHANGE OF NAME OF ADULT

On this day, the Court heard the Petition for Change of Name of an Adult of STACEY LAWRENCE COLTON MEIER, Petitioner.

1. *Appearances*

Petitioner, STACEY LAWRENCE COLTON MEIER, appeared in person and through attorney of record, Mitchell Katine, and announced ready.

2. *Jurisdiction*

The Court finds that the pleadings of Petitioner are in due form and contain all the allegations, information, and prerequisites required by law. The Court, after receiving evidence, finds that it has jurisdiction of this case.

3. *Record*

The making of a record of testimony was waived with the consent of the Court.

4. *Findings*

The Court finds that the Petitioner is an adult and the information of the Petitioner is as follows:

Full True Name:	STACEY LAWRENCE COLTON MEIER
Sex:	Male
Race:	Caucasian
Date of Birth:	[REDACTED]
Place of Birth:	Galveston, Texas
Driver's License:	TxDL 04057831
Social Security:	[REDACTED]

RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging.

FILED
Chris Daniel
District Clerk

JAN 27 2015

Time: _____
By: _____
Deputy

ORDER TO CHANGE THE NAME OF AN ADULT

The Court finds that the Petitioner has no other driver's license numbers issued within the past 10 years.

The Court finds that the Petitioner has no FBI number or SID number.

The Court finds that no offense has been charged against Petitioner above the grade of class C misdemeanor.

The Court finds that the Petitioner has not been the subject of a final felony conviction.

The Court finds that the Petitioner is not subject to the registration requirements of chapter 62 of the TEXAS CODE OF CRIMINAL PROCEDURE.

The Court finds that the Petitioner has provided a legible and complete copy of Petitioner's fingerprints.

The Court finds that the Petitioner's change of name is in the Petitioner's interest or to the benefit of the Petitioner and is in the interest of the public.

5. *Change of Name*

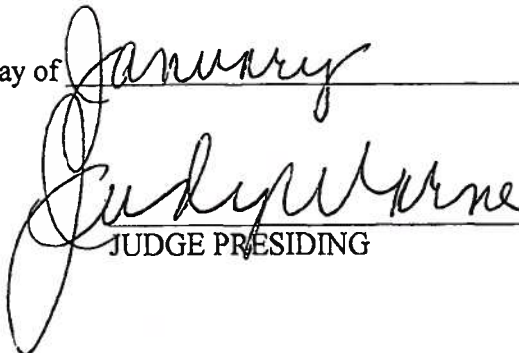
IT IS ORDERED that Petitioner's name is changed from STACEY LAWRENCE COLTON MEIER to COLTON LAWRENCE KEO-MEIER.

6. *Relief Not Granted*

IT IS ORDERED that all relief requested in this case and not expressly granted is denied.

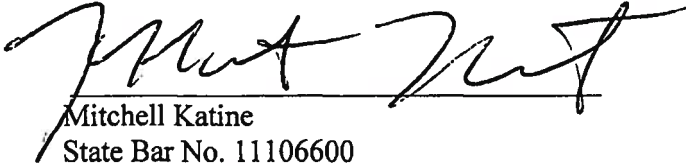
7. *Date of Judgment*

SIGNED this 22 day of January, 2015.


JUDGE PRESIDING

APPROVED AS TO FORM ONLY:

KATINE & NECHMAN, L.L.P.



Mitchell Katine

State Bar No. 11106600

Katine & Nechman, L.L.P.

1834 Southmore Blvd.

Houston, Texas 77004

Phone: 713.808.1000

Facsimile: 713.808.1107

Email: mkatine@lawkn.com

ATTORNEYS FOR PETITIONER



I, Chris Daniel, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date. Witness my official hand and seal of office this February 2, 2015

Certified Document Number: 64030959

Chris Daniel, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

EP-14

To Whom It May Concern:

Thank you for receiving
my materials.

Would it be possible to
have my license materials
read Colton Meier or
S.L. Colton Meier instead
of writing out my other
names?

Thank you,
Colton Meier

409-782-6059



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

2014 AUG 15 PM 1:31
Official Use Only

Application for Licensure as a Psychologist

PLEASE PRINT OR TYPE

I. PERSONAL INFORMATION

A. Name Stacey Lawrence Colton Meier
First Middle Last Degree

B. E-mail address [redacted] Gender: Male Female

C. Social Security Number [redacted] transgender man

D. Mailing Address 8299 Cambridge #401
Street or P.O. Box
Houston TX 77054
City State Zip

E. Home Telephone (409) 782-6059 Business Telephone () same

F. Doctoral degree conferred on June 3, 2013 May 10, 2013
mo - day - yr

G. Date provisionally licensed as a psychologist in Texas June 3, 2013
mo - day - yr

H. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?
No If yes, please attach an explanation and supporting legal documents for each separate incident.

I. Have you ever practiced psychology without a license or exemption in this or any other jurisdiction?
No If yes, please attach an explanation.

J. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?
No If yes, please attach an explanation.

K. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?
No If yes, please attach an explanation.

L. Do you use drugs or intoxicating liquors to an extent that affects your professional competency?
No If yes, please attach an explanation.

M. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?

No If yes, please attach an explanation.

N. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

No If yes, please attach an explanation and a copy of pertinent orders or decisions.

II. PLEASE INDICATE BELOW THE EXPERIENCE YOU ARE OFFERING TO MEET THE REQUIREMENTS FOR LICENSURE. See Section 501.252 of the Psychologists' Licensing Act and Board Rules 463.11 and 465.2.

A. FORMAL YEAR

1. Was your experience in the field of industrial/organizational psychology? YES NO

If no, was your experience approved by the American Psychological Association or does it meet Board Rule 463.11 or 463.13? (Check only one.)

- (a) APA, 463.11(c)(1) and 463.11(c)(2)(A)
- (b) 463.11(c)(1) and (c)(2)(B)
- (c) 463.11(c)(1) and (c)(2)(C)
- (d) 463.13

If you selected (d), please answer the following.

Do you have at least 1500 hours of supervised experience for your formal year? Yes No

(If your answer is yes, please answer only 2 through 6.)

If you selected (a), (b), or (c), please complete the following questions 2 through 12.

2. Name of psychologist/supervisor Dr. Sharla Boyd and Marie Moerkbak

3. Current address of psychologist/supervisor TTU SCC Box 45008
Street or P.O. Box

Lubbock TX 79409-5008
City State Zip

4. Was supervisor licensed as a psychologist when supervision occurred? YES NO

5. Jurisdiction where supervisor was licensed as a psychologist Texas

6. Name of agency/address where experience was obtained Texas Tech University Student
Name Counseling Center

Box 45008
Lubbock TX 79409-5008
City State Zip

7. Duration of experience (Please give specific beginning and ending dates.)

From 08/01/12 to 07/31/13
mo - day - yr mo - day - yr

8. Hours you worked per week 40+
9. Job Title of Applicant Psychology Intern
10. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?
 YES NO _____ (See Rule 465.2)
11. Was the supervising psychologist trained in the area of supervision provided to the supervisee?
 YES NO _____
12. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (by blood relationship)?
 YES _____ NO

B. SECOND YEAR

Complete only 1 or 2

1. §463.13: Licensed Out-of-State Applicants. Please complete questions a through e.

- a. Did your supervision consist of at least 1500 hours?
 YES _____ NO _____
- b. Name of psychologist/supervisor _____
- c. Was supervisor licensed as a psychologist when supervision occurred?
 YES _____ NO _____
- d. Jurisdiction where supervisor was licensed as a psychologist _____
- e. Name of agency/address where experience was obtained _____
- City _____ State _____ Zip _____

2. §463.11 Second Year of Supervised Experience. Please complete questions a through k.

- a. Job Title Psychology Postdoctoral Fellow
Board Rule 463.11(e)(1)(N)
- b. Name of agency/address where experience was obtained Michael E. DeBakey VA Medical Cent
2002 Holcombe
 Houston TX 77030
 City State Zip

c. Duration of experience (Please give specific beginning and ending dates.)
From 8/11/13 to 8/10/14
mo - day - yr mo - day - yr

d. Hours you worked per week 40

e. Name of psychologist/supervisor Michael Kauth, Karen Waldman, Tara Steinh

f. Current address of psychologist/supervisor 2002 Holcombe
Street or P.O. Box

Houston TX 77630
City State Zip

g. Was supervisor licensed as a psychologist when supervision occurred? YES NO

h. Jurisdiction where supervisor was licensed as a psychologist Texas

i. Does this supervised experience satisfy the requirements of the Board's supervision guidelines?

YES NO (See Rule 465.2)

j. Was the supervising psychologist trained in the area of supervision provided to the supervisee?

YES NO

k. Was the supervising psychologist related within the second degree of affinity (marriage) or within the second degree of consanguinity (blood relationship)?

YES NO

Use additional pages, if necessary, to show experience. Please be precise in reporting dates and hours.

III. CURRENT EMPLOYMENT

B. Are you currently employed? YES NO

If yes, please complete the following:

1. Job Title Adjunct Lecturer

2. Name/address of employment University of Houston
Name

4800 Calhoun Road
Street or P.O. Box

Houston TX 77004
City State Zip

3. Duration of job position 8-11-14 to NIA
mo - day - yr mo - day - yr

4. Hours you work per week teaching one 3 hour undergraduate course
5. Is agency exempt as defined in Section 501.004 of the Psychologists' Licensing Act?
 YES NO not providing psychological services

a. If yes, please indicate: _____
 Name of Supervisor (Please Print) _____

 Street or P.O. Box City State Zip

 Supervisor's Title

b. If no, please provide the following information: Will not be providing clinical services

(1) Name of licensed psychologist providing supervision. _____

(2) Position of psychologist providing supervision. _____

(3) Address of psychologist providing supervision. _____

 Street or P.O. Box

 City State Zip

IV. LICENSURE IN OTHER STATES

A. Are you actively licensed as a psychologist in another jurisdiction?
 YES _____ NO

If yes, name of jurisdiction: _____

Duration of licensure _____ to _____
 Month/Day/Year Month/Day/Year

B. List all other jurisdictions where you have ever been licensed and provide the dates of licensure.

Name of Jurisdiction _____

Duration of Licensure _____ to _____
 Month/Day/Year Month/Day/Year

Name of Jurisdiction _____

Duration of Licensure _____ to _____
 Month/Day/Year Month/Day/Year

C. Was at least one of your two years of supervised experience completed after you received your doctoral degree as indicated on your transcript?
YES NO

V. PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. '57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan agreement guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.

St Colton Meier
Signature

8/12/14
Date

licensure application – February 2013

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Documentation of Experience
for
Licensure as a Psychologist

Name and Address of Licensed Psychologist

Dr. Sharla Boyd
Box 45008
Lubbock, TX 79409-5008

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Dr. Colton Meier

The Texas State Board of Examiners of Psychologists has received the above-named person's application for licensure as a psychologist. Section 501.252 of the Psychologists' Licensing Act requires that a person have at least two years of supervised experience from a licensed psychologist in the field of psychological services. So that a complete evaluation can be made of the applicant, the Board is asking that you provide the following information. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes No

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Sharla Boyd
Your Printed Name

Sharla Boyd, PhD
Your Signature

Address: TTU SCC
Box 45008

Lubbock, TX 79409-5008

Telephone: (806) 742-3674
Area Code

Area of doctoral level training/education in psychology: Counseling Psychology

Current Job Position: Associate Director/Training Director

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
<u>4/04-present</u>	<u>32168</u>	<u>TX</u>	<u>yes</u> ✓
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: 08/01/2012 Ending Date: 7/31/2013
Month/Day/Year Month/Day/Year

3. How many clock hours per week did the applicant work under your supervision during the above time period?

40+

4. Please state the total number of hours of direct (one-to-one) supervision you provided to the applicant per week.

2

5. Please state the type of professional setting where your supervision took place. (i.e., college campus, private practice, agency, etc.)

university counseling center

6. What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)

Primary Supervisor/Training Director

- 7. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?
 Yes _____ No _____
- 8. Please list the psychological services you feel the applicant is qualified to provide.
assessment; individual/couples/group
therapy; providing clinical supervision
- 9. Did the applicant receive supervision within those areas of your training, knowledge, and skill?
 Yes No _____
- 10. Did the applicant have the background, training, and experience appropriate to the function performed?
 Yes No _____
- 11. Was a verification of your supervision for the applicant listed on your license renewal submitted to the Board's office? Yes No _____
- 12. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? Yes No _____
 If **no**, please attach letter of explanation.
- 13. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes _____ No
 If **yes**, please attach letter of explanation.
- 14. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes No _____
- 15. What title was used? Psychology Intern
- 16. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements?
 Yes No _____
- 17. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes No _____

This information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his/her request for licensure. Please respond as quickly as possible so that the applicant's professional career can be considered and hopefully fulfilled. The Public Information Act is enforced as required by State law. Thank you for your consideration in this matter.

7/15/14

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

I.PREF - August 2006

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Documentation of Experience
for
Licensure as a Psychologist

Name and Address of Licensed Psychologist

Ellen Teng, PhD
2002 Holcombe Blvd
Houston, TX 77030

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Colton Meier, PhD

The Texas State Board of Examiners of Psychologists has received the above-named person's application for licensure as a psychologist. Section 501.252 of the Psychologists' Licensing Act requires that a person have at least two years of supervised experience from a licensed psychologist in the field of psychological services. So that a complete evaluation can be made of the applicant, the Board is asking that you provide the following information. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes No

a. If **NO**, please sign this section and return to the applicant.

Your Printed Name

[Signature]
Your Signature

b. If **YES**, please complete the following about yourself:

Ellen Teng, PhD
Your Printed Name

[Signature]
Your Signature

Address: Michael S DeBakey VAMC

2002 Holcombe Blvd

Houston, TX 77030

Telephone: (713) 791-1414
Area Code

Area of doctoral level training/education in psychology:

Clinical Psychology

Current Job Position: Psychologist, Training Director

Please give date(s) of your licensure at the time that you supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology.

Date	License No.	State	Current? Yes/No
<u>8/13/09</u>	<u>34278</u>	<u>Tx</u>	<u>yes</u> ✓
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you supervised the applicant? PLEASE BE VERY SPECIFIC. MONTH, DAY, AND YEAR ARE IMPORTANT IN DOCUMENTING EXPERIENCE.

Beginning Date: 8/11/2013 Ending Date: 8/10/2014
Month/Day/Year Month/Day/Year

3. How many clock hours per week did the applicant work under your supervision during the above time period?

40 hrs/wk under the supervision of different supervisors. Applicant did not work under my direct supervision

4. Please state the total number of hours of direct (one-to-one) supervision you provided to the applicant per week.

Received a minimum of 2hrs/wk of indiv supervision

5. Please state the type of professional setting where your supervision took place. (i.e., college campus, private practice, agency, etc.)

VA Medical Center

6. What was your professional relationship with the applicant? (e.g. internship director, employer in private practice, agency, etc.)

Director, Psychology Training

7. At the time of supervision, were you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No

8. Please list the psychological services you feel the applicant is qualified to provide.

Dr. Meier is qualified to provide assessment and psychotherapy services expected for a licensed psychologist.

9. Did the applicant receive supervision within those areas of your training, knowledge, and skill?

Yes No _____

10. Did the applicant have the background, training, and experience appropriate to the function performed? Yes No _____

11. Was a verification of your supervision for the applicant listed on your license renewal submitted to the Board's office? Yes _____ No

12. Do you feel the applicant is physically and mentally competent to render psychological services as a licensed psychologist? Yes No _____
If no, please attach letter of explanation.

13. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for licensure? Yes _____ No
If yes, please attach letter of explanation.

14. Did the title used by the applicant while under your supervision clearly indicate his/her supervised status? Yes No _____

15. What title was used? Postdoctoral Fellow

16. Was there a process in place for providing an evaluative feedback to supervisee regarding his/her performance on established service requirements? Yes No _____

17. Were all clients informed that applicant and all aspects of applicant's work were being supervised? Yes No _____

This information is needed for the applicant's file before the Texas State Board of Examiners of Psychologists can consider his/her request for licensure. Please respond as quickly as possible so that the applicant's professional career can be considered and hopefully fulfilled. The Public Information Act is enforced as required by State law. Thank you for your consideration in this matter.

August 12, 2014
Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

LPREF – August 2006



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**
333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

**Formal Internship Verification Form
for Application for Licensure as a Psychologist**
(To be completed by the Director of Internship Training)

Applicant Name: Dr. Colton Meier

The applicant indicated on the application for licensure as a psychologist that he/she completed an internship that was either accredited by the American Psychological Association or met the Board's criteria in §463.11.

I. Name and address of agency or where experience was obtained:

Texas Tech University Student Counseling Center
Box 45008

Lubbock, TX 79409-5008

Dates worked: Beginning Date: 08/01/12 Ending Date: 07/31/13

Hours applicant worked per week: 40+

Please indicate the type of internship completed. (Check only one)

APA §463.11(c)(2)(A) (Go to Section IV)

§463.11(c)(2)(B) (Go to Section II)

§463.11(c)(2)(C) (Go to Section III)
School District

II. If the internship met §463.11(c)(2)(B), please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

I. Did the internship agency have a clearly designated staff psychologist actively licensed in the jurisdiction in which the internship took place, given responsibility for directing the internship, and present at the training facility for a minimum of twenty (20) hours a week?

Yes _____ No _____

Name: _____
Staff Supervising Psychologist

Jurisdiction where licensed

2. Did the internship agency have two or more full-time psychologists on the staff as primary supervisors at least one of whom was actively licensed as a psychologist in the jurisdiction where the internship took place? Yes _____ No _____

3. List the names of the supervising psychologists and where they were licensed.

Name: _____
Staff Supervising Psychologist

Jurisdiction where licensed

Name: _____
Staff Supervising Psychologist

Jurisdiction where licensed

4. Was there a minimum of two hours per week or **regularly scheduled formal, face-to-face individual supervision and two additional hours per week in learning activities provided by the supervising psychologists and/or the Director of Internship Training?** Yes _____ No _____

5. Were the supervising psychologists (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes _____ No _____

6. Were the supervising psychologists (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes _____ No _____

7. Were the supervising psychologists (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes _____ No _____

8. Was the supervision provided by a staff member or an affiliate of that agency who carried clinical responsibilities for the cases being supervised? Yes _____ No _____

9. Did the internship provide training in a range of assessment and intervention activities conducted directly with patients/clients? Yes _____ No _____

10. Was at least 25% of trainee's time in direct patient/client contact (minimum 375 hours)? Yes _____ No _____

11. Was training post-clerkship and post-practicum? Yes _____ No _____
12. Was there a minimum of two full-time equivalent interns at the internship level of training during applicant's training period? Yes _____ No _____
13. Did the intern indicate the training status to the clients served? Yes _____ No _____
14. Did the internship agency inform prospective interns about the goals and content of the internship, as well as the expectations for quantity and quality of trainee's work? Yes _____ No _____

GO TO SECTION IV

III. If the internship met §463.11(c)(2)(C), School District, please answer the following with respect to the dates of internship supervision. If your answer is "no" to any of the questions except 6 and 7, please provide an explanation.

1. Was the internship consistent with a written plan and met the specific training objectives of the program? Yes _____ No _____
2. Did the internship agency have two or more psychologists/LSSPs on the staff as primary supervisors at least one of whom was actively licensed as a psychologist/LSSP in the jurisdiction where the internship took place. Yes _____ No _____
3. List the names of the supervising psychologists and where they were licensed. Yes _____ No _____
- Name: _____
Supervising Psychologist/LSSP
- _____
- Jurisdiction where licensed:
- Name: _____
Supervising Psychologist/LSSP
- _____
- Jurisdiction where licensed:
4. Did the field-based supervisors provide at least two hours per week of direct supervision for each intern and did the university supervisor maintain an ongoing relationship with the field-based internship supervisors and provide at least one field-based contact per semester with each intern?
5. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) trained in the area of supervision provided to the supervisee? Yes _____ No _____

6. Were the supervising psychologists/ LSSPs (including the Director of Internship Training) related within the second degree of affinity or within the second degree of consanguinity to the applicant? Yes _____ No _____
7. Were the supervising psychologist/ LSSPs (including the Director of Internship Training) under an Agreed Order (disciplinary action by the Board) at the time of supervision? Yes _____ No _____
8. Did at least 600 clock hours of the internship experience occur in a school setting and provide a balanced exposure to regular and special educational programs? Yes _____ No _____
9. Was the field-based supervisor/LSSP responsible for no more than two interns at any given time and university supervisors responsible for no more than twelve interns at any given time? Yes _____ No _____
10. Was the internship documented by a written contractual agreement specifying the period of the internship and the training objectives of the program? Yes _____ No _____
11. Was the internship experience systematically evaluated in a manner consistent with the specific training objectives of the program? Yes _____ No _____
12. Was the internship experience conducted in a manner consistent with the current legal/ethical standards of the profession? Yes _____ No _____
13. Did the internship agency have a minimum of two full-time equivalent interns at the internship level during the applicant's training period? Yes _____ No _____
14. Was the supervision in a school setting supervised by a licensed psychologist/ LSSP?

Name: _____
Supervising Psychologist/LSSP

_____ Jurisdiction where licensed:

Name: _____

Supervising Psychologist/LSSP

Yes _____

No _____

Jurisdiction where licensed: _____

- 15. Did the jurisdiction in which the internship took place require a separate credential to practice in a school setting?
- 16. Was the portion of the internship which took place in a non-school setting supervised by a licensed psychologist?
- 17. Was the internship provided at or near the end of the formal training period?

Yes _____

No _____

Yes _____

No _____

Yes _____

No _____

GO TO SECTION IV

IV. I attest that the above is correct.

Dr. Sharla Boyd
 Director of Internship Training
 Please Print

Sharla Boyd, PhD
 Director of Internship Training
 Signature

7-15-14
 Date

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.



**TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS**

333 Guadalupe, Ste 2-450
Austin, TX 78701
Phone (512) 305-7700; Fax (512) 305-7701
www.tsbep.state.tx.us
Email: brenda@tsbep.state.tx.us

- FEE**
 *\$10.00 for new renewal permit
 *\$25.00 for new calligraphy license
 *Check, cashier's check, personal check or money order made payable to TSBEP

CHANGE OF NAME OR PUBLIC ADDRESS

CHANGE OF NAME:	
You must include a copy of a current driver's license, social security card, marriage license, divorce decree or court order stating name change.	
License Number	
Previous Name	
Current Name	

CHANGE OF PUBLIC ADDRESS:		
Pursuant to Texas Board rule 461.6, an applicant or licensee is responsible for keeping his or her professional file updated. All changes must be reported to the Board in writing within 90 days. Therefore, the address and phone number you designate below is the address and phone number which we will release in response to public inquiries and is the address and phone number the Board will use for all contacts to you regarding your license. If you change addresses and phone numbers before the next renewal, it is your responsibility to so notify the Board. Please do so in writing.		
NAME: Last	First	Middle
Meier	Stacey	Lawrence Colton
PHONE:		409-782-6059
ADDRESS:	CITY, STATE, ZIP CODE:	LICENSE NUMBER:
8299 Cambridge #401	Houston, TX 77059	
SIGNATURE:	DATE:	
	7/12/14	

ce

**TEXAS STATE
BOARD OF
EXAMINERS OF
PSYCHOLOGISTS**



EXECUTIVE DIRECTOR
Darrel D. Spinks

July 12, 2014

Stacey Meier

Dear Dr. Meier,

The Texas State Board of Examiners of Psychologists is pleased to inform you that you have achieved a successful score on the Oral Examination given by the Board.

The next step in our process is for you to make formal application for licensure after you have satisfied the two years of supervised experience required by the Psychologists' Licensing Act. You may download the application packet at www.tsbep.state.tx.us.

The Board congratulates you on your passing of the Oral Examination. If we can be of assistance to you, please feel free to contact the Board office.

Sincerely,

Darrel Spinks
Executive Director

MEMBERS OF THE BOARD

Tim F. Branaman, Ph.D., Chair
Dallas

Lou Ann Todd Mock, Ph.D., Vice Chair
Bellaire

Jeff Baker, Ph.D.
League City

Donna Lord Black, M.A.
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Dallas

John R. Huffman, J.D.
Southlake

Leslie D. Rosenstein, Ph.D.
Dallas

Texas State Board of Examiners of Psychologists

Feedback for Candidates Form

Candidate Name: Stacy Muiet Date: 7/12/14

Comments must be limited to issues where the candidate's response indicated a mistake, misunderstanding, or misapplication of standard principles of practice or law, but did not rise to the level of failing in that particular content area. Comments will not be accepted for responses which reflect a difference in professional judgment from the examiners, so long as the response falls within the zone of reasonable disagreement.

The Board reserves the exclusive right to determine what feedback, if any, will be provided to the candidate.

1. Identifies Problem

2. Identifies and Obtains Information/Psychometrics

3. Develops and Proposes the Implementation of a Plan of Action and/or Intervention

4. Handles Crisis Situations

Continued on Reverse

5. Attends to Cultural and Other Relevant Differences

6. Has Awareness of Professional Limitations

7. Application of Professional Standards

8. Application of Laws

*need to review procedure for
involuntary commitment*

9. Application of Ethics

[Signature]

ORAL EXAMINATION
CANDIDATE'S SCORE SHEET

I. NAME OF CANDIDATE Stacey Meier DATE 7-12-14
PLEASE PRINT

II. ORAL EXAMINER #1 Garvin Baker PASS/FAIL
PRINTED NAME/SIGNATURE (CIRCLE ONE)

ORAL EXAMINER #2 Karen Chitwood PASS/FAIL
PRINTED NAME/SIGNATURE (CIRCLE ONE)

INFORMATION BELOW THIS LINE IS FOR STAFF ONLY

III. CANDIDATE NOTIFICATION:

A. TIME DISMISSED:

B. RE-EXAM (SAME DAY) _____ TIME OF SECOND EXAM _____
YES/NO

By accepting the opportunity to retake the examination today, I understand that examiners are expected to be as objective as possible in their examination; however, my examiners know that I received a split decision on my first examination.

Candidate's Signature Date

C. CANDIDATE WAIVER FOR RE-EXAM:

I choose to waive the right to retake the exam at this time and will reapply at a future exam period. I understand that I will be required to pay the Oral Examination fee to retake the examination at that time.

Candidate's Signature Date

OTHER COMMENTS _____



Texas State Board of Examiners of Psychologists
333 Guadalupe, Suite 2-450
Austin, TX 78701

6/11/2014

STACEY LAWRENCE COLTON MEIER PH.D.
APT 606
2626 HOLLY HALL
HOUSTON, TX 77054

RE: Oral Examination

Dear STACEY LAWRENCE COLTON MEIER PH.D.:

Your application to sit for the Oral Examination before the Texas State Board of Examiners of Psychologists is complete. You are scheduled to take the oral examination as follows:

Date: 07/12/2014
Time: 09:15 am
Area: Clinical

Location: University of Texas, George I. Sanchez Building
Second Floor
Austin, TX

Every effort should be made to sit for this exam as examiners are invited to assist the Board based upon the number of applications received. Your exam fee is not refundable. If you are unable to sit for this exam, please call the Board office prior to the exam. Our telephone number is (512) 305-7700.

Please note that we have no control over the temperature in University of Texas buildings. You may wish to bring a sweater in the event the temperature is too cold.

If we can provide additional information or be of any assistance to you, please feel free to contact the Board office.

Sincerely,

A handwritten signature in cursive script that reads "Darrel D. Spinks".

Darrel Spinks
Executive Director



TEXAS STATE BOARD OF EXAMINERS
OF PSYCHOLOGISTS

333 Guadalupe, Ste 2-450

Austin, TX 78701

Phone (512) 305-7700; Fax (512) 305-7701

www.tsbep.state.tx.us

Email: brenda@tsbep.state.tx.us

2013 AUG 29 11:20

FEE

*\$10.00 for new renewal permit

*\$25.00 for new calligraphy license

*Check, cashier's check, personal check or money order made payable to TSBEF

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CHANGE OF NAME:	
You must include a copy of a current driver's license, social security card, marriage license, divorce decree or court order stating name change.	
License Number	
Previous Name	
Current Name	

CHANGE OF PUBLIC ADDRESS:			
Pursuant to Texas Board rule 461.6, an applicant or licensee is responsible for keeping his or her professional file updated. All changes must be reported to the Board in writing within 90 days. Therefore, the address and phone number you designate below is the address and phone number which we will release in response to public inquiries and is the address and phone number the Board will use for all contacts to you regarding your license. If you change addresses and phone numbers before the next renewal, it is your responsibility to so notify the Board. Please do so in writing.			
NAME: Last	First	Middle	PHONE:
Meier	Stacey	Lawrence Cotton	409-782-6059
ADDRESS:	CITY, STATE, ZIP CODE:		LICENSE NUMBER:
2626 Holly Hall Apt 606	Houston, TX, 77054		36071
SIGNATURE:			DATE:
A J Cotton			8/19/13

JWard
8-26-13 PLP
9010

To Whom it may concern,

I am including \$10 to re-send my calligraphy PLP license. I moved from internship in Lubbock to postdoc in Houston and waited too long to send my change of address, so I did not receive my calligraphy license.

Thank you,

S.L. Colton 



Audit Number No. 12148

Texas State Board of Examiners of Psychologists

Be it known that

Stacey Lawrence Cotton Meier, Ph.D.

Having given satisfactory evidence of qualifications as required by the Psychologists' Licensing Act is hereby authorized to practice psychology in Texas as a

Provisionally Licensed Psychologist

Given under the hand and seal of the
Texas State Board of Examiners of Psychologists
this 3rd day of June, 2013

EE Brauman ED

Steve A. Black, M.A.

Angela Atkins Dawnes, JD

Jon C. Ford Ph.D.

Debra Campbell, M.S.

Narciso Escamez

Chair
Vice Chair

Jeff Baker

[Signature]

[Signature]

License No. 36071

Shirley Z. Lee
Executive Director.

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 2626 HOLLY HALL
 HOUSTON TX 77054

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 Total Postage: APT L203
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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STACEY LAWRENCE COLTON MEIER
 APT 606
 2626 HOLLY HALL
 HOUSTON TX 77054

PLP Calligraphy Lic.

2. 7013 0600 0002 0498 4288

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A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Yes No
Rebecca Vee

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8/30/13

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 If YES, enter delivery address below:

SEP 03 2013

3. Service Type
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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

THE TEXAS STATE BOARD OF
EXAMINERS OF PSYCHOLOGISTS
333 Guadalupe, Suite 2-450
Austin, Texas 78701

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STACEY LAWRENCE COLTON MEIER
APT L203

6704 50th St

MEIER204 794143094-1713

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MEIER

08/15/13

2626 HOLLY HALL ST APT 606
HOUSTON TX 77054-4178

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(POST OFFICE)

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1. STACEY LAWRENCE COLTON MEIER

APT L203

5204 50th St

LUBBOCK, TX 79414

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A. Signature X Agent
B. Received by (Printed Name) Addressee
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 0600 0002 0498 2772**

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409-782-6059

11/01/2013 4:04 PM
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Tamm

Audit Number **Nº** 12148



Texas State Board of Examiners of Psychologists

Be it known that

Stacey Lawrence Cotton Meier, Ph.D.

Having given satisfactory evidence of qualifications as required by the Psychologists' Licensing Act is hereby authorized to practice psychology in Texas as a

Provisionally Licensed Psychologist

Given under the hand and seal of the Texas State Board of Examiners of Psychologists this 3rd day of June, 2013

[Signature]

Shane A. Black, M.A.

Angela Adams Daines, JD

[Signature]
Chair

[Signature]
Debra Campbell, M.S.

Narciso Lozano

Vice Chair

[Signature]

[Signature]

[Signature]

License No. 36071

[Signature]
Executive Director

VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
---------	--------	-------------	---------	------	------	------------	-------------	--------

License Search	Entity Search	Modify License Standing	Maintain License CE Control
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Domain 520 - TX Board of Examiners of Psychologists

Logged in as: mfiero

VR Home > License Search > License Home > Basic Entity Data

Basic Entity Data	List of Addresses	List of Names
-------------------	-------------------	---------------

Lic Type 5201 - Licensed Psychologist	Entity # 592318
Fed Tax # [REDACTED]	Name MEIER, STACEY LAWRENCE COLTON

M Last Name MEIER	First STACEY	Middle LAWRENCE COLTON	<input type="checkbox"/>	Notes
Title	Suffix	Qualifier PH.D.		Notes History
Gender M	Race			Fix
Driver License #	Birth Date [REDACTED]			Change
Mailing Address <input checked="" type="checkbox"/>	Private Address <input type="checkbox"/>	Preferred Name <input checked="" type="checkbox"/>		Save
Street # 2626	Street HOLLY HALL			OK
Line 2 APT 606				Cancel
Line 3				Back
City HOUSTON	County HARRIS			
Zip 77054	State Texas	Country United States		
Routing				
Phone # 409-782-6059	Ext 1	E-Ma [REDACTED]		
Insp Region				
Contact # 409-782-6059				
Updated 08/26/2013 13:21:51	By jwaldrop			

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EXAMINERS OF PSYCHOLOGISTS
333 Guadalupe, Suite 2-450
Austin, Texas 78701**

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*Renewed
8-28-13
By PT*

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STACEY LAWRENCE COLTON MEIER

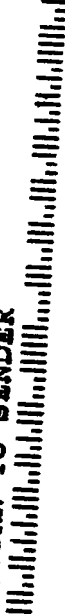
APT L203

5004 50th St

MEIER204 794143094-1713
RETURN TO SENDER
MEIER

2626 HOLLY HALL ST APT 606
HOUSTON TX 77054-4178

RETURN TO SENDER



08/15/13

(1ST NOTICE)

(2ND NOTICE)

(RETURN)



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. STACEY LAWRENCE COLTON MEIER

APT L203

5204 50th St

LUBBOCK, TX 79414

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7023 0600 0002 0498 2772**

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PS Form 3811, February 2004

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102395-02-4-1540

PS



Texas State Board of Examiners of Psychologists
333 Guadalupe, Suite 2-450
Austin, TX 78701

6/3/2013

STACEY LAWRENCE COLTON MEIER PH.D.
APT L203
5204 50th St
LUBBOCK, TX 79414

RE: Application for Licensure as a Provisional Psychologist
License Number: 36071

Dear STACEY LAWRENCE COLTON MEIER PH.D.:

The Texas State Board of Examiners of Psychologists is pleased to inform you that you have been licensed as a Provisional Psychologist in the State of Texas. Our records indicate that you have already passed the Examination for the Professional Practice in Psychology (EPPP) and the Texas Jurisprudence Examination.

Your actual license will be sent to you after the calligrapher has completed the document. Your license issuance date is June 03, 2013.

As a provisionally licensed psychologist you are required to work in one of two settings: (1) as the supervisee of a licensed psychologist, or (2) as an employee in an exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act.

The next step in the Board's process is for you to pass the Oral Examination. It is possible for you to sit for this exam during the same time you are completing experience requirements for licensure. Enclosed please find an Oral Examination Application form, Information for Applications Applying for the Oral Exam, a current Fee Schedule, and an Important Dates Schedule for your use.

The Board congratulates you on your licensure as a provisional psychologist. If we can be of assistance to you in the future, please feel free to contact the Board office.

Sincerely,

A handwritten signature in black ink that reads "Darrel D. Spinks".

Darrel D. Spinks
Executive Director



TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450 Austin, Texas 78701 (512) 305-7700

002705

340

2013 MAY 20 PM 12:04 Official Use Only

APPLICATION FOR: (CHECK ONE)

- Application type checkboxes

Provisional Licensure as a Psychologist, Rule 463.10(b)(1)
Provisional Licensure as a Psychologist, Rule 463.10(b)(2)*
Provisional Licensure as a Psychologist, Rule 463.10(c)
Psychological Associate Licensure, Rule 463.8

PLEASE PRINT OR TYPE

A. Name Stacey Lawrence Colton Meier
First Middle Last Degree

B. E-mail address [redacted] SSN [redacted]

C. Mailing Address 5204 50th St Apt L203 Lubbock TX 79414 until July 2013
Street or P.O. Box City State ZIP

D. Home Telephone (409) 782-6059 Business Telephone () Same

E. Date of Birth [redacted] Place of Birth Galveston Galveston TX
mo-day-yr City County State

F. Gender: Male X Female

G. Have you taken the Examination for Professional Practice in Psychology? Yes If yes,
When 7-27-2011 Where Houston Your Score 691
mo-day-yr

Have you taken the Texas Board's Jurisprudence Examination? Yes If yes,
When 9/09/2011 Your Score 96
mo-day-yr

H. Indicate if you hold any of the following current credentials: none
American Board of Professional Psychology (ABPP)
Date Granted: Specialty:
Certificate of Professional Qualification in Psychology (CPQ)
Date Granted:
National Register Health Service Provider
Date Granted:

If applying under Board Rule 463.10(b)(2), please submit all supporting documentation clearly labeled for each section of the rule.

I. If you have a disability or impairment which will necessitate special accommodations, facilities or procedures during the administration of the examination(s), please specify your condition in writing when submitting your application. Your request for special accommodations, facilities or procedures must be accompanied by a physician's certification of your condition.

n/a

J. Degree Earned: Ph.D. Psychology
 Degree Granting Institution: University of Houston
 Area of Training: Clinical Psychology
 Title or Program: Clinical Psychology
 Date Degree Granted: 5-10-2013
month-day-year

K. Type of Degree: (select one)

1. Doctoral Degree in Psychology.

2. The substantial equivalent of a doctoral degree in psychology in both subject matter and extent of training obtained prior to January 1, 1979.

3. A degree from a country other than the United States (if so, submit documentation which satisfies the requirements of Board Rule 463.25).

4. Master's Degree in Psychology.

5. Master's Degree in Other than Psychology.

L. Master's Degree Information:

1. Committee Chair or Graduate Advisor's Name Julia Babcock, Ph.D.

2. Title of Master's Thesis (if applicable): Examining the DSM-IV-TR sexual orientation specifiers for the Female-to-Male Transsexual Population

M. Doctoral Degree Information (if applicable):

1. Committee Chair/Advisor's Name Julia Babcock, Ph.D.

2. Doctoral Dissertation Committee

Full Name	Department	Current Address	Licensed Psychologist (Yes or No)
Julia Babcock	Psychology	University of Houston 126 Hegne Building Houston, TX 77204	Yes
Carla Sharp	Psychology	Same as Dr. Babcock	No

J. Leigh Leasure	Psychology	Same as Dr. Peacock	No
Michael Winters	Psychologist from the community	3435 Branard Ste 202 Houston, TX 77027	Yes
Judith Mann	Psychology	Lamar University Social and Behavioral Sciences Building PO Box 10036 Beaumont, TX 77710	No

N. Psychological Associate Licensure Applicants only (requirements of Rule 463.8)

- List all courses, other than practicum and those clearly prefixed as "psychology" on your transcript, which you wish to be considered for the 27 hours of psychology required in Board Rule 463.8.

University/College	Course Prefix (e.g. Psy 301)	Descriptive Course Title	Semester Credit Hours	Instructor's Full Name	Licensed or Provisionally Licensed Psychologist (Yes or No)

2. Indicate four hundred fifty (450) hours of practicum or experience as required in Board Rule 463.8.

a. Site and address of practicum/work experience _____

b. Dates of practicum/work experience _____ to _____
 mo - day - yr mo - day - yr

c. Hours you worked per week _____

d. Indicate name and current address of supervisor(s) who will document 450 hours of supervision.

Name _____ Street or P.O. Box _____

City _____ State _____ Zip _____

e. Was supervisor a licensed psychologist? YES _____ NO _____

f. In what state was supervisor licensed? _____

g. On what date was supervisor licensed? _____

O. Please provide a chronology of all your education, training, internships and employment since enrolling in your master's or doctoral program. If there are any gaps in the chronology, please explain. Use extra pages if necessary. (Do **NOT** send vitae or resumes.)

* Name of Facility & Address	Dates	Supervisor's Name (if applicable)	Description of education, internship, training or employment
UH Psychological Research and Services Center 126 Magee Bldg. Houston, TX 77030	8/08 -	Gerald Harris, PhD; John Vincent, PhD; Julia Babcock, PhD	individual + couples therapy child + adult assessment for ADHD, + emotional prob
The Montrose Center 401 Branard Houston, TX	8/09 - 5/10	Raymond Pledger, PhD	individual, group, couples therapy intake + report writing
Houston Independent School District 8100 Knox St Houston, TX	8/10 - 5/11	Diane Thomas, PhD LSSP	crisis assessment consultation, assessment to diagnose, individual + group
UMCL Counseling + Career services 55CB3103 2700 Bay Area Blvd Houston, TX 77058	8/11 - 5/12	Gary Adams, PhD Cindy Cook, PhD	individual, group, and couples therapy, intake and crisis management, assessment
Michelle Forrester Private Practice 4601 Katy Pkwy Suite 1175 Houston, TX 77024	8/11 - 5/12	Michelle Forrester, PhD	individual and group therapy with young children, parent/family therapy
Texas Tech Student Counseling Center 201 Student Walling Center Lubbock, TX	8/12 - 7/13	Sharla Boyd, PhD, Richard Leav, PhD, Marc Moerkel, PhD Lisa Viator, PhD, Nancy Robinson, PhD	individual, group, couples assessment, intake, crisis management consultation, supervision

APA-accredited internship

*Indicate if this internship or experience will be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11.

P. Other Certification, License, or Pending Application

Have you ever been certified and/or licensed as a psychologist in this or any other state/province?

No

If yes, please provide the following information (use extra pages if necessary):

1. Credentialed as _____

a. Jurisdiction where credentialed _____

Date Credentialed _____ Credential Number _____

Expiration date of current credential _____
mo - day - yr

b. With master's or specialist's degree _____ doctoral degree _____

c. Name of credentialing agency _____

d. Address of credentialing agency _____
Street or P.O. Box

City State/Province Zip

e. Has any complaint ever been filed against this credential? _____

f. If so, state nature and resolution of this complaint (Use extra pages if necessary).

2. Do you have another application for licensure with this Board currently pending?

No If yes, what type of application is it? _____

Q. Have you ever been arrested for any reason or convicted of any criminal offense in this or any other jurisdiction?

No If yes, please attach an explanation and supporting legal documents for each separate incident.

R. Have you ever practiced psychology without a license or exemption in this or any other jurisdiction?

No If yes, please attach an explanation.

S. Have you ever aided or abetted another individual in practicing psychology without a license or exemption in this or any other jurisdiction?

No If yes, please attach an explanation.

T. Is there any reason why you are not physically or mentally competent to render psychological services with reasonable skill, safety and competency?

No If yes, please attach an explanation.

U. Do you use drugs or intoxicating liquors to an extent that affects your professional competency?

No If yes, please attach an explanation.

V. Is there any action pending against you or against any mental health license that you hold in this or any other jurisdiction?

No If yes, please attach an explanation.

W. Have you ever had any professional license to practice in a mental health profession refused or denied, suspended, revoked, canceled, or otherwise disciplined?

No If yes, please attach an explanation and a copy of pertinent orders/decisions.

X. Current Employment

1. Employer's Name Texas Tech University Student Counseling Center (ATA approved)

2. Employer's Address 201 Student Wellness Center
Street or P.O. Box

Lubbock Texas 79409
City State Zip

3. Hours you worked per week 40 Job Title Psychology Intern

4. Date employment began 8-1-2012

5. Psychological Services being provided individual, couples, group therapy, assessment, supervision

6. Supervisor's Name Richard Lenox and Marie Moerkbak

7. Supervisor's Credentials (check one) Provisionally Licensed Psychologist
 Licensed Psychologist
 Neither

8. Jurisdiction where supervisor licensed Texas

9. Current title/position of supervisor Associate Directory Director of Clinical Services

10. Supervisor's Address 201 Student Wellness Center
Street or P.O. Box

Lubbock Texas 79409
City State Zip

11. Will this employment be submitted to the Board at a later time as part of the application for licensure as a psychologist to fulfill the requirements for supervised experience per Board rule 463.11?

Yes X No _____

- Y. Are you presently providing psychological services in Texas? Yes If yes, are you:
 (Please check one)
- Currently licensed by this Board? X If so, state type of license LPA
 - Employed in a statutorily exempt agency as defined in Section 501.004 of the Psychologists' Licensing Act.
 If so, state name of agency Texas Tech University Student Counseling Center - APA
 - Completing requirements for licensure as a psychologist per Board rule 463.11. approved

PERSONAL ACKNOWLEDGMENT

I acknowledge that the information contained in this application is true and correct.

In making this application to the Texas State Board of Examiners of Psychologists for the issuance of a license, I agree to abide by the rules and regulations of the Texas State Board of Examiners of Psychologists and to take all examinations necessary to the processing of my application. I further agree that the fee submitted with this application is NON-REFUNDABLE.

I hereby grant the Board permission to seek any information or references it deems fit in securing my credentials, pertinent to this application.

I further agree that if issued a license, it shall remain the property of the Texas State Board of Examiners of Psychologists and shall be returned if my license is suspended, revoked, voided or I resign or go on inactive status.

I have read the Psychologists' Licensing Act, am familiar with, and agree to abide by the requirements of the Act, and Rules and Regulations of the Board.

I understand that the Public Information Act is enforced as required by State law.

Warning: Pursuant to Tex. Educ. Code Ann. '57.491, a license issued by this Board may not be renewed if the licensee is in default of either a loan guaranteed by the Texas Guaranteed Student Loan Corporation or a repayment agreement.


 Signature

5-10-2013
 Date

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

Richard A. Lenox, Ph.D.
TTU Student Couns. Center, Box 45008
Lubbock, TX 79409-5008

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): Colt Meier

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes No

a. If **NO**, please sign this section and return to the Board's office.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Richard A. Lenox
Your Printed Name

Richard A. Lenox
Your Signature

Current Address: Same as above

Telephone: (806) 742-3674
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Ph.D. in Counseling Psychology (1994)

University of Akron (APA-Accredited)

Current Job Position: Associate Director/Coordinator of Clinical Services

Please give date(s) of your licensure at the time that you knew or supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
1996 - present	25467	TX	Yes
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? Please give specific dates, e.g. from January 1, 1984 to September 15, 1985.

From: August 1, 2012 To: present

3. Was the nature of your involvement with the applicant to provide supervision for the purposes of licensure as a psychologist?

Yes No

If yes, please give specific dates, e.g. from January 1, 1999 to January 1, 2000.

From: August 1, 2012 To: present

4. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

University counseling service

5. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

Supervisor during internship

6. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No

7. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

*Individual/Couples/Group Therapy; Clinical Supervision;
Psychological Assessment; Crisis Intervention; Consultation;
Psychoeducational Programming*

8. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation.

Yes No _____

9. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation.

Yes _____ No

5-8-2013

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF – January 2012

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

Dr. Sharla Boyd
Box 45008
Lubbock, TX 79409-5008

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): S.L. Colton Meier

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes No

a. If **NO**, please sign this section and return to the Board's office.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

Dr. Sharla Boyd
Your Printed Name

Sharla Boyd, PhD
Your Signature

Current Address: TTU SCC

Box 45008

Lubbock, TX 79409-5008

Telephone: (806) 742-3674
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Counseling Psychology

Current Job Position: Associate Director / Training Director

Please give date(s) of your licensure at the time that you knew or supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
<u>4/04-present</u>	<u>32168</u>	<u>TX</u>	<u>yes</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? Please give specific dates, e.g. from January 1, 1984 to September 15, 1985.

From: 8/1/12 To: present

3. Was the nature of your involvement with the applicant to provide supervision for the purposes of licensure as a psychologist?

Yes No

If yes, please give specific dates, e.g. from January 1, 1999 to January 1, 2000.

From: 8/1/12 To: 1/31/13

4. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

university counseling center

5. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

Supervisor / Training Director

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

6. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No

7. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

individual / couples / group therapy

8. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation.

Yes No _____

9. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation.

Yes _____ No

5-13-13

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF - January 2012

Texas State Board of Examiners of Psychologists

Three (3) Reference Letters

TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

333 Guadalupe, Suite 2-450
Austin, Texas 78701
(512) 305-7700

Reference Letter for Provisionally Licensed Psychologist

Name and Address of Licensed Psychologist

JULIA C. BARCOCK, Ph.D.
4010 Blue Bonnet #202
HOUSTON, TX 77025

After completing and signing this reference form, please return it to the applicant. This form must be submitted by the applicant with the application for licensure.

Applicant Name (Please Print): STACEY COLT MEIGER

The following information is needed before the Texas State Board of Examiners of Psychologists can consider the applicant's licensure request. Please respond as quickly as possible in order for the applicant's professional career to be considered without delay. The Public Information Act is enforced as required by State law. Fax copies of this document cannot be accepted. Please return this completed form to the applicant.

1. Do you know the applicant well enough to evaluate him/her? Yes No

a. If **NO**, please sign this section and return to the Board's office.

Your Printed Name

Your Signature

b. If **YES**, please complete the following about yourself:

JULIA BARCOCK
Your Printed Name

Julia Barcock
Your Signature

Current Address: 126 HEYNE Bldg - 5022

UNIV. OF HOUSTON, DEPT OF PSYCHOLOGY

HOUSTON, TX 77204-5022

Telephone: (281) 844-8364
Area Code

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters

Area of doctoral level training/education in psychology:

Clinical Psychology Ph.D. UNIV. OF WASHINGTON 1997
APA APPROVED INTERNSHIP 1996-1997

Current Job Position: ASSOC PROFESSOR

Please give date(s) of your licensure at the time that you knew or supervised the applicant. Also provide your licensure no.(s), and name of state(s) where you hold/held licenses to practice psychology:

Date	License No.	State	Current? Yes/No
<u>2007</u>	<u>33493</u>	<u>TX</u>	<u>yes</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. What was the time period you knew the applicant? Please give specific dates, e.g. from January 1, 1984 to September 15, 1985.

From: August 15, 2007 To: Present

3. Was the nature of your involvement with the applicant to provide supervision for the purposes of licensure as a psychologist?

Yes No _____

If yes, please give specific dates, e.g. from January 1, 1999 to January 1, 2000.

From: August 15, 2009 To: May 15, 2011

4. In what type of professional setting did you know the applicant? (e.g., private practice, university, agency, etc.)

UNIVERSITY: INSTRUCTOR, RESEARCH MENTOR, CLINICAL SUPERVISOR

5. What was your professional relationship with the applicant? (e.g., professor, practicum/internship, advisor, supervisor, colleague, etc.)

PROFESSOR, ADVISOR, RESEARCH MENTOR, CLINICAL SUPERVISOR

6. Are you related to the applicant within the second degree of affinity or within the second degree by consanguinity?

Yes _____ No X

7. Please list the psychological services you feel the applicant is qualified to provide. Describe and evaluate the applicant's professional work experience to the extent that you know.

CBT with individuals + couples, family therapy,
GLBT issues, group psychoeducational workshops

8. Do you feel the applicant is physically and mentally competent to render psychological services as a provisionally licensed psychologist? If **NO**, please attach letter of explanation.

Yes X No _____

9. Do you have any reservations concerning the applicant's ethical, professional, or personal qualifications for provisional licensure? If **YES**, please attach letter of explanation.

Yes _____ No X

4/17/13

Date Form Completed by Licensed Psychologist

Please return this completed form to the applicant.

PLPREF - January 2012

Texas State Board of Examiners of Psychologists
Three (3) Reference Letters



FAST

Fingerprint Applicant Services of Texas

GENERIC

This document is your **FAST Fingerprint Pass** for a national criminal history record check and must be submitted along with your fingerprints.

Section One: Qualified Entity Information

ORI#: _____ Application ID: _____ Original TCN: _____
(If resubmission for rejected fingerprints)

Agency/Entity/Organization Name: _____

Section Two: Applicant Name (To be completed by applicant)

Last: Meier (Please print) First: Stacey (Please print) Middle: Lawrence Colton (Please print)

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature: [Handwritten Signature] Date: 5/14/2013

Section Four: Service Center Information (To be completed by FAST Enrollment Officer)

Date Prints Taken 5/14/13 Amount Charged For Service: _____

Paid by: Check Money Order Visa MasterCard Billing Acct _____

TCN: [Redacted]

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

E.O. Name: RL WES (Please print) E.O. Signature: [Handwritten Signature]

UNIVERSITY OF HOUSTON

Houston, Texas 77204-2027

Official Transcript

Page 1 of 2

Name : Stacey Lawrence Colton Meier
Student ID: 0190822
SSN : [REDACTED]
Birthdate : [REDACTED]
Address : Apt L203
5204 50th St
Lubbock, TX 79414-5800
United States

Print Date : 2013-05-30
Send To : Texas State Board of Examiners of Psychologists
Tower 2, Room 450
333 Guadalupe Street
Austin, TX 78701-3938
United States
Reason : Web Transcript Request

----- External Degrees -----

Rice University
2006-05-13 Bachelor of Arts

----- Beginning of Undergraduate Record -----

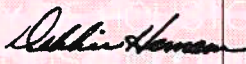
SU 2013

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Postbaccalaureate				
Plan	: LASS-Unspec, DEG UN PB Preparation				
CHEM	1332 Fundamentals of Chemistry	3.00	In Progress		
Course Attr	: (30) Core-Natural Sciences				
TERM GPA	: 0.000	TERM TOTALS	: 0.00	0.00	0.000

FA 2013

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Postbaccalaureate				
Plan	: LASS-Unspec, DEG UN PB Preparation				
CHEM	1111 Fundamentals of Chm Lab	1.00	In Progress		
Course Attr	: Freshman May be repeated up to 2 times.				
PHYS	1301 Intro General Physics I	3.00	In Progress		
Course Attr	: (30) Core-Natural Sciences				
TERM GPA	: 0.000	TERM TOTALS	: 0.00	0.00	0.000

Undergraduate Career Totals


Debbie A. Hermann, Registrar
Registration and Academic Records
University of Houston



UNIVERSITY OF HOUSTON
Office of Registration and Academic Records
Houston, Texas 77204-2027
www.uh.edu
713-743-1010

INTERPRETATION OF ACADEMIC RECORD INFORMATION

ACCREDITATION

University of Houston is accredited by the Commission on Colleges, Southern Association of Colleges and Schools, as a Level VI General postsecondary institution.

COURSE NUMBERING

All courses are identified by instructional area and number. Beginning in the fall term 1979 the University of Houston adopted a four-digit course numbering system.

ACADEMIC FRESH START PROGRAM

Former or current University of Houston undergraduate students may elect under the University's Academic Fresh Start Program to have all academic coursework completed at the University of Houston ten or more years prior to the term of election removed from consideration by the University and by the dean of the college of their major for any academic purpose. Transcripts will be annotated to indicate terms removed from consideration and those under the Academic Fresh Start Program.

GRADING SYSTEM

Grade	Grade Points		Interpretation
	Per Sem. Hr.		
A	4.00		Excellent, superior achievement
A-	3.67		
B+	3.33		
B	3.00		Good, exceeding all requirements
B-	2.67		
C+	2.33		
C	2.00		Average, satisfactory, meeting all requirements
C-	1.67		
D+	1.33		
D	1.00		Poor, passing
D-	0.67		
F			Failing
I			Incomplete-conditional temporary delay of final course grade
NR			Not reported by instructor
Q			Withdrew without consequences
S			Satisfactory
U			Unsatisfactory
W			Withdrew

MULTI-INSTITUTION TEACHING CENTER

University of Houston supports a Multi-Institution Teaching Center (MITC) for the purpose of providing credit instruction from several "parent institutions" in a common geographic setting. Notation on the transcript of any of the following institution abbreviations and course information indicate an MITC course. Reference for course content should be made to the designated MITC institution catalog and course.

Abbreviation	Name of Participating UH System Institution
UHCL	University of Houston-Clear Lake
UHD	University of Houston-Downtown
UHV	University of Houston-Victoria

UNIT OF CREDIT

The unit of measure for academic credit purposes is the term credit hour. One term hour is normally equivalent to one hour of class work or from two to six hours of laboratory work per week per term. Most courses meet for three lecture hours a week in the spring or fall terms and have an academic credit value of three term hours. These same courses meet during the summer term with each session equivalent in class hours and credit granted.

CALENDAR

The academic calendar consists of two long terms lasting approximately eighteen weeks and one summer term consisting of four condensed sessions. Regardless of the length of the term, the same academic credit is given for a course whether it is taken during the fall, spring or summer term. A standard number of contact classroom hours is maintained in both cases.

SYMBOLS

- OC University of Houston course taught at an off-campus site
- H Honors course with higher requirements
- * A course for which the student originally received a grade of incomplete
- > Student has completed the course but the grade has not yet been assigned
- # A major area of study but the student has not yet filed a degree plan specifying a major and degree objective
- + Course was taken for graduate level credit

TRANSCRIPT NOTATIONS

Texas public institutions of higher education are required to share information reflecting the student's status with regard to state mandated requirements such as the Texas Success Initiative (TSI) and completion of core curriculum requirements. For this purpose, transcript notations may be included on the student's academic transcript.

Rev: 11-07

TO TEST FOR AUTHENTICITY. Translucent globe icons **MUST** be visible from both sides when held toward a light source. The face of this transcript is printed on red SCRIP-SAFE® paper with the name of the institution appearing in white type over the face of the entire document.

UNIVERSITY OF HOUSTON • UNIVERSITY OF HOUSTON • UNIVERSITY OF HOUSTON • UNIVERSITY OF HOUSTON • UNIVERSITY OF HOUSTON • UNIVERSITY OF HOUSTON •

ADDITIONAL TESTS. When photocopied, a latent security statement containing the institutional name and the words COPY COPY COPY appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (713) 743-2255. **ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!**

07206207
SCRIP-SAFE® Security Products, Inc. Cincinnati, OH • U.S. Patent 5,171,040

UNIVERSITY OF HOUSTON

Houston, Texas 77204-2027

Official Transcript

Page 2 of 2

Name : Stacey Lawrence Colton Meier
Student ID: 0190822
SSN : [REDACTED]
Birthdate : [REDACTED]
Address : Apt L203
5204 50th St
Lubbock, TX 79414-5800
United States

CUM GPA : 0.000 CUM TOTALS : 0.00 0.00 0.000

Non-Course Milestones

2006-05-13 TSI MATH - TSI MATH COMPLETE

Milestone Status: Completed

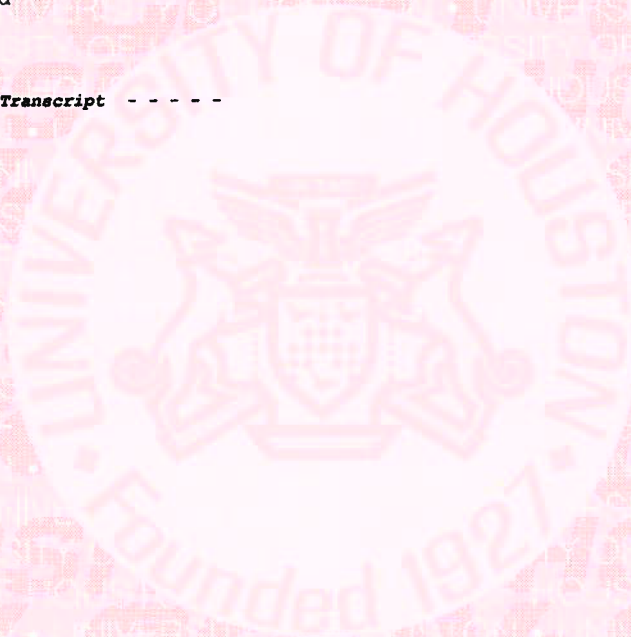
2006-05-13 TSI READING - TSI READING COMPLETE

Milestone Status: Completed

2006-05-13 TSI WRITE - TSI WRITE COMPLETE

Milestone Status: Completed

----- End of Transcript -----



Debbie A. Hermann
Debbie A. Hermann, Registrar
Registration and Academic Records
University of Houston



INTERPRETATION OF ACADEMIC RECORD INFORMATION

ACCREDITATION

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GRADING SYSTEM

Grade	Grade Points	
	Per Sem. Hr.	Interpretation
A	4.00	Excellent, superior achievement
A-	3.67	
B+	3.33	
B	3.00	
B-	2.67	
C+	2.33	Good, exceeding all requirements
C	2.00	
C-	1.67	
D+	1.33	
D	1.00	
D-	0.67	Poor, passing
F		
I		
NR		Failing
Q		Incomplete-conditional temporary delay of final course grade
S		Not reported by instructor
U		Withdrew without consequences
W		Satisfactory
		Unsatisfactory
		Withdrew

MULTI-INSTITUTION TEACHING CENTER

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UNIT OF CREDIT

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CALENDAR

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SYMBOLS

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TRANSCRIPT NOTATIONS

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Rev. 11-07

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UNIVERSITY OF HOUSTON

Houston, Texas 77204-2027

Official Transcript

Page 1 of 7

Name : Stacey Lawrence Colton Meier
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SSN :
Birthdate :
Address : Apt L203
5204 50th St
Lubbock, TX 79414-5800
United States

Print Date : 2013-05-30
Send To : Texas State Board of Examiners of Psychologists
Tower 2, Room 450
333 Guadalupe Street
Austin, TX 78701-3938
United States
Reason : Web Transcript Request

----- External Degrees -----

Rice University
2006-05-13 Bachelor of Arts

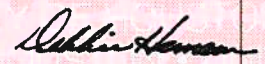
----- Beginning of Graduate Record -----

FA 2007

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Graduate				
Plan	: Clin Psych, PHD Major				
Plan	: Psychology, MA Major				
PSYC	6300 Stat for Psy	3.00	3.00	A	12.000
PSYC	6303 Foundation-Clinical Interven I	3.00	3.00	A	12.000
PSYC	6317 Psychopathology I	3.00	3.00	A	12.000
PSYC	6356 Clinical Assessment I	3.00	3.00	A	12.000
TERM GPA :	4.000	TERM TOTALS :	12.00	12.00	48.000

SP 2008

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Graduate				
Plan	: Clin Psych, PHD Major				
Plan	: Psychology, MA Major				
PSYC	6302 Experimental Dsgn	3.00	3.00	A	12.000
PSYC	6316 Interventions-Clinical Psyc II	3.00	3.00	A	12.000
PSYC	6318 Psychopathology II	3.00	3.00	A-	11.010
PSYC	6357 Clinical Assessment II	3.00	3.00	A	12.000
TERM GPA :	3.918	TERM TOTALS :	12.00	12.00	47.010


Debbie A. Hermann, Registrar
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Office of Registration and Academic Records
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B+	3.33	
B	3.00	
B-	2.67	
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C	2.00	
C-	1.67	
D+	1.33	
D	1.00	
D-	0.67	Average, satisfactory, meeting all requirements
F		
I		
NR		
Q		
S		Poor, passing
U		
W		
		Failing
		Incomplete-conditional temporary delay of final course grade
		Not reported by instructor
		Withdrew without consequences
		Satisfactory
		Unsatisfactory
		Withdrew

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SU 2008

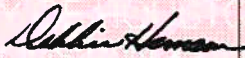
<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Graduate				
Plan	: Clin Psych, PHD Major				
Plan	: Psychology, MA Major				
PSYC	6392 Clinical Practicum	3.00	3.00	S	
PSYC	7326 Professional Prob Applied Psyc	3.00	3.00	S	
TERM GPA :	0.000	TERM TOTALS :	6.00	6.00	0.000

FA 2008

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Graduate				
Plan	: Clin Psych, PHD Major				
Plan	: Psychology, MA Major				
PSYC	6338 Fndtns of Social Psyc	3.00	3.00	A	12.000
Course Attr	: Web CT				
PSYC	6392 Clinical Practicum	3.00	3.00	S	
PSYC	7345 Psych Methods	3.00	3.00	A	12.000
Course Attr	: Doctoral				
	May be repeated multiple times.				
PSYC	7397 Sel Top-Apld Cog Psy	3.00	3.00	A	12.000
Course Topic(s)	: Adv Child Clin Assess				
TERM GPA :	4.000	TERM TOTALS :	12.00	12.00	36.000

SP 2009

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>
Program	: LASS Graduate				
Plan	: Clin Psych, PHD Major				
Plan	: Psychology, MA Major				
PSYC	6304 Fndtns-Dev Psy	3.00	3.00	A	12.000


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C-	1.67	
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D	1.00	
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Course Attr : Doctoral

May be repeated up to 2 times.

PSYC	6392	Clinical Practicum	3.00	3.00	S	
PSYC	6399	Masters Thesis	3.00	3.00	A	12.000
PSYC	8330	Cognitive Neuroscience	3.00	3.00	A	12.000

Course Attr : Doctoral

May be repeated multiple times.

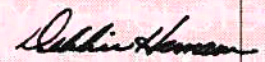
TERM GPA :	4.000	TERM TOTALS :	12.00	12.00		36.000
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SU 2009

<u>Course</u>	<u>Description</u>	<u>Attempted</u>	<u>Earned</u>	<u>Grade</u>	<u>Points</u>	
Program : LASS Graduate						
Plan : Clin Psych, PHD Major						
Plan : Psychology, MA Major						
PSYC	7399	Masters Thesis	3.00	3.00	A	12.000
PSYC	7329	Seminar in Clinical Psy	3.00	3.00	A	12.000
Course Attr : Doctoral						
May be repeated multiple times.						
TERM GPA :	4.000	TERM TOTALS :	6.00	6.00		24.000

FA 2009

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Program : LASS Graduate						
Plan : Clin Psych, PHD Major						
Program : LASS Graduate						
Plan : Psychology, MA Major						
EPSY	6320	Sexual Counseling	3.00	3.00	A	12.000
Course Attr : Doctoral						
May be repeated up to 2 times.						
PSYC	6301	Psychological Theory His/Sys	3.00	3.00	A	12.000
PSYC	6392	Clinical Practicum	3.00	3.00	S	
PSYC	6393	Clinical Research Practicum	3.00	3.00	S	
Course Attr : Doctoral						


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