

Marty M. Snyder, KS S. Ct. #11317  
Assistant Attorney General  
120 SW 10th Ave., 2<sup>nd</sup> Floor  
Topeka, KS 66612  
(785) 296-2215

**BEFORE THE KANSAS BEHAVIORAL SCIENCES REGULATORY BOARD**

**In The Matter Of** )  
 )  
**TROY CARTER,** )  
**LPC #3012** )  
**Respondent** )

**Case No. 18-PC-035**

\_\_\_\_\_  
Pursuant to KSA Ch. 77, KAPA

**EMERGENCY PROCEEDING ORDER OF REVOCATION**

**A. SUMMARY OF CASE**

The Kansas Behavioral Sciences Regulatory Board [Board, BSRB] received information sufficient to cause a reasonably prudent person to believe that Respondent Troy Carter currently represents a danger to the health, safety and welfare of the public based upon his serious professional misconduct related to vulnerable counseling clients, and his Kansas Professional Counselor license is likely based upon fraudulent misrepresentation.

Respondent has surrendered his Utah clinical mental health counselor license following an investigation by the Utah Division of Occupational Professional Licensing. Respondent entered a Stipulation and Order dated July 18, 2017, in which he admitted practicing outside the scope of his license by performing a “chiropractic adjustment” on two sixteen-year-old female counseling clients at a treatment facility in Utah. [Exhibit A, Utah Surrender Stipulation and Order]

Respondent applied for his Kansas license on November 3, 2016. It was issued December 7, 2016. On his application, Respondent failed to disclose that he was licensed in

Utah and failed to disclose the Utah complaint that was pending at that time. [Exhibit B, Application for Kansas licensure]

Respondent has not responded to the Board investigator's requests for information on the apparent licensure application fraud. Respondent may be employed in Kansas currently as a family preservation therapist. [Exhibit C, Sept. 21, 2017 email from Investigator to Licensee]

This Emergency Proceeding Order, issued pursuant to the Kansas Administrative Procedure Act [KAPA], K.S.A. 77-536, revokes Respondent's Kansas Licensed Professional Counselor [LPC] license until further Order of the Board.

## B. CONCLUSIONS OF LAW

1. The Complaint Review Committee of the Board has reviewed the information related to the above complaint and the relevant Kansas statutes and administrative regulations, including but not limited to K.S.A. 65-5809 (a) (5), (6), (7), (9) unprofessional conduct, and (10); and K.A.R. 102-3-12a (unprofessional conduct) (b) (1) obtaining a license for oneself by means of fraud, deceit, misrepresentation or concealment of a material fact; (2) failing to notify the Board that a licensee has voluntarily surrendered a license in lieu of or during disciplinary proceedings.

2. The Board concludes that a preponderance of persuasive evidence establishes violations of the above statute and regulation and that the nature of Respondent's misconduct creates an immediate risk of harm to the public health, safety or welfare that can be prevented or avoided only through emergency proceedings.

3. Proceedings under the Kansas Professional Counselors Licensure Act are subject to the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.* K.S.A. 77-536 provides that the Board may employ emergency proceedings when a situation poses an immediate danger to the public health, safety or welfare. Based upon Respondent's misconduct and the strong

likelihood of harm to vulnerable clients, the safety of current and prospective mental health clients is at risk while he maintains an active and unrestricted license that he obtained fraudulently to practice Professional Counseling in Kansas.

4. The Board is authorized to take disciplinary action against licensed Professional Counselors, pursuant to K.S.A. 65-5809, including suspension or revocation of licensure.

5. The Board has jurisdiction over Respondent by virtue of his Kansas Licensed Professional Counselor license. The Board has been charged by the Legislature with the responsibility to protect the public health, safety and welfare assuring the current fitness to practice of its licensees who practice in the area of mental health treatment.

WHEREFORE, the Kansas Behavioral Sciences Regulatory Board hereby orders the following:

Respondent Troy Carter's Licensed Professional Counselor license shall be immediately revoked subject to further proceedings pursuant to the Kansas Judicial Review Act, K.S.A. 77-601, *et seq.*, or further Order of the Board.

IT IS SO ORDERED on this 21<sup>st</sup> day of November, 2017.

  
\_\_\_\_\_  
Max Foster, Executive Director  
Kansas Behavioral Sciences Regulatory Board

#### **RELIEF FROM THIS EMERGENCY PROCEEDING ORDER**

Pursuant to KSA 77-536, this Emergency Proceeding Order is effective when rendered. Notice has been provided to all persons who are required to comply with the order. To appeal this Emergency Proceeding Order, a Petition for Judicial Review must be filed within thirty days

pursuant to the terms of the Kansas Judicial Review Act, KSA 77-601, *et seq.*, with the Third Judicial District Court, Shawnee County, Kansas and a copy of the Petition served upon:

Max Foster, Executive Director  
Behavioral Sciences Regulatory Board  
Eisenhower State Office Building, #420  
Topeka, KS 66603

Marty M. Snyder, Esq.  
Kansas Attorney General's Office  
120 SW Tenth Ave., 2<sup>nd</sup> Floor  
Topeka, KS 66612

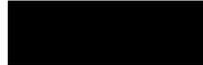
### CERTIFICATE OF SERVICE

This is to certify that on this 21 day of November, 2017, a true and correct copy of the above and foregoing Emergency Proceeding Order of Revocation was deposited in the U.S. mail, first class postage prepaid, addressed to:

Troy Carter



Troy Carter



and by email to:



and a copy sent by building mail to:

Marty M. Snyder, Esq.  
Assistant Attorney General

  
\_\_\_\_\_  
For the Board

Ron R. Kunzler (U.S.B. 4360)  
Assistant Attorney General  
Sean D. Reyes (U.S.B. 7969)  
Utah Attorney General  
Commercial Enforcement Division  
Heber M. Wells Building  
Box 140872  
Salt Lake City, UT 84114-6741  
Telephone: (801) 3660310

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**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING  
OF THE DEPARTMENT OF COMMERCE  
OF THE STATE OF UTAH**

---

IN THE MATTER OF THE LICENSE OF	)	<b>SURRENDER</b>
<b>TROY AMMON CARTER</b>	)	<b>STIPULATION AND ORDER</b>
UTAH LICENSE #9707772-6009	)	
TO PRACTICE AS AN ASSOCIATE	)	
CLINICAL MENTAL HEALTH COUNSELOR	)	<b>CASE NO. DOPL 2017-189</b>
IN THE STATE OF UTAH	)	

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**TROY AMMON CARTER** ("Respondent") and the Division of Occupational and Professional Licensing of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
  2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.
  3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.
-

**4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Clinical Mental Health Counselor Licensing Board ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to a hearing, the right to call witnesses on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).**

**5. Respondent acknowledges that he has received a Petition and a Notice of Agency Action in this matter.**

**6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.**

**7. Respondent admits the following facts are true:**

- a. On or about February 29, 2016, Respondent was first licensed as an associate clinical mental health counselor in the State of Utah.**
- b. In May 2016, Respondent practiced outside the scope of his ACMHC license by performing a "chiropractic adjustment" on two 16 year-old**

female clients to whom Respondent provided mental health services at a youth treatment facility in Utah. Respondent has never been licensed to practice chiropractic medicine in the State of Utah.

- c. Respondent desires to surrender Respondent's license to practice as an associate clinical mental health counselor in the State of Utah along with all residual rights pertaining to said license.

8. Respondent agrees that the findings of fact described above constitute unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a), (b), and (j); § 58-60-110(1)(b); Utah Administrative Code R156-60c-502(5) and (11); that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent hereby surrenders Respondent's license to practice as an associate clinical mental health counselor in the State of Utah along with all residual rights pertaining to said license. Respondent agrees that the issuance of the Order in this matter constitutes disciplinary action by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2)(a). Respondent agrees not to reapply for licensure as any type of mental health therapist in the State of Utah until three years from the effective date of this Stipulation and Order. The Division does not guarantee that any future application by Respondent for licensure will be granted. If the Division Director accepts the terms of this Stipulation and Order, Respondent forfeits all rights to practice as an associate clinical mental health counselor in the State of Utah. Respondent understands that Respondent will not receive any refund of license or renewal fees previously paid to the Division.

9. This Stipulation and Order, upon approval by the Director of the Division, shall be the final compromise and settlement of this non-criminal administrative matter, and any hearings or prehearing conferences currently scheduled are hereby vacated. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order

and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and Respondent waive any claim of bias or prejudice they might otherwise have with regard to the Director by virtue of his having reviewed this Stipulation, and this waiver shall survive such nullification.

10. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation.

11. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law.

12. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

13. Respondent understands and agrees that if Respondent has been issued an Order by the Division to pay an administrative penalty or a fine, and Respondent has not paid the administrative penalty or fine in full at the time this Stipulation and Order becomes effective, then Respondent may not reapply for licensure in the State of Utah, in any profession or occupation, until Respondent has paid the administrative penalty or fine in full. Respondent understands and agrees that any application for licensure submitted by Respondent shall be denied for the reason of failure to pay an administrative penalty or fine by the Division until Respondent has paid the administrative penalty or fine in full. The Division may also deny the license for any other lawful reason. Respondent understands and agrees that this surrender of

Respondent's license(s) does not extinguish any obligation Respondent has to pay any administrative penalty or fine previously ordered by the Division.

14. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSING

BY: *D Ishihara*  
DANE ISHIHARA  
Bureau Manager

DATE: 7-18-2017

SEAN D. REYES  
UTAH ATTORNEY GENERAL

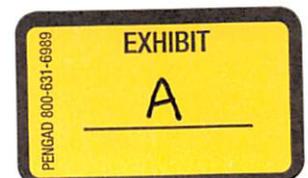
BY: *R. R. Kunzler*  
RON R. KUNZLER  
Counsel for the Division

DATE: 7-18-2017

RESPONDENT

BY: *Troy Carter*  
TROY AMMON CARTER

DATE: 7-11-2017



**ORDER**

THE ABOVE STIPULATION, in the matter of **TROY AMMON CARTER**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 18 day of July, 2017.



DIVISION OF OCCUPATIONAL AND  
PROFESSIONAL LICENSING

*for* W. Ray Walker, Acting Director  
MARK B. STEINAGEL  
Director

Investigator: Benjamin Baker

COPY

SAM BROWNBACK  
Governor

MAX L. FOSTER, Jr.  
Executive Director



700 S.W. Harrison St. Ste 420  
Topeka, Kansas 66603-3929  
(785) 296-3240  
FAX (785) 296-3112  
www.ksbsrb.ks.gov  
APPROVED BY: *[Signature]*

APPLICATION FOR LICENSURE AS A LICENSED PROFESSIONAL COUNSELOR: LPC

Application Fee: \$100.00 check, money order, or credit card made payable to BSRB

I. Identifying information: (Please type or print clearly in ink)

Legal Name: Carter Troy Ammon  
Last First Middle

Maiden/Other names used: \_\_\_\_\_ Gender: MALE

Date of Birth:                      Social Security Number:                      (Note: Your social security number is required pursuant to 42 U.S.C.S. § 666(a)(13), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request.)

Preferred E-Mail Address:                      Preferred Mailing: Home  Business

Home Phone:                      Cell Phone (optional):                     

Home Address:                      Apartment Number: \_\_\_\_\_

City:                      State: KS Zip+4:                     

Business Phone: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Address of Record: (Note: The address of record is not required. It is a separate address that will be kept on file to be given out when requested by the public through the Kansas Open Records Act. If you do not indicate an address of record, your preferred mailing address will be used.)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

II. **General Background Information:**

A. Have you ever filed any application for licensure or registration in Kansas? Yes \_\_\_ No X  
If "yes", please answer the following questions:

1. When: \_\_\_\_\_ For which credential: \_\_\_\_\_

2. Under what name: \_\_\_\_\_

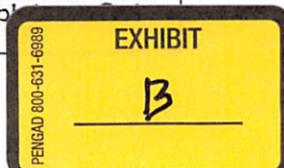
B. Do you currently hold, or have you ever held a certificate, registration or license to practice in the behavioral or health sciences in another state or jurisdiction? Yes \_\_\_ No X  
If "yes", please answer the following questions:

1. When: \_\_\_\_\_ For which credential: \_\_\_\_\_

2. Under what name: \_\_\_\_\_

3. In which state or jurisdiction: \_\_\_\_\_

If you currently hold, or have ever held a certificate, registration, or license to practice in one of the behavioral or health sciences in another state or jurisdiction, you will need to have the former state Board(s) complete an Out-of-State Clearance Form. They should send the completed form directly to us.



### III. Merit of the Public Trust:

A. Please answer the following questions. Note: If the answer to any of the items 1 through 9 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives specific details including disposition of the matter.

1. Have you ever been charged with or convicted of a felony or misdemeanor other than a traffic violation?  
Yes \_\_\_\_\_ No
2. Have you ever had a complaint filed with a professional association or a counselor certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct?  
Yes \_\_\_\_\_ No
3. Have you used any alcohol, narcotic, barbiturate other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years?  
Yes \_\_\_\_\_ No
4. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years?  
Yes \_\_\_\_\_ No
5. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years?  
Yes \_\_\_\_\_ No
6. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds?  
Yes \_\_\_\_\_ No
7. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership?  
Yes \_\_\_\_\_ No
8. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit?  
Yes \_\_\_\_\_ No
9. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?  
Yes \_\_\_\_\_ No

B. At the time of application, submit 3 professional references in the unopened envelopes that have been signed across the seal by each reference, including the reference from the individual that provided the direct clinical supervision of your on-site graduate program practicum or internship. If this person is not available, the graduate program director or anyone with knowledge of the practicum shall submit the reference. The references must be licensed as an LPC or licensed in a related field, except the person completing the form if your onsite practicum supervisor is unavailable. They cannot be related to you.

C. Provide the names and mailing addresses of the three individuals that completed the Professional Reference Forms on your behalf. Please place an asterisk/star (\*) next to the person(s) who provided the direct supervision of your on-site graduate program practicum or internship.

Name:  Pam Meyers \*

Address: \_\_\_\_\_

Name:  Angela Danninbring

Address: \_\_\_\_\_

Name:  Dr. Kimberly Jayne \*

Address: \_\_\_\_\_

### IV. Educational Background:

A. Submit at the time of application the completed Academic Background Form.

B. At the time of application submit in the unopened envelope, which has been signed across the seal by the graduate program director, the completed Graduate Practicum Review Form. Note: This form must be completed by the counseling program director from the college or university that academically supervised the masters degree counseling practicum experience.

C. Transcript(s): As part of the application process, each applicant is required to provide an official transcript from the Registrar's office of the college or university where your degree was granted. Please direct the school to send the transcript directly to the Board office. We cannot accept transcripts sent from the applicant.

D. List all accredited colleges or universities you have attended at the graduate level:

INSTITUTION	DATES OF ATTENDANCE		MAJOR AND/OR CONCENTRATION	DEGREE RECEIVED	DATE DEGREE CONFERRED
	FROM	TO			
University of New Mexico	2012	2015	Clinical Mental Health Coun	M.A.	12/2015

E. Give other name(s) under which your coursework was taken or your degree was conferred, if different from the name you use now:

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**V. Examination:**

A. If you have not previously taken the National Counselors Exam (NCE) developed by the National Board for Certified Counselors and achieved a passing score, you will be notified in writing if you are eligible to register and sit for the examination. Applicants must first satisfy the educational requirements in order to be authorized by Behavioral Sciences Regulatory Board (BSRB) to register for the examination.

B. Have you previously taken and passed the NCE examination? Yes  No   
 If "yes", complete the remaining items in this section before proceeding to the next section.

1. Location and date exam was taken: University of New Mexico October 17, 2015

C. Arrange for the Board's receipt of the official test scores by requesting that the National Board of Certified Counselors (or the out-of-state credentialing board) send the scores directly to the Board.

**VI. Applicant's Attestation:**

- |  |   |                             |
|--|---|-----------------------------|
| A. I have reviewed the licensure eligibility requirements prior to submitting this application.  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| B. I have completed the application materials and procedures honestly and in good faith.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| C. I understand that the members and staff of BSRB are compelled by law to uphold, implement and enforce the licensure statutes and regulations as written.  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| D. I understand that all state records pertaining to application and licensure may be used to conduct research or program evaluation, but any such research will not personally identify the applicants or licensees, either directly or indirectly.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| E. I understand that the Board has the statutory authority to refuse to grant licensure to, or may suspend, revoke, condition, limit, qualify, or restrict the license of any individual that has knowingly made a false statement on a BSRB form required for licensure or licensure renewal. | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| F. I <u>have</u> read and am familiar with the statutes and regulations governing the practice of professional counseling in Kansas.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| G. I understand that once the Board receives my application I am bound by, and will abide by the statutes and regulations governing the practice of professional counseling in Kansas.   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

Signature: *Troy A. Carter* Date: 9/21/2016

**NAME or ADDRESS CHANGE:** It is the applicant's responsibility to notify the Board in writing of any name or address change that might occur during the application process.

**D'Ercole, Cindy [BSRB]**

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**From:** D'Ercole, Cindy [BSRB]  
**Sent:** Thursday, September 21, 2017 12:58 PM  
**To:** [REDACTED]  
**Subject:** Regarding your professional license  
**Attachments:** 18-PC-0035.pdf

The attached document was also sent to you today via US mail.

Please respond by October 13, 2017, or the matter may proceed to the Complaint Review Committee without a response.

Cindy D'Ercole, Special Investigator  
Kansas Behavioral Sciences Regulatory Board  
700 S.W. Harrison St, Ste 420,  
Topeka, KS 66603-3817  
phone: 785-296-8341  
fax: 785-296-3112  
[cindy.dercole@ks.gov](mailto:cindy.dercole@ks.gov)  
please note new email address

