

**BEFORE THE BEHAVIORAL  
HEALTH AND HUMAN SERVICES  
LICENSING BOARD  
CAUSE NUMBER: 202409-BHS-0065**

**IN THE MATTER OF THE LICENSE OF:            )**  
**)**  
**MEGAN MEJIA    )**  
**)**  
**LICENSE NUMBER: 88002733A                    )**



**ORDER WITHDRAWING PROBATION**

The Behavioral Health and Human Services Licensing Board (“Board”) held a hearing on September 22, 2025, regarding Megan Mejia’s (“Petitioner”) Petition to Withdraw of Probation from their license as a Mental Health Associate.

Petitioner appeared in person without counsel.

The Board, after considering the evidence presented and taking official notice of the file in this matter, by a vote of 8-0-0 issued the following Findings of Fact, Conclusions of Law, and Order:

**FINDINGS OF FACT**

1. Petitioner is a Mental Health Associate with license number 88002733A.
2. Petitioner’s mailing address on file with the Board is 693 Vassar St., Apartment 734 Carmel IN 46032.
3. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code § 25-1-9-9 and Ind. Code § 4-21.5-3 *et. seq.*
4. On September 12, 2024, Petitioner's license was placed on probation following the Board's determination that the Petitioner had committed licensing violations related to unlicensed practice.

5. On September 12, 2024, the Board issued its Final Order, placing probationary terms on Petitioner's license, The terms required for Petitioner to complete while on probation can be found in the Board's Order, attached hereto as **Exhibit A**.
6. On July 23, 2025, Petitioner filed a Petition to Withdraw Probation with the Board.
7. At the September 22, 2025, hearing before the Board, Petitioner, through testimony and evidence, established that the deficiencies which resulted in the term of probation have been remedied and that they had fully complied with the probationary terms.

### **CONCLUSIONS OF LAW**

1. "The board may withdraw or modify the probation . . . if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order." Ind. Code § 25-1-9- 9(b).
2. Because Petitioner established that the deficiency which required disciplinary action has been remedied pursuant to Ind. Code § 25-1-9-16(d) and that Petitioner has been compliant with all probationary terms, the Board has determined that it is appropriate to grant Petitioner's request to withdraw the indefinite probation status placed on Petitioner's license.
3. The Board hereby finds that Petitioner's request to withdraw probation is appropriate, and issues this ORDER as set forth below.

### **ORDER**

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED that Petitioner's petition for withdraw of probation is GRANTED and, therefore, Petitioner's license shall return to "Active" status, free and clear from any term of probation.

This Order constitutes a Final Order of the Board under Ind. Code § 4-21.5-3-27. The Board is the ultimate authority under Ind. Code § 4-21.5-1-15, and this Final Order should be considered notice of the final agency action and determination in this matter. If a party to this matter wishes to seek judicial review, the party must file a petition with an appropriate court within thirty (30) days of the date of the issuance of this Order and must otherwise comply with Ind. Code § 4-21.5-5.

**SO ORDERED** this 19<sup>th</sup> day of December, 2025.



By: \_\_\_\_\_ for  
Jon Ferguson, MS, LMFT, LCAC, Board Chair  
Behavioral Health and Human Services  
Licensing Board

**DISTRIBUTION**

I hereby certify that a copy of foregoing Order has been duly served upon all parties and counsel of record by the means recorded below.

Megan Mejia  
[REDACTED]

*Petitioner*  
**Service by Email**

12/19/2025  
Date

*Brad Repass*  
Brad Repass, Litigation Coordinator

Indiana Professional Licensing Agency  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, IN 46204  
Phone: (317) 232-2960  
Email: [Clerk@pla.in.gov](mailto:Clerk@pla.in.gov)

**Explanation of Service Methods**

Personal Service: by delivering a true copy of the aforesaid document(s) personally.  
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.  
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

**BEFORE THE INDIANA  
BEHAVIORAL HEALTH AND  
HUMAN SERVICES  
LICENSING BOARD  
CAUSE No.: 202409-BHS-0065**

**IN THE MATTER OF THE )  
LMHCA AND TEMPORARY LMHCA )  
APPLICATIONS OF )  
MEGAN MEJIA )  
LICENSE No.: 99127275 (Temp) )  
(Probation) )**



**DECISION ON LICENSE APPLICATION**

Megan Mejia (“Applicant”) appeared before the Behavioral Health and Human Services Licensing Board (“Board”) on June 17, 2024, in the Indiana Government Center South, Room W064, located at 302 West Washington Street, Indianapolis, Indiana 46204. Applicant appeared to answer questions from the Board concerning applications for licensure and temporary licensure as a Licensed Mental Health Counselor Associate (“LMHCA”) and work history.

The Board, after conducting the personal appearance, considering the information presented by the Applicant and reviewing Applicant’s application file, issues the following Decision (“Order”) regarding Applicant’s License Applications for a Licensed Mental Health Counselor Associate (“LMHCA”) by a **7-0-0** vote.

Once Applicant successfully passes the LMHCA examination, the probationary terms on Applicant’s temporary LMHCA will extend to the full LMHCA.

## BACKGROUND

1. Applicant submitted applications for licensure as an LMHCA and Temporary LMHCA on March 21, 2024, a couple years after a July 29, 2022, graduation from a Master of Education in Mental Health Counseling and Counseling Education program at Indiana University Bloomington.
2. Applicant previously submitted an application for licensure as an LMHCA in December 2022 which was abandoned for lack of completion.
3. As part of the application, Applicant disclosed on the employment experience section several positions that were flagged as potential unlicensed practice.
4. Applicant disclosed that she has been working as a Therapist for Pinnacle Treatment Centers since August 8, 2022, and as an Outpatient Counselor for Mindfit Counseling, L.L.C. since April 3, 2023.
5. During the June 17, 2024, personal appearance, Applicant confirmed that Applicant worked in the forementioned employment positions. Applicant stated that Applicant was still working for Mindfit Counseling. Applicant testified that Mindfit had Applicant listed as a Masters Level Case Manager, but confirmed that she was hired as a Counselor.
3. Pursuant to Indiana Code § 25-23.6-4.5-1, the practice of mental health counseling requires licensure.
4. Pursuant to Indiana Code § 25-23.6-1-7.5, Applicant's activities as disclosed on the work history and during the personal appearance constitute unlicensed practice of mental health counseling.

5. Applicant is subject to the provisions of Ind. Code § 25-1-9-16(b) and the Board may issue a probationary permit or license subject to the terms and conditions described below.

**TERMS AND CONDITIONS**

Based upon the foregoing Information, the Board imposes the following Terms and Conditions on the Applicant's LMHCA:

1. The Applicant's license shall be on **INDEFINITE PROBATION**. The Applicant may not petition for withdraw of the probation for at least three (3) months from the date of June 17, 2024.
2. The Applicant's practice shall be governed by the following **TERMS AND CONDITIONS**:
  - a. The Applicant must keep the Board apprised of the following information in writing and update it as necessary:
    - i. The Applicant's current home address, mailing address, e-mail address and residential telephone number.
    - ii. The Applicant's place of employment, employment telephone number, employment e-mail address and name of supervisor.
    - iii. The Applicant's title and work schedule, including the number of hours worked per week.
  - b. The Applicant shall take at least ten (10) Continuing Education Units ("CEUs") in ethics or licensure and submit documentation of those CEUs to the Board.

- c. The Applicant shall provide copies of this Order signed by any employers within ten (10) days of the issuance of the Order. If Applicant starts or secures different employment, Applicant shall provide a copy of the Board Order signed by the new employer within ten (10) days of starting employment.
  - d. The Applicant shall take and pass the Indiana Jurisprudence examination.
  - e. The Applicant shall comply with all statutes and rules regulating the practice of behavioral health and report any future arrests, work discipline, or terminations to the Board immediately in writing.
3. The failure of the Applicant to comply with the terms of this probation may subject Applicant to a show cause hearing and the possible imposition of further sanctions.

**ISSUED**, this 12th day of September 2024.

By: Cindy Vaught For

Dr. Dianna Cooper-Bolinsky  
Ph.D., LCSW, LCAC  
Behavior Health and Human  
Services Licensing Board Chair

## **NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION**

You may petition for review of this decision under IC 4-21.5-3-7. The petition must be filed with the Behavioral Health and Human Services Licensing Board in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday a legal holiday under state statute or a day that the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

**CERTIFICATE OF SERVICE**

I certify that a copy of the “Decision on License Application” has been duly served upon:

Megan Mejia  
693 Vassar St., Apt. 734  
Carmel, IN 46032  
**Service by U.S. Mail**

12 September 2024  
Date

  
\_\_\_\_\_  
Connie Adams, Litigation Specialist

Behavioral Health and Human Services Licensing Board  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, IN 46204  
Phone: 317-234-3009  
Fax: 317-233-4236  
Email: [pla9@pla.in.gov](mailto:pla9@pla.in.gov)

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