



Office of the Governor State of South Carolina

Application for Boards, Commissions, and Committees

Your nomination **will not** be complete until this application is filed. Please return the application to:
Office of the Governor, Attn: Katie Philpott, 1205 Pendleton Street, Columbia, South Carolina 29201.

1] Your Name:

Dr./Mr./Mrs./Ms. Giesen Jan Hamby
Last First Middle

2] Name of Board, Commission, or Committee you are being considered for:

SC Board of Social Work Examiners

3] Your Current Address, City, Zip Code and County:

Your Congressional District: 02

4928 Augusta Hwy. Leesville, SC 29070 Lexington Co.

4] Home Telephone: 803-892-8848 5] Office Telephone: 803-896-4813 6] Fax: 803-896-6157

7] Mobile Telephone: 803-582-9337 8] Email Address: jhgies@scdjj.net

9] Drivers License # 100468777 10] Social Security #: 251087363

11] Voter Registration # _____ 12] Date of Birth: 05-10-1957

13] Race: White

14] Sex: Male / **Female**

15] Level of Educational Background Completed:

Some High School _____

High School graduate or equivalence (G.E.D.) _____

Some College _____

College graduate Yes

Professional degree (please specify) LISW-CP with Supervisors Credential

16] Present Employer SC Department of Juvenile Justice

Address 5000 Broad River Rd. Columbia, SC 29212

Current Position Director of Social Work

17] Years of residence in South Carolina: 40

18] Have you ever been arrested for a crime other than a minor traffic violation? N If so, give details.*

- 19] Have you filed state and federal income tax returns for the past five years? Yes If not, give details.*
- 20] Are you or any company in which you have a controlling interest delinquent in any local, state or federal taxes? No If so, give details.*
- 21] Have you ever defaulted on any state or federal student loan? No If so, give details.*
- 22] Have you been treated for any alcohol, drug addiction, or substance abuse for the preceding five years? No
If so, give details.*
- 23] Have you been party (plaintiff or defendant) in any state or federal litigation for the preceding five years? No
If so, give details.*
- 24] Have you ever served in the military? No
Were you honorably discharged? _____ If not, give details.*
- 25] Have you ever been terminated from employment for cause? No If so, give details.*
- 26] Have you or any employer in the preceding ten years been investigated, reprimanded, fined, or suspended for doing business with any state or federal agency? No If so, give details.*
- 27] Have you ever been disciplined or fined by the State Ethics Commission? No If so, give details.*
- 28] Have you ever been disciplined or fined by any professional or regulatory agency? No If so, give details.*
- 29] Do you serve on any local or state board, commission, committee, or elected office? No If so, list.*
- 30] Are you a registered lobbyist in the State of South Carolina? No
- 31] Do you or any member of your immediate family receive any income, compensation or benefits from state and local agencies in South Carolina? Yes If so, give details.* Granddaughter receives Medicaid
- 32] Do you or any member of your immediate family have any interest in any business that has, is, or will do business with the State of South Carolina or the entity for which you are applying? No If so, give details.*
- 33] Are you or any member of your immediate family associated with any business regulated by the entity to which you are applying? No If yes, give details.*

- 34] Have you or any member of your immediate family sold, leased, or rented personal property to any state or local public agency in South Carolina? Yes If so, please identify *:
- a) Right of Way for road widening
 - b) SC DOT
 - c) < \$1000.00
- 35] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor regulated by the entity to which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)
- 36] Do you or any member of your immediate family owe a debt in excess of \$500 to any creditor seeking a business relationship with the entity for which you are applying? No If so, give details.* (Do not disclose debt promised or loaned by a bank, savings and loan or other licensed financial institution.)
- 37] Do you or any member of your immediate family receive compensation from any individual or business that contracts with the entity for which you are applying? No If yes, please identify *:
- a) the individual or business,
 - b) the amount of compensation paid to you,
 - c) the nature and amount of the contract,
 - d) the governmental entity involved.
- 38] I, Jan H. Giesen, agree that, if I am appointed to the SC Board of Social Work Examiners, I will attend all stated or called meetings of this entity. If I am absent from three consecutive meetings, or if I am absent from half of the meetings within a six-month period, then I will resign my appointment. However, if the Chairperson excuses my absence prior to the meeting, in recognition of circumstances beyond my control (illness, family emergency, etc.), then I am entitled to retain my position.

*Use extra sheet if necessary.

CERTIFICATION OF APPLICANT

Personally appeared before me, the applicant, who being duly sworn, disposed, and says that all his/her statements are true, accurate and complete: and that he/she knows and agrees that any misrepresentation or omission of the facts may result in his/her being disqualified or being discharged should he/she already be appointed by the Governor. He/she authorizes the State Law Enforcement Division to conduct a background investigation including, but not limited to, a criminal history, driving record and credit check. He/she also authorizes the Governor's Office to provide the nominating authorities with copies of this application, the criminal history and credit report and any other information gathered in processing this appointment.

Applicant's Signature

Sworn and subscribed before me this fourth day of February, Two Thousand and Fifteen.

Don V. Giesen

Notary Public for South Carolina

My commission expires January 18, 2023

SENATE CONFIRMATION
CONFIDENTIAL PERSONAL DATA QUESTIONNAIRE

NOTICE: The information requested herein is needed to assist the Senate in its screening of candidates. This document is made available to and used by the appropriate Committee of jurisdiction and is not made public. Since this questionnaire is the initial step in the appointment and confirmation process, it should be returned to the Governor's Office as soon as possible. Please use additional sheets as necessary to complete this document.

Office or Seat to which you are being appointed:
SC Board of Social Work Examiners

1. NAME: Mrs. Jan H. Giesen

HOME ADDRESS: 4928 Augusta Hwy. Leesville, SC 29070

BUSINESS ADDRESS: SCDJJ, 5000 Broad River Rd., Columbia, SC 29212

TELEPHONE NUMBER: (home): 803-892-8848
(office): 803-896-4813

RESIDE IN SENATE DISTRICT#: 23 CONGRESSIONAL DISTRICT#: 02

2. Date and Place of Birth: Columbia, SC Social Security #: 251087363
3. Are you a citizen of South Carolina? Have you been a resident of this state for at least the immediate past 5 years? Yes and Yes
4. SCDL# or SCHD#: 100468777 Voter Registration Number: 326239179
5. Family Status: Are you
single ();
married (X);
widowed (); or
divorced ()?
- (a) If married, state the date of your marriage and your spouse's full name. April 30, 1981 to David V. Giesen
- (b) If you have ever been divorced, state the date, name of the moving party, court, and grounds. NA
- (c) State the names of your children and their ages. If your children are old enough to work, include the occupation of each child. Kimberly G. Daniele, age 33, Physician's Assistant

Amanda G. Derrick, age 31, Pharmacy Technician

6. Have you ever served in the military? If so, give the dates, branch of service, highest rank attained, serial number, present status, and the character of your discharge or release.
No
7. List each college and graduate or professional school you attended, including the dates of your attendance, the degrees you received, and if you left an institution without receiving a degree, the reason for your departure.

See attached resume
8. List the states in which you have been licensed and/or admitted to a professional practice and the year of each license and/or admission. Also, list any states in which you took a professional license exam, but were never admitted to the practice. If you took an exam more than once in any of the states listed please indicate the number of times you took the exam in each state.

Ohio: LSW and LISW practice
South Carolina: LISW-CP practice and supervisor's credential
9. List the significant activities in which you took part during your attendance at college, graduate, and/or professional school. Give the dates you were involved in these activities and list any leadership positions you held.

Rape Crisis Advocate: Ohio: 1998-2000
10. Briefly describe any continuing education during the past five years.
I have attended continuing education coursework to meet the requirements of Licensed Independent Social Worker. I have taught multiple courses at the University of South Carolina, College of Social Work Graduate Level and have researched and presented multiple advanced training sessions to social work staff members across the state and nationally.
11. List all published books and articles you have written and give citations and dates of publication for each. None
12. If an attorney, list all courts in which you have been admitted to practice and list the dates of your admission. Give the same information for administrative bodies which require a special admission to practice.
Not an attorney

13. Have you ever held public office? If so, list the periods of your service, the office or offices involved, and whether you were elected or appointed. No
14. Have you ever been an unsuccessful candidate for elective, judicial, or other public office? If so, give details, including dates. No
15. Since completing your education, list any occupation, business, or profession in which you have been engaged other than holding public office. Give details, including a description of your occupation, business, or profession, the dates of your employment, and the name of your business or employer. See attached resume
16. Are you now an officer or director or involved in the management of any business enterprise? Explain the nature of the business, your duties, and the term of your service. No
17. Provide a complete, current financial net worth statement that itemizes in detail:
- a) the identity and value of all financial assets held, directly or indirectly, including, but not limited to, bank accounts, real estate, trusts, investments, and other financial holdings
 - b) the identity and amount of each liability owed, directly or indirectly, which is in excess of \$1,000, including, but not limited to, debts, mortgages, loans, and other financial obligations.
- See attached Confidential Financial Statement Net Worth.
18. Describe any financial arrangements or business relationships which you have, or have had in the past, that could constitute or result in a possible conflict of interest in the position you seek. Explain how you would resolve any potential conflict of interest. None
19. Have you ever been arrested, charged, or held by federal, state, or other law enforcement authorities for violation or for suspicion of violation of any federal law or regulation, state law or regulation or county or municipal law, regulation or ordinance? If so give details but do not include traffic violations for which a fine of \$125 or less was imposed. No
20. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you? Have you ever defaulted on a student loan? Have you ever filed for bankruptcy? If so, give details. Bankruptcy filed in 1984 due to medical bills. Pre-existing condition of pregnancy after job change resulted in no coverage for obstetrical care or hospital bills for birth. Paid all debt 100%.

21. Have you ever been sued, personally or professionally? If so, give details.
- No
22. Have you ever been disciplined or sited for unprofessional conduct or a breach of ethics by any court, administrative agency, bar association, disciplinary committee, or other professional group? Have you ever been the subject of a formal complaint, or is there a complaint pending against you before such a group? If so, give the details and describe any final disposition.
- No
23. Are you now or have you ever been employed as a "lobbyist," as defined by S.C. Code §2-17-10(14)? If so, give the dates of your employment or activity in such capacity and specify by whom you were directed or employed.
- No
24. Since being notified of your possible appointment, have you accepted lodging, transportation, entertainment, food, meals, beverages, money, or any other thing of value as defined by S.C. Code §2-17-10(1) from a lobbyist or lobbyist's principal? If so, please specify the item or items you received, the date of receipt, and the lobbyist or lobbyist's principal involved.
- No
25. Itemize (by amount, type, and date) all expenditures, other than those for travel and room and board, made by you, or on your behalf, in furtherance of your candidacy for the position you seek.
- Not applicable
26. List the amount and recipient of all contributions made by you or on your behalf to the appointing authority or members of the General Assembly within six months of the filing of this questionnaire.
- None
27. Have you directly or indirectly requested the pledge of any member of the General Assembly as to your confirmation for the position for which you are being appointed? No
28. Have you requested a friend or colleague to contact members of the General Assembly on your behalf? If so, give details. No

29. Have you or has anyone on your behalf solicited or collected funds to aid in the promotion of your candidacy? If so, please specify the amount, solicitor, donor, and date of the solicitation. No
30. List all professional organizations of which you are a member and give the titles and dates of any offices you have held in such groups.
- Teaching-Family Association: Member of ad-hoc committees over the years and Member of Certification Committee for 3 years (1887-2000)
National Association of Social Workers (Multiple years)
National Association of Christian Social Workers (2007-2009)
31. List all civic, charitable, educational, social, and fraternal organizations of which you are or have been a member during the past five years and include any offices held in such a group, any professional honors, awards, or other forms of recognition received and not listed elsewhere.
- United Methodist Women: President of UMW/Leesville UMC
Currently Secretary of the UMW/Leesville UMC
32. List any local, county or statewide board, commission, council or other body on which you currently serve which constitutes the holding of an office under the provisions of Article VI, Section 3 of the South Carolina Constitution, to wit:
- No person may hold two offices of honor or profit at the same time. This limitation does not apply to officers in the militia, notaries public, members of lawfully and regularly organized fire departments, constables, or delegates to a constitutional convention. None
33. Provide any other information which may reflect positively or negatively on your candidacy, or which you believe should be disclosed in connection with consideration of appointment to the position that you seek.
- I have worked in the field of social work since 1983. As it relates to appointment to the SC Board of Social Work Examiners, I believe my training, expertise, and tenure in the field will be an asset to the Board.
34. List the **names**, **addresses** and **telephone numbers** of five persons, including your banker, who will provide letters of reference. Letters should be *addressed* the South Carolina Senate and **must be mailed with your completed application to: Office of the Governor, ATTN: Katie Philpott, 1205 Pendleton Street, Columbia, SC 29201.**

YOUR SIGNATURE WILL BE HELD TO CONSTITUTE A WAIVER OF THE
CONFIDENTIALITY OF ANY PROCEEDING BEFORE ANY PROFESSIONAL GRIEVANCE
COMMITTEE OR ANY INFORMATION CONCERNING YOUR CREDIT.

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date: 2/11/15

Signature: Jan H. Giesin

SOUTH CAROLINA
ELECTION COMMISSION**Voter Information****Voter Information for** Jan H Giesen **Certificate Number:** 326239179[SCVotes.org](#)[Help](#)**Date of Birth:** 5/10/1957**Gender:** Female**Race:** White**Residential Address:** 4928 Augusta Hwy Leesville, SC 29070**County:** LEXINGTON**Voting Precinct:** Hollow Creek**Active Registered Voters:** 2053**Precinct Location:** Hollow Creek Comm Center**Precinct Address:** 2701 Priceville Rd Gilbert, SC 29054[Get driving directions to the Precinct*](#)

***Driving directions are based on Google Maps; the South Carolina State Election Commission cannot guarantee the accuracy of the search results.**

Voting Districts**US Congressional District** 02**SC Senate District** 25**SC House District** 039**County Council** 02**School District** 01**Magistrate Jury Area** 325

If the above information is incorrect, please contact:

LEXINGTON COUNTY VOTER REGISTRATION**605 W Main St Ste 105****Lexington, SC 29072****Phone Number: (803)785-8361****Email: dcrepes@lex-co.com**[Back](#)

Jan H. Giesen, LISW-CP
4928 Augusta Hwy.
Leesville, SC 29070

Phone: (803) 892-8848(Home) (803)582-9337 (cell) 803-896-4813 (work)
e-mail: jhgies@scdj.net

EDUCATION

August, 2000	MSW The Ohio State University School of Social Work Columbus, OH
August, 1991	B.S. Human Services Gardner-Webb College Boiling Springs, NC
May, 1977	Associate in Science Criminal Justice University of SC Columbia, SC

EMPLOYMENT HISTORY

7/12 – Present	Director of Social Work SC Department of Juvenile Justice 5000 Broad River Rd. Columbia, SC 29212
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Oversee the implementation of Social Work Services at the SC Department of Juvenile Justice. Participate in policy and planning; clinical supervision of Social Work Staff; participate in decision-making regarding appropriateness of programming; work cooperatively with security, education, and classification staff to ensure quality of services to clients; and work with community Department of Juvenile Justice staff and other State of SC agencies towards the continuum of care for children, youths and family.

2/04 to 7/12	Program Manager SC Department of Juvenile Justice 5000 Broad River Rd. Columbia, S.C. 29212
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Oversee the implementation of the sex offender treatment program housed on Birchwood Campus, SC Department of Juvenile Justice. Provide direction and supervision of service delivery of Social Work staff; participate in decision-making regarding appropriateness/inappropriateness of placement; coordinate services with providers of step-down services; participation in multidisciplinary team; provide direct social work services to clients; work cooperatively with security, education, and classification staff to ensure quality of services to clients; and work with community Department of Juvenile Justice staff towards a continuum of care for child and family.

3/05 to 9/11 **Therapist (Part time)**

Winstead and Associates, Inc.
2712 Middleburg Dr., Ste 106.
Columbia, SC 29202

Provide assessment, individual and family therapy, and consultation for private counseling center part time for adults and adolescents.

08/10 - Present

Adjunct Instructor
University of South Carolina
College of Social Work
Columbia, SC 29202

Provide in-class instruction for College of Social Work as assigned in the MSW program.

1/95 to 12/11/03

Director of Clinical Services

The Marsh Foundation,
P.O. Box 150, 1229 Lincoln Hwy.,
Van Wert, Ohio 45891

Participated in the development and management of a small mental health clinic housed on the campus of residential treatment program. Interpret and implement policy and procedure as it applied to the services delivered to clients; adherence to all Medicaid and insurance standards for care, billing, and staffing of program; participate in strategic planning for agency; marketing and developing community network of providers for services for clients; participation in local, state, and national child-caring groups. Supervised clinical staff members who provided home-based and clinical services to clients and families and was accountable for the revision and updating of all policy as it pertained to mental health services.

Developed an extensive knowledge of HIPAA regulations and was instrumental in the development of policy in accordance with Federal and State guidelines as they impacted the Clinic and the rest of the agency. Coordinated and provided training to clinical and direct care staff as it applied to mental health services. Participated in provision of initial and on-going staff training to ensure high

quality of services were provided for clients in high management group homes and treatment foster care homes.

1/92 to 12/94

Coordinator of Training and Evaluation

Methodist Home for Children, Raleigh, N.C.

Coordinated the training, recruitment, and evaluation services to family-teachers in group home settings. Responsibilities included: recruitment of direct care staff; coordination of initial training in Teaching-Family Model of Care and agency policy and procedure; Arranged and/or provided on-going training to direct care staff members; Ensured quality of training programs by researching best practices and attending training of trainers seminars.

Coordinated and conducted evaluations of direct care services, consumerism and management of group home staff members. Trained evaluation team members; attended national evaluation training to ensure best practices; and wrote/co-wrote all evaluation results.

Member of national organization Certification Committee that monitored and provided agency evaluation to multiple sites both nationally and internationally. Ensured quality control of evaluation team and evaluation results.

6/86 - 2/92

Teaching-Parent

Methodist Home for Children, Raleigh, N.C.

Teaching-Parent: Delivery of comprehensive residential treatment program for five troubled adolescents. Responsible for all aspects of intake, treatment planning, client documentation and records management, discharge, and administrative records and documentation. Parent counseling and parent training to support family reunification. Work extensively with school, court, mental health, and social service agencies to meet youths needs.

3/83 - 6/86

Group Home Manager

Babcock Center, Lexington, SC

Provided on-site management of two 8 bed group homes for developmentally delayed adults. Responsible for supervision of shift staff; coordination of service provision for clients; networking; and providing training in management of population.

8/79 – 2/83

Classroom Instructor

Pine Grove School, Elgin, SC

Responsibilities included classroom management of a year round behavior modification program for six autistic and emotionally disturbed adolescents,

treatment planning for educational needs of clients, writing IEP and discharge summaries for clients, and organization of speech and physical therapy, if needed.

ACTIVITIES/LICENSURE

08-07	Certified Sex Offender Management Specialist (CSOM)
09/06	Certified TruThought Trainer
10/03- present	Licensed Independent Social Worker, Clinical Practice Supervising LISW LLR, State of SC, Columbia, SC
11/02-12/04	Licensed Independent Social Worker State of Ohio Licensing Board, Columbus, OH
9/96 - 11/02	Licensed Social Worker State of Ohio Licensing Board, Columbus, OH
1/00	Received Mediator Certification for State of Ohio Health and Human Services
1/98 – 12/05	Certified Domestic Violence Counselor National Forensics Association, Ft. Wayne, IN
1/97 – 12/03	Rape Crisis Advocate Tri-County Rape Crisis Center Lima, OH
4/96 – 12/03	Court-Appointed Special Advocate (CASA) Van Wert, SC
8/86 – 12/03	Member of the Teaching-Family Association Member Teaching-Parent Committee Chairperson 1/90- 12/94 Member Group Home Divisional Committee Chairperson 1/96 – 12/98 Member Certification and Ethics Committee
8/89 – 12/03	Volunteer American Red Cross CPR/First Aid Instructor

Confidential Financial Statement
Net Worth

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) and all liabilities (including debts, mortgages, loans, and other financial obligations).

ASSETS

Cash on hand in banks

South Carolina State Credit Union: Checking and Savings accounts: Checking balance as of today, 1-30-15 is \$2467.98 and savings balance as of today, 1-30-15 is \$845.03

U. S. Government securities—add schedule Not Applicable

Listed securities—add schedule

Accounts and notes receivable: None

Due from relatives and friends

Due from others

Doubtful

Real estate owned—add schedule NA

Real estate mortgages receivable NA

Cash value—life insurance : \$230,000.00 Payable upon death

Other assets—itemize:

State of SC Retirement System: (Statements attached)

SCRS: \$2,238.99

PORS: \$50,331.41

Total assets \$55,883.41

LIABILITIES

Notes payable to banks—secured None
Notes payable to banks—unsecured None
Notes payable to relatives None
Notes payable to others None
Accounts and bills due
Monthly Electric, Cable/Phone/Internet, and Water
Approximate Totals: \$512.00
Unpaid income tax None
Other unpaid tax and interest None
Real estate mortgages payable—add schedule NA
Chattel mortgages and other liens payable NA
Other debts—itemize:
Lane Bryant Credit Card: \$1357.42
Avenue Credit Card: \$534.98
Student Loan balance \$2543.00

Total liabilities: \$4947.40

Net worth: \$50,936.01

CONTINGENT LIABILITIES

As endorser, comaker or guarantor
 On leases or contracts NA
Legal claims
 Provision for Federal Income Tax
 Other special debt NA

GENERAL INFORMATION

Are any assets pledged? No

(Add schedule)

Are you defendant in any suits or legal actions? No

Have you ever taken bankruptcy? Yes: 1983

I HEREBY CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE
BEST OF MY KNOWLEDGE.

Date: 2/11/15

Signature: Jan H. Giesen

South Carolina Retirement Systems

MEMBER STATEMENT AS OF 02/11/2015

JAN H GIESEN
4928 AUGUSTA HWY
LEESVILLE SC 29070

SSN: XXX-XX-7363
Account: 4-PORS
Current Status: Active
Emp Code: 414.00
Date of Birth: 5/10/1957

	<u>Prior Year</u>	<u>Current Year</u>	<u>Grand Totals</u>
After-Tax Contributions.....	.00	.00	.00
Tax-Deferred Contributions..	39,041.61	2,900.38	41,941.99
Interest.....	7,307.93	.00	7,307.93
Unposted Accrued Interest...	.00	1,081.49	1,081.49

Totals.....	46,349.54	3,981.87	50,331.41

Your service total is 10 year(s) 10 month(s) and 00 day(s) through 12-31-2014.

Your contributions are through 12-31-2014. Contributions and service credit are received directly from your employer quarterly.

Interest is posted to your account annually and was last posted on 06-30-2014. The unposted accrued interest for the current fiscal year is prorated as of 01-31-2015.

Current Beneficiary Information

<u>Name</u>	<u>DOB</u>	<u>Bene Type</u>	<u>Program Type</u>
DAVID V GIESEN	07-11-1956	Primary	Survivor/Incidental Death Benefit
KIMBERLY N GIESEN	11-28-1981	Primary	Survivor/Incidental Death Benefit
AMANDA K GIESEN	03-01-1983	Contingent	Survivor

THE RETIREMENT SYSTEM DOES NOT WARRANT THE CORRECTNESS OF THE SERVICE CREDIT TOTALS. TO ENSURE ACCURACY, YOUR SERVICE CREDIT WILL BE AUDITED AT RETIREMENT. THE SERVICE CREDIT TOTALS AND ACCOUNT BALANCES LISTED IN THIS DOCUMENT SHOULD NOT BE USED TO DETERMINE ELIGIBILITY FOR RETIREMENT, ELIGIBILITY FOR A DEFERRED ANNUITY, A RETIREMENT DATE OR AN ESTIMATED AVERAGE FINAL COMPENSATION. PLEASE DO NOT LEAVE EMPLOYMENT BASED ON THIS INFORMATION.

LOCATION ADDRESS:
202 ARBOR LAKE DRIVE
COLUMBIA, SOUTH CAROLINA 29223

803-737-6800
800-868-9002 (WITHIN SC ONLY)
WWW.RETIREMENT.SC.GOV

MAILING ADDRESS:
POST OFFICE BOX 11960
COLUMBIA, SOUTH CAROLINA 29211-1960

South Carolina Retirement Systems

MEMBER STATEMENT AS OF 02/11/2015

JAN H GIESEN
4928 AUGUSTA HWY
LEESVILLE SC 29070

SSN: XXX-XX-7363
Account: 1-SCRS
Current Status: Active
Emp Code: 301.00
Date of Birth: 5/10/1957

	<u>Prior Year</u>	<u>Current Year</u>	<u>Grand Totals</u>
After-Tax Contributions.....	.00	.00	.00
Tax-Deferred Contributions..	2,025.11	.00	2,025.11
Interest.....	162.83	.00	162.83
Unposted Accrued Interest...	.00	51.05	51.05

Totals.....	2,187.94	51.05	2,238.99

Your service total is 03 year(s) 06 month(s) and 05 day(s) through 06-30-2014.

Your contributions are through 06-30-2014. Contributions and service credit are received directly from your employer quarterly.

Interest is posted to your account annually and was last posted on 06-30-2014. The unposted accrued interest for the current fiscal year is prorated as of 01-31-2015.

Current Beneficiary Information

<u>Name</u>	<u>DOB</u>	<u>Bene Type</u>	<u>Program Type</u>
ESTATE		Primary	Survivor/Incidental Death Benefit

THE RETIREMENT SYSTEM DOES NOT WARRANT THE CORRECTNESS OF THE SERVICE CREDIT TOTALS. TO ENSURE ACCURACY, YOUR SERVICE CREDIT WILL BE AUDITED AT RETIREMENT. THE SERVICE CREDIT TOTALS AND ACCOUNT BALANCES LISTED IN THIS DOCUMENT SHOULD NOT BE USED TO DETERMINE ELIGIBILITY FOR RETIREMENT, ELIGIBILITY FOR A DEFERRED ANNUITY, A RETIREMENT DATE OR AN ESTIMATED AVERAGE FINAL COMPENSATION. PLEASE DO NOT LEAVE EMPLOYMENT BASED ON THIS INFORMATION.

LOCATION ADDRESS:
202 ARBOR LAKE DRIVE
COLUMBIA, SOUTH CAROLINA 29223

803-737-6800
800-868-9002 (WITHIN SC ONLY)
WWW.RETIREMENT.SC.GOV

MAILING ADDRESS:
POST OFFICE BOX 11960
COLUMBIA, SOUTH CAROLINA 29211-1960

STATE ETHICS COMMISSION
STATEMENT OF ECONOMIC INTERESTS FORMName of Candidate or Filer: *Last Name, First Name, Middle Initial* Mr. () Mrs. () Ms. ()

G i e s e n J a n H

Mailing Address:

4 9 2 8 A u g u s t a H w y

City:

L e e s v i l l e

State:

S C

Zip:

2 9 0 7 0

Phone:

8 0 3 - 8 9 2 - 8 8 4 8

The following information is required for administrative purposes, only for positive identification of the filer, and will not be released to the public.

Social Security Number:

2 5 1 - 0 8 - 7 3 6 3

NOTE:

PLEASE COMPLETE THIS ENTIRE REPORT IN **BLUE** OR **BLACK** INK, OR **TYPE**.**DO NOT USE PENCIL****KEEP A COPY FOR YOUR RECORDS****\$100 PER DAY PENALTY IF FILED LATE**

PRINT IN BLACK OR BLUE INK, OR TYPE (DO NOT USE PENCIL)

1. Have you previously filed this form? ☒ Yes ☐ No ☒

2. County of Residence: | L | e | x | i | n | g | t | o | n | | | | | | | |

3. Name: (Last-First-Middle Initial) | G | i | e | s | e | n | | J | a | n | | H | | | | | | | |

4. Mailing Address: | 4 | 9 | 2 | 8 | | A | u | g | u | s | t | a | | H | w | y | | | | | | | |

City: | L | e | e | s | v | i | l | l | e | | | | | | | | State: | S | C |

Zip: | 2 | 9 | 0 | 7 | 0 |

5. Phone: | 8 | 0 | 3 | - | 8 | 9 | 2 | - | 8 | 8 | 4 | 8 |

*Status Position, Title, and Agency (If House or Senate, include District #)

Term of Office (mo/yr)

6. Current _____ (a) _____ From _____ To _____

From _____ To _____

7. Sought 1. (b) SC Board of Social Work Examiners From 2015 To 2019

*Status: 1. Appointed 2. Candidate 3. Employee 4. Elected 5. Employee/Regulated Business Association

8. Date of Hire or Appointment (mo-yr): _____

CANDIDATES ONLY

9. Date filed as a candidate (mo/da/yr)

10. Election Date(s) (mo/da/yr) Primary _____ General _____ Special _____

11. **NOTE: ALL CANDIDATES MUST ALSO FILE A CAMPAIGN DISCLOSURE FORM. A CAMPAIGN DISCLOSURE FORM MUST BE FILED AT LEAST FIFTEEN DAYS BEFORE EACH ELECTION, EVEN IF NO MONEY IS RAISED OR SPENT. AN INITIAL REPORT MUST ALSO BE FILED WITHIN TEN DAYS AFTER SPENDING OR RECEIVING \$500, EVEN IF THE MONEY PROVIDED IS SOLELY THE CANDIDATE'S OWN FUNDS. AFTER THE CANDIDATE FILES THE INITIAL FORM, A CAMPAIGN DISCLOSURE FORM MUST BE FILED WITHIN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER. THE QUARTERLY REPORTS MUST BE FILED UNTIL A FINAL REPORT IS FILED (i.e., NO MONEY IN THE CAMPAIGN ACCOUNT AND NO UNPAID DEBTS).**

IF THE REPORTS ARE NOT FILED OR IF THE FORMS ARE LATE, A LATE FILING PENALTY, OF \$100 PER DAY, WILL BE LEVIED.

ALL CANDIDATES MUST OPEN A SEPARATE CHECKING OR SAVINGS ACCOUNT, UNLESS THE FILING FEE IS THE ONLY EXPENSE AND IT IS PAID FROM PERSONAL FUNDS.

12. CERTIFICATION: I certify that the contents of this statement are true, correct, and complete to the best of my knowledge and belief. I understand that if this statement is not received within five (5) days of the deadline, a late filing penalty will be levied.

Date

Signature

FOR OFFICE USE ONLY:

☐ COMPLETE _____ ☐ INCOMPLETE
☐ ENTERED _____ ☐ SCANNED

FAXED COPIES WILL NOT BE ACCEPTED

The original must be received no later than 5:00 p.m. on the date of the established deadline.

NOTE: PLEASE PROVIDE ONE ORIGINAL AND ONE COPY OF THIS FORM TO THE APPROPRIATE SUPERVISORY OFFICE, AND KEEP A COPY FOR YOURSELF.

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 3 of 4

E5A.2

(ALL RESPONSES MUST BE FOR THE PRIOR CALENDAR YEARS)

13. INCOME AND BENEFITS FROM STATE AND LOCAL AGENCIES IN SOUTH CAROLINA (Check if none)

Source	Type	Amount/Value
State of SC,	Salary	\$64,889.52 Annual

14. REGULATED BUSINESS ASSOCIATIONS (Check if none ✓)

Name of Business	Relationship	Source of Regulatory Involvement

15. REAL OR PERSONAL PROPERTY INTERESTS (Check if none ✓)

Description	Value	Location

Nature and Value of Improvements _____

Nature of Potential Conflict of Interest _____

Agency Purchasing, Leasing, or Renting the Property*

*A copy of the contract, lease, or rental agreement must be attached to this form.

16. BUSINESS INTERESTS (Check if none ✓)

Name of Business	Relationship

SEC STATEMENT OF ECONOMIC INTERESTS

pg. 4 of 4

E5A.3

17. CREDITORS (Check if none ☒)

Name and Address of Creditor	Rate of Interest	Original Amount	Outstanding Amount

18. LOBBYISTS (Check if none ☒)

(a) Name of Lobbyist	Relationship or Association

(b) Name of Lobbyist	Goods/Service Purchased	Amount	Purchased From	Relationship

19. GOVERNMENT CONTRACTS (Check if none ☒)

Contractor Name and Address	Relationship	Nature of Business	Amount	Agency

20. GIFTS (Check if none ☒)

Nature of Gift	Value	Donor	Relationship

21. MEMBERS OF AND CANDIDATES FOR THE GENERAL ASSEMBLY ONLY (Check if none ☒)

Person Represented	Services Rendered	Nature Contact w/Gov. Agency	Fees Earned



Leesville United Methodist Church



510 E. Columbia Avenue

Leesville, South Carolina 29070

803-532-3817

www.leesvilleumc@bellsouth.net

SC State Senate

Statehouse

Columbia, SC

Dear Ladies and Gentlemen of the Senate:

My name is the Rev. Sandra Smith King and I am writing to endorse Mrs. Jan Giesen for appointment to the SC Board of SW Examiners. I have known Jan for nearly five years as her Pastor at Leesville United Methodist Church. Jan is active in our United Methodist Women, in Sunday School and as one who gives our Children's Moments during worship.

I have observed Jan with various individuals and groups, from children through older adults and have always found her to be honest and fair in her interactions with people. She has a strong sense of justice balanced with mercy which should enhance her ability to sit on this Board. Although I have not observed Jan on the job, I am confident that she demonstrates competency in her role as Social Worker.

If you have any questions, please feel free to contact me. Thank you for this opportunity to endorse Jan for this appointment.

Sincerely,


Rev. Sandra Smith King



Children's Law Center

February 10, 2015

South Carolina Senate
State House
Columbia, SC

To whom it may concern:

Thank you for the opportunity to speak on behalf Jan Gieson. I am Stephen Scoff and have been a social worker practicing in South Carolina for nearly 19 years. Since graduating from the University of South Carolina's College of Social Work in 1996, I have dedicated my career to serving youth involved in the juvenile justice system. I am currently employed by the Children's Law Center, USC School of Law as the Juvenile Justice Project Manager.

I have had the pleasure of working closely with Jan Gieson for over a decade on numerous projects concerning youth involved with South Carolina's juvenile justice system. We previously worked together at the Department of Juvenile Justice and continue to collaborate on a regular basis through a contract between our employers.

Jan always strives to emphasize empowerment, self-determination, and informed consent when working to improve programs and policies regarding youth in the juvenile justice system. This is especially challenging when dealing with youth committed to DJJ long-term institutions, a particular population to which she has devoted much of her professional career. Despite the depth of these youths' involvement, Jan recognizes the dignity and wholeness of these individuals, their often troubled and traumatic pasts, and the potential each of them possesses.

Possibly Jan's greatest strength is ensuring competency among the social workers and other professionals she supervises. Jan recognizes where the profession is heading and how the populations we serve are evolving. She encourages her staff to seek quality continuing education while encouraging ever-continuing professional growth.

Please contact me if you have any questions or require further detail.

Thank you,

A handwritten signature in black ink that reads "Stephen Scoff LISW-CP".

Stephen Scoff, LISW-CP
Juvenile Justice Project Director
Children's Law Center, USC School of Law
(803) 576-5576

February 5, 2015

Dear Ladies and Gentlemen of the Senate,

Jan Giesen and I attended high school and college together and have been friends for more than forty years.

She is a compassionate, caring individual to both friends and her community. I know her to be hard-working, professional and dedicated to her field of social work.

I think she would make an excellent addition to the South Carolina Board of Social Work Examiners.

Sincerely,

A handwritten signature in cursive script that reads "Janice Moore".

Janice Moore
331-C West Main St.
Lexington, SC 29072
803-957-6233

February 12, 2015

Dear Ladies and Gentlemen of the Senate:

This letter is to recommend Ms. Jan Giesen to serve as a member of the Board of Social Work Examiners.

I am employed with the South Carolina Department of Juvenile Justice as the Director of Community Social Work. My previous position with the agency was as Director of Social Work at the Broad River Road Secure Facility (BRRC). I started with the agency in 2006 and have known Ms. Giesen since that time. My first experience with her was as her supervisor when she was the Program Manager for the Sex Offender Treatment Program at BRRC. Currently she is my supervisor in her role as Director of Social Work for the State.

I know Ms. Giesen to be an experienced and qualified social worker, both as a direct clinician and in her supervisory role. She has had many opportunities to develop her skills and to make informed, ethical social work decisions. Our work with juveniles is always challenging and changing and Ms. Giesen has proven to be skilled and professional.

I strongly recommend Ms. Giesen for this position because I know she will be effective and thorough.

Sincerely

A handwritten signature in black ink that reads "Carolyn P. Miner". The script is cursive and fluid, with the first name "Carolyn" being larger and more prominent than the last name "Miner".

Carolyn P. Miner, LISW-CP(S)
1620 Shivers Road, Building 1018
Columbia, SC 29210
(803)896-9453



February 13, 2015

South Carolina Senate

State House

Columbia, SC

Dear Ladies and Gentlemen of the Senate,

Mrs. Giesen has had an open active savings and checking account with SCU since 2004. The accounts are in good standing. If you should have any more questions or concerns please feel free to contact me at 803-343-0310 ext. 3001.

Thank you,

A handwritten signature in black ink that reads 'Tonya Lenix-Huiett'. The signature is fluid and cursive, with the first name 'Tonya' being the most prominent.

Tonya Lenix-Huiett
MSR/Loan Officer
Broad River Rd