PUBLIC NOTICE OF A MEETING FOR
STATE OF NEVADA BOARD OF PSYCHOLOGICAL EXAMINERS
MEETING MINUTES

April 17, 2026

1. Call To Order/Roll Call to Determine the Presence of a Quorum.

Board President Lorraine Benuto, PhD, called to order the meeting of the Nevada State Board of Psychological Examiners at 8:02 a.m. on April 17, 2026, online via "Zoom" and physically at the office of the Board of Psychological Examiners, 3080 S. Durango Drive, Suite 102, Las Vegas, Nevada 89117.

Roll Call: Board President, Lorraine Benuto, PhD, Secretary/Treasurer, Stephanie Woodard, PsyD, and members, Monique Abarca, Soseh Esmaeili, PsyD, and Stephanie Holland, PsyD, were present at roll call. Robert Moering, PsyD, and Catherine Pearson, PhD were absent. There was a quorum of the Board members.

Also present were Deputy Attorney General (DAG) Harry Ward; Board Investigator Dr. Sheila Young; Board Consultant, Dr. Gary Lenkeit; Executive Director, Sarah Restori, and Board Staff, Laura Arnold. Members of the public who were present were: Althea Cook, Brian Lech, Andrew Perrin, Beth Scott, Carla Franich, Claudia Mejia (NPA), Edward De Anda, James Tenney, Jodi Thomas, Leah Cartwright (Cartwright Government affairs), Sabrina Petrel (Cartwright Government Affairs), Lindsey Bondiek, Michelle Paul, Sara Hunt, Tara Raines, Roberta Miranda-Alfonzo (BeHere NV), Becky Savio, Tatsiana Razzhavaikina, and Jamie Ross.

2. **Public Comment.** Note: The Board welcomes public comment, which may be limited to three (3) minutes per person at the Board President's discretion. Public comment will be allowed at the beginning and end of the meeting, as noted on the agenda. The Board President may allow additional time to be given a speaker as time allows and in their sole discretion. Comments will not be restricted based on viewpoint; however, public comment will not be taken on complaints that are pending before the Board. No action will be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (NRS 241.020).

Dr. Benuto reminded members of the public that general public comment is reserved for comment only, and that comments longer than three minutes should be submitted in writing to the board office to be included in the meeting materials.

DAG Ward requested that members of the public not comment on complaints pending before the Board.

Dr. Benuto stated that members of the public who were there for the regulation workshop section of the meeting should reserve comment until the regulation workshop, when there would be a separate opportunity to provide public comment.

There was no general public comment.

3. (For Possible Action) Workshop to Solicit Comments on Proposed Regulations and Possible Action to Forward the Proposed Regulation Revisions to a Hearing at a Future Meeting of the Nevada Board of Psychological Examiners in Accordance with NRS Chapter 233B.

Dr. Benuto stated that there were two items to be considered during the regulation workshop, one being the SB165 regulations, and the other being the criminal conduct and reporting regulations.

A. Revisions to NAC Chapter 641 to comply with Section 13(1) of 2025 SB165, which requires that the Board adopt regulations as it deems necessary to carry out the provisions of sections 13 to 18 of 2025 SB165 (establishing a new licensure designation and practice – Behavioral Health and Wellness Practitioners and the Practice of Behavioral Health Promotion and Prevention – to be regulated by the Nevada Board of Psychological Examiners).

In advance of opening public comment for the continued workshop on the SB165 regulations, Dr. Benuto deferred to Dr. Michelle Paul to provide introductory information regarding the proposed regulations.

Dr. Paul, who chairs the Behavioral Health and Wellness Practitioner (BHWP) Advisory Group, stated that the Advisory Group appreciated the public comment received during the Board's March 6, 2026, regulation workshop and that the Advisory Group met twice since then to incorporate / address the public comment received. She explained that she would be reviewing the major changes that were made based on that public comment, and that Dr. Tara Raines (an Advisory Group member) would be providing a couple of vignettes to illustrate how the BHWP is conceptualized.

Dr. Benuto opened the SB165 regulation workshop up to public comment. There was no public comment specific to the SB165 regulations.

Dr. Benuto deferred to Dr. Paul to go through the revisions to the proposed regulations based upon public comment that had previously been received during and for the March 6, 2026, regulation workshop. Dr. Paul began by explaining that the Advisory Group's guiding priorities were to clarify the scope of the Behavioral Health and Wellness Practitioner (BHWP) and protecting existing work force roles while avoiding unintended

restrictions, as well as ensuring the competence of the BHWPs through structure, training and supervision. Dr. Paul noted that Behavioral Health Promotion and Prevention (BHPP) profession is an entry level supervised profession and that BHWPs are not independent clinicians. Dr. Paul emphasized that SB165 is intended to expand, not restrict, work force capacity.

Dr. Paul went on to highlight some small changes made to the regulation provision regarding the issuance of a license, making allowance for flexibility when applicants present with, for instance, a criminal history or having previously been denied licensure by the Board but are eligible for BHWP licensure. She further explained that the larger revision in reference to the definition of a BHWP was to be explicit about what a BHWP did not include, which are outlined in that section and that are activities in which non-licensed individuals can continue. Dr. Paul stated that this was based on feedback that was received from individuals from universities and community organizations, and that the intention was to distinguish between general outreach and structured behavioral health services to avoid unintended regulation of existing work.

Dr. Paul stated that the revisions also included strengthening the BHWP scope of practice and prohibited activities. In response to the Social Work Board's concern about scope ambiguity, and instead of putting that language under the definition of BHPP, the language clarifies that prohibited activities exist in its own section.

In reference to the revisions made in response to the concerns that had been expressed around addition prevention, the intent of the revisions was to focus on competency without restricting the BHWPs and to clarify that the work of the BHWP falls under the scope of their supervisors. To that end, the regulation language states that the BHWP's supervisor's competencies and scope is what guides the BHWP's practice, and made room for consultation with those who work in specialized domains, including specific reference to substance use disorder prevention. The targets of the regulation language was supervision quality, not practice exclusion.

Under the education standards section, Dr. Paul stated that there remains the organized program requirements, which do not allow for piecemeal coursework to satisfy the educational requirements. She noted that there were some questions from the public around practicum requirements, in response to which the regulatory language was revised to strengthen the practicum requirements by increasing the direct client contact hours to 25% of the total practicum hours, and to better defined what counts as direct client service. Those revisions were intended to address the feedback that what had been initially required was too little real world experience while keeping the requirement appropriate for a supervised, entry level role.

Dr. Paul explained that the revisions to the supervision requirements concerned capacity plus accountability. In the initial regulation language, there had been a hard cap of 3 supervisees. That was increased to 6 supervisees and included an expectation

that a supervisor would demonstrate their capacity to have more than 6 supervisees – i.e., demonstrated capacity within an organization to manage the work of more than 6 BHWPs. The revision was intended to address the concerns around work force scalability and a supervisor bottleneck by moving away from arbitrary limits to a performance based supervision capacity.

Dr. Paul stated that there were concerns about competency evaluation, and explained that there is currently a national exam process underway, and that the Board has experience in developing valid, reliable, and legally defensible examinations using APA-guided best practices. She said there is expected to be a national and state examination by 2028, and noted that there remains flexibility within the regulations that allows for the Board to review portfolios/credentials. Dr. Paul explained that the Board has well defined policies and procedures for reviewing applications to determine equivalency against the required standards.

Dr. Paul stated that, with respect to education and training, revisions were made to ensure that post-graduate training programs could count as meeting requirements, and explained that practicum hours obtained in either a concurrent or previous degree program would have to align with the competencies required for BHWPs. Dr. Paul said that there were some other minor revisions to make sure the language aligned with scope and removed the use of the word "clinical" to avoid scope creep or misinterpretation.

Dr. Paul summed up the proposed revisions by explaining that the intent was to clarify boundaries, preserve existing workforce rules, strengthen training, emphasize the role of the supervisor, and enable workforce expansion safely. Dr. Paul then deferred to Dr. Tara Raines to provide some vignettes that would show how the BHWP is envisioned to be used in the stepped-care model.

Dr. Raines stated that, to give context, her team reached out to some practicum supervisors in Oregon to provide a "day in the life" list of what the practicum students are doing, as they are training to do what would be aligned with what the BHWPs will be doing. The first example Dr. Raines provided was in the community health setting. She explained that the individual would be meeting with youth and families to get started with services; helping with intakes; getting background information; doing basic screening before being assigned to a provider; helping to establish goals that can be transferred over to the primary clinician; providing one-on-one support such as skill building and explaining what the behavioral health process looks like; and working as part of the care team by meeting with their supervisor and other licensed providers on the care team. Dr. Raines explained the students on which the examples are based are given a very small case load of children and families who are experiencing low levels of distress and work with them in a time-bound and specific intervention that spans 5-7 sessions. If the family is not ready to exit with the skills they have learned in that time, they will be referred up to a licensed provider for more intensive treatment and

services. It helps families get timely skills and get off of waitlists, and allows the licensed providers to focus on more complex cases.

Another setting example Dr. Raines provided was a youth psychiatric hospital, and stated that the students on whom the example was based works in a different context. This individual would support morning and community meetings with patients and their clinicians; help in the classroom with positive behavior support work and helping students with schoolwork during their hospital stay; lead and co-lead group sessions for life skills and behavioral regulation skills; help with transition planning for post-discharge; and work as part of the care team.

With those two examples, Dr. Raines stated that, upon completing the educational requirements, the BHWP can be immediately available in supporting some of the lower-level needs in behavioral health settings.

Dr. Paul asked if there were any questions, feedback or comment for the Advisory Group, and Dr. Benuto stated that it was a good time for public comment as well.

Dr. Paul offered another example of how BHWPs can be utilized would be in a Boys and Girls Club that has numerous clubs and many children being served everyday, and having a licensed provider working alongside the staff to support the behavioral health needs of the children and families. Examples of the assistance the BHWP could provide in that setting would be low level workshops across multiple clubs, as well as evidence-based screening practices where children are in a multi-tiered program of support to identify children who may be experiencing a higher level of distress and needing a higher level of services.

Dr. Raines stated that school settings are another place where BHWPs can be utilized, where BHWPs can be checking in with students, doing behavioral regulation interventions, and working with and supporting teachers and the school's mental health professionals. She said that pediatric integration is another area being explored – having mental health services in pediatric settings.

Dr. Benuto clarified that the BHWPs are not prohibited from engaging in a workshop, they are just being regulated if they have this license. Dr. Paul confirmed that clarification and referred to the section that explicitly states what Dr. Benuto confirmed.

Member of the public Dr. Tatsiana Razzhavaikina asked how the distinction between low level and high level services is made and who makes that determination. Dr. Raines explained that the vast majority of the population that the BHWPs would be working with are pre-diagnostic. For instance, if someone is in extreme distress and needs intensive ongoing treatment, they are not who are seen by a BHWP. Dr. Raines said that the low – high distinction is something that the BHWP's supervisor determines. Based on the BHWP scope of practice, the licensees who supervise the BHWPs should

be thoughtful and intentional about who the BHWPs are seeing. Dr. Paul added that this work is grounded in prevention science and prevention literature, and concerns evidence-based screening practices that provides a sense of standardized measures when people are mild to moderate levels of distress. They are pre-diagnostic, but still need support to get back on track, and gave examples of that in the context of multi-level tiers of support and when a referral for a higher or specialized level of care is appropriate. Dr. Razzhavaikina inquired as to whether it is in the regulations that it is the supervisor that defines the scope of work, to which Dr. Paul said it is in the regulations in multiple places.

Member of the public Dr. Jamie Ross with the Nevada Statewide Coalition Partnership stated that they care about utilizing substance use prevention in the best way possible, and asked Dr. Paul if she would expand more on the programming in the examples she gave so there is clarity as to the line between what the BHWPs do and what prevention specialists do, and whether and how they can work in concert with each other. Dr. Paul explained that the key was the consultation/collaboration, and offered an explanation of how that would work. Dr. Raines made clear that BHWPs will only be functioning under the expertise of their supervisor. If the supervisor does not have expertise in substance use prevention, they would be reaching out to those who do for an individual who is identified as needing such services.

Member of the public Dr. Jodi Thomas stated that, as part of their outreach on campus, they provide individual drop in consultation services and wondered if that would be under what is allowable under the BHWP regulations. Dr. Paul stated that would be allowable, and that the regulations are not meant to restrict activities that are already authorized and appropriate. She explained that this an additional organized profession at the bachelor's level that works under supervision.

Dr. Holland asked if the services the BHWPs will be providing will be reimbursed. Dr. Paul said the bill has provisions for reimbursement by Medicaid, and the Nevada Health Authority is working to establish the rules around that in addition to existing codes that align with the BHWPs. She also said that there are those at the bachelor's level that are already being hired, but that there is a lot of variability in those individuals, and that the BHWPs will come from a specialized educational program. Dr. Paul stated that the bigger goal for the BHWPs is to fill out the behavioral health workforce in a way that does not exist by better defining and emphasizing the competencies at the prevention level.

On motion by Stephanie Woodard, second by Monique Abarca, the Nevada Board of Psychological Examiners approved moving the SB165 proposed regulations to a Regulation Hearing. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland). Motion Carried: 5-0.*

Dr. Benuto again opened the regulation workshop on the SB165 regulations for public comment. There was no further public comment.

Dr. Benuto asked if Dr. Raines would be able to provide a one-page outline that describes the BHWP profession so that the Board office can provide that information to those who are forwarding questions about BHWPs to the Board office. Dr. Raines said that she would work on that and provide an outline of that information to the Board office.

B. Revisions to NAC Chapter 641 to include:

- **criminal conduct not related to the practice of psychology as a basis for discipline; and**
- **reporting requirements for disciplinary actions, civil judgments or settlements, and criminal convictions.**

Ms. Arnold stated that during the January 23, 2026, meeting, the Board took action to approve moving forward with developing regulatory language that would allow disciplinary action based on criminal conduct not directly related to the practice of Psychology, and that requires licensees to report to the Board administrative, civil, and criminal actions that have been adjudicated. Based on the language preferences the Board addressed during the January 23, 2026, Board meeting, proposed regulatory language was prepared, discussed, and settled on during the Board's March 6, 2026, meeting for purposes of moving forward with a regulation workshop.

Dr. Benuto opened the workshop to public comment, and noted there was written comment that had been provided to the Board and was included in the published meeting materials under this agenda item (attached to these minutes by request). Dr. Thomas wondered what steps are taken when a conviction is reported to the Board and whether it is considered on a case-by-case basis as it relates to disciplinary actions. Dr. Thomas reiterated her concern about blanket statements around criminal activity and as they can relate to the political climate and used for purposes of oppression. Dr. Benuto thanked Dr. Thomas for her comment and also noted similar concerns. Dr. Benuto deferred to the Board office to provide additional information regarding the process by which criminal convictions would be considered. Executive Director Sarah Restori explained how the Board's conduct review panel process works when a background check or license renewal application reveals criminal conduct, and Ms. Arnold affirmed that all conduct reviews are considered on a case-by-case basis, and often include consideration of the applicant's or licensee's explanation of any criminal or other conduct revealed. DAG Ward agreed that each situation is taken on a case-by-case basis, often with the input from Board counsel, and offered an example of a situation

with another Board as it related to the arrest of a licensee that was not reported as required but that was also dismissed, and why case-by-case consideration was important for those circumstances.

The Board had no questions or comments.

On motion by Stephanie Holland, second by Stephanie Woodard the Nevada Board of Psychological Examiners approved moving the Regulation Revisions regarding Criminal Conduct and Reporting to a Regulation Hearing. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland). Motion Carried: 5-0.

Dr. Benuto again opened the workshop to public comment. There was no further public comment.

4. Minutes. (For Possible Action) Discussion and Possible Action to Approve the Minutes of the State of Nevada Board of Psychological Examiners' March 6, 2026, Meeting.

On motion by Stephanie Woodard, second by Monique Abarca, the Nevada Board of Psychological Examiners approved the meeting minutes of the Regular Meeting of the Board held on March 6, 2026. Dr. Soseh Esmaeili approved as to form, not content. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland). Motion Carried: 5-0.

5. Financials

A. (For Possible Action) Discussion and Possible Action to Approve the Final Treasurer's Report for Fiscal Year 2025 (July 1, 2024 - June 30, 2025).

Ms. Arnold stated that as of March 31, 2026, the Board had a combined total of about $285,000 in checking and savings. She stated that the Board is currently at just about 83% of its budgeted expenses, and 95% of its budgeted income, most of which is the deferred income allocated to the second and third 2025-26 biennium quarters. Ms. Arnold further said that she was waiting to make any budget revisions until closer to the end of the fiscal year, and will offer a closing budget to actual analysis that tightens up the Board's finances and gets the Board better set up for the FY2027 budget. Ms. Arnold also explained that the Board had some fiscal surprises during the fiscal year, mostly in the form of increased state agency fees that were not announced ahead of the fiscal year, and that, as a result, the budget is tighter than originally budgeted. The Board's bookkeeper's verifications for February and March were included in the meeting materials.

On motion by Soseh Esmaeili, second by Monique Abarca, the Nevada Board of Psychological Examiners approved the Treasurer's Report for Fiscal Year 2026. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland). Motion Carried: 5-0.

B. (For Possible Action) Discussion and Possible Action to Approve the Contract for a New Bookkeeper Fiscal Year 2027.

Ms. Arnold explained that the Board's bookkeeper now has a full time job, and because her contract will end at the end of June 2026, the Board office recommends that the contract not be renewed in favor of approving a contract with a new bookkeeper who provided her proposal to the Board office beginning FY2027.

Dr. Woodard inquired as to whether the new bookkeeper rate will be more or less than the current bookkeeper's rate. Ms. Arnold confirmed it will be less.

On motion by Monique Abarca, second by Stephanie Woodard, the Nevada Board of Psychological Examiners approved the Contract for a new bookkeeper beginning FY2027. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland). Motion Carried: 5-0.

6. Legislative/Regulation Update

There were no updates beyond the regulations workshop that occurred during the meeting.

7. Report from the Nevada Psychological Association.

Dr. Claudia Mejia stated that the NPA has a new executive director, Mallory Gott, who has taken over based on Wendi O'Conner's retirement. She also stated that the NPA's annual conference will be held at UNLV and Dr. Arthur Evans, APA CEO, will be in attendance and giving a keynote address and attending various meet and greet events.

Dr. Esmaeili asked if there would be opportunity for a live/virtual for the conference. Dr. Mejia said they would be live streaming for some events, but not all of them.

8. Board Office Operations.

Executive Director Sarah Restori provided an update on the Board's licensure, applicant, state exam, and provisional licensure/registrant statistics for March 2026. She stated that the Board licensed 6 psychologists and administered 4 state exams, and March had the highest number of licensure applications so far in this fiscal year. She further stated that the Board currently has 148 open applications for licensure, which confirms the high volume of incoming applications. Ms. Restori said the Board currently has 766

licensed psychologists, 38 provisionally licensed psychological assistants and psychological interns, and 39 registered psychological trainees.

Ms. Restori also gave an update on the Healthcare workforce working group, on which she sits, and which was statutorily established to provide a statewide healthcare database. She said the group has made progress and is finalizing a survey that will be distributed through licensing boards to collect workforce data for the upcoming legislative session, and the expectation is that Boards will be asked to send it out to all of its licensees to complete by incorporating into renewals.

9. (For Possible Action) Discussion and Possible Action on Pending Consumer Complaints:

DAG Ward stated that he would be asking for action on two complaints – one for approval of a consent agreement and the other for dismissal.

- Complaint #25-0715. DAG Ward stated that this is a complaint alleging negligence. The respondent submitted an answer to the complaint and relevant records, which were forwarded to the Board investigator assigned to the complaint for review and consideration. The investigator made a recommendation for a stipulated consent agreement, to which the respondent agreed, and the signed agreement was before the Board for its approval. DAG requested that the Board take action to approve the stipulated consent agreement in Complaint #25-0715.

On motion by Stephanie Woodard, second by Monique Abarca, the Nevada State Board of Psychological Examiners approved the Stipulated Consent Agreement in Complaint #25-0715. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland.) Motion Carried: 5-0.*

Dr. Stephanie Holland left the meeting at 9:15 a.m., after action was taken on #25-0715, and prior to DAG Ward's request on #25-0302.

- Complaint #25-0302 – DAG Ward stated that this complaint alleges misrepresentation of credentials and unlicensed practice. The complaint was forwarded to the respondent, who responded to the complaint. Based upon their review of the complaint and response, the Board investigator assigned to this complaint recommended dismissal. Based on the Board investigator's recommendation, DAG Ward requested that the Board take action to dismiss the complaint.

On motion by Stephanie Woodard, second by Monique Abarca, the Nevada State Board of Psychological Examiners dismissed Complaint #25-0302. *(Yea:*

Lorraine Benuto, Stephanie Woodard, Monique Abarca, and Soseh Esmaeili.) Motion Carried: 4-0.

DAG Ward reminded the Board and the public that a written update for all complaints is provided in the meeting materials.

10. (For Possible Action) Review and Possible Action on Applications for Licensure as a Psychologist or Registration as a Psychological Assistant, Intern, or Trainee. The Board May Convene in Closed Session to Receive Information Regarding Applicants, Which May Involve Considering the Character, Alleged Misconduct, Professional Competence or Physical or Mental Health of the Applicant (NRS 241.030). All Deliberation and Action Will Occur in an Open Session.

This item was taken out of order after Item 3.

The following applicants were recommended for approval of licensure contingent upon completion of licensure requirements: **Tiffany Mosier-Hunter, Aaron Smith, Mark Ryan, Edward Selby, Irena Leigh, Keisha Mascal, Stacey Bona, Karla Felske, Danielle Schlichter, La Tanya Takla, Scott Kopoian, Angelica Castro Bueno, Barbara Endlich, Amelia Evans, Daniel Lobel, Heather Holder, William Martin, Patricia Pulido, and Wendy McGowan.**

On motion by Soseh Esmaeili, second by Monique Abarca, the Nevada State Board of Psychological Examiners approved the following applicants for licensure contingent upon completion of licensure requirements: Tiffany Mosier-Hunter, Aaron Smith, Mark Ryan, Edward Selby, Irena Leigh, Keisha Mascal, Stacey Bona, Karla Felske, Danielle Schlichter, La Tanya Takla, Scott Kopoian, Angelica Castro Bueno, Barbara Endlich, Amelia Evans, Daniel Lobel, Heather Holder, William Martin, Patricia Pulido, and Wendy McGowan. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland.) Motion Carried: 5-0.

- **Dr. Althea Cook's request for an Extension of Their Provisional License as a Psychological Assistant for a Fifth Year.**

Dr. Benuto stated that Dr. Althea Cook has requested that her provisional license as a psychological assistant be extended for a fifth year, and that Dr. Cook's explanation in support of her request was included in the meeting materials provided to the Board. The Board did not have any questions for Dr. Cook or comments on the request.

On motion by Stephanie Holland, second by Stephanie Woodard, the Nevada State Board of Psychological Examiners approved Dr. Althea Cook's Request for the Provisional License extension for a Fifth Year. (Yea: Lorraine Benuto,

Stephanie Woodard, Monique Abarca, Soseh Esmaeili, and Stephanie Holland.) Motion Carried: 5-0.

11. (For Possible Action) Discussion and Possible Action on Updates Regarding the Work of the 2025 SB165 Behavioral Health and Wellness Practitioner Advisory Group.

This item was taken out of order and at the end of Item 3A.

Dr. Benuto inquired as to whether there were any updates from the BHWP Advisory Group regarding the efforts to obtain funding for the Board office. Dr. Paul stated that a grant application was submitted, but was not sure when there would be a determination as to whether the grant would be awarded.

12. (For Possible Action) Schedule of Future Board Meetings, Hearings, and Workshops. The Board May Discuss and Decide Future Meeting Dates, Hearing Dates, and Workshop Dates.

Dr. Benuto stated that the next regular meeting of the Nevada Board of Psychological Examiners is scheduled for Friday, May 29, 2026, beginning at 8:00 a.m. The Board did not indicate any conflicts with that date.

13. Requests for Future Board Meeting Agenda Items (No Discussion Among the Members will Take Place on this Item)

There were no requests for future Board Meeting agenda items.

14. Public Comment - The Board welcomes public comment, which may be limited to three minutes per person at the Board President's discretion. Public comment will be allowed at the beginning and end of the meeting, as noted on the agenda. The Board President may allow additional time to be given a speaker as time allows and in their sole discretion. Comments will not be restricted based on viewpoint; however, public comment will not be taken on complaints that are pending before the Board. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (NRS 241.020).

Members of the public were reminded that they were not permitted to comment on pending complaints before the Board.

There was no public comment.

Dr. Benuto noted that today would have been Dr. Pearson's last meeting, and thanked Dr. Pearson for her service to the Board.

15. (For Possible Action) Adjournment

There being no further business before the Board, President Dr. Benuto adjourned the meeting at 9:18 a.m.

Public Comment for April 17, 2026 Regulation Workshop
Criminal Conduct and Reporting

Dear Members of the Nevada Board of Psychological Examiners:

Thank you for the opportunity to submit additional public comment regarding the proposed regulatory language addressing criminal and other conduct not related to the practice of psychology and related reporting requirements.

I respectfully offer this comment as a continuation of my prior written submissions for the December 12, 2025 and January 23, 2026 meetings. I am grateful for the Board's time, care, and thoughtful attention to a difficult issue that involves both public protection and fairness to licensees.

I respectfully write to raise one remaining concern: whether the apparent preference, reflected in the March 6, 2026 Board Meeting Staff Report included in the March 6, 2026 meeting packet, to require reporting only of adjudicated administrative, civil, and/or criminal matters may still leave an important gap for informed consent and for the protection of children, elderly patients, and other vulnerable individuals.

From the perspective of parents, guardians, and caregivers, it is concerning to think that a child, elderly parent, dependent adult, or other vulnerable loved one could remain in treatment with a psychologist who may be facing a serious unresolved criminal charge involving violence, abuse, exploitation, or significant dishonesty, while the matter remains unknown to the Board and unknown to those responsible for the patient's care.

For example, if a psychologist is charged with elder abuse, robbery, domestic violence, financial exploitation, or another serious offense involving violence, abuse, exploitation, or substantial dishonesty, that matter may remain pending for a substantial period before it is resolved. National state-court research has reported an average felony time to disposition of 256 days, with only 83% of felony cases resolved within 365 days, suggesting that some serious matters can remain unresolved well beyond a year (State Justice Institute, summarizing National Center for State Courts research).

If the Board ultimately requires reporting only of adjudicated matters, I would also respectfully ask it to consider whether a reporting period shorter than 30 days would better support timely Board awareness and patient protection. By way of example, Arizona requires health professionals to notify their regulatory board in writing within ten working days after certain criminal charges are filed, and again after final disposition. See A.R.S. § 32-3208. That example suggests that requiring notice of certain unadjudicated criminal charges, in addition to final disposition, may be administratively workable while still preserving due process.

In the meantime, the psychologist may continue treating children, elderly patients, and other vulnerable individuals in private, trust-based, and often unsupervised clinical settings.

I fully recognize that a criminal charge is not proof of wrongdoing, and I am not suggesting that the filing of a charge should automatically result in discipline. My concern is simply that, if reporting is required only after conviction, plea, judgment, or settlement, the Board may receive no notice during the very period in which interim review may be most important. That appears to be the remaining gap reflected in the March 6, 2026 Board Meeting Staff Report: serious pending matters may go unreported until final adjudication, even though treatment may continue in the meantime. This concern may be heightened by the fact that Board notice does not necessarily result in immediate interruption of practice. If a matter must still proceed through investigation or formal disciplinary steps unless emergency action is taken, then delay in reporting may further reduce the Board's ability to respond in a timely way.

Nevada law already recognizes that abuse, neglect, exploitation, and similar harms involving vulnerable people warrant heightened protection and prompt reporting. Nevada's elder- and vulnerable-person statutes address abuse, neglect, exploitation, isolation, and abandonment. Nevada also requires certain professionals, including psychologists, to make mandatory reports when, in their professional capacity, they know or have reasonable cause to believe that an older person or vulnerable person has been abused, neglected, exploited, isolated, or abandoned. Nevada likewise requires mandatory reporting of suspected child abuse or neglect. In light of that broader policy framework, I respectfully ask the Board to consider whether it should also receive timely notice when a psychologist is charged with serious abuse, exploitation, or similarly relevant criminal conduct.

From a public-health standpoint, professional regulation is one of the state's primary tools for protecting the health, safety, and welfare of the public when a practitioner's fitness to practice may reasonably come into question. In behavioral health care, where treatment depends heavily on trust, safety, and informed participation, delayed reporting may reduce the Board's ability to assess risk and respond proportionately before avoidable harm occurs.

As I noted in my earlier comments, informed consent is an ongoing process, not a one-time event. Patients and caregivers cannot make meaningful decisions about care when information that may be highly relevant to trust and safety is delayed, unavailable, or effectively left for families to discover on their own. I also understand this concern to be generally in keeping with the APA Ethics Code's emphasis on informed consent and on giving patients information relevant to treatment decisions as circumstances evolve. While the APA Ethics Code does not itself establish Nevada reporting requirements, it

seems to reflect the broader principle that meaningful consent depends on timely, material information.

I also respectfully note one additional concern. The proposed language, as I understand it, appears to focus on reporting to the Board. I do not see any provision addressing how reported information would be communicated, if at all, to current patients, parents, guardians, or caregivers.

If that understanding is correct, I would be grateful for clarification as to how informed consent is intended to function in practice. If information is reported only to the Board, but not communicated in some accessible way to those making treatment decisions, it is difficult to see how patients or caregivers would be able to act on that information in a timely way.

For that reason, I respectfully ask the Board to consider whether the proposed language should be strengthened in two limited ways: first, by considering earlier reporting of at least certain categories of serious pending criminal matters, with appropriate safeguards for fairness and due process; and second, by considering how material information, once reported, will actually be communicated in a way that supports informed consent for patients and caregivers.

I offer these comments with appreciation for the Board's service and with respect for the care the Board has already devoted to this issue. My intent is not to repeat prior submissions, but to highlight what appears to be a remaining concern: how children, elderly patients, vulnerable adults, and their caregivers are to be protected when serious matters may remain pending for substantial periods while treatment continues.

Thank you again for your time, your service, and your commitment to protecting Nevada patients and families.

Respectfully,

Rebecca S.
Nevada Citizen, Parent, and Caregiver