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

DATE OF MEETING: Friday, August 21, 2026 Time: 8:00 a.m.

The meeting of the State of Nevada Board of Psychological Examiners (Board) will be conducted and may be attended through a remote technology system (video- or teleconference). To participate remotely, individuals are invited to enter the meeting from the Zoom website at https://us06web.zoom.us/j/88346707756. To access the meeting via audio only, dial 1-669-900-6833 and enter the meeting ID: **883 4670 7756.** (The Board office recommends that individuals unfamiliar with ZOOM visit the website in advance to familiarize themselves with the format by viewing the online tutorials and reading the FAQs. To learn more about Zoom, go to https://zoom.us.) The meeting may also be attended at the Board office, located at 3080 South Durango Drive, Suite 102, Las Vegas, NV 89117.

The Board will accept public comment via email. Those wishing to make written public comment should email their public comments to the Board office at nbop.admin@govmail.state.nv.us. Written public comment must be received prior to the start of the meeting and will be forwarded to the Board for their consideration. Public comments will be included in the meeting's public record but will not necessarily be read aloud during the meeting. In compliance with Nevada Revised Statutes (NRS) Chapter 241 (Open Meeting Law), the Board is precluded from taking action on items raised by public comment that are not already on the agenda.

The Board may take items out of order, combine items for consideration, and items may be pulled or removed from the agenda at any time. Public comment will be taken at the beginning and end of the meeting. The public may provide comment on any matter whether or not that matter is a specific topic on the agenda. However, prior to the commencement and conclusion of a contested case or quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment on that item. (NRS 233B.126). Public comment that is willfully disruptive is prohibited, and individuals who willfully disrupt the meeting may be removed from the meeting. (NRS 241.030(5)(b)). The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person (NRS 241.030). Once all items on the agenda are completed, the meeting will adjourn.

AGENDA

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

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 to 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).

3. **(For Possible Action) Public Hearing to Solicit Comments on a Regulation (Legislative Counsel Bureau File Number R088-26P) Proposed for Adoption; Possible Action to Make Revisions to and/or Forward the Proposed Regulation(s) to the Legislative Counsel Bureau in Accordance with NRS Chapter 233B. (See Public Notice for Information on the Draft Regulation – Attachment A).**

   NOTE: Public comment specific to R088-26P will be limited to two (2) minutes per person at the Board President's discretion. The Board President may allow additional time to be given to a speaker as time allows and in their sole discretion.

4. **Minutes. (For Possible Action) Discussion and Possible Action to Approve the Minutes of the State of Nevada Board of Psychological Examiners' July 10, 2026, Meeting.**

5. **Financials**

   A. (For Possible Action) Discussion and Possible Action to Approve the Proposed Budget for Fiscal Year 2027 (July 1, 2026 – June 30, 2027).

   B. (For Possible Action) Discussion and Possible Action to Approve the Treasurer's Report for Fiscal Year 2027 (July 1, 2026 - June 30, 2027).

   C. (For Possible Action) Discussion and Possible Action on the Board's Fiscal Plans.

6. **Legislative/Regulation Update**

   (For Possible Action) Report, Discussion and Possible Action on Regulation Activities and Legislative Activities, including the work of Interim Committees, the Nevada Legislature, the Legislative Counsel Bureau, and any position or action the Board may take on or in response to Bills that have been signed into Law, Legislative Bills, and Bill Draft Requests that the Board is tracking, following, or that may impact the Board and its Operations.

7. Report from the Nevada Psychological Association.

8. Board Office Operations.

A. Report from the Board Office on Operations

B. Board officer voting

- (For Possible Action) Discussion and Possible Action to Select from the Current Board membership the Continuing Education Review Officer.

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

A. Complaint #24-0730

B. Complaint #25-0410

C. Complaint #25-0812(2)

D. Complaint #25-0818(1)

E. Complaint #25-1117

F. Complaint #26-0114

G. Complaint #26-0120(2)

H. Complaint #26-0202

I. Complaint #26-0520

J. Complaint #26-0603

K. Complaint #26-0615

L. Complaint #26-0616

M. Complaint #26-0723

N. Complaint #26-0730

O. Complaint #26-0812(1)

P. Complaint #26-0812(2)

Q. Complaint #26-0812(3)

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. *Note: Applicant names are listed on the agenda to allow the Board to discuss applicants when necessary to move the applicant through the licensure process. The listing of an applicant's name on the agenda indicates only that an application for licensure/registration has been received. It does not mean that the application has been approved or that the applicant must appear at the meeting in order for the applicant's application to move forward through the licensure process. If an applicant needs to attend the meeting for the Board to take action, the applicant will be notified in writing prior to the meeting. Please, direct questions or comments regarding licensure applications to the Board office.*

PSYCHOLOGISTS

Kaitlyn Abrams
Andrew Ahrendt
Patrica Albrecht
Ann Altoonian
Onyinyechi Anukem
Sara Arad
Katia Arroyo Carrion
Anna Arya
Meredith Avedon
Elsa Baena
Rachel Bangit
Adam Barkey
Brian Benjamin
Monela Beroni
Debra Berry-Malmberg
Jennifer Blitz
Stacey Bona
Leah Bonilla
David Bridgett
David Brown
Hunter Brown
Keri Brown
Lauren Buchanan
Elizabeth Buckley
Brian Burgess
Ramona Burroughs
Dana Caggiano
Eileen Callahan
Jonathan Campos
Billie Carter
DeAnn Cary
Jerry Chen
Brandi Chew
Christine Chew
Taylor Chille
Yu Wai Chiu
Alan Christensen
Chad Christensen
Brian Clemente
Alyssa Cohen
David Contreras
Wanda Crews
George Dabdoub
Amanda de Armas
Shannon Dillon
Elizabeth Dimovski-Jackson
Kristina Disney
Anna Dolatabadi
Christine Dozier
Alana Duschane
Ahmed Elsokkary
Barbara Endlich
Mark Ettensohn
Ryan Fechner
Miles Feller-Mende
Karla Felsky
Julian Filoteo
Glory Finnegan
John Firkus
Arianne Fisher
John Fite
Isaac Florez
Ross Flowers
Deborah Fraser
Sylva Frock
Brenda Frye
Vanessa Fuentes
Tyson Furr
Maiken Gale
Saacha Gates
Kylie Gelin
Teresa George
Carolyn Gibson
Brenda Gomez
Kimberly Gray
Rhonda Greenberg
Lisa Gunderson
Michelle Haines
Jennifer Harrison
Fredrica Hendrix
Alexandra Hershberger
Heather Holder
Sharon Howard
Chelsea Howe
Beverly Howze
Kelly Humphreys
Tiffany Hunter
Mark Ingram
Tina Jimenez
Scott Kopoian
Kristine Jacquin
Marine Jakubowski
Deborah Johnson
Natalie Jones
Kathi Jones-Lorenz
Jorge Juarez-Asturias
Robin Kay
Kristopher Kern
Thomas Kiely
Veronica King
Kele Kirschenbaum
Lucas Klein
Scott Kopoian
Laura Korkoian
Charalambos Kyriacou
Ari Lakritz
Joseph Latham
Sandra Lawrence-Clarke
Robert Leach
Andrew Leone
Angela Lewis
Daniel Lobel
Benjamin Loew
Chelsea Mackey
Holly Majszak
Heather Manor
William Martin
Keisha Mascal
Sarah Mauck
Michael McConnell
Marilyn McCune
Wendy McGowen
Patricia McGuire
Katherine McKenzie
Paul McLaughlin
Carol McLean
Lorena Michel
Shantay Mines
Luzviminda Morrow
Tiffany Mosier-Hunter
Michellane Mouton
Missi Nadeau
Mary Nelson
Robert Nemerovski
Stephanie Northington
Judith Nurik

Lisa Orbe-Austin
Mili Parikh
Beverly Paschal
Stephanie Phan
Renata Pleshchuk-Kowalski
Stephanie Procell
Patricia Pulido
Brian Raines
Maxwell Rappoport
Wendy Raskey
Lee Rather
Jason Richardson
Spring Richardson
Dominic Roberts
Kristin Robinson
Olivia Rold
Jessica Roos
Jay Rosen
Eric Rosmith
Taraneh Rostami
Mary Ann Rowe
Benjamin Rubin
Mark Ryan
Judith Sachs
Barbod Salimi
Julie Sanchez
Daniel Schellenberg
Alexandra Schlager
Samantha Scott
Dianne Shumay
Laljit Sidhu
Mary Smirnova
Edward Smith
Christie Stallard
Katelyn Steele
Willann Stone
Amy Swope
Tara Tanaka
Brandi Tanner
Matthew Tatum
Michelle Tatum
Thao Taylor
Elazar Tehrani
Clary Tepper
Lee Underwood
Keith Valone
Cynthia Villaverde
Brittany Voelker
Ina Von Ber
Michelle Vorwerk
Allison Vreeland
Kristi Walter
Bethany Walters
Nelson Walters
Danyella Watkins
Charlotte Watley
Paula Wilbourne
Christine Winter
Caedy Young
Gordon Zilberman
Amanda Zintsmaster

PSYCHOLOGICAL ASSISTANTS

Yashvi Aware
Rosalind Banks
Rachel Barry
Tracy Basile
Keerat Bhatti
Holland Blackstock
Amira Blake
Judit Brissette
Bianca Broomfield
Angelica Castro Bueno
Julia Catlin
Taylor Chille
Shantay Coleman
Mallory Constantine
Althea Cook
Jacqueline Eddy
Gianna Famolare
Ryan Fechner
Kylie Fraga
Paola Garcia Betencourt
Kristine Goodman
Jaqueline Green
Melanie Griffin
Rebecca Hickey
Akiko Hinds
Chiante' Jemison
Jessica Jensen
Sara Kent
Brittannee Mahoney
Julia Maranville
Erica Marino
Jessica Mills
Shantay Mines
Danielle Morabito
Tiffany Mosier-Hunter
Karisa Deandra Odrunia
Blake Oldfield
Dylena Pierce
Ashley Poston
Rosemary Pradell
Eric Prince
Stephanie Reyes
Dominic Roberts
Hannah Salanoa
Shweta Sharma
Sharon Simington
Mary Smirnova
Barbara Sommer
Zhipei Sun
Michelle Tatum
Madison Thomasson
Monica Zepeda Rojo

PSYCHOLOGICAL INTERNS

Lily Akana
Marissa Alvarez
Adaeze Chike-Okoli
Lallabrigida Cooper-Singleton
Jacqueline Friar
Edgar Garcia
Tiaira Green
Sandra Hanrahan
Ludyvina Hernandez
Benael John-Rose
Michael McNamara
Sara Moore
Alondra Nieves-Vargas
Bianca Reaves
Alexis Slay
Zarria Tolbert
Rachel Wiggins

PSYCHOLOGICAL TRAINEES

Hoor Ul Ain
Lily Akana
Vanni Jefferson Arcaina
Linnea Bacon
Kylie Baer
Ira Miguelle Bangawan
Nandita Banik
Nicole Barton
Zachary Bergman
Mary Ashby Boland
Glenn Blessington
Lilla Brody
Maayra Butt
Carter Causse
Kieffer Christianson
Delaney Collins
Regine Deguzman
Monica Done
Ashley Dorsey
Rachel Dugan
Erin Dunn
Randolph Dupont
Addison Duvall
Rosha Feizi Lighvan
Tatev Gaboyan
Tyler Gamlen
Sneha Gupta
Joyce Gurdock
Ariadna Gutierrez
Haleigh Harris
Andrea Hitz
Bianca Islas
Sierra Ann Jarvis
Edwin Jurado
Sarah Lage
Elizabeth Lee
Poorvi Minns
Eibhlis Moriarty
Maegan Nation
Frank Nieblas
Grace Patrick
Ananda Peixoto-Couto
Mattea Pezza
Savannah Quach
Lauren Reyes
Shannon Sagert
Jennifer Truitt
Karen Valle Frias
Vaibhavi Venkataramanan
Teresa Walker
Alice Xie
Brenda Zavala

- **(For Possible Action) Discussion and Possible Action on Dr. Kristi Walter's Application For Re-Licensure.**

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

12. **(For Possible Action) Discussion and Possible Action on Whether the Board will Participate in the ASPPB Integrated EPPP Beta Test and Candidate Eligibility Requirements.**

13. **(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.**

    The next regular meeting of the Nevada Board of Psychological Examiners is currently scheduled for Friday, October 2, 2026, beginning at 8:00 a.m.

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

15. **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)

16. **(For Possible Action) Adjournment**

The Board may recess for lunch for approximately one hour, at a time to be determined.

The Board is pleased to make reasonable accommodations for members of the public who are disabled and wish to participate in the meeting. If such arrangements are necessary, please contact the board office at (702) 276-0926 no later than 4 p.m. on Thursday, August 20, 2026.

For supporting materials, visit the Board's website at https://psyexam.nv.gov/ or contact the Board office by telephone (702-276-0926), e-mail (nbop.admin@govmail.state.nv.us), or in writing at Board of Psychological Examiners, 3080 South Durango Drive, Suite 102, Las Vegas, Nevada 89117.

In accordance with NRS 241.020, this public meeting notice was properly posted at or before 8 a.m. on Tuesday, August 18, 2026, at the following locations:

- Board office located at 3080 South Durango Drive, Suite 102, Las Vegas, NV 89117;
- Nevada Public Notice website: https://notice.nv.gov/; and
- Board's website at https://www.psyexam.nv.gov/meetings/2026-board--committee-meetings/

In addition, this public meeting notice has been sent to all persons on the Board's meeting notice list, pursuant to NRS 241.020(3)(c).

Attachment A

NOTICE OF INTENT TO ACT UPON A REGULATION

Notice of Hearing for the adoption of Regulations of the
State of Nevada Board of Psychological Examiners

The State of Nevada Board of Psychological Examiners will hold a public hearing at 8:05 a.m. on August 21, 2026. The hearing may be attended through a remote technology system (video- or teleconference). To participate remotely, individuals are invited to enter the meeting from the Zoom website at https://us06web.zoom.us/j/88346707756. To access the meeting via audio only, dial 1-669-900-6833 and enter the meeting ID: **883 4670 7756.** (The Board office recommends that individuals unfamiliar with ZOOM visit the website in advance to familiarize themselves with the format by viewing the online tutorials and reading the FAQs. To learn more about Zoom, go to https://zoom.us.) The hearing may also be attended at the Board office, 3080 South Durango Drive, Suite 102, Las Vegas, Nevada, 89117.

The purpose of the hearing is to receive comments from all interested persons regarding the revisions to regulations that pertain to chapter 641 of the Nevada Administrative Code. The Board will accept public comment via email. Those wishing to make public comment should email their public comments to the Board office at nbop.admin@govmail.state.nv.us. Written public comments must be received prior to the start of the hearing and will be forwarded to the Board for their consideration.

The following information is provided pursuant to the requirements of NRS 233B.0603:

1. **The need for and the purpose of the proposed regulation or amendment.**

   LCB File No. R088-26P: A REGULATION relating to behavioral health; setting forth certain activities for which certain licenses are not required; establishing the qualifications and requirements of an applicant to practice behavioral health promotion and prevention; establishing requirements governing educational programs in behavioral health promotion and prevention; requiring the completion of certain continuing education for the renewal of a license to practice behavioral health promotion and prevention; establishing the qualifications and process for a person to be approved to act as a behavioral health and wellness practitioner supervisor; setting forth the powers and duties of an approved behavioral health and wellness practitioner supervisor; prescribing requirements governing the supervision of a behavioral health and wellness practitioner; authorizing a behavioral health and wellness practitioner to provide certain activities and services; establishing certain requirements governing the professional conduct and practice of a behavioral health and wellness practitioner; adopting certain publications by reference; establishing certain fees; revising provisions governing accepted continuing education for psychologists; repealing duplicative definitions; and providing other matters properly relating thereto.

2. **If the proposed regulation(s) is a temporary regulation, either the terms or the substance of the regulations to be adopted, amended, or repealed, or a description of the subjects and issues involved. If the proposed regulation(s) is a permanent**

regulation, a statement explaining how to obtain the approved or revised version of the proposed regulation prepared by the Legislative Counsel pursuant to NRS 233B.063.

A copy of the proposed regulation(s) can be obtained either:

- by clicking on the link in section 1 above,
- from the meeting materials that are posted on the Board's website no less than two days prior to the meeting during which the hearing will take place at https://psyexam.nv.gov/Board/BoardMtgs/,
- by visiting the Nevada Legislature's Regulations register at https://www.leg.state.nv.us/register/indexes/2026_NAC_REGISTER_NUMERICAL.htm and selecting R088-26P, or
- by contacting and requesting the proposed regulations from the Board of Psychological Examiners at nbop.admin@govmail.state.nv.us. If applicable, a reasonable fee for copying may be charged.

3. A statement identifying the methods used by the agency in determining the impact on a small business prepared pursuant to subsection 3 of NRS 233B.0608.

A request for input regarding impact was posted and made available to the public and licensees of the Board of Psychological Examiners. A workshop to present the proposed regulations and hear public input them was held on March 6, 2026, and April 17, 2026.

4. The estimated economic effect of the regulation on the business which it is to regulate and on the public. These must be stated separately and in each case must include:

(a) Both adverse and beneficial effects; and

There should be no adverse effects from R088-26 to Psychologists in Nevada. The beneficial effects of the proposed revisions are intended to expand Nevada's behavioral health work force by establishing a new supervised behavioral health licensure designation.

(b) Both immediate and long-term effects.

Once the regulation revisions are approved and codified into NAC Chapter 641, the effects stated above will be immediate and long term.

5. The estimated cost to the agency for enforcement of the proposed regulation.

The Board does not believe there will be a cost for enforcement of the proposed revisions, as the revisions are intended to expand Nevada's behavioral health work force by establishing a new supervised behavioral health licensure designation.

6. A description of the citation to any regulations of other state or local governmental agencies which the proposed regulation overlaps or duplicates and a statement explaining why the duplication or overlapping is necessary. If the proposed regulation overlaps or duplicates a federal regulation, the notice must include the name of the regulating federal agency.

The Board is not aware of any overlapping or duplicating of federal or state regulations.

7. If the regulation is required pursuant to federal law, a citation and description of the federal law.

The Board is not aware of any requirement pursuant to federal law.

8. If the regulation includes provisions which are more stringent than a federal regulation that regulates the same activity, a summary of such provisions.

There should be no duplication of a federal regulation.

9. Whether the proposed regulation establishes a new fee or increases an existing fee.

R088-26 establishes new fees related to the licensure of Behavioral Health and Wellness Practitioners.

Persons wishing to comment upon the proposed action of the State of Nevada Board of Psychological Examiners may appear at the scheduled public hearing or may address their comments, data, views, or arguments, in written form, to State of Nevada Board of Psychological Examiners, 3080 South Durango Drive, Suite 102, Las Vegas, NV 89117. Written submissions must be received by the State of Nevada Board of Psychological Examiners on or before August 20, 2026, at 5:00 p.m. If no person who is directly affected by the proposed action appears to request time to make an oral presentation, the State of Nevada Board of Psychological Examiners may proceed immediately to act upon any written submissions.

A copy of this notice and the regulations to be adopted will be available at the State of Nevada Board of Psychological Examiners for inspection and copying by members of the public during business hours. This notice and the text of the proposed regulation are also available in the State of Nevada Register of Administrative Regulations, which is prepared and published monthly by the Legislative Counsel Bureau pursuant to NRS 233B.0653, and online at https://www.leg.state.nv.us/App/Notice/A/. Copies of this notice and the proposed regulation will also be provided to members of the public upon request. A reasonable fee may be charged for copies if it is deemed necessary.

Upon adoption of any regulation, the agency, if requested to do so by an interested person either before adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption and incorporate therein its reason for overruling the consideration urged against its adoption.

This notice of hearing has been sent to persons on the agenda's mailing list, licensed psychologists, and posted:

- on the Board's website at http://psyexam.nv.gov,
- onthe State of Nevada website (https://notice.nv.gov/),
- on the Nevada Legislature's notice website (https://www.leg.state.nv.us/App/Notice/A/), and
- at the office of the Board of Psychological Examiners (3080 South Durango Drive, Suite 102, Las Vegas, NV 89117).

Posted July 20, 2026

Nevada Board of Psychological Examiners
Board Meeting Staff Report

DATE: August 21, 2026

3 - (For Possible Action) Public Hearing to Solicit Comments on a Regulation (Legislative Counsel Bureau File Number R088-26) Proposed for Adoption; Possible Action to Make Revisions to and/or Forward the Proposed Regulation(s) to the Legislative Counsel Bureau in Accordance with NRS Chapter 233B. (See Public Notice for Information on the Draft Regulation – Attachment A).

SUMMARY:

During its 2025 session, the Nevada Legislature passed Senate Bill 165 (SB165), which, among other things, creates a new licensure designation that is to be housed under and regulated by the Psychology Board. That new licensure designation is Behavioral Health and Wellness Practitioners (BHWP), and those who hold a BHWP license will practice Behavioral Health Promotion and Prevention (BHPP).

In carrying out the requirement that it house/regulate the newly-created BHWP licensure designation, and as required by SB165, the Board established a 4-member Advisory Group and included in its charge for the Group drafting the regulations for the BHWPs and the practice of BHPP. Since being established, the BHWP Advisory Group met and drafted proposed regulations for the purpose of conducting a regulation workshop during the Board's March 6, 2026, and April 17, 2026, meetings. After the Board approved the proposed regulations to move forward to a regulation hearing, the proposed regulations were submitted to the Legislative Counsel Bureau for the purpose of obtaining an LCB number and draft. The LCB prepared and provided what is R088-26P for purposes of a regulation hearing, which has been timely noticed for and is included in the Board's August 21, 2026, meeting.

PROPOSED REGULATION OF THE

BOARD OF PSYCHOLOGICAL EXAMINERS

LCB File No. R088-26

July 6, 2026

EXPLANATION – Matter in ***italics*** is new; matter in brackets **[**~~omitted material~~**]** is material to be omitted.

AUTHORITY: §§ 1-7, 15-20, 22-27 and 31-37, NRS 641.100 and 641.2252; §§ 8-12, NRS 641.100, 641.2252 and 641.2254; § 13, NRS 641.100, 641.2252 and 641.2255; §§ 14 and 21, NRS 641.100, 641.2252 and 641.2257; § 28, NRS 641.100, 641.2252, 641.2254, 641.2255 and 641.228; § 29, NRS 641.100 and 641.220; §§ 30 and 38, NRS 641.100.

A REGULATION relating to behavioral health; setting forth certain activities for which certain licenses are not required; establishing the qualifications and requirements of an applicant to practice behavioral health promotion and prevention; establishing requirements governing educational programs in behavioral health promotion and prevention; requiring the completion of certain continuing education for the renewal of a license to practice behavioral health promotion and prevention; establishing the qualifications and process for a person to be approved to act as a behavioral health and wellness practitioner supervisor; setting forth the powers and duties of an approved behavioral health and wellness practitioner supervisor; prescribing requirements governing the supervision of a behavioral health and wellness practitioner; authorizing a behavioral health and wellness practitioner to provide certain activities and services; establishing certain requirements governing the professional conduct and practice of a behavioral health and wellness practitioner; adopting certain publications by reference; establishing certain fees; revising provisions governing accepted continuing education for psychologists; repealing duplicative definitions; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure of psychologists, provisional licensure of psychological assistants and psychological interns and registration of psychological trainees by the Board of Psychological Examiners. (NRS 641.160-641.196, 641.226) Senate Bill No. 165 of the 2025 Legislative Session added to existing law provisions for the licensure of behavioral health and wellness practitioners and the regulation of the practice of behavioral health promotion and prevention by the Board. (Chapter 379, Statutes of Nevada 2025, at pages 2483-2528) Existing law now requires the Board to adopt certain regulations relating to the licensure and practice of behavioral health and wellness practitioners. (NRS 641.2252) **Section 7** of this regulation clarifies that unlicensed persons may engage in certain nonclinical activities. **Sections**

2-6 of this regulation define certain terms relating to behavioral health promotion and prevention, and **section 27** of this regulation establishes the applicability of those definitions. **Section 38** of this regulation repeals a definition that is duplicative of the definition set forth in **section 4** and an associated section that is no longer necessary because of the repeal of that definition. **Section 30** of this regulation makes a conforming change to preserve the applicability of an existing definition.

Existing law requires an applicant for a license as a behavioral health and wellness practitioner, in addition satisfying certain other requirements, to: (1) hold a bachelor's degree or higher in certain fields; (2) complete an educational program in behavioral health promotion and prevention approved by the Board; and (3) pass any examination approved by the Board. (NRS 641.2254) **Section 8** of this regulation establishes certain other qualifications that an applicant for a license to practice behavioral health promotion and prevention must satisfy in order to obtain a license. **Section 9** of this regulation provides that an applicant may satisfy the degree requirement imposed by existing law if the applicant has earned a degree or certificate that meets certain criteria. (NRS 641.2254) **Section 10** of this regulation establishes certain requirements that an educational program in behavioral health promotion and prevention completed by an applicant must satisfy in order to be approved by the Board for the purpose of licensure. **Section 11** of this regulation requires an applicant to pass the national examination in behavioral health promotion and prevention developed by the Ballmer Institute for Children's Behavioral Health or, if that examination does not exist or is not being administered, to demonstrate his or her competency in a manner approved by the Board. **Section 12** of this regulation requires the Board to administer to each applicant for a license as a behavioral health and wellness practitioner a state examination concerning issues that are specific to the practice of behavioral health promotion and prevention in this State. **Section 28** of this regulation establishes the fee that each applicant must pay to take the state examination.

Existing law: (1) provides that each license to practice behavioral health promotion and prevention expires 3 years after the date on which it was issued; and (2) requires an applicant to renew such a license to have completed 20 hours of continuing education within the 3 immediately preceding years, which must include 2 hours in ethics, 2 hours in prevention science and any continuing education as may be required by the Board by regulation. (NRS 641.2255) **Section 13** of this regulation requires such a licensee to complete, as part of his or her total requirement for continuing education, 2 hours of instruction in evidence-based suicide prevention and awareness, 6 hours of instruction in knowledge or skills relating to behavioral health promotion and prevention and 6 hours of continuing education in cultural competency and diversity, equity and inclusion. **Section 13** also: (1) prescribes the methods by which continuing education may be obtained; (2) requires a licensee to submit information to the Board concerning a course before it may be approved by the Board for credit; and (3) provides that the Board will make available a list of courses and programs that are currently approved by the Board.

Existing law authorizes the Board to charge and collect a fee for any incidental service the Board provides, which may not exceed the cost to provide the service. Existing law further authorizes the Board to charge a fee of not more than: (1) $200 for the issuance of an initial license to practice behavioral health promotion and prevention; and (2) $200 for the triennial renewal of such a license. (NRS 641.228) Existing regulations require an applicant for any license issued by the Board, including a license as a behavioral health and wellness practitioner, to pay an application fee of $150. (NAC 641.019) **Section 28** additionally establishes a fee of

$200 for the initial issuance or triennial renewal of a license to practice behavioral health and wellness promotion and prevention.

Existing law authorizes the Board to adopt regulations concerning the supervision of a behavioral health and wellness practitioner by certain persons who are licensed in this State to provide mental or behavioral health care. (NRS 641.2252, 641.2257) **Section 21** of this regulation prohibits a behavioral health and wellness practitioner from engaging in any activity constituting the practice of behavioral health promotion and prevention except under the supervision of a supervisor approved by the Board, with certain exceptions. **Section 14** of this regulation requires such a provider of health care who wishes to obtain the approval of the Board to supervise a behavioral health and wellness practitioner to: (1) meet certain qualifications; and (2) submit certain information to the Board, including proof that he or she has completed a course of training approved by the Board. **Section 14** also sets forth the criteria that the required course of training must satisfy in order to be approved by the Board. **Section 15** of this regulation: (1) requires an approved behavioral health and wellness practitioner supervisor to notify the Board if a licensing board initiates any investigation of or disciplinary action against the supervisor; and (2) sets forth the actions that the Board may take with respect to an approved behavioral health and wellness practitioner supervisor who violates the provisions of law or regulation concerning the supervision of behavioral health and wellness practitioners. **Section 16** of this regulation: (1) requires an approved behavioral health and wellness practitioner supervisor to provide a behavioral health and wellness practitioner he or she supervises with a certain number of hours of supervision that meets certain criteria; and (2) limits the number of behavioral health and wellness practitioners that an approved behavioral health and wellness practitioner supervisor may supervise, with certain exceptions. **Section 17** of this regulation establishes certain duties and responsibilities of an approved behavioral health and wellness practitioner supervisor. **Section 18** of this regulation requires an approved behavioral health and wellness practitioner supervisor who does not employ, or is not employed by the same entity as, a behavioral health and wellness practitioner he or she is supervising to enter into a written agreement with the employer of the behavioral health and wellness practitioner concerning: (1) the supervision of the behavioral health and wellness practitioner; and (2) access by the supervisor to relevant medical records. **Section 19** of this regulation prohibits a person from supervising a behavioral health and wellness practitioner if that supervision involves a potential conflict of interest. **Section 20** of this regulation requires an approved behavioral health and wellness practitioner supervisor to: (1) make and keep certain records in a certain manner; and (2) notify the Board upon the occurrence of certain events.

Existing law authorizes the Board to adopt regulations governing the standard of practice for a behavioral health and wellness practitioner. (NRS 641.2252) Existing regulations establish certain standards of conduct applicable to other licensees regulated by the Board, which include certain restrictions and prohibitions concerning the handling of confidential information and medical records, the misrepresentation of the credentials and qualifications of a licensee and the conduct of a licensee towards a client or patient. (NAC 641.200-641.250) **Section 21**: (1) sets forth the professional activities in which a behavioral health and wellness practitioner is authorized to engage; (2) requires a behavioral health and wellness practitioner to use a framework of stepped care; and (3) imposes certain requirements relating to documentation maintained by a behavioral health and wellness practitioner. **Sections 22 and 23** of this regulation impose requirements relating to the use of telehealth and the use of new methods, services or techniques, respectively, by behavioral health and wellness practitioners. **Sections 24**

and 25 of this regulation establish certain other standards of practice and conduct that are specifically applicable to the practice of behavioral health promotion and prevention. **Section 26** of this regulation adopts by reference the most recent version of the *Ethical Standards for Behavioral Health and Wellness Practitioners* adopted by the Ballmer Institute for Children's Behavioral Health. **Sections 31-37** of this regulation make applicable to a behavioral health and wellness practitioner certain standards of conduct that are currently applicable to psychologists. Specifically, **section 32** provides that the parent or legal guardian is the patient for the purpose of making decisions concerning treatment provided to a child or protected person by a behavioral health and wellness practitioner. **Section 33** prohibits a behavioral health and wellness practitioner from disclosing the confidential information of a patient, with certain exceptions. **Section 34** prohibits a behavioral health and wellness practitioner from: (1) beginning or continuing a professional relationship with a patient if the behavioral wellness practitioner is impaired or reasonably suspected by the Board to be impaired; and (2) engaging in certain sexual or exploitive conduct towards a patient. **Sections 35-37** prohibit a behavioral health and wellness practitioner from making certain misrepresentations or false statements and engaging in certain other dishonest, illegal or unprofessional conduct.

Existing law requires an applicant for the renewal of a license as a psychologist to submit evidence to the Board of completion of the requirements for continuing education set forth in regulations adopted by the Board. (NRS 641.220) Existing regulations prescribe the courses or programs that the Board will accept for continuing education credit. Such acceptable courses or programs include workshops, seminars or classes which maintain an attendance roster and are certified or recognized by a state, national or international accrediting agency, including certain specified accrediting agencies. (NAC 641.136) **Section 29** of this regulation removes the International Congress of Psychology from that list of specified accrediting agencies because the International Congress of Psychology is not an accrediting agency.

Section 1. Chapter 641 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 26, inclusive, of this regulation.

Sec. 2. ***"Approved behavioral health and wellness practitioner supervisor" means a person who is approved by the Board pursuant to section 14 of this regulation to supervise a behavioral health and wellness practitioner.***

Sec. 3. ***"Behavioral health and wellness practitioner supervisor" means the person who is responsible for exercising supervision and control over a behavioral health and wellness practitioner pursuant to subsection 1 of section 21 of this regulation.***

Sec. 4. ***"Face-to-face" means an in-person interaction or a synchronous interaction through the use of audiovisual communication technology, not including standard telephone, facsimile or electronic mail.***

Sec. 5. ***"Low-intensity behavioral health interventions" means strategies relating to behavioral health that:***

1. Are structured, time-limited and evidence based; and

2. Focus on prevention, the reduction of symptoms or functional improvement.

Sec. 6. ***"Telehealth" has the meaning ascribed to it in NRS 629.515.***

Sec. 7. ***A person is not required to hold a license pursuant to this chapter and chapter 641 of NRS to perform:***

1. Activities relating to outreach, education or the general wellness of the population at which the activities are directed, if the activities are conducted in a non-individualized setting and not structured as behavioral health services. Such activities may include, without limitation:

(a) Educational activities or outreach relating to public health;

(b) Outreach to the community, including, without limitation, outreach activities conducted at the campus of a college or university;

(c) Conducting workshops, seminars or training activities;

(d) Programs that are peer-led or designed for peer support;

(e) The distribution of informational or educational materials; and

(f) Conducting or participating in campaigns to promote mental health awareness or prevention.

2. Activities that are not delivered within a provider-patient relationship and do not involve conducting or providing individualized assessments or interventions to a person or otherwise monitoring the behavioral health conditions of a person.

3. Such other services or activities that do not constitute the supervised clinical use of prevention and intervention strategies to identify persons at risk of mental or behavioral health issues and accomplish individualized goals relating to the mental or behavioral health of a person as part of a therapeutic relationship. For the purpose of this subsection, "therapeutic relationship" means the delivery of structured, evidence-based behavioral health interventions to a person in a supervised practice setting.

Sec. 8. *1. The Board will issue a license as a behavioral health and wellness practitioner to an applicant who:*

(a) Satisfies the requirements of subsection 1 of NRS 641.2254;

(b) Has not been previously convicted of a felony, unless the Board determines that the conviction should not disqualify the applicant from licensure;

(c) Has not been subject to disciplinary action in this State or in another jurisdiction;

(d) Does not have any outstanding complaints or charges pending against him or her in this State or in another jurisdiction;

(e) Has not previously been denied licensure by the Board, unless the Board determines that the denial should not disqualify the applicant from licensure;

(f) Satisfies the requirements prescribed by section 11 of this regulation;

(g) Passes the state examination administered by the Board pursuant to section 12 of this regulation;

(h) Complies with paragraph (b) of subsection 1 of NRS 641.160; and

(i) Submits to the Board with his or her application:

(1) Evidence that the applicant meets the educational and practicum requirements set forth in sections 9 and 10 of this regulation; and

(2) Not less than two letters of professional reference that attest without reservation to the professional competence, ethical conduct and current fitness to practice behavioral health promotion and prevention of the applicant.

2. The Board may require an applicant to appear before the Board to demonstrate to the satisfaction of the Board:

(a) The professional and ethical qualifications of the applicant;

(b) The current fitness of the applicant to practice as a behavioral health and wellness practitioner; and

(c) The intent of the applicant to practice as a behavioral health and wellness practitioner in a manner consistent with the education, training and experience of the applicant.

Sec. 9. *An applicant for a license as a behavioral health and wellness practitioner satisfies the requirements of sub-subparagraph (I) of subparagraph (2) of paragraph (c) of subsection 1 of NRS 641.2254 if the applicant submits to the Board proof that the applicant has earned:*

1. A bachelor's degree or higher from a regionally accredited college or university with a major or concentration in psychology, behavioral health, social work, human services, public health or a similar field that, in the determination of the Board, provided the applicant with a similarly rigorous and appropriate course of study; or

2. A postbaccalaureate certificate or other credential from a regionally accredited college or university approved by the Board for completing a coherent, structured and intentional program of study in any field described in subsection 1.

Sec. 10. *1. An applicant for a license as a behavioral health and wellness practitioner must demonstrate to the satisfaction of the Board that the educational program completed pursuant to sub-subparagraph (II) of subparagraph (2) of paragraph (c) of subsection 1 of NRS 641.2254:*

(a) Except as otherwise provided in subsection 6, was offered by a regionally accredited college or university.

(b) Was an integrated, organized, coherent and formally established course of study within the institution, and is not a collection of unrelated, self-selected or piecemeal coursework.

(c) Was not delivered entirely through asynchronous online means or through self-directed online instruction.

(d) Had clearly defined admissions criteria, learning objectives and requirements for the completion of the program.

(e) Had measurable learning outcomes aligned with the areas and domains described in paragraphs (i) and (j).

(f) Included methods of assessment that adequately evaluated the knowledge, skill and professional conduct of the applicant.

(g) Included formal evaluations by the faculty of the program of the progress and competency of the applicant based on direct observations of the applicant.

(h) Included methods for formally evaluating and documenting whether the applicant achieved entry-level competence by the conclusion of the program.

(i) Required the applicant to have completed coursework in the following areas:

(1) The foundations of behavioral health, including mental health, substance use and co-occurring conditions.

(2) Ethical and legal responsibilities of behavioral health practitioners, including instruction relating to patient confidentiality and privacy, mandated reporting, professional boundaries and maintaining the appropriate scope of practice of the profession.

(3) Cultural humility, equity and inclusion, disparities in behavioral health and the social determinants of health.

(4) Behavioral health promotion and prevention, including approaches to behavioral health that are strength-based, recovery-oriented and population-informed.

(5) Evidence-informed or evidence-based low-intensity behavioral health interventions appropriate for supervised, entry-level practice.

(6) Managing risk and the safety of patients, including, without limitation, the identification of risks relating to behavioral health, responding to crises and properly referring patients to a higher level of care.

(7) Measurement-based care, including using and interpreting standardized screening mechanisms and measuring patient outcomes.

(8) Methods for preparing documentation and patient records in a legally, ethically and professionally appropriate manner.

(j) Required the applicant to demonstrate understanding and competence in the following domains as part of a formal evaluation of the applicant:

(1) Behavioral health promotion and prevention;

(2) Early identification of behavioral health concerns and providing low-intensity behavioral health interventions;

(3) Evaluating risk and making appropriate patient referrals;

(4) Culturally-responsive practice; and

(5) Appropriate professional and interprofessional conduct.

(k) Except as otherwise provided in subsection 2, required the applicant to complete not less than 700 hours of a supervised practicum which:

(1) Was organized, sequential and formally established as a component of the educational program.

(2) Included clearly defined learning objectives and structures for supervision designed to provide students with entry-level competency in the areas and domains described in paragraphs (i) and (j).

(3) Included not less than 175 hours of direct face-to-face or synchronous contact through electronic means between patients and the applicant in a supervised clinical setting. For the purposes of this subparagraph, direct contact between a patient and an applicant:

(I) Includes, without limitation, screening and assessing a patient, coordinating the care of a patient, providing psychoeducation and providing brief intervention services to a patient; and

(II) Does not include preparing documentation, writing reports, participating in meetings with supervisors or other students in which a patient is not present, attending didactic training or administrative tasks.

(4) Included a minimum of 1 hour of direct supervision that directly pertains to the curriculum of the educational program for every 20 hours of total practicum experience completed by the applicant. Such direct supervision:

(I) Must be conducted through in-person or synchronous interaction;

(II) Must be provided by a member of the faculty of the program who is a qualified and actively licensed mental or behavioral health professional and who has received formal training that is substantially similar to the training described in subsection 2 of section 14 of this regulation; and

(III) Must not be provided to more than three students at one time.

2. An applicant may provide the Board with proof that the applicant participated in a supervised practicum that meets the requirements of paragraph (k) of subsection 1 as part of an educational program other than the program used by the applicant to meet the requirements of subsection 1. If the applicant proves, to the satisfaction of the Board, that such hours meet the requirements of paragraph (k) of subsection 1, the Board will credit such hours towards the requirements of that paragraph.

3. An applicant must submit to the Board such documentation as may be requested by the Board to demonstrate that he or she has completed an educational program that satisfies the criteria set forth in subsection 1. Such documentation may include, without limitation:

(a) An official transcript or other appropriate document of all coursework completed in the program;

(b) Official course descriptions or syllabi of the courses completed by the applicant in the program;

(c) Documented descriptions of the supervised practicum experience completed by applicant;

(d) Documentation or diagrams prepared by the applicant or the faculty of the program which describe or depict how the coursework and practicum experience completed by the applicant align with the areas and domains described in paragraphs (i) and (j) of subsection 1;

(e) Documentation compiled by the program pursuant to paragraph (h) of subsection 1; and

(f) Formal evaluations and other documentation, including, without limitation, attestations and verifications prepared by a faculty member of the program who directly supervised and observed the applicant during the course of the program.

4. The Board may request additional documentation and conduct such an evaluation of the applicant's qualifications as the Board deems necessary.

5. Except as otherwise provided in this subsection, an applicant must have completed an educational program that satisfies the criteria set forth in subsection 1 not later than 7 years after the date in which he or she enrolled in the program. The Board may waive that requirement if the applicant demonstrates, to the satisfaction of the Board, that he or she:

(a) Completed a program that satisfies the criteria set forth in subsection 1; and

(b) Possesses the necessary competence to practice behavioral health promotion and prevention.

6. The Board may recognize an accreditation organization that is nationally recognized and which accredits educational programs in behavioral health promotion and prevention. Proof that an applicant for a license as a behavioral health and wellness practitioner has successfully completed an educational program that is accredited by an accreditation

organization that is so recognized constitutes prima facie evidence that an applicant has satisfied the requirements of this section.

Sec. 11. ***1. Except as otherwise provided in subsection 2, an applicant for a license as a behavioral health and wellness practitioner must achieve the minimum score prescribed for passage on the national examination for behavioral health promotion and prevention developed by the Ballmer Institute for Children's Behavioral Health, or its successor organization.***

2. If the national examination for behavioral health promotion and prevention described in subsection 1 does not exist or is not being administered, the Board will require an applicant for a license as a behavioral health and wellness practitioner to demonstrate to the Board, in the manner prescribed by the Board, his or competency to practice behavioral health promotion and prevention. The Board may, without limitation:

(a) Review and evaluate the performance of the applicant in the supervised practicum completed by the applicant pursuant to section 10 of this regulation;

(b) Require an applicant to prepare and present to the Board a portfolio of his or her supervised experience, including experience in a supervised practicum completed pursuant to section 10 of this regulation, which adequately demonstrates his or her competence to practice behavioral health promotion and prevention;

(c) Require the applicant to take and pass a structured oral examination; or

(d) Require the supervisor identified by the applicant in his or her application pursuant to subparagraph (3) of paragraph (c) of subsection 1 of NRS 641.2254 to attest to the professional competence and ethical conduct of the applicant and the current fitness of the applicant to practice behavioral health promotion and prevention.

Sec. 12. *1. The Board will administer a state examination to each applicant for a license as a behavioral health and wellness practitioner.*

2. The state examination will consist of questions addressing issues that are specific to the practice of behavioral health promotion and prevention in this State, which may include, without limitation, the applicable federal and state laws and regulations concerning the practice of behavioral health promotion and prevention in this State and the ethical principles and codes of professional conduct relevant to the practice of behavioral health promotion and prevention in this State. At least 30 days before the state examination, the Board will furnish a description of the content to be covered in the state examination to each applicant.

3. An applicant who fails the state examination:

(a) Once or twice may retake the state examination.

(b) Three times may not retake the state examination unless the applicant requests permission and obtains approval from the Board to retake the state examination for a fourth time. The applicant must submit to the Board a written request to retake the state examination and a written plan explaining the steps the applicant will take to pass the state examination. The Board will approve the request to retake the state examination if the Board determines that the written plan submitted by the applicant is likely to result in the applicant passing the state examination.

(c) Four or more times may not retake the state examination except as otherwise provided in this paragraph, and his or her application for a license as a behavioral health and wellness practitioner is deemed denied. A person whose application is deemed denied pursuant to this paragraph may, not earlier than 12 months after the date on which he or she is notified by the Board that he or she failed that state examination for the immediately preceding time, request

permission in writing from the Board to reapply for licensure and retake the state examination. The Board will, if good cause is shown, approve the request.

4. The fee for the state examination must be paid before the state examination is administered. A fee must be paid each time the applicant takes the state examination.

5. An applicant shall not:

(a) Remove any notes taken during the state examination;

(b) Record the state examination by electronic or other means; or

(c) Engage in any other conduct that results in the disclosure of the contents of the state examination.

Sec. 13. *1. To satisfy the requirements of subsection 2 of NRS 641.2255 for the renewal of his or her license, a behavioral health and wellness practitioner must certify to the Board that, during the 3 years immediately preceding the date he or she submits an application for renewal, the applicant completed the number of hours of continuing education required by subsection 2 of NRS 641.2255. In addition to the hours of continuing education required by paragraphs (a) and (b) of that subsection, such continuing education must include at least:*

(a) Two hours of instruction in evidence-based suicide prevention and awareness;

(b) Six hours of instruction in knowledge or skills relating to behavioral health prevention and promotion; and

(c) Six hours of instruction in cultural competency and diversity, equity and inclusion.

2. A behavioral health and wellness practitioner may not receive:

(a) Continuing education credit for a workshop, seminar, class or course in which he or she is the instructor; or

(b) Credit for more than 10 hours of continuing education from an approved home study course during the 3 years immediately preceding the date he or she submits an application for renewal.

3. Except as otherwise provided in subsections 2 and 4, the continuing education required pursuant to subsection 2 of NRS 641.2255 may include, without limitation:

(a) A workshop, seminar, class or home study course in behavioral health promotion and prevention or a closely related discipline which maintains an attendance roster and which is:

(1) Conducted under the auspices of an accredited college or university offering undergraduate or graduate level instruction; or

(2) Certified or recognized by a state, regional, national or international accrediting agency, including, without limitation:

(I) The American Association for Marriage and Family Therapy, or its successor organization;

(II) The American Counseling Association, or its successor organization;

(III) The American Medical Association, or its successor organization;

(IV) The American Psychiatric Association, or its successor organization;

(V) The American Psychological Association, or its successor organization;

(VI) The Association for Behavior Analysis International, or its successor organization; and

(VII) The National Association of Social Workers, or its successor organization; or

(b) A workshop, seminar, class or home study course in behavioral health and wellness promotion or a closely related discipline which is approved by the Board.

4. Before a behavioral health and wellness practitioner may receive credit for continuing education for a course taken to satisfy the requirements of subsection 2 of NRS 641.2255, he or she must submit information concerning the course to the Board for approval of the course, unless the Board has previously approved the course. The Board will make available at its office a list of courses and programs that are currently approved by the Board.

Sec. 14. *1. A person who wishes to obtain the approval of the Board to supervise a behavioral health and wellness practitioner must:*

(a) Hold a current license as a provider of health care listed in NRS 641.2257, be in good standing with the applicable licensing board and have no history of disciplinary action; and

(b) Submit to the Board:

(1) Evidence that he or she completed a course of training relating to the supervision of behavioral health and wellness practitioners that is approved by the Board;

(2) A form that contains:

(I) The name, mailing address, contact phone number and occupation of the person;

(II) An identification of each active license held by the person that has been issued by a licensing board in this State;

(III) The name of each behavioral health and wellness practitioner whom the person intends to supervise; and

(IV) The date on which the supervision of each behavioral health and wellness practitioner listed pursuant to sub-subparagraph (III) is intended to begin.

2. To be approved by the Board pursuant to subparagraph (1) of paragraph (b) of subsection 1, a course of training relating to the supervision of behavioral health and wellness

practitioners must provide not less than 6 hours of instruction and include training in each of the following areas:

(a) Ethical standards in the field of behavioral health promotion and prevention;

(b) Appropriate standards for documentation;

(c) Effective structures for supervising a behavioral health and wellness practitioner;

(d) Low-intensity behavioral health interventions; and

(e) Measuring, maintaining and developing the skills and competency of behavioral health and wellness practitioners.

3. The Board will approve a person pursuant to subsection 1 to supervise a behavioral health and wellness practitioner and send written notice to the person of such approval as soon as practicable after:

(a) Verifying that the applicant satisfies the requirements of paragraph (a) of subsection 1; and

(b) Receiving the information required by paragraph (b) of subsection 1 and verifying that the information is complete and accurate.

5. If, after a person is approved pursuant to this section to supervise behavioral health and wellness practitioners, the person intends to supervise one or more additional behavioral health and wellness practitioners not named in the form submitted pursuant to subparagraph (2) of paragraph (b) of subsection 1, the person must provide the Board with the name of each additional behavioral health and wellness practitioner whom the person intends to supervise and the dates on which such supervision will begin.

Sec. 15. *1. An approved behavioral health and wellness practitioner supervisor shall notify the Board of the initiation of any investigation or disciplinary action taken against the*

approved behavioral health and wellness practitioner supervisor by any licensing board that has issued the approved behavioral health and wellness practitioner supervisor a professional license not later than 30 days after the initiation of such action.

2. If the Board determines that an approved behavioral health and wellness practitioner supervisor has violated any provision of this chapter or chapter 641 of NRS with regard to the supervision of a behavioral health and wellness practitioner, the Board may:

(a) Suspend the approval of the person to supervise behavioral health and wellness practitioners;

(b) Notify each licensing board that has issued a license to the approved behavioral health and wellness practitioner supervisor of the violation; and

(c) If the approved behavioral health and wellness practitioner supervisor is a psychologist, initiate disciplinary action against him or her in accordance with the provisions of this chapter and chapter 641 of NRS.

Sec. 16. *1. An approved behavioral health and wellness practitioner supervisor shall provide individual, face-to-face supervision each month to a behavioral health and wellness practitioner he or she supervises for not less than the greater of:*

(a) Two percent of the total hours worked by the behavioral health and wellness practitioner during the month; or

(b) Two hours.

2. In addition to the requirements of subsection 1, an approved behavioral health and wellness practitioner supervisor shall provide at least 1 additional hour of supervision each month to a behavioral health and wellness practitioner he or she supervises, which may consist of:

(a) Individual, face-to-face supervision; or

(b) Group meetings of not more than 10 persons, including the behavioral health and wellness practitioner.

3. Except as otherwise provided in this subsection, an approved behavioral health and wellness practitioner supervisor may not supervise more than 6 full-time equivalent behavioral health and wellness practitioners at the same time. An approved behavioral health and wellness practitioner supervisor may request the approval of the Board to supervise additional behavioral health and wellness practitioners. The Board may approve such a request upon determining that the approved behavioral health and wellness practitioner supervisor is capable of complying with the provisions of this chapter and chapter 641 of NRS governing the supervision of behavioral health and wellness practitioners.

Sec. 17. *1. An approved behavioral health and wellness practitioner supervisor shall employ methods of proper and diligent oversight of each behavioral health and wellness practitioner he or she supervises to meet his or her responsibilities set forth in this section. Such methods must include the implementation of policies and procedures that ensure the accessibility of the approved behavioral health and wellness practitioner supervisor to the behavioral health and wellness practitioner commensurate with the professional developmental level of the behavioral health and wellness practitioner.*

2. To ensure compliance with subsection 1, an approved behavioral health and wellness practitioner supervisor may employ various modes and methods of supervision of a behavioral health and wellness practitioner under his or her supervision, including, without limitation:

(a) Individual supervision;

(b) Group supervision;

(c) Reviewing and guiding the selection and implementation of interventions for behavioral health promotion and prevention;

(d) Tracking the progress of patients served by the behavioral health and wellness practitioner;

(e) Discussing the cases of patients with the behavioral health and wellness practitioner;

(f) Directly observing the delivery of services by the behavioral health and wellness practitioner, either in person or through the use of a remote technology system which uses electronic, digital or other similar technology; and

(g) Reviewing audio or visual recordings of the delivery of services by the behavioral health and wellness practitioner.

3. An approved behavioral health and wellness practitioner supervisor is responsible for the full oversight and adequate supervision of the work of each behavioral health and wellness practitioner he or she supervises, including the outcomes, plans of care and case management of each patient served by a behavioral health and wellness practitioner supervised by the approved behavioral health and wellness practitioner supervisor.

4. For each behavioral health and wellness practitioner an approved behavioral health and wellness practitioner supervisor supervises, the approved behavioral health and wellness practitioner supervisor shall:

(a) Properly oversee the medical records of each patient of the behavioral health and wellness practitioner;

(b) Review and sign all documentation, including, without limitation, reports, treatment plans and progress notes, pertaining to services or treatment provided to a patient of the behavioral health and wellness practitioner, including, without limitation, services for which

the approved behavioral health and wellness practitioner supervisor is seeking reimbursement from a third party; and

(c) Ensure that the behavioral health and wellness practitioner:

(1) Practices only within the scope of practice, training and competencies of the approved behavioral health and wellness practitioner supervisor and behavioral health and wellness practitioner; and

(2) Complies with the provisions of this chapter and chapter 641 of NRS.

5. If a behavioral health and wellness practitioner intends to provide a service or treatment in a specialized domain of practice, including, without limitation, the prevention of substance use disorder, the approved behavioral health and wellness practitioner supervisor of the behavioral health and wellness practitioner shall ensure, before such a service or treatment is rendered, that:

(a) The behavioral health and wellness practitioner has received appropriate education, training or supervised experienced in the domain;

(b) The approved behavioral health and wellness practitioner supervisor possesses sufficient knowledge and experience in the domain or has consulted with a qualified professional with expertise in that domain; and

(c) The service or treatment will be delivered by the behavioral health and wellness practitioner in a manner that is evidence-based or evidence-informed and appropriate based on the setting in which the service or treatment will be provided and the intended recipient of the service or treatment.

6. Except as otherwise provided in this subsection, an approved behavioral health and wellness practitioner supervisor shall be available to a behavioral health and wellness

practitioner whom he or she supervises while the behavioral health and wellness practitioner is providing services to a patient. An approved behavioral health and wellness practitioner supervisor:

(a) Shall arrange for the availability of another appropriate licensed provider of health care who satisfies the criteria set forth in NRS 641.2257 to be available to temporarily supervise the behavioral health and wellness practitioner in the case of the absence of the approved behavioral health and wellness practitioner supervisor; and

(b) Is responsible for the actions of the provider of health care who provides such temporary supervision to a behavioral health and wellness practitioner.

7. A behavioral health and wellness practitioner may not be temporarily supervised by a provider of health care pursuant to subsection 6 who is not the approved behavioral health and wellness practitioner supervisor of the behavioral health and wellness practitioner for more than 30 consecutive days, unless the behavioral health and wellness practitioner obtains approval from the Board.

Sec. 18. *If the approved behavioral health and wellness practitioner supervisor of a behavioral health and wellness practitioner does not employ the behavioral health and wellness practitioner and is not employed by the same entity as the behavioral health and wellness practitioner, the approved behavioral health and wellness practitioner supervisor must enter into a written agreement with the employer of the behavioral health and wellness practitioner. The agreement must set forth:*

1. The responsibilities of the approved behavioral health and wellness practitioner supervisor with respect to the supervision of the behavioral health and wellness practitioner,

including the scope and nature of the authority of the approved behavioral health and wellness practitioner supervisor over the behavioral health and wellness practitioner; and

2. The medical or other records of a patient of the behavioral health and wellness practitioner that the approved behavioral health and wellness practitioner supervisor will be allowed to access. Such records must be sufficient to enable the approved behavioral health and wellness practitioner supervisor to satisfy his or her obligations pursuant to this chapter and chapter 641 of NRS, and to otherwise provide adequate supervision of the behavioral health and wellness practitioner.

Sec. 19. *1. A person shall not supervise a behavioral health and wellness practitioner, including, without limitation, on a temporary basis pursuant to subsection 6 of section 17 of this regulation, if that supervision involves a potential conflict of interest, including, without limitation, supervision of a behavioral health and wellness practitioner:*

(a) Who is a member of the person's household;

(b) Who is related to the person by blood, adoption or marriage, within the third degree of consanguinity or affinity;

(c) With whom the person has had or is having a dating relationship; and

(d) With whom the person has had a therapist-patient or similar relationship.

2. As used in this section, "dating relationship" means frequent, intimate associations primarily characterized by the expectation of affectional or sexual involvement. The term does not include a casual relationship or an ordinary association between persons in a business or social context.

Sec. 20. *1. An approved behavioral health and wellness practitioner supervisor shall prepare records that will enable him or her to:*

(a) Effectively monitor the practice and competence of each behavioral health and wellness practitioner whom he or she supervises; and

(b) Accurately determine and document the number of hours of supervision provided to each behavioral health and wellness practitioner whom he or she supervises to ensure compliance with the requirements of subsections 1 and 2 of section 16 of this regulation.

2. An approved behavioral health and wellness practitioner supervisor shall:

(a) Maintain all records relating to the supervision of a behavioral health and wellness practitioner for not less than 5 years after the last date of supervision of that behavioral health and wellness practitioner; and

(b) Make the records described in paragraph (a) available for inspection by the Board upon the request of the Board.

3. An approved behavioral health and wellness practitioner supervisor shall notify the Board within 10 days after his or her supervision of a behavioral health and wellness practitioner is terminated.

4. An approved behavioral health and wellness practitioner supervisor shall notify the Board of any change in his or her residential address or business address within 30 days after the change.

Sec. 21. *1. A behavioral health and wellness practitioner shall not practice behavioral health promotion and prevention except under the supervision and control of a behavioral health and wellness practitioner supervisor who:*

(a) Satisfies the criteria set forth in NRS 641.2257; and

(b) Is the approved behavioral health and wellness practitioner supervisor of the behavioral health and wellness practitioner or is authorized pursuant to subsection 6 of

section 17 of this regulation to temporarily supervise the behavioral health and wellness practitioner.

2. A behavioral health and wellness practitioner may engage in only the following activities with respect to his or practice of behavioral health promotion and prevention:

(a) Conducting standardized screenings for behavioral health;

(b) Conducting structured biopsychosocial assessments;

(c) Delivering evidence-based or evidence-informed low-intensity behavioral health interventions in accordance with protocols approved by his or her approved behavioral health and wellness practitioner supervisor;

(d) Providing to patients psychoeducation or instructions for building behavioral-related skills;

(e) Facilitating group interventions that are structured and educational or skills-based in nature;

(f) Identifying the behavioral health risks of a patient and formulating appropriate protocols for the safety of the patient with respect to such risks, which may include, without limitation, facilitating consultations or making appropriate referrals to or for the patient in accordance with paragraph (h);

(g) Monitoring the outcomes for a patient using tools that are valid and appropriate and communicating such outcomes to his or her behavioral health and wellness practitioner supervisor for the purpose of making informed decisions regarding care, consultation and the escalation of the level of care with respect to the patient; and

(h) Supporting the coordination of care of a patient, including referring the patient to another professional or to other technical or administrative resources, when such a referral is in the best interest of the patient or requested by and appropriate for the needs of the patient.

3. A behavioral health and wellness practitioner may provide any service authorized by subsection 2 to a patient in a group setting or through telehealth in accordance with the requirements of section 22 of this regulation.

4. A behavioral health and wellness practitioner shall use a framework of stepped care whereby the behavioral health and wellness practitioner:

(a) Initially provides a patient with the least intensive evidence-based service that is likely to be effective based on the specific needs or condition of the patient; and

(b) Thereafter periodically adjusts or escalates the care and services provided to the patient, or appropriately refers the patient to another professional, based on:

(1) The response of the patient to the services previously provided to him or her;

(2) An appropriate assessment of risk; and

(3) The direction of the behavioral health and wellness practitioner supervisor of the behavioral health and wellness practitioner.

5. Any documentation prepared by a behavioral health and wellness practitioner must:

(a) Where relevant and appropriate to include, describe and adequately support the medical necessity or justification of any behavioral health promotion and prevention services provided to a patient;

(b) Effectively ensure the continuity and quality of care of a patient; and

(c) Conform with:

(1) The scope of practice of the behavioral health and wellness practitioner;

(2) The requirements of this chapter and chapter 641 of NRS;

(3) Any requirements or directives imposed by the behavioral health and wellness practitioner supervisor of the behavioral health and wellness practitioner with respect to such documentation; and

(4) Any requirements imposed by a third party, if such documentation is prepared in relation to a payment made or owed by the third party for services provided by the behavioral health and wellness practitioner.

6. As used in this section, "third party" means any insurer, governmental entity or other organization providing health coverage or benefits in accordance with state or federal law.

Sec. 22. *1. A behavioral health and wellness practitioner shall not provide services to a patient through telehealth unless the behavioral health and wellness practitioner has obtained appropriate knowledge and competence in the practices and requirements specific to telehealth including, without limitation:*

(a) Preserving the privacy of patients and the confidentiality of communications with patients and information concerning patients;

(b) Appropriate procedures for obtaining informed consent from the patient;

(c) Protocols for handling emergencies; and

(d) The legal and ethical requirements of each relevant distant and originating site in which telehealth services will be provided to or received by a patient.

2. As used in this section:

(a) "Distant site" has the meaning ascribed to it in NRS 629.515.

(b) "Originating site" has the meaning ascribed to it in NRS 629.515.

Sec. 23. *1. A behavioral health and wellness practitioner who is acquiring expertise in a method, service or technique in behavioral health promotion and prevention that is new to the behavioral health and wellness practitioner or the profession of behavioral health promotion and prevention shall:*

(a) Engage in continuing consultation with his or her behavioral health and wellness practitioner supervisor or other relevant professionals;

(b) Seek appropriate education and training in the method, service or technique; and

(c) Inform patients of the innovative nature and known risks of the method, service or technique to allow patients to make informed choices concerning the method, service or technique.

2. A behavioral health and wellness practitioner shall not:

(a) Claim or use any secret or proprietary method, service or technique not previously disclosed to the Board; or

(b) Use any method, service or technique for which there is no adequate basis in research or generally accepted principles of professional practice, except for the purpose of research conducted in accordance with applicable legal and ethical standards.

Sec. 24. *1. A behavioral health and wellness practitioner:*

(a) Shall limit his or her practice to the areas in which he or she or his or her behavioral health and wellness practitioner supervisor have acquired competence through education, training, supervised experience and ongoing professional development.

(b) Shall not, except in an emergency in which the life or health of a person is in danger, accept, perform or offer to provide:

(1) An independent medical or behavioral health diagnosis;

(2) Psychological, psychoeducational or neurophysiological testing; or

(3) Any professional service:

(I) Which constitutes psychotherapy or for which a license or certificate is otherwise required, if he or she does not hold the appropriate license or certificate; or

(II) Which he or she otherwise knows, or has reason to know, that he or she is not competent to perform.

(c) Shall not engage in conduct in the practice of behavioral health promotion and prevention that demonstrates impaired judgment, integrity or professional responsibility.

(d) Shall maintain competence in the areas in which he or she practices through continuing education, consultation or supervision or other methods consistent with current standards of scientific and professional knowledge.

(e) Shall use every reasonable effort to ensure that all services provided to patients are adequate in degree or scope and conform to the highest professional standards.

(f) Shall emphasize, when practicing behavioral health promotion and prevention:

(1) The functional improvement and wellness outcomes of each patient, which may include, without limitation, the participation of the patient in activities positively impacting his or her health, education, employment, family and community life; and

(2) Effectively reducing the symptoms of the patient.

(g) Shall not render a formal professional opinion with respect to a person who is not a patient of the behavioral health and wellness practitioner, unless the behavioral health and wellness practitioner:

(1) Has had substantial and direct contact with the person in a professional capacity; and

(2) First conducts a formal assessment of the person.

(h) Shall rely upon the direction and expertise of his or her behavioral health and wellness practitioner supervisor in order to guide his or her professional judgment and delivery of services to patients.

(i) Shall promptly notify and consult with his or her behavioral health and wellness practitioner supervisor:

(1) If a patient with a unique or elevated risk of harm requests services from the behavioral health and wellness practitioner;

(2) When the symptoms of a patient fail to improve after the intervention or rendering of services by the behavioral health and wellness practitioner; or

(3) When the clinical needs of a patient exceed the competence, training or scope of practice of the behavioral health and wellness practitioner.

(j) Shall comply with all directives of his or her behavioral health and wellness practitioner supervisor relating to the care of patients and the professional conduct of the behavioral health and wellness practitioner.

(k) Shall, with respect to his or her behavioral health and wellness practitioner supervisor, maintain professional boundaries in a manner consistent with the standards and principles of the profession of his or her behavioral health and wellness practitioner supervisor.

(l) Shall accurately represent to patients his or her credentials and status as a supervised practitioner and disclose the name and occupation of his or her behavioral health and wellness practitioner supervisor upon the request of a patient.

2. As used in this section, "psychotherapy" means any act that does not constitute behavioral health promotion and prevention which is included within:

(a) The practice of psychiatry or psychiatric nursing;

(b) The practice of psychology;

(c) The practice of clinical professional counseling, as defined in NRS 641A.065;

(d) The practice of marriage and family therapy, as defined in NRS 641A.080; or

(e) The practice of clinical social work, as defined in NRS 641B.030.

Sec. 25. *A behavioral health and wellness practitioner:*

1. Must be able to present his or her license to a patient at any time he or she is engaging in the practice of behavioral health promotion and prevention.

2. Shall respond within 30 days after receiving any written communication from the Board and shall make available any relevant record with respect to an inquiry or complaint about his or her professional conduct.

3. Shall notify the Board in writing of a change of address or telephone number within 30 days after the change.

4. Shall not mislead or withhold from a patient, prospective patient or other person who will be responsible for payment of the services of the behavioral health and wellness practitioner information concerning the fee for the professional services of the behavioral health and wellness practitioner.

5. Shall not directly or indirectly offer, give, solicit, receive or agree to receive any fee or other consideration for the referral of a patient.

Sec. 26. *1. The Board hereby adopts by reference the provisions set forth in the most recent edition of the Ethical Standards for Behavioral Health and Wellness Practitioners adopted by the Ballmer Institute for Children's Behavioral Health, unless the Board gives notice that the most recent edition is not suitable for this State pursuant to subsection 2 and*

except to the extent that those provisions conflict with a specific provision of this chapter. In the case of such a conflict, the specific provision of this chapter is controlling. A copy of the publication is available at no cost from the Ballmer Institute for Children's Behavioral Health on the Internet at https://childrensbehavioralhealth.uoregon.edu/bwhp-ethics-code or, if that Internet website ceases to exist, from the Board.

2. If the Ethical Standards for Behavioral Health and Wellness Practitioners adopted by reference in subsection 1 are revised, the Board will review the revision to ensure its suitability for this State. If the Board determines that the revision is not suitable for this State, the Board will hold a public hearing to review its determination within 6 months after the date of publication of the revision and give notice of that hearing. If, after the hearing, the Board does not revise its determination, the Board will give notice within 30 days after the hearing that the revision is not suitable for this State. If the Board does not give such notice, the revision becomes part of the Ethical Standards for Behavioral Health and Wellness Practitioners adopted by reference in subsection 1.

Sec. 27. NAC 641.001 is hereby amended to read as follows:

641.001 As used in this chapter, unless the context otherwise requires, the words and terms defined in NAC ~~[641.005]~~ ***641.007*** to 641.014, inclusive, ***and sections 2 to 6, inclusive, of this regulation,*** have the meanings ascribed to them in those sections.

Sec. 28. NAC 641.019 is hereby amended to read as follows:

641.019 1. Except as otherwise provided in NRS 641.228 and subsection 3, the Board will charge and collect the following fees:

For an application for licensure..... $150

For an application for registration as a psychological trainee or a provisional license as a psychological assistant or psychological intern 150

For the state examination for licensure ***as a psychologist*** administered by the Board pursuant to NAC 641.112 .....Actual costs to the Board plus $100

For the state examination for licensure as a behavioral health and wellness practitioner administered by the Board pursuant to section 12 of this regulation.....Actual costs to the Board

For the issuance of an initial license ***as a psychologist***..... 25

For the biennial renewal or reinstatement of a license as a psychologist..... 650

For the placement of a license ***as a psychologist*** on inactive status 100

For the biennial renewal of a license ***as a psychologist*** on inactive status 100

For the issuance of an initial provisional license of a psychological assistant 150

For the issuance of an initial provisional license of a psychological intern..... 75

For the initial registration of a psychological trainee..... 30

For the renewal of a provisional license of a psychological assistant..... 150

For the renewal of a provisional license of a psychological intern 75

For the renewal of a registration of a psychological trainee 30

For the restoration to active status of a license as a psychologist on inactive status 250

For the issuance of an initial license as a behavioral health and wellness 200

practitioner.....

For the triennial renewal or reinstatement of a license as a behavioral health and wellness practitioner 200

For the registration of a nonresident consultant 100

For reproduction and mailing of material for an application 30

For a change of name on a license 30

For a duplicate license 30

For copies of the provisions of NRS relating to the practice of psychology and the rules and regulations adopted by the Board 30

For a letter of good standing 20

For the review and approval of a course or program of continuing education 30

2. The Board will annually determine the actual costs to the Board for the state ~~[examination]~~ ***examinations*** administered by the Board pursuant to NAC 641.112 ***and section 12 of this regulation*** for purposes of determining the ***applicable*** fee charged and collected pursuant to subsection 1.

3. If an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran submits an application for a license ***as a psychologist*** by endorsement pursuant to NRS 641.196, the Board will charge and collect a fee of $62.50 for the issuance of an initial license ~~[.]~~ ***as a psychologist.***

4. In accordance with NRS 353C.115 and NAC 353C.400, the Board will charge and collect from any person whose check or other method of payment is returned to the Board or otherwise

dishonored because the person had insufficient money or credit with the drawee or financial institution to pay the check or other method of payment or because the person stopped payment on the check or other method of payment a fee of $25 or such other amount as may subsequently be required by NRS 353C.115 and NAC 353C.400.

5. As used in this section, "veteran" has the meaning ascribed to it in NRS 417.005.

Sec. 29. NAC 641.136 is hereby amended to read as follows:

641.136 1. To renew his or her license, a psychologist must certify to the Board that during the 2 years immediately preceding the date he or she submits an application for renewal, he or she has completed 30 hours of continuing education approved by the Board, which must include:

(a) At least 6 hours of instruction in scientific and professional ethics and standards, and common areas of professional misconduct;

(b) At least 2 hours of instruction in evidence-based suicide prevention and awareness;

(c) At least 6 hours of instruction relating to cultural competency and diversity, equity and inclusion;

(d) Not more than 15 hours of instruction from an approved home study course; and

(e) Not more than 15 hours of approved continuing professional development.

2. Except as otherwise provided in subsection 4, the Board will accept the following types of continuing education courses or programs towards satisfaction of the continuing education required by subsection 1:

(a) Formally organized workshops, seminars or classes which maintain an attendance roster and are conducted by or under the auspices of an accredited institution of higher education offering graduate instruction.

(b) Workshops, seminars or classes which maintain an attendance roster and are certified or recognized by a state, national or international accrediting agency, including, but not limited to:

(1) The American Psychological Association;

(2) The American Psychiatric Association;

(3) The American Medical Association;

(4) The American Association for Marriage and Family Therapy;

(5) The American Counseling Association; ***or***

(6) ~~[The International Congress of Psychology; or~~

~~(7)]~~ The National Association of Social Workers.

(c) Other workshops, classes, seminars and training sessions in psychology or a closely related discipline which have a formal curriculum and attendance roster and receive approval by the Board.

(d) Home study courses in psychology or a closely related discipline that are approved by the Board.

3. The Board will accept towards satisfaction of the continuing education required by paragraph (e) of subsection 1:

(a) Not more than 3 hours of continuing education credit in each of the following areas:

(1) One hour of continuing education credit for each hour of peer consultation;

(2) One hour of continuing education credit for each hour of service on the governing board, committee, editorial board, scientific grant review team or in a position of leadership of a psychological association; and

(3) Three hours of continuing education credit for each full day of attendance at a conference or convention related to psychology, where continuing education credits are not earned or offered for attending the conference or convention.

(b) Not more than 6 hours of continuing education credit in each of the following areas:

(1) A number of hours of continuing education credit equivalent to the number of course credits earned in completing a doctoral-level psychology course;

(2) One hour of continuing education credit for teaching a continuing education course that is approved by the Board;

(3) Six hours of continuing education credit for teaching a semester of a graduate-level applied psychology course that is accredited by the American Psychological Association, including preparation of materials for such a course; and

(4) Six hours of continuing education credit for authoring a book, a chapter in a book or a peer-reviewed manuscript in the field of psychology that is accepted for publishing, for each book, chapter or manuscript.

4. Before a licensee may receive credit for continuing education for a course in scientific and professional ethics and standards and common areas of professional misconduct, for a course in evidence-based suicide prevention and awareness, or for a course relating to cultural competency and diversity, equity and inclusion, the licensee must submit information concerning the course to the Board for approval of the course unless the Board has previously approved the course. The Board will make available at its office a list of courses and programs that are currently approved by the Board.

Sec. 30. NAC 641.1507 is hereby amended to read as follows:

641.1507 ~~[“Supervisor”]~~ ***As used in NAC 641.1507 to 641.168, inclusive, unless the context otherwise requires, “supervisor”*** means a psychologist who supervises a psychological assistant, psychological intern or psychological trainee pursuant to this chapter, whether or not he or she seeks reimbursement under the State Plan for Medicaid for the services rendered under the authorized scope of practice of the psychological assistant, psychological intern or psychological trainee pursuant to NRS 422.27239.

Sec. 31. NAC 641.200 is hereby amended to read as follows:

641.200 1. The provisions of NAC 641.200 to 641.250, inclusive ~~[.]~~ ***, and sections 21 to 26, inclusive, of this regulation:***

(a) Apply to the conduct of any licensee or any applicant for licensure pursuant to this chapter and chapter 641 of NRS, including conduct during any period of education, training or employment required for licensure.

(b) Constitute the standards of conduct which a psychologist ***or behavioral health and wellness practitioner, as applicable,*** shall follow in the provision of services.

2. A violation of the provisions of NAC 641.200 to 641.250, inclusive, ***and sections 21 to 26, inclusive, of this regulation*** constitutes unprofessional conduct and is a ground for disciplinary action or the denial of an application for an initial license or the renewal of a license.

Sec. 32. NAC 641.206 is hereby amended to read as follows:

641.206 If a psychologist ***or behavioral health and wellness practitioner*** is treating a child or protected person, the parent or legal guardian of the child or protected person is the patient or client for the purpose of making decisions concerning treatment. The child or protected person who is receiving services from the psychologist ***or behavioral health and wellness practitioner*** is also the patient or client for:

1. Issues directly affecting the physical or emotional safety of the child or protected person, including, without limitation, sexual relationships or other exploitive dual relationships.

2. Issues which the parent or legal guardian has specifically agreed, before the child or protected person receives professional services, must be reserved to the child or protected person, including, without limitation, confidential communications between the psychologist ***or behavioral health and wellness practitioner*** and the child or protected person during the course of the professional relationship.

Sec. 33. NAC 641.224 is hereby amended to read as follows:

641.224 1. If a psychologist ***or behavioral health and wellness practitioner*** provides services to an organization, information he or she obtains in the course of providing the services is confidential, including any personal information concerning a person in the organization if the information was properly obtained within the scope of his or her professional contract with the organization. Personal information concerning a person in the organization is subject to the confidential control of the organization unless the person who disclosed the information had a reasonable expectation that the information was disclosed pursuant to a separate professional relationship with the psychologist ***or behavioral health and wellness practitioner*** and would not be disclosed to the organization.

2. During the course of a professional relationship with a patient or client and after the relationship is terminated, a psychologist ***or behavioral health and wellness practitioner*** shall protect all confidential information obtained in the course of his or her practice, teaching or research, or in the performance of any other services related to his or her profession. Except as otherwise provided in this section, a psychologist ***or behavioral health and wellness practitioner***

may disclose confidential information only if he or she obtains the informed written consent of the patient or client.

3. A psychologist ***or behavioral health and wellness practitioner*** may disclose confidential information without the informed written consent of a patient or client if the psychologist ***or behavioral health and wellness practitioner*** believes that disclosure of the information is necessary to protect against a clear and substantial risk of imminent serious harm by the patient or client to the patient or client or another person and:

(a) The disclosure is limited to such persons and information as are consistent with the standards of the profession of psychology ***or behavioral health promotion and prevention, as applicable,*** in addressing such problems.

(b) If the patient or client is an organization, the psychologist ***or behavioral health and wellness practitioner*** has made a reasonable but unsuccessful attempt to correct the problems within the organization.

4. A psychologist ***or behavioral health and wellness practitioner*** may disclose confidential information without the informed written consent of a patient or client if:

(a) A member of the judiciary, or a court magistrate or administrator to whom authority has been lawfully delegated, orders the disclosure; or

(b) Disclosure is required by a state or federal law or regulation, including a law or regulation that requires a psychologist ***or behavioral health and wellness practitioner*** to report the abuse of a child or elderly person.

5. If a psychologist ***or behavioral health and wellness practitioner*** renders services to more than one person, including services rendered to an organization, family, couple, group, or a child and a parent, the psychologist ***or behavioral health and wellness practitioner*** shall, before he or

she begins to render the services, explain to each person the relevant limitations on confidentiality during the course of the professional relationship. If appropriate, the psychologist ***or behavioral health and wellness practitioner*** shall grant to each person an opportunity to discuss and accept the limitations on confidentiality that will apply.

6. If a patient or client is a child or has a legal guardian, a psychologist ***or behavioral health and wellness practitioner*** shall, before he or she renders services, inform the patient or client to the extent that the patient or client can understand, of any legal limitations on the confidentiality of communications with the psychologist ~~[.]~~ ***or behavioral health and wellness practitioner.***

7. With the written consent of a patient, a psychologist ***or behavioral health and wellness practitioner*** shall provide in a timely manner to another responsible professional who is treating the patient or client any information which is important for the professional to know in making decisions concerning the ongoing diagnosis and treatment of the patient or client.

8. If a psychologist ***or behavioral health and wellness practitioner*** uses the case history of a patient or client in his or her teaching, research or published reports, he or she shall exercise reasonable care to ensure that all confidential information is appropriately disguised to prevent the identification of the patient or client.

9. A psychologist ***or behavioral health and wellness practitioner*** shall:

(a) Store and dispose of any written, electronic or other records in a manner which ensures the confidentiality of the content of the records;

(b) Limit access to the records of his or her patients or clients to protect the confidentiality of the information contained in the records;

(c) Ensure that all persons working under his or her authority comply with the requirements of this section to protect the confidentiality of each patient or client; and

(d) Obtain the informed written consent of a patient or client before the psychologist ***or behavioral health and wellness practitioner*** electronically records or allows another person to observe a diagnostic interview or therapeutic session with the patient or client.

10. As used in this section, "confidential information" means information disclosed by a patient or client to a psychologist ***or behavioral health and wellness practitioner*** during the course of a professional relationship, or otherwise obtained by the psychologist ***or behavioral health and wellness practitioner*** during the course of the relationship, if there is a reasonable expectation that because of the relationship between the patient or client and the psychologist ***or behavioral health and wellness practitioner*** or the circumstances under which the information was obtained, the information will not be disclosed by the psychologist ***or behavioral health and wellness practitioner*** without the informed written consent of the patient or client.

Sec. 34. NAC 641.229 is hereby amended to read as follows:

641.229 1. A psychologist ***or behavioral health and wellness practitioner*** shall not begin or continue a professional relationship with a patient or client if the psychologist ***or behavioral health and wellness practitioner*** is impaired, or has received notification from the Board that the Board reasonably suspects him or her to be impaired, because of mental, emotional, physiological, pharmacological or substance misuse problems. If such a problem develops during the course of a professional relationship, the psychologist ***or behavioral health and wellness practitioner*** shall:

(a) Terminate the relationship;

(b) Notify the patient or client in writing of the termination; and

(c) Assist the patient or client in obtaining services from another professional.

2. A psychologist ***or behavioral health and wellness practitioner*** shall not begin or continue a professional relationship with a patient or client if the objectivity or competency of the psychologist ***or behavioral health and wellness practitioner*** is impaired, or if the psychologist ***or behavioral health and wellness practitioner*** has received notification from the Board that the Board reasonably suspects his or her objectivity or competency to be impaired, because the psychologist ***or behavioral health and wellness practitioner*** has or had a family, social, sexual, emotional, financial, supervisory, political, administrative or legal relationship with the patient or client or a person associated with or related to the patient or client.

3. If a psychologist ***or behavioral health and wellness practitioner*** has rendered professional services to a person, the psychologist ***or behavioral health and wellness practitioner*** shall not:

(a) Engage in any verbal or physical behavior with the person which is sexually seductive, demeaning or harassing;

(b) Engage in sexual contact with the person; or

(c) Enter into a financial or other potentially exploitive relationship with the person,

➥ for at least 2 years after the termination of the professional relationship, or for an indefinite time if the person is clearly vulnerable to exploitive influence by the psychologist ***or behavioral health and wellness practitioner*** because of an emotional or cognitive disorder.

Sec. 35. NAC 641.239 is hereby amended to read as follows:

641.239 1. A psychologist ***or behavioral health and wellness practitioner*** shall not directly or by implication misrepresent:

(a) His or her professional qualifications, including the education he or she has received, the experience he or she has acquired or the areas of his or her professional competence.

(b) His or her affiliations or the purposes or characteristics of the institutions and associations with which he or she is associated.

2. A psychologist ***or behavioral health and wellness practitioner*** shall correct any other person who the psychologist ***or behavioral health and wellness practitioner*** knows has misrepresented the professional qualifications or affiliations of the psychologist ~~[.]~~ ***or behavioral health and wellness practitioner.***

3. A psychologist ***or behavioral health and wellness practitioner*** shall not include false or misleading information in his or her public statements concerning the professional services he or she offers.

4. A psychologist ***or behavioral health and wellness practitioner*** shall not guarantee that satisfaction or a cure will result from the performance of his or her professional services.

5. A psychologist ***or behavioral health and wellness practitioner*** shall not associate with or permit his or her name to be associated with any service or product in a manner which misrepresents:

(a) The service or product;

(b) The degree of his or her responsibility for the service or product; or

(c) The nature of his or her association with the service or product.

6. A psychologist ***or behavioral health and wellness practitioner*** shall not distort, misuse or suppress any psychological finding, and shall attempt to prevent, using all reasonable means, the distortion, misuse or suppression of any psychological finding by any institution of which he or she is an employee.

Sec. 36. NAC 641.241 is hereby amended to read as follows:

641.241 1. A psychologist ***or behavioral health and wellness practitioner*** shall not aid or abet another person in misrepresenting the person's professional credentials or illegally engaging in the practice of psychology ~~.~~ ***or behavioral health promotion and prevention, as applicable.***

2. A psychologist ***or behavioral health and wellness practitioner*** shall not delegate any of his or her professional responsibilities to a person he or she knows, or has reason to know, is not qualified because of a lack of adequate education, training or experience.

3. If a psychologist ***or behavioral health and wellness practitioner*** has substantial reason to believe that another person has violated any provision of this chapter or chapter 641 of NRS, he or she shall inform the Board in writing of the violation, except that if the psychologist ***or behavioral health and wellness practitioner*** has knowledge of the violation because of his or her professional relationship with a patient or client, he or she may report the violation only if he or she has the informed written consent of the patient or client. The provisions of NAC 641.200 to 641.250, inclusive, ***and sections 21 to 26, inclusive, of this regulation*** do not relieve a psychologist ***or behavioral health and wellness practitioner*** of the duty to file any report otherwise required by state or federal law or regulation.

Sec. 37. NAC 641.245 is hereby amended to read as follows:

641.245 1. A psychologist ***or behavioral health and wellness practitioner*** shall not violate any law or regulation which governs the practice of psychology ~~.~~ ***or behavioral health promotion and prevention, as applicable.***

2. A psychologist ***or behavioral health and wellness practitioner*** shall not use fraud, misrepresentation or deception:

(a) To obtain a license or pass an examination required for licensure;

(b) To assist another person in obtaining a license or passing an examination required for licensure;

(c) In billing a patient or client or other person who is responsible for payment;

(d) In providing his or her professional services;

(e) In reporting the results of any evaluation or service related to the practice of psychology ~~[;]~~ ***or behavioral health promotion and prevention, as applicable;*** or

(f) To conduct any other activity related to the practice of psychology ~~[.]~~ ***or behavioral health promotion and prevention, as applicable.***

3. A psychologist ***or behavioral health and wellness practitioner*** shall not willfully make or file any false report, fail to file any report required by law or by the Board, willfully impede or obstruct any such filing, or induce another person to engage in any act prohibited by this subsection.

4. A psychologist ***or behavioral health and wellness practitioner*** shall not violate any condition, limitation or term of probation imposed upon him or her by the Board.

5. A psychologist ***or behavioral health and wellness practitioner*** shall not:

(a) Fail to make timely payments for the support of one or more children pursuant to a court order; or

(b) Fail to comply with any warrant or subpoena relating to a proceeding to determine the paternity of a child or to establish or enforce an obligation for the support of one or more children.

Sec. 38. NAC 641.1506 and 641.15065 are hereby repealed.

TEXT OF REPEALED SECTION

641.1506 Definitions. As used in NAC 641.1506 to 641.168, inclusive, the words and terms defined in NAC 641.15065 and 641.1507 have the meanings ascribed to them in those sections.

641.15065 "Face-to-face" defined. "Face-to-face" means an in-person interaction or an interaction through the use of audiovisual communication technology, not including standard telephone, facsimile or electronic mail.

Sec. 11. ***1. Except as otherwise provided in subsection 2, an applicant for a license as a behavioral health and wellness practitioner must achieve the minimum score prescribed for passage on the national examination for behavioral health promotion and prevention developed by the Ballmer Institute for Children's Behavioral Health, or its successor organization.***

2. An applicant who fails the national examination:
(a) May retake the national examination once within a calendar year.

(b) If the applicant fails the national examination twice within a calendar year, the applicant must submit to the Board a written request to retake the national examination and a written plan explaining the steps the applicant will take to pass the national examination. The Board will approve the request to retake the national examination if the Board determines that the written plan submitted by the applicant is likely to result in the applicant passing the national examination.

(c) After three failed attempts, his or her application for license as a behavioral health and wellness practitioner is deemed denied. A person whose application is deemed denied pursuant to this paragraph may, not earlier than 12 months after the date on which he or she is notified by the Board that he or she failed that national examination for the immediately preceding time, request in writing from the Board to reapply for licensure and retake the national examination. The Board will, if good cause is shown, approve the request.

Sec. 12. ***1. The Board will administer a state examination to each applicant for a license as a behavioral health and wellness practitioner.***

2. The state examination will consist of questions addressing issues that are specific to the practice of behavioral health promotion and prevention in this State, which may include, without limitation, the applicable federal and state laws and regulations concerning the practice of behavioral health promotion and prevention in this State and the ethical principles and codes of professional conduct relevant to the practice of behavioral health promotion and prevention in this State. At least 30 days before the state examination, the Board will furnish a description of the content to be covered in the state examination to each applicant.

3. An applicant who fails the state examination:
(a) ~~Once or twice may~~ May retake the state examination once within a calendar year.
(b) ~~Three times may not retake the state examination unless the applicant requests permission and obtains approval from the Board to retake the state examination for a fourth time.~~ If the applicant fails the state examination twice within a calendar year, the applicant must submit to the Board a written request to retake the state examination and a written plan explaining the steps the applicant will take to pass the state examination. The Board will approve the request to retake the state examination if the Board determines that the written plan submitted by the applicant is likely to result in the applicant passing the state examination.
(c) ~~Four or more times may not retake the state examination except as otherwise provided in this paragraph, and his or her application for a license as a behavioral health and wellness practitioner is deemed denied.~~ After three failed attempts, his or her application for license as a behavioral health and wellness practitioner is deemed denied. A person whose application is deemed denied pursuant to this paragraph may, not earlier than 12 months after the date on which he or she is notified by the Board that he or she failed that state examination for the immediately preceding time, request in writing from the Board to reapply for licensure and retake the state examination. The Board will, if good cause is shown, approve the request.

4. The fee for the state examination must be paid before the state examination is administered. A fee must be paid each time the applicant takes the state examination.

5. An applicant shall not:
(a) Remove any notes taken during the state examination;
(b) Record the state examination by electronic or other means; or
(c) Engage in any other conduct that results in the disclosure of the contents of the state examination.

NAC Chapter 641 – Proposed Regulatory Fee revisions for R088-26

Sec. 28. NAC 641.019 is hereby amended to read as follows:

641.019 1. Except as otherwise provided in NRS 641.228 and subsection 3, the Board will charge and collect the following fees:

For an application for licensure	$150
For an application for registration as a psychological trainee or a provisional license as a psychological assistant or psychological intern	150
For the state examination for licensure ***as a psychologist*** administered by the Board pursuant to NAC 641.112	Actual costs to the Board plus $100
***For the state examination for licensure as a behavioral health and wellness practitioner administered by the Board pursuant to section 12 of this regulation	***Actual costs to the Board***
For the issuance of an initial ***psychologist*** license ***certificate*** ~~***as a psychologist***~~	25
For the biennial renewal or reinstatement of a license as a psychologist.....	650
For the placement of a license ***as a psychologist*** on inactive status.....	100
For the biennial renewal of a license ***as a psychologist*** on inactive status	100
For the issuance of an initial provisional license of a psychological assistant	150
For the issuance of an initial provisional license of a psychological intern	75
For the initial registration of a psychological trainee	30
For the renewal of a provisional license of a psychological assistant.....	150
For the renewal of a provisional license of a psychological intern……..…….....	75
For the renewal of a registration of a psychological trainee……..	30
For the restoration to active status of a license as a psychologist on inactive status	250
***For the issuance of an initial behavioral health and wellness practitioner license certificate.....	***25***
***For the issuance of an initial license as a behavioral health and wellness practitioner……..	***200 (prorated over the triennium)***

For the triennial renewal or reinstatement of a license as a behavioral health and wellness practitioner ***.....***	***200***
For the placement of a license as a behavioral health and wellness practitioner on inactive status ***.....***	***50***
For the triennial renewal of a license as a behavioral health and wellness practitioner on inactive status ***.....***	***50***
For the registration of a nonresident consultant.....	100
For reproduction and mailing of material for an application.....	30
For a change of name on a license.....	30
For a duplicate license.....	30
For copies of the provisions of NRS relating to the practice of psychology and the rules and regulations adopted by the Board.....	30
For a letter of good standing.....	20
For the review and approval of a course or program of continuing education.....	30

2. The Board will annually determine the actual costs to the Board for the state [examination] ***examinations*** administered by the Board pursuant to NAC 641.112 ***and section 12 of this regulation*** for purposes of determining the ***applicable*** fee charged and collected pursuant to subsection 1.

3. If an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran submits an application for a license ***as a psychologist*** by endorsement pursuant to NRS 641.196, the Board will charge and collect a fee of $62.50 for the issuance of an initial license [.] ***as a psychologist.***

4. In accordance with NRS 353C.115 and NAC 353C.400, the Board will charge and collect from any person whose check or other method of payment is returned to the Board or otherwise dishonored because the person had insufficient money or credit with the drawee or financial institution to pay the check or other method of payment or because the person stopped payment on the check or other method of payment a fee of $25 or such other amount as may subsequently be required by NRS 353C.115 and NAC 353C.400.

5. As used in this section, “veteran” has the meaning ascribed to it in NRS 417.005.

WRITTEN PUBLIC COMMENT | UPDATED THROUGH AUGUST 17, 2026

Public Comment Regarding LCB File No. R088-26P

Behavioral Health and Wellness Practitioners

Public-Safety, Continuing-Notice, Youth-Safeguarding, Supervision, and Accountability Considerations

Submitted for the August 21, 2026 Regulation Hearing

Nevada Board of Psychological Examiners (NBOPE)

Rebecca Savio

Nevada Citizen and Public-Interest Researcher

Status of this comment

This written public comment is intended for filing in the August 21, 2026 R088-26P rulemaking record. It reflects R088-26P, R089-26I/R089-26P, Nevada statutes, Board meeting materials and approved minutes, available transcripts and recordings, correspondence, and comparative materials reviewed in preparing this submission. Additional hearing materials or responsive public records may be produced before the hearing. If new material answers or materially qualifies a point below, I will supplement or correct this comment rather than leave an inaccurate statement in the record.

Position and sequencing

I support timely implementation of SB165 and do not seek unnecessary delay in expanding Nevada's behavioral-health workforce. My concern is sequencing: if R088-26P is adopted before R089-26P, I respectfully ask the Board to identify on the record what continuing-notice mechanism will protect the public during that interval, whether R089's reporting provisions are intended to apply to behavioral health and wellness practitioners, and how the two regulatory schemes will ultimately operate together. Therefore, I oppose the regulation in its current form for public safety reasons.

Requested action

Before adoption, identify and codify the continuing-notice mechanism that operates after the initial fingerprint check and address the preventive safeguards described below. If the Board concludes that an existing statute, regulation, employer policy, supervision requirement, or other mechanism already addresses a concern, I respectfully ask that the Board identify that safeguard on the record. Reporting should trigger confidential, case-by-case review - not automatic discipline. A charge is not a conviction, and reporting is not a finding of wrongdoing.

Why I am placing these alternatives in the record now
I am deliberately identifying stricter but proportionate safeguards before adoption so the rulemaking record reflects that Nevada had the opportunity to consider contemporaneous notice, stronger renewal screening, clearer supervisor accountability, youth-specific structural protections, affirmative public disclosure, and an early implementation review before broad implementation. This is not an assertion that a reported event proves misconduct or that Nevada must copy another state. It is a request for prospective, reasoned consideration while the regulatory architecture is still being built. Where the choice is between a bare-minimum safeguard and a reasonable, more protective standard that materially improves public safety without treating an allegation as a finding or requiring automatic discipline, I favor the more protective standard.

Members of the Board:

Thank you for the opportunity to submit written public comment regarding LCB File No. R088-26P, concerning behavioral health promotion and prevention and the new Behavioral Health and Wellness Practitioner license.

I respectfully request that this prepared comment be included in the August 21, 2026 hearing materials, hearing record, meeting minutes, informational statement, and complete R088-26P rulemaking record. I also request that it be attached to the minutes, linked in the minutes, incorporated by reference, or otherwise clearly identified so that the Board, Legislative Counsel Bureau, Legislative Commission, and members of the public can locate it.

I am not submitting this comment as a subject-matter expert in behavioral-health workforce regulation. I submit it as a Nevada member of the public and public-interest researcher focused on public protection, transparent professional licensing, informed consent, evidence-informed policy, and clear public-facing accountability. I have tried to distinguish what the current text expressly provides, what the public record leaves unclear, and what I am recommending as a prospective safeguard.

Record availability and good-faith basis

This comment is submitted in good faith based on statutes, proposed regulations, Board meeting materials, transcripts, correspondence, and other public records I was able to obtain and verify. On July 20, 2026, I requested the public materials for the August 21 R088-26P hearing, including workshop and supporting materials, written public comments, and the complete hearing packet when available. On July 24, the Board office responded that all public records then available regarding the regulation were on the Board's Board Meetings webpage.

Because the publicly posted materials did not appear to include significant portions of the regulation-development and implementation record, and I could not locate separate BHWP Advisory Group agendas, minutes, recordings or transcripts, drafts, redlines, or other Advisory Group meeting or work-product records on the Board’s meeting webpages, I submitted a detailed Nevada Public Records Act request on August 5, 2026. It specifically sought SB165 Advisory Group agendas, minutes, notes, recordings, transcripts, drafts, redlines, recommendations, and records concerning post-licensure criminal-event reporting, supervisor or employer reporting, renewal screening, continuing criminal-history notification, disciplinary accountability, R088/R089 coordination, and implementation procedures.

On August 11, I supplemented that request with specific implementation categories, including BHWP application and renewal materials, character-and-fitness questions, supervision forms, public license-verification and complaint materials, youth-safety implementation materials, the change in plea language between R089-26I and R089-26P, and the anticipated next step for R089-26P. In a separate August 11 email, I asked whether a Monday, August 17 submission would be timely for inclusion in the initial publicly posted August 21 hearing materials.

On August 12, I further requested the dates of all Advisory Group meetings or work sessions and, for each, available notices or agendas, minutes or notes, recordings or transcripts, attendance information,

supporting materials, drafts, redlines, recommendations, and other work product. I also requested any existing nonprivileged record reflecting whether the Board considers the Advisory Group a public body subject to NRS Chapter 241.

As of August 17, 2026, I have not received the specifically requested Advisory Group meeting/development records, the identified BHWP implementation records, or an anticipated production date. I also have not received an answer identifying an earlier packet-inclusion deadline or confirming whether an August 17 submission would be included. The Board's general responses directing me to the Board Meetings webpage have not specifically supplied or identified the requested Advisory Group records. I reviewed the publicly posted 2025 and 2026 Board & Committee Meetings pages and have not located separate Advisory Group notices, agendas, minutes, recordings or transcripts, or supporting-material entries there. I do not infer that the records do not exist; I identify this limitation because they have not been available to me while preparing this comment.

The Board's own public materials reflect that the Advisory Group met multiple times and substantively participated in developing and revising the proposed framework. Because NRS 641.2253 establishes the Group to provide expertise and assistance concerning BHWP regulation, I have asked the Board to clarify whether it considers the Group a public body subject to NRS Chapter 241 and, if so, where its meeting records are maintained and made available. I do not prejudge that question. Where unavailable records could answer or materially qualify an issue below, I identify the question rather than assume the answer.

Independent comparative verification and Oregon due diligence

Because Oregon is developing the closely analogous “licensed behavioral health and wellness practitioner” (LBHWP) credential at the same time as Nevada, I did not rely on a secondary summary or a single statute. I independently contacted LaReé Stashek, Policy Advisor with Oregon’s Mental Health Regulatory Agency, who works with the Oregon Board of Psychology on implementation of Senate Bill 1547. I asked targeted implementation questions, obtained written responses from Oregon agency staff, and received, as a courtesy, a combined draft of the developing LBHWP rules. I understand that courtesy draft is not yet an adopted Oregon rule and was not publicly posted when it was provided; I therefore use it only as evidence of the safeguards Oregon is actively considering, not as current binding law.

I then independently cross-checked that information against Oregon’s official Board of Psychology rulemaking calendar, Oregon Revised Statutes, the enacted SB 1547 text, and the public SB 1547 Rules Advisory Committee record. I retrieved and reviewed the June 15, July 7, and July 27, 2026 public meeting transcripts or recordings, including the portions addressing Nevada’s developing framework, supervision frequency, supervisor verification, real-time versus renewal reporting, public protection, rural-school implementation, and front-end prevention. Those meetings show Oregon participants repeatedly reviewing Nevada’s developing framework, including Nevada’s 175-hour direct-contact figure and supervision structure, while deciding where Oregon should align and where it might use additional safeguards. I include this sourcing history so the record is clear about the due diligence and fact-checking behind the comparison and so adopted law, proposed rules, agency-staff implementation information, and committee discussion are not conflated.

The Oregon comparison is therefore offered in the spirit of reciprocal learning. Oregon looked to Nevada while developing its parallel framework. As of August 17, 2026, Oregon's current statutory baseline together with the additional safeguards in its developing LBHWP implementation package is more protective - and in several respects stricter - than the continuing-notice, renewal, supervisor-accountability, and youth-facing safeguards presently identified in Nevada's proposed R088-26P. The comparison is especially relevant because Oregon is building the same-named licensed behavioral health and wellness practitioner profession with a closely parallel prevention and early-intervention function and substantially overlapping populations and settings, including children, families, schools, community programs, and other behavioral-health settings. Some Oregon safeguards discussed below are already law; others remain proposed or under development. I distinguish those categories rather than presenting draft provisions as adopted requirements.

I support Nevada's goal of expanding access to evidence-informed behavioral-health promotion and prevention services, particularly for children, families, schools, and underserved communities. The regulation contains substantial educational, supervision, scope-of-practice, documentation, confidentiality, and professional-conduct provisions. My concern is not that those protections are unimportant. My concern is that the present public framework does not yet appear to identify all of the mechanisms needed to prevent, detect, and respond to foreseeable safety problems after a practitioner receives a license.

Executive summary

- Nevada is among the early states building a licensed Behavioral Health and Wellness Practitioner profession. The State therefore has an unusual opportunity to establish a durable safety architecture at the outset, rather than adding protections only after problems emerge. Oregon is contemporaneously developing the same-named credential for closely parallel services and substantially overlapping populations; as of August 17, its statutory and developing implementation framework contains several additional continuing-notice and safety layers not presently identified in R088-26P.
- R088-26P authorizes individualized screening, structured biopsychosocial assessment, low-intensity intervention, risk identification, outcome monitoring, and care coordination within a therapeutic relationship. The April 17 Board record described one-on-one support and small caseloads involving children and families in community health, youth psychiatric, Boys & Girls Club, school, and pediatric settings.
- Professional supervision and youth supervision are not necessarily the same thing. A supervisor may be clinically responsible and available while a practitioner nevertheless has private and physically unsupervised access to a minor.
- Initial fingerprints are a point-in-time safeguard. A BHWP license renews every three years, and neither NRS 641.2255 nor R088 section 13 expressly requires a new fingerprint-based check at renewal.
- R088-26P does not expressly require a BHWP to self-report a serious new post-licensure criminal charge or conviction. Section 25 requires cooperation after an inquiry, and section 36 creates an important peer-reporting duty for Chapter 641 violations, but neither is the same as own-event criminal reporting.
- R088 section 8 makes outstanding “complaints or charges” relevant at initial licensure, but the current text does not define “charges.” Earlier Board drafts tied that phrase to matters pending against an applicant “as a licensed provider of healthcare.” Without a built-in definition, an applicant with a pending criminal charge could plausibly argue that “charges” refers only to professional, licensing, or disciplinary charges rather than criminal charges. Whether or not such an interpretation would ultimately prevail, the ambiguity is avoidable and should be resolved expressly before implementation.
- R089-26P is proposed/pending and not yet scheduled for a hearing, and separately commands that "A psychologist shall report" specified convictions within 30 days. Its broader conforming language refers to "any licensee," leaving the BHWP interaction unclear. R089-26P also does not require reporting when a serious criminal charge is filed.
- Nevada law already requires Chapter 641 licensees who encounter suspected child abuse or neglect in their professional or occupational capacity to report as soon as reasonably practicable and no later than 24 hours. That mandatory-reporting duty is important, but it is a response to suspected abuse or neglect; it is not a substitute for preventive youth-access safeguards.
- Because the BHWP Advisory Group exists through December 31, 2028, the Board has a natural opportunity to require an early implementation review before the Advisory Group sunsets.
- The Board’s public record reflects multiple Advisory Group meetings and substantive regulatory-development work. Despite my detailed August 5, August 11, and August 12 requests, as of August 17 I have not received the specifically requested Advisory Group meeting/development records or an

anticipated production date, and I have not located separate Advisory Group meeting records on the Board's publicly posted 2025 or 2026 Board & Committee Meetings pages. I therefore do not speculate about what those records may show.

A simple organizing distinction

A prohibition tells a practitioner what not to do. A safeguard changes the conditions under which harm can occur. A reporting rule tells the regulator when something has happened. Disciplinary authority tells the regulator what it can do after it finds out. R088 contains significant prohibitions and disciplinary authority; this comment focuses particularly on preventive safeguards and reliable notice.

1. Nevada has an opportunity and responsibility as an early adopter

Nevada law expressly declares the practices of psychology and behavioral health promotion and prevention to be learned professions affecting public safety, health, and welfare, and subject to regulation to protect the public from unqualified practice and unprofessional conduct. See NRS 641.010. That declaration is especially important here because Nevada is building the operational rules for a newly created licensed profession.

BHWP licensure is not simply the expansion of an established profession with decades of settled regulatory practice. Nevada is among the early states establishing this new licensed Behavioral Health and Wellness Practitioner category, while Oregon is contemporaneously developing implementation rules for a closely analogous credential created by 2026 legislation. Nevada therefore has an opportunity to help demonstrate what responsible workforce innovation looks like from the beginning.

The Board's own April 17 approved minutes reflect an intent to strengthen training, emphasize supervision, and "enable workforce expansion safely." That is a sound objective. In my view, safely expanding a new profession requires more than defining education and scope. It also requires asking how the system will prevent foreseeable harm, how it will learn of serious events after licensure, how families will understand who is responsible for care, and how the Board will test whether the framework is working as intended.

Many people reached through prevention and early-intervention services may be children, adolescents, families under stress, persons experiencing emerging behavioral-health concerns, and others whose circumstances may increase vulnerability. The fact that a population is "pre-diagnostic" or receiving low-intensity services does not make accountability less important. Prevention programs often reach people before they have an established treatment team, before families know how behavioral-health licensing works, and before risks have become obvious.

Nevada can lead by showing that access and accountability are complementary rather than competing goals. Clear safeguards can protect patients, responsible practitioners, supervisors, employers, and the credibility of the new profession itself.

Source note: NRS 641.010; NRS 641.2252-.2257; NBOPE Approved Minutes, April 17, 2026, pp. 4-6; Oregon SB 1547 (2026).

2. The authorized work is individualized, consequential, and frequently youth-facing

R088-26P authorizes BHWPs to conduct standardized behavioral-health screenings and structured biopsychosocial assessments; deliver evidence-based or evidence-informed low-intensity behavioral-health interventions; provide psychoeducation and skills instruction; identify behavioral-health risks; formulate patient-safety protocols; monitor outcomes; and coordinate care. The regulation distinguishes

the BHWP role from independent diagnosis, psychological testing, and psychotherapy, but the authorized work remains individualized and consequential. See R088-26P section 21(2)-(5); section 24(1)(b).

The April 17 public record supplies concrete examples of how the model is expected to function. The approved minutes describe individuals meeting with youth and families for intake and background information, conducting screening, helping establish goals, providing one-on-one support such as skill building, and working with a small caseload of children and families for approximately five to seven sessions before referral when a higher level of care is needed. The same discussion described youth psychiatric hospitals, classrooms, Boys & Girls Clubs, schools, and pediatric integration as settings in which this workforce could operate.

Those examples matter because they show that the child-safety question is not hypothetical or tangential to R088. The contemplated model includes substantial contact with minors in settings that can range from highly structured clinical environments to community and school-based environments where physical access, transportation, communications, and employer practices may vary considerably.

R088 also requires qualifying education to include at least 700 hours of supervised practicum, including at least 175 hours of direct face-to-face or synchronous patient contact involving screening, assessment, care coordination, psychoeducation, and brief intervention. The required educational content includes mandated reporting, professional boundaries, risk management, crisis response, and referral. Those requirements are important. They reinforce, rather than eliminate, the need for an operational framework that translates training into consistent safeguards once practitioners are licensed and deployed across different settings.

Source note: R088-26P sections 10, 17, 21-24; NBOPE Approved Minutes, April 17, 2026, pp. 4-6.

Two contemporaneous regulatory tracks

Date	Development reflected in the public record
Oct. 24, 2025	The Board advances the BHWP Advisory Group while separately exploring criminal-conduct/reporting questions under the R089 track; charges versus convictions remain unresolved.
Dec. 12, 2025	R089 staff materials continue comparing models involving charges/civil actions and convictions/judgments.
Jan. 23, 2026	R089 discussion reflects an apparent consensus to continue developing a reporting requirement. The adopted motion is narrower and does not expressly select an adjudicated-only reporting model.
Mar. 6, 2026	R089 staff states that the Board had indicated a preference for reporting only adjudicated administrative, civil, and criminal matters. The first public BHWP regulation workshop also occurs.
Apr. 17-23, 2026	The Board continues the BHWP workshop and moves the R089 reporting draft toward hearing. The April 23 Initial Agency Draft, R089-26I, expressly refers to "conviction of or entry of a plea."
May 27-29, 2026	R089-26P, the LCB Proposed Draft, refers to "conviction" and no longer contains the separate plea phrase. The May 29 Board meeting is cancelled.
Jul. 6-10, 2026	R088-26P is posted July 6. R089-26P remains pending. Its operative reporting command is written for a "psychologist," while broader applicability language refers to "any licensee."
Aug. 21, 2026	R088-26P regulation hearing. Continuing question: how do R088, R089, existing statutes, supervision, renewal screening, and any continuing-notification system integrate for BHWP safety after licensure?

Source note: NBOPE October 24 and December 12, 2025; January 23, March 6, April 17, and July 10, 2026 meeting materials, minutes, and available transcripts/recordings; Nevada Register R088/R089 entries. This chronology describes visible record transitions without assuming that undocumented staff or counsel analysis did not occur.

3. Initial screening is valuable, but the three-year continuing-notice mechanism remains unclear

R088 and existing law provide an important entry-stage safeguard. Section 8(1)(h) requires compliance with NRS 641.160(1)(b), under which an applicant arranges for fingerprints that support Nevada and FBI criminal-history reporting. That is an important point-in-time screen.

A BHWP license, however, renews every three years. NRS 641.2255 requires a renewal application, continuing education, and a renewal fee; R088 section 13 adds continuing-education detail. Neither provision expressly requires the licensee to submit a new set of fingerprints or obtain a new state and federal criminal-history report at renewal.

For comparison, the Board's currently posted 2027-2028 active psychologist renewal form does contain a biennial criminal-history checkpoint. Question 5 asks whether, since the last Nevada renewal, the psychologist has been convicted of or entered a guilty or nolo contendere plea to a criminal offense, felony, or misdemeanor other than a minor traffic violation. The same form does not directly ask whether the psychologist has been arrested or has a pending criminal charge; its separate current-proceeding question is tied to proceedings, complaints, or investigations "in relation to" a profession. The Board's current reinstatement application likewise does not directly ask about arrests or pending criminal charges, although it includes a broad question asking whether other matters, events, or issues might affect suitability or ability to resume practice. These forms therefore provide some character-and-fitness screening but do not directly capture arrests or pending criminal charges. They also do not establish what the future three-year BHWP renewal form will ask. I respectfully ask the Board to identify the criminal-history questions it intends to place on the BHWP renewal application, including whether they will address arrests, pending criminal charges, guilty or nolo contendere pleas, convictions, diversion or deferred dispositions, and dismissed matters when relevant to fitness or public safety.

Renewal is a backstop, not a substitute for event-based notice
A serious event can occur just after renewal. If there is no Rap Back participation and no affirmative event-based reporting rule, a regulator may not receive a prompt signal until the next renewal cycle. Earlier notice can remain confidential and case-by-case: a report is notice, not a finding; a charge is not a conviction; and reporting need not mean automatic discipline.

In May 15, 2026 correspondence, the Nevada Department of Public Safety's NCJIS Compliance Unit advised me that Nevada State Rap Back was then available only for certain schools and agencies with Adam Walsh authority. The Unit explained generally that Rap Back can notify participating agencies of a later arrest and can provide Criminal History Record Information reflecting arrests, charges, convictions, and dispositions. The Unit also stated that it could discuss NBOPE-specific participation only with the Board's approved points of contact. I therefore do not treat that correspondence as an agency-specific determination about NBOPE. Based on the public materials and information available to me, however, I have not identified a Rap Back or equivalent automatic continuing-notification mechanism currently operating for NBOPE, and I do not assume that the initial fingerprint process automatically supplies the Board with later criminal-history notifications throughout the three-year BHWP term.

I respectfully ask the Board to state whether fingerprints will be retained; whether new state and federal checks will be required at each triennial renewal or at another interval; whether the Board expects to receive automatic post-licensure notifications; whether another state or federal system will supply equivalent continuing notice; and whether any legislation, authorization, funding, or interagency agreement would be required.

License lifecycle: where the current record is clear and where it remains incomplete

Stage	Current public checkpoint	Unresolved implementation question
Initial application	Fingerprints support a Nevada/FBI criminal-history check; section 8 also makes outstanding "complaints or charges" relevant to eligibility.	What does "charges" mean, what sources will be checked, and how will the Board resolve ambiguity between criminal and professional/licensing charges?
Three-year license period	Professional supervision, disciplinary authority, cooperation duties, and certain peer-reporting provisions apply. No express BHWP own-event serious-criminal-reporting rule or identified automatic continuing-notification system appears in the public materials reviewed.	What reliable mechanism brings a serious new criminal or fitness-related event to the Board during the license term?
Renewal	NRS 641.2255 and R088 section 13 address the renewal application, continuing education, and fee; neither expressly requires a new fingerprint-based criminal-history check.	What criminal-history questions, attestations, fingerprint recheck, or equivalent continuing-notice safeguard will apply at triennial renewal?

Central question

After Nevada checks a BHWP's fingerprints at initial licensure, what reliable mechanism ensures that the Board learns about a serious criminal event that occurs during the next three years? The current public materials identify initial screening, discipline authority, supervision, and certain peer-reporting duties, but I have not located an express BHWP serious-criminal-event self-report rule, a uniform supervisor criminal-event reporting rule, a required interim criminal-history recheck, or an identified automatic continuing-notification system. I have requested the renewal forms from the Board, but have not received them. I have not located them in the public materials.

Section 8 makes "complaints or charges" relevant at entry, but the term should be clarified

Section 8 provides that an applicant must not have outstanding "complaints or charges" pending in Nevada or another jurisdiction. The current proposed regulation does not define "charges." Earlier Board drafts tied the phrase to outstanding complaints or charges pending against the applicant "as a licensed provider of healthcare." For that reason, I do not assume that the current word "charges" necessarily means criminal charges. The lack of a definition could invite inconsistent interpretation, including an argument by an applicant with a pending criminal charge that the term refers only to professional, licensing, or disciplinary charges.

I respectfully ask the Board to clarify on the record what section 8(1)(d) means, what categories of charges it covers, and how the Board intends to verify and evaluate the listed matters. If pending complaints or charges are material enough to affect initial eligibility, the regulatory framework should also explain how comparable information arising after licensure reaches the Board, or why a different standard is appropriate once the license has been issued. Separately, I have not located a parallel provision expressly requiring a licensed BHWP to notify the Board when a serious new criminal charge arises during the three-year license period. That distinction between entry screening and post-licensure notice should be addressed expressly.

Source note: R088-26P section 8(1)(d), (h); NRS 641.160; NRS 641.2255; March 6 and April 17, 2026 Board draft language.

4. Disciplinary authority is not a notice mechanism

NRS 641.230 gives the Board substantial disciplinary authority over psychologists and BHWPs, including authority concerning specified convictions and conduct that reflects an inability to practice with due regard

for the health and safety of others. NRS 641.240 provides a range of possible responses, including limits on practice, probation, increased supervision, remediation, suspension, and revocation. Those powers are important.

But authority to act after the Board learns of an event is different from a mechanism that makes the Board likely to learn of the event in the first place. R088-26P does not appear to contain an express provision requiring a BHWP to report the practitioner's own serious post-licensure criminal charge, guilty plea, nolo contendere plea, or conviction. Section 25 requires cooperation once the Board makes an inquiry; it does not independently alert the Board to an event the Board does not yet know about.

Section 36 contains an important peer-reporting safeguard. It would amend NAC 641.241(3) so that a psychologist or BHWP with substantial reason to believe another person violated Chapter 641 must report the violation, subject to the patient-consent limitation when the knowledge arose through a professional relationship. That is important, but it is not an own-event reporting rule and does not clearly create a uniform criminal-event reporting duty for every nonpsychologist supervisor or employer.

Existing law also already addresses one category of professional discipline. NRS 641.230(1)(i) makes failure to report within 30 days specified out-of-jurisdiction revocation, suspension, surrender, or other professional disciplinary action a ground for discipline. Any new BHWP reporting rule should preserve and cross-reference that existing duty rather than imply that all professional-discipline reporting is currently absent.

Notice is not punishment

A report can be treated as confidential notice for preliminary, case-by-case assessment. It does not establish guilt, require discipline, or make the underlying information public. A charge alone should not be treated as proof of criminal conduct. The purpose of notice is to allow the Board to determine whether no action, monitoring, increased supervision, temporary limits, referral, investigation, or another lawful response is appropriate.

5. R089 developed alongside R088, but the BHWP reporting bridge remains unclear

The separate R089 criminal-conduct/reporting rule was being developed while the BHWP framework was being built. The December 2025 and January 2026 materials described approaches used by other licensing boards that included criminal charges and civil actions as well as convictions and judgments. The January 23 transcript reflects that the issue was still being developed step by step. Dr. Benuto summarized an apparent consensus that included developing language "to impose a reporting requirement," while the motion that was ultimately adopted was narrower and did not expressly select an adjudicated-only model.

I have not located a public Board meeting between January 23 and March 6 at which the Board publicly discussed, explained, or selected an adjudicated-only reporting model. By March 6, however, staff described reporting only adjudicated administrative, civil, and criminal matters as a preference the Board had already indicated. I do not assume that no analysis or drafting occurred between meetings; I identify the transition because it is relevant to understanding what continuing-notice model, if any, the Board intended for the new BHWP profession.

A second text transition occurred after the April workshop. The Initial Agency Draft, R089-26I, posted April 23, required a psychologist to report “the conviction of or entry of a plea” for specified crimes. The May 27 LCB Proposed Draft, R089-26P, instead refers to a criminal “conviction” and no longer contains the separate plea phrase. I do not assume that the revision was substantive, improper, or made without appropriate agency involvement. My August 5 records request seeks drafts and related development records that may clarify the change.

NRS 641.285(3), in the context of disciplinary proceedings, separately provides that a plea of nolo contendere is deemed a conviction. That provision may bear on how "conviction" is interpreted, but it does not by itself resolve how every plea disposition is treated under R089's affirmative reporting requirement.

The BHWP applicability issue is separate. R089-26P section 3 says, "A psychologist shall report" specified other-jurisdiction action, malpractice judgments or settlements, and convictions within 30 days. Its conforming amendment to NAC 641.200 also uses the broader phrase "any licensee" while stating standards "which a psychologist shall follow." R089-26P therefore does not expressly state that a BHWP must report convictions. The interaction should be resolved explicitly rather than left to competing phrases.

Sequencing question: what operates if R088 takes effect before R089?

I support timely implementation of SB165 and do not seek unnecessary delay. At the same time, the public record available to me does not identify a Board explanation for why R088 is proceeding to the August 21 regulation hearing before R089. The LCB Proposed Draft of R089-26P is dated May 27, 2026, while the LCB Proposed Draft of R088-26P is dated July 6, 2026. The July 10 Board materials reflected that the R089 draft had been received but that its regulation hearing had not yet been scheduled. I do not infer a motive from that sequencing; I ask because the order of implementation may determine whether a continuing-notice gap exists for the new BHWP license.

If R088 is adopted or implemented before R089, or if R089 is delayed or does not pass, I respectfully ask the Board to identify what continuing-notice mechanism will operate during that interval; whether R089's reporting provisions are intended ultimately to apply to BHWPs; and how the two regulatory tracks will be harmonized. If an existing statute, regulation, renewal process, supervisor or employer duty, background-notification system, or other mechanism already answers that question, identifying it on the record would substantially resolve this concern.

Source note: January 23 and March 6, 2026 NBOPE materials/transcripts; R089-26I (April 23, 2026); R089-26P (May 27, 2026); NRS 641.285(3).

6. The supervisor is central to safety, but professional supervision is not the same as youth supervision

R088 appropriately gives the approved supervisor substantial responsibility. The supervisor must oversee patient records and documentation, keep the practitioner within scope and competence, direct escalation and referral, and remain available while the BHWP provides services. Where the supervisor and practitioner work for different entities, section 18 requires a written agreement addressing supervision and access to records.

The April workshop similarly treated the supervisor as central to case appropriateness, intervention selection, risk escalation, and referral. Those are important protections.

Key youth-safety distinction

Professional supervision and youth supervision are not necessarily the same thing: a supervisor may be clinically responsible and available while a practitioner nevertheless has prolonged, private, and physically unsupervised access to a minor.

R088 permits multiple methods of supervision, including review of records, case discussion, direct observation, remote observation, and review of audio or visual recordings. Direct observation and recording review are available methods; they are not required for every patient encounter. The regulation also requires informed written consent before another person observes or a session is electronically recorded, which is an important privacy safeguard.

Section 15 requires an approved supervisor to report a licensing-board investigation or disciplinary action initiated against the supervisor. Section 20 requires notice when supervision ends. I have not located,

however, an express provision requiring the supervisor to notify NBOPE upon reliable knowledge that the supervised BHWP has been charged with, pleaded to, or convicted of a serious criminal offense, or that the BHWP was removed from service for a patient-safety reason.

The employer-supervisor agreement required by section 18 could also be used as a practical safety tool. For youth-serving settings, the Board could require the agreement to identify who is responsible for rules concerning transportation, home visits, off-site activities, private electronic communications, emergency escalation, incident reporting, and documentation of exceptions. That would reduce the risk that each entity assumes the other is responsible.

Supervisor identity should be affirmatively disclosed

R088 section 24(1)(l) requires a BHWP to accurately disclose credentials and supervised status. It requires the supervisor's name and occupation to be disclosed upon a patient's request. Although the practitioner must disclose his or her status as a supervised practitioner, the patient's or parent's access to the identity of the person responsible for that supervision depends on knowing to ask for it.

Because the supervisor is central to scope, case assignment, intervention selection, documentation, risk escalation, and referral, I respectfully suggest that the supervisor's identity, profession, licensing board, and license-verification information be provided automatically in writing before services begin, rather than only on request.

7. Youth safety should include preventive structural safeguards, not only conduct prohibitions

R088 already recognizes child safety. It extends standards addressing the treatment of a child or protected person, confidentiality, sexual and exploitive conduct, impairment, and mandated reporting. Those rules matter. But prohibiting misconduct after defining it is not the same as structuring youth contact to reduce opportunities for boundary violations before harm occurs.

I respectfully ask the Board to consider written safeguards governing circumstances in which a BHWP may be alone with a minor; parental or guardian notice; transportation; home visits; off-site contact; outings and extracurricular activities; private electronic communications; use of personal devices or social-media messaging; school- and community-based services; supervisor awareness; employer responsibility; and documentation of emergency or other authorized exceptions.

For legitimate confidential behavioral-health encounters, I am not suggesting that another adult must sit in every session. Appropriate confidentiality can be essential to care. The preventive question is whether the encounter occurs within a defined professional structure: an authorized setting; known appointment; clear parent, guardian, or lawful-custodian information where required; supervisor awareness; an accessible escalation route; appropriate visibility or environmental safeguards consistent with confidentiality; and clear prohibitions on unauthorized transportation, off-site meetings, or personal communications.

For activities that are not themselves confidential therapeutic encounters - including transportation, outings, extracurricular activities, or other nonclinical contact - a two-adult or comparable no-one-on-one-contact rule may be appropriate. The Board need not copy a youth organization wholesale; the comparison simply demonstrates that youth-serving systems often separate confidential professional encounters from nonclinical access and create different structural rules for each.

A youth-protection comparison

Exploring, including Law Enforcement Exploring programs, announced a mandatory 2025 ride-along standard requiring at least two registered adult leaders age 21 or older when youth under 18 participate. The policy is not equivalent to behavioral-health practice, but it illustrates a familiar safeguarding principle: professional status and training do not themselves eliminate the risks created by isolated adult-minor access.

A federal prosecution arising from the Louisville Metro Police Department Explorer Program provides a real-world illustration of why boundaries around off-program adult-minor contact matter. The Department of Justice reported a federal case involving an officer associated with the Explorer Program and a minor participant, and reported separate federal prosecutions of two other officers associated with that program. I do not suggest those cases were caused by the absence or violation of a particular two-deep-leadership rule, nor do I suggest they are directly analogous to BHWP services. They illustrate why youth-serving systems often consider access structure prospectively rather than relying only on discipline after misconduct occurs.

Source note: Exploring, "Ride Along Standard Change" (June 2025); U.S. Department of Justice, Western District of Kentucky, Nov. 16, 2020. These are safeguarding analogies, not claims of equivalence to BHWP practice.

Foster youth, state custody, and other child-welfare placements deserve an implementation protocol

The April 17 examples do not state that the children served will be foster children, and I do not assume that they will be. At the same time, nothing in R088 excludes children in foster care, state custody, kinship care, or other child-welfare placements. Given the contemplated settings - community health, youth psychiatric care, schools, pediatric services, and youth organizations - it is foreseeable that some BHWP patients may have child-welfare involvement.

Those situations can complicate ordinary assumptions about who may consent to services, who should receive notice, who may authorize release of information, who should be contacted in an emergency, and how a child or caregiver can raise a concern. I respectfully ask the Board to identify how R088 and implementation guidance will operate when the person legally authorized to make decisions for the child is not simply a parent living with the child.

Nevada law already provides an important baseline. Effective July 1, 2026, NRS 432B.220 includes persons providing services licensed or certified under Chapter 641 among mandatory reporters. When such a person knows or has reasonable cause to believe in his or her professional or occupational capacity that a child has been abused or neglected, the report generally must be made as soon as reasonably practicable and no later than 24 hours. The licensing agency must inform covered licensees of the duty at initial licensure and obtain an acknowledgment.

That duty should be affirmatively incorporated into BHWP onboarding and supervisor training. But mandatory reporting and preventive safeguarding answer different questions. Mandatory reporting addresses what happens when abuse or neglect is suspected. Youth-safety structure addresses how the system can reduce opportunities for boundary violations and other preventable harm before a reportable event occurs.

Source note: NRS 432B.220, effective July 1, 2026; R088-26P sections 10, 32-34.

8. A prevention framework is consistent with established criminal-justice principles

I offer criminal-justice prevention concepts as policy lenses, not as predictions that BHWP licensees will offend. Routine activity and situational crime-prevention theory emphasize capable guardianship, opportunity structure, and procedures that increase the likelihood that concerning behavior is detected. Applied cautiously here, transportation rules, documented settings, supervisor awareness, communication boundaries, employer-supervisor responsibility, and documented exceptions are structural controls rather than assumptions about any practitioner's character.

Deterrence research offers a related insight for the continuing-notice problem. The National Institute of Justice summarizes research indicating that the certainty of being caught or detected is generally more influential than increasing the severity of punishment. Applied to professional regulation, the analogy is

modest but useful: a disciplinary rule has limited preventive value if the regulator has no reliable way to learn that the triggering event occurred. Self-reporting, supervisor reporting, renewal screening, and continuing criminal-history notification are detection mechanisms; they do not require harsher punishment.

Layered safeguards

No single safeguard has to bear the entire burden of public protection. Initial screening, professional supervision, continuing notice, clear boundaries, informed families, accessible reporting, and effective oversight can operate as complementary layers so that the failure of one protection does not necessarily become an opportunity for harm.

Source note: National Institute of Justice, "Five Things About Deterrence"; Office of Justice Programs / environmental and situational crime-prevention literature. These theories are used here as policy concepts, not as evidence that any BHWP poses a particular risk.

9. Clear patient and parent disclosure should be automatic and written

Before services begin, a patient, parent, legal guardian, or other person legally authorized to make decisions for a minor should receive a short written disclosure identifying the practitioner's complete title and license number; supervised status; authorized scope and limitations; supervisor name, profession, licensing board, and license number; where current license status and public discipline can be checked; where a complaint may be filed; and how to reach the supervisor or employer for urgent nonemergency concerns.

R088-26P contains substantial clinical confidentiality protections and certain informed-consent requirements governing the practitioner-patient relationship, but those provisions do not themselves establish a comprehensive patient-facing disclosure concerning licensure, supervision, complaint procedures, or the later handling of complaint records.

The goal is not to stigmatize a supervised professional. It is to make the supervision structure understandable before a family has a concern. A patient should not need to research multiple licensing chapters or know the right question to ask before learning who is responsible for the practitioner's work.

A single public online verification portal would make supervision understandable

I respectfully recommend a single searchable public BHWP directory or verification portal that allows a patient, parent, school, employer, or member of the public to search by practitioner name or license number and readily verify current license status, the current approved supervisor’s name and profession, the supervisor’s license number and licensing board, any public restriction or condition on practice, and final public disciplinary action to the extent authorized by law. The same page should provide a direct complaint link or clear complaint instructions. If the approved supervisor is licensed by another Nevada board, the BHWP profile should link to that board’s official license-verification page so the public does not have to determine the correct regulatory system on its own.

The purpose of such a portal is not to create unnecessary public disclosure. It is to make the supervision structure promised by the regulatory framework practically verifiable. At minimum, a family should be able to confirm that the practitioner is currently licensed, identify the person who is currently responsible for approved supervision, verify that supervisor’s professional license, locate any final public discipline or restrictions, and find the complaint pathway from one reliable public-facing starting point.

10. Complaint access, inter-board notification, and privacy procedures should be operational before broad implementation

Parents, patients, schools, employers, and community organizations need one clear complaint doorway. NRS 641.250 already requires the Board, after receiving a written complaint concerning a BHWP who is

not supervised by a psychologist, to identify the licensing board of the supervisor and notify that licensing board. The public-facing instructions should therefore explain how that statutory inter-board notification process operates in practice; whether a complaint may concern the BHWP, the supervisor, or both; whether a parent, legal guardian, lawful custodian, or minor may submit information; whether anonymous complaints are accepted and what limitations anonymity creates; and how urgent child-safety concerns are handled.

The Board should also explain how a complaint involving a BHWP employed by a school, hospital, youth organization, or community program interacts with employer incident reporting and the supervisor's professional board. A complainant should not be forced to identify the correct licensing jurisdiction before the system can receive a safety concern.

Complaint privacy is a separate issue. Clinical confidentiality rules do not themselves explain what information may be disclosed to a respondent for due process, how sensitive exhibits are handled, what parts of an investigative record are confidential, or what privacy review or redaction occurs before a formal charging document, consent agreement, disciplinary order, or supporting exhibit becomes public. NRS 641.240 makes an order imposing discipline and supporting findings and conclusions public records; that does not mean every complaint record is public.

Board counsel has also provided educational clarification, expressly stated not to be an official Attorney General opinion, regarding anonymity and confidentiality in the complaint process. Counsel advised that the Board receives anonymous complaints and investigates them pursuant to statute; that a respondent and the respondent's counsel are entitled to receive the complaint in order to respond to the allegations; and that prosecution may require sufficient evidence and reliable witness testimony. Counsel further advised that, if a matter proceeds to an administrative hearing, testimony and the hearing recording may become public. Counsel's explanation indicates that a complainant's expectations regarding anonymity and confidentiality may affect whether and how a matter can proceed beyond investigation. This distinction should be explained clearly to prospective complainants before sensitive information is submitted. Confidentiality from the general public is not necessarily the same as confidentiality from a respondent for notice and due-process purposes, and different public-disclosure consequences may arise if a matter proceeds to a disciplinary hearing.

Complaints involving children or other vulnerable persons may contain names, diagnoses, medications, trauma histories, school records, family information, addresses, dates of birth, placement information, and other highly sensitive facts. Before implementation, I respectfully ask the Board to publish a written privacy-review and redaction procedure that clearly distinguishes: (1) complaint and investigative material that is confidential from the general public; (2) information that may be disclosed to a respondent and counsel for notice, investigation, and due process; and (3) charging documents, disciplinary orders, hearing materials, exhibits, or other records that may later become public. Where public release occurs, the procedure should require an affirmative pre-release review designed to redact patient and minor identity, protected health information, direct identifiers, and unnecessary identifying information to the fullest extent permitted by applicable law, including in exhibits, attachments, correspondence, screenshots, and other supporting materials.

Patient names and direct identifiers should receive a deliberate pre-release review

Where a complaint, consent agreement, disciplinary order, or supporting exhibit becomes public, patient and minor names and other direct identifiers should not be carried into the public file by default when their disclosure is not required by law or necessary to understand the public finding. A written protocol should also address indirect identification - for example, combinations of school, family, treatment, placement, or event details that may identify a child or patient even after a name is removed. This can be accomplished without obscuring the conduct, findings, or discipline that the law requires to remain public.

Public accountability and patient privacy are complementary. The public needs meaningful access to final disciplinary information about a licensee; patients and minors should not become unnecessarily

identifiable simply because their confidential health or family information appears in an exhibit used during a licensing matter.

Source note: NRS 641.090; NRS 641.240; NRS 641.250; R088-26P sections 32-37; July 23, 2026 educational correspondence from Deputy Attorney General Harry B. Ward (expressly stated not to be an official Attorney General opinion), on file.

11. Comparable models show that workforce expansion and continuing accountability can coexist

Oregon - a closely analogous developing model

Oregon enacted 2026 legislation creating a closely analogous credential titled “licensed behavioral health and wellness practitioner” and is now developing implementing rules through the Oregon Board of Psychology. Oregon’s official rulemaking calendar schedules the SB 1547 Rules Advisory Committee from May through August 2026, full Board review in September, formal proposed-rule public comment thereafter, and expected rule effectiveness in January 2027. I therefore do not describe the courtesy draft as final Oregon law.

The comparison is unusually probative because Oregon's own Rules Advisory Committee expressly reviewed Nevada's developing BHWP rules. On June 15, Oregon staff explained that the Nevada draft had been distributed and changed Oregon's proposed direct-contact requirement from 150 to 175 hours because Nevada had changed to 175 and the group was considering interstate alignment. The July 7 discussion again referred to “hot off the press” Nevada rules and identified areas Oregon had added above Nevada's supervision baseline. This is a contemporaneous cross-state policy conversation, not a comparison between unrelated professions.

Oregon also illustrates that the absence of Rap Back does not require the absence of continuing notice. Oregon MHRA staff advised me that the Oregon Board of Psychology is not participating in Rap Back and that Rap Back is not anticipated for the new LBHWP credential. Yet ORS 676.150(3) already requires a health-board licensee to report a felony arrest or a misdemeanor or felony conviction to the licensee's board within 10 days; failure to report is itself disciplinable, and the report is confidential. That statutory rule does not cover every arrest or pending charge, but it creates a prompt event-based notice layer that is distinct from renewal. I have not identified an equivalent BHWP own-event criminal-reporting requirement in R088-26P or another current Chapter 641 provision that would perform the same continuing-notice function for BHWPs.

Agency staff further advised that Oregon plans to use its existing biennial character-and-fitness renewal questions, with appropriate adjustment, for LBHWPs. Those questions include whether there are pending investigations, professional complaints, civil or criminal actions and, since the last renewal or application, whether the licensee has been arrested, charged, convicted, or pled guilty or no contest to a misdemeanor or felony. The planned question calls for disclosure even when a charge was dismissed or dropped, judgment was deferred or set aside, records were expunged, or the matter involved pretrial diversion or deferred prosecution, followed by an explanation and supporting documentation. This broader renewal screen functions as a backstop to contemporaneous statutory reporting rather than a replacement for it.

The courtesy draft adds other layers. While an application is pending, an applicant would have to notify the Board immediately when submitted information changes, including complaints, disciplinary actions, civil, criminal, or ethical charges, and certain employment investigations. The draft would require the licensee to notify the Board within 14 days of termination of supervision, a change in employment or practice location, or a pending investigation or disciplinary action. It would require a supervisor to promptly notify the Board of professional or ethical concerns and, within 30 days, of specified pending investigations or disciplinary actions involving the licensee or supervisor. The draft also provides for Board-approved supervision before professional services begin and when a supervisor changes.

Oregon's developing code also provides useful youth-facing examples without resolving every youth-safety question. The courtesy draft contains specific parent and legal-guardian consent language, minor assent, developmentally appropriate explanations, rules about what information will be shared with caregivers, a prohibition on social-media or online communications with clients, and explicit attention to minors and other persons with diminished autonomy. It would also require the practitioner's professional representations to include the supervisor's name and the designation “supervisor.” At the same time, I have not identified a general Oregon two-adult/no-one-on-one physical-access or transportation rule. That is why I continue to present youth access, transportation, and off-site contact as a distinct structural question for Nevada rather than claiming Oregon has solved it.

Oregon's June 15 meeting also provides an important real-world illustration of the distinction between professional supervision and physical access. Participants discussed rural schools in which a licensed supervisor might be split among several schools and therefore not physically co-located with the practitioner at all times. That model may be operationally reasonable, but it demonstrates why professional supervision alone does not answer every youth-safeguarding question about private access to a minor.

Taken together, Oregon shows that workforce access and stronger public-safety architecture can coexist. As of August 17, 2026, Oregon's current law and developing LBHWP package are more protective - and in several respects stricter - than Nevada's proposed R088 framework: current Oregon law already supplies prompt felony-arrest and criminal-conviction reporting, while the developing LBHWP rules add broader renewal screening, applicant update duties, supervisor and licensee reporting, affirmative supervisor identification, and minor-specific consent and boundary protections. This is not merely a cross-profession analogy. Oregon is implementing the same-named LBHWP credential for closely parallel prevention and early-intervention services and substantially overlapping populations and settings. Nevada does not need to copy Oregon wholesale, and I do not treat draft Oregon provisions as adopted law. The comparison instead supplies concrete options available now: earlier notice, clearer responsibility, better documentation, stronger youth boundaries, and a regulator receiving information in time to act proportionately.

Safeguard / checkpoint	Nevada proposed BHWP	Oregon developing LBHWP
Entry screening	Initial fingerprints / Nevada and FBI background check.	Initial fingerprints / background check in application framework.
Rap Back	No NBOPE Rap Back mechanism has been identified in the public materials reviewed.	Oregon MHRA staff advised Board of Psychology is not participating in Rap Back and does not anticipate it for LBHWP.
Event-based criminal notice	No express BHWP own-event serious-criminal-reporting rule identified in R088; R089 applicability remains unclear and operative text says “A psychologist shall report.”	ORS 676.150: felony arrest or misdemeanor/felony conviction reported within 10 days; report confidential.
Renewal	Three-year BHWP term; future BHWP criminal-history questions not yet identified. Current NBOPE psychologist renewal and reinstatement forms do not directly ask about arrests or pending criminal charges; the renewal form asks about convictions/pleas and profession-related proceedings, while reinstatement uses a broad suitability question.	Planned biennial character-and-fitness renewal; staff advised questions include pending criminal actions and arrests, charges, convictions, guilty/no-contest pleas.
Supervision changes / concerns	Supervisor reports termination of supervision under R088; no comparable broad criminal-event mechanism identified.	Draft: Board-approved supervision; licensee 14-day notice for specified changes/investigations; supervisor prompt concerns and 30-day notice for specified investigations/discipline.
Supervisor identity	R088 requires supervised status; supervisor name and occupation disclosed upon patient request.	Draft public-representation rule would include supervisor name and designation “supervisor.”

Safeguard / checkpoint	Nevada proposed BHWP	Oregon developing LBHWP
Youth-facing safeguards	Professional-conduct, confidentiality, consent, and child-safety provisions; structural one-on-one/transportation questions remain.	Draft adds parent/guardian consent, minor assent, caregiver-information plan, online-contact boundary, and explicit minor-welfare language; no general two-adult rule identified.

Nevada - continuing-notice pathway identified in the current public record
Initial fingerprints -> no identified NBOPE Rap Back -> no express BHWP own-event criminal-report rule in R088 -> three-year license period -> future BHWP renewal questions not yet identified; current psychologist renewal and reinstatement forms do not directly ask about arrests or pending criminal charges.

Oregon - layered pathway now being developed
Initial fingerprints -> no Board of Psychology Rap Back -> 10-day statutory notice for felony arrest or misdemeanor/felony conviction -> biennial character-and-fitness renewal questions -> explanation/supporting documentation -> Board review as appropriate.

Oregon source note: ORS 676.150; Oregon Laws 2026 / SB 1547; Oregon Board of Psychology Administrative Rulemaking page; Oregon SB 1547 Rules Advisory Committee public meetings dated June 15, July 7, and July 27, 2026; written correspondence from LaReé Stashek, Policy Advisor, Oregon Mental Health Regulatory Agency (August 2026, on file); and "LBHWP Rules, Combined FINAL DRAFT TC" provided as a courtesy and treated here as a non-adopted working draft.

Washington - layered health-profession reporting

Washington's agency-affiliated counselor model is not identical to BHWP practice, but its health-profession framework illustrates layered accountability. Uniform reporting rules include licensee self-reporting of specified convictions and inability to practice safely, reporting by other license holders in defined circumstances, and employer reporting of certain safety-related final terminations or restrictions. The model separates notice from the ultimate disciplinary decision.

Arizona - prompt notice and child-serving screening

Arizona supplies two different examples. First, state health-professional law requires reporting of specified felony charges and patient-safety-related misdemeanor charges within a defined period, allowing a board to receive notice without treating the charge as a conviction. Second, covered child-serving systems use fingerprint-clearance mechanisms and employer reporting for certain arrests or charges. These are different legal structures, but both demonstrate that a system can pair access with continuing accountability.

Nevada already uses earlier-notice models in other professions

Nevada also has strong internal examples. Marriage and family therapists, clinical professional counselors, and certain interns must notify their board in writing within 10 days after a criminal charge is filed. Social workers must notify their board within 30 days after a criminal charge is filed and after specified other criminal, civil, and professional events. Nevada medical licensees and applicants have a 30-day arrest-or-criminal-conviction reporting rule, subject to specified exceptions. Direct agency correspondence supplied additional implementation context: Social Work Board staff advised me that the Board conducts a background check at initial application, renews licenses annually with questions about arrests, charges, and convictions, requires supporting documentation for affirmative responses, requires a new background check for restoration or reactivation, and reviews legal or sanction self-reports case by case. Medical Board General Counsel likewise advised that reported matters are investigated and outcomes determined case by case. These professions are not legally identical to BHWPs, but they serve many of the same or overlapping behavioral-health and healthcare populations and settings as psychologists and BHWPs, including children, families, adults, and vulnerable persons. Yet the Psychology Board's current psychologist renewal and reinstatement forms do not directly ask about arrests or pending criminal charges, and R088 does not presently create a comparable BHWP own-event criminal reporting duty. The Psychology Board is therefore not being asked to invent an unfamiliar

precaution; comparable Nevada regulators already use layered continuing-notice measures while preserving case-by-case review.

Source note: NAC 641A.243(17); NAC 641B.200(21); NRS 641B.202; NRS 630.306(1)(l); written responses from MFT/CPC Board staff (April 24, 2026), Social Work Board staff (May 4, 2026), and Nevada State Board of Medical Examiners General Counsel (June 9, 2026), on file. Oregon, Washington, and Arizona sources are identified above.

12. Regulatory risk and the importance of a clear administrative record

Because these concerns are being raised during the rulemaking process - before broad implementation - I respectfully ask that they be addressed prospectively and on the record. Identifying foreseeable implementation questions now gives the Board an opportunity to evaluate and reduce preventable risk while the regulatory architecture is still being built.

If the Board determines that existing law, another regulation, employer policy, supervision requirements, mandated-reporting duties, a renewal process, or another mechanism already adequately addresses a concern raised here, I respectfully ask the Board to identify that mechanism on the record. If the Board determines that a proposed safeguard is unnecessary, impracticable, or better addressed through another regulatory track, a concise explanation of that reasoning would likewise create a clearer and more durable administrative record.

I do not suggest that the Board intentionally omitted protections or that every recommendation in this comment must be placed verbatim in R088 itself. Some safeguards may appropriately be addressed by regulation, formal Board policy, approved supervisor training, required employer-supervisor agreements, application and renewal forms, patient disclosures, or another enforceable implementation mechanism. The important point is that the safeguards be identifiable, operational, and understandable before they are needed.

13. Minimum safeguards requested before adoption or implementation

1. In addition to the existing 30-day out-of-jurisdiction disciplinary-reporting duty in NRS 641.230(1)(i), require each BHWP to report specified serious criminal events within a defined period, including felony arrests; felony charges and defined serious misdemeanor charges; guilty or nolo contendere pleas; convictions; material loss of professional good standing; and termination or loss of required supervision.

2. State expressly that a report is notice, not proof of wrongdoing; a charge is not a conviction; reporting does not itself require discipline or public disclosure; and the Board will use confidential, case-by-case review consistent with due process.

3. Require an approved supervisor who obtains reliable knowledge of a reportable event involving a supervised BHWP to independently notify the Board within a defined period, regardless of whether the BHWP has separately reported the event. This creates a second notice channel rather than making supervisor reporting depend on proof or suspicion that the practitioner failed to self-report.

4. Require approved supervisors to report their own defined criminal, professional-standing, or fitness events that materially affect their ability to protect patients, regardless of the supervisor's underlying licensing chapter, while avoiding duplication where another board already provides reliable notice.

5. Require a new state and federal fingerprint-based criminal-history check at each three-year renewal, or at another reasonable interval, unless the Board publicly documents that it receives substantially equivalent continuing criminal-history notification through Rap Back or another reliable system.

6. Clarify the meaning of "complaints or charges" in R088 section 8(1)(d), including whether "charges" refers to licensing or disciplinary charges, criminal charges, or another category, in order to reduce ambiguity, promote consistent application, and avoid unnecessary future interpretive or legal disputes concerning vagueness or the provision's scope.

7. Clarify expressly whether and how R089-26P applies to BHWPs, including treatment of convictions and plea dispositions, rather than relying on potentially conflicting uses of "psychologist," "licensee," and "any licensee."

8. Adopt written youth-safety safeguards governing one-on-one access to minors, including transportation, off-site and home contact, private electronic communications, parental/guardian or lawful-custodian notice, supervisor awareness, authorized settings, and documented exceptions. Consider a two-adult or comparable no-one-on-one-contact rule for nonclinical activities.

9. Require youth-serving employer-supervisor agreements to identify responsibility for transportation, off-site contact, incident escalation, communications boundaries, emergency procedures, and documentation so that organizational duties are not assumed or fragmented.

10. Establish an implementation protocol for children in foster care, state custody, kinship care, or other child-welfare placements addressing who may consent, who receives notice, emergency contacts, confidentiality, complaint access, and supervisor escalation, consistent with applicable law.

11. Integrate NRS 432B.220 mandatory-reporter notice and acknowledgment into BHWP onboarding and supervisor training, while making clear that mandated reporting does not replace preventive youth-safeguarding rules.

12. Require affirmative written patient and parent/guardian disclosure of the BHWP’s title, license number, scope, supervised status, supervisor identity and licensing information, the official online license-verification directory, complaint pathway, and public-disciplinary-record location before services begin.

13. Maintain a single searchable public BHWP online directory or verification portal that allows lookup by practitioner name or license number and displays current license status, the current approved supervisor’s name, profession, license number and licensing board, public restrictions or conditions, final public discipline to the extent authorized by law, and a direct complaint link or instructions. If the supervisor is licensed by another board, link to that board’s official verification page.

14. Publish one clear complaint process that explains NRS 641.250 inter-board notification, the role of the BHWP's supervisor and employer, urgent child-safety reporting, and how anonymous information is handled. Clearly distinguish (a) complaint and investigative material that is confidential from the general public, even though identifying information may be shared with Board personnel, investigators, counsel, and the respondent as needed for investigation and due process, from (b) charging documents, disciplinary orders, hearing materials, and other records that may later become public. Explain these distinctions before sensitive information is submitted and require public-facing disciplinary materials to undergo privacy and redaction review designed to protect patient and minor identity and PHI to the fullest extent permitted by law.

15. Adopt and publish a privacy-review and redaction protocol for patient, complainant, minor, family, medical, school, placement, and other sensitive information before formal disciplinary materials are publicly released. Require an affirmative review of patient/minor names and direct identifiers in exhibits and attachments, and address indirect identification where combinations of facts could identify a patient, consistent with applicable law and due-process requirements.

16. Use the BHWP Advisory Group period through December 31, 2028 to conduct a formal implementation review of supervision, criminal-event notice, complaints, youth safety, renewal screening, and public information, using aggregate data and protecting confidential information.

14. Illustrative regulatory or policy language for Board and counsel review

The following language is offered as a policy model only. It is not legal advice, does not purport to identify the Board's only lawful option, and should be revised by Board counsel as needed to fit statutory authority, confidentiality law, due process, and Nevada drafting conventions.

A. Practitioner reporting

Proposed concept
"A behavioral health and wellness practitioner shall notify the Board in writing within [defined period] after the practitioner receives notice that: (a) the practitioner has been arrested for a felony or a felony charge has been filed; (b) a misdemeanor charge involving violence, abuse, exploitation, sexual conduct, dishonesty, controlled substances, a child, an elderly or vulnerable person, or other conduct reasonably bearing on patient safety or fitness to practice has been filed; (c) the practitioner has entered a guilty or nolo contendere plea or has been convicted of a criminal offense; (d) the practitioner has suffered a material loss of professional good standing not already reportable under NRS 641.230(1)(i); or (e) required supervision has terminated or the practitioner has been removed from service for a patient-safety reason. Reporting is notice only and is not an admission or finding of wrongdoing."

B. Supervisor reporting and organizational accountability

Proposed concept
"An approved supervisor who obtains reliable knowledge of a reportable event involving a supervised behavioral health and wellness practitioner shall independently notify the Board within [defined period], regardless of whether the practitioner has separately reported the event. When the supervisor and practitioner are employed by different entities, the required written agreement shall identify responsibility for incident escalation, youth-safety rules, transportation and off-site contact, electronic communications, emergency procedures, and documentation of exceptions."

C. Renewal screening

Proposed concept
"As a condition of renewal, a behavioral health and wellness practitioner shall submit fingerprints for a new state and federal criminal-history records check unless the Board has determined and publicly documented that the practitioner is enrolled in a continuing criminal-history notification system that provides substantially equivalent notice."

D. Youth safety and nonclinical one-on-one access

Proposed concept
"A behavioral health and wellness practitioner who provides services to a minor shall comply with written youth-safety policies approved by the Board or employer that address guardian or lawful-custodian notice, authorized service settings, transportation, off-site and home contact, private electronic communications, supervisor awareness, emergency escalation, and documentation of exceptions. For transportation, outings, extracurricular activities, or other nonclinical contact, a practitioner shall not be alone with a minor unless a documented emergency or other specifically authorized exception applies."

E. Patient disclosure and public verification

Proposed concept
"Before services begin, a behavioral health and wellness practitioner shall provide the patient, parent, legal guardian, or other legally authorized decision-maker with written notice of the practitioner's title, license number, supervised status, authorized scope and limitations, approved supervisor's name, profession and license number, official license-verification location, public-disciplinary-record location, and complaint pathway. The Board shall maintain a searchable public verification portal that links each practitioner to the current approved supervisor to the extent authorized by law and, when the supervisor is licensed by another board, provides a link or other clear route to verify the supervisor's license."

15. The Advisory Group sunset creates a natural checkpoint for early evaluation

NRS 641.2253 establishes the BHWP Advisory Group through December 31, 2028, creating a natural checkpoint while the original implementation expertise is still assembled. I respectfully encourage the Board to schedule a formal review before that sunset using aggregate, nonconfidential information about licensure, supervision changes, complaints, reportable events, disciplinary matters, youth-serving settings, renewal screening, and recurring implementation questions. A planned review allows Nevada to establish

strong baseline safeguards now and refine them based on early experience rather than waiting for a serious event to reveal a weakness.

16. Long-term child safety, public confidence, and program integrity

Nevada should not create a lower practical level of protection for children and families merely because they receive prevention or early-intervention services through a newly created, supervised workforce. The April 17 public record describes substantial youth-facing use in schools, community programs, pediatric settings, youth psychiatric settings, and one-on-one support. The safety architecture should therefore travel with the practitioner across settings rather than depend entirely on the policies of a particular employer or the assumption that professional supervision is equivalent to physical oversight of every encounter.

Clear safeguards also protect the credibility and durability of the BHWP program itself. A serious preventable incident involving a newly established credential could undermine confidence among parents, schools, employers, supervisors, practitioners, policymakers, and the public - particularly if the event involved information that an effective continuing-notice or escalation system could have brought to regulatory attention earlier. This is not a prediction that such an event will occur. It is a reason to build a resilient framework before broad implementation.

The question is not whether Nevada should expand behavioral-health access quickly or protect the public carefully. A durable implementation of SB165 should accomplish both. Clear continuing notice, renewal screening, supervisor accountability, youth-access rules, public license verification, complaint privacy, and early implementation review can strengthen public confidence in the new profession and reduce the need for corrective regulatory changes after implementation.

17. Conclusion

Nevada's behavioral-health workforce needs thoughtful and timely expansion. Access and accountability should advance together.

R088-26P contains substantial protections in education, practicum, scope, supervision, confidentiality, professional conduct, and disciplinary authority. My purpose is not to minimize those protections, but to identify where continuing notice and prevention remain incomplete or unclear in the current public record, particularly for a youth-facing profession with a three-year license term.

Because this is a newly created profession, Nevada has an unusual opportunity to build prevention, detection, accountability, transparency, and youth-safety structure into the system from the beginning. I have placed concrete alternatives in this record before adoption, including Nevada's own earlier-notice models and Oregon's contemporaneous work on the closely analogous licensed behavioral health and wellness practitioner credential.

For these reasons, I support timely implementation of SB165, but respectfully ask the Board to establish, identify, or commit on the record to the mechanisms that will operate after initial licensure: how serious post-licensure events reach the Board; how R088 and R089 work together; what renewal screening occurs; how supervisors and employers escalate concerns; how youth-facing access is structured; and how patients can verify practitioners, supervisors, discipline, and complaint pathways.

If additional responsive records or hearing materials answer or materially qualify a concern, I will supplement or correct this analysis. Otherwise, I respectfully ask the Board to address the questions before adoption or, where it concludes that an existing safeguard already resolves them, to identify that safeguard and its reasoning on the record.

Nevada does not have to choose between timely workforce expansion and meaningful public protection. The strongest implementation of SB165 will do both: expand access while ensuring that continuing notice,

supervision, renewal screening, youth safeguards, public verification, privacy protection, and accountability are clear from the beginning.

I respectfully request that this comment be clearly identified in the August 21 hearing record, meeting materials, meeting minutes, informational statement, and complete R088-26P rulemaking record so that future reviewers can locate the safeguards and comparative evidence raised before adoption. Pursuant to NRS 233B.064, I also request a concise statement of the principal reasons for and against adoption and the Board's reasons for overruling considerations urged against adoption if it proceeds without the safeguards requested here.

Thank you for your time, service, and consideration of these patient-safety, child-safety, privacy, and public-accountability concerns.

Respectfully submitted,

Rebecca Savio
Nevada Citizen and Public-Interest Researcher
Founder & Research Analyst, Nevada Applied Victimology & Policy Analytics
Las Vegas, Nevada | NVPolicyAnalytics.com
Submitted in my individual capacity.

Appendix A. Questions I respectfully ask the Board to answer on the record

1. After the initial fingerprint check, what reliable mechanism ensures that the Board learns of a serious criminal or fitness-related event during the three-year BHWP license period, including any interval in which R088 is operative before R089?
2. What does “complaints or charges” mean in R088 section 8(1)(d)? Does “charges” include criminal charges, licensing/disciplinary charges, or another category, and how will the Board prevent inconsistent interpretation?
3. Does the Board intend R089-26P section 3 to apply to BHWPs, and how will guilty pleas, nolo contendere pleas, and other plea dispositions be treated for affirmative reporting purposes?
4. Will BHWP fingerprints be retained or resubmitted at renewal, or will another reliable continuing criminal-history notification or renewal-screening mechanism be used?
5. What duties will approved supervisors or employers have to report reliable knowledge of a BHWP serious criminal event, loss of supervision, removal from service, impairment, or other patient-safety concern?
6. What youth-specific rules will govern private one-on-one access, transportation, home or off-site contact, private electronic communications, and services involving minors in foster care, state custody, guardianship, kinship care, or other child-welfare placements?
7. Will the supervisor's identity and licensing information be affirmatively disclosed before services begin, and will the Board maintain a single public BHWP verification portal linking the practitioner to the current approved supervisor, public restrictions or discipline, and complaint pathway?
8. What public-facing complaint, inter-board notification, privacy, and redaction procedures will apply, including review of patient/minor names and identifiers in exhibits and protection against indirect identification from combinations of sensitive facts?
9. Will the Board conduct a formal implementation review before the BHWP Advisory Group sunsets on December 31, 2028?
10. Does the Board consider the SB165 Behavioral Health and Wellness Practitioner Advisory Group a public body subject to NRS Chapter 241 and, if so, where are its meeting notices, agendas, minutes,

recordings or transcripts, attendance information, and supporting materials maintained and made available to the public?

Appendix B. Source and evidence guide

This comment relies principally on official legal text, the Board's public meeting record, direct governmental correspondence, and identified comparative materials. It is prepared for submission as an updated written public comment through August 17, 2026. The URLs and source descriptions below preserve an accessible source trail. Comparative models are used to isolate discrete safeguards, not to claim that the professions or legal systems are identical.

Nevada proposed regulation - R088-26P - LCB Proposed Draft dated July 6, 2026.
https://www.leg.state.nv.us/Register/2026Register/R088-26P.pdf

Related Nevada Initial Agency Draft - R089-26I - Posted April 23, 2026; includes the separate "conviction of or entry of a plea" phrase.
https://www.leg.state.nv.us/Register/2026Register/R089-26I.pdf

Related Nevada LCB Proposed Draft - R089-26P - May 27, 2026; operative section 3 begins "A psychologist shall report."
https://www.leg.state.nv.us/Register/2026Register/R089-26P.pdf

Nevada Revised Statutes Chapter 641 - Includes NRS 641.010, 641.160, 641.170, 641.2252-.2257, 641.230-.250, and 641.285.
https://www.leg.state.nv.us/NRS/NRS-641.html

Nevada Administrative Procedure Act - NRS Chapter 233B - Includes NRS 233B.064 statement-of-reasons provision.
https://www.leg.state.nv.us/NRS/NRS-233B.html

Nevada child-abuse/neglect reporting - NRS Chapter 432B - Includes NRS 432B.220, effective July 1, 2026.
https://www.leg.state.nv.us/NRS/NRS-432B.html

Nevada Board - 2026 Board & Committee Meetings page - Board agendas, packets, minutes, and August 21 regulation-hearing notice; as reviewed August 17, 2026, I did not locate separate BHWP Advisory Group meeting entries or separately posted Advisory Group agendas, minutes, or recordings on this page.
https://www.psyexam.nv.gov/meetings/2026-board--committee-meetings/

Nevada Board - 2025 Board & Committee Meetings page - Board and identified committee meeting entries and documents; as reviewed August 17, 2026, I did not locate a separate December 3, 2025 BHWP Advisory Group meeting entry or separately posted Advisory Group meeting materials on this page.
https://www.psyexam.nv.gov/meetings/2025-board-committee-meetings/

Nevada Board - 2027-2028 Active Psychologist Renewal Form - Question 5 asks about conviction/guilty/nolo pleas since last renewal; the public form does not contain a general arrest or pending-criminal-charge question.
https://www.psyexam.nv.gov/siteassets/content/licensing/renewal_form-active_2026-fill-includes_demosurvey.pdf

Nevada Board - Reinstatement Application - Current public form contains professional-history and broad suitability questions but does not directly ask whether the applicant has been arrested or has pending criminal charges.
https://www.psyexam.nv.gov/uploadedFiles/psyexamnvgov/content/Licensing/Reinstatement_App-8-2024-FILL.pdf

Nevada Board - Rules/Regs - Board regulatory-information page.
https://www.psyexam.nv.gov/About/Regulations/

Oregon SB 1547 (2026), enrolled - Creates the closely analogous “licensed behavioral health and wellness practitioner” credential and provides the statutory foundation for Oregon implementation.
https://olis.oregonlegislature.gov/liz/2026R1/Downloads/MeasureDocument/SB1547/Enrolled

Oregon Revised Statutes 676.150 - Health-profession reporting, including 10-day reporting of felony arrests and misdemeanor/felony convictions and confidentiality of reports.
https://www.oregonlegislature.gov/bills_laws/ors/ors676.html

Oregon Board of Psychology - Administrative Rulemaking / SB 1547 implementation calendar (RAC meetings May-August 2026; Board review and proposed-rule process thereafter).
https://www.oregon.gov/psychology/Pages/Rulemaking.aspx

Oregon SB 1547 Rules Advisory Committee public meeting recordings/transcripts reviewed for this comment: June 15, July 7, and July 27, 2026. Selected verification checkpoints included the June 15 discussion of Nevada’s 175-hour standard and rural-school supervision (approximately 14:42-16:34 and 1:35:21-1:36:43); the July 7 discussion of the information a board needs to regulate, real-time versus renewal supervision notice, and front-end public protection (approximately 1:09-1:11, 1:31-1:39, and 2:00); and the July 27 discussion of public protection, institutional oversight, and up-front supervision verification (approximately 18:59-21:21 and 37:19-39:44). Public recordings are available through the Oregon Mental Health Regulatory Agency / Board of Psychology meeting resources and Oregon MHRA YouTube channel.

Oregon implementation correspondence and courtesy draft - Written correspondence from LaReé Stashek, Policy Advisor, Oregon Mental Health Regulatory Agency, August 2026, and “LBHWP Rules, Combined FINAL DRAFT TC” supplied as a courtesy. The draft is treated in this comment as non-adopted and not as current Oregon law.

Washington uniform health-profession reporting rules - WAC 246-16-220, -230, -235, and -270.
https://app.leg.wa.gov/WAC/default.aspx?cite=246-16&full=true

Arizona health-professional reporting - A.R.S. 32-3208.
https://www.azleg.gov/ars/32/03208.htm

Nevada MFT/CPC reporting comparison - NAC 641A.243(17).
https://www.leg.state.nv.us/NAC/NAC-641A.html

Nevada Social Work reporting comparison - NAC 641B.200(21); fingerprint authority in NRS 641B.202.
https://www.leg.state.nv.us/NAC/NAC-641B.html

Nevada Medical Board reporting comparison - NRS 630.306(1)(l).
https://www.leg.state.nv.us/NRS/NRS-630.html

National Institute of Justice - deterrence - Research summary emphasizing certainty of detection relative to severity.
https://nij.ojp.gov/topics/articles/five-things-about-deterrence

Exploring youth safeguarding - 2025 mandatory ride-along standard for youth under 18.
https://www.exploring.org/blog/exploring-ride-along-standard-change/

U.S. Department of Justice - Explorer Program case - Western District of Kentucky, Nov. 16, 2020.
https://www.justice.gov/usao-wdky/pr/feds-charge-third-officer-explorer-program

Ballmer Institute for Children's Behavioral Health - Background on the youth-focused educational model referenced in R088 and Board discussion.
https://childrensbehavioralhealth.uoregon.edu/

Board record specifically relied upon

- NBOPE October 24 and December 12, 2025 meeting packets, approved minutes, and available recordings/transcripts.
- NBOPE January 23, 2026 meeting packet, approved minutes, and transcript/recording concerning criminal-conduct/reporting development.
- NBOPE March 6, 2026 revised meeting packet, approved minutes, and transcript/recording concerning both BHWP and R089 development.
- NBOPE April 17, 2026 revised meeting packet, approved minutes, and transcript/recording, including BHWP implementation examples involving youth and families.
- NBOPE July 10, 2026 meeting packet and available transcript/recording concerning the continuing R089 rulemaking record.
- Nevada DPS/NCJIS Compliance Unit correspondence to Rebecca Savio, May 15, 2026, concerning Nevada State Rap Back generally and the Unit's limitation on discussing NBOPE-specific participation except with approved Board points of contact (on file).

• Educational correspondence from Deputy Attorney General Harry B. Ward, July 23, 2026, concerning complaint confidentiality, respondent disclosure, anonymous complaints, evidentiary needs, and potential public-hearing consequences; counsel expressly stated the communication was not an official Attorney General opinion (on file).

• Direct Nevada comparator correspondence: MFT/CPC Board staff (April 24, 2026), Social Work Board staff (May 4, 2026), and Nevada State Board of Medical Examiners General Counsel (June 9, 2026), concerning criminal-event reporting, renewal screening, background checks, and case-by-case review (on file).

- Public-records and procedural requests relevant to this comment: July 20, 2026 NBOPE request for R088 hearing/rulemaking materials; August 5, 2026 detailed request for Advisory Group records, drafts/redlines, criminal-reporting, continuing-notification, supervisor/employer reporting, renewal screening, R088/R089 integration, and related development records; August 11 supplemental implementation-record request and separate packet-inclusion deadline inquiry; August 12 Advisory Group-specific request for meeting dates, notices/agendas, minutes, notes, recordings/transcripts, attendance, supporting materials, work product, and any existing determination concerning NRS Chapter 241 status; the Board's July 24 response directing me to the Board Meetings webpage; and the Board's August 11 response that all records currently available regarding the regulation were publicly available on that webpage.

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

July 10, 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 8:04 a.m. on July 10, 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:

Before calling roll, Executive Director Sarah Restori welcomed the Board's three new Board members, Dr. Brian Leany, Dr. Michael Moradshahi, and Dr. Craig Wetterer.

Board President, Lorraine Benuto, PhD, Secretary/Treasurer, Stephanie Woodard, PsyD, and members, Monique Abarca, Brian Leany, PhD, Robert Moering, PsyD, Michael Moradshahi, PhD, and Craig Wetterer, PhD were present. There was a quorum of the Board members.

Also present were Deputy Attorney General (DAG) Harry Ward; Board Investigators Dr. Sheila Young and Dr. Whitney Owens; Board Consultant, Dr. Gary Lenkeit; Executive Director, Sarah Restori, and Board Staff, Laura Arnold. Members of the public who were present were: Brian Lech, Erica Hanna, Jacqueline Eddy, James Smith, James Tenney, Jamie Ross, Dr. Jodi Thomas, Kristi Walter, Lindsey Bondiek, Takisha Cooper, Dr. Yvonne Fritz, and Becky Savio.

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 welcomed the new Board members, reminded those who speak at the meeting to identify themselves for the record and explained why, and requested that members of the public not comment on complaints pending before the Board.

Ms. Restori stated that, other than the written public comment provided regarding one of the Board's pending regulations (the summary of which is attached pursuant to request), there was no public comment in the Board office. Ms. Restori also stated that the Board office was notified by a member of the public that the December 12, 2025, minutes state that there was no public comment at this stage of the meeting. While there was no verbal public comment during that meeting, a member of the public did provide written public comment, which, prior to that meeting, was received by the Board office, received and reviewed by the Board members, and was made part of public record for the December 12, 2025, meeting.

3. Minutes. (For Possible Action) Discussion and Possible Action to Approve the Minutes of the State of Nevada Board of Psychological Examiners' April 17, 2026, Meeting.

DAG Ward explained for the new Board members that they could vote on approving the minutes by indicating their vote being to form, not substance. He stated that, under the open meeting law, minutes from a prior meeting are to be approved at the next meeting, but because the new members were not at the prior meeting, their vote would be as to the form of the minutes, not their content.

Dr. Moering noted that he was designated in the minutes as a PhD, and he is a PsyD. Ms. Restori stated that correction would be made.

On motion by Stephanie Woodard, second by Robert Moering, the Nevada Board of Psychological Examiners approved the meeting minutes of the Regular Meeting of the Board held on April 17, 2026, with the correction to Dr. Moering's credential. *Dr. Robert Moering, Dr. Brian Leany, Dr. Michael Moradshai, and Dr. Craig Wetterer approved as to form, not content. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

4. 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 June 30, 2026, which concluded the 2026 Fiscal Year, the Board had a combined total of about $214,000 in checking and savings. She explained that the closing treasurer's report for FY2026 includes several adjustments to the bring the budget side close to a zero sum balanced budget, and that the final, adjusted FY2026 budget would inform the FY2027 Budget. Ms. Arnold said that the Board ended FY2026 with a deficit of about $17,400, and that the reasons for that deficit included the 40% increase in the fees the Attorney General's office charges the Board that had been made retroactive for the fiscal year, the expensive disciplinary hearing that took place in November, and some other fiscal surprises, such as the 75% increase in IT fees and the required change in worker's compensation insurance, none of which could not have been anticipated prior to the fiscal year. Ms. Arnold explained that the deficit will be carried forward to FY2027 with the hope and idea that FY2027, which includes license renewals, will absorb that deficit and leave a balanced budget in reference to actual income and expense. Ms. Arnold went on to note that it was the combination of the unusual and surprise fiscal factors that impacted the Board's finances in FY2026. She also stated that, in an effort to reduce the Board's legal fees and based on her background as a Nevada licensed attorney with an extensive background in providing legal research and writing services in the context of complex litigation, she has taken on some of the legal writing and any required legal research in reference to the Board's pending complaint cases to help ease DAG Ward's workload, to help move the complaints along, and to save in legal fees for the Board. She said the savings from those efforts are being reflected in the billing the Board has been receiving from the Attorney General's office.

Ms. Arnold went on to mention that, with the costs and fees to the Board continuing to increase from many different fronts and the fact that she and Ms. Restori have been unable to realize cost of living increases to their salaries or salaries that reflect who comprises the Board staff, the Board will need to consider revising its fee regulation to increase its licensure fees after the 2027-28 renewal period so that is can comfortably accommodate its increasing fiscal obligations and ensure sufficient financial reserves.

Dr. Woodard thanked Ms. Arnold for keeping a close eye on the budget for the last year and for keeping the Board updated on an ongoing basis, especially around the unforeseen expenses that have impacted the FY2026 budget. Dr. Woodard asked if Ms. Arnold anticipated those to be one-time costs or whether they will be ongoing. Ms. Arnold stated that the ongoing costs are going to be the fee increases for the AG's office, the IT expenses, and the worker's compensation insurance. She said she would be budgeting around those fee increases for FY2027, and that she would be keeping an eye on and monitoring the costs for the Board's hourly employees in reference to the employee policy.

Dr. Moering asked how often the Board has seen increases from the AG's office. Ms. Arnold stated that the FY2026 fee increase was the first one that she experienced, and

that the increase should not be something that occurs frequently. She also noted that the annual audit fees increased. Dr. Woodard noted that Ms. Arnold had continued to forecast for the Board the ongoing cost increases, and that it will be important when preparing the FY2027 budget as it concerns the Board's increasing operational costs.

Dr. Moering stated that an increase in licensure fees is something the Board is going to have to consider and discuss sooner than later, and asked for Ms. Arnold's perspective on what that fee increase may look like. Ms. Arnold stated that she would address that under the agenda item for the budget.

On motion by Robert Moering, second by Brian Leany, the Nevada Board of Psychological Examiners approved the Treasurer's Report for Fiscal Year 2026. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer). Motion Carried: 7-0.

B. (For Possible Action) Discussion and Possible Action to Approve the Proposed Budget for Fiscal Year 2027.

Ms. Arnold requested that the Board table the budget agenda item to the next meeting. She explained that the Board office has been extremely busy, and that she wants to give some extra thought and analysis to the FY2027 budget based on the FY2026 fiscal performance as well as the different nature of FY2027 – one that straddles the end of one biennium and the beginning of the next biennium, and includes renewals. She said that with the current demands on the Board office, she was unable to have the meaningful time the budget deserves since the June 30, 2026, end of FY2026, and that she would have a proposed budget for the Board's next meeting in August. She also said that she would put an item on the agenda for the next meeting to review a proposed licensure fee increase and offer some scenarios around that.

Dr. Benuto thanked the Board office staff for their hard work and wanted to be sure that the Board is able to compensate them commensurate with their backgrounds and experience, as well as the monumental nature of the work that they do.

Dr. Moering asked if the meeting agenda could also include a discussion on increasing the full time Board staff's compensation, to which Dr. Benuto said yes and explained that Ms. Arnold would provide a financial analysis as it relates to the board fees and staff salaries. Dr. Benuto appreciated Dr. Moering bringing up those issues for future discussion.

C. (For Possible Action) Discussion and Possible Action to Approve the Proposed Engagement Letter from Campbell Jones Cohen CPAs for the Fiscal Year 2026 Audit.

Ms. Arnold stated that Campbell Jones Cohen CPAs has provided their proposed engagement letter for the FY26 Audit, and that they quoted a total of $18,000.00 for the annual audit, which is a $1,500 increase over what the firm charged last year.

On motion by Stephanie Woodard, second by Craig Wetterer, the Nevada Board of Psychological Examiners approved the Proposed Engagement Letter from Campbell Jones Cohen CPAs for Fiscal Year 2026*. (Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer). Motion Carried: 7-0.*

5. Legislative/Regulation Update

Ms. Arnold stated that there were no updates beyond the regulations information that was in the regulations and legislation table and is part of the meeting packet.

6. Report from the Nevada Psychological Association.

There was no report from the Nevada Psychological Association.

7. Board Office Operations.

A. Report from the Board Office on Operations

Executive Director Sarah Restori provided an update on the Board's licensure, applicant, state exam, and provisional licensure/registrant statistics for April, May, and June 2026. She stated that the Board licensed 11 psychologists and administered 17 state exams, and received 25 new applications for licensure. She further stated that the Board currently has 148 open applications for licensure, which reflects the high volume of incoming applications and the influx of new applications. Ms. Restori said the Board currently has 777 licensed psychologists, 41 provisionally licensed psychological assistants and psychological interns, and 49 registered psychological trainees.

Ms. Restori also gave an update on current activities and projects. She stated that renewals for the 2027-28 biennium will open in August, and that the Board office is preparing for renewals and the reminder notifications to be sent to licensees. Ms. further reported that the ASPPB continues to develop the integrated EPPP exam, which will replace the current EPPP1 and EPPP2 examinations, and is expected to be implemented in the fall of 2027, with the beta version expected to be available in Spring 2027. As for the Healthcare workforce working group of which she is a member and which is developing a health care provider database, Ms. Restori stated that a preliminary work force survey was sent to the Board's licensees in June as requested by the working group. She said that moving forward, licensing boards will be required to include the workforce survey with license renewals and new licensure.

B. Board Officer Voting

i. (For Possible Action) Discussion and Possible Action to Select Officers for the State of Nevada Board of Psychological Examiners for a One-Year Term from July 1, 2026 through June 30, 2027, from the Current Board Membership.

For the Board officer elections, Dr. Benuto stated that she is currently the Board president and that Dr. Woodard is currently the Board's secretary/treasurer. Both Dr. Benuto and Dr. Woodard stated that they were willing to continue in their current, respective roles unless other Board members had interest in them. Dr. Benuto stated that Ms. Abarca is the current continuing education review officer. Because Ms. Abarca left the meeting, Dr. Benuto stated that the Board would hold off on that election until Ms. Restori can check with her on whether she would like to continue. As for the Non-Resident Consultant Application Review Officer, Dr. Benuto stated that Dr. Esmaeili held that role and her term ended at the end of June 2026.

Dr. Benuto asked the Board members if anyone had any interest in any of the officer roles. Ms. Restori stated that, for the Non-Resident Consultant Application Review officer, the Board rarely gets those applications and it is a simple and straightforward process.

Dr. Benuto asked if any of the Board members wanted to nominate another Board member or themselves for a Board officer role. Dr. Moering volunteered for the Non-Resident Consultant Application review officer role.

On motion by Robert Moering, second by Michael Moradshahi, the Nevada Board of Psychological Examiners approved reelecting Dr. Benuto and Dr. Woodard to continue in their roles as Board president and secretary/treasurer, respectively. *(Yea: Lorraine Benuto, Stephanie Woodard, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer). Motion Carried: 6-0.*

On motion by Stephanie Woodard, second by Brian Leany, the Nevada Board of Psychological Examiners approved electing Dr. Moering to the Non-Resident Consultant Application Review officer role. *(Yea: Lorraine Benuto, Stephanie Woodard, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer). Motion Carried: 6-0.*

ii. (For Possible Action) Discussion and Possible Action to Select the Membership of the Application Tracking Equivalency and Mobility (ATEAM) Committee for a One year Term from July 1, 2026, through June 30, 2027, from the Current Board Membership.

Ms. Restori stated that the Board currently has one ATEAM member, and Dr. Benuto acknowledged Dr. Moering's service on the ATEAM and thanked him for his engagement in that role. Dr. Benuto noted that because Dr. Holland and Dr. Esmaeili have rotated off the Board, there are vacancies on the ATEAM, and confirmed with Ms. Restori that a 3 member ATEAM is ideal. Dr. Benuto also confirmed Dr. Moering's willingness to continue in his role on the ATEAM. Dr. Moradshahi and Dr. Wetterer both expressed interest in serving on the ATEAM.

On motion by Robert Moering, second by Stephanie Woodard, the Nevada Board of Psychological Examiners approved electing Dr. Moradshahi and Dr. Wetterer to the vacant ATEAM positions. *(Yea: Lorraine Benuto, Stephanie Woodard, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer). Motion Carried: 6-0.*

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

This item was taken out of order.

DAG Ward stated that he would be asking for Board action on some of the complaints pending before the Board.

- Complaint #23-0918. DAG Ward stated that this complaint made various claims of improper conduct. The Respondent, who is represented by counsel, agreed to a stipulated disciplinary consent agreement, the fully executed version of which was included in the meeting materials and before the Board for approval. DAG Ward requested that the Board approve the stipulated consent agreement.

On motion by Robert Moering, second by Monique Abarca, the Nevada State Board of Psychological Examiners approved the Stipulated Consent Agreement in Complaint #23-0918. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #25-0110 – DAG Ward stated that this complaint alleged unlicensed practice in Nevada as part of a forensic psychological evaluation that occurred in Nevada. The Respondent's initial response to the complaint raised concerns about their participation in the evaluation and a stipulated consent agreement

was proposed to the Respondent. In response to the proposed agreement, the attorney and the Nevada psychologist involved in the case for which the evaluation was conducted provided further explanation in an effort to clarify what appeared to be a misunderstanding in the Respondent's response, and to explain the limited assistance the Respondent provided that did not include the practice of psychology. Based on the explanation and declarations of the attorney and Nevada psychologist regarding the Respondent's participation in the Nevada evaluation, the Board investigator recommended that the complaint be closed, and that a follow up cease and desist be forwarded to the Respondent to ensure clarity regarding Nevada law. Based on the Board investigator's recommendations, DAG Ward requested that the Board take action to close the complaint with a follow up cease and desist letter to the Respondent.

On motion by Monique Abarca, second by Robert Moering, the Nevada State Board of Psychological Examiners closed Complaint #25-0110 with a follow up cease and desist letter to be sent to the respondent. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #25-1231 – DAG Ward stated that this is a complaint regarding the failure to provide requested records. The respondent provided a response to the complaint, and the investigator has considered additional information provided by the complainant. Based on the information provided during the investigation, the investigator has recommended a stipulated consent agreement, to which the respondent agreed and which has been fully executed. The agreement was included in the meeting materials and was before the Board for approval. DAG Ward requested that the Board approve the stipulated consent agreement.

On motion by Monique Abarca, second by Robert Moering, the Nevada State Board of Psychological Examiners approved the stipulated consent agreement in Complaint #25-1231 . *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #26-0120(1) – DAG Ward stated that this was a complaint alleging unlicensed practice of psychology by a marriage and family therapist. A cease and desist letter was sent to the Respondent. Based upon the respondent's response, a follow up cease and desist letter was sent to the Respondent with specific directives and the MFT Board was copied on that letter. Based on the Board investigator's recommendation, DAG Ward requested that this matter be closed at this time, subject to being reopened if need be.

On motion by Stephanie Woodard, second by Craig Wetterer, the Nevada State Board of Psychological Examiners closed Complaint #25-0120(1). *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #26-0213 – DAG Ward stated that this is a complaint regarding alleged improper therapeutic process of a minor child. The Complaint was forwarded to the respondent, who, through counsel, provided a response. Based on the Board investigator's review of the complaint and response, the Board investigator determined that there were no violations that warranted further action and recommended dismissal. Based on the Board investigator's recommendation, DAG Ward requested that the Board dismiss this complaint.

On motion by Robert Moering, second by Stephanie Woodard, the Nevada State Board of Psychological Examiners dismissed Complaint #26-0213. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #26-0402 – DAG Ward stated that this is a complaint regarding a delay in the complainant's receipt of their child's independent educational evaluation from the respondent. The complaint was forwarded to the respondent, who provided a response and relevant documentation regarding the timeliness of the report provided to and communications with the complainant. Based on the Board investigator's review of the complaint and response, dismissal was recommended. DAG Ward requested that the Board dismiss this complaint.

On motion by Brian Leany, second by Monique Abarca, the Nevada State Board of Psychological Examiners dismissed Complaint #26-0402. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

- Complaint #26-0420 – DAG Ward stated that this is a complaint regarding a court-ordered evaluation. Despite requests for the information the Board requires for such complaints, the Complainant did not provide that information. Pursuant to the Board's policy regarding such complaints, DAG ward requested that the Board dismiss this complaint.

On motion by Stephanie Woodard, second by Robert Moering, the Nevada State Board of Psychological Examiners dismissed Complaint #26-0420. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

9. (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 2.

The following applicants were recommended for approval of licensure contingent upon completion of licensure requirements: **Thomas Kiely, Spring Richardson, Brenda Gomez, Arianne Fisher, Isaac Florez, Brian Raines, Yu Wai Chiu, Monela Beroni, Dana Caggiano, Alexandra Hershberger, Michael McConnell, Amanda Zintsmaster, Elazar Tehrani, Rhonda Greenberg, Brenda Frye, Laura Korkoian, Kristine Jacquin, Barbod Salimi, Edward Smith, Maiken Gale, Eileen Callahan, Sharon Howard.**

On motion by Monique Abarca, second by Stephanie Woodard, the Nevada State Board of Psychological Examiners approved the following applicants for licensure contingent upon completion of licensure requirements: Thomas Kiely, Spring Richardson, Brenda Gomez, Arianne Fisher, Isaac Florez, Brian Raines, Yu Wai Chiu, Monela Beroni, Dana Caggiano, Alexandra Hershberger, Michael McConnell, Amanda Zintsmaster, Elazar Tehrani, Rhonda Greenberg, Brenda Frye, Laura Korkoian, Kristine Jacquin, Barbod Salimi, Edward Smith, Maiken Gale, Eileen Callahan, Sharon Howard. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

A. (For Possible Action) Discussion and Possible Action on Psychological Assistant Dr. Jacquline Eddy's request for an exemption under NAC 641.080(2)(b)(2)(I) and (II).

Dr. Benuto stated that Dr. Jacqueline Eddy, who is provisionally licensed with the Board as a Psychological Assistant, has requested that she be exempted from the supervised clinical service requirements of NAC 641.080 in favor of completing her last four months of supervised hours as a visiting assistant professor at the UNLV clinical psychology program. Dr. Benuto invited questions and comments from the Board.

Ms. Restori clarified that Dr. Eddy is requesting Board approval to complete her final four months of post-doctoral experience in a faculty position at UNLV that would not meet the weekly clinical and face-to-face percentages in the regulation, but would remain under supervision pursuant to her supervised practice plan.

Dr. Benuto stated that the Board has discretion to make exceptions and, therefore, to consider Dr. Eddy's request. She said that, several years ago, the Board developed language within the NAC that concerned faculty members in clinical programs in Nevada the ability to count direct service hours on research activities related to clinical practice. She explained that, relevant to this case, UNLV is developing a PsyD program, and the work in which Dr. Eddy will be involved will be in developing clinical training materials, practices, etc. Although that does not fall directly into clinical research specified in the NAC, the Board has the discretion to make an exception, and given the work that Dr. Eddy will be doing, it is highly relevant to clinical practice. Dr. Benuto said it is similar to the language in the NAC.

Dr. Lenkeit stated that if Dr. Eddy does not meet the minimum number of hours for face-to-face contact required for clinical service hours, he would be concerned that she would not be eligible for the APIT through PsyPact. Ms. Restori clarified that the request includes Dr. Eddy frontloading the required clinical service hours, and Dr. Eddy stated that she is completing 100% of her required clinical service hours under her current supervision arrangement, and when she transitions to the faculty role in the fall, she will have completed what is required for supervised clinical practice.

Dr. Benuto explained that the NAC's current requirements provide for a certain number of supervised clinical hours to be completed per week, and that the NAC does not provide for the total number of hours through the post-doctoral year regardless of when they are completed. She stated that Dr. Eddy has completed the total number of clinical hours required for licensure, and that what Dr. Eddy is requesting is that, during the last few months of her post-doctoral year, she be exempted from the number of face-to-face hours per week based upon her having completed all of the supervised clinical hours required for licensure.

Dr. Leany confirmed that Dr. Eddy is asking for an exemption from the 12 month requirement as it concerns the number of supervised hours spread out per week, to which Dr. Benuto clarified that she will still complete 12 months, but will have completed all of the required clinical hours prior to the completion of the 12 months.

Dr. Benuto explained that, rather than completing additional face-to-face hours during the last few months of her post-doctoral year, Dr. Eddy will be embarking on the important task of developing academic curriculum as it relates to mental health services and providers in Nevada for the inaugural incoming cohort.

Dr. Erica Hanna, program director of the new PsyD in clinical psychology program at UNLV, stated that she would be who will supervise Dr. Eddy for the last 4 months of Dr. Eddy's post-doctoral experience.

Dr. Moradshahi inquired as to whether the clinical hours could be completed in conjunction with the Dr. Eddy's new faculty role. Dr. Hanna explained that the program, which was just approved, is not a clinic, but is rather a program in the college of liberal arts that will launch in the fall of 2027. She further stated that, under her supervision, Dr. Eddy will be completing all of the program development hours. To provide clinical hours, Dr. Eddy would need to find a separate position at a clinic where she could provide direct face-to-face hours, which she would not be able to do under Dr. Hanna's supervision. She also stated that developing the curriculum for the 5 year sequence for the PsyD degree will be an intense process, which would limit the amount of time Dr. Eddy would have to do clinical work.

Dr. Benuto stated that, when the Board received Dr. Eddy's request, she did some research regarding what counts as a "clinical hour", and noted that, when students apply for an internship program, "program development" counts as direct service delivery, which is essentially what Dr. Eddy will be doing. She noted that, for whatever reason, it does not appear to be classified that way in the NAC, but that Dr. Eddy will be engaging in a form of service delivery, albeit not therapy.

For purposes of clarity, Dr. Woodard stated that by the time Dr. Eddy transfers into the new position, she will have completed all of her required clinical service hours, but will have abbreviated the time that she did so from 12 months to 8 months. She said she did not know if the Board had ever contemplated allowing the required clinical hours to be expedited, but it seems as though the Board has some discretion to consider it. She deferred to the Board investigators to offer input on whether this would set a precedence or whether the Board has considered a similar request in the past.

Dr. Owens stated that, historically, there have not been exceptions for teaching hours, but given that Dr. Eddy completed all of her clinical hours, an exception in this case

makes sense. She said the Board may not want clinical service hours to be expedited in consideration of APIT or other credentials, which require supervised hours to be completed in between 12-24 months, so that Dr. Eddy is not shortchanged when it comes to those credentials. However, because Dr. Eddy has already completed her clinical hours, the request seems commensurate with licensure in Nevada.

Dr. Young supported what Dr. Owens and Dr. Lenkeit said – if the Board is going to allow this exception, it may limit mobility, as it will be impossible years down the road to go back and get those four months on the record for purposes of licensure in another state and/or an APIT authorization.

Dr. Benuto confirmed with Dr. Eddy that she would be completing a 12 month post-doctoral program, but that the allocation of the week-to-week distribution is the exception that she is requesting, which Dr. Eddy confirmed. Dr. Eddy reiterated that she has completed 100% of her required post-doctoral clinical hours, but that she will be completing a 12 month post-doctoral program.

Dr. Lenkeit wondered if it is really an exception if Dr. Eddy has completed the required number of clinical hours and she is simply transferring the remainder of her supervised post-doctoral year to another facility. While Dr. Benuto believed that was philosophically correct, the NAC technically states that those in their post-doctoral year must complete a certain amount of supervised clinical hours per week throughout that year, and that is where the technical or logistical exception is being made. Dr. Eddy has otherwise met all of the requirements for licensure, and Dr. Benuto thought that extended to mobility. Dr. Lenkeit recommended approving Dr. Eddy's request based on the circumstances under which the request was made, but cautioned about someone coming before the Board with an exception request because they met all of the requirements in six months. To that end, Dr. Lenkeit stated that Dr. Eddy has met the requirements for licensure and that the approval should be for her to move to a new facility for the final few months of her post-doctoral year.

Dr. Hanna confirmed that Dr. Eddy would continue to receive weekly supervision while in the faculty position, and that her activities would be in program development, developing clinical training experiences for the students who will be in the program, and course design.

Dr. Lenkeit and Dr. Woodard suggested a motion that did not include the approval being an exception, to which Dr. Benuto stated that, technically, it is an exception based on the NAC language that concerns the weekly supervised clinical hours requirement. Dr. Lenkeit believed that the technicality is very minor and did not require an exception, to which Dr. Benuto reiterated that it is technically an exception based on the NAC language.

On motion by Dr. Leany, second by Dr. Wetterer, the Nevada State Board of Psychological Examiners approved Dr. Eddy's request that she be permitted to complete her last four months of supervised practice hours as a visiting professor at the UNLV clinical psychology program under Dr. Hanna's supervision. *(Yea: Lorraine Benuto, Stephanie Woodard, Monique Abarca, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 7-0.*

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

Dr. Benuto inquired as to whether there were any updates from the BHWP Advisory Group. Ms. Arnold stated that the Group is continuing its work on the BHWP regulations required by SB165 and assuming that the Group receives an LCB draft, a regulation hearing on those regulations was anticipated for the August 21, 2026, meeting. Ms. Arnold further stated that there were no updates regarding funding for the Board office to assist in the work that is and will be required for the additional licensure designation that the legislature housed under the Board. Dr. Benuto noted that SB165 is a substantial workload that the Board office is being required to undertake in addition to its regular duties and related to the discussion regarding the Board's finances and compensation for Board staff.

Member of the public Dr. Cooper stated that she is working with the school of social work at UNR in implementing SB165 in reference to, among other things, the program's curriculum and the scope of practice for the new licensure. Dr. Cooper was wondering if there were any updates, stating that they would be meeting with Nevada Medicaid regarding reimbursement and will be interested in hearing from the school districts regarding roles for the BHWPs. Dr. Cooper asked if a copy of the proposed regulations was available, which Ms. Arnold affirmed and stated that she would provide Dr. Cooper with a link to them via the Legislature's website.

11. (For Possible Action) Discussion and Possible Action on the Board's Residency Requirements for Applicants from Non-APA Accredited Doctoral Programs.

This item was taken out of order.

Dr. Benuto stated that the ATEAM requested Board review of blended or hybrid residencies of some non-APA accredited programs for substantial equivalency as it relates to the Board's one-year residency requirement in NAC 641.062. She said that the materials that are before the Board include two of those programs and their residency requirements that are embedded in the application materials for some current applicants that come from those non-APA accredited programs.

Ms. Restori explained that the ATEAM has historically reviewed applicants from non-APA doctoral programs to determine if their education is substantially equivalent to the Board's educational requirements in NAC 641.062, including the residency requirement. She said that as these non-APA accredited programs have evolved and used the blended or hybrid residency models rather than the traditional campus-based programs, and the ATEAM has approved applicants from some of those programs as substantially equivalent; however, recent ATEAM reviews have raised questions about whether they currently satisfy the substantial equivalency requirement.

Dr. Moering said that when reviewing the requirements of NAC 641.062 and the ASPPB's residency definition, they are clear that training models that rely exclusively on physical presence for periods of less than one continuous year, such as multiple long weekends and or intensive sessions, or that use teleconference or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution, do not meet the definition of residency. He stated that, based on the definitions of residency, the hybrid or blended programs do not meet substantial equivalency. For instance, a residency that requires its students to be physically present for a week once or twice a year does not meet the Board's residency requirements. On that basis, Dr. Moering was unsure why some applicants from these programs have historically been approved.

Dr. Benuto asked to hear from Board members on how the Board wants to consider what does meet the requirement for residency. Dr. Moering thought that the prior approvals given to some applicants from these programs may have been due to the COVID pandamic when there was a year period of time in which there was no in-person residency component. After the pandemic, however, applicants still had 2 additional years to be able to meet the one-year residency requirement, and it appears that

current applicants from the non-APA accredited programs with blended or hybrid residencies are requesting the same exception. He said that exception no longer applies.

Dr. Benuto asked Dr. Moering, as a member of the ATEAM, what he was seeing in his reviews that does meet substantial equivalency. Dr. Moering stated he has not seen anything that would meet equivalency. Ms. Restori explained that the applicants over the year have come from the same schools, so the ATEAM is seeing the same hybrid residencies. Dr. Moering added that at least one of the programs (Walden) is writing letters on behalf of applicants from their program stating that the applicant has met their requirement for residency, but their requirements for residency does not match the Board's requirements for residency. One or more other non-APA accredited programs' websites specifically state that their program does not meet the requirements for Nevada licensure.

Dr. Owens stated that she was a founding member of the ATEAM, and that back in 2017, the Legislature required that the behavioral health boards evaluate applications for licensure based on substantial equivalency. She said that, at the time, the ATEAM and the legislature were getting a lot of pressure from the blended learning programs to evaluate their applications because they believed their programs were substantially equivalent to an APA-accredited program. Dr. Owens stated that they made the determination to review those applications with the understanding that, when it comes to licensure, there are a lot of checks and balances – education, residency, internship, post-doctoral training, the EPPP. Those checks and balances help ensure that an applicant has the appropriate education and training to become a psychologist. In the hundreds of equivalency reviews Dr. Owens has undertaken since 2017 between Nevada and through the ASPPB mobility program and for APIT and CPQ, the programs with the blended learning model are not substantially equivalent, but because of the exception the Board made in 2018, it began reviewing those applications through the ATEAM. Dr. Owens stated that Dr. Moering is correct, and something that is seen in ATEAM reviews is that, even between applicants from the blended learning programs, the diversity of those applications is great. She said some applicants' education and training through practica look similar to APA-accredited applicants, and some are very distinct and different. With that history, Dr. Owens noted that over the last 5 years, only 5 applicants from those programs have made it to licensure, and about 35 never made it to licensure because they are unable to complete the requirements for licensure, such as sufficient training or passing the required examinations.

In reference to the historical context that Dr. Owens provided and the impact that COVID had on education and training during that time, Dr. Benuto noted that the Board

is at a different place in time. She also referred to one of the non-APA programs that specifically states it does not meet Nevada's requirements, but the Board nevertheless receives applications from those who attended those programs believing that they meet substantial equivalency based on the hybrid or blended residency. In her opinion, Dr. Benuto did not believe that programs with a hybrid residency that only requires a couple of weekends a year does not meet substantial equivalency.

Ms. Restori emphasized how important it is for the Board to discuss and consider this issue based on the difficulty in reviewing the applications from hybrid or blended non-APA accredited programs and the need to establish consistency. Dr. Benuto suggested that the Board discuss what a working definition of equivalency would look like to help guide the ATEAM. She asked the Board members what they thought equivalency would look like.

Dr. Wetterer, who teaches at an APA-accredited PsyD program, noted that the Board's residency requirement is quite clear – it is one year in residence, and the hybrid/blended models do not meet that. He suggested a totality of circumstances approach that looks at total contact hours, nature of the training, etc., and have clear parameters around what substantial equivalency would look like if considering a program that does not have a full-time residency. These blended programs are spread across multiple years where they are having yearly sessions for 2 or 3 days that do not add up to a year in residence. Ms. Restori clarified that the programs that are coming to the top are those that attest to being primarily online and having a blended year in residence. Dr. Moering stated that, where the Board has a law that provides the educational and residency requirements, the ATEAM should be following the statute, and the programs the ATEAM is reviewing do not meet the legal requirements. He said that if the Board wants to make a change in reference to the non-APA programs, then the change should start with changing the requirements provided by law. Dr. Benuto agreed. She again noted that the COVID pandemic may have created some flexibility at the time, but that is no longer at issue or the moment the Board is in.

Dr. Owens stated that the APA has accredited some predominantly online programs such as Fielding, that, within their 3 years of education, has about 600 hours of in person meetings such as week-long intensives, weekend intensives, and orientation. She thought it would behoove the Board to consider what those programs look like and what APA accreditation is going to look like going forward for programs that do blended learning so that the ATEAM has a solid metric by which to undertake reviews. Otherwise, it is confusing for the applicant, the Board office, and the ATEAM. Dr. Moering stated that if these programs become APA accredited, this becomes a moot point for the Board, but at this moment, they are not accredited. Dr. Benuto thought

that some of the historical approval of some of the blended non-APA accredited program applicants may have been based on the fact that the APA has accredited blended program models such as Fielding. She queried whether the Board wanted to make exceptions to its education and residency requirements based on there being APA accredited programs that do have blended learning models or does it want to stick to the plain language of the Board's regulatory requirements.

Dr. Lenkeit agreed with Dr. Moering that the Board should abide by the letter of the law in reference to the Board's education and residency requirements. He said that if the law changes or the APA accredits blended learning institutions, that is a different matter. But until that happens, he recommends following the Board's legal requirements for education and residency, and agreed that the blended programs do not meet Nevada's residency requirement. He also noted that the applicants from the non-APA blended programs would not be able to obtain PsyPact credentials.

Dr. Benuto thought that the Board generally agrees that it wants to ensure that the psychologists that it licenses in Nevada are able to provide competent and ethical services, and inquired about whether the Board is inclined to follow the letter of the law or whether it wants to allow some flexibility. Dr. Owens stated that she did not disagree with Dr. Moering and that the easier the Board can make it for these reviews, the better. She suggested whatever guidance the Board provides be clear so that there can be good decision making around the review process. Dr. Moering suggested that, for the blended unaccredited programs that may be similar to Fielding, which is APA-accredited, there must be a reason that the APA has determined they do not meet APA accreditation standards. Dr. Young thought it was important for students in the non-APA accredited blended programs to have good information. She was concerned that, by letting them register with the Board, it is giving them the idea that they have a path to licensure in Nevada, and the Board should be clear that it will not accept their applicant fee payments knowing they do not meet licensure requirements. Dr. Benuto thought that was a good point.

Dr. Benuto invited further input from the Board members. Dr. Leany said that if the Board is not considering changing the educational and residency requirements stated in the Board's statutes and regulations, then it should follow the plain language of those legal requirements. Dr. Woodard agreed with Dr. Leany. Dr. Wetterer agreed that, because the legal requirements are clear, ATEAM reviews should follow the statutory framework. Dr. Moradshahi agreed, and asked what is actually required. Dr. Moering explained that the ATEAM is ensuring that non-APA accredited programs are providing education and training equivalent to an APA-accredited program.

Dr. Benuto noted the Board's consensus that ATEAM reviews should be in accordance with the statutory and regulatory language.

12. (For Possible Action) Discussion and Possible Action to Approve the Board Office Employees' Performance Evaluations.

Dr. Benuto reiterated her earlier comments regarding the outstanding work by the Board office's full time staff and all that they do to keep the office running smoothly and to support the Board members and the public. Dr. Moering acknowledged the amount of work that the Board staff does, and Dr. Woodard noted the amount of work that gets done behind the scenes by the Board's investigative staff to ensure the Board can uphold ethics and standards.

On motion by Robert Moering, second by Stephanie Woodard, the Nevada State Board of Psychological Examiners approved the performance evaluations for the Board's full time and investigative staff. *(Yea: Lorraine Benuto, Stephanie Woodard, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 6-0.*

13. (For Possible Action) Discussion and Possible Action on Board Staff Vacation Request.

Dr. Benuto stated that a board staff member has a vacation scheduled for September and that she seeks to use some of the unused vacation time from FY26 toward that vacation of 10 or 11 business days.

On motion by Robert Moering, second by Craig Wetterer, the Nevada State Board of Psychological Examiners approved Dr. Eddy's request that she be permitted to complete her last four months of supervised practice hours as a visiting professor at the UNLV clinical psychology program under Dr. Hanna's supervision. *(Yea: Lorraine Benuto, Stephanie Woodard, Brian Leany, Robert Moering, Michael Moradshahi, and Craig Wetterer.) Motion Carried: 6-0.*

14. (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, August 21, 2026, beginning at 8:00 a.m. The Board did not indicate any conflicts with that date.

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

Other than the requests that were made earlier in the meeting, there were no requests from the Board for future Board Meeting agenda items.

16. 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.

Before adjourning, Dr. Benuto acknowledged Dr. Holland's and Dr. Esmaeili's service to the Board. She stated that they have now rotated off the Board after many years of service, for which she thanked them. Dr. Benuto also welcomed the new board members and thanked them for their willingness to serve.

17. (For Possible Action) Adjournment

There being no further business before the Board, President Dr. Benuto adjourned the meeting at 9:41 a.m.

BRIEF SUMMARY OF WRITTEN PUBLIC COMMENT FOR JULY 10, 2026 MEETING MATERIALS AND MINUTES

Regarding: LCB File No. R089-26I: Criminal Conduct and Reporting Requirements
Submitted to: Nevada Board of Psychological Examiners (NBOPE)
Submitted by: Rebecca Savio
Date: July 2, 2026

I submit this brief summary to accompany my full written public comment and exhibits regarding LCB File No. R089-26I, the proposed regulation concerning criminal and other conduct not related to the practice of psychology as a basis for discipline and related licensee reporting requirements.

This brief summary is submitted as a shorter companion to my full written public comment also being submitted on this same date, and I have requested that the full written comment and exhibits be included in the July 10, 2026 meeting packet, meeting materials, regulation-hearing materials, and R089-26I rulemaking record.

I offer this comment in a spirit of cooperation and shared concern for public safety, public trust, due process, and a clear rulemaking record. I recognize that the Board, Board staff, and Board counsel must balance public protection, fairness to licensees, administrative practicality, confidentiality, and legal authority. My purpose is to help ensure that the final regulation and public record are clear, balanced, and protective.

Because my full written comment is lengthy, I do not ask that the full text be reproduced in the body of the minutes. I respectfully request that this brief summary be attached to, linked in, incorporated by reference in, or otherwise clearly identified in the meeting minutes for the July 10, 2026 Board meeting and in the record for any next noticed regulation hearing at which R089-26I is considered.

I also request that this brief summary, my full written comment, and exhibits be included in or appended to the July 10 meeting packet, supplemental meeting materials, regulation-hearing materials, complete R089-26I rulemaking record, and materials submitted to the Legislative Counsel Bureau as part of the regulation record, so that Board members and members of the public can locate the full submission from the public meeting materials.

For clarity, my full written public comment is submitted with supporting exhibits for inclusion in the meeting materials, regulation-hearing materials, LCB materials, and R089-26I rulemaking record. Those supporting materials include: Exhibit A, chronology and comparison chart; Exhibit B, April 17, 2026 written public comment excerpt or summary; Exhibit C, comparison of Nevada behavioral-health and healthcare reporting models and NBOPE's current reporting baseline; Exhibit D, summary of prior written public comments incorporated by reference; Exhibit E, the May 21, 2026 Board-provided Survey of Nevada Licensing Boards regarding criminal and/or other conduct and reporting requirements; and Exhibit F, relevant transcript and approved-minutes excerpts.

I request that the meeting minutes, meeting materials, and rulemaking record clearly identify where the full written comment and Exhibits A–F are located so members of the public can review the complete submission.

I also respectfully request that the Board make a verbal notation during the July 10 meeting, or as applicable, during the next meeting or hearing at which R089-26I is considered, stating that written public comment was received for LCB File No. R089-26I and included in the meeting packet or meeting materials. I request this so the meeting transcript and oral record clearly reflect that written public comment was received and linked to this specific LCB file and regulation topic.

In summary, my full 28-page written comment asks the Board to address four related issues before final action:

1. whether R089-26I should require earlier reporting of serious criminal charges and relevant filed civil actions, rather than requiring reporting only after conviction, plea, judgment, settlement, or other final adjudication;
2. where in the public record the adjudicated-only reporting model was discussed, explained, adopted, or otherwise selected;
3. whether, after proposed subsection 1(C), concerning "habitual or excessive use of alcohol or controlled substances," was struck, the substance-use-related impairment concern discussed in October 2025 was intentionally omitted, addressed through another remaining provision, reserved for future rulemaking, or already covered by existing authority; and
4. how written public comments and supporting materials will be clearly identified, preserved, and connected to the official minutes, meeting materials, and rulemaking record.

My central concern is that the current draft of R089-26I may leave the Board without timely notice of serious pending matters. As drafted, the proposed regulation appears to require reporting of criminal matters only after conviction or plea, and civil malpractice matters only after judgment or settlement. It does not appear to require reporting when a serious criminal charge is filed or when a relevant civil action is filed.

If serious pending charges are not self-reported, the Board may learn of them only through media coverage, a third-party complaint, another agency, internet or court-record searches, or chance discovery. That creates a public-protection notice gap. My full written comment also addresses related gaps in the Board's biennial renewal, reactivation, and reinstatement forms, including whether those forms clearly ask about arrests, pending criminal charges, criminal complaints, indictments, filed civil actions, convictions, pleas, judgments, or settlements.

I am not asking the Board to discipline licensees based on allegations, and I am not asking the Board to treat a criminal charge as proof of misconduct. I am asking for a reporting rule that provides timely notice to the Board so it can review serious pending matters on a case-by-case basis, with due process and appropriate safeguards, and determine whether no action, further inquiry, monitoring, interim protections, or other appropriate action is warranted. **Reporting is not discipline. Reporting is notice.**

My full written comment also addresses the development history of the proposed reporting language. Earlier Board discussions and staff materials appear to have involved broader concepts, including arrests, charges, convictions, civil actions, criminal conduct, other conduct, substance-use-related impairment, public protection, and reporting requirements. By March 6, 2026, however, the staff report and discussion presented adjudicated-only reporting as an already-existing Board preference. I have not located a public meeting record showing where or how that preference was discussed, explained, adopted, or otherwise selected.

I also ask the Board to clarify the treatment of proposed subsection 1(C), which concerned "habitual or excessive use of alcohol or controlled substances." The October 2025 discussion appears to have identified substance-use-related impairment, DUI-related conduct, assessment authority, remediation, and public protection as significant reasons for considering regulatory change. At the March 6, 2026 meeting, proposed subsection 1(C) was struck before the draft advanced to workshop. I understand the concerns raised about the terms "habitual" and "excessive," and I am not asking the Board to adopt vague or overbroad language. My request is that the public rulemaking record clearly explain whether the Board intended to remove the substance-use-impairment concern entirely, address it through another remaining provision, revise it with clearer language, reserve it for future rulemaking, or rely on existing authority.

This issue matters because patient harm and professional impairment are not always confined to the formal therapy hour. A licensee's impaired judgment, substance-use-related conduct, or inappropriate communication with a client outside a scheduled session may still arise from, affect, or undermine the professional relationship, even if it does not occur during the session itself. A regulation addressing impairment-related concerns can be protective and remedial, not merely punitive.

My full written comment also addresses written public comment and supporting materials. My December 12, 2025 and January 23, 2026 written public comments were included in meeting packets, but they were not clearly attached to, linked in, summarized in, or identified with the corresponding approved minutes. The December 12, 2025 approved minutes state that there was "no public comment," even though my written public comment and reference list were included in the pre-meeting packet. I request that the Board make the connection clear in the public record and R089-26I rulemaking record so future reviewers can locate the written comments without reconstructing the history from separate packets, minutes, staff reports, recordings, and correspondence.

The full comment also addresses the Board-provided "Survey of Nevada Licensing Boards - Criminal and/or Other Conduct Not Related to the Profession as a Basis for Disciplinary Action and Reporting Requirements," which was provided to me by Board staff as a courtesy on May 21, 2026. That survey appears relevant because it identifies multiple Nevada licensing boards that require reporting of criminal charges or other non-final criminal matters, and appears to identify the Board of Psychological Examiners as "No" for criminal and/or other conduct not related to the profession as a basis for discipline. I request that the survey and any related comparative materials used,

reviewed, summarized, or relied on in developing R089-26I be included or clearly identified in the public rulemaking record.

Before final action, I respectfully request that the Board either revise R089-26I to require earlier reporting of at least serious pending criminal charges and relevant filed civil actions, or explain on the record why it rejects that approach despite comparable Nevada behavioral-health and healthcare reporting models. I also request that the Board clarify how it intends to address the substance-use-related impairment concern discussed at length during development of the proposed regulation, and how written public comments and supporting materials will be preserved and identified in the public record.

I also request that the Board follow through on its April 23, 2026 statement that my April 17, 2026 written public comment "will be included as an attachment to the April 17, 2026 meeting minutes once the minutes are finalized and approved by the Board." I further request that the December 12, 2025, January 23, 2026, April 17, 2026, and current July 10, 2026 written public comments, including this brief summary, be attached to, linked in, incorporated by reference in, or otherwise clearly identified in the R089-26I public record and rulemaking record.

Thank you for your time and consideration.

Respectfully submitted,

/s/ Rebecca Savio
Rebecca Savio
Public comment contact: pinnaclelegalresearch@gmail.com

ADDENDUM TO WRITTEN PUBLIC COMMENT REGARDING LCB FILE NO. R088-26P

Behavioral Health and Wellness Practitioners

Submitted for the August 21, 2026 Regulation Hearing

Rebecca Savio
Nevada Citizen and Public-Interest Researcher
Supplement to Written Public Comment Submitted August 17, 2026 to NBOPE
August 20, 2026

Purpose of This Addendum

Members of the Board:

Thank you for the opportunity to supplement my August 17, 2026 written public comment regarding LCB File No. R088-26P.

I continue to support the purpose of Senate Bill 165 and the responsible development of Nevada's Behavioral Health and Wellness Practitioner profession. I support expanding access to appropriately trained and supervised behavioral-health promotion, prevention, and early-intervention services. **At this time, however, I respectfully ask the Board to defer final adoption of R088-26P in its current form for further consideration of the public safety, procedural, competency, supervision, and educational issues identified in this addendum and my August 17, 2026 written comment, including whether the public has sufficient access to the records and materials associated with the Advisory Group's regulatory-development work and whether the available regulatory record is sufficiently complete for informed review.**

I am not submitting this addendum as a subject-matter expert in behavioral-health workforce regulation, nor am I a psychologist. I submit it as a Nevada member of the public and public-interest researcher who believes that meaningful public participation depends, in part, upon the public's ability to identify and review records and materials relevant to important regulatory decisions. Access to that information allows interested persons to better understand the development of a proposal, verify relevant facts, and provide more informed data, views, and arguments during the rulemaking process.

That concern is particularly relevant here because Oregon is simultaneously developing a closely analogous Licensed Behavioral Health and Wellness Practitioner profession and has provided public access to its Rules Advisory Committee (RAC) meetings, including meeting videos and transcripts. That open and transparent access has allowed me to review portions of Oregon's regulatory-development discussions directly and to better understand the reasoning behind several important policy choices. I have

attempted to conduct a comparable review of Nevada's process, but I have not been able to identify an equivalent public record of the substance of the Nevada Advisory Group's separately held meetings.

Accordingly, this addendum reflects my effort to review the Nevada regulatory-development record that is publicly available, compare relevant portions of Nevada's proposed framework with Oregon's developing process, verify the sources upon which I rely, and identify questions that appear important to public protection, transparent rulemaking, and effective public participation.

This addendum is necessary in substantial part because of timing. I submitted my original written comment in time for inclusion in the August 21 Board meeting packet. I appreciate that the Board did include that comment in the packet. At the time I submitted it, however, Oregon's August 17, 2026 LBHWP Rules Advisory Committee meeting had not yet occurred. My original comment expressly contemplated supplementation if later information materially affected the analysis. The August 21 packet confirms that my original comment is part of the R088 hearing materials.

I therefore needed to wait for Oregon's August 17 meeting before completing this supplemental analysis. Oregon was the jurisdiction in which I was able to review the closely analogous LBHWP advisory group's actual regulatory-development discussions. Oregon publicly identifies its Rules Advisory Committee meetings and makes those discussions available through the Mental Health Regulatory Agency's public video archive. The August 17 afternoon meeting, which I attended and observed by way of Zoom, contained helpful discussion directly relevant to Nevada's proposed competency and supervision provisions.

By contrast, despite Nevada records requests beginning July 20, increasingly specific follow-up requests, repeated review of the Board's public materials, requests for assistance locating responsive records, and my offer to inspect responsive records at the Board office in person, I have not been able to identify a comparable substantive meeting record for the Nevada SB165 Advisory Group's own separately held meetings.

The purpose of this addendum is therefore twofold: first, to place into Nevada's rulemaking record relevant information that became available through Oregon's August 17 public RAC meeting after my original comment had been submitted; and second, to address a broader procedural question concerning public access to, preservation of, and future usability of the regulatory-development record associated with Nevada's Advisory Group.

This addendum supplements and does not replace, narrow, withdraw, or supersede my August 17 written comment or my outstanding public-records requests. My August 17 comment addresses continuing post-licensure criminal and fitness-event notice, renewal screening, supervisor accountability, youth safeguards, patient and parent information, complaint and privacy protections, and related public-safety matters. I incorporate those recommendations rather than repeat them here.

Priority	Issue	Requested Board Action
1	Advisory Group status and separate meeting record	Clarify Chapter 241 status and identify what record exists
2	Public access and institutional recordkeeping	Ensure the development record can be located and understood
3	Alternative competency pathway	Establish objective, predetermined standards
4	Pre-licensure supervision	Consider guaranteed one-on-one supervision
5	Education and accreditation	Further examine instructional depth and accreditation safeguards

1. The Board Record Refers to Separately Held Advisory Group Meetings

The Board's regular public meetings contain meaningful discussion of R088-26P and updates concerning the Advisory Group's work. I have reviewed and relied upon those materials. My concern is narrower.

The regular Board record refers to **meetings of the SB165 Behavioral Health and Wellness Practitioner Advisory Group held separately from the regular Board meetings**.

Earlier Board materials identify the Advisory Group's first meeting as occurring on December 3, 2025, an all-day meeting scheduled for January 30, 2026, and another meeting scheduled for March 27, 2026. The January materials also state that the Advisory Group would work on the SB165 regulations and forward materials to the Board after its January meeting.

At the April 17 Board workshop, Dr. Michelle Paul subsequently explained that the Advisory Group had **"met twice"** since the March workshop to incorporate and address the public comment received. Dr. Paul then publicly reviewed with the Board the revisions resulting from that work.

The distinction is important. The regular Board record provides useful **Board-level summaries, discussion, successive regulatory drafts, and descriptions of Advisory Group work**. I do not suggest otherwise.

What I have not been able to identify is a separately discernible record of the **substance of the Advisory Group's own separately held meetings**, for example, the Group's agendas, minutes, audio-recording information, transcripts, substantive notes, attendance records, or equivalent documentation showing what occurred during those meetings.

Such a record, if it exists, could provide information different from a later Board-level summary: what alternatives were considered, what concerns members raised, what information was relied upon, how public comments were evaluated, and why particular revisions were accepted or declined.

It is that separate Advisory Group meeting record that I have been attempting to identify and review. By comparison, Oregon's meeting recordings and transcripts were readily accessible for public review.

2. The August 21 Packet Confirms the Advisory Group's Substantial and Continuing Role

I have now reviewed the August 21, 2026 meeting packet.

The packet's R088 staff report states that the Board established a four-member Advisory Group and included within the Group's charge **drafting the regulations for BHWPs and the practice of BHPP**. It further states that the Advisory Group met and drafted proposed regulations for the March 6 and April 17 workshops.

The current legislative and regulation status materials also state:

> "The BHWP Advisory Group continues to meet and work toward satisfying the Board's charge as it relates to the SB165 requirements."

Accordingly, the access and recordkeeping question is not solely historical. The August 21 materials indicate that the Advisory Group's work is continuing.

Tomorrow's agenda separately includes **Item 11, "Discussion and Possible Action on Updates Regarding the Work of the 2025 SB165 Behavioral Health and Wellness Practitioner Advisory Group."**

I appreciate that the packet contains substantial Board-level material concerning R088 and that my August 17 public comment has been included. After reviewing the complete packet, however, **I did not identify a separately labeled supporting report or attachment for Item 11, nor did I locate a reference identifying where audio recordings or transcripts of the Advisory Group's separately held meetings may be accessed.**

I do not infer from that observation that such records do not exist or that Board members have not received other information through an appropriate channel. I simply have not been able to identify that material in the public record available to me.

Because the August 21 materials state that the Advisory Group continues to meet, I respectfully believe clarification now would assist not only in understanding the historical development of R088-26P, but also in establishing a clear public-access and recordkeeping framework for the Group's continuing work.

I have attempted in good faith to determine what meeting-record requirements, if any, apply to the Advisory Group. I would welcome clarification regardless of the answer.

The continuing absence of a clear answer leaves unresolved a practical question concerning whether interested members of the public can identify and review the regulatory-development record relevant to evaluating the proposal and participate as fully and effectively as reasonably possible.

3. My Records-Request History Illustrates a Broader Procedural Question

I include my own request history because it provides a practical example of what an interested member of the public may encounter when attempting to reconstruct the Advisory Group's regulatory-development process. **My principal concern is not that I personally did not receive a particular record. It is whether the Board's procedures provide a sufficiently clear, accessible, and durable regulatory-development record for the public and for future institutional review.**

I first requested R088-26P and related hearing and regulatory-development materials on **July 20, 2026**. When I could not identify the Advisory Group's separate meeting record in the publicly posted materials, I submitted a detailed public-records request on August 5 and additional requests or clarifications on August 11, August 12, August 18 and August 20. My August 17 public comment documents part of that history and the specific categories requested.

My August 12 request specifically sought the dates of Advisory Group meetings or work sessions and available notices or agendas, minutes or notes, recordings or transcripts, attendance information, supporting materials, drafts, redlines, recommendations, and other work product. I also requested any existing nonprivileged record reflecting whether the Board considers the Advisory Group a public body subject to NRS Chapter 241.

I also offered to come to the Board office to inspect responsive records in person if that would assist.

The Board's responses have stated that the records 'currently available' regarding the regulation are available on the Board Meetings webpage. I have repeatedly reviewed that page, the 2025 and 2026 meeting materials, and now the August 21 packet.

I recognize that **it is possible I have overlooked responsive material**. That possibility is one reason I have repeatedly requested clarification and assistance rather than concluding that records do not exist. I also recognize that Board staff and counsel may have information or legal considerations that are not apparent from the public materials available to me, and I welcome clarification where my understanding is incomplete.

As of this submission, however, I have not been provided a specific location for the substantive record of the Advisory Group's separately held meetings, confirmation that no such records exist, or a direct answer concerning the Advisory Group's Chapter 241 status. I also did not receive a response to my offer to inspect responsive records at the Board office before preparing this addendum.

Any of those answers would be useful.

If no separate audio recordings, transcripts, substantive minutes, or comparable records exist, confirmation would clarify the record. If the Board's position is that the Advisory Group is not a public body subject to Chapter 241, identifying that position and, to the extent appropriate, its basis would likewise clarify the process. If responsive records exist and are publicly accessible, identifying their specific location would resolve much of the access question.

I therefore do not present the present uncertainty as proof of noncompliance. I present it as a procedural and practical recordkeeping question that warrants clarification.

4. The Concern Extends Beyond One Commenter

This issue extends beyond my ability to prepare this particular public comment.

NRS 233B.061 provides interested persons a **"reasonable opportunity to submit data, views or arguments"** concerning a proposed regulation.

I do not contend that NRS 233B.061 independently requires disclosure of every developmental document, nor do I ask the Board in this comment to make a legal finding that a violation has occurred.

The narrower concern is practical:

How can interested members of the public make full use of a "reasonable opportunity" to contribute data, views, or arguments if a material portion of regulatory development occurred in separately held Advisory Group meetings but the public cannot readily determine what substantive record exists of those meetings or where that record may be reviewed?

The regular Board record tells the public that the Advisory Group met, developed and revised regulatory language, considered public comment, and continued its work. What I have not been able to identify is a record of the substance of those separate Advisory Group discussions themselves.

That distinction matters beyond a current commenter.

A sufficiently preserved and accessible regulatory-development record may assist **current Board members** in independently evaluating recommendations; **future Board members** who may later interpret or amend provisions developed before their service; **the Legislative Counsel Bureau and other governmental reviewers** evaluating the regulatory framework; and **future policymakers, oversight officials, researchers, affected stakeholders, and members of the public** attempting to understand how and why particular regulatory choices were made.

This is therefore not solely a public-records issue. It also presents a **practical institutional-memory and recordkeeping concern.**

A useful regulatory history allows a later reviewer to determine whether a provision was deliberately selected after consideration of competing alternatives, what concerns were addressed, and why a

particular approach was chosen. A sufficiently preserved record may also be useful to other jurisdictions evaluating similar regulatory frameworks in the future.

If the Advisory Group's substantive meeting record exists, identifying where it is maintained would substantially address this concern.

If no such record exists, confirmation of that fact would itself improve the intelligibility of the record.

5. The Advisory Group's Status Under NRS Chapter 241 Warrants Clarification

NRS 241.015 includes within the definition of a public body, under specified circumstances, a subcommittee or working group of at least two persons appointed by a public body, including where the group is authorized to make a recommendation to the appointing public body for action.

The August 21 staff report confirms that the Board established the four-member Advisory Group and expressly included **drafting the BHWP regulations** within its charge.

I do **not** offer a legal conclusion that the Advisory Group is therefore a public body under Chapter 241. That determination may depend upon facts or legal considerations not available to me.

I respectfully ask a question and request clarification on the record:

> **Does the Nevada Board of Psychological Examiners consider the SB165 Behavioral Health and Wellness Practitioner Advisory Group a public body subject to NRS Chapter 241?**

If yes, I respectfully request identification of the applicable meeting notices, agendas, minutes, audio-recording or transcript information, attendance records, supporting materials, and recommendations, to the extent maintained and available under applicable law.

If no, I respectfully request that the Board identify the basis for that determination to the extent appropriate.

If no separate audio recordings, transcripts, minutes, or substantive meeting records exist, I respectfully request confirmation of that fact.

If the Advisory Group is determined to be a Chapter 241 public body, it is my understanding that NRS 241.035 contains requirements concerning written minutes and meeting audio recordings or transcripts, subject to the statute's terms and exceptions.

Again, my purpose is not to prejudge that legal question. **Clarifying the Group's status and the applicable recordkeeping framework would itself strengthen the public regulatory record.**

Because the August 21 packet states that the Advisory Group **continues to meet**, I respectfully suggest that this clarification would be useful prospectively as well as historically.

6. Oregon Demonstrates the Practical Value of an Accessible Advisory-Group Record

Oregon provides a useful contemporary comparison because it is developing the same-named Licensed Behavioral Health and Wellness Practitioner profession under its own separate statute and regulatory process.

Nevada and Oregon are not legally interchangeable, and I do not suggest that Nevada is required to duplicate Oregon's procedures.

Oregon is nevertheless particularly useful here because its Rules Advisory Committee expressly considered Nevada's developing framework and because the public can review the Oregon advisory-group discussions themselves. A complete development record may also help future reviewers understand what comparative models, if any, were considered during Nevada's regulatory development.

Oregon publicly identifies its LBHWP Rules Advisory Committee meetings and makes the recordings available through the Oregon Mental Health Regulatory Agency's public meeting archive:

Oregon Mental Health Regulatory Agency – Public Meeting Videos
https://www.youtube.com/@Oregon-MHRA

I include this address so Board members, members of the public, LCB personnel, and other interested persons can independently review the same source material and reach their own conclusions.

I reviewed and analyzed Oregon RAC recordings and/or transcripts from **June 15, July 7, July 27, and August 17, 2026**. My August 17 Nevada comment already documented my review of the June and July discussions and the issues examined.

I also communicated directly in writing with **LaReé Stashek, Policy Advisor for the Oregon Mental Health Regulatory Agency**, concerning several regulatory and implementation questions. Ms. Stashek provided clarifying information and a current Oregon LBHWP draft as a courtesy. She has expressly authorized me to attribute the regulatory information and quotations used in this addendum.

The significance of Oregon for present purposes is procedural.

Because Oregon's committee discussions are publicly accessible, an interested person can evaluate both the proposed regulatory language and portions of the reasoning that produced it. Members of the public can independently listen to discussions, identify alternatives, understand where Oregon considered Nevada's approach, and assess whether a commenter has fairly characterized the proceedings.

That is an important feature of a transparent regulatory-development record: the public need not rely solely upon one person's summary because the underlying discussion remains available for independent review.

I have not been able to perform an equivalent analysis of Nevada's separately held Advisory Group meetings.

That difference does not establish that Nevada acted improperly. It illustrates the practical value of identifying and preserving the substantive record of a group performing significant regulatory-development work.

7. Oregon's Public Process Identified a Material Competency Difference

Nevada law expressly permits the Board to establish an alternative method of demonstrating competency when the national examination does not exist or is not being administered. My concern therefore is not whether Nevada possesses authority to establish an alternative pathway.

The question is whether the pathway described in R088-26P is sufficiently predetermined, objective, and consistent before it is used to license applicants.

Section 11 permits the Board, when the national examination is unavailable, to evaluate competency through methods that may include practicum performance, a competency portfolio, a structured oral examination, or supervisor attestation concerning competence, ethical conduct, and fitness. The August 21 packet confirms those alternatives in the current LCB draft.

Those methods may each provide useful evidence. **They are not necessarily equivalent assessment instruments.**

This issue arose in Nevada's own public process. During the March workshop, questions were raised regarding the absence of a national examination, who would develop an examination, and how validity and reliability would be ensured.

The matter then returned to the Advisory Group, which subsequently met and returned revised language. The separate Advisory Group discussion explaining how those concerns were analyzed is precisely the type of development record I have been attempting to locate.

During Oregon's publicly accessible August 17 RAC meeting, Ms. Stashek addressed Nevada's fallback approach and stated, in discussing the absence of a national test:

> "if there is no test in place, then we go through this sort of arbitrary process to approve somebody without an exam, which I do not recommend for Oregon administrative rulemaking."

I characterize that statement carefully. **The term "arbitrary" is Ms. Stashek's characterization during the Oregon regulatory discussion; it is not my legal characterization of Nevada's proposed regulation.** I understand her statement to mean that she did not recommend Nevada's alternative competency approach for Oregon administrative rulemaking. I do not present her statement as a formal determination of the Oregon Board of Psychology, and Oregon's statutory framework does not control Nevada.

The important policy question is:

How will applicants be evaluated consistently and defensibly when the national competency examination is unavailable?

Oregon's current developing draft answers that question differently. It requires standard applicants to pass an approved competency examination and identifies the national Ballmer Institute examination, or its successor. I did not identify a counterpart to Nevada's portfolio, oral-examination, or supervisor-attestation fallback in the Oregon draft.

Had Nevada's Advisory Group substantive meeting record been available, it could have explained **why Nevada selected its alternative pathway, what alternatives were considered, and what criteria the Group believed would adequately address validity, reliability, and consistency concerns.**

I respectfully recommend that, before such an alternative pathway is used, the Board establish predetermined competency domains, evaluator qualifications, required assessment methods, documentation standards, minimum performance criteria, and mechanisms designed to promote consistency among applicants.

8. Oregon Also Added Guaranteed One-on-One Practicum Supervision

Nevada and Oregon each contain different strengths. Nevada has post-licensure supervision provisions. My narrower concern involves the **700-hour pre-licensure practicum**.

Both developing frameworks use 700 hours of supervised practice and at least 175 hours of direct client contact. Nevada requires at least one hour of direct supervision for every 20 practicum hours and limits such supervision to no more than three students at once.

Oregon's developing framework additionally requires that at least **25 percent of required practicum supervision be individual, one-on-one supervision**.

During Oregon's August 17 RAC discussion, that requirement was described as **"the most meaningful place that we differ from Nevada."**

Nevada need not adopt Oregon's precise percentage. I respectfully ask the Board to consider the underlying policy question:

Should every Nevada BHWP trainee be assured some minimum amount of individualized supervisory attention before licensure?

Individual supervision provides protected time to evaluate professional judgment, ethical reasoning, competency deficiencies, boundary concerns, remediation needs, and readiness for the responsibilities of the BHWP role in order to serve vulnerable populations.

9. Education and Accreditation Deserve Further Examination

Oregon's current developing draft also uses a more prescriptive educational framework, including quantified substantive behavioral-health coursework and specified minimum study within important competency areas.

Nevada's proposed Section 10 contains program-structure, competency, direct-observation, and practicum safeguards. It also permits the Board to recognize a nationally recognized organization that accredits behavioral-health-promotion-and-prevention educational programs, with completion of such an accredited program constituting prima facie evidence of satisfaction of Section 10.

I do not suggest that national program accreditation is inherently inadequate. My narrower question is **what substantive quality-assurance criteria Nevada will apply before relying upon such an accreditation pathway.**

As part of my comparative research, Ms. Stashek provided a December 5, 2025 public memorandum from the **Oregon Board of Licensed Professional Counselors and Therapists** as a starting point for additional accreditation research.

That memorandum concerns a different Oregon board, different professions, and separate rulemaking. I do not present it as an Oregon Board of Psychology LBHWP determination.

Ms. Stashek expressly permitted me to draw relevant research issues from that memorandum.

The memorandum raises broader questions concerning changes in the federal accreditation landscape, accreditor recognition, competency-based and experiential education, movement among accreditors, and the distinction between federal recognition of an accreditor and a licensing board's independent determination that education is sufficient for professional licensure.

I respectfully suggest that Nevada independently examine the substantive educational standards of any proposed accreditor; instructional depth; faculty qualifications; supervised experience and competency assessment; treatment of experiential or competency-based learning; monitoring and enforcement mechanisms; consequences of material changes or loss of accreditation; and how the public will identify the accreditors and programs recognized by the Board.

The central question should not merely be whether an accrediting organization is nationally recognized. It should be whether its standards provide reliable assurance that future Nevada BHWP graduates have received the education, supervised training, and competency preparation Nevada considers necessary for safe practice.

Further Reading on Accreditation

With Ms. Stashek's permission, I identify the following materials referenced in the Oregon memorandum as resources for further research. I provide them for review and do not represent that Nevada should adopt any particular author's conclusions:

Walter Hudson, "Department of Education Relaxes Accreditation Change Rules, Raising Quality Concerns," *The EDU Ledger*, May 1, 2025; **U.S. Department of Education**, "Distance Education and

Innovation," *Federal Register*, April 2, 2020; **Daniel Kees**, "Changing Credentials in College Accreditation," *The Regulatory Review*, February 25, 2020; and **Paul Fain**, "New Rules on Accreditation and State Authorization," *Inside Higher Ed*, October 31, 2019.

10. My August 17 Public-Safety Recommendations Remain in Effect

My August 17 written comment addresses in detail continuing post-licensure criminal and fitness-event notice, renewal screening, supervisor accountability, youth safeguards, patient and parent information, privacy, complaint procedures, and related public-protection measures. That comment is now included in the August 21 packet.

I do not repeat that analysis here.

I preserve one implementation question:

If R088-26P proceeds before R089-26P, what continuing-notice mechanism will apply to BHWPs and approved supervisors during that interval, and is R089 ultimately intended to apply to BHWPs?

The August 21 status materials confirm that R089 has an LCB draft but that its regulation hearing has not yet been scheduled, while R088 is proceeding to hearing on August 21.

If an existing statute, regulation, renewal process, supervisor or employer duty, background-notification mechanism, or other system resolves that question, identifying it on the record would substantially address the concern.

Conclusion

I support Nevada's creation of the Behavioral Health and Wellness Practitioner profession and the goal of expanding access to behavioral-health promotion, prevention, and early-intervention services.

I respectfully ask the Board to consider deferring final adoption of R088-26P in its current form because several important issues warrant further review, particularly the Advisory Group regulatory-development record, objective standards governing the alternative competency pathway, individualized pre-licensure supervision, educational and accreditation safeguards and the criminal reporting and other issues raised in my August 17 public comment.

My request is not that the Board abandon SB165 or unnecessarily delay workforce development. It is that Nevada establish a regulatory framework, and preserve a regulatory-development record, that is sufficiently **transparent, objective, durable, and protective before implementation.**

The regular Board record contains meaningful public discussion, regulatory drafts, and summaries of the Advisory Group's work. The August 21 packet further confirms that drafting the BHWP regulations was part of the Group's charge and that the Group **continues to meet and work** toward satisfying that charge.

At the same time, after requests beginning July 20, subsequent detailed requests, repeated review of the Board's public materials, requests for assistance locating responsive records, and an offer to inspect responsive records at the Board office, I have not been able to identify the substantive meeting record for the Advisory Group's separately held meetings or a reference directing the public to audio recordings or transcripts of those meetings.

I recognize that I may have overlooked material. For that reason, I have sought clarification rather than assuming that the records do not exist or that the Board failed to satisfy a legal requirement.

The question nevertheless has broader significance.

The public should be able to determine what record exists of a body performing substantial regulatory-development work and where that record may be reviewed. Current Board members should have an adequate basis for independently evaluating recommendations. Future Board members should be able to understand why provisions were developed. LCB, future policymakers, and oversight officials should be able to reconstruct the regulatory history without relying solely on institutional memory or later summaries.

This is therefore a matter of **public access, informed participation, practical recordkeeping, and institutional continuity.**

For the public, it also bears upon the practical value of the "reasonable opportunity" to submit data, views, and arguments contemplated by NRS 233B.061. The issue is not whether a person is technically permitted to submit a written statement. It is whether an interested person who chooses to analyze the development of a proposed regulation can reasonably determine what underlying governmental record exists and how to review it.

By the final hours before the R088 written-comment deadline, the opportunity to obtain, analyze, and meaningfully incorporate any unidentified Nevada Advisory Group meeting record into this particular submission had effectively passed. I include that experience as a practical illustration, **not as the sole or primary concern**.

Oregon provides a useful procedural comparison. Because its LBHWP RAC meetings are publicly accessible, I was able to review multiple meeting discussions, compare them with developing regulatory language, identify important differences, and seek focused clarification from agency staff. Other members of the public can independently review those same underlying discussions.

The value of that transparency is not that every member of the public will review every meeting. It is that the underlying regulatory-development record is available to those who need or choose to examine it.

I therefore respectfully ask the Board to clarify on the record:

whether the SB165 Behavioral Health and Wellness Practitioner Advisory Group is considered a public body subject to NRS Chapter 241; where the substantive record of its separately held

meetings may be reviewed if such a record exists; what procedures govern access to and preservation of the Group's continuing work; or, if no such meeting record exists, that fact.

Providing that clarification would improve the present rulemaking record and preserve a clearer institutional record for future public, Board, legislative, and oversight review.

Finally, this profession is intended to serve people who may include **children, families, and individuals experiencing behavioral-health needs.**

We owe it to Nevada's children and vulnerable populations to ensure that this new profession is built on a sound foundation, with meaningful competency standards, effective supervision, appropriate educational requirements, transparent regulatory development, and public-protection safeguards established before preventable problems arise rather than after them.

Expanding access and protecting the public are not competing goals. A carefully constructed regulatory framework can and should accomplish both.

I therefore respectfully ask the Board to defer final adoption of R088-26P in its current form until these questions can be adequately examined and, where appropriate, addressed through further revision or clarification. If R088-26P is adopted, my prior request pursuant to **NRS 233B.064** remains in effect. I respectfully request the concise statement provided for under that statute concerning the principal reasons for and against adoption and the reasons for overruling considerations urged against adoption.

Record-Inclusion Request

I respectfully request that **this August 20, 2026 addendum and my August 17, 2026 written public comment be considered together and preserved as part of the complete record concerning LCB File No. R088-26P**, including the August 21, 2026 regulation-hearing record, the Board's meeting record and minutes, the rulemaking record, and any informational statement or other rulemaking materials prepared or transmitted in connection with the regulation. I further respectfully request that both submissions be attached to, linked in, incorporated by reference into, or otherwise clearly identified in the minutes and regulatory record so that the Board, Legislative Counsel Bureau, Legislative Commission, future Board members, interested members of the public, and other reviewers can readily locate and consider them as part of the regulatory history of R088-26P.

Thank you for your consideration.

Respectfully submitted,

Rebecca Savio
Nevada Citizen and Public-Interest Researcher
Public Comment Email: pinnaclelegalresearch@gmail.com
August 20, 2026

Official Sources and Public Records Reviewed

Nevada: Nevada Revised Statutes, Chapters 233B, 241, and 641; Senate Bill 165 (2025), Chapter 379, Statutes of Nevada 2025; LCB File No. R088-26P, Proposed Regulation of the Nevada Board of Psychological Examiners, July 6, 2026; LCB File Nos. R089-26I and R089-26P; Nevada Board of Psychological Examiners public agendas, meeting packets, minutes, transcripts, workshop materials, and August 21, 2026 regulation-hearing materials.

August 21, 2026 Meeting Packet: Nevada Board of Psychological Examiners, 145-page meeting packet for the August 21, 2026 meeting and R088-26P regulation hearing, including the hearing notice, R088 staff report, proposed regulation, public comments, July 10 meeting minutes submitted for approval, legislative/regulatory status materials, and other supporting materials. The public meeting itself is scheduled for August 21, 2026 at 8:00 a.m.

Oregon: Oregon Senate Bill 1547 (2026); Oregon Board of Psychology/Mental Health Regulatory Agency, *LBHWP Rules, Combined Final Draft*, Chapter 858, Division 60; Oregon SB1547 Rules Advisory Committee public meetings and recordings, including June 15, July 7, July 27, and August 17, 2026; relevant comparative Oregon supervision rules; and August 2026 written communications with LaReé Stashek, Policy Advisor, Oregon Mental Health Regulatory Agency. Ms. Stashek expressly authorized attribution of the regulatory information and quotations used in this addendum.

Oregon Mental Health Regulatory Agency Public Meeting Video Archive:
https://www.youtube.com/@Oregon-MHRA

Oregon Public Meeting Passages Relied Upon: Oregon SB1547 Rules Advisory Committee, August 17, 2026, discussion concerning Nevada's alternative competency pathway, approximately **30:55–31:22**, and discussion concerning individual supervision and comparison with Nevada, approximately **4:57–8:27**. These are source references, not separate exhibits.

Accreditation Background: Oregon Board of Licensed Professional Counselors and Therapists, *Rulemaking Agenda Item, Unaccredited Program Requirements*, December 5, 2025. Reviewed solely as comparative accreditation background and a research starting point suggested by Ms. Stashek. It concerns a separate Oregon board, professions, and rulemaking and is not presented as an Oregon Board of Psychology LBHWP determination. Consistent with Ms. Stashek's recommendation, the memorandum is not attached in its entirety.

Further Reading on Accreditation, as suggested within the memo provided by Policy Advisor Ms. Stashek: Walter Hudson, "Department of Education Relaxes Accreditation Change Rules, Raising Quality Concerns," *The EDU Ledger*, May 1, 2025; U.S. Department of Education, "Distance Education and Innovation," *Federal Register*, April 2, 2020; Daniel Kees, "Changing Credentials in College Accreditation," *The Regulatory Review*, February 25, 2020; Paul Fain, "New Rules on Accreditation and State Authorization," *Inside Higher Ed*, October 31, 2019.

Nevada Board of Psychological Examiners
Board Meeting Staff Report

DATE: August 21, 2026

ITEM:

5A - (For Possible Action) Discussion and Possible Action to Approve the Budget for Fiscal Year 2027.

SUMMARY:

The proposed budget for FY2027 that is before the Board for approval provides for:

- the deferred income that the Board has already received and that has been distributed to the last 2025-26 biennium quarter that is the first half of FY2027, and
- projected revenue (both deferred and regular revenue) and expenses based upon data from FY2026.

Included in the budget is the deficit from FY26 that was carried over and resulted from a number of unexpected events, including large and unexpected fee increases by state agencies that provide services to the Board. Due to the Board's operating costs increasing higher and faster than the Board's growth or current fee structure can absorb, and unless the Board's growth surges and/or FY27's fiscal performance is better than expected, the proposed FY27 budget shows a deficit that is more than the deficit brought over from FY26.

NV State Board of Psychological Examiners
Budget - Fiscal Year 2027

		FY27 Budgeted Amount	FY27 Actual (1st half)	% actual to budget
INCOME				
Surplus / Deficit (from prior fiscal year)		-17,400.00	-8,700.00	
Deferred Revenue				
2600	4th 2025-26 biennium quarter and Renewals - 7/1/26 and 1/1/27	**230,000.00**	**104,109.00**	45.26%
2600	Late Renewals - 1Q 25-26 1Q 27-28	**19,000.00**	**9,485.00**	49.92%
40201 40281-3 40203	New Licensure, Registrations, Reinstatements	**35,000.00**	**19,268.00**	55.05%
Total Deferred Income		**284,000.00**	**132,862.00**	46.78%
	Deferred PP fees	4000.00		0.00%
	Total NET Deferred Income	**280,000.00**	**132,862.00**	47.45%

Regular Revenue	25-26 Biennium Q4 New Licensure and Registrations			
	Applications			
40100	Psychologist Application	20,000.00		0.00%
40101	PA Application	4,000.00		0.00%
40102	Intern Application	1,800.00		0.00%
40103	Trainee Application	3,000.00		0.00%
4010	Reinstatement/Reactivation	100.00		0.00%
4015	Psychologist State Exam	15,000.00		0.00%
4030	Non-Resident Consultant	200.00		0.00%
4040	CE App Fee	1,200.00		0.00%
	Other			
4025/4050	Late and License Restoration Fees	10,000.00		0.00%
40251/40252	New and Duplicate License	1,800.00		0.00%
4045	Verification of Licensure	425.00		0.00%
4075/4078	Cost/Fines Recovered (Disciplinary)	5,000.00		0.00%
4999	Interest, Misc	18.50		0.00%
Total Regular Revenue		**62,543.50**	**0.00**	0.00%
Total Revenue		**$325,143.50**	**$124,162.00**	**38.19%**

Payroll Expenses		**FY25 Budgeted Amount**	**FY25 Actual**	**% actual to budget**
5100	Board Salary/Per Diem	4,500.00		0.00%
2700	Executive Director (net)	56,000.00		0.00%
2700	Board Staff (Flex/full time) (net)	57,000.00		0.00%

2700	Staff Salary (Part-Time)	0.00		#DIV/0!
9110	Staff Benefits	32,000.00		0.00%
2700	Investigator/Consultant Salary	23,500.00		0.00%
5250	Workers Compensation	3,600.00		0.00%
2108/5300	PERS	57,000.00		0.00%
2100	Federal Payroll Taxes	24,000.00		0.00%
9100	Other Payroll Expenses	1,000.00		0.00%
	Total Payroll	**258,600.00**	**0.00**	**0.00%**

Operating Expenses		**FY25 Budgeted Amount**	**FY25 Actual**	**% actual to budget**
6100	Out of State	1,500.00		0.00%
6200	In-State Travel	0.00		#DIV/0!
7015	Office Supplies/furniture	400.00		0.00%
	Office expenses:			
7040	- Print-Copy	50.00		0.00%
7050	- Rent	20,000.00		0.00%
7100	- Postage	750.00		0.00%
7210	- DoIt Web SV	1,650.00		0.00%
7290/72902 7200	- Telephone/Internet & Utilities	1,400.00		0.00%
7500	- Copy Lease	1,250.00		0.00%
7020	- Water/Misc Expenses	1,500.00		0.00%
7770/7777	Software & Database	5,000.00		0.00%
8000/8010	Legal & Professional Fees	30,000.00		0.00%
8015	Tort Claim	1,510.00		0.00%
8050/8055	Professional Services (Auditor, Bookkeeper)	20,000.00		0.00%

8250	Dues & Reg (ASPPB, PsyPact)	6,000.00		#VALUE!
8520	Admin Services (LCB)	500.00		0.00%
9001/9002	Banking Fees	40.00		0.00%
	PayPal Fees (against regular revenue)	1,500.00		0.00%
90100	Miscellaneous Expense	0.00		
	Uncategorized Expense	0.00		
	Total Expenses	**$93,050.00**	**$0.00**	**0.00%**
Total Expenses + Payroll		**$351,650.00**	**$0.00**	**0.00%**
Total Income + Cash		**$ 325,143.50**	**$124,162.00**	**38.19%**
Final Balance		**-$26,506.50**	**$124,162.00**	

Nevada Board of Psychological Examiners
Board Meeting Staff Report

DATE: August 21, 2026

ITEM:

5B - (For Possible Action) Discussion and Possible Action to Approve the Final Treasurer's Report for Fiscal Year 2027 (July 1, 2026, through June 30, 2027).

SUMMARY:

As of July 31, 2026, the Board had a combined total of about $182,000 in checking and savings. With July being the first month of FY2027, it is too early to fully assess the Board's financial performance for this fiscal year.

NV State Board of Psychological Examiners
Budget to Actual - Fiscal Year 2027

7/31/26

		FY27 Budgeted Amount	FY27 Actual (1st half)	% actual to budget
INCOME				
Surplus / Deficit (from prior fiscal year)		-17,400.00	-8,700.00	
Deferred Revenue				
2600	4th 2025-26 biennium quarter and Renewals - 7/1/26 and 1/1/27	**230,000.00**	**104,109.00**	45.26%
2600	Late Renewals - 1Q 25-26 1Q 27-28	**19,000.00**	**9,485.00**	49.92%
40201 40281-3 40203	New Licensure, Provisional Licensure, Registrations, Reactivations, Reinstatements	**35,000.00**	**19,268.00**	55.05%
Total Deferred Income		**284,000.00**	**132,862.00**	46.78%
	Deferred PP fees	4000.00		0.00%
	Total NET Deferred Income	**280,000.00**	**132,862.00**	47.45%

Regular Revenue	25-26 Biennium Q4 New Licensure and Registrations			
	Applications			
40100	Psychologist Application	20,000.00	**930.60**	4.65%
40101	PA Application	4,000.00	**467.70**	11.69%
40102	Intern Application	1,800.00		0.00%
40103	Trainee Application	3,000.00	**-155.90**	-5.20%
4010	Reinstatement/Reactivation	100.00		0.00%
4015	Psychologist State Exam	15,000.00	**1,649.00**	10.99%
4030	Non-Resident Consultant	200.00		0.00%
4040	CE App Fee	1,200.00	**31.17**	2.60%
	Other			
4025/4050	Late and License Restoration Fees	10,000.00		0.00%
40251/40252	New and Duplicate License	1,800.00		0.00%
4045	Verification of Licensure	425.00	**40.70**	9.58%
4075/4078	Cost/Fines Recovered (Disciplinary)	5,000.00		0.00%
4999	Interest, Misc	18.50	**0.89**	4.81%
Total Regular Revenue		**62,543.50**	**2,964.16**	4.74%
Total Revenue		**$325,143.50**	**$127,126.16**	**39.10%**

Payroll Expenses		**FY25 Budgeted Amount**	**FY25 Actual**	**% actual to budget**
5100	Board Salary/Per Diem	4,500.00	1,050.00	23.33%
2700	Executive Director (net)	56,000.00	3,993.41	7.13%

2700	Board Staff (Flex/full time) (net)	57,000.00	4,420.65	7.76%
2700	Staff Salary (Part-Time)	0.00		#DIV/0!
9110	Staff Benefits	32,000.00	2,236.53	6.99%
2700	Investigator/Consultant Salary	23,500.00	1,750.44	7.45%
5250	Workers Compensation	3,600.00	-123.00	-3.42%
2108/5300	PERS	57,000.00	5,072.77	8.90%
2100	Federal Payroll Taxes	24,000.00	581.47	2.42%
9100	Other Payroll Expenses	1,000.00	121.00	12.10%
	Total Payroll	**258,600.00**	**19,103.27**	**7.39%**

Operating Expenses		**FY25 Budgeted Amount**	**FY25 Actual**	**% actual to budget**
6100	Out of State	1,500.00		0.00%
6200	In-State Travel	0.00		#DIV/0!
7015	Office Supplies/furniture	400.00	79.54	19.89%
	Office expenses:			
7040	- Print-Copy	50.00		0.00%
7050	- Rent	20,000.00	1,545.00	7.73%
7100	- Postage	750.00	497.61	66.35%
7210	- DoIt Web SV	1,650.00	146.80	8.90%
7290/72902 7200	- Telephone/Internet & Utilities	1,400.00	111.04	7.93%
7500	- Copy Lease	1,250.00	243.54	19.48%
7020	- Water/Misc Expenses	1,500.00	87.85	5.86%
7770/7777	Software & Database	5,000.00	19.99	0.40%
8000/8010	Legal & Professional Fees	30,000.00	4,310.32	14.37%
8015	Tort Claim	1,510.00		0.00%

8050/8055	Professional Services (Auditor, Bookkeeper)	20,000.00	902.50	4.51%
8250	Dues & Reg (ASPPB, PsyPact)	6,000.00		#VALUE!
8520	Admin Services (LCB)	500.00		0.00%
9001/9002	Banking Fees	40.00	4.00	10.00%
	PayPal Fees (against regular revenue)	1,500.00	181.19	12.08%
90100	Miscellaneous Expense	0.00		
	Uncategorized Expense	0.00		
	Total Expenses	**$93,050.00**	**$8,129.38**	**8.74%**
Total Expenses + Payroll		**$351,650.00**	**$27,232.65**	**7.74%**
Total Income + Cash		**$ 325,143.50**	**$127,126.16**	**39.10%**
Final Balance		**-$26,506.50**	**$99,893.51**	

NV State Board of Psychological Examiners

Statement of Financial Position

As of Jul 31, 2026

	Total
Assets	
Current Assets	
Bank Accounts	
1100 Cash in Bank	76,266.44
3309 Savings	105,153.39
Total for Bank Accounts	**$181,419.83**
Accounts Receivable	
1200 Accounts Receivable	3,837.71
Total for Accounts Receivable	**$3,837.71**
Other Current Assets	
12000 Undeposited Funds	0.00
QuickBooks Tax Holding Account	647.58
Uncategorized Asset	0.00
Total for Other Current Assets	**$647.58**
Total for Current Assets	**$185,905.12**
Other Assets	
1300 Deferred outflows of resources	0.00
Total for Other Assets	**$0.00**
Total for Assets	**$185,905.12**
Liabilities and Equity	
Liabilities	
Current Liabilities	
Accounts Payable	
1106 Accounts Payable	2,551.38
Total for Accounts Payable	**$2,551.38**
Other Current Liabilities	
2100 Federal Income Withholding	11,141.30
2100 Payroll Liabilities	$4,337.10
2107 Federal Taxes (941/944)	1.15
2108 PERS	12,243.00
Health Insurance	1,597.32
Medicare	0.00
NV Unemployment Tax	0.00

NV State Board of Psychological Examiners

Statement of Financial Position

As of Jul 31, 2026

	Total
Total for 2100 Payroll Liabilities	**$18,178.57**
2101 Federal FICA Withholding	0.00
2102 Federal Medicare Withhold	0.00
2105 Employment Security	0.00
2110 Direct Deposit Liabilities	0.00
2200 Unearned Revenue	0.00
2300 Liability	0.00
2302 Accrued PTO	13,013.73
2450 Deferred inflow-pension	0.00
2455 Net pension liability	0.00
2600 Deferred Revenue	2,535.68
2700 Direct Deposit Payable	0.00
Total for Other Current Liabilities	**$44,869.28**
Total for Current Liabilities	**$47,420.66**
Total for Liabilities	**$47,420.66**
Equity	
3000 Opening Bal Equity	-60.41
3900 2550 Fund Balance	45,854.23
Net Revenue	92,690.64
Total for Equity	**$138,484.46**
Total for Liabilities and Equity	**$185,905.12**

NV State Board of Psychological Examiners

Statement of Activity
July 2026

	Total
Revenue	
4010 Psychologist Application	
40100 Psychologist Application	930.60
40101 PA Application	467.70
40103 Trainee Application	-155.90
Total for 4010 Psychologist Application	**$1,242.40**
4015 Psychologist State Exam	1,649.00
4020 Psych Biennial	$113,594.84
40201 Prorated Psych Biennial	15,656.92
40203 Reinstament of Psych	117.04
Total for 4020 Psych Biennial	**$129,368.80**
4025 Psychologist Licensing Fee	
40251 New License	175.00
Total for 4025 Psychologist Licensing Fee	**$175.00**
4028 Registration Fee	
40281 Psych Asst fee	2,714.25
40282 Psych Intern Fee	465.76
40283 Psych Trainee	314.78
Total for 4028 Registration Fee	**$3,494.79**
4040 CE App Fee	31.17
4045 Verification of Licensure	40.70
4999 Interest	0.89
Total for Revenue	**$136,002.75**
Gross Profit	**$136,002.75**
Expenditures	
307910 7210 Dolt Web SVb	146.80
5100 Board Sal	1,050.00
5175 Board Staf	
51753 Investigator Salary	3,683.00
Total for 5175 Board Staf	**$3,683.00**
5250 Workers Compensation	-123.00
5300 PERS	5,072.77
7015 Supplies	79.54
7020 Office Expense	$87.85
7050 Rent	1,545.00
Total for 7020 Office Expense	**$1,632.85**
7100 Postage	497.61
7200 Utilities	$46.95
7290 Telephone	
72902 Internet	64.09
Total for 7290 Telephone	**$64.09**
Total for 7200 Utilities	**$111.04**

NV State Board of Psychological Examiners

Statement of Activity
July 2026

	Total
7500 Copy Lease	243.54
7770 Software	19.99
8000 Legal & Professional Fees	
8010 Legal	4,310.32
Total for 8000 Legal & Professional Fees	**$4,310.32**
8050 Prof Servs	902.50
9001 Banking Fees	
9002 Bank Crgs	4.00
Total for 9001 Banking Fees	**$4.00**
9100 Payroll Expenses	$121.00
9110 Company Contributions	
Health Insurance	2,236.53
Retirement	3,567.45
Total for 9110 Company Contributions	**$5,803.98**
9130 Wages	18,993.51
Taxes	
9111 Federal Taxes (941/944)	581.47
NV Unemployment Tax	0.00
Total for Taxes	**$581.47**
Total for 9100 Payroll Expenses	**$25,499.96**
PayPal Fees	181.19
Total for Expenditures	**$43,312.11**
Net Operating Revenue	**$92,690.64**
Net Revenue	**$92,690.64**

Regulation Revisions Table

Legislative File No.	Description	Status
R088-26	SB165 Regulations (Behavioral Health and Wellness Practitioners)	The Regulation hearing for R088-26 is scheduled to take place during the August 21, 2026, Board meeting.
R089-26	Criminal conduct as a basis for discipline and related reporting requirements	The LCB has provided a draft for the Board's consideration during a regulation hearing, which has not yet been scheduled.

2025 Legislative Session

Bill No	Description	Status
SB165	Revises NRS Chapter 641 (Psychologists) to provide for the licensure, regulation, investigation, and discipline of Behavioral Health and Wellness Practitioners	The BHWP Advisory Group continues to meet and work toward satisfying the Board's charge as it relates to the SB165 requirements.

		7/26	8/26	9/26	10/26	11/26	12/26	1/27	2/27	3/27	4/27	5/27	6/27	FY27 Totals
Psychologists	Licenses Issued	5												5
	Applications Received	7												7
Psychological Assistants	Provisional Licenses Issued	1												1
	Applications Received	4												4
Psychological Interns	Provisional Licenses Issued	4												4
	Applications Received	0												0
Psychological Trainees	Registrations Issued	4												4
	Applications Received	0												0
Non-Resident Consultants	Registrations Issued	0												0
Background Checks	Reviewed	0												0
Continuing Education	Applications Reviewed	1												1
State Exams	Administered	8												8
Complaints	Received	2												2
Totals		36	0	0	0	0	0	0	0	0	0	0	0	36

Current Active Licensees - 2025-26 biennium: 782

Current Applications, Provisional Licenses, and Registrations:

	App	PL/Reg
Psychologists	142	
Psychological Assistants	20	31
Psychological Interns	5	12
Psychological Trainees	3	49

Nevada Board of Psychological Examiners

Pending Complaints
August 21, 2026

Case No.	Current Status
24-0730	This is a complaint for unlicensed practice, in response to which Board counsel served several Cease and Dease letters on the respondent. Because the respondent did not respond to any of them, the Board has submitted a formal complaint to the respondent's licensing board and has filed a complaint for injunctive relief against the respondent in district court. The district court ordered the case to arbitration, after which the Board and the respondent/defendant entered into a settlement agreement, which is before this Board for approval. Once approved by the Board, the Board will submit the settlement agreement to the Court for approval.
25-0410	This is a complaint for ethical violations, to which the respondent provided a response. The Board investigator assigned to the complaint subsequently conducted a witness interview, and the complainant provided additional information, to which the respondent responded. Based upon the results of the investigation, a formal complaint and notice of hearing was drafted and served on counsel for respondent. Counsel for respondent formally answered the complaint and notice of hearing. Based on the respondent's desire to resolve this complaint and the investigator's recommendations, a proposed consent agreement was drafted and forwarded to counsel for the respondent. Counsel for respondent provided a settlement offer, which was not accepted. The respondent was advised that they can either accept the proposed consent agreement or the Board will hold a hearing on the matter. This matter is expected to settle via the proposed consent agreement. If it is not resolved, it will be scheduled for a hearing.
25-0812(2)	This complaint alleges negligence related to an assessment. It was forwarded to the respondents, who provided a response. The Board investigator has made recommendations for a stipulated consent decree, which was drafted and forwarded to the respondents. The respondents are now represented by counsel, who has reviewed and responded to the proposed agreements. The investigator has reviewed counsel's response to the agreements and provided a response to forward to counsel for the respondents that includes requests for additional information. Receipt of that additional information is pending.
25-0818(1)	This is a complaint that concerns charges for services not provided, and a response to the complaint has been received. Based on the respondent's answers to follow up inquiries, the Board investigator assigned to this complaint requested additional information, which was requested via a properly-served subpoena duces tecum. A complaint and notice of hearing in this matter has been drafted and is pending AG review and service on respondent.

25-1117	This complaint alleges unethical conduct against a psychologist, and the respondent has provided a response to the complaint. The Board investigator assigned to this complaint requested certain information and documentation from respondent, which was received and forwarded to the investigator for further review and consideration. Based upon the review of the information provided by the respondent, a proposed consent agreement was drafted and served on the respondent. The respondent responded to the proposed agreement with questions, which have been answered. A final agreement is pending.
26-0114	This is a complaint for unlicensed practice. Counsel for the respondent has provided a response to the complaint. Based on the information in the complaint and the response from counsel for respondent, a Complaint and Notice of Hearing was drafted and forwarded to counsel for respondent. Counsel for the respondent has provided an answer to the complaint, which has been forwarded to the Board investigator for review and consideration, and discussions on resolving the matter are pending.
26-0120(2)	This is a complaint regarding an evaluation that was part of a court proceeding. The Board office requested that the complainant provide additional information from the court proceeding and that the respondent respond to the complaint. The respondent has responded to the complaint, which has been reviewed and considered by the Board investigator assigned to this complaint, and based on which a proposed stipulated consent agreement has been prepared and forwarded to the respondent. The respondent has provided additional information in response to the proposed consent agreement, which is currently being considered.
26-0202	This is a complaint for misrepresentation and improper conduct as it relates to a podcast. Counsel for respondent has provided a comprehensive response to the complaint, based on which the Board investigator assigned to this complaint has recommended dismissal and which will be requested during the Board's August 21, 2026, meeting.
26-0520	This complaint alleges a psychologist's failure to report. A response to the complaint was received and considered by the Board investigator assigned to this case, and in response to which requested additional information from the respondent. Based on the respondent's response and the additional information provided, the Board investigator recommends dismissal, which will be requested during the 8/21/2026 meeting.
26-0603	This is a complaint related to a licensee's recent criminal conviction related to certain records. Based upon the licensee's response to the complaint and the Board investigator's review and recommendation, a proposed stipulated agreement was prepared and forwarded to the respondent. The respondent signed the stipulated consent agreement, the fully executed version of which is before the Board for approval during its August 21, 2026, meeting.
26-0615	This is a complaint for malpractice/unprofessional conduct, to which the respondent has provided a response. Upon review and consideration of the complaint and response, the Board investigator assigned to this complaint recommends dismissal, which will be requested during the Board's August 21, 2026, meeting.

26-0616	This is a re-submitted complaint for unprofessional conduct that was previously dismissed. Based on review and consideration, the Board investigator assigned to this complaint again recommends dismissal, which will be requested during the Board's August 21, 2026, meeting.
26-0723	This is a complaint regarding court-ordered services. Pursuant to Board policy, a request was made to the complainant for an expert report before the complaint could be further processed. Receipt of that additional information is pending.
26-0730	This is a complaint regarding false credentials by an unlicensed individual. The complaint was forwarded to a Board investigator, who has made a recommendation for a cease and desist letter from the Attorney General's office.
26-0812(1) 26-0812(2) 26-0812(3)	These are three different, but related, complaints by one complainant against three respondents. The Board investigator assigned to this complaint has requested and received additional information from the complainant. The investigation is pending.

SETTLEMENT AGREEMENT

This Settlement Agreement is entered into by and between the State of Nevada Board of Psychological Examiners (NBOPE), Linda T. Curtis (Dr. Curtis), and Beyond Expectation, LLC (Beyond Expectation) (collectively, the Parties). This Agreement becomes effective immediately upon the date on which NBOPE approves the fully executed Agreement.

RECITALS

This Agreement is entered into based on the following:

1. In December 2025, NBOPE filed a complaint for injunctive relief against Dr. Curtis and Beyond Expectation in Eighth Judicial District Court Case No. A-25-935290-C (the civil case) based on the following allegations:

a. In July 2024, NBOPE received a consumer complaint against Dr. Curtis alleging that Dr. Curtis, who is not licensed as a psychologist, was providing psychological services without a license.

b. In response to that complaint, NBOPE, through its counsel at the Nevada Attorney General's Office, sent Dr. Curtis a letter, via certified mail, demanding that she cease and desist practicing psychology without a license and holding herself out as someone who can provide psychological services. The cease and desist letter further demanded that Dr. Curtis provide a response to the letter by a certain date; however, NBOPE did not receive a response.

c. In February 2025, NBOPE, though its counsel at the Nevada Attorney General's Office, sent a second notice and cease and desist letter to Dr. Curtis via certified mail with the same demands as the first cease and desist letter, to which NBOPE did not receive a response.

d. In May 2025, NBOPE, through its counsel at the Nevada Attorney General's Office, provided a third notice and cease and desist letter to Dr. Curtis with the same demands as the first and second cease and desist letters. That notice and letter were hand-delivered to Dr. Curtis personally; however, NBOPE did not receive a response.

e. Due to the subsequent discovery that Beyond Expectation, of which Dr. Curtis is principal, was using the term "Psychological Services" in its signage and website verbiage despite that Beyond Expectation did not have a psychologist on staff, NBOPE, through its counsel at the Nevada Attorney General's Office, sent a follow-up cease and desist letter to Dr. Curtis and Beyond Expectation, demanding that the term "Psychological Services" be removed from Beyond Expectation's signage, website, and anywhere else it was being used. That follow-up cease and desist letter also demanded that Dr. Curtis provide a response to the substance of the first three cease and desist letters as well as the follow-up cease and desist letter; however, NBOPE did not receive a response.

2. After Dr. Curtis and Beyond Expectation filed an answer to the December 2025 complaint for injunctive relief, the matter was scheduled for a mediation in September 2026.

3. During the pendency of the civil case, a Nevada licensed psychologist joined the staff of Beyond Expectation.

SETTLEMENT TERMS

In consideration of the above recitals and in the interest of resolving NBOPE's civil case against Dr. Curtis and Beyond Expectation, the parties agree as follows:

1. Board Approval. NBOPE shall approve of the fully-executed Settlement Agreement at a regularly-scheduled public meeting.

2. Payment. Within five (5) months after the date on which NBOPE approves this fully-executed Agreement, Dr. Curtis and/or Beyond Expectation shall pay to NBOPE the sum of FIVE THOUSAND DOLLARS ($5,000) for the legal, investigative, and other fees and costs that NBOPE incurred in their efforts to address what originated as the July 2024 consumer complaint against Dr. Curtis, the subsequent cease and desist letters to Dr. Curtis and Beyond Expectation that followed and to which NBOPE received no response, and NBOPE having to file the civil case against Dr. Curtis and Beyond Expectation for injunctive relief. Dr. Curtis and/or Beyond Expectation shall pay no less than $1,000 per month each month for the five (5) months that follow NBOPE's approval of the Settlement Agreement.

3. Order Approving Settlement. Within thirty (30) days of NBOPE's approval of this fully-executed Settlement Agreement, NBOPE shall request an order from the Court in the civil case

approving this Settlement Agreement.

4. Mutual Releases. Upon Dr. Curtis's and/or Beyond Expectation's timely payment to NBOPE as provided in this Agreement, the parties, on behalf of themselves, and all persons or entities claiming by, through or under them, and their respective heirs, successors and assigns, agree to fully, completely and finally waive, release, remise, acquit, and forever discharge and covenant not to sue the other parties or their respective members, directors, affiliates, attorneys, successors, representatives, and agents with respect to any and all claims or causes of action of any kind whatsoever, at law or in equity, including all claims and causes of action arising out of the civil case. The parties warrant and represent that they have not assigned or otherwise transferred any claim or cause of action released by this Agreement. The parties further expressly waive and assume the risk of any and all claims for damages that exist as of this date, but which they do not know or suspect exist and which, if known, would materially affect their decision to enter into this Agreement. The parties acknowledge that this waiver of claims includes any and all claims or causes of action of any kind whatsoever concerning the procurement of this Agreement; however, the parties specifically do not waive or release any claim that may arise for breach of this Agreement.

5. Dismissal of Lawsuit. No later than thirty (30) days following Dr. Curtis's and/or Beyond Expectation's payment in full to NBOPE as required by this Agreement, NBOPE will request that the Court in the civil case dismiss the civil case.

6. Authority. The parties represent and warrant that they possess full authority to enter into this Agreement and to lawfully and effectively release the opposing party as stated in this Agreement.

7. Entire Agreement. The parties represent and agree that no promise, inducement, or agreement other than as provided in this Agreement has been made to them, and that this Settlement Agreement is fully integrated, supersedes any prior agreements and understandings, and contains the entire agreement between the parties.

8. Voluntary and Informed Consent. The Parties represent and agree that they each have read and fully understand this Agreement, that they are fully competent to enter into and sign this Agreement, and that they are executing this Agreement voluntarily, free of any duress or coercion.

9. Costs, Expenses and Attorney Fees. Except as otherwise provided in this Agreement, each of the Parties will bear its own costs, expenses, and attorney fees incurred in connection with the underlying dispute and civil case.

10. Attorney Fees and Costs for Breach. The prevailing party in any action to enforce or interpret this Agreement is entitled to recover from the other party its reasonable attorney fees.

11. Governing Law. The laws of the State of Nevada shall apply to and control any interpretation, construction, performance or enforcement of this Settlement Agreement, and the parties agree that the exclusive jurisdiction for any legal proceeding arising out of or relating to this Settlement Agreement shall be the District Court for the State of Nevada in either Clark County or Washoe County.

12. Construction. This Agreement shall be construed as if the Parties jointly prepared it, and any uncertainty or ambiguity shall not be interpreted against any one party.

13. Modification. No oral agreement, statement, promise, undertaking, understanding, arrangement, act or omission of any party occurring after the date of this Agreement may be deemed an amendment to or modification of this Agreement unless it is reduced to writing and signed by the parties or their respective successors or assigns.

14. Severability. The Parties agree that if, for any reason, a provision of this Agreement is held unenforceable by any court of competent jurisdiction, this Agreement shall be automatically conformed to the law and shall otherwise continue in full force and effect.

15. Counterparts. Should this Agreement be executed in one or more counterparts, all counterparts so executed shall constitute one agreement binding on the parties, and an electronic or photocopy of this Agreement may be used in any action brought to enforce or construe it.

16. No Waiver. No failure to exercise and no delay in exercising any right, power or remedy under this Settlement Agreement shall impair any right, power or remedy that any party to this Settlement Agreement may have, nor shall any such delay be construed to be a waiver of any such rights, powers or remedies or an acquiescence in any breach or default under this Settlement Agreement, nor shall any waiver of any breach or default of any party to this Settlement Agreement be deemed a waiver of any default or breach subsequently arising.

DATED: _____ By: _____

Sarah J. Restori
Executive Director

LINDA T. CURTIS

DATED: 8-4-2026

Linda T. Curtis

BEYOND EXPECTATION, LLC

DATED: 8-4-2026 By: _____

Linda T. Curtis, Principal

Approved as to form:
AARON D. FORD
Attorney General

Todd M. Weiss, Esq.
Senior Deputy Attorney General
Boards and Open Government Division Office of the Nevada Attorney General
1 State of Nevada Way, Ste. 100
Las Vegas, NV 89119
Telephone: (702) 486-3103
Attorney for the State of Nevada
Board of Psychological Examiners

Harry B. Ward
Deputy Attorney General
100 North Carson Street
Carson City, NV 89701
Telephone: (775) 684-1216
Attorney for the State of Nevada
Board of Psychological Examiners

STATE OF [illegible] DA
BOARD OF PSYCHOLOGICAL EXAMINERS

DATED: 8-5-2026

By: _____
Sarah J. Restori
Executive Director

LINDA T. CURTIS

DATED: 8-4-2026

_____
Linda T. Curtis

BEYOND EXPECTATION, LLC

DATED: 8-4-2026

By: _____
Linda T. Curtis, Principal

Approved as to form:
AARON D. FORD
Attorney General

_____
Todd M. Weiss, Esq.
Senior Deputy Attorney General
Boards and Open Government Division Office of the Nevada Attorney General
1 State of Nevada Way, Ste. 100
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Attorney for the State of Nevada Board of Psychological Examiners

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Harry B. Ward
Deputy Attorney General
100 North Carson Street
Carson City, NV 89701
Telephone: (775) 684-1216
Attorney for the State of Nevada Board of Psychological Examiners

BEFORE THE STATE OF NEVADA

BOARD OF PSYCHOLOGICAL EXAMINERS

STATE OF NEVADA, BOARD OF PSYCHOLOGICAL EXAMINERS, Petitioner vs. ROBERT A. KUTNER, License No. PY0591 Respondent.	CASE No. 26-0603 **VOLUNTARY LICENSE SURRENDER AGREEMENT IN LIEU OF DISCIPLINARY ACTION**

On June 3, 2026, the State of Nevada Board of Psychological Examiners ("Board") received a complaint against Respondent Robert A. Kutner ("Respondent"), a psychologist licensed by the Board as PY0591, in reference to the Respondent's May 29, 2026, criminal conviction and June 2, 2026, amended criminal conviction for the intentional failure to maintain adequate records. *See,* Eighth Judicial District Court Case No. C-26-399006-1. In response to the Complaint, Respondent requested that he be permitted to surrender his license in lieu of disciplinary action. Pursuant to this Voluntary Surrender Agreement in Lieu of Disciplinary Action, Respondent and Board agree to the Respondent's voluntary surrender of his license, as follows:

FACTS AND VIOLATIONS

1. Respondent admits that, by way of a May 29, 2026, criminal conviction and June 2, 2026, amended criminal conviction, he was convicted in Eighth Judicial District Court Case No. C-26-399006-1 of the Intentional Failure to Maintain Adequate Records, a gross misdemeanor in violation of NRS 422.570(1), and that the conviction related to Respondent's psychological practice.

2. Respondent acknowledges that the June 3, 2026, complaint against Respondent in this case is based on that criminal conviction, which is grounds for disciplinary action pursuant to the relevant provisions of NRS 641.230 and NAC 641.245.

3. In lieu of any disciplinary action, Respondent requested that he be permitted to voluntarily surrender his license.

TERMS AND CONDITIONS

4. Upon the Board's acceptance of Respondent's voluntary surrender of his license to practice psychology as stated in this Voluntary Surrender Agreement, Respondent understands that he will not have a license to practice psychology in the State of Nevada.

5. Respondent has read and fully acknowledges the Voluntary Surrender Agreement's terms, and is aware of and understands its effect on Respondent.

6. Respondent's surrender of his license is being done voluntarily, knowingly, and intelligently, and there has been no coercion that has been exerted on Respondent to voluntarily surrender his license.

7. Respondent is aware of his rights, including:

- the right to a hearing on any charges and/or allegations,
- the right to examine witnesses who would testify against him,
- the right to present evidence in his favor, call witnesses on his behalf, and/or to testify on his own behalf,
- the right to contest the charges and allegations in the complaint against him,
- the right to reconsideration, appeal, or any other form judicial review of this matter, and
- any other rights that may be afforded to him pursuant to the Nevada Administrative Procedure Act, Nevada Revised Statutes (NRS) Chapter 233B, the provisions of NRS Chapters 622 and 622A, NRS Chapter 641, and Nevada Administrative Code (NAC) Chapter 641.

Respondent voluntarily, knowingly, and intelligently waives the foregoing rights in return for the Board's acceptance of his voluntary surrender of his psychology license in lieu of other disciplinary action.

8. Respondent understands that this Voluntary Surrender Agreement is considered a disciplinary action pursuant to NRS 233B.121(6) and, as such, will become part of Respondent's licensee file maintained by the Board.

9. Respondent understands that this Voluntary Surrender Agreement is a public document and that the public records law may require that the Board make available for inspection this Voluntary Surrender Agreement and related documents.

10. Respondent understands that this voluntary license surrender will be reported as discipline to the appropriate national practitioner data banks and the Nevada Legislature, as required by law, and that the Board may share the contents of this Voluntary Surrender Agreement and related documents with any government or professional organization or a member of the public.

11. Respondent acknowledges his right to an attorney at his expense as it concerns this Voluntary Surrender Agreement.

12. Respondent understands that his voluntary license surrender is effective the day it is accepted by the Board; however, Respondent agrees to immediately cease and desist practicing as a psychologist in the State of Nevada as of the date of his signature below.

FUTURE APPLICATIONS FOR LICENSURE

13. This Voluntary Surrender Agreement does not prohibit Respondent from applying to the Board for re-licensure as a psychologist in the future, under the following conditions:

a. Respondent shall not apply for re-licensure until at least one year has passed from the date the Board accepts and approves this Voluntary Surrender Agreement, which will not be sooner than at the Board's August 21, 2026, meeting, but may be at subsequent Board meeting.

b. Before Respondent can be re-licensed as a psychologist, he must meet the qualifications for licensure as described in NRS 641.170.

c. The Board may also review the criteria for reinstatement of a license as articulated in NRS 622A.410(2) and (3) when reviewing any future application from Respondent for re-licensure as a psychologist.

d. Any future re-licensure by the Board is not automatic, and all licensing

decisions are governed by the reasonable discretion of the Board.

e. To become re-licensed as a psychologist, Respondent must apply to the Board as a new applicant for licensure as a psychologist.

f. Pursuant to NRS 641.180, Respondent may be required to take and pass any required examination(s) prior to being re-licensed.

g. While the board retains the reasonable discretion in deciding any future application that Respondent submits for re-licensure, Respondent agrees to complete the following requirements as part of that future application:

i. Complete and pay the costs for a comprehensive fitness for duty evaluation conducted by a licensed psychologist as approved by the Board;

ii. Take and pass all five (5) topic areas of the EBAS Essay Examination. Information about this examination is available at https://ebas.org/. If the EBAS Essay Examination is not available at the time of any future application for re-licensure, the Board may order Respondent to take and pass any other similar examination in existence at the time of Respondent's future application.

iii. Reimburse the Board for its investigative costs and attorneys' fees expended in this matter in the amount of $500.00.

h. While the Board retains reasonable discretion in deciding any future application from Respondent for re-licensure, Respondent understands that, if a future application for re-licensure is granted, the Board may require Respondent's new license to be on probation for two (2) years and that Respondent's psychological practice be supervised by a licensed psychologist approved by the Board during that probationary period and prior to the activation of Respondent's new license.

i. The Board may determine reasonable conditions for this supervision, which may include a requirement that Respondent meet with his supervising psychologist a minimum of four (4) hours per month and that Respondent's supervising psychologist provide reports to the Board regarding Respondent's

practice every other month for the first six (6) months of Respondent's probation, with a reduced frequency for such reports possible upon a request to the Board that is approve by the Board after the first six (6) months.

ii. Supervision of the Respondent during the two (2) year probationary period shall be at Respondent's sole expense pursuant to NRS 641.240(1)(h),

AFFIRMATION

I, ROBERT A. KUTNER, Psy.D., by my signature affixed below, understand and agree with the foregoing facts, representations, and terms and conditions of my voluntary license surrender, and choose to voluntarily surrender my Psychologist license, PY0591, effective as of the date of my signature.

IT IS SO AGREED.

Dated: July 14, 2026

ROBERT A. KUTNER, Psy.D.
Respondent

Dated: _____

STATE OF NEVADA, BOARD OF PSYCHOLOGICAL EXAMINERS

By: _____
SARAH J. RESTORI
Executive Director

Approved as to form:

AARON D. FORD
Attorney General

By: _____
HARRY B. WARD
Deputy Attorney General
100 N. Carson Street
Carson City, Nevada 89701
Telephone: (775) 684-1216
Attorneys for Petitioner,
State of Nevada, Board of Psychological Examiners

practice every other month for the first six (6) months of Respondent's probation, with a reduced frequency for such reports possible upon a request to the Board that is approve by the Board after the first six (6) months.

ii. Supervision of the Respondent during the two (2) year probationary period shall be at Respondent's sole expense pursuant to NRS 641.240(1)(h),

AFFIRMATION

I, ROBERT A. KUTNER, Psy.D., by my signature affixed below, understand and agree with the foregoing facts, representations, and terms and conditions of my voluntary license surrender, and choose to voluntarily surrender my Psychologist license, PY0591, effective as of the date of my signature.

IT IS SO AGREED.

Dated: _____

ROBERT A. KUTNER, Psy.D.
Respondent

Dated: 7/15/2026

STATE OF NEVADA, BOARD OF PSYCHOLOGICAL EXAMINERS

By: Sarah Restori

SARAH J. RESTORI
Executive Director

Approved as to form:

AARON D. FORD
Attorney General

By: _____

HARRY B. WARD
Deputy Attorney General
100 N. Carson Street
Carson City, Nevada 89701
Telephone: (775) 684-1216
Attorneys for Petitioner,
State of Nevada, Board of Psychological Examiners

Nevada Board of Psychological Examiners

Board Office Staff Notes

DATE: August 21, 2026

ITEM:

12 - (For Possible Action) Discussion and Possible Action on Whether the Board will Participate in the ASPPB Integrated EPPP Beta Test and Candidate Eligibility Requirements.

SUMMARY:

The Association of State and Provincial Psychology Boards (ASPPB) is preparing to implement an integrated Examination for Professional Practice in Psychology (EPPP) in Fall 2027. Unlike the current EPPP Part 1-Knowledge, the integrated EPPP will assess both knowledge and skills in a single examination.

Prior to implementation, ASPPB will conduct a Beta Test during March and April 2027. The purpose of the Beta Test is to collect data for standard-setting studies and to establish passing scores for the new integrated examination. The Beta Test will be available to first-time EPPP candidates who meet eligibility requirements established by their licensing board and who are specifically approved to participate. Candidates approved for the Beta Test may choose to take either the Beta Test or the current EPPP Part 1-Knowledge.

The Beta Test will consist of 215 items covering six domain areas and will include multiple-choice and scenario-based questions. The examination fee is $100, candidates may take the Beta Test only once, and scores are expected to be released in late June 2027.

ASPPB recommends that jurisdictions accept a passing Beta Test score as a passing EPPP score. An unsuccessful Beta Test does not count as a failed EPPP attempt. Candidates who do not pass the Beta Test will be permitted to take the current EPPP Part 1-Knowledge once for a reduced $100 examination fee.

ASPPB recommends that candidates for the integrated EPPP have completed coursework from a doctoral degree program acceptable to the licensing board and have completed "all or most" of their required supervised experience, as determined by the licensing board.

The Board currently permits certain candidates to take the EPPP Part 1-Knowledge earlier in the licensure process, including following completion of doctoral coursework with verification from the doctoral program or following approval for provisional licensure as a Psychological Assistant.

Because the Beta Test assesses both knowledge and skills, the Executive Director recommends requiring completion of a minimum of 1,400 hours of required postdoctoral supervised experience before an applicant may be authorized to participate in the Beta Test. This is consistent with the Board's existing supervised experience requirement for eligibility to take the Nevada State Examination and provides a defined standard for ASPPB's recommendation that candidates complete "all or most" of their required supervised experience.

The Board is asked to consider: (1) whether Nevada will participate in the Spring 2027 EPPP Beta Test; (2) whether Nevada will accept a passing Beta Test score as satisfying the EPPP examination requirement for Nevada licensure; and (3) the eligibility requirements for Nevada applicants seeking authorization to participate in the Beta Test, including whether to require completion of a minimum of 1,400 hours of required postdoctoral supervised experience.

Any eligibility requirements approved for the Beta Test would apply only to the Spring 2027 Beta Test and would not change the Board's current eligibility requirements for the EPPP Part 1-Knowledge. Eligibility requirements for the integrated EPPP following its implementation in Fall 2027 will be addressed separately.