



Dr. Jennifer Ross, *President*  
Jenny Stepp, *Vice President*  
Lauri Perdue, *Secretary/Treasurer,*  
*Public Member*  
Dr. Steve Nicholas, *Member*  
Dr. John Nixon, *Member*  
Marta Wilson, *Member*  
Dr. Sheldon Jacobs, *Member*  
Sara Pelton, *Member*

MEETING MINUTES  
FRIDAY, SEPTEMBER 26, 2025 at 9:00 AM

Teleconference

**Nevada Board of Examiners  
For Marriage & Family Therapists and Clinical Professional Counselors  
500 N. Rainbow Boulevard, Suite 201  
Las Vegas, NV 89107**

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**Please Note:** The Board may (a) address agenda items out of sequence to accommodate persons appearing before the Board or to aid the efficiency or effectiveness of the meeting; (b) combine agenda items for consideration by the public body; and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030).

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**Action by the Board on any item may be to approve, deny, amend, or table**

1. Call to Order, Roll Call, Confirmation of Quorum. The meeting was called to order at 9:00 AM.
  - Board members present: Sara Pelton, Marta Wilson, Jennifer Ross, Sheldon Jacobs, Jenny Stepp, Steve Nicholas
  - Board members not present: Lauri Perdue, John Nixon
  - Staff present: Joelle McNutt, Stephanie Steinhiser
  - Board Counsel present: Senior Deputy Attorney General Henna Rasul
  - Members of the public: Chelsea Baca, Keyahnah Anderson, Aiyyeimah Berry, Mariano Codarini, Norma Kea, B. Lewis, Danielle Cady

*The Board welcomes public comment. Persons wishing to provide public comments remotely may access the meeting by telephone at (253) 215-8782 or through the electronic link posted on the agenda. Public comment will be limited to three (3) minutes per person and comments based on viewpoint will not be restricted. A public comment time will be available prior to any action items on the agenda and on any matter not specifically included on the agenda prior to adjournment of the meeting. At the discretion of the President, additional public comment may be heard when that item is reached. The President may allow additional time to be given a speaker as time allows and at his/her sole discretion. (NRS 241.020, NRS 241.030) Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual, the Board may refuse to consider public comment. (NRS 233B.126)*

## 2. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- No public comment.

### 3. Discussion, recommendation, and possible action regarding review and approval of minutes from the July 18, 2025, meeting (For possible action)

- Motion to approve minutes from the July 18th meeting: 1st Steve, 2nd Sheldon; No abstentions; Motion approved unanimously.

### 4. Disciplinary hearing on Complaint and Notice of Hearing in the Matter of Cheri Chronis, Case No. NV22MFT005. This agenda item may include review and consideration of a consent decree (For discussion/possible action)

- This agenda item was stricken.

### 5. Disciplinary Matter – Recommendation for Dismissal (For possible action) a. Case No. NV21MFT008

- Motion to dismiss Case No. NV21MFT008: 1<sup>st</sup> Steve, 2<sup>nd</sup> Marta; No abstentions; Motion approved unanimously.

### 6. Review, discussion, and possible action regarding review of financial statements 4th Quarter FY25 ending June 30, 2025 (For discussion/possible action) – Joelle McNutt

- Motion to approve financial statements 4th Quarter FY25 ending June 30, 2025: 1st Jenny, 2nd Sara; No abstentions; Motion approved unanimously.

### 7. Review, discussion, and possible action regarding determining our fee for privilege to practice through a counseling compact application (For discussion/possible action) – Joelle McNutt

- Joelle: So, we need to decide what our compact fee is going to be. Some things to consider would be that there is going to be an increased number of users in Certemy, because if we want the compact applicant's privilege to be visible to the public, I have to create a workflow. That will create a new user, and that will be an increased cost to the Board. We do have a potential increase in our legal fees. Also, compact applicants will need to pay CCE for the jurisprudence exam, so that's a hundred dollars. I know that John is not here, but he did share with me that he feels that our licensees should not bear a burden to subsidize a compact applicant. Oh, and we could give a decreased fee for military affiliation.
- Jennifer: Can you remind us of what the renewal cycle will be for compact applicants?

- Joelle: They would pay on the renewal cycle of their home state. So, the majority of people of states are on a two-year cycle. There are, I would say, probably 10 or fewer on a one-year cycle.
- Steve: Can you try to project how staffing needs would change if we are in this compact? I think that we might need more folks to do more work.
- Joelle: I don't really know what it's going to look like. You may be right.
- Steve: Well, and I think that our fees should consider that because if there's a flood of folks who have the privilege to live in this state and we have the responsibility of engaging with them and potentially disciplinary matters, let alone all of just the admin work, staffing responses, things like that, that could be enormous. I mean, potentially our licensee or privileged number could jump big time. Which means you would need a bigger office with an army of people working, potentially as the folks with privilege started filing in Nevada. That's a lot more lives for you and your folks to be mindful of. The fee structure would need to be in place to where it would support hiring more people.
- Joelle: That's a good point. And yeah, that would mean that it's going to be pretty high.
- Steve: Yes. So, at face value, looking at a \$600 to \$700 tab, that it has a little bit of sticker shock. The cost of doing business and protecting the public and advocating and taking care of licensees and folks with privilege to practice, that adds up. That's a ton of money. If you looked at the financials that you just showed us, there's a serious amount of money that gets spent just on doing business and running this Board and managing licensees and protecting the public. I'm not trying to be insensitive, but that's the cost of doing business.
- Marta: Do we have any feedback from the other compact committee members on what some of those costs might look like in their state, in regard to what Steve just said?
- Joelle: The feedback that I received from the Compact Commission itself is that most states in the Compact generate their revenue from applications. So, they load the front end, and they can take a hit essentially. Our revenue is generated through renewals. Then there was feedback from a conference a couple of years ago that people are going to need to save up money all year to be able to pay for compact privileges across the country.
- Sara: Do you know what our cost per licensee is for Certemy?
- Joelle: It is \$5.25 per user right now.
- Sara: But that can increase if we get a larger number of people in there.
- Joelle: Yes, so that would impact what we pay per year then.
- Steve: To continue, this is a new world of opportunities. And so, if it was a single license of a practitioner in Nevada, and again, just throwing some basic numbers out there, that clinician hangs a shingle works in an agency, maybe they see 25, 30 clients a week with the compact privileges to be in multiple states. You potentially have the opportunity to be a full-time clinician in every one of those states. But the reality is they wouldn't be, but they'd be hit in a pocket here, pocket here. So, they might be seeing two from Nevada, three from Connecticut, et cetera, et cetera. So those

privilege fees obviously are a lot of money for somebody that's working part-time in 12 different states versus a clinician who is working full-time in one state. So all the licensing fees for a Nevadan only working Nevada in Nevada, that's much more reasonable because I'm going to be seeing all my people here, but it's the potential, if I had had the privilege of practice in 12 states, I have the potential to work full-time in every one of those states with that privilege, although it's not feasible. So, if I'm dabbling two here, two here, two here, yeah, that looks expensive. I'm only seeing two clients a week in Connecticut, but I had the potential to see many, many in Connecticut. So, I think it's got to be a singular fee. And yes, if I'm trying to practice in 12 states, that's a ton of money, but it's the potential of full practice in every one of those states.

- Joelle: There has been speculation that there will be this tidal wave of applicants through the Compact the first year, and then we may see a leveling out after people assess their level of activity in each state.
- Steve: Another point to consider is that we lose practitioners who are practicing in Nevada. Also, we might have a huge deluge of folks, but that doesn't mean they're working here.
- Jennifer: I think that also applies to private practice as well because there are some big differences in private practice markets in Reno, Las Vegas, compared to Los Angeles, New York, or Chicago.
- Sheldon: One of the things that I'm seeing a lot just from the community at large is that a lot of people are not being able to find providers because it's such a small number of providers that are even accepting insurance, period. And obviously, we know that in other states, the reimbursements are much higher. We have one of the lowest rates in the country for Medicaid reimbursement.
- Jennifer: Where does all this leave us with our fee structure checklist?
- Steve: I believe that our fee at minimum mirrors our licensing fees isn't a wedge above that, because I do think that we're going to lose practitioners who are actively treating folks in Nevada.
- Sara: I think that it's going to be big conglomerates that are willing to pay fees for 1099s for 38 different states. I think we need to increase the fee if we're facing these consequences here.
- Jennifer: So, Sara, you're saying up from \$450.00 even.
- Sara: I'm thinking of \$500 and then plus the \$100 for the jurisprudence. So, I'm thinking of \$600 in total.
- Jenny: Joelle, you said the renewal will be based on their home state timeline, and so some people will have a renewal every year, some people every two years. And so, am I hearing correctly, then that some people would pay \$500 every year and some people would pay \$500 every two years?
- Joelle: Correct.
- Jenny: I guess that challenges me a little bit, but I do like the idea of a \$500 fee.
- Steve: I see that, yes, on paper we might have more clinicians on paper; however, I think that the actual service to the public and to our citizens is going to take a hit. And so, how that breaks down to money, I think \$500 is probably a pretty good starting point, plus \$100.

- Joelle: Remember that people still have the option of getting a single-state license to renew at \$450 if they want to.
- Steve: To circle back to fees for military-affiliated folks, let's please do what we have in our existing language of offering that discount.
- Joelle: It's currently half. Do you feel like that's appropriate?
- Steve: Yeah, I do.
- Joelle: So that would mean that it would go down to \$250.
- Sheldon: I like it. I'm good with it.
- Marta: I like it. I'm kind of concerned that if, after a year or two and we see that that's not enough, is that something that we can change relatively quickly? Would that number be something we could change? Or maybe we find out, hey, nobody really wants this, and we could lower it.
- Joelle: I think we could change regulations to do that.
- Motion to set the privilege to practice fee at \$500 with \$250 for military affiliation: 1<sup>st</sup> Jenny, 2<sup>nd</sup> Steve: No abstentions; Motion approved unanimously.

8. Review and discussion regarding possible regulation changes, including, but not limited to: (For discussion)

a. NAC 641A.178

- Jennifer: So, this one came up in our last meeting, and I'm looking for, so at the end of item C, I think we had discussed an "and" instead of an "or". Joelle, can you read that aloud?
- Joelle: reads the regulation aloud
- Jennifer: I think it's more than one word, as I hear that. I think my only concern with this one was making sure that supervisors have a requirement to actually see the work being done as opposed to having the option to just do case presentations. So, however the language needs to look. My hope is that we can clearly convey that it is a case presentation and there has to be some kind of eyes on the session, eyes on the work.
- Steve: In my experience, the observation and participation happen in addition to case conceptualizations.
- Jenny: I'm not a supervisor, and I really like that language as I'm looking at it from the outside.
- Joelle: Operationally, what does this mean for supervisors?

- Steve: It means that the supervisor is actively engaged in viewing, reviewing, and maybe even participating in the therapy that their interns are doing instead of just being a consultant in a room or from afar; they're a consultant, a supervisor, and also an active participant in their work.
- Sara: I hope a lot of people show up when we do the public comment on how this could work logistically, especially with our interns who are in agencies. One thing I'm concerned about is that we have NRS statutes that protect student videos. However, if this is a billable third-party payer client that we're observing, this video now would be part of a medical record, too. So, I think we need to be cautious with some of the logistics of this.
- Jennifer: The consent that I use for supervision says that the video is for training purposes only and will be destroyed immediately upon viewing.
- Sara: Right. But an insurance company isn't going to feel that way about the patient they're paying for when they reimburse. So, there'll be a conflict here with the videos. I think they're not going to like the destruction part of this.
- Jennifer: I think that's where live supervision comes in, that if the agency won't allow videotaping or the insurance won't allow videotaping, then to use the telehealth software to allow the supervisor to watch a session or a portion of the session would meet the same spirit. It doesn't have to be recorded. The supervisor could invite the intern into their own clinical work and share a case from start to finish. I had the privilege of doing that with my clinical supervisor. We could also consider "or" between all of the direct lines of sight and case review, so that there's no confusion. You don't have to do all of these direct observation methods, but you have to do direct observation in addition to whatever your daily, weekly supervision looks like.

b. NAC 641A.182

- Jennifer: We are looking at 641A.182, which is language about the qualifications of approved supervisors. We began a discussion about the possibility of a Nevada residency or a primary practice location requirement, as well as compact privileges. I don't know if anybody saw that CACREP posted a pretty strongly worded letter. One of CACREP's big concerns about the compact is what I think Dr. Nicholas mentioned earlier, the differing qualifications among states. And so, I think about this in particular when it comes to supervision. Florida seems to be the example most of the time when I'm reading things about this. So, for example, somebody with a master's in psychology can be licensed as an LCPC in Florida. So then, professionally has the title, but professionally doesn't have the training of a professional counselor or necessarily the professional identity. So, I think this invites us to think really carefully about who gets the responsibility and the privilege to supervise interns in Nevada. So, with that, I would love to hear your thoughts on how we might like this to look.
- Steve: I firmly believe that a supervisor must be independently licensed to practice in the state of Nevada. I don't think that privilege to practice equates to a privilege to supervise.

- Joelle: So, if we say, hold an active single state Nevada license and good standing issued by the Board. Thoughts?
- Steve: Yes. I think that has to be specified. I think we want to perhaps clarify that they've been licensed for at least three years as an MFT or CPC.
- Joelle: That does not necessarily solve the issue of residency or practice location for Nevada.
- Steve: It's implied that if you have a Nevada license that you are up to speed on all of the laws. I believe it is the aspirational intent that a supervisor is pretty well-versed in emergency resources in all regions.
- Jenny: What if we talked about a jurisprudence exam for a supervisor applicant? I don't want to muddy the waters, but I think the spirit of what you're getting at is more familiarity with our laws.
- Marta: Then would we be requiring that jurisprudence for primary and secondary supervisors?
- Joelle: If we add it to NAC641A.182, 3, each supervisor must, regardless. So that implies primary and secondary.
- Jennifer: Would that be something we would actually move to number four?
- Jenny: I was going to say that unless you want secondary supervisors to take jurisprudence, but I wouldn't necessarily think that would be required. I like it at four for primary.
- Sara: I think if we're going to have primaries, we should have the secondaries because if something happened to the primary, don't the secondaries need to step in?
- Steve: Technically, if a primary is out of commission or gone, then an internship is on hold.
- Jennifer: Because they need to designate a new primary.
- Steve: To your point, Sara, if they're getting feedback and supervision from both people, they should probably both be up to speed on those things.
- Sheldon: I thought that interns needed to maintain a secondary.
- Joelle: It says in the regulations that an intern must maintain a primary supervisor, but it does not say that for a secondary. It says that they must accrue forty hours only. If a primary supervisor wants an intern to have a secondary supervisor after the forty hours, then the office will support that. So, if you want them to maintain a secondary supervisor, then we will have to change that.

- Sara: I think for contingency reasons we should absolutely have that in there.
- Joelle: So, then that means that interns would have to pay primary and secondary supervision costs for the entirety of their internship, and I know that secondary supervisors were charging interns \$150 a month to be on retainer. So, they've got their 40 hours, so they're not seeing the secondary, but when that was in place before. The secondary supervisors were charging them retainer fees.
- Jennifer: Because they were taking up one of the allotted slots. Yeah, it makes sense.
- Steve: Retainer is not active supervision. That's problematic to me. That certainly is not intern-centered. That's super shady doing a retainer, you're waiting to do work that you would be paid for, versus if you are willing to be in the shadows waiting for an intern. Let's say your 40 hours are met as a secondary, and you want to maintain that opportunity that should the supervisor seek consultation or supervision, cool, and here's what it would cost for that hour. But I mean, they're charging for a service they're not providing.
- Sheldon: That is unethical.
- Marta: I agree that it is unethical.
- Sara: Maybe we could consider then increasing the number of secondary interns allowed for the ones who have been with us for a couple of years, and they're still trying to pass the test, and they're still attending primary, not necessarily coming to us all the time, so we still have them in our purview.
- Steve: That's super thoughtful, Sara, but the numbers are already pretty high for the secondary allocation. A handful of years ago, we bumped primary and supervisor allotment significantly.
- Jennifer: I want to make sure I'm following what's actually on our plate at this point. We were talking about jurisprudence for supervisors, and then primary and secondary potentially, and having secondary supervisors just as prepared to fill in as needed. What are the decisions that we need to make in terms of the language that we'll later vote on for all of this?
- Jenny: I take back my statement. If you are going to be doing any kind of supervision, know the law. So, I would put it under three.
- Joelle: Next thing I have on my list would be the AAMFT/ACS-approved supervisor vs. university course-approved supervisors.
- Jennifer: So, part of where the conversation came up was that the original route to becoming a supervisor was to hold that ACS or AAMFT designation, which then implies that those supervisors are engaging in a recertification process with those entities. Whereas somebody who comes through on the newer path of taking the

45-hour course and doing 25 hours of mentored supervision, they're kind of a one-and-done, and then they do an hour a year. So, I don't know what it is for ACS, but for AAMFT, we do six hours every five years.

- Joelle: I think for ACS, you do need to renew it every five years as well, but I'm not sure about what the requirements are to do so; however, it does need to be maintained every five years, too.
- Jennifer: So, then the ACS and AAMFT-approved folks are doing their hour a year for the Board in addition to the required six or however many hours every five years. So, I think the conversation was just about equity, but also accountability and training.
- Marta: What I said is that the AAMFT and the Approved Clinical Supervisor, there is accountability to another credentialing entity, and so something is going on to maintain good standing and showing that you're current, but we don't have that for the ones coming in with the university, except taking one CEU credit a year. So, the rigor to remain current isn't the same. I just wanted us to look at it to see if that is okay with us.
- Jenny: Is it possible for the supervisors who came through the university coursework, could they go on to get that ACS designation after the fact? Can we just require that once a person is an approved supervisor here, that within 90 days, I don't know, whatever it is, then they get and maintain that status?
- Jennifer: I think the only potential barrier to that is that it might need to be longer than 90 days, because the hours requirement of supervised supervision is more than 25. I think it's a hundred for ACS, something like that.
- Sara: I don't really think it's a difference in knowledge or preparedness as a supervisor. I think it's a difference in fairness for those who are maintaining professional associations. We're paying extra to maintain a supervision designation, which is why I think this conversation came up originally. We are all even on the supervision part, we all have to get the same.
- Joelle: Can I throw something out there? It's wild, but what if we just take out the course and have people go through AAMFT or ACS?
- Sara: What if we do the reverse and not make people maintain the designation? I don't agree with that. I'm just playing devil's advocate. I'm going to go for the highest standard. However, there's a fairness issue here.
- Jennifer: For those of you who were part of those conversations, what was the point of that option being enacted?
- Steve: I think we were giving the benefit of the doubt to the institutions and the rigor. We anticipated that these potential supervisors were in doctoral programs, taking a very high level and working at a pretty high level. So, I think we were giving people the benefit of the doubt. Marta, what do you remember about those times?

- Marta: I just know that we were also struggling with having enough supervisors, but then we raised it to 10, and I don't hear that people can't find a supervisor since we raised it to 10. I'm not opposed to taking out the university one. That way we have something that really provides evidence. Either the supervisor has fulfilled the requirements to maintain that, or they haven't. A certificate is right there to prove it. I'm not against taking that one out.
- Steve: I'm not either because a university does not give a certificate of supervision. They show it on a transcript, and as we've all reviewed many times, not all university programs are created equally. It's not a certification from a university.
- Jennifer: As an AAMFT-approved supervisor, I'm definitely not opposed to having that national standard. I would be in support of whatever the majority of the Board feels.
- Steve: What's the appetite for cutting out the graduate course from our regs?
- Jenny: I'll be honest, I've never been a fan of it, so that's probably the route that I would consider going, but that's just me.

c. NAC 641A.105

- Jennifer: Okay, so that brings us to NAC 641A.105, which is looking at lowering the extension fee. Thinking about the compact privilege fee would go here, a decreased fee for the military.
- Sara: As it stands right now, it's \$150, which is on par with the whole application fee. With the extension, there are no fingerprints needed. It's a one-page document signed by the primary supervisor. So, I was proposing lowering that to something around \$60, maybe \$50.
- Jennifer: I think when we brought this up, we all were in favor of reducing barriers from a financial standpoint. How many interns end up renewing? If we're looking at just the math of potential budget impacts, I'm just guessing they're very small.
- Joelle: If we look at the number for last year, we had 82 interns who were renewed. That represented \$12,300 last year. Using the same number of people, we would lose about \$7,000 overall.
- Sheldon: Obviously, things are seemingly going up, and if there's a way we can kind of soften the blow a little bit. Why not? But my question always is, how would that impact the office operationally as well?
- Joelle: I would say that we can probably absorb that.
- Jennifer: There are lots of reasons that interns need to extend. So sometimes it's life circumstances or client circumstances, and a lot of times it is that test. And so, I like the idea of not having this crazy fee for knowing that a lot of these students are now

also paying testing fees, like repeat testing fees, into that extension. And that is not an inexpensive venture.

- Sheldon: Even with the supervision, the numbers that I'm hearing our interns are being changed is a lot. I think it is really outrageous and it's really unfortunate. So, I'm all for reducing this cost.
- Marta: I'm all for reducing the cost, too. Maybe 50%, just cut it in half.
- Joelle: So that would be \$75 for the renewal fee. Reciprocity applicants pay \$75 for an application.
- Sara: Reciprocity applicants pay \$75, then?
- Joelle: They do.
- Sara: So, now I'm back down to a lower number than an application.
- Marta: Even with reciprocity, \$75 seems a little low. Why not put theirs up to \$100?
- Jennifer: I think it should cost the same for people to have an initial license by endorsement.
- Steve: I agree. I don't see why it would be different.
- Jenny: If we did that, then we could lower the renewal of an intern's license more safely.
- Marta: I would even say \$50. If the endorsement application gets bumped up to \$150, then I would say, let's put it even a little lower.
- Sara: I support that too.
- Joelle: If you want to make it equitable, we could do \$150 and \$60 for reciprocity and take the renewal of an intern license fee down to \$50.
- Marta: I like that better.

d. NAC 641A.131

- Joelle: In the 2023 legislative session, there was a bill that passed that required six hours of cultural competency. So, we have to abide by NRS first, and that informs our regulations. So, we just need those numbers to match. Sara, you wanted to talk about interactive versus non-interactive CEUs. Is that right?
- Sara: Yes, and I mean a lot of it is due to the cultural competency that I'm gaining, especially on disability and chronic illness. And then I've also been studying a little bit about therapist burnout lately. So, something that I came up with was what if we remove the interactive portion? I have some bullet points I want to read.: So, 40 to

45% depending on whether you're a supervisor or not. The CEUs are already on mandated topics, so we're already saying to the licensees what we want them to know, but with having the interactive and non-interactive, we're saying how we want them to get it, and I think we should increase therapist autonomy and the delivery of whatever continuing education they're getting. So, I support removing this.

I just completed a 45-hour training over the last three years, and being able to pause that video, go in, and practice the concept really helped my retention rate. I'm thinking if I had a chronic illness where I can't really predict how I'm going to be feeling that day, going into a live CEU, whether it's at home or going out to the community, can really be a burden on somebody who's dealing with an illness. There have been several colleagues who have I've spoken to about that and how difficult that's been for them. I had one more thing. I think our tendency is to tighten rules because as a Board we're exposed to the worst violations, but I think on this issue, we should actually loosen a little bit of control on how people get their education and let's see if that will actually increase retention rates if they're going to trainings that are delivered the way that would help through their own learning style for their own bodies.

- Steve: Sara, that's a really thoughtful point. Is there a consideration if we didn't change that interactive requirement that if somebody, for specific reasons, couldn't meet that, could they appeal to the Board for that consideration or exception?
- Jennifer: Steve, I like that idea. And you don't mean they would have to come in front of the Board to request accommodation, but they could appeal to the Board office to say, "Can I waive the requirement for interactive?"
- Steve: Yes, that.
- Sara: That means having to tell the Board what their specific medical issue is, and that's private medical data. For those who don't have disabilities and are extroverted and love live attendance, which I like live too, we have clinical issues that come up. We have intern emergencies, and we just missed 15 minutes of this presentation that we couldn't wait to attend. And we may have had to cancel a client to be at that specific time, so they might not have been able to reschedule. We might be burning out if we're going to a two-day training at the end of the week and trying to fit all of our people in now into a couple of days.
- Steve: That's not lost on me, Sara, but I do wonder if the benefit to these few situations, which are deserved, runs the risk, or the consequence, of folks taking advantage of that system for their convenience.
- Jenny: Sara, do you have any thoughts? So, did you say remove all interactive?
- Sara: That would be my hope.
- Jenny: I do like that we can now do live interactive via video or virtually. So that does remove some of the barriers to getting to locations. It's opened up a lot more opportunities to attend trainings on different topics that you don't just have to wait for

Las Vegas or travel to. Given what we've been seeing too with some of the disciplinary stuff, I appreciate what you're saying, and I would maybe even be open to lowering the number. I do like the idea of having some interactive experiences.

- Steve: I think that if we removed the interactive mandate and we let somebody do all 40 hours off of PDFs and quizzes, I don't feel that that's strong enough.
- Jenny: I'm thinking about people who do qualify with disabilities, and most learning experiences, there's the opportunity to apply for accommodations. I really do appreciate the consideration here and value that we are having this conversation. It's really clear that you're passionate about this and coming from such a good place. We could have accommodations like anybody would for exams or institutional policies. So that would apply here. What do you think about that?
- Sara: Would you be open to changing it to 10 interactive and 30 non-interactive?
- Jenny: I think 10 is a little low.
- Marta: I like the idea of being able to get that part waived on an individual basis.
- Jennifer: I do like the idea of being able to add language that creates some flexibility for those who need it on a case-by-case basis, knowing that half and half still seems reasonable for the rest of the folks.

e. NAC 641A.146

- Jennifer: I really appreciate the stat that you included on item E because I think that helps put some things into perspective. So, the last item is regarding NAC 641A.146, which adds a requirement for an ethics CEU or training for interns.
- Joelle: There was a discussion at the last meeting about the fact that interns need some training on ethics. If you wanted it to be a condition of internship licensure, then it would be an NRS change. If the Board feels strongly about interns having training or workshops in ethics, we could move up some training hours to be required. It would sound something like: you need 300 hours of supervision, you need 1500 direct client hours, and you need, let me just say for example, 10 hours of workshops pertaining to ethics, and then we could adjust the number down in the lower sections to accommodate that.
- Marta: I know other boards require two courses in the first six months of the internship. They had to list that on the six-month report, and they had to demonstrate that they fulfilled that requirement.
- Jennifer: That was for ethics and HIPAA, and confidentiality.
- Marta: So, I know the Alcohol and Drug Board already has some language for that. Interns have to do it within their first six months.

- Sara: I like the idea of getting them into the habit of doing three ethics per year. I think the primary supervisor can be the one to verify that.
- Jennifer: That's a great point, Sarah, because the primary supervisor is signing off on those hours. So, it's their duty to verify everything that's on there in one way or another.
- Joelle: So, we could propose moving 10 hours up to mandatory?
- Sara: I think we should do three per year because that would be consistent with our biennial renewals for full licensure.
- Joelle: Do you want HIPPA?
- Jennifer: We don't require that of our licenses, though. That doesn't mean we shouldn't.
- Steve: For clarification, an internship can be done in two years.
- Marta: They could get them every two years. That would put them on the same kind of cycle.
- Steve: Or within the first six or twelve months of an internship. The spirit of this is to have them trained in conscious of ethical decision making early.
- Jennifer: While I love the idea of getting them in the habit, I'm also cognizant of the fact that they're making a lower wage, paying for supervision, and paying for their exam. So, I want them to be prepared and have the training, and not have it be so expensive that it's a burden. So, I would be in favor of it within the first 12 months, and then they just know when they get their license, now they're held to the licensee standard, but I'm open.
- Joelle: Any ideas on the number of hours you want?
- Steve: Six, three, and three.
- Sheldon: That is what I was leaning towards. Three and three.
- Jennifer: I'm thinking a lot about what you said, Sara, about autonomy and interest and knowing that we have these required categories that we know are important enough that we're requiring them. I wonder if we can make it a bit broader to say that it's six hours related to ethics, suicide, cultural competency, HIPAA confidentiality in whatever combination of hours that lands based on what's available or what might be recommended by their supervisor. Or do we say maybe at least two or three in ethics? Then the other three can also be ethics or can be from these other categories.
- Sara: The context of where our interns are matters too. Some are in agencies; some are in private practice. So, what I would recommend would be probably different

depending on their work environment. So, if we made it broad, I think that's a good idea.

- Joelle: Could we say: six hours of training, approved by the primary supervisor of the intern, including, but not limited to, ethics, suicide, and cultural competency? So, then the primary supervisor has the autonomy and authority to say, "You are working in this type of environment, or these are the challenges that I've seen in all of my years of supervising interns. Maybe it would be a good idea for you to take three hours in ethics or in HIPAA. So, you could have those categories, but it would be up to the approval of the primary supervisor in the first 12 months of the internship. How does that feel to everybody?"
- Sheldon: I like it.
- Jennifer: Good stuff.

#### 9. Report from President (Advisement)

- Jennifer: No report.

#### 10. Report from Treasurer (Advisement)

- Jennifer: Our treasurer is not present.

#### 11. Report from Executive Director (Advisement)

- Joelle: I included the productivity spreadsheet for your review. I am encountering significant challenges getting contracts approved. I am working diligently to gather what they are requesting.
- Sheldon: Are other Boards affected by these challenges?
- Joelle: Yes. I wanted to let you know that we have been advised by the Attorney General's office that using EBAS for disciplinary matters would open the Board up to undue risk, so they advised us not to move forward with that company. The state is working its way through the cyber-attack. The office did experience some downtime and delays in fingerprint processing. The audit is underway. I met with CCE at the end of August regarding developing our jurisprudence exam. Dr. Ahmad is going to develop application-based questions, which I think is great. It would be the same format of questions that are on the NCMHCE exam. We have the authority to use it for compact applicants and for discipline. We have language in NRS to allow us to use it for MFT licensees, but not CPC licensees, so we will have to hold off on general use for everyone. I included MFT and CPC scope of practice, professional conduct, responsibilities to clients and others, and ethical codes of AAMFT, ACA, and NBCC.

#### 12. Report from Senior Deputy Attorney General Henna Rasul (Advisement)

- Henna: No report.

#### 13. Discussion regarding future agenda items and possible future meeting dates

- Jennifer: Joelle, you mentioned that there are a few things that we have to make space for.

- Joelle: Yes, I'd like to get a few dates on the calendar because we need to schedule workshops and hearings for regulation changes. We also have some disciplinary stuff.
  - Friday, October 24, 2025
  - Friday, November 21, 2025
  - Friday, January 16, 2026

#### 14. Board member comments

- Sara: Thank you, Joelle, for everything you do to keep us current and getting us through a hack.

#### 15. Public comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

- No public comment.

#### 16. Adjournment

- The meeting was adjourned at 1:20 PM.