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Readopt with amendment Mhp 302.01, effective 12-19-23 (Document #13786), as amended effective 8-17-24 (Document # 14052 EXRF), to read as follows:

Mhp 302.01 Pre-Licensure Supervised Practice.

(a) Student interns or residents practicing per RSA 330-A:34, I(b) in a mental health discipline regulated ~~***RSA 330-A***~~ by the board shall submit a completed "Candidate for Licensure: - Supervision Agreement" described in Mhp 302.01(c), to the board ***office of professional licensure and certification (OPLC)*** at least 30 days prior to the end of the internship or residency if they wish to complete their supervised practice in the same location as their internship.

(b) Upon ~~the board's~~ receipt of the student intern or resident's completed "Candidate for Licensure: - Supervision Agreement" the following shall apply until ~~the board issues~~ ***the student intern or resident receives*** a license for supervised practice:

(1) The applicant waiting for a supervision agreement shall be permitted to practice under the supervision of an individual licensed by the board and in good standing;

(2) The applicant waiting for a supervision agreement shall not work more than the 60 days allotted to obtain licensure; and

(3) The licensee supervising the applicant shall adhere to all requirements described in Mhp 302.03.

(c) Prior to beginning supervised practice as required by RSA 330-A:22, all candidates for licensed supervised practice and each supervisor shall complete and submit the "Candidate for Licensure: Supervision Agreement" form by providing the following information:

(1) The candidate for supervision shall complete part I of the ~~application~~ ***supervision agreement*** by providing the following information:

a. Indicate which of the following types of supervision the candidate is applying for:

1. Pastoral psychotherapist;
2. Licensed independent clinical social worker;
3. Clinical mental health counselor;
4. Marriage and family therapist;
5. School social worker;
6. Licensed social worker; or
7. Social work associate;

b. The candidate's full legal name;

Commented [CW1]:

+jeanette.l.webber@oplc.nh.gov
+elizabeth.t.eaton@oplc.nh.gov do you if the "application" is referring to the "Candidate for Licensure: Supervision Agreement"?

Commented [JW2R1]: Yes, the supervision agreement

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- c. The candidate's home physical address;
 - d. The candidate's home mailing address if different from the physical address;
 - e. The candidate's home or cell phone number;
 - f. The candidate's e-mail address;
 - g. The candidate's employer's name;
 - h. The candidate's employer's address;
 - i. The candidate's employer's phone number;
 - j. The candidate's title at their place of employment;
 - k. The Supervisor's name at the place of employment;
 - l. A list of the college(s) or university(s) attended by the candidate, the degree awarded, and date(s) of graduation;
 - m. A yes or no answer to the following questions and if applicable, attach the requested document:
 - 1. "Have you ever been denied a certification or license you applied for?" If yes, attach a detailed description including the denying board(s), date of denial(s), and reason for denial(s);
 - 2. "Have you ever been convicted of a felony or misdemeanor that has not been annulled?" If yes, attach a detailed description of the offense(s) including the name of the court(s), date of conviction(s), and sentence(s) imposed; and
 - 3. "Do you suffer from any emotional disturbance, mental illness, organic illness, or addictive disorder which presently impairs your ability to serve as a mental health practitioner?" If yes, attach a detailed description of how your ability to practice is impaired;
 - n. A yes or no answer to the question "Do you have a "Candidate for Licensure: Supervision Agreement" on file with the Board?;
 - o. A yes or no answer to the question "Are you changing supervisors?" If yes, attach a detailed explanation for the change in supervisors; and
 - p. A yes or no answer to the question "Are you applying for conditional licensure?";
- (2) The candidate's supervisor shall complete part II of the ***supervision agreement application*** and provide the following information:
- a. The supervisor's full legal name;

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- b. The supervisor's employer's name;
- c. The employer's address;
- d. The employer's phone number;
- e. The employer's e-mail address;
- f. The supervisor's title at place of employment;
- g. The physical address of where the supervision will take place;
- h. A yes or no answer to the question "Is the location where the supervision is to take place ~~confidential~~?";
- i. A yes or no answer to the question "Does the candidate have a W-2 work relationship with the employer?";
- j. Check all that apply to "I hold a current, valid license in NH as:
 - (i) Pastoral psychotherapist;
 - (ii) Licensed independent clinical social worker;
 - (iii) Clinical mental health counselor;
 - (iv) Marriage and family therapist;
 - (v) School social worker; or
 - (vi) Licensed social worker";
- k. A list of license numbers;
- l. A yes or no answer to the question "Have you been licensed in New Hampshire for more than 2 years?";
- m. A yes or no answer to the following questions to ensure compliance with Mhp 302.03(a):
 - 1. Did the supervisor complete a "graduate level course in clinical supervision?";
 - 2. Was the "clinical supervision approved by one of the following?
 - (i) Association for Clinical Pastoral Education;
 - (ii) National Association of Social Workers;

Commented [CW3]: ask board about confidential/secret

(iii) American Mental Health Counselors Association; or

(iv) American Association for Marriage and Family Therapy”; and

3. A yes or no answer to the question “Does the supervisor have 12 continuing education units (CEU’s) in clinical supervision through participation in a seminar or workshop was approved by a Category A sponsor listed in Mhp 402.02(a)(1).”;

n. Attach documentation proving the yes answer checked in response to m. above;

o. A yes or no answer to the question “Are you an employee of your supervisee’s clinical site?”;

p. If answered no to o. above, attach a detailed statement which addresses the following:

1. “Your relationship to the candidate’s employer or clinical site”;
2. “Acknowledging that you will provide supervision at the candidate’s place of employment or the clinical site where the applicant delivers services, at a mutually convenient and ethically appropriate site, or using a virtual HIPAA compliant platform”;
3. “That you have knowledge of candidate’s employer’s policies”; and
4. “How any disagreements between the contracted supervisor and the agency supervisor will be resolved”;

q. Attach a dated and signed copy of the written agreement with the candidate’s employer that allows the review of records, files, and any other documentation at the supervisee’s place of employment or clinical site; and

r. Certify the following statement by signing and dating the ***supervision agreement application***:

“I affirm that I have reviewed the candidate’s education record and it conforms with those outlined in Mhp 303, Mhp 304, Mhp 305, Mhp 306, Mhp 307, or Mhp 308 whichever refers to the appropriate candidate license type.

Additionally, I have read and shall conform to the laws of New Hampshire and the Board of Mental Health Practice Administrative Rules Mhp 100-500.”

(3) The candidate and the supervisor shall complete part III of the ***application supervision agreement*** by providing:

- a. An answer to the question “What is the frequency of individual supervision with one hour of supervision being 60 minutes?”;
- b. An answer to the question “What is the length of individual supervision?”; and

c. A signed and dated description of the goals of supervision, that includes at least the following:

1. Ethics;
2. Diagnosis and assessment;
3. Theoretical applications;
4. Community resources;
5. Specific competence; and
6. Cross cultural issues; and

(4) The candidate and the supervisor shall complete part IV of the ***supervision agreement*** application as follows:

a. The candidate for licensure shall certify by signing and dating the ***supervision agreement*** application under the preprinted statement:

“As a Candidate, I agree to provide my supervisor with all pertinent information concerning all clients and their care in order to make informed, ethical, and efficacious decisions for client care. I will inform my supervisor if I engage in any clinical activities outside of this agreement. I understand that all my clinical activity must be authorized by my supervisor. I will resolve all ethical dilemmas and practice issues as directed by my supervisor to the best of my ability. This supervision agreement does not remove any legal or civil responsibilities that I have for my actions related to this role.”;

b. The supervisor shall certify by signing and dating the application under the following statement:

“As the Supervisor, I agree to provide my Candidate with appropriate and efficacious training, guidance, and direction to assure a valuable training experience to meet standards for the Candidate’s licensure. I acknowledge that, at a minimum, under RSA 330-A:22, I will hold ***consistent***, one-hour face-to-face meetings at the site where the Candidate works, I will assume professional and legal responsibility for the Candidate, and I will review and have access to the Candidate’s clinical records. If I cease to supervise the Candidate, if my license becomes invalid, restricted, or sanctioned in NH or any other jurisdiction, or if I wish to terminate my legal and professional responsibility for the Candidate’s acts or omissions, I am responsible to notify the Board and the Candidate in writing, and that until I do, I remain responsible.”;

c. In addition to b. above the supervisor of a marriage and family therapist shall certify by signing and dating the ***supervision agreement*** application a second time under the following statement:

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“I acknowledge that, at a minimum, under RSA 330-A:22, I will hold, consistent one-hour face-to-face meetings and that I will assume professional and legal responsibility for the Candidate. I will review and have access to the Candidate’s clinical records. When providing outside Marriage and Family group supervision under Mhp 306.02(f), I will hold group face-to-face meetings with no more than six Candidates.”; and

d. All candidates and supervisors shall sign and date the ***supervision agreement application***, in addition to any other signatures already affected to the ***supervision agreement application***, certifying the following statement:

“All statements and information contained in this form are true and correct to the best of my knowledge and belief. I acknowledge that the provision of false information on this form is a basis for denial of this ***supervision agreement application***.”

(d) In addition to any attachments required by (c) above the candidate for licensure shall submit with the first “Candidate for Licensure: Supervision Agreement” their graduate transcripts in an envelope sealed and signed by the issuing school.

(e) The “Candidate for Licensure: Supervision Agreement” form shall:

- (1) Be legible;
- (2) Have all sections complete or designated as not applicable to the applicant; and
- (3) Be signed by the applicant and the applicant’s supervisor.

(f) Each “Candidate for Licensure: Supervision Agreement” shall be accompanied by:

- (1) The applicable fee as set forth in Plc 1002.29; and
- (2) A copy of the candidates transcripts described in Mhp 303 through Mhp 306.

(g) Any “Candidate for Licensure: Supervision Agreement” form shall be returned to the applicant as incomplete if:

- (1) Any portion of the form is illegible;
- (2) Any section of the form is incomplete;
- (3) The form is not signed where required by the applicant or supervisor who has completed that section; or
- (4) It is not accompanied by the documents described in Mhp 302.01(f).

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(h) A "Candidate for Licensure: Supervision Agreement" shall be considered filed with the board as of the date the board has received:

- (1) A fully completed ***supervision agreement*** ~~application form~~;
- (2) An official graduate school transcript in a signed, sealed envelope; and
- (3) The candidate agreement review fee described in Plc 1002.29.

(i) Within 30 days of the date the "Candidate for Licensure: Supervision Agreement" is ***received by the OPLC*** ~~on file with the board~~, the ~~board~~ ***OPLC*** shall request the applicant to provide additional information or documentation determined to be needed to clarify the ***supervision agreement*** ~~application~~ or any materials related to the ***supervision agreement*** ~~application~~.

(j) The board shall approve or deny the proposed "Candidate for Licensure: Supervision Agreement" within 60 days of receipt of the ***supervision agreement*** ~~application~~ and all supporting documents.

(k) The "Candidate for Licensure: Supervision Agreement" shall be denied if:

- (1) The supervisor does not meet the requirements set forth in Mhp 302.01(c);
- (2) The candidate does not meet the educational requirements of:
 - a. Mhp 303.01 for pastoral psychotherapists;
 - b. Mhp 304.01 for independent clinical social workers;
 - c. Mhp 305.01 and Mhp 305.02 for clinical mental health counselors; ~~or~~
 - d. Mhp 306.01 for marriage and family therapists; ~~or~~
 - e. Mhp 307.01 for licensed social workers; or***
 - f. Mhp 308.01 for social work associates.***

(3) The candidate is a 1099 employee of an independent private practice.

(l) If the ***supervision agreement*** ~~application~~ is denied, the applicant shall be provided an opportunity to request a hearing for reconsideration pursuant to ~~Mhp 208.16~~ ***Plc 206*** on the deficiency issues identified ***denial notification*** ~~by the board~~.

(m) Any such request for a hearing shall be submitted to the ***OPLC board*** ~~board~~ within 30 days from the date of the ~~board's~~ notification of denial or return from active military duty, failing which the denial shall be deemed final.

Commented [CW4]:

+elizabeth.t.eaton@oplc.nh.gov does the board approve supervisor agreements? Or is it OPLC?

Commented [EE5R4]: Similar to regular license applications, it's OPLC unless there's a reason to send to the board.

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(n) Pursuant to RSA 330-A:22, IV, no hours of supervised practice shall be credited to the candidate until the “Candidate for Licensure: Supervision Agreement” has been approved by the board.

(o) The supervisor and the candidate for licensure shall notify the board, in writing, if any requirements contained in an approved “Candidate for Licensure: Supervision Agreement” cannot be met, and may request the board:

(1) To approve a new supervisor for the candidate, which shall be granted so long as the new proposed supervisor qualifies under the provision of this rule;

(2) To terminate the agreement, which shall require the candidate to reinstitute the process of pre-licensure supervised practice from the beginning; or

(3) Otherwise change a provision of the “Candidate for Licensure: Supervision Agreement”, which shall be granted so long as no proposed change results in a violation of RSA 330-A:22.

(p) A request to terminate or modify an approved “Candidate for Licensure: Supervision Agreement” shall be approved or denied within a reasonable time, not to exceed 60 days from the date the request has been filed with the board. If denied, the candidate may seek reconsideration or appeal as in (l) and (m) above.

(q) Approval of a “Candidate for Licensure: Supervision Agreement” shall not guarantee licensure.

Readopt Mhp 302.02 through Mhp 302.04, effective 12-19-23 (Document #13786), to read as follows:

Mhp 302.02 Character Qualifications of Applicant for Supervised Practice.

(a) No application for licensure as a mental health practitioner shall be approved if the applicant is not of good professional character and reliability as set forth in ***RSA 330-A:10, XIV.***

(b) For the purpose of this subdivision a lack of good character shall be shown by one or more of the following:

(1) A finding ~~by the board~~ that the applicant, or someone acting on the applicant’s behalf, has submitted materially false information to the board in connection with the applicant;

(2) The presence of any complaints pending against a license or certificate issued by another licensing body or professional association, indicating that the applicant cannot be relied upon to practice competently, safely and honestly, or adhere to the ethical standards required by Mhp 501.02;

(3) Receipt of evidence of denial of a requested license or certificate by another licensing body or professional association or that the applicant is under active investigation by the board;

(4) Receipt of evidence that the applicant cannot be relied upon to practice competently, safely and honestly, or adhere to the ethical standards required by Mhp 501.02 due to:

a. Conviction of a felony or misdemeanor crime;

Commented [CW6]: this board's rulemaking authority for ethical standards for licensees. Does this extend to applicant's for supervised practice?

Commented [EE7R6]: candidates for licensure under supervision agreements are considered licensees because they require state recognition to provide services under supervision. The rulemaking authority does extend to applicants for supervision.

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- b. Any charge of felony or misdemeanor criminal conduct which has been filed with a court, but has not yet been finally resolved by a dismissal or judgment of “not guilty”;
 - c. Information from supervisors contained in the “Supervision Confirmation of Clinical Experience Form – Clinical Mental Health Counselors, Independent Clinical Social Workers, Pastoral Psychotherapist, or School Social Workers” as described in Mhp 302.05(b)(2)a. or the “Supervision Confirmation of Clinical Experience Form – Marriage and Family Therapists described in Mhp 302.05(b)(2)b.; or
 - d. Information provided by references as contained in the “Professional Reference Form” described in Mhp 302.05(c)(3) and required by Mhp 302.05(c)(3);
- (5) Receipt of evidence of past or pending civil suits alleging malpractice, professional incompetence, or negligence, indicating that the applicant cannot be relied upon to practice competently, safely, and honestly; or
- (6) Receipt of evidence of a condition or disorder which presently impairs the ability of the candidate to serve as a mental health practitioner.

Mhp 302.03 Supervisor Requirements.

- (a) The supervisor shall have successfully completed one of the following:
- (1) A graduate level course in clinical supervision;
 - (2) A clinical supervision certificate approved by one of the following:
 - a. Association for Clinical Pastoral Education;
 - b. National Association of Social Workers;
 - c. American Mental Health Counselors Association; or
 - d. American Association of Marriage and Family Therapy; and
 - (3) Twelve continuing education hours in clinical supervision prior to entering the supervision relationship meeting the requirements set forth in Mhp 402.02(a)(1).
- (b) The applicant for licensure receiving post-graduate supervision shall be supervised by at least one mental health practitioner currently licensed in New Hampshire who:
- (1) Has been practicing clinically for a period of at least 2 years;
 - (2) Is a non-probationary employee not under disciplinary investigation or pending disciplinary charges and has not had disciplinary action taken against their license in any state within the past 5 years;
 - (3) Is not related in any of the following ways to the post-graduate applicant to be supervised:
 - a. Spouse;

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- b. Parent, stepparent, parent-in-law, or step-parent-in-law;
- c. Natural, foster, or adopted child or stepchild; or
- d. Sibling, brother-in-law, or sister-in-law; and

(4) Does not have a dual relationship with the applicant which may impair their objectivity as described in Mhp 501.02(c).

Mhp 302.04 Issuance of a Full License to a Post-Graduate Supervisee. The ***OPLC board*** shall issue full licensure to an applicant for licensing receiving post-graduate supervisee when they have:

- (a) Met all the requirements required by Mhp 302.02;
- (b) Completed the post-graduate supervision described in Mhp 302.01;
- (c) Submitted appropriate "Supervision Confirmation of Clinical Experience Form" as described in Mhp 302.05 (b)(2)a. and Mhp 302.05(b)(2)b.;
- (d) Submitted any documents described in Mhp 302.05 not submitted at the time the ~~board approved~~ the post-graduate supervision ***was approved***; and
- (e) An ~~updated~~ criminal history ***record release form as provided by the New Hampshire division of state police, department of safety, together with a complete set of fingerprints pursuant to RSA 330-A:15-a. records check required by Mhp 302.05(a)(3).***

Readopt with amendment Mhp 302.05 through Mhp 302.07, effective 12-19-23 (Document #13786), to read as follows:

Mhp 302.05 Licensure Application Process.

(a) Persons wishing to obtain licensure as a mental health practitioner in New Hampshire shall apply ~~to the board~~ by completing and submitting the following:

- (1) The information described in Plc 304.03 on the "Universal Application for Initial Licensure" form and signed ~~and dated in~~ accordance with Plc 304.05;
- (2) For clinical mental health counselors, the following information shall be added to the information required in (1) above:

~~a. All names the applicant has ever been known by;~~

b. Yes or no to the question "Have you previously taken the National Clinical Mental Health Counselor Examination from the National Board for Certified Counselors (NBCC)?"; and

c. Yes or no to the question "Was your graduate program in clinical mental health counseling approved by the Council for Accreditation of Counseling or Related Educational programs (CACREP)?";

Commented [CW8]: included in updated universal application

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(3) For pastoral psychotherapists the following information shall be added to the information required in (1) above:

- a. ~~All names the applicant has ever been known by;~~ and
- b. Yes or no to the question “Have you previously taken the New Hampshire Pastoral Psychotherapist Association (NHPPA) Pastoral Psychotherapist Licensure Examination: Clinical Theory and Practice?”;

(4) For ***licensed*** independent clinical social workers, the following information shall be added to the information required in (1) above:

- a. ~~All names the applicant has ever been known by;~~
- b. Yes or no to the question “Have you previously taken the American Association of State Social Worker Boards Clinical Examination?”; and
- c. Yes or no to the question “Was your graduate program in clinical social work approved by the Council on Social Work Education (CSWE)?”;

(5) For school social workers, the following information shall be added to the information required in (1) above:

- a. ~~All names the applicant has ever been known by;~~
- b. Yes or no to the question “Have you previously taken the American Association of State Social Worker Boards Clinical Examination?”; and
- c. Yes or no to the question “Was your graduate program in clinical social work approved by the Council on Social Work Education (CSWE)?”;

(6) For marriage and family therapist, the following information shall be added to the information required in (1) above:

- a. ~~All names the applicant has ever been known by;~~
- b. Yes or no to the question “Have you previously taken the Marriage and Family Therapist National Examination given by the Association for Marriage and Family Regulatory Boards?”; and
- c. Yes or no to the question “Was your graduate program in marriage and family therapy approved by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)?”;

(7) For licensed social workers, the following information shall be added to the information required in (1) above:

a. Yes or no to the question “Have you previously taken the American Association of State Social Worker Boards Clinical or Bachelor Level Examination?”; and

b. Yes or no to the question “Was your bachelor’s degree in social work approved by the Council on Social Work Education (CSWE)?”;

(8) For social work associates, the following information shall be added to the information required in (1) above:

a. Yes or no to the question “Have you previously taken the American Association of State Social Worker Boards Clinical or Bachelor Level Examination?”; and

b. Yes or no to the question “Was your bachelor’s degree in clinical mental health, social work, psychology, behavioral health counseling, human services discipline, or equivalent program from an accredited college or university?”;

(7) (9) Supporting documents required of all applicant’s, as specified in Mhp 302.05(b);

(8) (10) The documents required for the criminal history records check required under RSA 330-A:15-a, II-IV; ~~which include:~~

~~a. A criminal history record release form, also known as form DSSP from the department of safety, available at https://www.nhsp.dos.nh.gov/sites/g/files/ehbemt461/files/inline-documents/sonh/dssp2561_vgmedits.pdf;~~

~~b. A completed fingerprint card or submission of Live Scan documentation. A fingerprint card may be obtained by contacting the board offices at (603) 271-2152. Livescan site locations are listed on the department of safety’s website at <https://www.certifixlivescan.com/category/fingerprinting-service-locations/new-hampshire/>; and~~

~~c. A separate check made payable to “State of NH, Criminal Records” with the fee, as required by the department of safety;~~

(9) ~~If the federal criminal history records check described in (8) ***10*** above shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board;~~

(10) (11) The results of one of the following examinations ~~appropriate~~ ***required*** for the license the applicant is applying for:

a. The New Hampshire Pastoral Psychotherapist Examination;

b. The American Association of State Social Work Boards, Clinical Level Exam;

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- c. The National Clinical Mental Health Counselor Exam; ~~or~~
- d. The National Exam of the Association of Marriage and Family Regulatory Boards;
~~and or~~
- e. The American Association of State Social Work Boards, Bachelor's Level Exam;
and***

(44) ~~(12)~~ The initial license fee as required by Plc 1002.29.

***(13) Documentation of successful completion of the jurisprudence examination with a
passing score described in Mhp 311.***

(b) Each applicant for licensure shall submit with the application the following ***information and*** supporting documentation:

(1) One of the following supervised clinical experience forms:

a. The "Summary of Supervised Clinical Experience Form – Clinical Mental Health Counselors, ***Licensed*** Independent Clinical Social Workers, ***Licensed Social Workers, Social Work Associates***, Pastoral Psychotherapists, or School Social Workers" requiring the following information:

- 1. Applicant's name;
- 2. Start and end date of each ~~post-graduate~~ supervised clinical experience;
- 3. Name of facility for each supervised clinical experience;
- 4. Name of supervisor for each supervised clinical experience;
- 5. Total hours of each individual supervision received for each supervised clinical experience;
- 6. Total hours of clinical experiences for each supervised experience;
- 7. Total hours of supervised clinical experience for all experiences; and
- 8. The applicant's signature and date of signing below the following attestation:

"By signing below, I certify that the foregoing is correct to the best of my knowledge."; or

b. The "Summary of Supervised Clinical Experience Form – Marriage and Family Therapist" requiring the following information:

- 1. Applicant's name;

2. Start and end date of each supervised clinical experience;
3. Name of facility for each supervised clinical experience;
4. Name of supervisor for each supervised clinical experience;
5. Total hours of each individual supervision received for each supervised clinical experience;
6. Total hours of client contact for each supervised clinical experience;
7. Total hours of clinical experiences for each supervised experience;
8. Total hours of supervised clinical experience for all experiences; and
9. The applicant's signature and date of signing below the following attestation:

"By signing below, I certify that the foregoing is correct to the best of my knowledge.";

(2) One of the following supervisor's confirmation of clinical experience forms:

a. The "Supervisor's Confirmation of Clinical Experience Form – Clinical Mental Health Counselors, ***Marriage and Family Therapists, Licensed*** Independent Clinical Social Workers, ***Licensed Social Workers, Social Work Associates, and*** Pastoral Psychotherapists, or School Social Workers" requiring the following information:

1. The applicant's name, address including city, state, and zip code, signature, and date of signing under the following statement:

"I am applying for licensure as a clinical mental health counselor, ***licensed*** independent clinical social worker, pastoral psychotherapist, ~~or school social worker, licensed social worker or social work associate~~ in the State of New Hampshire. The Board of Mental Health Practice requires confirmation of supervised clinical experience. This is your authority to release all information you have in your files."

2. Name of facility where the ~~post-masters~~ supervised clinical experience took place;
3. Address of facility where the ~~post-masters~~ supervised clinical experience took place;
4. Applicant's title at the time of supervision;
5. Beginning and ending month and year of supervised clinical experience;
6. Hours per week of face-to-face individual supervision;

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7. Total hours of face-to-face supervision;
8. Total hours of paid ~~post-master's~~ supervised clinical work experience, which is the number of hours worked per week times the number of weeks worked;
9. ~~Answer~~ *A* yes or not- ***answer*** to the question "If the supervision took place in New Hampshire was an approved "Candidate Licensure supervisor Agreement" on file ~~in the board's office~~ ***with the board*** prior to the commencement of supervision?"
10. Attach to this form a description of the supervisory methods and the types of issues ~~dealt~~ ***dealt*** with during supervision, a description of the type of work performed by the applicant, and a description of the quality of work performed by the applicant completed by the supervisor;
11. Printed name of supervisor(s);
12. Title of supervisor at the time of supervision;
13. Supervisor's business address;
14. Highest degree earned by the supervisor;
15. ~~What is the supervisor licensed as-~~ ***The supervisor's license type,*** including the state of licensure, license number, and date the license was issued;
16. Supervisor's phone number; and
17. Supervisor's signature and date of signing; or

~~(3) Three separate and distinct "Professional Reference Forms", each signed by the person providing the reference, at least one of which is from a supervisor;~~

~~(4) The "Professional Reference Form" shall be provided by the board and require ***with the*** following information:~~

~~a. The applicant for initial licensure shall complete the following information on the form before providing the form to the professional reference:~~

- ~~1. A check mark next to the type of application being applied for, independent clinical social worker, clinical mental health counselor, marriage and family therapist, or pastoral psychotherapist;~~
- ~~2. Their full legal name;~~
- ~~3. Their physical address including city, state, and zip code; and~~

Commented [CW9]:

+nikolas.k.frye@oplc.nh.gov I do not see the statutory authority mandating references with the application.

Commented [EE10R9]: The board would likely cite their good professional character and reliability rulemaking authority. We can talk to them about it. Would love to hear from +nikolas.k.frye@oplc.nh.gov

Commented [CW11]:

+nikolas.k.frye@oplc.nh.gov
+elizabeth.t.eaton@oplc.nh.gov can you review the requirements for professional reference forms. Is this required by statute?

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~~4. Their signature and date of signing; and~~

~~b. After the applicant for licensure has completed the portion of the form described in a. above the applicant shall have the ***Each*** professional reference ***shall*** provide the following information on the form:~~

~~1. Their full legal name;~~

~~2. Their relationship with the applicant;~~

~~3. The length of time they have known the applicant;~~

~~4. A brief description of their knowledge of the applicant's professional and ethical behavior;~~

~~5. The name of the organization and the applicant's title and position at the organization when the professional reference worked with the applicant;~~

~~6. A brief description of the applicant's duties and responsibilities at the organization described in v. above;~~

~~7. The area of the applicant's specialties;~~

~~8. A brief description of any knowledge that the applicant:~~

~~a. Has been or is the subject of any malpractice or civil suit involving the practice of their profession;~~

~~b. Has been charged or convicted of a crime in any state or country, the disposition of which was other than acquittal or dismissal;~~

~~c. Has been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence, or negligence made or pending against them;~~

~~d. Has ever been required to surrender their license or certification; or~~

~~e. Has been found guilty of, or have entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or county by any licensing board or professional ethics body;~~

~~9. An attestation and certification that the reference believes that the applicant is an individual of good professional and moral character, and if the answer is no to provide an explanation;~~

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~~10. A check mark next to the type of endorsement: without reservation, with reservation, or not recommended;~~

~~11. If the reference indicates with reservation or not recommended then provide a written explanation of that answer;~~

~~12. Their mailing address, phone number, title, degree, license or certification specialty, state(s) in which they are licensed, and license number(s); and~~

~~13. Signature and date of signing; and~~

~~e. The professional reference shall provide the "Professional Reference Form" to the applicant in a sealed envelope signed so it is evident it has not been tampered with.~~

Mhp 302.06 Application Process for Those Licensed in Another State for a Period of 5 Years or Less: To qualify for licensure by endorsement pursuant to RSA 310:17, applicants shall meet the substantially similar requirements specified in Plc 313.37.

~~—(a) Persons who wish to apply for a license as a pastoral psychotherapist and are already licensed in another state for 5 years or less shall:~~

- ~~(1) Submit an application as required in Mhp 302.05 (a)(1) e.;~~
- ~~(2) Pass the examination required in Mhp 303.05(a);~~
- ~~(3) Meet the educational requirements in Mhp 303.01;~~
- ~~(4) Meet the coursework requirements in Mhp 303.01;~~
- ~~(5) Meet the supervision requirements in Mhp 303.02 if applying with a doctoral degree in clinical psychology;~~
- ~~(6) Meet the supervision requirements in Mhp 303.03 if applying with a license in mental health from another state;~~
- ~~(7) Provide the board with the documents to receive a criminal history records check as described in Mhp 302.05(a)(8); and~~
- ~~(8) Pay the initial license fee required in Plc 1002.29.~~

~~——(b) Persons who wish to apply for a license as an independent clinical social worker and are already licensed in another state for a period of 5 years or less shall:~~

- ~~(1) Submit an application as required in Mhp 302.05;~~
- ~~(2) Pass the Association of Social Work Boards clinical level examination;~~
- ~~(3) Meet the educational requirements in Mhp 304.01(a);~~
- ~~(4) Meet the coursework requirements in Mhp 304.01(b);~~

Commented [CW12]:

+nikolas.k.frye@oplc.nh.gov existing rules have a 5 year standard that is not in statute.

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~~(5) Meet the supervision requirements in Mhp 304.02;~~

~~(6) Provide the board with the documents to receive a criminal history records check as described in Mhp 302.05(a)(8); and~~

~~(7) Pay the initial license fee required in Plc 1002.29.~~

~~—(e) Persons who wish to apply for a license as a clinical mental health counselor and are already licensed in another state for a period of 5 years or less shall:~~

~~(1) Submit an application as required in Mhp 302.05;~~

~~(2) Pass the National Clinical Mental Health Counselor Examination;~~

~~(3) Meet the educational requirements in Mhp 305.01;~~

~~(4) Meet the course requirements in Mhp 305.02;~~

~~(5) Meet the supervision requirements in Mhp 305.03;~~

~~(6) Provide the board with the documents to receive a criminal history records check as described in Mhp 302.05(a)(8); and~~

~~(7) Pay the initial license fee required in Plc 1002.29.~~

~~—(d) Persons who wish to apply for a license as a marriage and family therapist and are already licensed in another state for a period of 5 years or less shall:~~

~~(1) Submit an application as required in Mhp 302.05;~~

~~(2) Pass the exam required in Mhp 306.03;~~

~~(3) Meet the educational or course work requirements required in Mhp 306.01(a)(3) and Mhp 306.01(b);~~

~~(4) Meet the coursework required in Mhp 306.01 (b);~~

~~(5) Meet the supervision required in Mhp 306.02;~~

~~(6) Provide the board with the documents to receive a criminal history records check as described in Mhp 302.05(a)(8); and~~

~~(7) Pay the initial license fee required in Plc 1002.29.~~

~~—(e) Complete applications that are submitted pursuant to (a)-(d) above and received by the board at least 10 business days prior to a regularly scheduled meeting shall be reviewed by the board at that meeting.~~

~~—(f) The board shall review applications submitted under (a)-(d) above in accordance with Mhp 302.05(f)-(i).~~

~~—(g) Notwithstanding (f) above, pursuant to RSA 330-A:26, II any applicant seeking licensure under this section shall be allowed to practice in New Hampshire not more than 30 days after the completed~~

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~~application is received by the board pending final approval or conditional denial of the license for other reason by the board.~~

~~Mhp 302.07 Application Process for Those Actively Licensed in Another State for a Period of 5 Years or More In Good Standing.~~

~~— (a) Persons who have been actively licensed as a mental health professional in another state for 5 or more years in good standing who wish to apply for a license in the same discipline as a clinical social worker, clinical mental health counselor, marriage and family therapist, or pastoral psychotherapist shall:~~

~~(1) Submit a “Universal Application for Initial Licensure” as required in Mhp 302.05, checking the box marked “Fast Track Application”;~~

~~(2) Submit the documents required for a criminal records check, pursuant to RSA 330-A:15-a, II-IV, as required in Mhp 302.05(a)(8);~~

~~(3) Submit either:~~

~~a. Proof that the state the applicant is applying from accepts the same exam listed in Mhp 302.03(a)(10) for the relevant profession at the time the applicant was licensed by the state; or~~

~~b. The results of the examination to achieve licensure listed in Mhp 302.05(a)(10);~~

~~(4) Submit the initial license fee as required by Plc 1002.29;~~

~~(5) The name of the graduate school attended, and official transcript certified by a school official showing all coursework, type of degree granted, and date of degree; and~~

~~(6) Provide verification from all other states in which the applicant is licensed to practice directly from the issuing state.~~

~~— (b) Complete applications that are submitted pursuant to (a) above and received by the board at least 10 business days prior to a regularly scheduled meeting shall be reviewed by the board at that meeting.~~

~~— (c) The board shall review applications submitted under (a) above in accordance with Mhp 302.05(f)-(i).~~

~~— (d) Notwithstanding (c) above, pursuant to RSA 330-A:26, II any applicant seeking licensure under this section shall be allowed to practice in New Hampshire not more than 30 days after the completed application is received by the board, pending final approval or conditional denial of the license for other reason by the board.~~

APPENDIX I Statutes

Rule	Specific State Statute the Rule Implements
Mhp 302.01	RSA 330-A:22, II
Mhp 302.01(c)	RSA 330-A:22, II; RSA 330-A:18-b, III; RSA 330-A:18-c, III; RSA 330-A:18-d
Mhp 302.01 (a), (b), (k), & (q)	RSA 330-A:22
Mhp 302.02	RSA 330-A:10, XII

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Mhp 302.03	RSA-330-A:22, II, III, IV
Mhp 302.04	RSA 310:4, II(c)
Mhp 302.05	RSA 310:4, II(c)
Mhp 302.06	RSA 310:17