

COVER SHEET FOR FINAL PROPOSAL

Notice Number 2024-152

Rule Number Mhp 400 various

1. Agency Name & Address:

**Board of Mental Health Practice
Office of Professional Licensure and
Certification
7 Eagle Square
Concord, NH 03301**

2. RSA Authority:

RSA 330-A:10, XI

3. Federal Authority:

N/A

4. Type of Action:

☒ Adopt

☐ Repeal

☐ Readoption

☒ Readoption w/amendment

5. Short Title: **License Renewal, License Reinstatement, and Continuing Education Requirements for Mental Health Practitioners**

6. Contact person for copies and questions:

Name: **Chantell B. Wheeler**

Title: **Rules Administrator**

Address: **OPLC, 7 Eagle Square, Concord,
NH 03301**

Phone #: **603-271-8311**

7. The rulemaking notice appeared in the Rulemaking Register on **August 8, 2024**.

**SEE THE INSTRUCTIONS--PLEASE SUBMIT ONE COPY OF THIS COVER SHEET
AND ONE COPY OF THE FOLLOWING:
(optional to number correspondingly)**

8. The "Final Proposal-Fixed Text," including the cross-reference table required by RSA 541-A:3-a, II as an appendix.

9. A report of public comments received on the Initial Proposal, including information on how the comment was incorporated into the final rule, or, if not incorporated, a detailed explanation justifying why the agency did not amend the rule, pursuant to RSA 541-A:12, II(e).

10. Yes ☐ N/A ☒ Incorporation by Reference Statement(s) because this rule incorporates a document or Internet content by reference for which an Incorporation by Reference Statement is required pursuant to RSA 541-A:12, III.

11. Yes ☒ N/A ☐ Agency form(s) as required by RSA 541-A:12, II-a which this rule incorporates by reference or whose requirements are set forth in the rule pursuant to RSA 541-A:19-b.

12. Yes ☒ N/A ☐ The "Final Proposal-Annotated Text," indicating how the proposed rule was changed because the text of the rule changed from the Initial Proposal pursuant to RSA 541-A:12, II(d).

13. Yes ☐ N/A ☒ The amended fiscal impact statement pursuant to RSA 541-A:5, VI because the change to the text of the Initial Proposal affects the original fiscal impact statement (FIS), or there is an error in the original FIS which must be corrected.

14. Yes ☐ N/A ☒ Report of Implementation of Expired Rules if the filing contains expired rules and do not fall under the extension of RSA 541-A:14-a.

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**Board of Mental Health Practice
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7 Eagle Square
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2. RSA Authority: RSA 330-A:10, XI

3. Federal Authority: N/A

4. Type of Action:

Adoption X

Repeal

Readoption

Readoption w/amendment X

5. Short Title: **License Renewal, License Reinstatement, and Continuing Education Requirements for Mental Health Practitioners**

6. (a) Summary of what the rule says and of any proposed amendments including whether the rule implements a state statute for the first time:

The Board of Mental Health Practice (Board) proposes to:

(1) Readopt with amendment Mhp 401.01 through Mhp 401.04 on license renewal to incorporate Plc 1002.29 rule for fees and to require applicants seeking renewal of an occupational license regulated by RSA 330-A to comply with Plc 308 rules for license renewals. The Executive Director of the Office of Professional Licensure and Certification (OPLC) was granted rulemaking authority in RSA 310:6, II to adopt procedural rules for applications for licensure, pursuant to 2023, 235:8, effective July 15, 2023.

(2) Readopt with amendment Mhp 401.05 rule on inactive status to incorporate Plc 307 rules for placing the license of reserve military members called to active duty on “inactive” status. The OPLC was granted authority in RSA 310:8, V to make inactive a reserve service member’s license, upon their request, when called to active duty, pursuant to 2023, 235:8, effective July 15, 2023.

(3) Readopt with amendment Mhp 402 on continuing education to clarify that continuing education requirements shall apply to pastoral psychotherapists, licensed independent clinical social workers, school social workers, clinical mental health counselors, and marriage and family therapists. Further amendment proposes to require that Board-approved supervisors complete 6 continuing education credits in clinical supervision, from Category A, as part of the 40 total credits required.

(4) Adopt Mhp 402.02 establishing continuing education requirements for licensed social workers pursuant to 2021, 183:7, effective October 9, 2021.

(5) Adopt Mhp 402.03 establishing the continuing education requirements for licensed social work associates pursuant to 2021, 183:7, effective October 9, 2021.

(6) Readopt with amendment and renumber Mhp 402.02 on approved continuing education as Mhp 402.04, to limit the number of home study continuing education credits for each license type. Further amendments propose to grant continuing education credits to licensed social workers, and social work associates who complete bachelor level course work. Additionally, continuing education credits can be earned through teaching baccalaureate or graduate level courses.

(7) Readopt with amendment and renumber Mhp 402.03 on failure to satisfy continuing education requirements, as Mhp 402.05, to clarify the waiver process for licensees who fail to meet the continuing education requirements.

(8) Readopt with amendment Mhp 403.01 on collaboration hours to provide better clarity.

(9) Readopt with amendment Mhp 404.01 and Mhp 404.02, on, respectively, reinstatement and denial of reinstatement, to incorporate Plc 312 rules for the process of obtaining a license after expiration, suspension, or revocation, pursuant to 2023, 235:8, effective July 15, 2023.

6. (b) Brief description of the groups affected:

The rule affects the general public, mental health practitioners, and individuals seeking licensure as a mental health practitioner in New Hampshire.

6. (c) Specific section or sections of state statute or federal statute or regulation which the rule is intended to implement:

Rule	Specific State Statute Implemented
Mhp 401.01	RSA 310:8, II
Mhp 401.02	RSA 330-A:31, I and RSA 310:8, III
Mhp 401.03 and Mhp 401.04	RSA 310:8, III
Mhp 401.05	RSA 330-A:31, III
Mhp 402.01 through Mhp 402.05	RSA 330-A:10, XI
Mhp 403.01	RSA 330-A:10, XVI
Mhp 404.01 and Mhp 404.02	RSA 310:8, III

7. Contact person for copies and questions including requests to accommodate persons with disabilities:

Name: **Chantell B. Wheeler**

Title: **Rules Administrator**

Mailing: **OPLC**

Phone #: **(603) 271-8311**

Address: **7 Eagle Square
Concord, NH 03301**

Fax#: **None**

E-mail: **chantell.b.wheeler@oplc.nh.gov**

TTY/TDD Access: Relay NH 1-800-735-2964 or
dial 711 (in NH)

8. Deadline for submission of materials in writing or, if practicable for the agency, in the electronic format specified: **September 30, 2024, at 4:00 p.m.**

☐ Fax

☒ E-mail

☐ Other format (specify):

9. Public hearing scheduled for:

Date and Time: **Friday, September 20, 2024, at 9:00 a.m.**

Physical Location: **OPLC offices at 7 Eagle Square, Concord, NH 03301**

Electronic
Access (if applicable): **N/A**

10. Fiscal Impact Statement (Prepared by Legislative Budget Assistant):

FIS # 24:149 , dated August 8, 2024

1. Comparison of the costs of the proposed rule(s) to the existing rule(s):

When compared to the existing rules the proposed rules may increase costs to certain State citizens and independently owned businesses. Not applicable to Mhp 402.02 and Mhp 402.03 as these are new rules.

2. Cite the Federal mandate. Identify the impact on state funds:

No federal mandate, no impact on state funds.

3. Cost and benefits of the proposed rule(s):

The proposed rules codify the continuing education hours for certain professions and apply new continuing education requirements for school social workers, social workers and social worker associates as these are new license types. These new requirements may increase costs to those State citizens who work in these professions when renewing their licenses or to independently owned businesses who choose to pay for their employees to complete their continuing education requirements.

A. To State general or State special funds:

None.

B. To State citizens and political subdivisions:

See # 3 above.

C. To independently owned businesses:

See # 3 above.

11. Statement Relative to Part I, Article 28-a of the N.H. Constitution:

There are no costs associated with the rules, and the rules do not apply to political subdivisions. The rules do not mandate or assign any new, expanded, or modified programs or responsibilities to any political subdivision in such a way as to necessitate additional local expenditures, and so do not violate Part I, Article 28-a of the N.H. Constitution.

Readopt with amendment Mhp 401.01, effective 1-22-15 (Document #10762), to read as follows:

Mhp 401.01 Expiration of License. Licenses issued under this chapter, shall be valid as provided in Plc 304.12.

Edit. Delete comma.

Readopt with amendment Mhp 401.02, effective 1-22-15 (Document #10762), as amended effective 7-27-18 (Document #12594), to read as follows:

Mhp 401.02 Renewal Requirements.

(a) Plc 308 shall govern licensure renewals.

(b) A licensee for renewal shall:

(1) Submit the information required by Plc 308.06 on the “Universal Application for License Renewal” dated April 2024 that is signed and attested to as required in Plc 308.08, prior to the date of license expiration;

Edit. "and".

(2) Complete, sign, and submit the “Continuing Education & Collaboration Report Form 200”, revised December 2024, and

Edit. Here and on the form Feb. 2025.

(3) Pay the fee specified by Plc 1002.29.

(c) Failure to meet the eligibility requirements of Plc 308.02, and the application procedures described in Plc 308.05, by the prescribed date shall result in the license expiring.

(d) If a license has expired such person shall not practice mental health services until such time that a new license is issued.

Edit. Insert a comma.

(e) The renewal process shall only be available to persons whose current license has not expired.

(f) Pursuant to RSA 126-A:5, XVIII-a.(a) and RSA 330-A:10-a, licensees may complete and submit, as part of their renewal application, the applicable licensure survey pursuant to He-C 801 issued by the office of rural health and primary care, department of health and human services.

(g) Licensees shall be provided with the opportunity to opt out of the survey. Written notice of the opt-out opportunity shall be provided with the renewal application.

(h) Licensees choosing to opt-out of the survey shall submit a completed NH department of health and human services form pursuant to He-C 801.04.

Edit/Unclear. Are they submitting a copy to the board too? This rule doesn't indicate which agency the applicant needs to submit the form.

(i) Information contained in the opt-out forms shall be kept confidential in the same accord with the survey form results, pursuant to RSA 91-A, and RSA 126-A:5, XVIII-a.(c).

Readopt with amendment Mhp 401.03, effective 1-22-15 (Document #10762), to read as follows:

Mhp 401.03 Filing Date. An application for license renewal shall be submitted to the licensing bureau no later than the expiration date of the present license.

Readopt with amendment Mhp 401.04, effective 1-22-15 (Document #10762), to read as follows:

Mhp 401.04 Denial of Renewal. License renewal shall be denied if there is a preponderance of the evidence to establish:

Edit. Remove bold.

(a) Noncompliance with the continuing education requirements of Mhp 402, or the collaboration requirement of Mhp 403.01;

(b) Failure to furnish complete or accurate information on the renewal license application; or

(c) That the requirements of RSA 330-A, RSA 310:8, and these rules relative to licensure and qualifications have not been met, or no longer continue to be met.

Readopt with amendment Mhp 401.05, effective 12-18-21 (Document #13311), to read as follows:

Mhp 401.05 Inactive Status.

(a) Plc 307 rules shall govern with regards to inactive status for reserve military called to active duty.

(b) Licensees in any reserve component of the armed forces of the United States or the national guard called to active duty, may request inactive license status by completing and submitting the “Request for Inactive Status Military Activation” form required by Plc 307.06 to CustomerSupport@oplc.nh.gov.

(c) An inactive license may be reactivated within one year of the licensee’s release from active status by submitting a written request in accordance with (d), below, together with payment of the application-related fee for renewal and proof of completion of applicable continuing competence requirements if the license term of the license that was put on inactive status has expired.

(d) Licensees shall complete and submit the “Request for License Reactivation” form pursuant to Plc 307.07.

Readopt with amendment Mhp 402.01, effective 12-18-21 (Document #13311), to read as follows:

Mhp 402.01 Continuing Education Requirements for Pastoral Psychotherapists, Licensed Independent Clinical Social Workers, School Social Workers, Clinical Mental Health Counselors, and Marriage and Family Therapists.

(a) Each licensee shall complete 40 hours of approved continuing education (CE) every 2 years. Of the 40 required CE hours, board approved supervisors shall complete at least 6 CE hours in clinical supervision from Category A.

(b) At least 30 of the 40 CE hours shall be completed from Category A as described in Mhp 402.02(a)-(d).

(c) At least 6 of the 40 CE hours shall be completed in ethics and shall be from Category A.

(d) At least 3 of the 40 CE hours shall be completed in suicide prevention, in accordance with RSA 330-A:10, XI and shall be from Category A.

(e) No more than 10 CE hours shall be from Category B as described in Mhp 402.02(e).

(f) Each licensee shall maintain documentation sufficient to prove attendance at or participation in any continuing education hours submitted for license renewal, pursuant to Plc 308.04.

(g) Licensed members of the board shall receive 6 CE hours per year to meet Mhp 402.01(c).

(h) Failure to comply with the requirements of this section shall constitute professional misconduct.

Adopt Mhp 402.02 and Mhp 402.03, and renumber the existing Mhp 402.02 and Mhp 402.03 as Mhp 402.04 and 402.05, so that Mhp 402.02 and Mhp 402.03 read as follows:

Mhp 402.02 Continuing Education Requirements for Licensed Social Workers.

(a) Each licensee shall complete 30 hours of approved continuing education (CE) every 2 years.

(b) At least 24 of the 30 CE hours shall be completed from Category A as described in Mhp 402.04(a)-(d).

(c) At least 3 of the 30 CE hours shall be completed in ethics and shall be from Category A.

(d) At least 3 of the 30 CE hours shall be completed in suicide prevention, in accordance with RSA 330-A:10, XI and shall be from Category A.

(e) No more than 6 CE hours shall be from Category B as described in Mhp 402.04(e).

(f) Each licensee shall maintain documentation sufficient to prove attendance at or participation in any continuing education hours submitted for license renewal, pursuant to Plc 308.04.

(g) Licensed members of the board shall receive 6 hours of CE per year to meet Mhp 402.01(c).

(h) Failure to comply with the requirements of this section shall constitute professional misconduct.

Mhp 402.03 Continuing Education Requirements for Social Worker Associate.

(a) Each licensee shall complete 10 hours of approved continuing education (CE) every 2 years.

(b) At least 6 of the 10 CE hours shall be completed from Category A as described in Mhp 402.04(a)-(d).

(c) At least 3 of the 10 CE hours shall be completed in ethics and shall be from Category A.

(d) At least 3 of the 10 CE hours shall be completed in suicide prevention, in accordance with RSA 330-A:10, XI and shall be from Category A.

(e) No more than 4 CE hours shall be from Category B as described in Mhp 402.04(e).

(f) Each licensee shall maintain documentation sufficient to prove attendance at or participation in any continuing education hours submitted for license renewal pursuant to Plc 308.04.

(g) Licensed members of the board shall receive 6 hours of CE per year to meet Mhp 402.01(c).

(h) Failure to comply with the requirements of this section shall constitute professional misconduct.

Readopt with amendment and renumber Mhp 402.02, effective 12-18-21 (Document #13311), as Mhp 402.04 to read as follows:

Mhp 402.04 Approved Continuing Education.

(a) Category A CE hours shall be earned by:

(1) Participation in seminars, workshops, or live, interactive webinars;

(2) Participation in home study courses shall be limited to:

a. Up to a maximum of 30 CE hours for pastoral psychotherapists, licensed independent clinical social workers, school social workers, clinical mental health counselors, and marriage and family therapists;

b. Up to a maximum of 20 CE hours for licensed social workers;

c. Up to a maximum of 7 CE hours for social work associates;

(3) Preparation of a seminar, workshop, or live, interactive webinar which shall count as 10 CE hours.

Edit. Delete and replace with a semicolon.

(4) Completion of graduate level coursework by pastoral psychotherapists, licensed independent clinical social workers, clinical mental health counselors, marriage and family therapists, and school social workers; or bachelor level coursework for licensed social workers, and social work associates;

(5) Publication of a peer reviewed professional book which shall count as 10 CE hours; and

(6) Each publication of an article in a peer reviewed professional journal which shall count as 6 CE hours.

(b) Category A seminars, workshops, on-line, home study, or other CE shall be provided by a state, regional, national, or international professional association offering education relevant to the mental health practice as defined in RSA 330-A:2, VI.

(c) Category A graduate academic coursework shall include graduate courses from a department of psychology, social work, counseling, marriage and family therapy, or any other department in the behavioral sciences at a regionally accredited school, college, or university, or theological school. Each semester based hour of course credit shall count as equivalent to 6 hours of CE. Each quarter based hour of course credit shall equate to 4 hours of CE.

Edit. Need to split out
(4):
(4) Complete of:
a. Graduate level...; or
b. Bachelor level...

Edit.

remove
space in
front of
period.

(d) Category A CE may be obtained by licensees for the teaching of academic coursework at the baccalaureate or graduate level from a department of psychology, social work, counseling, marriage and family therapy, or any other department in the behavioral sciences at a regionally accredited school, college or university, or theological school. Each semester based hour of course credit shall count as equivalent to 6 hours of CE. Each quarter based hour of course credit shall equate to 4 hours of CE.

Edit. Fix
indentation.
Should be 1/4".
In this section
and in Mhp
402.05 below.

(1) Preparation of a syllabus and teaching of a new course shall count as equivalent to 10 hours of CE; and

(2) Thorough updating of a course, including preparation of a new syllabus, review of the literature, preparation of reading lists and course assignments shall count as equivalent to 5 hours of CE.

(e) Category B CE hours shall be earned through:

(1) Participation in mental health seminars or workshops not meeting the requirements of Category A;

(2) Publication of professional books which shall count as 6 hours of CE; and

(3) Publication of articles in professional journals not to exceed 5 hours of CE per year.

Readopt with amendment and renumber Mhp 402.03, effective 1-22-15 (Document #10762), as Mhp 402.05 to read as follows:

Mhp 402.05 Failure to Satisfy Continuing Education Requirements.

(a) An applicant for license renewal who has not completed the required hours of CE in the reporting period may file a petition with the board no less than 60 days prior to the license expiration requesting a waiver of Mhp 402.01.

(b) The waiver shall be granted if good cause is demonstrated in that:

(1) Adherence to the rule would be unduly burdensome to the petitioner for reasons of health, disability, family emergency, or extreme financial hardship;

(2) Waiver of the rule would be consistent with the statutes and rules of the board;

(3) Waiver of the rule would not injure third persons;

(4) Waiver is necessary due to factors outside the control of the petitioner; and

(5) The applicant agrees to complete the required hours of CE within the time frame specified by the board.

Readopt with amendment Mhp 403.01, effective 1-22-15 (Document #10762), to read as follows:

Mhp 403.01 Collaboration.

Unclear. This doesn't indicate what time period will apply and it is unclear how the board will make the decision about what time period will apply. Not having any criteria in the rule can lead to arbitrary decision making or decision making that is not uniformly applied. It is unclear whether the board will grant the waiver for the time period requested or some other period of time. If the time period won't go past a certain amount of time, say that. For example: in no case shall the time period be greater than one year.

Edit. Fix indentation.

- (a) Each licensee shall complete 40 hours of collaboration every 2 years.
- (b) The licensee shall be responsible for documenting clinical collaboration hours required for license renewal.

Readopt with amendment Mhp 404.01, effective 12-18-21 (Document #13311), to read as follows:

Mhp 404.01 Reinstatement Requirements.

- (a) Applicants seeking reinstatement of a license that has been expired for more than one year shall:
 - (1) Apply for initial licensure as provided in Plc 304;
 - (2) Attach documentation of the required hours of CE, as described in Mhp 402 specific to the license type for which the applicant is seeking reinstatement; and
 - (3) Pay the fee specified by Plc 1002.29.

(b) Applicants seeking reinstatement of an expired license not more than one year after the date the license expired shall complete the process for renewing a license specified in Plc 308, including demonstrating that the applicant has:

- (1) Met all continuing competence requirements; and
- (2) Retained or re-obtained the certification(s) or other credential(s) required for licensure, if any.

Readopt with amendment Mhp 404.02, effective 1-22-15 (Document #10762), to read as follows:

Mhp 404.02 Denial of Reinstatement. License reinstatement shall be denied if, after notice and an opportunity for hearing, there is a preponderance of the evidence to establish:

- (a) Noncompliance with the continuing education requirement of Mhp 402 or collaboration requirement of Mhp 403;
- (b) Failure to furnish complete or accurate information on the license application as required in Plc 312; or
- (c) That the requirements of RSA 330-A and these rules relative to licensure and qualifications have not been, or no longer continue to be met.

APPENDIX I

Rule	Specific State Statute Implemented
Mhp 401.01	RSA 310:8, II

Text added to initial proposal shown in ***bold italic***
Text deleted from existing rule shown in ~~strikethrough~~

FP – Fixed Text – 1-17-25 - 7

Mhp 401.02	RSA 330-A:31, I; RSA 310:8, III
Mhp 401.03 and Mhp 401.04	RSA 310:8, III
Mhp 401.05	RSA 310:8, V
Mhp 402.01 through Mhp 402.05	RSA 330-A:10, XI
Mhp 403.01	RSA 330-A:10, XVI
Mhp 404.01 and Mhp 404.02	RSA 310:8, III

Text added to existing form shown in ***bold italics***
Text deleted from exiting form shown in ~~strikethrough~~

State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Mental Health Practice
7 Eagle Square, Concord, NH 03301-2412

Continuing Education and Collaboration Report

Form 200

Name: _____

License Number: _____

Address: _____

~~MHP 402.01 requires 40 continuing education unit (CEU) hours to renew your license. At least 6 continuing education hours must be in ethics.~~

Please refer to the reverse side of this form for information relative to the category A and B and sponsor columns. ~~The approved sponsors listed in MHP 402.02 are numbered (1-12) on the back of this sheet. Please list the number that corresponds to the sponsor in the sponsor column.~~ Please put a * next to all programs that were home study. ~~Mhp 402.02 allows participation in home study courses, up to a maximum of 20.~~

Date	Name of Program	Category	Credits	Sponsor
Total Credits:				

PLEASE ATTACH COPIES OF ALL CE CERTIFICATES

6/10/2014

Edit. Feb. 2025.

Revised 07/2024

Page 1 of 3

MHP 402 – CONTINUING EDUCATION (***CE***)

Licensed Independent Clinical Social Workers, School Social Workers, Pastoral Psychotherapist, Clinical Mental Health Counselors, Marriage and Family Therapist CEU's-

- ***A minimum of (40 CE hours-are required total)***
- ***A minimum of 30 hours must be from Category A: 10 from Category B (optional) and include at least 6 hours in clinical supervision. 6 hours must be in ethics (Category A)***
- ***A minimum of 3 hours must be in suicide prevention from (Category A)***
- Participation in home study limited to ~~20~~ ***30*** hours

Unclear. The rule says the 6 hours of supervision is for board approved supervisors.

Licensed Social Workers

- ***A minimum total of 30 hours of CE is required***
- ***A minimum of 24 hours must be from Category A and include at least 3 hours in ethics and 3 hours in suicide prevention***
- ***Participation in home study limited to 20 hours***

Social Work Associates

- ***A minimum total of 10 hours of CE is required***
- ***6 hours must be from Category A and include at least 3 hours in ethics and 3 hours in suicide prevention***
- ***Participation in home study limited to 7 hours***

CATEGORY A ***Category A CE includes education relevant to the practice of mental health that is provided by a state, regional, national, or international professional organization.***

- | | | |
|---------------------|----------------------|---|
| 1 – APA | 5 – AAMFT | 9 – AMA |
| 2 – AAPC | 6 – ACA | 10 – Graduate level course from Dept. of Psych. |
| 3 – NASW | 7 – ASWB | 11 – Preparation of a syllabus for a new graduate course |
| 4 – NBCC | 8 – AMHCA | 12 – Thorough updating of a graduate course |

CATEGORY B

- 1 – ~~Seminar~~ ***Continuing Education*** not listed in A
- 2 – Publication of professional book ***relevant to mental health practice*** (not to exceed 5 hours)
- 3 – Publication of articles in a professional journal ***relevant to mental health practice*** (not to exceed 5 hours)

This is a summary of Mhp 402. Please refer to Board rules for more detail.

COLLABORATION - (40 hours required)

I have fulfilled the collaboration requirement in the following way: (Be sure to include at least two names of licensed professionals you have collaborated with and a short description of the kinds of issues discussed).

Text added to existing form shown in ***bold italics***
Text deleted from exiting form shown in ~~striketrough~~

Licensed ~~Type~~: (circle one) SW ~~PP MHC MFT~~ License # _____

- ***Pastoral Psychotherapist***
- ***Licensed Independent Clinical Social Worker***
- ***Licensed Social Worker***
- ***School Social Worker***
- ***Social Work Associate***
- ***Licensed Mental Health Counselor***
- ***Marriage and Family Therapist***

Signature _____

Please print your name _____

PLEASE RETURN TO: NH BOARD OF MENTAL HEALTH PRACTICE
7 EAGLE SQUARE
CONCORD, N.H. 03301

~~7/19/2014~~

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
7 Eagle Square
Concord, N.H. 03301-4980
Telephone 603-271-2152

REQUEST FOR INACTIVE STATUS - MILITARY ACTIVATION

Licensee name it appears on the license: _____

License number: _____

Profession: _____

Licensee is in: ☐ National Guard

☐ Reserve (state which branch): _____

Last 4 digits of SSN (for confirmation of identity): _____

Date licensee required to report for active duty (MM/DD/YYYY): _____

Estimated duration of active duty, if known: _____

Signature: _____ Date: _____

STATE OF NEW HAMPSHIRE
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
7 Eagle Square
Concord, N.H. 03301-4980
Telephone 603-271-2152

REQUEST FOR LICENSE REACTIVATION

Licensee name it appears on the license: _____

License number: _____

Profession: _____

Date licensee released from active duty (MM/DD/YYYY): _____

Licensee's designated email address: _____

Signature: _____ Date: _____

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
7 Eagle Square - Concord, N.H. 03301-4980
Telephone 603-271-2152

UNIVERSAL APPLICATION FOR LICENSE RENEWAL

Profession for which application is being filed: _____

License Number: _____ Expiration Date (MM/DD/YYYY): _____

APPLICANT INFORMATION BASED ON TYPE OF PERSON

For individuals:

Full Legal Name: _____
Suffix, such as "Jr." or "III", if any

Other name(s) in which applicant holds or has held a professional license: _____

Date of birth (MM/DD/YYYY): _____ Last 4 digits of SSN*: _____
*For confirmation of identity

Designated email address*: _____
* Email address to which notices, license will be sent

Home Physical Address: _____
Street name & number, Apt. # if any Municipality County State Zip Code Country if not US

Home Mailing Address: ☐ Check if same as physical address

IF DIFFERENT: _____
Street name & number or PO Box number Town/City State Zip Code Country if not US

Home/Personal Telephone Number: () -

Office/Place of business name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () -

Other locations where licensee routinely practices name: _____

Address: _____
Street name & number Municipality State Zip Code Country if not US

Telephone number: () -

Applicant is: ☐ employee ☐ subtenant ☐ independent contractor ☐ owner

Applicant is (check if applicable): ☐ Applying for facilitated licensure
☐ Currently on active military duty*
☐ Legally married to an individual who is currently on active military duty*

* "On active military duty" means on active duty in the U.S. armed forces.

Information needed for workforce analysis, all individuals (ref. Plc 308.06(b)(9)):

a. Highest level of education, whether or not related to the profession in which licensure is being sought [drop-down list, select one: ☐ High school diploma or equivalency; ☐ Some college, no degree; ☐ Technical/Vocational Certificate; ☐ Associate's Degree; ☐ Bachelor's Degree; ☐ Master's Degree; ☐ Post-graduate training; ☐ Professional/Doctorate Degree; ☐ Postdoctoral training; ☐ Prefer not to answer]

b. Relative to the applicant's employment status, whether the applicant is: [drop-down list, select one: ☐ Actively working in a position that requires this license ☐ Actively working in a position in the same profession that does not require this license ☐ Actively working in a different profession ☐ Not currently working ☐ Retired ☐ Prefer not to answer]

c. Relative to the applicant's employment plans for the next 2 years, whether the applicant intends to: [drop-down list, select one: ☐ Increase hours in a field related to this license ☐ Decrease hours in a field related to this license ☐ Seek employment in a field unrelated to this license.. ☐ Retire ☐ Continue as is ☐ Not sure or plans unknown ☐ Prefer not to answer]

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- d. Identification of the specialty, field, or area of practice in which the applicant spends the most professional time [drop-down list based on profession, including ☐ Prefer not to answer]
- e. Does the applicant use telehealth to deliver services to patients? [drop-down list, select one: ☐ Yes ☐ No ☐ Prefer not to answer]
- f. The state in which the applicant's primary practice is located, if applicable [drop-down list of U.S. states and territories plus ☐ Not applicable and ☐ Prefer not to answer]
- g. The 5-digit zip code of the applicant's primary practice location, if applicable: ____ [open text field] ☐ Prefer not to answer
- h. Relative to the applicant's current employment arrangement at their principal practice location, whether the applicant is [drop-down list, select all that apply: ☐ Self-employed or a consultant ☐ Salaried employee ☐ Hourly employee ☐ In temporary employment or Locum Tenens ☐ Other arrangement ☐ Not employed ☐ Prefer not to answer]
- i. In the applicant's primary employment or practice, whether the applicant's primary role is that of: [drop-down list, select all that apply: ☐ Administrator ☐ Clinical practitioner ☐ Faculty or other educator ☐ Researcher ☐ Other ☐ Not applicable ☐ Prefer not to answer]

Information needed for workforce analysis, applicants in any health care field (ref. Plc 308.06(b)(10):

- a. Identification of the practice setting at the applicant's primary practice location [drop-down list based on profession plus ☐ Prefer not to answer]
- b. What population groups does or will the applicant provide(s) services to? [drop-down list, select all that apply: ☐ Newborns to 2 years ☐ Children ages 2-10 ☐ Adolescents ages 11-19 ☐ Adults ☐ Geriatrics ages 65+ ☐ Pregnant women ☐ Veterans ☐ Incarcerated individuals ☐ Individuals with disabilities ☐ Individuals who speak a language other than English ☐ Medicaid ☐ Medicare ☐ Sliding Fee Scale ☐ None of the above ☐ Prefer not to answer]
- c. An estimate of the number of hours per week the applicant spends or expects to spend at their primary practice location [drop-down list, select one: ☐ 0 hours per week/Not applicable ☐ 1-4 hours per week ☐ 5-8 hours per week ☐ 9-12 hours per week ☐ 13-16 hours per week ☐ 17-20 hours per week ☐ 21-24 hours per week ☐ 25-28 hours per week ☐ 29-32 hours per week ☐ 33-36 hours per week ☐ 37-40 hours per week ☐ 41 or more hours per week ☐ Prefer not to answer]
- d. An estimate of the number of hours per week the applicant spends or expects to spend in direct patient care [drop-down list, select one: ☐ 0 hours per week/Not applicable ☐ 1-4 hours per week ☐ 5-8 hours per week ☐ 9-12 hours per week ☐ 13-16 hours per week ☐ 17-20 hours per week ☐ 21-24 hours per week ☐ 25-28 hours per week ☐ 29-32 hours per week ☐ 33-36 hours per week ☐ 37-40 hours per week ☐ 41 or more hours per week ☐ Prefer not to answer]

For applicants in any health care field, does applicant intend to practice in New Hampshire more than 50% of the time, whether in-person or by telehealth? ☐ Yes ☐ No

For entities:

Full Legal Name*: _____

*Name shown on document(s) that created the entity

Each other name used when doing business in New Hampshire: _____

Legal form (check one): ☐ Corporation ☐ LLC ☐ Professional Association ☐ Partnership
☐ Other: _____

Jurisdiction in which formed: _____ Date of Formation (MM/DD/YYYY): _____

Employer ID number or other federal tax ID number assigned by the IRS: _____

Primary physical address in NH: _____

Street name & number, Suite # if any

Municipality

County

Zip Code

NH mailing address: ☐ Check if same as physical address

IF DIFFERENT: _____

Street name & number or PO Box number

Town/City

Zip Code

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Main telephone number: () - _____

Designated email address*: _____

* Email address to which notices, license will be sent

Name of Authorized Signer (AS): _____

AS Telephone Number: () - AS email: _____

Other contact individuals (authorized to interact with OPLC regarding the application, issued license) (if any):

Name	Telephone Number	Email Address

ALL APPLICANTS:

Information on Current Licensure* in Other Jurisdictions:

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

* Includes licenses, certificates, registrations, or other form of approval required to practice

Background/Character Questions (“you” means the applicant; “not previously reported” does not include anything not required to be reported for initial licensure):

Questions:	Yes	No
During the last 27 months or not previously reported, have you been found guilty of or entered a plea of no contest to any felony or misdemeanor?		
During the last 27 months or not previously reported, have you been the subject of any disciplinary action by any professional licensing authority?		
During the last 27 months or not previously reported, have you been denied a license or other authorization to practice in any jurisdiction?		
During the last 27 months or not previously reported, have you surrendered a license or other authorization to practice issued by any jurisdiction in order to avoid or settle disciplinary charges?		
Are you now or do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement agreement, or consent decree undertaken or issued by a professional licensing board of any jurisdiction?		
During the last 27 months or not previously reported, has any malpractice claim been made against you?		
During the past 27 months or not previously reported, have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended, or revoked in any professional setting?		
During the past 27 months or not previously reported, have you committed any act(s) that would violate the laws and/or rules that govern the profession in which you are licensed?		

Does applicant have a DEA number*? ☐ No ☐ Yes (provide number): _____

Does applicant store, administer, or dispense controlled drugs in a setting that is not regulated under RSA 318 relative to pharmacies and pharmacists? ☐ No ☐ Yes (identify location): _____

Disclosure of Contact Information*:

For individuals: Do you consent to the disclosure of any of your personal contact information? Check applicable column for each item:

Information	Yes, I consent to disclosure	No, do not disclose
Home or other personal telephone number		
Designated email address		
Home address		

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Information	Yes, I consent to disclosure	No, do not disclose
Home mailing address (if different from home address)		

For entities: Do you consent to the disclosure of your designated email address? ☐ No ☐ Yes

** OPLC will not disclose this information unless authorized by you, unless ordered to do so by a court of competent jurisdiction.*

For applicants in any health care profession (information required by RSA 125:25-c):

Do you have an ownership interest in any diagnostic or therapeutic service(s) or company(ies)? ☐ No ☐ Yes

If yes, provide the following for each service or company:

Name	Address	Specific Diagnostic/Therapeutic Services Offered

Required Documentation

Each applicant must provide the following with this application:

- A clear explanation, including all relevant facts, the date(s) of the action, and the sanction(s) imposed, of any "yes" answer provided to a background and character question; and
- If a credential from a regional or national organization is required for renewal licensure, proof that the applicant holds the credential.

Each applicant on active military duty must provide proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

Each applicant for facilitated licensure as a military spouse must provide:

- (1) Proof of the spouse's service status as stated above, and
- (2) Proof of marriage in the form of either:
 - a. A copy of the front and back of the applicant's current military spouse identification card; or
 - b. A copy of the applicant's official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

Each applicant that is an entity must provide:

- (1) A copy of the legal document that confers authority on the authorized signer to sign the application on the applicant's behalf; and
- (2) Confirmation from the New Hampshire Secretary of State's Office that the entity applying for licensure is in good standing and authorized to do business in New Hampshire.

Continuing Education/Continuing Competence

- For professions that require proof that applicable continuing competence requirements have been met, the applicant shall provide the required proof with the application.
- For professions that do **not** require proof that applicable continuing competence requirements have been met, **submission of this application constitutes an attestation that the applicant has met the requirements.**

Fee

Application-Related Fee* - as stated in Plc 1002, except no fee is required for facilitated licensure

* For renewal licensure, the application processing and licensing fee specified in Plc 1002 for the license being applied for

If fee is paid by check or money order, the check or money order should be made payable to "Treasurer, State of New Hampshire." If your application is denied, the Application-Related Fee will not be refunded.

Signature and Attestation

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant's credentials have not been suspended or revoked by any professional licensing board, or a written explanation of each such occurrence is being submitted;
- If required by applicable law, the applicant has completed the survey or opt-out form provided by the Office of Rural Health, Department of Health and Human Services;
- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: _____

Date Signed: _____



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**FP 2024-152, Mhp 400 various License Renewal, License Reinstatement, and Continuing Education
Requirements for Mental Health Practitioners
Summary of Comments on Initial Proposal with Board Responses**

December 20, 2024

Background

The Board of Mental Health Practice (Board) proposes several amendments to Mhp 401 on license expiration and renewal requirements to reference Plc 1002.29 on fees, require compliance with Plc 308 rules for license renewal, and to incorporate Plc 307 rules for allowing reserve military members called to active duty to request "inactive" license status.

Amendments in Mhp 402 on continuing education propose to specify the continuing education requirements for each license type, and to require approved supervisors to complete 6 hours of continuing education in clinical supervision as part of the total 40 hours required. The Board proposes to increase the number of continuing education hours that may be earned through home study, and allow continuing education hours for licensees who teach relevant coursework.

Amendments in Mhp 404 on license reinstatement incorporate Plc 312 rules regarding license reinstatement after expiration, suspension, or revocation.

Written comments were received from members of the public, and the Office of Legislative Services, Administrative rules. The comments received and the Board's responses follow the list of revisions the Board made on its own initiative.

Public Comments

Mhp 402.04 re: approved continuing education

Comment: "I agree not all credits should be obtained by home study and there is significant benefit to webinars and in person learning. However I disagree with putting significant limits on this. Being able to use home study for a good portion of CEs has many benefits. Live webinars and in person require time off. We as a profession are not paid well and time off for CE can directly and negatively impact our income. This can mean a day or more of no work and no income which can have a significant impact and consequences for those of us in private practice. Those employed by agencies have to take vacation day(s) which reduce time off for essential self care. Home CEs allows us to complete CE on our "off hours" thus not having to reduce our income or eat away at well deserved vacation time. Thank you for your consideration and asking for our feedback!" Submitted by: Theresa Thurlow, MSW, LICSW

Comment: "I worry that limiting home study will pose a hardship for those in private practice who can not afford to take an entire day or two off to attend in person events to obtain CEUs. Currently I will obtain some of my CEUs by home study after work hours. I do also take advantage of live online CEUs which is easier to work into my schedule than attending a training that requires travel. The live online trainings require you to be present in order to receive the credit and self paced home study courses



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require you to take a detailed exam prior to being awarded credit. I am not sure why it is being proposed to limit these types of CEUs as it punishes those who do attend and learn through these methods. I respectfully ask that no limits be placed on these types of trainings". Submitted by email from Patriciapardy1926

Comment: "OPLC is outstanding, I appreciate all that is done for our professions. While I agree with most all proposals, you might want to consider how hard it is at times to get to a "local in person" offering for older Therapists, those in remote areas, and like myself, new "snowbird" and I rely on live webinars, home study, and workshops available May-September." Submitted by Cheryl Laurenza MA, LCMHC, LPC

Comment: "I am writing in response to the proposed rule change regarding continued education for Mental Health Professionals. New Hampshire continued education requirements are far above what most state level licensing boards require, as well as many states do not require a mandatory peer-to-peer hour rule. There is already a shortage of licensed mental health providers, a shortage of available CEUs that meet the state requirements and are offered locally, as well as what research has always indicated, the more enforcement placed in a given situation, the less positive outcome there is. I would highly discourage a rule change for these reasons and therefore I am opposed to this rule change. Thank you for your time and consideration of this matter. Submitted by Kimberly MacLeod

Comment: I wont be able to attend, but specifically want to respond to proposed rule around limiting home study: "I feel as this is already limited as we are required to do 20 hours of Live. As a single mom who has zero family nearby, limiting our ability to home study will negatively impact a certain population of therapists. Some of us conduct our practice as 100% telehealth, and if that is allowed, so should home study. Masters degrees are earned through online practice only and in this world of technology, we get just as much experience through online live as we do in person. Additionally, online is WAY more cost effective and you are more likely to maintain therapists in the state if you make it more affordable and easier access to CEUs. Therapists are in high demand and most of us have significant wait lists and are often told by clients that they search for therapists or are on waitlists "for months". Limiting our access to CEUs is going to deplete the population and be a disservice to NH residents. If the adoption is FOR limiting home study, the board should ensure an increase in the availability of and cost effective training within the state. Taking an entire day off to do a 6 hour training PLUS pay over \$200 for it is actually equivalent to paying about \$1000 per training (especially for those of us in private practice with no benefits)." Submitted by Patricia Clough, LMFT

Comment: "I would like to voice my concern for limiting home or self study CE credits. I feel this would place undue burden on clinicians who are self employed and already limited in time and resources for continuing education to struggle even more to meet the CE requirements. Those counselors who are self employed tend to be already responsible for paying all professional and health insurances, must absorb the cost of no-show or late cancellation clients, and do not benefit from having paid



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vacations. Please reconsider limiting home-study CE credits!" Submitted by Aurelia nã Erivynn, LPC, LAC, ADS

Comment: *"Limiting home study options for CE credits is harmful to mental health professionals. Doing so makes it more difficult, and often times due to travel and lodging, more expensive to fulfill our CE requirements each licensing period. In a field with massive shortages, we are often over worked and underpaid, and society needs our services more than ever. We should NOT be making it even more difficult with even more hoops to jump through, for us to complete our annual CEs." Submitted by Richard Charity*

Comment: *"I am writing to provide feedback regarding the proposed rule changes. I support the proposed change of Mhp 402.01 to include that Board approved supervisors be required to complete at least 6 Category A CEUs in clinical supervision. As our workforce grows, it is more important than ever to have educated, high quality leadership in the field. Additionally, I believe that "Mhp 402.02 [proposed as 402.04]: Approved Continuing Education Category A Organizations" be further expanded to include more professional organizations. The Board of Psychologists permit Category A hours to be earned by a significantly more comprehensive list of other State Boards and high quality professional organizations (Psyc 402.01) and I see no reason why the other mental health professionals in New Hampshire shouldn't have these and other professionally vetted educational experiences count as well. I encourage the Board to expand the list of organizations for Category A hours to include:*

A national, state, or county psychological or medical society

A state or provincial psychology, mental health, or counseling licensing board approved entity

A department of psychology or other department in the behavioral sciences, psychiatry, medicine, nursing, addiction studies, holistic medicine, or integrated care at a regionally accredited school, college, or university

American Art Therapy Association

American Association of Group Psychotherapists

American Association of Pastoral Counselors

American Association of Sex Educators, Counselors, & Therapists

American Association of Suicidology

American Board of Professional Psychologists

American Medical Seminars

American Nurses Association

American Nurses Credentialing Center

American Psychiatric Association

Association for Counselor Education and Supervision

Association for Play Therapy

Association of State and Provincial Psychology Boards

International Expressive Arts Therapy Association



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National Association for Addiction Professionals
National Association of School Psychologists
National Register of Health Service Providers in Psychology
New Hampshire Psychological Association

Thank you for your time and work in serving our mental health community.

Submitted separately by: Jaclyn Johnson, Camella Granara, MSN APRN FNP-BC PMHNP-BC, Christine Beaudreau, LCMHC, LCPC, Jessica Nichols, MA, LCMHC, Court Schmidt, Stephanie Vazzano, LCMHC, ATR-BC, CST

Comment: “Greetings and thank you for your consideration. The licensing rules pertaining to continuing education category A approved providers 402.04(b) includes very limiting list of only 8 organizations capable of approving continuing education activities, which is far fewer than the 22 category A organizations approved for psychologist licensing renewal. Considering that all mental health professions are subsets of psychology, it follows that continuing education that is good enough for psychologists should also be good enough for mental health providers. It would be beneficial to the community to expand the list of approved providers to at least mirror and match what is written into the rules governing NH psychologists. Additionally, I would request adding to that list the Behavior Analytic Certification Board, (BACB), which is a national board that approves and oversees the BCBA and BCBA-D credential (Board Certified Behavior Analyst) profession. BCBAs provide applied behavior analysis, behavioral consultation, and behavioral assessment to individuals with and without autism, but it is the most evidence-based approach for individuals with autism. Applied Behavior Analysis (ABA) is written into many NH laws pertaining to insurance reimbursement. Behavior Analysis is born of Behavioral Psychology and is considered a behavioral science. The BACB has extremely rigorous requirements and fidelity measures for becoming an approved provider for BCBA professional development, and many of these trainings could be useful to mental health professionals. It would be a benefit to the community to expand Cat A approved provider list to match the board of psychologist cat A list, and to include the Behavior Analytic Certification Board (BACB) as well.” Submitted by Ryan M Long, Psy.D., LCMHC, BCBA-D

Comment: “I am writing to request that acceptable Category A providers for LICSWs be on par with psychologists. LICSWs currently allow 8 providers and the Board of Psychology allows for 22 providers. Please make it the same for LICSWs” Submitted by Lisabeth Wotherspoon, LICSW

Comment: Changes are also proposed to limit home study CE credits and to allow teaching college-level courses to count toward CE requirements. *Comment:* What will the credit limit be? Will there be different limits for “live” versus “recorded”? Submitted by Christine Gauvain, LICSW

Response: In response to public comment regarding home study hours for continuing education, the Board has increased the allowable number of home study hours for each license type. In response to public comment to increase the number of approved continuing education providers, the Board proposes to



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accept continuing credit earned through professional associations that offer education relevant to mental health practice.

OLS Comments

Mhp 401.02(c) and (d) Renewal Requirements in Plc 308

Comment: *"Edit/Unclear. Which requirements are meant?"*

Response: Mhp 401.02(c) and (d) were amended to include specific citations.

Mhp 401.02(g) Survey opt out form

Comment: *"Unclear. This link does not work."*

Response: Link updated.

Mhp 401.05 Inactive Status

Comment: *"Unclear. This doesn't introduce the paragraphs below. Introductions when read with the subsequent paragraphs should form a complete sentence. Make this (a) and reletter the subsequent paragraphs."*

Comment: *"Unclear/Edit. This highlighted phrase makes it sound as if the form is going to contain information but what is actually happening is that the applicant has to complete the form by supplying the information/filling it out. Rewrite: "by completing and submitting the "Request for Inactive Status Military Activation" form required by Plc 307.06 to CustomerSupport@oplc.nh.gov."*

Comment: *"Unclear. This is not an introduction for (1). (b) and (1) when read together should form a complete sentence. Also, there's an introductory sentence after the section's title and (b) doesn't follow it."*

Response: Mhp 401.05 was renumbered and edited to provide clarity.

Mhp 402.01 Continuing Education Requirements

Comment: *"Unclear. (a) is not an introduction for (1). Also, do not have solitary paragraphs- so delete (1) and move it up to (a)."*

Comment: *Unclear. It is unclear what procedures apply or what the triggering event is that would cause the board to make this request. If there are rules that apply, cite them. Otherwise, there needs to be criteria that explains when the board will make this request."*



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Comment: *Edit/Unclear. If there's a rule that describes what a licensee needs to present to prove attendance, please insert the citation. "pursuant to..."*

Comment: *"Unclear. It is unclear what procedures apply or what the triggering event is that would cause the board to make this request. If there are rules that apply, cite them. Otherwise, there needs to be criteria that explains when the board will make this request. This comment applies to Mhp 402.03(f) too."*

Response: Mhp 402.01(f), Mhp 402.02(f), Mhp 402.03(f), and Mhp 402.04(f) were rephrased to provide clarity and reference Plc 308.04. The Board further proposes to adopt Mhp 402.01(h), Mhp 402.02(h), and Mhp 402.03(h).

Mhp 402.04 Approved Continuing Education

Comment: *Unclear. "shall". Are there other ways to earn this credit beyond what is listed here? If not, this should be "shall".*

Comment: *"Edit/Unclear. Need to pick one way of saying CEs. Above it is CEs. Here it's CE's which is possessive and doesn't make sense. Be consistent."*

Response: The proposal has been updated to use consistent terms.

Comment: *"Edit/Unclear. (d) does not introduce (1) & (2). When read together they are supposed to be a complete sentence. Insert a new (e) and introduce (1) & (2). Don't insert the introductory sentence in (d) because there will be too many requirements in it if you do so."*

Comment: *"Unclear. "shall". Are there other ways to earn this credit beyond what is listed here? If not, this should be "shall".*

Comment: *Unclear. There are colleges that award quarter hour credits rather than semester hour credits. However, is this what is meant here- that an hour of semester credit is 6 CEs credit? And that quarter hours equate to 4 CE credits?"*

Response: The approved continuing education providers listed in Mhp 402.04(b) have been deleted and replaced with language that allows licensees to receive Category A continuing education credit that is provided by a state, regional, national, or international professional association offering education relevant to the mental health practice.

Mhp 402.05(b) Failure to Satisfy Continuing Education Requirements

Comment: *"Unclear. How long will the waiver be in place? For the time period requested? Or indefinitely? For the applicable year?"*

Response: The Board proposes Mhp 402.05(b)(5) to specify the waiver period.