



Certification Page Regular and Emergency Rules

Revised September 2016

Emergency Rules (After completing all of Sections 1 through 3, proceed to Section 5 below)

Regular Rules

1. General Information

a. Agency/Board Name Mental Health Professions Board		
b. Agency/Board Address 2001 Capitol Ave, Rm 105	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Greg Searls		f. Agency Liaison Telephone Number 307-777-7788
g. Agency Liaison Email Address greg.searls@wyo.gov		h. Adoption Date 5/15/2019
i. Program Mental Health Professions Board		

2. Legislative Enactment

For purposes of this Section 2, "new" only applies to regular rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.

a. Are these rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No. Yes. Please provide the Enrolled Act Numbers and Years Enacted:

3. Rule Type and Information

a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.
(Please use the Additional Rule Information form for more than 10 chapters and attach it to this certification)

Chapter Number: 1	Chapter Name: General Provisions	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 3	Chapter Name: Certified Addictions Practitioner	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 4	Chapter Name: Certified Addictions Practitioner Assistant	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 6	Chapter Name: Certified Social Worker	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 7	Chapter Name: Provisional	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 8	Chapter Name: Licensed Addictions Therapist	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 9	Chapter Name: Licensed Clinical Social Worker	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 10	Chapter Name: Licensed Marriage and Family Therapist	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 11	Chapter Name: Licensed Professional Counselor	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 12	Chapter Name: Application Procedure	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed



Additional Rule Information

Revised November 2016

1. General Information		
a. Agency/Board Name* Mental Health Professions Board		
b. Agency/Board Address 2001 Capitol Ave, Rm 105	c. City Cheyenne	d. Zip Code 82002
e. Name of Agency Liaison Greg Searls	f. Agency Liaison Telephone Number 307-777-7788	
g. Agency Liaison Email Address greg.searls@wyo.gov		
h. Program Mental Health Professions Board		
2. Rule Type and Information, Cont.		
a. Provide the Chapter Number, Title, and Proposed Action for Each Chapter.		
Chapter Number: 13	Chapter Name: Fees	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 14	Chapter Name: Renewal	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 15	Chapter Name: Professional Responsibility	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 17	Chapter Name: Procedure for Applications, Licensure, and Disciplinary Matters	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number: 18	Chapter Name: Supervision	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed

3. State Government Notice of Intended Rulemaking

- a. Date on which the Proposed Rule Packet (consisting of the Notice of Intent as per W.S. 16-3-103(a), Statement of Principal Reasons, strike and underscore format and a clean copy of each chapter of rules were:
- approved as to form by the Registrar of Rules; and
 - provided to the Legislative Service Office and Attorney General:

4. Public Notice of Intended Rulemaking

- a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. No. Yes. N/A
- b. A public hearing was held on the proposed rules. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:

- c. If applicable, describe the emergency which requires promulgation of these rules without providing notice or an opportunity for a public hearing:

5. Final Filing of Rules

- a. Date on which the Certification Page with original signatures and final rules were sent to the Attorney General's Office for the Governor's signature: 5/21/2019
- b. Date on which final rules were approved as to form by the Secretary of State and sent to the Legislative Service Office: 5/21/2019
- c. The Statement of Reasons is attached to this certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual	
Printed Name of Signatory	Greg Searls
Signatory Title	Executive Director
Date of Signature	5/21/2019

7. Governor's Certification

I have reviewed these rules and determined that they:

1. Are within the scope of the statutory authority delegated to the adopting agency;
2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

Wyoming Mental Health Professions Licensing Board

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Summary of Public Comment

Comment #1: I would like to propose that in Chapter 3, section 2, c. that this rule states:
"By receiving a baccalaureate degree in a human resource discipline from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) and by completing an addictions specific associates degree or addictions certification or higher from an educational institution accredited by the National Addictions Studies Accreditation Commission (NASAC); or"

The only change to this rule that I am proposing is that there is an option for the associates degree with addictions or the addictions certificate. By the rule being enacted, it will be easier for people who may get there associates degree in Psychology and have their addictions certificate to get a license after they receive their baccalaureate degree, say in Psychology.

Board Response: The Board will consider this additional language in a future revision. The Board would need to ensure that the suggested additional language would meet the educational requirements. No changes were made based upon this comment.

Comment #2:

Dear WMHPLB,

Thank you for your interest in public comments and the ability for participation in the review of existing and proposed rule changes. The field of Substance Use Disorder Treatment Professionals continues to be a great need in Wyoming and at the National Level. You need not look any further at the national impact from the Opioid Crisis and data that is now becoming clear from states that have enacted recreational marijuana use (one just bordering our Great State of Wyoming) to see there is a growing need for addiction treatment and professionals in the field to provide it. That treatment need must be provided by competent, skilled, ethical addiction professionals. Statutes and Promulgated Rules should include removing barriers and creating ease in accessing the necessary training, supervision and experience to those interested in joining the field in Wyoming including individuals who are relocating to Wyoming (and are already practicing in other states) in order to address the growing public crisis of addiction.

In light of the recent public comments for proposed rule changes and legislative session it is apparent that a thorough review of existing statutes and rules for addiction scope of practice, educational requirements and processes for certification/licensure be considered. Consideration of national standards when shaping changes for Wyoming addiction professionals in all areas of services will ensure the appropriate changes are based on best practices and widely accepted requirements that are in the best interest of the clients being served and by those most qualified to do so. Recognizing from previous public comments that were provided, certain promulgated rules as indicated by the board were driven directly from statute and for some suggestions the response from the board was, in effect, 'there is nothing that can be done until the statute(s) are changed.' While this does hold true for the process of proposing rule changes the limitation on board action suggested a "hands thrown in the air" as if there was nothing that could be done. However, if such changes (being limited by statute, alone) were in the best interest of addiction professionals it would seem imperative the board action would be to suggest the necessary statute changes required to meet national standards in the field. Especially for such changes on the national level that have come about since the last update(s) to statutes were made. It is understood that such changes to statute and rules have not been made since current rules were adopted in February of 2000 (according to Executive Director Searls) and was also indicated that the source of certain rule requirements for standards was unclear. Anyone having worked in the field of addictions since that time can attest to the significant developments and changes that have occurred in the last (almost) two decades since statutes and rules were put in place.

One clear driver for promulgated rules in current statute is that the board is mandated to "use the professional training and experience standards of the appropriate professional association(s) as established by the rules and regulations":

Title 33-38-106 Requirements for Licensure and Certification for CAPA ((n) (l)) states:

"The Board shall use the professional training standards of the appropriate professional association as established by the rule and regulation;" – CAPA

What national association did the board use to establish the proposed rules and regulations for CAPA?



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Title 33-38-106 Requirements for Licensure and Certification for CAP ((c) (iii)) states:

"The Board shall use the professional training and experience standards of the appropriate national associations as established by the rules and regulations;" – CAP

What national associations did the board use to establish the proposed rules and regulations for CAP?

One of the most widely acknowledged associations for addiction professionals is NAADAC. According to their website the following criteria for their national certifications are as such:

NAADAC Eligibility Requirements for NCAC I:

- GED, High School diploma, or higher.
- Current credential or license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, medical doctor, LAP-C) issued by a state or credentialing authority.
- At least three years full-time or 6,000 hours of supervised experience as a Substance Use Disorders/Addiction Counselor.
- At least 270 contact hours of education and training in Substance Use Disorders/Addiction or related counseling subjects.
 - Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- Passing score on the NCC AP's NCAC Level I exam or "Basic Level" or "Advanced Level" SUD exam from a certifying/licensing entity.

NAADAC Application Requirements for NCAC I

- Copy of GED, High School or higher diploma or transcript.
- Evidence of current credential or license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, medical doctor, LAP-C) issued by a state or credentialing authority.
- Written verification of competency in all skills groups by a supervisor or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work for a total of three years full-time or 6,000 hours.
- Evidence of 270 contact hours of education and training in Substance Use Disorders/Addiction or related counseling subjects.
 - Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- Submission of a signed and dated statement that the candidate has read and adheres to the NAADAC/NCC AP Code of Ethics.
- Payment of \$235.00 non-refundable application/certification review fee.

NAADAC Eligibility Requirements for NCAC II

- Bachelor's Degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) from a regionally accredited institution of higher learning.
- Current credential or license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, medical doctor, LAP-C) issued by a state or credentialing authority.
- At least five years full-time or 10,000 hours of supervised experience as a Substance Use Disorders/Addiction counselor.
- At least 450 contact hours of education and training in Substance Use Disorders/Addiction.



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- Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- Passing score on the NCC AP's NCAC Level II exam or an "Advanced Level" SUD exam from a certifying/licensing entity.

NAADAC Application Requirements for NCAC II

- Copy of Bachelor's Degree or higher transcript from a regionally accredited institution of higher learning.
- Evidence of current credential or license as a Substance Use Disorders/Addiction Counselor or Professional Counselor (social worker, mental health, marriage & family, psychologist, psychiatrist, medical doctor, LAP-C) issued by a state or credentialing authority.
- Written verification of competency in all skills groups by a supervisor or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work for a total of five years full-time or 10,000 hours.
- Evidence of 450 contact hours of education and training in Substance Use Disorders/Addiction.
 - Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- Submission of a signed statement that the candidate has read and adheres to the NAADAC/NCC AP Code of Ethics.
- Payment of non-refundable credential application fee."

Scope of practice for addiction professionals at the national level has also been updated over the last (almost) 2 decades and warrants being identified as to the justification for statute and promulgated rules. The majority of states acknowledge that the national eligibility for certification allows for the practice of assessment, ability to diagnose, provide therapy groups and make necessary referral which is currently unauthorized under Wyoming statute and rules.

Can the board, through identification of national scope of practice for addiction professionals, justify the statute (33-38-100 Section 3 Definitions?)

Chapter 3 Certified Addictions Practitioner

Section 3. Education Requirement for Certification: paragraph (b) and (c) now further limits the acceptable degree(s) from "Human Resource discipline" by requiring any degree *other than addiction therapy* (to which) now applicants must hold an *additional* associates degree in addictions specific associates degree *or* by having 9 additional college classes (for a total of 21 semester credits) plus 6 contact hours of specialty training in communicable diseases.

These additional educational requirements for degrees *other than addictions* are discouraging to applicants that have achieved a bachelor's degree in a "human resource discipline" only to learn they must enroll back into college and has also been the basis to deny applications through reciprocity from individuals who already hold certification/license in good standing from another state because they don't have these specific courses on their college transcript. This barrier to entering the workforce in addictions field is not only costly and time consuming to the applicant it does not line up with national standards and as required in statute that the rules and regulations incorporate "experience" as well as "training." Paragraph (d) continues to list and specify what is considered to be acceptable coursework to satisfy the educational requirements for degrees *other than addiction*. According to the 33-38-106 statute the educational degrees acceptable are in "human resource discipline" *or* "addiction therapy" and no additional courses are named in statute outside of an applicant having met such requirement by simply having obtained such a degree. **Where did the board identify these specific college courses as being required/best practice?** The statute specifically states the appropriate national associations "experience" in addition to "training" yet in the proposed rules there is no mention of supervised work experience requirement. **Would the board consider following the acceptable sources for the additional 450 contact hours as described in NAADAC's NCAC II eligibility requirements (which does not limit the required bachelor's degree to just**



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addiction therapy)? Additionally, Chapter 4 CAPA; Section 3 Education Requirement for Certification paragraph (c) shows the 270 hours required for those who do not have an a specified associates degree in addictions (which is in line with NAADAC NCAC I requirements) to be allowed to obtain those contact hours without specification for "semester credit hours." NAADAC NCAC II requires 5000 additional hours work experience in conjunction with the 450 contact hours (which does not require nor specify these to be "semester credit hours" **Would the board consider allowing the undergraduate with any Human Resource Discipline to begin working in the scope of practice and under the supervision of a qualified clinical supervisor to begin obtaining the necessary experience (hours can be established in the rules by the board and according to national requirements which average between 4000-6000 hours) prior to taking the examination and being issued the certification?** During that specified work experience the individual would also work on obtaining the necessary number of hours the board requires to satisfy "educational hours." **If allowable, would the board then consider CEU courses in education as satisfactory contact hours to meet the required educational hours specified?** Given the NCAC I further requires supervised work experience in conjunction with educational hours, **would the board consider the CAPA plus the required 10,000 hours of supervised work experience to be issued a CAP upon successful score of the advanced examination (required for CAP?)**

Section 4. Examination Requirement for Certification: Now mentions IC&RC exam so does this mean that WMHPLB is now a board member of IC&RC? Will the board accept the IC&RC certification(s) like the proposed acceptance of the NAADAC certification(s)?

Chapter 4 Certified Addictions Practitioner Assistance

Section 3. Education Requirement for Certification: (and as mentioned in the previous Chapter 3 comments) indicates the applicant may meet required education by holding the NCAC I or an associate degree in addiction or 270 contact hours of addiction specific course work. There is no specification for additional coursework to be "semester credit hours" as in Chapter 4 CAP requirements. This seems contradictory to the extent that a person applying for NCAC I (and according to the NAADAC requirements for that certification) must already be issued the state CAPA certification plus the additional 6000 hours of supervised work experience NCAC I must have to even apply for that NAADAC certification. **How would an applicant obtain the NCAC I without having the CAPA already issued? Would the board consider addition of specified supervised work experience to the education requirements to allow a person having met the 270 specified contact hours in addiction to allow the individual to work up towards NCAC I?** Even given the highest required level of education for CAPA, the associate degree in addiction, would still not be able to achieve the NCAC I until having satisfied the 6000 hours of supervised work experience. Given concern from the previous public comments and legislative session that suggested pathway/career ladder was "watering down the standards" if the board believes the standard for education should be at the associate level to ensure adequate knowledge in addiction education is being provided, **would the board consider standardizing the applicant have (GED or high school education), at least, the 270 contact hours in addiction prior to starting to practice as the minimum plus a specified number of supervised work experience prior to examination while still requiring the individual to obtain the associate degree at some point during that supervised work experience?** By doing so this would provide the base CAPA education to be the associate degree specific to addiction but would also provide a means of beginning to apply the knowledge and gain the skills through the specified work experience prior to testing and having the CAPA issued.

Section 5. Certification by Reciprocity requires the applicant must have the associate degree and does not allow for any other means of satisfactory education such as the 270 contact hours of addiction specific coursework even if the applicant holds a current license or certification in good standing in another state. This would also disqualify individuals who may already hold the NCAC I by default of not having the required associate degree. This is not in line with statute or national standards (NAADAC) and limits applicants who would like to move to Wyoming and practice. **Would the board consider adding the alternative means for**



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educational requirements such as GED/High School Diploma plus the 270 contact hours of addiction education?

Given the above suggestions and comments in the broader perspective of how Wyoming could grow our addiction workforce to create a true career ladder while still ensuring national standards are not compromised and are being followed would the board consider the utilization of the CAPA as a "provisional" CAP (having the minimum requirement for addiction education as being GED/High School Diploma plus 270 contact hours in addiction education (while working towards an associate degree in addictions) to begin working under clinical supervision for a specified number of work experience hours in line with national standards (NAADAC NCAC I requirement being 6000 hours) and would remain at that CAPA level/scope of practice but for those who have continued their education to the bachelor level and having obtained the specified number of hours (NAADAC NCAC II requirement being 10,000 hours) to achieve the CAP certification.

Chapter 18 Clinical Supervision

NAADAC Eligibility Requirements for National Clinical Supervision Endorsement

- Bachelor's Degree or higher in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) from a regionally accredited institution of higher learning.
- Current credential or license in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) issued by a state or credentialing authority for the past five years.
- At least five years full-time or 10,000 hours overall of employment as a Substance Use Disorders/Addiction Counselor. This must include a minimum of two years full-time or 4,000 hours performing direct clinical supervision, and 200 hours of received supervision as a clinical supervisor.
- At least of 30 contact hours of education/training specific to Substance Use Disorders/Addiction clinical supervision.
 - Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- A passing score on the NCSE exam.

NAADAC Application Requirements for National Clinical Supervision Endorsement

- Copy of Bachelor's Degree or higher transcript from a regionally accredited institution of higher learning.
- Evidence of a current credential or license in Substance Use Disorders/Addiction and/or related counseling subjects (social work, mental health counseling, psychology) issued by a state or credentialing authority for the past five years.
- Evidence of five years full-time or 10,000 hours of employment as a Substance Use Disorders/Addiction counselor. This must include a minimum of two years full-time or 4,000 hours performing direct clinical supervision, and 200 hours of received supervision as a clinical supervisor.
- Evidence of at least 30 contact hours of education/training specific to Substance Use Disorders/Addiction clinical supervision to include:
 - Must include at least six hours of ethics training and six hours of HIV/other pathogens training within the last six years.
- Submission of a signed statement that the candidate has read and adheres to the NAADAC/NCC AP Code of Ethics.
- Payment of \$235.00 non-refundable endorsement application fee.

Section 2 General Requirements: paragraph (c) does not fit national standards within the scope of practice for clinical supervision of addictions professionals (which requires



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certification on a national level (NAADAC NCSE which only requires a Bachelor's Degree)) but does require completion of 30 contact hours in supervision and successfully passing the supervision exam vs the proposed 3 contact hours with no requirement for certification as Clinical Supervisor. While statute limits the board's ability to promulgate rules to current standards this would suggest that changes to the supervision statute need to be requested. **Would the board be willing to acknowledge and address the statute issue with the legislative process to align with national standards for clinical supervision of addiction professionals?** Given the above suggestion and comment in the broader perspective of how Wyoming could increase competency with clinical supervision changes that are specific to the scope of addictions practice **would the board consider those practicing as CAP with a bachelor degree and having obtained a specified number of experience work hours as the national standard suggests (NAADAC for NCAC II requires 10,000 hours) to practice without the oversight of a clinical supervisor?** This would not be the same as holding an "independent" license or certification, simply acknowledging that after such experience the individual would have demonstrated sufficient competency to warrant no further need for the clinical supervision.

With the recent legislative acknowledgement of needs for criminal justice populations and action taken for criminal justice reinvestment as a pressing need for Wyoming, **Would the board consider the addition of a Certified Criminal Justice Professional?** This would require the creation of a new certification that would follow much in line with the addiction scope of practice but would also require additional education in criminal justice. If the board was a member of IC&RC such a certification would be obtainable and would also set the scope and practice from that national association.

As copied from IC&RC website:

***Criminal Justice Addictions Professional (CCJP)**

A Credential That Changes Lives & Your Career

The statistics are stark:

- 1 out of every 100 U.S. citizens is now behind bars.
- Approximately 80% have abused drugs or alcohol.
- Nearly 1/2 are clinically addicted.

Drug offenders account for more than one-third of the growth in state prison population since 1985. Addiction counseling with individuals in the criminal justice system is complex and complicated, and it requires specialized training. Substance abuse or mental health training alone doesn't really prepare professionals for dealing with the interaction of addictive and criminal thinking.

In addition to addiction counseling skills and theoretical understanding, Criminal Justice Addictions Professionals (CCJP) need an understanding of the criminal justice system and criminal thought patterns. The CCJP credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination.

Adopted in 2002, the Certified Criminal Justice Addictions Professional is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now 27 U.S. states and territories that offer a reciprocal CCJP credential. This credential is recognized as the gold standard for competency in the field and has been endorsed by the International Community Corrections Association (ICCA).

The certification is administered on a jurisdiction level by an IC&RC Member Board. Each IC&RC Member Board has unique procedures, requirements, and documents – so specific questions about pursuing a Criminal Justice Addictions Professional credential should be directed to your local board. You can find contact information for each IC&RC board, along with the IC&RC credentials offered, in our Member Board Directory."



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We the undersigned are in agreement with the aforementioned changes to the proposed rules and appreciate the opportunity to provide the feedback. We believe these changes will have a positive impact on the addiction professionals and the citizens they serve in Wyoming and will strengthen the practice of addictions therapy by ensuring national standards are being adhered too as well as providing a greater practical experience for those entering the field by ensuring the proper training and supervision is applied.

Board Response: The Board will consider the input for future rule revisions, as there is no comment on the current proposed rules. The Board is willing to start the discussion at any time to being drafting language for the next revision, but will not hold up other important changes that have been worked on extensively to include the requested changes. No changes were made based upon this comment.



STATEMENT OF REASONS
FOR AMENDMENTS TO RULES

Pursuant to authority granted under the Mental Health Professions Practice Act, W.S. 33-38105(a), the Mental Health Professions Licensing Board proposes to amend Chapters 1, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 17, and 18 of its rules.

Typographical and editing errors and fixes are proposed as necessary in all Chapters.

NOTE: Changes that were made based upon public comment or during further Board Meetings are indicated with an *.

Chapter 1 (General Provisions):

- Updated definition of Administrative Supervision to further clarify what is and is not considered meeting the requirement.
- Updated definition of Addiction to include more current terminology used nationally.
- *Removed proposed language from the initial submission for Designated Qualified Clinical Supervisor based on public comment.
- Created definition for Degree in Human Resource Discipline used in Statute, but not defined.
- Made annual meeting of the Board to be set by resolution.

Chapter 3 (CAP):

- Clarified the language for the grace period. *Changes were made to the initial proposed language of this section based upon public comment.
- Updated language to reflect requirements of SF0042.
- Added additional ways to meet educational requirement. *This section changed based on the public comment received.
- Removed the requirement that instructors have a master's degree. This language is
 - unnecessary since courses are taken through an accredited program.
- Removed requirement for professional references as part of application.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 4 (CAPA):

- Clarified the language for the grace period. *Changes were made to the initial proposed language of this section based upon public comment.
- Updated language to reflect requirements of SF0042.
- Updated educational requirements to clarify that the Casper College addictions program qualifies towards this certification.
- Removed requirement for professional references as part of application.
- Removed the requirement that instructors have a master's degree. This language is unnecessary since courses are taken through an accredited program.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 6 (CSW):

- Updated the scope of practice to reflect the national recognition of those providing services with this level of education. *Changed the wording from clinical to generalist practice based upon public comment.
- Clarified the language for the grace period. *Changes were made to the initial proposed language of this section based upon public comment.
- Updated language to reflect requirements of SF0042.
- Removed requirement for professional references as part of application.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 7 (Provisional):

- Updated language to reflect requirements of SF0042.
- Clarify provisional licensees need have a supervisor in place before license is issued.
- Exam attempt requirements moved to this chapter from the individual licensing chapters.

Chapter 8 (LAT):

- Updated language to reflect requirements of SF0042.
- Added time frame for completion of hours required for licensure. This language aligns with the national exam requirements. Clinical experience is required prior to sitting for the exam.
- Removed requirement for professional references as part of application.
- Added an additional exam that could be used to qualify for licensure.
- Removed exam attempt information and moved to Chapter 7.
- Removed the requirement that instructors have a master's degree. This language is

unnecessary since courses are taken through an accredited program.

- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 9 (LCSW):

- Updated the scope of practice to reflect the national recognition of those providing services with this level of education.
- Updated language to reflect requirements of SF0042.
- Added time frame for completion of hours required for licensure. This language aligns with the national exam requirements. Clinical experience is required prior to sitting for the exam.
- Removed requirement for professional references as part of application.
- Removed exam attempt information and moved to Chapter 7.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 10 (LMFT):

- Updated language to reflect requirements of SF0042.
- Updated educational requirements for those enrolling after January 1, 2020 to reflect updated standards from the accrediting body.
- Added time frame for completion of hours required for licensure. This language aligns with the national exam requirements. Clinical experience is required prior to sitting for the exam.
- Deleted outdated provision.
- Removed requirement for professional references as part of application.
- Removed exam attempt information and moved to Chapter 7.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 11 (LPC):

- Updated language to reflect requirements of SF0042.
- Added time frame for completion of hours required for licensure. This language aligns with the national exam requirements. Clinical experience is required prior to sitting for the exam.
- Deleted an outdated provision.
- Removed requirement for professional references as part of application.
- Removed exam attempt information and moved to Chapter 7.
- Clarified the requirements for reciprocity to require less documentation from the applicant and allow for Board review and exception to grant a certificate by reciprocity.

Chapter 12 (Application Procedure):

- Removed requirement for professional references as part of application.
- Deleted ambiguous language and replaced with a clearer explanation as to what happens when an application expires.
- Created requirement for supervisors to submit documentation within 30 days of the end of the supervision period.
- Clarified documents required for licensure and certification by reciprocity.
- Added language to clarify the procedures for an applicant appealing a decision of the Board. This language is consistent with the rules of other Boards in the state of Wyoming.
- Created a requirement that contact information changes be reported to the Board within 30 days.
- *Removed language regarding Notification and Right of Appeal and created new language in Chapter 17. This was based upon advice from the Board's Attorney after public comment.

Chapter 13 (Fees):

- Created fees for re-licensure, re-certification and re-instatement.
- Removed copy and roster fee.
- Removed language limiting who would get the roster at no charge.

Chapter 14 (Renewal):

- *Based upon public comment, the entire chapter was reviewed to clarify that numbers referred to contact hours and CE referred to content of the class
- Updated the entire chapter to clarify the renewal procedures of the Board. This language is consistent with the rules of other Boards in the state of Wyoming.
- Removed the continuing education (CE) requirement that the class be presented by a person with a graduate level degree.
- Added a requirement that part of the required CE include suicide assessment or intervention.
- Created CE for attending a meeting of the Board.

Chapter 15 (Professional Responsibility):

- Updated citations for documents incorporated by reference and changed location of availability to the Board's website.

- *Added language prohibiting actions against a fellow licensee or practice discrimination based upon gender orientation. This addition was made base upon public comment.
- Removed the requirement for all licenses to follow the counselor’s code of ethics.

Chapter 16 (Adverse Action):

- Corrected formatting errors.

Chapter 17 (Complaints: Practice and Procedure):

- Changed name of Chapter to Procedure for Applications, Licensure, and Discipline Matters
- Updated the entire chapter to streamline language with other Boards in the State Of Wyoming.
- Updated the entire chapter to clarify the complaint procedures of the Board. This language is consistent with the rules of other Boards in the state of Wyoming.
- *Added the ability of the Disciplinary Committee to recommend an Advisory Letter for the Board to approve to resolve investigative matters. This change was added based upon recommendation of the Board’s Attorney after the public comment period.

Chapter 18 (Supervision):

- Creates a requirement for those wanting to be approved as a supervisor to have a college class or CE in clinical supervision.
- *Based upon public comment removed the language from previous proposed Rules that would have required a DQCS to be licensed in the State Of Wyoming.
- Created requirement for supervisors to submit documentation within 30 days of the end of the supervision period.

Chapter 1

General Provisions

Section 1. Authority. The Mental Health Professions Licensing Board is created by Wyoming Statutes 33-38-101 through -113, hereinafter referred to as the Act. The Board is authorized under the Act, specifically W.S. 33-38-105(a), the Wyoming Administrative Procedure Act (W.S. 16-3-101 through -115), specifically W.S. 16-3-104(j), and W.S. 33-1-302(a) to promulgate rules.

Section 2. Terms Defined by Statute. Terms defined in W.S. 33-38-101 through -113 shall have the same meanings when used in these rules unless the context or subject matter clearly requires a different interpretation.

Section 3. Terms Defined Herein. As used in these rules, the following terms shall have the following meanings unless the context or subject matter clearly requires a different interpretation.

(a) **Administrative Supervision-** Employment by a business, agency, organization, firm, etc. to work for wages or salary. The employer must have the authority to hire, discipline and dismiss the provisional licensee and certificate holder. The supervisee shall not have a financial interest in ownership of the business, agency, organization, or firm while working under administrative supervision. An independent contract for services does not meet the criteria of administrative supervision. Faculty supervision of a candidate in a doctoral program does meet this requirement.

(b) **Addiction-** The meaning of addiction includes “substance use disorders” as that term is used in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5), published in 2013 by the American Psychiatric Association.

(c) **Case Management-** Non-clinical services that are provided to; assist the client in gaining access to needed medical, social, educational and other services; assist the client in making arrangements necessary to move from a residential, hospital, or institutional placement to the family or surrogate family home in the community; and foster a client’s rehabilitation from a diagnosed mental disorder by organizing needed services and supports into an integrated system of care until the client is able to assume this responsibility. Provision of these services is not restricted to persons who are licensed or certified under the Act. Case management services include linkage, monitoring/follow-up, referral, advocacy, and crisis intervention.

(i) **Linkage-** Working with clients and/or service providers to secure access to services. Activities include making telephone calls to agencies to arrange for appointments or services following the initial referral process, and preparing clients for these appointments.

(ii) **Monitoring/follow-up-** Contacting the client or others to ensure that a client is following a prescribed service plan and monitoring the progress and impact of that plan.

(iii) Referral- Arranging initial appointments with service providers or informing clients of services available, addresses and telephone numbers of agencies providing services.

(iv) Advocacy- Advocacy on behalf of a specific client for the purpose of accessing needed services.

(v) Crisis Intervention- Intervention and stabilization provided in situations requiring immediate attention/resolution for a specific client. The case manager may provide the initial intervention in a crisis situation and would assist the client in gaining access to other needed clinical crisis intervention.

(d) Certified Addictions Practitioner (CAP)- A person certified under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(e) Certified Addictions Practitioner Assistant (CAPA)- A person certified under the Act to assist a licensed mental health professional in those methods and techniques of addictions assessment and treatment for which they are qualified by virtue of training and experience under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(i) Therapeutic interventions are limited to education and skill development activities.

(ii) The practice of a CAPA does not include assigning diagnosis, making treatment recommendation, or acting as a primary treatment provider,

(f) Certified Mental Health Worker (CMHW)- A person certified under the Act to perform mental health procedures for which they are qualified by virtue of training and experience and that are consistent with their level of competence and expertise, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(g) Certified Social Worker (CSW)- A person certified under the Act to engage in generalist social work for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(h) Client- An individual or entity for which a professional service is provided by a licensee or certificate holder who is acting in his/her professional capacity and who is performing any professional service governed by the Act or these Rules and Regulations.

(i) Clinical Crisis Intervention- A specific clinical service designed to assess a

person's mental status, suicide/homicide potential, diagnosis and/or need for therapeutic services.

(j) Designated Qualified Clinical Supervisor (DQCS)- A designated qualified clinical supervisor shall be licensed as a licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, licensed addictions therapist, licensed psychologist, licensed psychiatrist, or licensed advanced practitioner of nursing with psychiatric specialty. In addition, a licensed physician with specialty in addictionology shall qualify as a designated qualified clinical supervisor for a candidate seeking licensure as an Addictions Therapist. Precautions should be taken to avoid conflictual dual relationships in supervision.

(k) Conflictual Dual Relationship- An association which may potentially lead to conflict with the therapeutic alliance.

(i) Conflictual dual relationship includes but is not limited to:

(A) Blood and/or legal relatives;

(B) Spousal relationships or significant others, either current or former;

(C) Current or former therapists or clients; and

(D) Any other relationship which might compromise therapist/client, supervisor and supervisee relationship, whether or not there was remuneration for services.

(ii) Designated qualified clinical supervisors clearly define and maintain ethical, professional, personal and social relationships with their supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role.

(iii) Any supervisor or supervisee claiming an exception to this section due to practice in a rural location, or accredited training institution of formal learning, or special needs of the clinical population being served shall show by preponderance of the evidence that:

(A) The client was fully informed of the dual relationship and the possibility for conflicts of interest;

(B) The client's access to quality care has not been compromised;

(C) The supervisor and supervisee have not benefited from the relationship over and above a reasonable fee for service (i.e., that the power in the therapeutic relationship has not been used to influence the therapeutic relationship for personal gain);

(D) The therapeutic and supervisory relationship has not been compromised and the best interests of the client are served by the relationship.

(l) Degree in a Human Resource Discipline- A degree in addictionology, chemical dependency, substance abuse, substance use disorder, psychology, sociology, or a related field.

(m) Individual Distance Clinical Supervision- A direct tutorial relationship between a designated qualified clinical supervisor and a supervisee over the phone or by audiovisual electronic devices.

(n) Individual Face-to-face Clinical Supervision- A direct tutorial relationship between a designated qualified clinical supervisor and a supervisee. The designated qualified clinical supervisor monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline.

(o) Licensed Addictions Therapist (LAT)- A person licensed under the Act to practice addictions therapy independent of administrative or clinical supervision.

(p) Licensed Clinical Social Worker (LCSW)- A person licensed under the Act to practice clinical social work independent of administrative or clinical supervision.

(q) Licensed Marriage and Family Therapist (LMFT)- A person licensed under the Act to practice couples, marriage and family therapy independent of administrative or clinical supervision.

(r) Licensed Professional Counselor (LPC)- A person licensed under the Act to practice professional counseling independent of administrative or clinical supervision.

(s) Licensure Standards Sub-Committee- The Sub-Committee appointed or elected by the professional organization in Wyoming representing each discipline, which serves as monitor for licensure and certification standards for that discipline and as liaison between the Board and the professional organization.

(t) Provisional Addictions Therapist (PAT)- A person provisionally licensed under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(u) Provisional Clinical Social Worker (PCSW)- A person provisionally licensed under the Act to practice clinical social work for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(v) Provisional Marriage and Family Therapist (PMFT)- A person provisionally licensed under the Act to practice couples, marriage and family therapy for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(w) Provisional Professional Counselor (PPC)- A person provisionally licensed under the Act to practice professional counseling for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(x) Supervisee- A provisional licensee or certificate holder receiving clinical supervision.

(y) Triadic Face-to-Face Clinical Supervision- A direct tutorial relationship wherein a designated qualified clinical supervisor conducts clinical supervision with two (2) supervisees simultaneously. The supervision is provided in the same manner, content and quality as during Individual Face-to-Face Clinical Supervision.

Section 4. Board Office. The Board Office is located at 2001 Capitol Ave., Room 105, Cheyenne, Wyoming, 82002.

Section 5. Annual Regular Board Meeting. The Board shall set an annual regular meeting by resolution.

Section 6. Officers. Officers of the Board shall be elected annually, by a majority vote of the Board, and shall be comprised of a chairperson, a vice-chairperson, and a secretary-treasurer.

Chapter 3

Certified Addictions Practitioner

Section 1. The Practice of a Certified Addictions Practitioner. The practice of a Certified Addictions Practitioner (CAP) consists of addictions treatment, prevention, intervention, diagnosis, referral, and follow-up within the range of the professional's preparation under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as the administrative supervision of an employer.

(a) The practice of a CAP may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The CAP shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification. If the applicant fails to complete the requirements in that six (6) month time frame, the applicant shall immediately stop working as a CAP. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of addictions therapy or to the ability to practice addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner may be met:

(a) By holding a current National Certified Addictions Counselor Level II (NCAC II) certification in good standing; or

(b) By receiving a baccalaureate degree in addiction therapy from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA); or

(c) By receiving a baccalaureate degree in a human resource discipline from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) and by completing an addictions specific associates degree or higher from an educational institution accredited by the National Addictions Studies Accreditation Commission (NASAC); or

(d) By receiving a baccalaureate degree in a human resource discipline from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) and by completing course work (either graduate or undergraduate) in each of the core areas defined herein:

(i) Each of the following four (4) courses shall be completed:

(A) Counseling Theories- Three (3) Semester Credits. Theories and principles of counseling and psychotherapy.

(B) Counseling Skills- Three (3) Semester Credits. Methods and techniques of individual and group counseling.

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) Semester Credits.

(D) Counseling Ethics- Two (2) Semester Credits.

(ii) Course work shall be completed in each of the following five (5) subject areas for a minimum of ten (10) semester hours:

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential in addition to alcohol that affect behavior including psychopharmacological information.

(C) Addictions and Special Populations: (i.e., adolescents, women,

ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, athletes, criminals, etc.).

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(iii) Six (6) contact hours of specialty training shall be completed in communicable diseases. This category may be satisfied by completing college course work or workshops.

(e) If an applicant chooses to meet the educational criteria outlined in Section 3(d), the following shall apply:

(i) The official transcripts, course prefixes, and course descriptions shall clearly identify the course work as preparing persons to be practitioners.

(ii) Course work shall be completed in an associates program, baccalaureate program or subsequent college level course work.

Section 4. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level II exam;

(ii) International Certification and Reciprocity Consortium (IC&RC) Alcohol and Other Drug Abuse Counselor (AODA) exam; or

(iii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the requirement upon approval of a remediation plan submitted by the applicant.

Section 5. Certification by Reciprocity. An individual who holds a baccalaureate degree in a human resource discipline, has passed the examination as required in Section 4 of this Chapter and holds a certification that is free from discipline and in good standing to engage in the practice of addictions therapy under the laws of another state may, upon approval of the Board, be issued a certification as a CAP in this state. If the individual has held a certification to practice addictions therapy in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline

against the certification

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 6. Standards of Conduct.

(a) The term “Certified Addictions Practitioner” shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the CAP shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor’s name, address and telephone number shall appear on all documents relating to advertisement by the CAP.

(d) The CAP shall comply with the Association for Addictions Professionals (NAADAC) “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 4

Certified Addictions Practitioner Assistant

Section 1. The Practice of a Certified Addictions Practitioner Assistant. The practice of a Certified Addictions Practitioner Assistant (CAPA) consists of assisting in the practice of addictions treatment, prevention, intervention, referral and follow-up within the range of the professional's preparation under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as the administrative supervision of an employer. The practice of a CAPA does not include assigning diagnosis, making treatment recommendations, or acting as a primary treatment provider. Therapeutic interventions are limited to education and skill development activities.

(a) The practice of a CAPA may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The CAPA shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification. If the applicant fails to complete the requirements in that six (6) month time frame, the applicant shall immediately stop working as a CAPA. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of addictions therapy or to the ability to practice addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

- (c) are legal inhabitants of the United States; and
- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner assistant may be met by:

(a) Holding a current National Certified Addictions Counselor Level I (NCAC I) certification in good standing from the Association for Addictions Professionals (NAADAC), or a current Alcohol and Other Drug Abuse Counselor (AODA) from the International Certification and Reciprocity Consortium (IC&RC), or

(b) Completion of an associate's degree program in addictionology, chemical dependency, substance use disorder counseling, or an equivalently termed degree program, from an educational institution accredited by the National Addictions Studies Accreditation Commission (NASAC) or accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), or

(c) Completion of two hundred seventy (270) hours of addictions specific course work and/or training as follows:

(i) A maximum of seventy (70) contact hours may be completed in general mental health discipline subjects which must include thirty (30) contact hours in counseling ethics.

(ii) A minimum of two hundred (200) contact hours shall be related specifically to addictions therapy. This shall include training/education in Addictions Assessment and six (6) contact hours of specialty training in communicable diseases. These categories may be satisfied by completing college course work or workshops.

Section 4. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level I exam; or

(ii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the requirement upon approval of a remediation plan submitted by the applicant.

Section 5. Certification by Reciprocity. An individual who holds an associate's degree in a human resource discipline, has passed the examination as required in Section 4 of

this Chapter and holds a certification that is free from discipline and in good standing to engage in the practice of addictions therapy under the laws of another state may, upon approval of the Board, be issued a certification as a CAPA in this state. If the individual has held a certification to practice addictions therapy in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline against the certification

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 6. Standards of Conduct.

(a) The term “Certified Addictions Practitioner Assistant” shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the CAPA shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor’s name, address and telephone number shall appear on all documents relating to advertisement by the CAPA.

(d) The CAPA shall comply with the Association for Addictions Professionals (NAADAC) “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 6

Certified Social Worker

Section 1. The Practice of a Certified Social Worker. The practice of a Certified Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. A Certified Social Worker engages in generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, supervision of patients, consultation, education, advocacy, community organization, research, and the development, implementation, and administration of policies, programs, and activities within the range of the professional's preparation under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as administrative supervision of an employer.

(a) The practice of a Certified Social Worker may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Certified Social Worker shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification. If the applicant fails to complete the requirements in that six (6) month time frame, the applicant shall immediately stop working as a Certified Social Worker. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of social work or to the ability to practice clinical social work, although

exceptions to this requirement may be granted by the Board if consistent with the public interest;

- (c) are legal inhabitants of the United States; and
- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. All educational requirements for certification shall be met through the completion of a Council on Social Work Education accredited baccalaureate degree program in social work.

Section 4. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Bachelor's Level; or

(ii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.

Section 5. Certification by Reciprocity. An individual who holds a baccalaureate degree in social work, has passed the examination as required in Section 4 of this Chapter and holds a certification that is free from discipline and in good standing to engage in the practice of social work under the laws of another state may, upon approval of the Board, be issued a certification as a Social Worker in this state. If the individual has held a certification to practice social work in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline against the certification.

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 6. Standards of Conduct.

(a) The terms "Certified Social Worker" or "Social Worker" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Social Worker shall also provide full disclosure to every client of the supervised nature of their work, which

shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the Certified Social Worker.

(d) The Certified Social Worker shall comply with the National Association of Social Workers "Code of Ethics" incorporated into these rules in Chapter 15.

Chapter 7

Provisional License

Section 1. General Requirements. Provisional licensure is a means by which an individual may continue progress, under the supervision of a designated qualified clinical supervisor and under the administrative supervision of an employer, towards satisfactory completion of the education, experience and examination requirements established in these rules. A provisional license shall not be issued until the applicant has provided satisfactory evidence to the Board that they:

- (a) are of majority age;
- (b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of counseling, marriage and family therapy, clinical social work or addictions therapy or to the ability to practice counseling, marriage and family therapy, clinical social work or addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;
- (c) are legal inhabitants of the United States;
- (d) satisfy the educational requirements for the requested discipline established in these rules;
 - (i) Applicants who do not satisfy the educational requirements may be granted a provisional license provided they are deficient no more than six (6) semester hours and have met the requirement for course work in professional orientation or ethics, and practicum and internship.
- (e) have someone prepared to act as their designated qualified clinical supervisor. Applicants must submit and receive approval of a supervision agreement prior to the issuance of their license. Applications that do not include a supervision agreement shall be reviewed by the application review committee and the applicant shall be notified of the recommendation of the application review committee pending the receipt and approval of the supervision agreement.

Section 2. Standards of Conduct.

- (a) The terms “Provisional Professional Counselor,” “Provisional Clinical Social Worker,” “Provisional Marriage and Family Therapist” or “Provisional Addictions Therapist” shall be used only after the applicant is granted a provisional license by the Board, and only in conjunction with activities and services that are part of the supervised clinical experience.
- (b) In the required professional disclosure statement, the provisional licensee shall also provide to every client full disclosure of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the provisional licensee.

(d) The provisional licensee shall comply with the applicable code of ethics and standards of practice for their discipline as incorporated into these rules in Chapter 15.

Section 3. Extensions. Provisional licenses are not renewable; however, the license may be extended upon a showing of good cause as follows:

(a) One (1) extension for up to six (6) months may be granted to a provisional licensee in order to continue sitting for the required exam, provided they have completed the required hours of clinical experience and supervision.

(b) One (1) extension for up to three (3) years may be granted to a provisional licensee needing to complete the required hours of clinical experience and supervision, provided they have passed the required exam during the initial three (3) year period of the provisional license.

(c) Requests for extensions shall be in writing and include a detailed explanation justifying the extension.

Section 4. Progression Towards Licensure for Independent Clinical Practice. When a provisional licensee believes they have satisfactorily completed the education, experience, supervision and examination requirements established herein, they shall submit an application for an independent clinical practice license.

(a) The following documents must be received by the Board in order for the provisional licensee's record to be presented to the Application Review Committee for consideration:

(i) A complete official application form accompanied by the application fee.

(ii) Verification and Evaluation of Supervised Experience report forms.

(A) Report forms shall contain an original signature.

(B) Report forms shall be submitted directly to the office of the Board from the applicant's designated qualified clinical supervisor(s).

(C) Report forms must be submitted verifying clinical experience and individual face-to-face supervision from each Board approved designated clinical supervisor beginning from the date the provisional license was issued up to the date the provisional licensee applies for the independent clinical practice license.

(iii) An official report of having received a passing score on the required examination submitted directly to the office of the Board from the examination provider.

(A) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.

(b) The provisional licensee shall continue to receive administrative and clinical supervision until such time as the license for independent clinical practice is issued by the Board.

(c) The provisional licensee shall surrender the provisional license identification card and submit a revised disclosure statement prior to being presented with the independent clinical practice license wall certificate and pocket identification cards.

Chapter 8

Licensed Addictions Therapist

Section 1. The Practice of a Licensed Addictions Therapist. The practice of a Licensed Addictions Therapist consists of providing services based on theory and methods of counseling, psychotherapy, and addictionology to persons who are experiencing cognitive, affective or behavioral psychosocial dysfunction as a direct or indirect result of addiction, chemical dependency, abuse of chemical substances or related disorders. The practice of addictions therapy includes, but is not limited to, performing mental health procedures, addiction prevention, crisis intervention, assessment, diagnosis, referral, direct treatment, and follow-up treatment which is rendered to individuals, families, groups, organizations, schools, and communities who are adversely affected by addictions or related disorders within the range of the professional's preparation.

(a) The practice of addictions therapy may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Addictions Therapist shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of addictions therapy or to the ability to practice addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a graduate degree program with a concentration in addictionology, chemical dependency, or substance abuse, healing arts or related field from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA). Applicants with graduate degrees in other mental health disciplines from a regionally accredited college or university shall generally be accepted with the listed twenty-two (22) semester hours of coursework (either graduate or undergraduate) as follows:

(i) Each of the following four (4) courses shall be completed:

(A) Counseling Theories- Three (3) semester credits. Theories and principles of counseling and psychotherapy;

(B) Counseling Skills- Three (3) semester credits. Methods and techniques of individual and group counseling;

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) semester credits; and

(D) Counseling Ethics- Three (3) semester credits.

(ii) Course work shall be completed in each of the following five (5) subject areas for a minimum of ten (10) semester credits:

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors;

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information;

(C) Addictions and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.);

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.; and

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(iii) Six (6) contact hours of specialty training shall be completed in

communicable diseases. This category may be satisfied by completing college course work or workshops.

- (iv) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in addictions therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

- (i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree;

- (ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours; and

- (iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of addictions therapy.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

Section 5. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

- (i) The Association for Addictions Professionals (NAADAC), NCAC Master Addiction Counselor (MAC) exam;

- (ii) National Board for Certified Counselors (NBCC) Master Addiction Counselor (MAC) exam;

- (iii) International Certification & Reciprocity Consortium (IC&RC) Advanced Alcohol and Drug Counselor (AADC) exam; or

- (iv) Other examination as may be approved by the Board.

Section 6. LAT as a Second License. Professionals who currently hold a license as an LPC, LMFT or LCSW in good standing in the State of Wyoming may obtain a license as an Addictions Therapist as follows:

(a) Education. The applicant shall satisfy the educational criteria in the following manner.

(i) Complete one hundred and fifty (150) contact hours of diverse addictions specific training within five (5) years of applying for the LAT, including Addictions Assessment, from four (4) of the five (5) following areas:

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors;

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information;

(C) Addictions and Special Populations (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.);

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc; or

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(ii) These contact hours may also be reported as continuing education for license renewal.

(b) Practicum.

(i) The applicant shall satisfy the practicum criteria by completing a practicum, to include addictions specific clients, in a master's program, or by

(ii) Completing one hundred and fifty (150) face-to-face clinical contact hours with addictions specific clients within five (5) years of applying for licensure, which is supervised by an LAT. These hours shall be completed after the award of the initial license as an LPC, LCSW, or an LMFT, or by

(iii) Providing written proof, in a manner approved by the Board, of a minimum of five (5) years of full-time experience in the addictions field, gained within the ten (10) years immediately preceding the date of application, and after completion of the master's degree by which they received their LPC, LCSW, or LMFT.

(c) Examination. The examination requirements are the same as defined in Section 5.

Section 7. License by Reciprocity. An individual who holds a master's degree or higher in a human resource discipline, has passed the examination as required in Section 5 of this Chapter and holds a license that is free from discipline and in good standing to engage in the

practice of addictions therapy under the laws of another state may, upon approval of the Board, be issued a license as an Addictions Therapist in this state. If the individual has held a license to addictions therapy in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.

Section 8. Standards of Conduct.

(a) The terms “Licensed Addictions Therapist” or “Addictions Therapist” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Addictions Therapist shall comply with the Association for Addictions Professionals (NAADAC) “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 9

Licensed Clinical Social Worker

Section 1. The Practice of a Licensed Clinical Social Worker. The practice of a Licensed Clinical Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. The practice of Clinical Social Work requires application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods include the provision of individual, marital, couple, family, and group counseling and psychotherapy within the range of the professional's preparation. The practice of Clinical Social Work may include private practice and the provision of clinical supervision.

(a) The practice of social work may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Clinical Social Worker shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of clinical social work or to the ability to practice clinical social work, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure. All educational requirements for licensure shall be met through the completion of a Council on Social Work Education (CSWE) accredited master's degree program in social work.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in clinical social work under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree.

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of clinical social work.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

Section 5. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider of the following examination:

(i) The Association of Social Work Boards (ASWB) examination at the Clinical Level; or

(ii) Other examination as may be approved by the Board.

Section 6. License by Reciprocity. An individual who holds a master's degree or higher in social work, has passed the examination as required in Section 5 of this Chapter and holds a license that is free from discipline and in good standing to engage in the practice of social work under the laws of another state may, upon approval of the Board, be issued a license as a Clinical Social Worker in this state. If the individual has held a license to practice social work in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 7. Standards of Conduct.

(a) The terms “Licensed Clinical Social Worker” or “Clinical Social Worker” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Clinical Social Worker shall comply with the National Association of Social Workers “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 10

Licensed Marriage and Family Therapist

Section 1. The Practice of a Marriage and Family Therapist. The practice of a Licensed Marriage and Family Therapist is the rendering of professional couples, marital and family therapy services and treatment to individuals, family groups, organizations, couples, marital pairs, singly or in groups. Couples, marital and family therapy includes, but is not limited to, performing mental health procedures, the assessment, diagnosis and treatment, including psychotherapy, of nervous, emotional, and mental disorders, whether cognitive, affective or behavioral, within the context of couples, marital and family systems within the range of the professional's preparation. Couples, marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, marital pairs and families for the purpose of treating such diagnosed nervous and mental disorders.

(a) The practice of marriage and family therapy may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Marriage and Family Therapist shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of marriage and family therapy or to the ability to practice marriage and family therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a master's degree program in marriage and family therapy from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or Council for Accreditation of Counseling and Related Educational Programs- Marriage and Family Counseling (CACREP-MCFC) accredited program. The Board will only accept the education from a CACREP-MCFC program if the applicant was enrolled in the program prior to January 1, 2020.

(b) Applicants who have completed couple, marriage and family therapy programs not accredited by COAMFTE or CACREP-MCFC may be deemed to have met the educational requirement provided they meet the following criteria:

- (i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

- (ii) The program was substantially similar in content as required by COAMFTE or CACREP-MCFC including instructor qualifications, clinical supervision, practicum and internship requirements and course work.

- (iii) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be couples, marriage and family therapists.

- (iv) Course work shall be completed in a master's or doctoral program or subsequent graduate level coursework.

- (v) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level coursework.

- (vi) Course work for those graduating from programs prior to January 1, 2020 was completed in each of the core areas defined herein:

- (A) Individual and Family Development (9 semester credits)- Courses in this area include content on individual and family development across the lifespan. Content should provide knowledge of individual personality development and its normal and abnormal manifestations. The applicant should have relevant coursework in human development across the life span which includes special issues that affect an individual's development. This material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, and other psychosocial development including career development, or other courses related directly to

human development. Test and measurement courses are not acceptable in this area.

(B) Theoretical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of couples, marriage and family therapy. Content enables students to conceptualize and distinguish the critical epistemological issues in the profession of couples, marriage and family therapy and provide a comprehensive survey and substantive understanding of the major models of marriage, couples, and family therapy. All courses in this area must have a major focus from a systems theory orientation. Topic areas may include systems theory, family subsystems, blended family, gender issues in families, cultural issues in families, or other courses directly related to couples, marital and family theory. Survey or overview courses in which systems is one of several theories covered are not appropriate. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are appropriate.

(C) Clinical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues. Content addresses contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective. Material addresses a wide variety of presenting clinical problems. Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches may include strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, systemic sex therapy, or other courses directly related to couples, marital and family therapy. Survey or overview courses in which family therapy is one of several types of theories covered is not acceptable.

(D) Research (3 semester credits)- Courses in this area include significant material on research in couple and family therapy. Content focuses on research methodology, data analysis and the evaluation of research including quantitative and qualitative research and its methods. Individual personality, test and measurement, and library research courses are not acceptable toward this area.

(E) Professional Identify & Ethics (3 semester credits)- Courses in this area are intended to contribute to the professional development of the therapist. Content includes professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification. Coursework focuses on ethical issues related to the profession of individual, couples, marriage and family therapy. Other areas that need to be addressed include the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy. Religious ethics courses and moral theology

are not accepted towards this area.

(F) Clinical Practicum/Internship (9 semester credits)- Applicants shall complete a supervised clinical practicum/internship with individuals, couples, and families.

(vii) Course work for those graduating from programs after January 1, 2020 was completed in each of the core areas defined herein:

(A) Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours) This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

(B) Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours) This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

(C) Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

(D) Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

(E) Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

(F) Biopsychosocial Health & Development Across the Life Span

(Minimum of 3 Credits/4 quarter credits/45 clock hours). This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

(G) Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

(H) The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements:

(i) Contemporary Issues. This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes.

(ii) Community Intersections & Collaboration. This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

(I) Practicum or internship. Includes a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 alternative hours or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program's mission, outcomes, and goals. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours. Those programs requiring less than 500 hours may not use alternative hours to count toward total client contact hours. The program demonstrates a commitment to relational/systemic-oriented supervision. Students must receive at least 100 hours of supervision. Supervision can be individual or group and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically

present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.

(viii) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in individual, couple, marriage and family therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree.

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(A) Of the one thousand two hundred (1,200) direct client contact hours at least five hundred (500) hours must be direct clinical services to couples and families.

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of marriage and family counseling.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

Section 5. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association of Marital and Family Therapists Regulatory Boards (AMFTRB) examination; or

(ii) Other examination as may be approved by the Board.

Section 6. License by Reciprocity. An individual who has a master's degree or higher in marriage family therapy, has passed the examination as required in Section 5 of this Chapter, and holds a license that is free from discipline and in good standing to engage in the practice of marriage and family therapy under the laws of another state may, upon approval of the board, be issued a license as a Marriage and Family Therapist in this state. If the individual has held a license to practice marriage and family therapy in more than one state, the individual

shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.

Section 7. Standards of Conduct.

(a) The terms “Licensed Marriage and Family Therapist” or “Marriage and Family Therapist” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Marriage and Family Therapist shall comply with the American Association for Marriage and Family Therapy “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 11

Licensed Professional Counselor

Section 1. The Practice of a Licensed Professional Counselor. The practice of a Licensed Professional Counselor is the rendering to individuals, couples, families, groups, organizations, corporations, institutions, government agencies or the general public a service that integrates a wellness, pathology and multicultural model of human behavior. This model applies a combination of mental health, psychotherapeutic, and human development principles and procedures to help clients achieve effective mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment throughout the life span, and includes performing mental health procedures, the assessment, diagnostic description and treatment of mental disorders or disabilities within the range of the professional's preparation.

(a) The practice of counseling may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Professional Counselor shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions that relate adversely to the practice of counseling or to the ability to practice counseling, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) The applicant shall have received a master's or doctorate degree in counseling from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) or Council on Rehabilitation Education (CORE) accredited program in counseling.

(b) Applicants who have completed graduate counselor programs not accredited by CACREP or CORE may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by CACREP including instructor qualifications, clinical supervision and course work.

(iii) The applicant must have completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work. Applicants who graduated after July 1, 2013, must have completed a minimum of ninety (90) quarter hours or sixty (60) semester hours of graduate level course work.

(iv) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be professional counselors.

(v) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Practicums, Internships or Field Experience under clinical supervision.

(I) Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term.

(II) The program requires completion of a supervised internship in the student's designated program area of 600 clock hours, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student's internship includes all of the following:

(1.) At least 240 clock hours of direct service, including experience leading groups;

(2.) Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor; and

(3.) An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.

(B) Human Growth and Development- studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

(I) Theories of individual and family development and transitions across the life-span;

(II) Theories of learning and normal and abnormal personality development;

(III) Effects of crises, disasters, and other trauma-causing events on diverse individuals across the lifespan;

(IV) Individual, biological, neurological, physiological, systemic, spiritual, and environmental factors that affect human development, functioning, and behavior;

(V) A general framework for understanding differing abilities and strategies for differentiated interventions;

(VII) Theories and etiology of addictions and addictive behaviors; and

(VIII) Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the life span

(C) Social and Cultural Diversity- studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural including all of the following:

(I) Research addressing multicultural and pluralistic characteristics within and among diverse groups nationally and internationally;

(II) Learning activities to foster student's self understanding of the impact of their heritage, attitudes, beliefs, understandings, and acculturative experiences on their views of others;

(III) Theories and models of multicultural counseling, identity development, and social justice and advocacy;

(IV) Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination;

(V) Learning activities that foster understandings of the help-seeking behaviors of diverse clients;

(VI) Learning activities that foster understanding of the impact of spiritual beliefs on clients' and counselors' worldviews; and

(VII) Multicultural competencies and strategies for working with and advocating optimum wellness for diverse populations;

(D) Helping Relationships- studies that provide an understanding of counseling process in a multicultural society, including all of the following:

(I) Theories and models of effective counseling and wellness programs;

(II) Counselor characteristics and behaviors that influence the helping process;

(III) Essential interviewing, case conceptualization and counseling skills;

(IV) A systems approach that provides an understanding of family, social, community, and political networks;

(V) Theories, models, and strategies for understanding and practicing consultation; and

(VI) Ethical and culturally relevant strategies for developing helping relationships:

(VII) Developmentally relevant counseling treatment or intervention plans;

(VIII) Development of measurable outcomes for clients;

(IX) Empirically-based counseling strategies and techniques for prevention, intervention, and advocacy;

(X) Strategies to promote client understanding of and access to a variety of community-based resources;

(XI) Suicide prevention models and strategies;

(XII) Crisis intervention and psychological first aid strategies;

and

(XIII) Processes for aiding students in developing a personal model of counseling.

(E) Group Work- studies that provide theoretical foundations of group work and dynamics associated with group process including all of the following:

(I) Therapeutic factors and how they contribute to group effectiveness;

(II) Characteristics and functions of effective group leaders;

(III) Approaches to group formation, including recruiting, screening, and selecting members;

(IV) Types of groups and other considerations that affect conducting groups in varied settings;

(V) Ethical and culturally relevant strategies for designing and facilitating groups; and

(VI) Direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term.

(F) Career Development- studies that provide an understanding of career development and related life factors, including all of the following:

(I) Theories and models of career development, counseling, and decision-making;

(II) Process for identifying and utilizing career, avocational, educational, occupational and labor market information resources, technology and information systems;

(III) Approaches for assessing the conditions of the work environment on clients' overall life experiences;

(IV) Strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development;

(V) Strategies for career development program planning, organization, implementation, administration, and evaluation;

(VI) Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy;

(VII) Strategies for facilitating client skills development for career, educational, and life-work planning and management;

(VIII) Approaches for conceptualizing the interrelationships among and between work, family, and other life roles and factors;

(IX) Methods of identifying and utilizing assessment tools and techniques relevant to career planning and decision making; and

(X) Ethical and culturally relevant strategies for addressing career development.

(G) Assessment- studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following:

(I) Historical perspectives concerning the nature and meaning of assessment;

(II) Basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessment and group and individual assessments;

(III) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;

(IV) Reliability and validity in the use of assessments;

(V) Methods of effectively preparing for and conducting initial assessment meetings;

(VI) Procedures for assessing risk of aggression or danger to others, self-inflicted harm or suicide;

(VII) Procedures for identifying and reporting abuse:

(VIII) Use of assessments for diagnostic and intervention planning purposes;

(IX) Use of assessments relevant to academic/educational, career, personal, and social development;

(X) Use of environmental assessments and systematic behavioral observations;

(XI) Use of symptom checklists, personality and psychological testing;

(XII) Use of assessment results to diagnose developmental, behavioral, and mental disorders; and

(XIII) Ethical and culturally and developmentally relevant strategies for selecting, administering, and interpreting assessment and test results.

(H) Research and Program Evaluation- studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

(I) The importance of research in advancing the counseling profession, including its use to inform evidence based practice;

(II) Qualitative, quantitative, and mixed research methods;

(III) Statistical methods used in conducting research and program evaluation;

(IV) Evaluation of counseling interventions and programs;

(V) Development of outcome measures for counseling programs;

(VI) Analysis and use of data in counseling; and

(VII) Ethical and culturally relevant strategies for conducting, interpreting and reporting the results of research and/or program evaluation studies.

(I) Professional Counseling Orientation and Ethical Practice- studies that provide an understanding of all of the following aspects of professional functioning:

(I) History and philosophy of the counseling profession and the origins of the counseling specialty areas;

(II) The multiple professional roles and functions of counselors across specialty areas and their relationships with other human service providers, including interagency and interorganizational collaboration and consultation;

- (III) Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;
- (IV) Self-care strategies appropriate to the counselor role;
- (V) Technology's impact on the counseling profession;
- (VI) Strategies for personal and professional self-evaluation and implications for practice;
- (VII) Counseling supervision models, practices, and processes;
- (VIII) Professional organizations, including membership benefits, activities, services to members, and current issues;
- (IX) Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
- (X) The role and process of the professional counselor advocating on behalf of the profession;
- (XI) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and
- (XII) Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in professional counseling under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree;

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings,

trainings, and/or the other duties of counseling.

(b) An applicant shall have a minimum of one hundred (100) post graduate degree hours of clinical supervision with a DQCS as described in Chapter 18.

Section 5. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on the following examinations:

(i) The National Board for Certified Counselor's (NBCC) National Counselor Examination (NCE) or the National Clinical Mental Health Examination (NCMH).

(ii) The Certification Examination administered by the Commission on Rehabilitation Counselor Certification (CRCC).

(iii) Other examinations as may be approved by the Board.

Section 6. License by Reciprocity. An individual who has a master's degree or higher in professional counseling, has passed the examination as required in Section 5 of this Chapter, and holds a license that is free from discipline and in good standing to engage in the practice of professional counseling under the laws of another state may, upon approval of the board, be issued a license as a Professional Counselor in this state. If the individual has held a license to practice professional counseling in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.

Section 7. Standards of Conduct.

(a) The terms "Licensed Professional Counselor" or "Professional Counselor" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Professional Counselor shall comply with the American Counseling Association "Code of Ethics" incorporated into these rules in Chapter 15.

Chapter 12

Application Procedure

Section 1. Class of License and Certification.

(a) A separate and distinct license or certification shall be issued for each of the following disciplines:

- (i) Certified Addictions Practitioner (CAP)
- (ii) Certified Addictions Practitioner Assistant (CAPA)
- (iii) Certified Mental Health Worker (CMHW)
- (iv) Certified Social Worker (CSW)
- (v) Licensed Addictions Therapist (LAT)
- (vi) Licensed Clinical Social Worker (LCSW)
- (vii) Licensed Marriage and Family Therapist (LMFT)
- (viii) Licensed Professional Counselor (LPC)
- (ix) Provisional Addictions Therapist (PAT)
- (x) Provisional Clinical Social Worker (PCSW)
- (xi) Provisional Marriage and Family Therapist (PMFT)
- (xii) Provisional Professional Counselor (PPC)

(b) Initial licenses and certifications shall expire on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(c) Additional licenses and certifications issued to the same individual shall expire on the same date as the initial license or certification held by that individual. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(d) An applicant shall clearly indicate the specific license or certification desired. An applicant who seeks licensure or certification in more than one discipline shall submit separate applications, appropriate fees and documentation for each license or certification sought.

(e) The Board shall not make any determination regarding an applicant's eligibility for license or certification status prior to receiving a completed application, fee, and all supporting documents.

Section 2. General Application Procedures. An individual is considered an applicant once he or she has submitted the following:

(a) A complete official application form accompanied by the application fee and appropriate proof of legal presence in the U.S.

(b) Official transcripts from all colleges and universities attended.

(c) A certificate of professional qualification in the discipline from a national credentials bank, approved by the Board, may be accepted by the Board for license by reciprocity. The Board may require the applicant to submit such supplemental information as it deems necessary to assure that the applicant meets the qualifications for licensure.

(d) All documents submitted in support of the application shall contain signature and be submitted directly to the office of the Board from the respondent and not forwarded through the applicant.

(e) Completion of all requirements for licensure or certification shall be documented within one (1) year of the date the application is received by the Board, otherwise the application will be deemed expired. If an application expires, an applicant shall be required to submit a new application including the payment of the required fees.

Section 3. Application for Licensure by Examination. In addition to the documents required in Section 2 of this chapter, the designated qualified clinical supervisor(s) of the applicant shall submit complete Verification and Evaluation of Supervised Experience forms within thirty (30) days of the conclusion of supervision.

Section 4. Application for Licensure by Reciprocity. The applicant shall request verification of licensure in good standing from jurisdictions where the applicant holds or has held a license in any mental health discipline. Additionally, the applicant shall submit official transcripts from all colleges and universities required by the application as well as verification that the applicant has achieved a passing score on an accepted examination for the license. The Board may rely upon the documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this Board including, but not limited, to Association of Social Work Boards.

Section 5. Application for Certification by Examination. In addition to the documents required in section 2 of this chapter, the designated qualified clinical supervisor of the applicant shall submit a complete supervision agreement.

Section 6. Application for Certification by Reciprocity. The applicant shall request verification of certification in good standing from jurisdictions where the applicant holds

or has held a certification in any mental health discipline. Additionally, the applicant shall submit official transcripts from all colleges and universities required by the application as well as verification that the applicant has achieved a passing score on an accepted examination for the certification. The board may rely upon the documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this board including, but not limited, to Association of Social Work Boards.

Section 7. Issuance of License or Certification. The Board shall issue a wall certificate to the successful applicant bearing the full name of the holder, discipline designation, license or certification number, date of issuance, expiration date, and appropriate seal. The board may rely upon the documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this board including, but not limited, to Association of Social Work Boards.

Section 8. Change of Name, Address or Telephone Number.

(a) Licensees and certificate holders shall register with the Board any change in their legal name, shall submit documentation demonstrating the change of name, appropriate fee and shall surrender the old wall certificate and a new wall certificate shall be issued by the Board.

(b) Each applicant, licensee and certificate holders shall file with the Board their current home and professional mailing addresses and telephone numbers and shall report to the Board in writing any change of addresses or telephone numbers, giving both old and new addresses and telephone numbers. A change in employment requires a revised disclosure statement.

(c) All changes shall be reported to the Board office within thirty (30) days of the change.

Section 9. Correction and Amendment. Any applicant, licensee or certificate holder may clarify erroneous, inaccurate or misleading information in their file by submitting a written statement to the Board which will be placed in their file.

Chapter 13

Fees

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a) Application Fees:

- (i) Licensure by reciprocity \$350.00 per discipline
- (ii) Licensure by examination \$350.00 per discipline
- (iii) Licensure by completing provisional \$200.00 per discipline
- (iv) Certification by reciprocity \$300.00 per discipline
- (v) Certification by examination \$300.00 per discipline
- (vi) Provisional License \$150.00 per discipline

(b) Renewal Fees:

(i) License \$125.00 for the initial discipline and \$75.00 for every additional discipline.

(ii) Certification \$100.00 per discipline

(c) Re-Licensure Fee \$350.00 per discipline

(d) Re-Certification Fee \$300.00 per discipline

(e) Re-Instatement of license or certificate \$200.00 per discipline

(f) Non-sufficient Funds Fee: in accordance with W.S. 1-1-115

(g) Verification Fee: \$30.00 payable by cashier's check or money order only.

Section 2. Refunds. All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees. No application shall be considered by the Board unless accompanied by the application fee.

Section 4. Duplicate or Replacement Certificate and Pocket Card. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests

for duplicate or replacement certificates shall be in writing and shall be accompanied by a \$20.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards shall be in writing and shall be accompanied by a \$10.00 fee for each duplicate or replacement.

Section 5. Requests for Roster of Licensees and Certificate Holders. The roster of current licensees and certificate holders shall be updated at least annually and made available electronically at no charge.

Chapter 14

Renewal

Section 1. Statement of Purpose. These Board rules are adopted to implement the Board's authority to establish and enforce the requirements for applications for renewal, relicensure, and reinstatement of licenses.

Section 2. Definitions. Terms used in this section are defined as follows:

- (a) "Applicant" means a licensee or former licensee.
- (b) "ARC" means Application Review Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.
- (c) "Contact hour" means the actual number of hours during which instruction was received. A contact hour shall consist of not less than fifty (50) minutes of actual instruction or presentation. For academic courses, one (1) semester credit equals fifteen (15) contact hours. One (1) quarter credit equals ten (10) contact hours.
- (d) "CE" means continuing education contact hours used to complete coursework or classes that have significant intellectual or practical content, and the primary objective shall be to increase the participant's competence within each licensed or certified discipline. The scope of practice for each discipline in these rules and regulations shall be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.
- (e) "License" means a license or certificate.

Section 3. Renewal of License.

- (a) Initial Licensure. An initial license shall be valid for a minimum of two (2) years and shall expire on the licensee's birthday immediately following that two (2) year period. If the licensee desires to continue to practice, the licensee shall seek renewal of their license.
- (b) Renewal Period and Expiration Date. A renewed license shall be valid for two (2) years. A license shall expire on a licensee's birthday at the end of that renewal period.
- (c) Renewal Procedure. A licensee shall seek renewal every two (2) years on or before their birthday. A licensee seeking renewal shall submit:
 - (i) A completed renewal application and payment of fee; and
 - (ii) Evidence of completion of forty-five (45) contact hours of CE that comply with Section 4.
- (d) Renewal applications shall not be accepted if:
 - (i) Submitted more than one hundred twenty (120) days prior to the

expiration date;

(ii) Received by the Board office which are postmarked after the expiration date or after the next business day in cases when the expiration date falls on a weekend or holiday; or

(iii) Electronically submitted after 11:59 p.m. on the expiration date.

(e) Failure to Timely Renew. If a licensee fails to timely renew their license, then the license shall expire and the licensee shall not practice until appropriately licensed.

Section 4. Continuing Education Requirements.

(a) Renewal Period. CE shall be obtained during the current renewal period.

(b) Specific CE Requirements.

(i) Licensees shall complete at least three (3) contact hours of CE activities in each of the following:

(A) Professional ethics; and

(B) Suicide assessment or intervention.

(I) The requirement for suicide assessment or intervention shall not apply to renewals submitted prior to January 1, 2020.

(c) A licensee holding a LAT, CAP, or CAPA license shall complete at least fifteen (15) contact hours of CE in addictions specific topics.

(d) Earning CE. CE may be earned as follows:

(i) Successful completion of college courses;

(ii) Successful completion of continuing education classes or online courses;

(iii) CE credit will be allowed for presenting at venues designed to increase other mental health professionals' knowledge base.

(A) One (1) hour of credit shall be allowed for each hour of presentation, up to a maximum of six (6) hours during each renewal period. Credit may be received only once for a particular presentation topic;

(B) Licensees employed by universities and colleges may not claim credit units for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer, or for individuals enrolled in a degree program or vocational or technical schools; and

(iv) Attending a meeting of the Board. One (1) hour of credit will be allowed for each hour of attendance, up to a maximum of three (3) contact hours of CE during the renewal period.

(e) Record Keeping. Licensees and certificate holders shall be responsible for maintaining records used to support continuing education claimed on an application for two (2) years from the date of submitted for renewal. Copies shall be requested by the Board if the licensee is randomly selected for audit.

(i) Licensees shall maintain records used to support CE claimed on a renewal application for two (2) years. A licensee shall provide documentation upon request of the Board.

(ii) Proof of attendance shall contain the activity title, dates, contact hours attended, presenter, the name of the licensee, and shall be signed by the sponsor or the presenter.

(f) Compliance and Application Review Committee Review of Continuing Education.

(i) Every application shall be subject to audit verification for CE compliance. The ARC shall review an applicant's claimed CE and documentation.

(ii) The ARC shall send a Notice of Deficiency to an applicant if:

(A) An applicant is unable to provide satisfactory documentary evidence of compliance with this section, or

(B) ARC does not approve CE units or credits claimed by the applicant.

(iii) Within thirty (30) days from the date of the Notice of Deficiency, the applicant shall submit:

(A) Satisfactory documentary evidence of CE to correct the deficiency;
or

(B) A written request for the Board to review the ARC's denial of claimed CE units or credits.

(iv) If the applicant does not provide satisfactory documentary evidence or request Board review, the application shall be dismissed.

(v) CE earned and submitted in response to the Notice of Deficiency shall not be used to demonstrate competency in the next renewal.

(g) Exemptions. An applicant may seek an exemption from all or part of the CE requirements. The applicant shall submit a petition to the Board demonstrating just cause for exemption. Just cause may include:

(i) Being called to active duty in the armed forces of the United States for a period of time exceeding one hundred and eighty (180) or more consecutive days in any calendar year; or

(ii) Experiencing a physical disability, illness or other disabling situation exceeding one hundred and eighty (180) or more consecutive days in any calendar year.

(iii) The number of hours exempted shall be in proportion to the length of deployment, disability or situation.

Section 6. Retired Status.

(a) Eligibility. A licensee may seek retired status if they are no longer receiving any remuneration from providing any of the services regulated by this Act.

(b) Application Procedure. A licensee seeking retired status shall submit a completed retirement application and pay for a replacement wall certificate.

(c) CE Exemption. While a license is retired, the licensee shall be exempt from the CE requirement for renewal of the license.

(d) Wall Certificate. A replacement wall certificate shall be issued identifying the licensee as retired. The licensee shall return the original wall certificate to the Board Office.

(e) Reactivation. A retired licensee may return to active practice by completing forty-five (45) contact hours of CE within the two (2) years immediately preceding re-application, submitting a professional disclosure statement, and paying the full renewal fee for the remainder of the current license period.

Section 7. Relicensure.

(a) Eligibility. An applicant may seek relicensure if the application failed to timely renew their license or allowed the license to expire and has not held an active license in another jurisdiction.

(b) Relicensure Procedure. An applicant seeking relicensure shall submit:

(i) Completed relicensure application and payment of fees; and

(ii) Evidence of completion of forty-five (45) contact hours of CE that comply with Section 4 within the two (2) years immediately preceding the application for relicensure; or

(iii) If the license has been expired for more than five (5) years, then applicant shall retake and successfully pass the proper examination.

(c) Certified Mental Health Workers shall not be eligible for relicensure.

Section 8. Reinstatement.

(a) Eligibility. An applicant may seek reinstatement if the license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Reinstatement Procedure. An applicant seeking reinstatement shall submit:

- (i) A completed reinstatement applicant and payment of fees;
- (ii) Evidence of meeting requirements of the previous Board's order or correcting the conduct underlying the Board's order that demonstrates the applicant's ability to safely, skillfully, and competently practice; and
- (iii) Evidence of completion of twenty (20) contact hours of CE that comply with Section 4 for each year since the applicant's last renewal, if applicable.

Chapter 15

Professional Responsibility

Section 1. Ethical Standards. The Board hereby incorporates into these rules by reference the following ethical standards of the professional organization representing each discipline:

(a) The Association for Addiction Professionals (National Association for Alcoholism and Drug Abuse Counselors (NAADAC)) “Code of Ethics”, adopted by the Association for Addiction Professionals and effective on October 9, 2016, found at: mentalhealth.wyo.gov

(b) National Association of Social Workers (NASW) “Code of Ethics”, adopted by the NASW Delegate Assembly and effective August 4, 2017, found at: mentalhealth.wyo.gov

(c) American Association of Marriage and Family Therapy (AAMFT) “Code of Ethics”, adopted by the American Association of Marriage and Family Therapy and effective on January 1, 2015, found at: mentalhealth.wyo.gov

(d) American Counseling Association (ACA) “Code of Ethics”, adopted by the ACA Governing Council and effective on March 26, 2014, found at: mentalhealth.wyo.gov

(e) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a), (b), (c), and (d) of this section; and

(iii) The incorporated rules are maintained at the Board’s office and are available for public inspection at the same location.

(f) Where the Codes of Ethics and Professional Standards of the professional organizations conflict with the Act and/or these rules, the Act and rules shall control.

(g) Persons licensed or certified by the Board shall:

(i) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare.

(ii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

(iii) Practice only within the competency areas for which they are trained and experienced. The licensee or certificate holder must be able to demonstrate to the Board competency, training, and/or expertise should their ability to practice in a specialty area be called into question.

(iv) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed or certified professionals.

(v) Treat colleagues with respect and should represent accurately and fairly the qualifications, views and obligations of colleagues.

(vi) Avoid unwarranted criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competency or to individuals attributes such as race, ethnicity, national origin, color, sex, sexual or gender orientation, age, marital status, political belief, religion, and mental or physical disability.

(vii) Not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance their own interest.

(viii) Use only those educational credentials in association with their licensure or certification and practice as a professional that have been earned at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), and that are directly related to their licensed or certified discipline, and that are professional in nature, including, but not limited to M.Ed., M.A., M.S., M.S.S.W., M.S.W., D.S.W., Ph.D., and Ed.D., and shall include the designation of licensure as an LAT, LCSW, LMFT, LPC PPC, PMFT, PCSW, PAT, CSW, CAP, CAPA or CMHW.

(ix) Use only indicators of current discipline-related credentials earned such as Certified Rehabilitation Counselor and Certified Mental Health Counselor or such indicators as awarded by independent credentialing agencies such as the American Association for Marriage and Family Therapy, the National Board for Certified Counselors, Inc., the National Association of Alcohol and Drug Abuse Counselors, and the National Association of Social Workers in association with their licensure or certification and practice.

(x) Ensure that clients are aware of fees and billing arrangements before rendering services. Bartering is not an acceptable fee arrangement.

(xi) Provide clients with accurate and complete information regarding the extent and nature of services available to them.

(xii) Respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

(xiii) Keep confidential their professional relationships with clients.

(xiv) Inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used.

(xv) Disclose the information contained in a client's record to the client or designated recipient within no more than thirty (30) days of receipt of an appropriate request for release of such information signed by the client, or an individual who is authorized to consent to treatment for the client. The paper, microfilm or data storage unit upon which the client's information is maintained belongs to the licensee or certificate holder or facility in which he/she practices. Clients do not have a right to possess the means by which the information is stored.

(A) Licensees or certificate holders may provide the client record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record.

(B) The client record does not include a licensee's or certificate holder's personal office notes or personal communications between referring and consulting treatment providers relating to the client. A licensee or certificate holder may, however, include such notes and communications if appropriate.

(C) A licensee or certificate holder may refuse disclosure of client records in accord with W.S. 33-38-113 or as otherwise provided by law.

(D) If the licensee or certificate holder disclosing the client record believes, in good faith, that releasing any portion of the record would injure the health or well being of the client, a licensee or certificate holder may refuse disclosure of that portion of the record. In such instances, a licensee or certificate holder shall document the factual basis and rationale used in deciding against disclosure. A licensee or certificate holder may also deny access to client records if he/she reasonably concludes that access to the information requested is otherwise prohibited by law.

(E) A licensee or certificate holder may establish reasonable charges for the actual costs incurred in responding to a client's request for copies of any portion of a client's record. Such costs may include the cost of copies, clerical staff time and the licensee's or certificate holder's time in reviewing and summarizing the records and/or diagnostic records, if necessary. The client requesting records is responsible for payment of all such charges, however, a client shall not be denied a summary or a copy of requested client records because of inability to pay.

(F) A licensee or certificate holder may not withhold client records solely because payment has not been received for past services.

(xvi) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition.

(A) Each client record must be retained for a minimum of seven (7) years from the date of the last session.

(B) Records of treatment provided to minor clients must be retained for a minimum of seven (7) years from the date of the last session, or until the client reaches twenty-five (25) years of age, whichever is longer.

(C) A licensee in private practice shall make necessary arrangements for the maintenance of and access to client records to ensure clients' right to confidentiality in the event of the death or incapacity of the licensee.

(D) The licensee shall name a qualified person who will retain the client records and properly release the client records upon request.

(xvii) Ensure that the welfare of clients is in no way compromised in any experimentation or research involving those clients which would include but not be limited to informed consent of the client.

(xviii) Refrain from dual relationships with clients that might compromise the client's well-being or impair the licensee's or certificate holder's objectivity and professional judgment including, but not limited to, familial, social, financial, business, or close personal relationships.

(xix) Refrain from engaging in romantic or sexual intimacies with a client or former client. Refrain from engaging in a therapeutic relationship with persons with whom they have had sexual or romantic intimacies.

(xx) When advertising their services to the public, ensure that such advertising is neither fraudulent or misleading.

(xxi) Not practice discrimination on the basis of race, sex, age, religion, nation origin, marital status, sexual or gender orientation, or mental or physical handicap.

(xxii) Clearly state the person's licensure or certification status by the use of a title or initials such as "licensed professional counselor" (LPC) or a statement such as "licensed by the Wyoming Mental Health Professions Licensing Board" in any advertising, public directory or solicitation, including telephone directory listings.

(xxiii) Terminate services when such services are no longer required and no longer serve the client's needs. Services are not withdrawn precipitously except in unusual circumstances and with care to minimize possible adverse effects. This includes providing referral and transfer of services as appropriate.

(xxiv) Avoid using relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

(xxv) Seek advice and counsel of colleagues and supervisors when such consultation is in the best interest of the client while taking care to protect the client's confidentiality.

(xxvi) Respond to all requests for information and all other correspondence from the Board.

(xxvii) Conspicuously display a professional disclosure statement wherever their services are performed and provide a copy of the statement to each client before or during the first session and upon request. The professional disclosure statement shall contain the licensee's or certificate holder's name, title, business address and telephone number; listing of formal professional education with the name of the institution(s) attended and the specific degree(s) received; licensure or certification status; the designated qualified clinical supervisor's name, phone number and address; statement of confidentiality; a statement that sexual intimacy with a client is never appropriate; a statement that the professional will adhere to the professions' Code of Ethics; and a statement that the disclosure statement is required by the Mental Health Professions Licensing Act. It is recommended that the disclosure statement also contain areas of specialization, state of licensure or certification, license number, and address and phone number of the Mental Health Professions Licensing Board.

(xxviii) Display their license or certification at all times in a conspicuous location readily accessible to all clients at the licensee's or certificate holder's place of business.

(xxix) Ensure that they do not provide clinical supervision to persons holding a provisional license who have no intention of becoming fully licensed, or aid persons in obtaining a provisional license who have no intention of becoming fully licensed.

(xxx) Ensure that they do not provide clinical supervision to persons seeking certification who have not submitted an application to the Board.

(xxxi) Ensure that they do not supervise a provisional licensee or a certificate holder without a board approved supervision agreement.

(xxxii) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations.

Chapter 17

Procedure for Applications, Licensure, and Discipline Matters

Section 1. Statement of Purpose. These rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearings, and proceedings concerning:
 - (i) Actions relating to an application for initial, renewal, relicensure, or reinstatement of a license;
 - (ii) Petitions for modification of conditions and/or restrictions imposed upon a licensee's license; or
 - (iii) Actions relating to alleged violations of the Act and/or the Board rules.
- (b) Determine and administer appropriate disciplinary action against an applicant or licensee.

Section 2. Definitions.

- (a) "ARC" means Application Review Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.
- (b) "DC" means Disciplinary Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.
- (c) "License" means a license or certificate issued by the Board.

Section 3. Application Review and Investigation Process.

- (a) Incomplete Applications.
 - (i) An application is deemed "incomplete" when material and requisite information have not been provided as part of the application process.
 - (ii) An incomplete application will not be reviewed by an ARC until the applicant submits all required information and documentation.
 - (iii) Incomplete applications shall be dismissed after twelve (12) months.
- (b) Application Review and Investigation. In application matters:
 - (i) Every applicant bears the burden of satisfying license requirements;
 - (ii) Every application for a license issued by the Board is subject to

investigation to determine whether the requirements set forth in the Act and Board rules are satisfied; and

(iii) The ARC may meet informally with the applicant.

(c) Application Review Committee Action. The ARC may recommend:

(i) A license be issued, renewed, reactivated, or reinstated;

(ii) A license be issued, renewed, reactivated, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii) Approval of a settlement agreement, which may include the issuance, renewal, reactivation, or reinstatement of a license with the imposition of a reprimand, conditions, restrictions, suspension, other discipline or a combination thereof; or

(iv) Denial of the application.

(d) Notice of Intent to Recommend Issuance of License Subject to Conditions, Restrictions, Other Disciplinary Action or Denial of an Application.

(i) The ARC shall notify the applicant of its intent to recommend:

(A) Issuance of the license subject to conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct which warrant denial or issuance of a license subject to conditions, restrictions, or other disciplinary action;

(B) A statement of the nature of the actions which warrant denial or issuance of a license subject to conditions, restrictions, or other disciplinary action and a citation to the applicable statutory provisions in the Act and/or the Board rules; and

(C) Notice of the right to a hearing if a written request is received by the Board office within thirty (30) days of the date of mailing the Notice of Intent.

(e) Applicant's Request for Hearing.

(i) The applicant may request a hearing if the ARC recommends:

(A) Approval of the license subject to conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The applicant shall submit a written request for hearing to the Board office within thirty (30) days of the date of the Notice of Intent.

(iii) Failure of the applicant to request a hearing or pursue proceedings related to the application after requesting a hearing may result in dismissal of their application.

Section 4. Petition for Modification of Conditions or Restrictions.

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a petition for modification to the Board office in writing, which shall include documentation demonstrating compliance with the Board order and the modification is sufficient to ensure the public is adequately protected.

(iii) A petition for modification shall be reviewed by the DC.

(b) Disciplinary Committee Action.

(i) If the DC agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the DC does not agree with the requested modification, the DC shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration. The Board may accept or reject the petition for modification and shall consider the petition and the DC's recommendation or stipulated motion.

Section 5. Complaint Review and Investigation Process.

(a) Complaint Review and Investigation.

(i) Complaints shall be submitted to the Board upon the form provided by the Board. Board staff may initiate complaints.

(ii) Complaints shall be investigated by the DC, Board staff, and/or investigators.

(iii) DC may meet informally with the licensee.

(b) Voluntary Surrender. A licensee may petition the Board, in writing, to voluntarily surrender their license. The Board shall hold an expedited meeting at its earliest convenience to consider the petition. The Board may accept or reject the petition for voluntary surrender and may consider whether the licensee is under investigation.

(c) Disciplinary Committee Action. The DC may recommend:

- (i) Dismissal of the complaint;
- (ii) Issuance of an advisory letter;
- (iii) Issuance of a notice of warning;
- (iv) Approval of a settlement agreement, which may include a reprimand, conditions, restrictions, non-renewal, suspension, voluntary surrender, other discipline or a combination thereof;
- (v) Disciplinary action which may include a reprimand, conditions, restrictions, non-renewal, suspension, revocation, other discipline or a combination thereof; and/or
- (vi) Summary suspension.

Section 6. Summary Suspension.

(a) Recommendation. If the DC recommends summary suspension, the Board shall conduct an expedited meeting to determine whether public health, safety or welfare imperatively requires emergency action.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The DC shall notify the licensee of its intent to recommend summary suspension.

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint;

(B) Notice that an expedited summary suspension meeting shall be set at the earliest opportunity a quorum of Board members may be assembled; and

(C) Statement that failure to appear at the meeting may result in default.

(c) Notice of Expedited Meeting. Board staff shall notify the licensee in writing of the date and time of the expedited summary suspension meeting.

Section 7. Formal Proceedings for Disciplinary Action.

(a) Notice of Intent to Recommend Disciplinary Action.

(i) The DC shall notify the licensee of its intent to recommend disciplinary action.

(ii) The Notice of Intent shall:

(A) Include a brief description of the facts or conduct which warrant the intended action; and

(B) Provide the licensee an opportunity to show compliance or respond to allegations for disciplinary action within fifteen (15) days of the date of the mailing.

(b) Informal Conference. The licensee may request an informal conference with the DC to provide any additional information or to resolve an administrative complaint without a hearing.

Section 8. Petition. The DC shall initiate formal proceedings for disciplinary action by serving a Petition to the last known address of the licensee by regular mail at least thirty (30) days prior to the date set for hearing.

Section 9. Notice of Hearing.

(a) Hearing. Upon receipt of a written request for hearing from an applicant or commencement of formal proceedings for disciplinary action against a licensee, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) The name and last known address of the applicant or licensee;

(ii) A brief statement of the matters asserted:

(A) In application matters, the recommendation to deny the application, the facts upon which the recommendation to deny is based, the statutory provisions and/or the Board Rules the applicant is alleged to have violated; or

(B) In discipline matters, the nature of the Petition, the facts upon which the Petition is based, the statutory provisions and/or the Board Rules the licensee is alleged to have violated;

(iii) The time, place, and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating:

(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

Section 10. Lawful Service. There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these

Board rules if sent to the last known address of the applicant or licensee by regular mail. An applicant or licensee shall notify the Board within thirty (30) days of a change in address.

Section 11. Dismissal or Default.

(a) Dismissal. The Board may enter an order of dismissal based on the allegations contained in the ARC's notice of recommendation in any case where the applicant or the applicant's representative has not requested a hearing, has failed to appear at a noticed hearing, or has otherwise failed to pursue the application.

(b) Default. The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the allegations contained in the Petition and has not appeared at a noticed hearing.

Section 12. Contested Case Hearing.

(a) The hearing officer shall preside over the contested case hearing which shall be conducted pursuant to the Wyoming Administrative Procedure Act and the Office of Administrative Hearings rules concerning contested case proceedings.

(b) The Board hereby incorporates by reference Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: rules.wyo.gov.

(c) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rules are maintained at the Board's office and are available for public inspection and copying at cost at the same location.

Section 13. Burden and Standard of Proof.

(a) Application Matters. The applicant shall bear the burden to prove by a preponderance of evidence that they meet the qualifications for licensure. The burden shall shift to the ARC or DC to prove by clear and convincing evidence that applicant should be denied an unrestricted license. The applicant shall bear the burden to persuade the Board that the ARC or DC's grounds for denial are insufficient.

(b) Licensure Matters. The licensee shall bear the burden to prove by a

preponderance of evidence that the petition for modification should be granted.

(c) Discipline Matters. The DC shall bear the burden to prove by clear and convincing evidence that a licensee violated the Act or the Board rules.

Section 14. Board Decision and Order.

(a) Board Action. The Board may resolve an application matter, complaint, or Petition by:

(i) Approving the recommendations of the ARC or DC; or

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Issue, renew, reactivate, relicense, or reinstate a license;

(B) Issue, renew, reactivate, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;

(C) Deny a license, renewal, reactivation, relicensure, or reinstatement;

(D) Dismiss the complaint or Petition due to lack of clear and convincing evidence;

(E) Issue a notice of warning; and/or

(F) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(b) Board Order. The Board shall issue a written decision and shall be sent to the applicant, licensee, or their representative by regular mail. The Board may publish the order.

Section 15. Judicial Review.

(a) Appeals from decisions of the Board are governed by the WAPA and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable cost assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

Chapter 18

Supervision

Section 1. The Practice of a Designated Qualified Clinical Supervisor (DQCS).

The DQCS assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the supervisee within the scope of the supervision.

Section 2. General Requirements for DQCS. A DQCS shall meet the following requirements:

(b) The DQCS shall have been licensed for independent practice for a minimum of two (2) years prior to becoming a supervisor.

(c) The DQCS shall have had four (4) years of post-graduate professional experience in their discipline prior to providing supervision.

(d) The DQCS must be free from any disciplinary action brought against them by any jurisdiction, although exceptions to this requirement may be granted by the Board if consistent with the public interest.

(e) The DQCS shall have taken a level course in clinical supervision or have at least 3 contact hours of CE in clinical supervision. If already approved as a supervisor by the Board, this educational requirement shall be fulfilled no later than during the current renewal period.

Section 3. Role of a DQCS for all supervisee license types

(a) The DQCS shall allow the supervisee to perform independently only those functions for which the supervisee has training and experience.

(b) The DQCS shall keep records verifying supervision, including the types of supervision provided and number of hours.

(c) The DQCS shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

(e) The DQCS will take all necessary precautions to avoid conflictual dual relationships in supervision.

(f) The DQCS is readily available to give aid, direction, and instruction to any supervisee rendering clinical services pursuant to the Act.

Section 4. Elements of Supervision. The DQCS monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline. In order to meet these

objectives the content of supervision shall include:

- (a) A review of the supervisee's permissible scope of practice, as defined by the Act.
- (b) Discussion of case notes, charts, records and services provided. The review and discussion should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill.
- (c) Review and skill development of appropriate therapeutic interventions, treatment approaches, treatment planning and evidence based practices, within the supervisee's scope of practice.
- (d) Discussion on the standards of practice and ethical conduct, with particular emphasis given to the supervisee's role and appropriate responsibilities, professional boundaries, power dynamics; and termination of clinical relationships.

Section 5. Requirement for Supervision. Clinical practice shall not be permitted, until documentation of a DQCS has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

- (a) Certified Addictions Practitioners, Certified Addictions Practitioner Assistants, Certified Mental Health Workers, Certified Social Workers and all provisionally licensed professionals may only provide services under the clinical supervision of a DQCS and under the administrative supervision of their employer.
- (b) Individual, triadic face-to-face clinical supervision and/or individual distance clinical supervision by a DQCS shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act.
- (c) In the event of a change of the DQCS, the certificate holder shall notify the Board within ten (10) days in writing. The certificate holder shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A change in supervision requires a revised disclosure statement. The DQCS shall submit the Verification and Evaluation of Supervised Experience (VESE) form directly to the Board within thirty (30) days of the termination of supervision.

Section 6. Types of Supervision

- (a) Individual Face-to-Face Clinical Supervision.
- (b) Triadic Face-to-Face Clinical Supervision.
- (c) Individual Distance Clinical Supervision.
- (i) Supervision must be adequate to ensure the quality and competence of the activities supervised and must comply with all other supervision requirements.

- (d) Type of supervision must be documented in the supervisor verification process.
- (e) Supervision of more than 2 supervisees simultaneously is not permitted to count towards the face-to-face supervision requirement.

Section 6. Limits of Supervision. DQCS must:

- (a) Not provide clinical supervision to persons seeking certification or licensure who have not submitted an application to the Board;
- (b) Not supervise a provisional licensee or a certificate holder without a board approved supervision agreement;
- (c) Not provide supervision to more than (5) supervisees at one time, unless granted an exception in writing from the Board;
- (d) Understand the Board may require an evaluation of the qualifications and roles of any designated qualified clinical supervisor and may approve or disapprove supervision at its discretion; and
- (e) Understand that if they act as a DQCS without meeting the requirements of this chapter are subject to discipline for unprofessional conduct.

Chapter 1

General Provisions

Section 1. Authority. The Mental Health Professions Licensing Board is created by Wyoming Statutes 33-38-101 through - 113, hereinafter referred to as the Act. The Board is authorized under the Act, specifically W.S. 33-38-105(a), the Wyoming Administrative Procedure Act (W.S. 16-3-101 through - 115), specifically W.S. 16-3-104(j), and W.S. 33-1-302(a) to promulgate rules.

Section 2. Terms Defined by Statute. Terms defined in W.S. 33-38-101 through - 113 shall have the same meanings when used in these rules unless the context or subject matter clearly requires a different interpretation.

Section 3. Terms Defined Herein. As used in these rules, the following terms shall have the following meanings unless the context or subject matter clearly requires a different interpretation.

(a) Administrative Supervision- Employment by a business, agency, organization, firm, etc. to work for wages or salary. The employer must have the authority to hire, discipline and dismiss the provisional licensee and certificate holder. The supervisee shall not have a financial interest in ownership of the business, agency, organization, or firm while working under administrative supervision. An independent contract for services does not meet the criteria of administrative supervision. Faculty supervision of a candidate in a doctoral program does meet this requirement.

(b) Addiction- The meaning of addiction includes “substance use disorders” as that term is used in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5), published in 2013 by the American Psychiatric Association.

(bc) Case Management- Non-clinical services that are provided to; assist the client in gaining access to needed medical, social, educational and other services; assist the client in making arrangements necessary to move from a residential, hospital, or institutional placement to the family or surrogate family home in the community; and foster a client’s rehabilitation from a diagnosed mental disorder by organizing needed services and supports into an integrated system of care until the client is able to assume this responsibility. Provision of these services is not restricted to persons who are licensed or certified under the Act. Case management services include linkage, monitoring/follow-up, referral, advocacy, and crisis intervention.

(i) Linkage- Working with clients and/or service providers to secure access to services. Activities include making telephone calls to agencies to arrange for appointments or services following the initial referral process, and preparing clients for these appointments.

(ii) Monitoring/follow-up- Contacting the client or others to ensure that a client is following a prescribed service plan and monitoring the progress and impact of that plan.

(iii) Referral- Arranging initial appointments with service providers or informing clients of services available, addresses and telephone numbers of agencies providing services.

(iv) Advocacy- Advocacy on behalf of a specific client for the purpose of accessing needed services.

(v) Crisis Intervention- Intervention and stabilization provided in situations requiring immediate attention/resolution for a specific client. The case manager may provide the initial intervention in a crisis situation and would assist the client in gaining access to other needed clinical crisis intervention.

(~~ed~~) Certified Addictions Practitioner (CAP)- A person certified under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(~~de~~) Certified Addictions Practitioner Assistant (CAPA)- A person certified under the Act to assist a licensed mental health professional in those methods and techniques of addictions assessment and treatment for which they are qualified by virtue of training and experience under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(i) Therapeutic interventions are limited to education and skill development activities.

(ii) The practice of a CAPA does not include assigning diagnosis, making treatment recommendation, or acting as a primary treatment provider,

(~~ef~~) Certified Mental Health Worker (CMHW)- A person certified under the Act to perform mental health procedures for which they are qualified by virtue of training and experience and that are consistent with their level of competence and expertise, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(~~fg~~) Certified Social Worker (CSW)- A person certified under the Act to ~~practice~~ engage in generalist social work for which they are qualified by virtue of training and experience, under administrative supervision and under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(~~gh~~) Client- An individual or entity for which a professional service is provided by a licensee or certificate holder who is acting in his/her professional capacity and who is performing any professional service governed by the Act or these Rules and Regulations.

(~~hi~~) Clinical Crisis Intervention- A specific clinical service designed to assess a

person's mental status, suicide/homicide potential, diagnosis and/or need for therapeutic services.

(ñ) Designated Qualified Clinical Supervisor (DQCS)- A designated qualified clinical supervisor shall be a licensed professional counselor, licensed clinical social worker, licensed marriage and family therapist, licensed addictions therapist, licensed psychologist, licensed psychiatrist, or licensed advanced practitioner of nursing with psychiatric specialty. In addition, a licensed physician with specialty in addictionology shall qualify as a designated qualified clinical supervisor for a candidate seeking licensure as an Addictions Therapist. Precautions should be taken to avoid conflictual dual relationships in supervision.

(ñk) Conflictual Dual Relationship- An association which may potentially lead to conflict with the therapeutic alliance.

(i) Conflictual dual relationship includes but is not limited to:

(A) Blood and/or legal relatives;

(B) Spousal relationships or significant others, either current or former;

(C) Current or former therapists ~~and~~ or clients; and

(D) Any other relationship which might compromise therapist/client, supervisor and supervisee relationship, whether or not there was remuneration for services.

(ii) Designated qualified clinical supervisors clearly define and maintain ethical, ~~professional~~, professional, personal and social relationships with their supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role.

(iii) Any supervisor or supervisee claiming an exception to this section due to practice in a rural location, or accredited training institution of formal learning, or special needs of the clinical population being served shall show by preponderance of the evidence that:

(A) The client was fully informed of the dual relationship and the possibility for conflicts of interest;

(B) The client's access to quality care has not been compromised;

(C) The supervisor and supervisee have not benefited from the relationship over and above a reasonable fee for service (i.e., that the power in the therapeutic relationship has not been used to influence the therapeutic relationship for personal gain);

(D) The therapeutic and supervisory relationship has not been compromised and the best interests of the client are served by the relationship.

(l) Degree in a Human Resource Discipline- A degree in addictionology, chemical dependency, substance abuse, substance use disorder, psychology, sociology, or a related field.

(km) Individual Distance Clinical Supervision- A direct tutorial relationship between a designated qualified clinical supervisor and a supervisee over the phone or by audiovisual electronic devices.

(kn) Individual Face-to-face Clinical Supervision- A direct tutorial relationship between a designated qualified clinical supervisor and a supervisee. The designated qualified clinical supervisor monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline.

(mo) Licensed Addictions Therapist (LAT)- A person licensed under the Act to practice addictions therapy independent of administrative or clinical supervision.

(np) Licensed Clinical Social Worker (LCSW)- A person licensed under the Act to practice clinical social work independent of administrative or clinical supervision.

(oq) Licensed Marriage and Family Therapist (LMFT)- A person licensed under the Act to practice couples, marriage and family therapy independent of administrative or clinical supervision.

(pr) Licensed Professional Counselor (LPC)- A person licensed under the Act to practice professional counseling independent of administrative or clinical supervision.

(qs) Licensure Standards Sub-Committee- The Sub-Committee appointed or elected by the professional organization in Wyoming representing each discipline, which serves as monitor for licensure and certification standards for that discipline and as liaison between the Board and the professional organization.

(rt) Provisional Addictions Therapist (PAT)- A person provisionally licensed under the Act to practice addictions therapy for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(su) Provisional Clinical Social Worker (PCSW)- A person provisionally licensed under the Act to practice clinical social work for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(tv) Provisional Marriage and Family Therapist (PMFT)- A person provisionally licensed under the Act to practice couples, marriage and family therapy for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(~~uw~~) Provisional Professional Counselor (PPC)- A person provisionally licensed under the Act to practice professional counseling for which they are qualified by virtue of training and experience, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming.

(~~vx~~) Supervisee- A provisional licensee or certificate holder receiving clinical supervision.

(~~wy~~) Triadic Face-to-Face Clinical Supervision- A direct tutorial relationship wherein a designated qualified clinical supervisor conducts clinical supervision with two (2) supervisees simultaneously. The supervision is provided in the same manner, content and quality as during Individual Face-to-Face Clinical Supervision.

Section 4. Board Office. The Board Office is located at 2001 Capitol Ave., Room ~~104105~~, Cheyenne, Wyoming, 82002.

Section 5. Annual Regular Board Meeting. ~~The Board shall have a regular meeting annually on the third Wednesday in May at the Board Office beginning at 10:00 a.m. If the meeting is not held at the Board Office, it will be held via teleconference or video conference at that time.~~ The Board shall set an annual regular meeting by resolution.

Section 6. Officers. Officers of the Board shall be elected annually, by a majority vote of the Board, and shall be comprised of a chairperson, a vice-chairperson, and a secretary-treasurer.

Chapter 3

Certified Addictions Practitioner

Section 1. The Practice of a Certified Addictions Practitioner. The practice of a Certified Addictions Practitioner (CAP) consists of addictions treatment, prevention, intervention, diagnosis, referral, and follow-up within the range of the professional's preparation under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as the administrative supervision of an employer.

(a) The practice of a CAP may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The CAP shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification. ~~become certified. This grace period applies only to individuals who have submitted an application to the Board. Applicants must pass the exam within six (6) months of the date of employment as a CAP in the State.~~ If the applicant fails to complete the requirements ~~pass the exam~~ in that six (6) month time frame, the applicant shall immediately stop working as a CAP. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude that relate adversely to the practice of addictions therapy or to the ability to practice~~ addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

- (c) are legal inhabitants of the United States; and
- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner may be met:

(a) ~~The educational requirement for certification as an addictions practitioner may be met by~~ holding a current National Certified Addictions Counselor Level II (NCAC II) certification in good standing; or

(b) By receiving a baccalaureate degree in addiction therapy from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA); or

(c) By receiving a baccalaureate degree in a human resource discipline from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) and by completing an addictions specific associates degree or higher from an educational institution accredited by the National Addictions Studies Accreditation Commission (NASAC); or

~~(d) By receiving a baccalaureate degree in a human resource discipline from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA) and by completing~~ Other applicants may meet the educational criteria by the completion of a baccalaureate degree program with a concentration in addictionology, chemical dependency, or substance abuse, from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), with the listed course work (either graduate or undergraduate) completed in each of the core areas defined herein:

(i) Each of the following four (4) courses shall be completed:

(A) Counseling Theories- Three (3) Semester Credits. Theories and principles of counseling and psychotherapy.

(B) Counseling Skills- Three (3) Semester Credits. Methods and techniques of individual and group counseling.

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) Semester Credits.

(D) Counseling Ethics- Two (2) Semester Credits.

(ii) Course work shall be completed in each of the following five (5) subject

areas for a minimum of ten (10) semester hours:

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors.

(B) Drugs and Behavior: A survey of drugs with abuse potential in addition to alcohol that affect behavior including psychopharmacological information.

(C) Addictions and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, athletes, criminals, etc.).

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(iii) Six (6) contact hours of specialty training shall be completed in communicable diseases. This category may be satisfied by completing college course work or workshops.

(ee) If an applicant chooses to meet the educational criteria outlined in Section 3(bd), the following shall apply:

(i) The official transcripts, course prefixes, and course descriptions shall clearly identify the course work as preparing persons to be ~~addictions~~-practitioners.

(ii) Course work shall be completed in a an associates program, baccalaureate program or subsequent college level course work.

~~(iii) Instructors shall be experts in the discipline and have at least a master's degree level in education.~~

~~**Section 4. Professional Recommendation Requirement for Certification.** Applicants shall demonstrate their integrity, professionalism and character in addictions work through three (3) professional recommendations which attest to the applicant's abilities and professional performance.~~

Section 54. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level II exam;

(ii) International Certification and Reciprocity Consortium (IC&RC) Alcohol and Other Drug Abuse Counselor (AODA) exam; or

(iii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the requirement upon approval of a remediation plan submitted by the applicant.

Section 56. Certification by Reciprocity. An individual who holds a baccalaureate degree in a human resource discipline, has passed the examination as required in Section 4 of this Chapter and holds holding a certification that is free from discipline and in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the Board, be issued a certification as a CAP in this state. If the individual has held a certification to practice addictions therapy in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline against the certification

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 67. Standards of Conduct.

(a) The term “Certified Addictions Practitioner” shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the CAP shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor’s name, address and telephone number shall appear on all documents relating to advertisement by the CAP.

(d) The CAP shall comply with the Association for Addictions Professionals (NAADAC) “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 4

Certified Addictions Practitioner Assistant

Section 1. The Practice of a Certified Addictions Practitioner Assistant. The practice of a Certified Addictions Practitioner Assistant (CAPA) consists of assisting in the practice of addictions treatment, prevention, intervention, referral and follow-up within the range of the professional's preparation under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as the administrative supervision of an employer. The practice of a CAPA does not include assigning diagnosis, making treatment recommendations, or acting as a primary treatment provider. Therapeutic interventions are limited to education and skill development activities.

(a) The practice of a CAPA may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The CAPA shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification. ~~become certified. This grace period applies only to individuals who have submitted an application to the Board. Applicants must pass the exam within six (6) months of the date of employment as a CAPA in the State.~~ If the applicant fails to complete the requirements ~~pass the exam~~ in that six (6) month time frame, the applicant shall immediately stop working as a CAPA. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral~~

~~_____~~ _____ that relate adversely to the practice of addictions therapy or to the ability to practice addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

- (c) are legal inhabitants of the United States; and
- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. The educational requirement for certification as an addictions practitioner assistant may be met by:

(a) Holding a current National Certified Addictions Counselor Level I (NCAC I) certification in good standing from the Association for Addictions Professionals (NAADAC), or a current Alcohol and Other Drug Abuse Counselor (AODA) from the International Certification and Reciprocity Consortium (IC&RC), or

(b) Completion of an associate's degree program in addictionology, chemical dependency, substance abuse disorder counseling, or an equivalently termed degree program, from an educational institution accredited by the National Addictions Studies Accreditation Commission (NASAC) or accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), or

(c) Completion of two hundred seventy (270) hours of addictions specific course work and/or training as follows:

(i) A maximum of seventy (70) contact hours may be completed in general mental health discipline subjects which must include thirty (30) contact hours in counseling ethics.

(ii) A minimum of two hundred (200) contact hours shall be related specifically to addictions therapy. This shall include training/education in Addictions Assessment and six (6) contact hours of specialty training in communicable diseases. These categories may be satisfied by completing college course work or workshops.

~~_____ (iii) _____ Instructors shall be experts in the discipline and have at least a master's degree level in education.~~

~~**Section 4. Professional Recommendation Requirement for Certification.** Applicants shall demonstrate their integrity, professionalism and character in addictions work through three (3) professional recommendations which attest to the applicant's abilities and professional performance.~~

Section 45. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Level I exam; or

(ii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the requirement upon approval of a remediation plan submitted by the applicant.

Section 56. Certification by Reciprocity. An individual who holds an associate's degree in a human resource discipline, has passed the examination as required in Section 4 of this Chapter and holds holding a certification that is free from discipline and in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the Board, be issued a certification as a CAPA in this state. If the individual has held a certification to practice addictions therapy in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline against the certification

(a) Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 67. Standards of Conduct.

(a) The term "Certified Addictions Practitioner Assistant" shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the CAPA shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the CAPA.

(d) The CAPA shall comply with the Association for Addictions Professionals (NAADAC) "Code of Ethics" incorporated into these rules in Chapter 15.

Chapter 6

Certified Social Worker

Section 1. The Practice of a Certified Social Worker. The practice of a Certified Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. A Certified Social Worker engages in generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, counseling, supervision of patients, consultation, education, advocacy, community organization, research, and the development, implementation, and administration of policies, programs, and activities within the range of the professional's preparation and methods to the assessment, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders, under the supervision of a designated qualified clinical supervisor licensed in the state of Wyoming as well as administrative supervision of an employer.

(a) The practice of a Certified Social Worker may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Certified Social Worker shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Certification. Applicants shall have six (6) months from the date of employment to complete all of the requirements for certification, become certified. This grace period applies only to individuals who have submitted an application to the Board. Applicants must pass the exam within six (6) months of the date of employment as a Certified Social Worker in the State. If the applicant fails to complete the requirements pass the exam in that six (6) month time frame, the applicant shall immediately stop working as a Certified Social Worker. Providing the services regulated by this Act prior to submitting an application to the Board may result in the denial of the application. The Board may, for good cause shown, grant an extension of this grace period. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for certification herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude that relate adversely to the practice of clinical social work or to the ability to practice clinical social work~~, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Certification. All educational requirements for certification shall be met through the completion of a Council on Social Work Education accredited baccalaureate degree program in social work.

~~**Section 4. — Professional Recommendation Requirement for Certification.** Applicants shall demonstrate their integrity, professionalism and character in social work through three (3) professional recommendations which attest to the applicant's abilities and professional performance.~~

Section 45. Examination Requirement for Certification.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the Bachelor's ~~or Master's~~ Level; or

(ii) Other examination as may be approved by the Board.

(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.

Section 56. Certification by Reciprocity. An individual who holds a baccalaureate degree in social work, has passed the examination as required in Section 4 of this Chapter and holds holding a certification that is free from discipline and in good standing to engage in the practice of social work under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the Board, be issued a certification as a Social Worker in this state. If the individual has held a certification to practice social work in more than one state, the individual shall be required to provide verification that all certifications held within the last five (5) years have not had any discipline against the certification.

(a) Applicants that do not meet the reciprocity requirements may petition the Board

for an exemption. The Board may grant a certification to such applicant if good cause is shown.

Section 67. Standards of Conduct.

(a) The terms “Certified Social Worker” or “Social Worker” shall be used only after the applicant is granted certification by the Board, and only in conjunction with activities and services that are part of the supervised employment.

(b) In the required professional disclosure statement, the Certified Social Worker shall also provide full disclosure to every client of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor’s name, address and telephone number shall appear on all documents relating to advertisement by the Certified Social Worker.

(d) The Certified Social Worker shall comply with the National Association of Social Workers “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 7

Provisional License

Section 1. General Requirements. Provisional licensure is a means by which an individual may continue progress, under the supervision of a designated qualified clinical supervisor and under the administrative supervision of an employer, towards satisfactory completion of the education, experience and examination requirements established in these rules. A provisional license shall not be issued until the applicant has provided satisfactory evidence to the Board that they:

- (a) are of majority age;
- (b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude~~ that relate adversely to the practice of counseling, marriage and family therapy, clinical social work or addictions therapy or to the ability to practice counseling, marriage and family therapy, clinical social work or addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;
- (c) are legal inhabitants of the United States; ~~and~~
- (d) satisfy the educational requirements for the requested discipline established in these rules;
 - (i) Applicants who do not satisfy the educational requirements may be granted a provisional license provided they are deficient no more than six (6) semester hours and have met the requirement for course work in professional orientation or ethics, and practicum and internship.
- (e) have someone prepared to act as their designated qualified clinical supervisor. Applicants must submit and receive approval of a supervision agreement prior to the issuance of their license. Applications that do not include a supervision agreement shall be reviewed by the application review committee and the applicant shall be notified of the recommendation of the application review committee pending the receipt and approval of the supervision agreement.

Section 2. Standards of Conduct.

- (a) The terms “Provisional Professional Counselor,” “Provisional Clinical Social Worker,” “Provisional Marriage and Family Therapist” or “Provisional Addictions Therapist” shall be used only after the applicant is granted a provisional license by the Board, and only in conjunction with activities and services that are part of the supervised clinical experience.
- (b) In the required professional disclosure statement, the provisional licensee shall also provide to every client full disclosure of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.

(c) The supervisory relationship shall be indicated, and the designated qualified clinical supervisor's name, address and telephone number shall appear on all documents relating to advertisement by the provisional licensee.

(d) The provisional licensee shall comply with the applicable code of ethics and standards of practice for their discipline as incorporated into these rules in Chapter 15.

Section 3. Extensions. Provisional licenses are not renewable; however, the license may be extended upon a showing of good cause as follows:

(a) One (1) extension for up to six (6) months may be granted to a provisional licensee in order to continue sitting for the required exam, provided they have completed the required hours of clinical experience and supervision.

(b) One (1) extension for up to three (3) years may be granted to a provisional licensee needing to complete the required hours of clinical experience and supervision, provided they have passed the required exam during the initial three (3) year period of the provisional license.

(c) Requests for extensions shall be in writing and include a detailed explanation justifying the extension.

Section 4. Progression Towards Licensure for Independent Clinical Practice. When a provisional licensee believes they have satisfactorily completed the education, experience, supervision and examination requirements established herein, they shall submit an application for an independent clinical practice license.

(a) The following documents must be received by the Board in order for the provisional licensee's record to be presented to the Application Review Committee for consideration:

(i) A complete official application form accompanied by the application fee.

(ii) Verification and Evaluation of Supervised Experience report forms.

(A) Report forms shall contain an original signature.

(B) Report forms shall be submitted directly to the office of the Board from the applicant's designated qualified clinical supervisor(s).

(C) Report forms must be submitted verifying clinical experience and individual face-to-face supervision from each Board approved designated clinical supervisor beginning from the date the provisional license was issued up to the date the provisional licensee applies for the independent clinical practice license.

(iii) An official report of having received a passing score on the required examination submitted directly to the office of the Board from the examination provider.

(A) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.

(b) The provisional licensee shall continue to receive administrative and clinical supervision until such time as the license for independent clinical practice is issued by the Board.

(c) The provisional licensee shall surrender the provisional license identification card and submit a revised disclosure statement prior to being presented with the independent clinical practice license wall certificate and pocket identification cards.

Chapter 8

Licensed Addictions Therapist

Section 1. The Practice of a Licensed Addictions Therapist. The practice of a Licensed Addictions Therapist consists of providing services based on theory and methods of counseling, psychotherapy, and addictionology to persons who are experiencing cognitive, affective or behavioral psychosocial dysfunction as a direct or indirect result of addiction, chemical dependency, abuse of chemical substances or related disorders. The practice of addictions therapy includes, but is not limited to, performing mental health procedures, addiction prevention, crisis intervention, assessment, diagnosis, referral, direct treatment, and follow-up treatment which is rendered to individuals, families, groups, organizations, schools, and communities who are adversely affected by addictions or related disorders within the range of the professional's preparation.

(a) The practice of addictions therapy may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Addictions Therapist shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude~~ that relate adversely to the practice of addictions therapy or to the ability to practice addictions therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States and

- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a graduate degree program with a concentration in addictionology, chemical dependency, or substance abuse, healing arts or related field from an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA). Applicants with graduate degrees in other mental health disciplines from a regionally accredited college or university shall generally be accepted with the listed ~~twenty one~~ two (2+2) semester hours of coursework (either graduate or undergraduate) as follows:

- (i) Each of the following four (4) courses shall be completed:

(A) Counseling Theories- Three (3) semester credits. Theories and principles of counseling and psychotherapy;

(B) Counseling Skills- Three (3) semester credits. Methods and techniques of individual and group counseling;

(C) Practicum in Addictions/Chemical Dependency Counseling- Three (3) semester credits; and

(D) Counseling Ethics- Three (3) semester credits.

(ii) Course work shall be completed in each of the following five (5) subject areas for a minimum of ten (10) semester credits:;

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors;

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information;

(C) Addictions and Special Populations: (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.);

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc.; and

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(iii) Six (6) contact hours of specialty training shall be completed in communicable diseases. This category may be satisfied by completing college course work or workshops.

(iv) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in addictions therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree;

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours; and

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of addictions therapy.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

~~**Section 5. Professional Recommendation Requirement for Licensure.** Applicants shall demonstrate their integrity, professionalism and character in addictions therapy through three (3) professional recommendations which attest to applicants' abilities and professional performance.~~

Section 56. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association for Addictions Professionals (NAADAC), NCAC Master Addiction Counselor (MAC) exam;

(ii) National Board for Certified Counselors (NBCC) Master Addiction Counselor (MAC) exam; ~~or~~

(iii) International Certification & Reciprocity Consortium (IC&RC) Advanced Alcohol and Drug Counselor (AADC) exam; or

~~(iviii)~~—Other examination as may be approved by the Board.

~~(b) — Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.~~

Section 67. LAT as a Second License. Professionals who currently hold a license as an LPC, LMFT or LCSW in good standing in the State of Wyoming may obtain a license as an Addictions Therapist as follows:

(a) Education. The applicant shall satisfy the educational criteria in the following manner.

(i) Complete one hundred and fifty (150) contact hours of diverse addictions specific training within five (5) years of applying for the LAT, including Addictions Assessment, from four (4) of the five (5) following areas:

(A) Alcoholism: To include biochemical, socio-cultural, and psychological factors;

(B) Drugs and Behavior: A survey of drugs with abuse potential other than alcohol that affect behavior including psychopharmacological information;

(C) Addictions and Special Populations (i.e., adolescents, women, ethnic groups, elderly, adult children of alcoholics, the impaired family, impaired professional, etc.);

(D) Addictive Behaviors: Gambling, eating disorders, sexual addictions, cults, compulsive behaviors of non-ingestive nature, etc; or

(E) Addictions Assessment: Appraisal, assessment, testing, diagnosis/dual diagnosis. This category may also be satisfied by completing specialty training.

(ii) These contact hours may also be reported as continuing education for license renewal.

~~(iii) — Instructors shall be experts in the discipline and have at least a master's degree level in education.~~

(b) Practicum.

(i) The applicant shall satisfy the practicum criteria by completing a practicum, to include addictions specific clients, in a master's program, or by

(ii) Completing one hundred and fifty (150) face-to-face clinical contact hours

with addictions specific clients within five (5) years of applying for licensure, which is supervised by an LAT. These hours shall be completed after the award of the initial license as an LPC, LCSW, or an LMFT, or by

(iii) Providing written proof, in a manner approved by the Board, of a minimum of five (5) years of full-time experience in the addictions field, gained within the ten (10) years immediately preceding the date of application, and after completion of the master's degree by which they received their LPC, LCSW, or LMFT.

(c) Examination. The examination requirements are the same as defined in Section 65.

Section 78. License by Reciprocity. An individual who holds a master's degree or higher in a human resource discipline, has passed the examination as required in Section 5 of this Chapter and holds holding a license that is free from discipline and in good standing to engage in the practice of addictions therapy under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the Board, be issued a license as an Addictions Therapist in this state. If the individual has held a license to addictions therapy in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

~~(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules. Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.~~

Section 89. Standards of Conduct.

(a) The terms "Licensed Addictions Therapist" or "Addictions Therapist" shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Addictions Therapist shall comply with the Association for Addictions Professionals (NAADAC) "Code of Ethics" incorporated into these rules in Chapter 15.

Chapter 9

Licensed Clinical Social Worker

Section 1. The Practice of a Licensed Clinical Social Worker. The practice of a Licensed Clinical Social Worker is the application of social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. The practice of Clinical Social Work requires application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. Treatment methods include the provision of individual, marital, couple, family, and group counseling and psychotherapy within the range of the professional's preparation. The practice of Clinical Social Work may include private practice and the provision of clinical supervision, and methods to the assessment, diagnosis, treatment and prevention of psychosocial dysfunction, disability or impairment, including emotional and mental disorders. ~~It is based on knowledge of one (1) or more theories of human development within a psychosocial context. The perspective of person-in-situation is central to professional social work practice. Professional clinical social work includes, but is not limited to, performing mental health procedures, interventions directed to interpersonal interactions, intrapsychic dynamics, and life support and management issues. Professional clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation and evaluation with individuals, families, groups, communities and organizations.~~

(a) The practice of social work may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Clinical Social Worker shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude that relate adversely to the practice of clinical social work or to the ability to practice clinical social work~~, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure. All educational requirements for licensure shall be met through the completion of a Council on Social Work Education (CSWE) accredited master's degree program in social work.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in clinical social work under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree.

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of clinical social work.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

~~**Section 5. Professional Recommendation Requirement for Licensure.** Applicants shall demonstrate their integrity, professionalism and character in clinical social work through three (3) professional recommendations which attest to applicants' abilities and professional performance.~~

Section 56. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider ~~on one~~ of the following examinations:

(i) The Association of Social Work Boards (ASWB) examination at the ~~Advanced Generalist or Clinical Level~~; or

(ii) Other examination as may be approved by the Board.

~~(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.~~

Section 67. License by Reciprocity. An individual who holds a master's degree or higher in social work, has passed the examination as required in Section 5 of this Chapter and holds holding a license that is free from discipline and in good standing to engage in the practice of social work under the laws of another state having certification requirements substantially similar to those required by the Act and these rules may, upon approval of the Board, be issued a license as a Clinical Social Worker in this state. If the individual has held a license to practice social work in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

~~(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules. Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a certification to such applicant if good cause is shown.~~

Section 78. Standards of Conduct.

(a) The terms “Licensed Clinical Social Worker” or “Clinical Social Worker” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Clinical Social Worker shall comply with the National Association of Social Workers “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 10

Licensed Marriage and Family Therapist

Section 1. The Practice of a Marriage and Family Therapist. The practice of a Licensed Marriage and Family Therapist is the rendering of professional couples, marital and family therapy services and treatment to individuals, family groups, organizations, couples, marital pairs, singly or in groups. Couples, marital and family therapy includes, but is not limited to, performing mental health procedures, the assessment, diagnosis and treatment, including psychotherapy, of nervous, emotional, and mental disorders, whether cognitive, affective or behavioral, within the context of couples, marital and family systems within the range of the professional's preparation. Couples, marital and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, marital pairs and families for the purpose of treating such diagnosed nervous and mental disorders.

(a) The practice of marriage and family therapy may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Marriage and Family Therapist shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude~~ that relate adversely to the practice of marriage and family therapy or to the ability to practice marriage and family therapy, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

- (d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) All educational requirements for licensure shall be met through the completion of a master's degree program in marriage and family therapy from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or Council for Accreditation of Counseling and Related Educational Programs- Marriage and Family Counseling (CACREP-MCFC) accredited program. The Board will only accept the education from a CACREP-MCFC program if the applicant was enrolled in the program prior to January 1, 2020.

(b) Applicants who have completed couple, marriage and family therapy programs not accredited by COAMFTE or CACREP-MCFC may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by COAMFTE or CACREP-MCFC including instructor qualifications, clinical supervision, practicum and internship requirements and course work.

(iii) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be couples, marriage and family therapists.

(iv) Course work shall be completed in a master's or doctoral program or subsequent graduate level coursework.

(v) The applicant has completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level coursework.

(vi) Course work for those graduating from programs prior to January 1, 2020 was completed in each of the core areas defined herein:

(A) Individual and Family Development (9 semester credits)- Courses in this area include content on individual and family development across the lifespan. Content should provide knowledge of individual personality development and its normal and abnormal manifestations. The applicant should have relevant coursework in human development across the life span which includes special issues that affect an individual's development. This material should be integrated with systems concepts. Topic areas may include human development, child/adolescent development, psychopathology, personality theory, human sexuality, and other psychosocial development including career development, or other courses related directly to

human development. Test and measurement courses are not acceptable in this area.

(B) Theoretical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of couples, marriage and family therapy. Content enables students to conceptualize and distinguish the critical epistemological issues in the profession of couples, marriage and family therapy and provide a comprehensive survey and substantive understanding of the major models of marriage, couples, and family therapy. All courses in this area must have a major focus from a systems theory orientation. Topic areas may include systems theory, family subsystems, blended family, gender issues in families, cultural issues in families, or other courses directly related to couples, marital and family theory. Survey or overview courses in which systems is one of several theories covered are not appropriate. Courses in which systems theory is the major focus and other theories are studied in relation to systems theory are appropriate.

(C) Clinical Knowledge of Couples, Marital and Family Therapy (9 semester credits)- Courses in this area address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment, diagnosis and treatment of major mental health issues. Content addresses contemporary issues, which include but are not limited to gender, sexual functioning, sexual orientation, sex therapy, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective. Material addresses a wide variety of presenting clinical problems. Courses in this area should have a major focus on advanced family systems theories and systemic therapeutic interventions. This area is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each theoretical orientation. Major theoretical approaches may include strategic, structural, object relations family therapy, behavioral family therapy, communications family therapy, intergenerational family therapy, systemic sex therapy, or other courses directly related to couples, marital and family therapy. Survey or overview courses in which family therapy is one of several types of theories covered is not acceptable.

(D) Research (3 semester credits)- Courses in this area include significant material on research in couple and family therapy. Content focuses on research methodology, data analysis and the evaluation of research including quantitative and qualitative research and its methods. Individual personality, test and measurement, and library research courses are not acceptable toward this area.

(E) Professional Identify & Ethics (3 semester credits)- Courses in this area are intended to contribute to the professional development of the therapist. Content includes professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification. Coursework focuses on ethical issues related to the profession of individual, couples, marriage and family therapy. Other areas that need to be addressed include the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, the business aspects of practice, and familiarity with regional and federal laws as they relate to the practice of individual, couple and family therapy. Religious ethics courses and moral theology

are not accepted towards this area.

(F) Clinical Practicum/Internship (9 semester credits)- Applicants shall complete a supervised clinical practicum/internship with individuals, couples, and families.

(vii) Course work for those graduating from programs after January 1, 2020 was completed in each of the core areas defined herein:

(A) Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours) This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

(B) Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours) This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

(C) Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

(D) Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

(E) Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

(F) Biopsychosocial Health & Development Across the Life Span

(Minimum of 3 Credits/4 quarter credits/45 clock hours). This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

(G) Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours). This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

(H) The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements:

(i) Contemporary Issues. This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes.

(ii) Community Intersections & Collaboration. This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

(I) Practicum or internship. Includes a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 alternative hours or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program's mission, outcomes, and goals. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours. Those programs requiring less than 500 hours may not use alternative hours to count toward total client contact hours. The program demonstrates a commitment to relational/systemic-oriented supervision. Students must receive at least 100 hours of supervision. Supervision can be individual or group and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically

present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.

(viii) Three (3) semester credits is equivalent to four (4) quarter credits.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in individual, couple, marriage and family therapy under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree.

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(A) Of the one thousand two hundred (1,200) direct client contact hours at least five hundred (500) hours must be direct clinical services to couples and families. ~~This requirement shall not apply to persons holding a provisional license prior to July 1, 2015~~

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of marriage and family counseling.

(b) An applicant shall have a minimum of one hundred (100) post graduate hours of clinical supervision with a DQCS as described in Chapter 18.

~~**Section 5. Professional Recommendation Requirement for Licensure.** Applicants shall demonstrate their integrity, professionalism and character in couples, marriage and family therapy through three (3) professional recommendations which attest to applicant's abilities and professional performance.~~

Section 56. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on one of the following examinations:

(i) The Association of Marital and Family Therapists Regulatory Boards (AMFTRB) examination; or

(ii) Other examination as may be approved by the Board.

(b) ~~Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.~~

Section 67. License by Reciprocity. An individual who has a master's degree or higher in marriage family therapy, has passed the examination as required in Section 5 of this Chapter, and holds holding a license that is free from discipline and in good standing to engage in the practice of marriage and family therapy under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Marriage and Family Therapist in this state. If the individual has held a license to practice marriage and family therapy in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

(a) ~~Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules. Applicants that do not meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.~~

Section 78. Standards of Conduct.

(a) The terms “Licensed Marriage and Family Therapist” or “Marriage and Family Therapist” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Marriage and Family Therapist shall comply with the American Association for Marriage and Family Therapy “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 11

Licensed Professional Counselor

Section 1. The Practice of a Licensed Professional Counselor. The practice of a Licensed Professional Counselor is the rendering to individuals, couples, families, groups, organizations, corporations, institutions, government agencies or the general public a service that integrates a wellness, pathology and multicultural model of human behavior. This model applies a combination of mental health, psychotherapeutic, and human development principles and procedures to help clients achieve effective mental, emotional, physical, social, moral, educational, spiritual or career development and adjustment throughout the life span, and includes performing mental health procedures, the assessment, diagnostic description and treatment of mental disorders or disabilities within the range of the professional's preparation.

(a) The practice of counseling may be either face-to-face that involves the synchronous interaction between an individual or groups of individuals using what is seen and heard in person to communicate, or

(b) Via methods of electronic delivery that involves the use of electronic or other means (e.g. telephone, computers, etc.) to provide the service.

(i) When using electronic delivery means, all use must be in compliance with all professional ethical standards and all other requirements in these rules;

(ii) Special care should be taken to ensure the confidentiality and security of the provision of services; and

(iii) The Licensed Professional Counselor shall provide only those services that are legal within the state that the recipient of services lives.

Section 2. General Requirements for Licensure. It is the sole responsibility of the applicant to ensure that the Board receives all documentation necessary to prove to the Board's satisfaction that the applicant meets all the requirements for licensure herein. The applicant shall provide satisfactory evidence to the Board that they:

(a) are of majority age;

(b) have no felony convictions, and no misdemeanor convictions ~~involving moral turpitude~~ that relate adversely to the practice of counseling or to the ability to practice counseling, although exceptions to this requirement may be granted by the Board if consistent with the public interest;

(c) are legal inhabitants of the United States; and

(d) satisfy the requirements established in these rules.

Section 3. Education Requirement for Licensure.

(a) The applicant shall have received a master's or doctorate degree in counseling from a Council for Accreditation of Counseling and Related Educational Programs (CACREP) or Council on Rehabilitation Education (CORE) accredited program in counseling.

(b) Applicants who have completed graduate counselor programs not accredited by CACREP or CORE may be deemed to have met the educational requirement provided they meet the following criteria:

(i) The graduate degree program, and any applicable additional graduate level course work, was completed at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA).

(ii) The program was substantially similar in content as required by CACREP including instructor qualifications, clinical supervision and course work.

(iii) The applicant must have completed a minimum of seventy-two (72) quarter hours or forty-eight (48) semester hours of graduate level course work. Applicants who graduated after July 1, 2013, must have completed a minimum of ninety (90) quarter hours or sixty (60) semester hours of graduate level course work.

(iv) The official transcripts, course prefixes, and course descriptions clearly identify the educational program as preparing persons to be professional counselors.

(v) Course work shall be completed in a master's or doctoral program or subsequent graduate level course work.

(vi) Course work was completed in each of the core areas defined herein:

(A) Practicums, Internships or Field Experience under clinical supervision.

(I) Students must complete supervised practicum experiences that total a minimum of 100 clock hours over a minimum 10-week academic term.

(II) The program requires completion of a supervised internship in the student's designated program area of 600 clock hours, begun after successful completion of the practicum. The internship is intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area. Each student's internship includes all of the following:

(1.) At least 240 clock hours of direct service, including experience leading groups;

(2.) Weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor; and

(3.) An average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member.

(B) Human Growth and Development- studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

(I) Theories of individual and family development and transitions across the life-span;

(II) Theories of learning and normal and abnormal personality development;

(III) Effects of crises, disasters, and other trauma-causing events on diverse individuals across the lifespan;

(IV) Individual, biological, neurological, physiological, systemic, ~~spiritual~~ spiritual, and environmental factors that affect human development, functioning, and behavior;

(V) A general framework for understanding differing abilities and strategies for differentiated interventions;

(VII) Theories and etiology of addictions and addictive behaviors; and

(VIII) Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the life span

(C) Social and Cultural Diversity- studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural including all of the following:

(I) Research addressing multicultural and pluralistic characteristics within and among diverse groups nationally and internationally;

(II) Learning activities to foster student's self understanding of the impact of their heritage, attitudes, beliefs, understandings, and acculturative experiences on

their views of others;

(III) Theories and models of multicultural counseling, identity development, and social justice and advocacy;

(IV) Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination;

(V) Learning activities that foster understandings of the help-seeking behaviors of diverse clients;

(VI) Learning ~~activities~~ activities that foster understanding of the impact of spiritual beliefs on clients' and counselors' worldviews; and

(VII) Multicultural competencies and strategies for working with and advocating optimum wellness for diverse populations;

(D) Helping Relationships- studies that provide an understanding of counseling process in a multicultural society, including all of the following:

(I) Theories and models of effective counseling and wellness programs;

(II) Counselor characteristics and behaviors that influence the helping process;

(III) Essential interviewing, case conceptualization and counseling skills;

(IV) A systems approach that provides an understanding of family, social, community, and political networks;

(V) Theories, models, and strategies for understanding and practicing consultation; and

(VI) Ethical and culturally relevant strategies for developing helping relationships:

(VII) Developmentally relevant counseling treatment or intervention plans;

(VIII) Development of measurable outcomes for clients;

(IX) Empirically-based counseling strategies and techniques for prevention, intervention, and advocacy;

(X) Strategies to promote client understanding of and access to a variety of community-based resources;

(XI) Suicide prevention models and strategies;

(XII) Crisis intervention and psychological first aid strategies;

and

(XIII) Processes for aiding students in developing a personal model of counseling.

(E) Group Work- studies that provide theoretical foundations of group work and dynamics associated with group process including all of the following:

(I) Therapeutic factors and how they contribute to group effectiveness;

(II) Characteristics and functions of effective group leaders;

(III) Approaches to group formation, including recruiting, screening, and selecting members;

(IV) Types of groups and other considerations that affect conducting groups in varied settings;

(V) Ethical and culturally relevant strategies for designing and facilitating groups; and

(VI) Direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term.

(F) Career Development- studies that provide an understanding of career development and related life factors, including all of the following:

(I) Theories and models of career development, counseling, and decision-making;

(II) Process for identifying and utilizing career, avocational, educational, occupational and labor market information resources, technology and information systems;

(III) Approaches for assessing the conditions of the work environment on clients' overall life experiences;

(IV) Strategies for assessing abilities, interests, values,

personality, and other factors that contribute to career development;

(V) Strategies for career development program planning, organization, implementation, administration, and evaluation;

(VI) Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy;

(VII) Strategies for facilitating client skills development for career, educational, and life-work planning and management;

(VIII) Approaches for conceptualizing the interrelationships among and between work, family, and other life roles and factors;

(IX) Methods of identifying and utilizing assessment tools and techniques relevant to career planning and decision making; and

(X) Ethical and culturally relevant strategies for addressing career development.

(G) Assessment- studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society, including all of the following:

(I) Historical perspectives concerning the nature and meaning of assessment;

(II) Basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessment and group and individual assessments;

(III) Statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations;

(IV) Reliability and validity in the use of assessments;

(V) Methods of effectively preparing for and conducting initial assessment meetings;

(VI) Procedures for assessing risk of aggression or danger to others, self-inflicted harm or suicide;

(VII) Procedures for identifying and reporting abuse;

(VIII) Use of assessments for diagnostic and intervention

planning purposes;

(IX) Use of assessments relevant to academic/educational, career, personal, and social development;

behavioral observations;

(X) Use of environmental assessments and systematic

testing;

(XI) Use of symptom checklists, personality and psychological

(XII) Use of assessment results to diagnose developmental, behavioral, and mental disorders; and

(XIII) Ethical and culturally and developmentally relevant strategies for selecting, administering, and interpreting assessment and test results.

(H) Research and Program Evaluation- studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

(I) The importance of research in advancing the counseling profession, including its use to inform evidence based practice;

(II) Qualitative, quantitative, and mixed research methods;

(III) Statistical methods used in conducting research and program evaluation;

(IV) Evaluation of counseling interventions and programs;

(V) Development of outcome measures for counseling programs;

(VI) Analysis and use of data in counseling; and

(VII) Ethical and culturally relevant strategies for conducting, interpreting and reporting the results of research and/or program evaluation studies.

(I) Professional Counseling Orientation and Ethical Practice- studies that provide an understanding of all of the following aspects of professional functioning:

(I) History and philosophy of the counseling profession and the origins of the counseling specialty areas;

(II) The multiple professional roles and functions of counselors

across specialty areas and their relationships with other human service providers, including interagency and interorganizational collaboration and consultation;

(III) Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;

~~(IIIIV)~~ Self-care strategies appropriate to the counselor role;

(IV) Technology's impact on the counseling profession;

(VI) Strategies for personal and professional self-evaluation and implications for practice;

(VII) Counseling supervision models, practices, and processes;

(VIII) Professional organizations, including membership benefits, activities, services to members, and current issues;

~~(VIIIIX)~~ Professional credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;

(IX) The role and process of the professional counselor in advocating on behalf of the profession;

(XI) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and

(XII) Ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

Section 4. Supervised Training/Work Experience Requirement for Licensure.

(a) A minimum of three thousand (3,000) hours of supervised clinical training/work experience in professional counseling under the direct supervision of a designated qualified clinical supervisor is required for all applicants. This experience shall meet the requirements set forth in these rules. The hours must be completed over a period of not less than eighteen (18) months or more than thirty-six (36) months unless granted an extension by the Board.

(i) All three thousand (3,000) hours of supervised clinical training/work experience required shall be completed after the award of the graduate degree;

(ii) Of the three thousand (3,000) hours required, at least one thousand two hundred (1,200) hours shall be direct client contact hours.

(iii) The balance of the remaining indirect hours shall consist of work experience that supports the direct client contact hours, e.g. charting, preparation, meetings, trainings, and/or the other duties of counseling.

~~(iv) Section 4 (a) shall not apply to persons holding an active provisional license on January 1, 2011. These persons will be evaluated under the rules in effect at the time they were granted the provisional license.~~

(b) An applicant shall have a minimum of one hundred (100) post graduate degree hours of clinical supervision with a DQCS as described in Chapter 18.

~~**Section 5. Professional Recommendation Requirement for Licensure.** Applicants shall demonstrate their integrity, professionalism and character in professional counseling through three (3) professional recommendations which attest to applicants' abilities and professional performance.~~

Section 65. Examination Requirement for Licensure.

(a) The Board shall accept a passing score as established by the examination provider on the following examinations:

(i) The National Board for Certified Counselor's (NBCC) National Counselor Examination (NCE) or the National Clinical Mental Health Examination (NCMH).

(ii) The Certification Examination administered by the Commission on Rehabilitation Counselor Certification (CRCC).

(iii) Other examinations as may be approved by the Board.

~~(b) Applicants are allowed only three (3) attempts to pass the exam requirement. The Board may allow an applicant to make one (1) more attempt to pass the exam requirement upon approval of a remediation plan submitted by the applicant.~~

Section 76. License by Reciprocity. An individual who has a master's degree or higher in professional counseling, has passed the examination as required in Section 5 of this Chapter, and holds holding a license that is free from discipline and in good standing to engage in the practice of professional counseling under the laws of another state having licensure requirements substantially similar to those required by the Act and these rules may, upon approval of the board, be issued a license as a Professional Counselor in this state. If the individual has held a license to practice professional counseling in more than one state, the individual shall be required to provide verification that all licenses held within the last five (5) years have not had any discipline against the license.

~~(a) Applicants may be issued a provisional license to practice under supervision while completing deficiencies identified and required by the Board provided they possess a graduate degree comparable to those required by the Act and these rules. Applicants that do not~~

meet the reciprocity requirements may petition the Board for an exemption. The Board may grant a license to such applicant if good cause is shown.

Section 87. Standards of Conduct.

(a) The terms “Licensed Professional Counselor” or “Professional Counselor” shall be used only after the applicant is granted licensure by the Board.

(b) The Licensed Professional Counselor shall comply with the American Counseling Association “Code of Ethics” incorporated into these rules in Chapter 15.

Chapter 12

Application Procedure

Section 1. Class of License and Certification.

(a) A separate and distinct license or certification shall be issued for each of the following disciplines:

- (i) Certified Addictions Practitioner (CAP)
- (ii) Certified Addictions Practitioner Assistant (CAPA)
- (iii) Certified Mental Health Worker (CMHW)
- (iv) Certified Social Worker (CSW)
- (v) Licensed Addictions Therapist (LAT)
- (vi) Licensed Clinical Social Worker (LCSW)
- (vii) Licensed Marriage and Family Therapist (LMFT)
- (viii) Licensed Professional Counselor (LPC)
- (ix) Provisional Addictions Therapist (PAT)
- (x) Provisional Clinical Social Worker (PCSW)
- (xi) Provisional Marriage and Family Therapist (PMFT)
- (xii) Provisional Professional Counselor (PPC)

(b) Initial licenses and certifications shall expire on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(c) Additional licenses and certifications issued to the same individual shall expire on the same date as the initial license or certification held by that individual. Thereafter, upon renewal, the license or certification shall be valid for two (2) years.

(d) An applicant shall clearly indicate the specific license or certification desired. An applicant who seeks licensure or certification in more than one discipline shall submit separate applications, appropriate fees and documentation for each license or certification sought.

(e) The Board shall not make any determination regarding an applicant's eligibility for license or certification status prior to receiving a completed application, fee, and all supporting documents.

Section 2. General Application Procedures. An individual is considered an applicant once he or she has submitted the following:

(a) A complete official application form accompanied by the application fee and appropriate proof of legal presence in the U.S.

(b) Official transcripts from all colleges and universities attended.

~~(c) Professional references from three (3) professionals with at least six (6) months of direct knowledge of the applicant's abilities and professional performance in the discipline for which the license or certification is requested;~~

~~_____ (i) References shall have been written within six (6) months of the date of application.~~

~~_____ (ii) References shall not be accepted from relatives of the applicant.~~

~~(cd)~~ A certificate of professional qualification in the discipline from a national credentials bank, approved by the Board, may be accepted by the Board for license by reciprocity. The Board may require the applicant to submit such supplemental information as it deems necessary to assure that the applicant meets the qualifications for licensure.

~~(de)~~ All documents submitted in support of the application shall contain signature and be submitted directly to the office of the Board from the respondent and not forwarded through the applicant.

~~(ef)~~ Completion of all requirements for licensure or certification shall be documented within one (1) year of the date the application is received by the Board, otherwise the application will be deemed incomplete and closed without further notice expired. If an application expires, an applicant shall be required to submit a new application including the payment of the required fees.

Section 3. Application for Licensure by Examination. In addition to the documents required in Section 2 of this chapter, the designated qualified clinical supervisor(s) of the applicant shall submit complete Verification and Evaluation of Supervised Experience forms within thirty (30) days of the conclusion of supervision.

Section 4. Application for Licensure by Reciprocity. ~~In addition to the documents required in Section 2 of this chapter,~~ the applicant shall request verification of licensure in good standing from jurisdictions where the applicant holds or has held a license in any mental health discipline. Additionally, the applicant shall submit official transcripts from all colleges and universities required by the application as well as verification that the applicant has achieved a

passing score on an accepted examination for the license. The Board may rely upon the documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this Board including, but not limited, to Association of Social Work Boards.

Section 5. Application for Certification by Examination. In addition to the documents required in section 2 of this chapter, the designated qualified clinical supervisor of the applicant shall submit a complete ~~Certificate S~~supervision ~~A~~greement.

Section 6. Application for Certification by Reciprocity. ~~In addition to the documents required in Section 2 of this chapter, T~~the applicant shall request verification of certification in good standing from jurisdictions where the applicant holds or has held a certification in any mental health discipline. Additionally, the applicant shall submit official transcripts from all colleges and universities required by the application as well as verification that the applicant has achieved a passing score on an accepted examination for the certification. The board may rely upon the documentation and verified data gathered and stored by not for profit organizations which share in the public protection mission of this board including, but not limited, to Association of Social Work Boards.

~~**Section 7. Notification of Applicants and Right of Appeal.** If the applicant's initial application is denied, the reasons for this rejection shall be communicated in writing. The applicant shall have the right to request reconsideration of the application materials, and may further request a hearing before the Board in accordance with the Wyoming Administrative Procedures Act.~~

Section 87. Issuance of License or Certification. The Board shall issue a wall certificate to the successful applicant bearing the full name of the holder, discipline designation, license or certification number, date of issuance, expiration date, and appropriate seal.

Section 98. Change of Name, Address or Telephone Number.

(a) Licensees and certificate holders shall register with the Board any change in their legal name, shall submit documentation demonstrating the change of name, appropriate fee and shall surrender the old wall certificate and a new wall certificate shall be issued by the Board.

(b) Each applicant, licensee and certificate holders shall file with the Board their current home and professional mailing addresses and telephone numbers and shall report to the Board in writing any change of addresses or telephone numbers, giving both old and new addresses and telephone numbers. A change in employment requires a revised disclosure statement.

(c) All changes shall be reported to the Board office within thirty (30) days of the change.

Section 109. Correction and Amendment. Any applicant, licensee or certificate holder may clarify erroneous, inaccurate or misleading information in their file by submitting a written statement to the Board which will be placed in their file.

Chapter 13

Fees

Section 1. Fees. This fee schedule is adopted by the Board pursuant to W.S. 33-1-201.

(a) Application Fees:

- (i) Licensure by reciprocity \$350.00 per discipline
- (ii) Licensure by examination \$350.00 per discipline
- (iii) Licensure by completing provisional \$200.00 per discipline
- (iv) Certification by reciprocity \$300.00 per discipline
- (v) Certification by examination \$300.00 per discipline
- (vi) Provisional License \$150.00 per discipline

(b) Renewal Fees:

(i) License \$125.00 for the initial discipline and \$75.00 for every additional discipline.

- (ii) Certification \$100.00 per discipline

(c) Re-Licensure Fee \$350.00 per discipline

(d) Re-Certification Fee \$300.00 per discipline

(e) Re-Instatement of license or certificate \$200.00 per discipline

~~(f)~~ Non-sufficient Funds Fee: in accordance with W.S. 1-1-115

~~(g)~~ Verification Fee: \$30.00 payable by cashier's check or money order only.

~~(e)~~ Copy Fee: (\$.25 per page)

~~(f)~~ Roster Fee: \$100.00

Section 2. Refunds. All fees collected by the Board are non-refundable.

Section 3. Applications Unaccompanied by Fees. No application shall be considered by the Board unless accompanied by the application fee.

Section 4. Duplicate or Replacement Certificate and Pocket Card. Duplicate or replacement wall certificates and pocket cards may be issued by the Board. All requests for duplicate or replacement certificates shall be in writing and shall be accompanied by a \$20.00 fee for each duplicate or replacement. All requests for duplicate or replacement pocket cards shall be in writing and shall be accompanied by a \$10.00 fee for each duplicate or replacement.

Section 5. Requests for Roster of Licensees and Certificate Holders. The roster of current licensees and certificate holders shall be updated at least annually and made available electronically at no charge to the professional associations representing the disciplines regulated, and governmental agencies.

Chapter 14

Renewal

Section 1. — Biennial Renewal.

~~(a) — Licenses and certifications may be renewed every two (2) years by providing the Board with the following:~~

~~————— (i) — Payment of the renewal fee;~~

~~————— (ii) — Complete application for renewal; and~~

~~————— (iii) — Compliance with the continuing education requirements set out below.~~

~~————— (b) — Each licensee and certificate holder shall earn a minimum of forty five (45) contact hours of continuing education during each renewal period.~~

~~————— (i) — Contact hours for purposes of this section shall be the actual number of hours during which instruction was received. A contact hour shall consist of not less than fifty (50) minutes of actual instruction or presentation. For academic courses, one (1) semester credit equals fifteen (15) contact hours. One (1) quarter credit equals ten (10) contact hours.~~

~~————— (ii) — Only those hours acquired during the renewal period will be considered.~~

~~————— (A) — For initial renewal, the renewal period begins on the license or certification issue date and ends on the licensee's or certificate holder's birth date immediately following the second anniversary of the issue date. Subsequent renewals shall take place every two (2) years.~~

~~————— (iii) — The following standards shall govern acceptability of continuing education activities:~~

~~————— (A) — These activities shall have significant intellectual or practical content, and the primary objective shall be to increase the participant's competence within each licensed or certified discipline.~~

~~————— (B) — The scope of practice for each discipline in these rules and regulations may be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.~~

~~————— (C) — Providers of acceptable continuing education shall have a graduate degree.~~

~~_____ (D) Continuing education credit will be allowed for making presentations designed to increase other mental health professionals' knowledge base. One (1) hour of credit will be allowed for each hour of presentation, up to a maximum of six (6) hours during each renewal period. Credit may be received only once for a particular presentation topic.~~

~~_____ (I) Individuals employed by universities and colleges may not claim credit units for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer, or for individuals enrolled in a degree program or vocational or technical schools.~~

~~_____ (iv) Licensees and certificate holders shall attest to the number of continuing education hours completed.~~

~~_____ (v) Licensees and certificate holders shall report their continuing education activities in a manner determined by the Board.~~

~~_____ (A) Licensees and certificate holders shall maintain copies of any certificates of attendance, letters certifying attendance, transcripts, or any official documents which serve as proof of participation or attendance for at least two (2) years from the date submitted for renewal.~~

~~_____ (B) Proof of attendance shall contain the activity title, dates, contact hours attended, sponsor, presenter, qualifications of the presenter, the name of the licensee or certificate holder, and shall be signed by the sponsor or the presenter.~~

~~_____ (vi) Licensees and certificate holders are responsible for maintaining their own continuing education documentation.~~

~~_____ (vii) Approximately sixty (60) days prior to the renewal date the Board should send a renewal notice to the licensee's or certificate holder's last address of record.~~

~~_____ (viii) Renewal applications shall not be accepted more than one hundred twenty (120) days prior to the expiration date.~~

~~_____ (ix) Renewal applications received by the Board which are postmarked after the expiration date, or after the next business day in cases when the expiration date falls on a weekend or holiday, will not be accepted by the Board, and the license or certification will become null and void for failure to timely and sufficiently secure renewal. Electronic renewal applications will not be accepted after midnight on the expiration date.~~

~~_____ (x) Failure to receive a notice for renewal from the Board does not excuse a licensee or certificate holder from the requirement for renewal under the Act and these rules.~~

~~_____ (e) Each person holding a LAT, CAP, or CAPA shall complete at least fifteen (15) hours of continuing education in addictions topics during the renewal period.~~

~~———— (d) — All licensees and certificate holders shall complete at least three (3) contact hours of continuing education activities in professional ethics during the renewal period.~~

~~———— **Section 2. — Continuing Education Audit.** Continuing education may be audited by the Board for verification of compliance with these requirements.~~

~~———— (a) — Failure to provide the documents requested for audit within thirty (30) days may subject the licensee or certificate holder to disciplinary action.~~

~~———— (b) — If the Board disallows any continuing education hours as a result of an audit, the licensee or certificate holder shall have three (3) months from notice of such disallowance to either;~~

~~———— (i) — provide further evidence that the disallowed continuing education hours meet the criteria established by these rules, or~~

~~———— (ii) — provide evidence of having completed appropriate continuing education during the required time frame which may substitute for the disallowance, or~~

~~———— (iii) — remedy the disallowance by completing the number of additional continuing education hours necessary to fulfill the requirements in this Chapter. These additional continuing education hours shall not be reported on subsequent applications for license renewal.~~

~~———— (c) — If the continuing education hours disallowed are not remedied within the time frame permitted, then the license or certificate holder shall be subject to disciplinary action.~~

~~———— **Section 3. — Exemption From Continuing Education.**~~

~~———— (a) — A licensee or certificate may be exempted from a portion of the continuing education required for the renewal of their license or certificate if during the current renewal period:~~

~~———— (i) — The licensee or certificate otherwise meets all renewal requirements and is a civilian called to active duty in the armed forces of the United States for a period of time exceeding one hundred and eight (180) or more consecutive days in any calendar year.~~

~~———— (ii) — The licensee or certificate otherwise meets all renewal requirements and experiences a physical disability, illness or other disabling situation exceeding one hundred and eight (180) or more consecutive days in any calendar year.~~

~~———— (b) — The number of hours exempted shall be in proportion to the length of deployment, disability or situation.~~

~~———— (c) — The licensee or certificate claiming an exemption shall provide supporting documentation from a third party acceptable to the Board.~~

~~Section 4. Retired Licensees and Certificate Holders.~~ Persons who are retired from active practice are exempt from the requirement for continuing education for renewal. Retired persons exercising this exemption may not, under any circumstances, provide the services regulated by the Act and these Rules within the state of Wyoming. To do so is unlicensed practice in violation of the Act. In order to qualify for the exemption, the licensee or certificate holder shall;

~~(a) Notify the Board in writing they have retired from active practice.~~

~~(b) A replacement wall certificate shall be issued which clearly distinguishes that the licensee or certificate holder is retired. There shall be a one-time fee for each replacement certificate as provided in Chapter 13.~~

~~(c) The licenses and certificates of retired persons shall expire and be renewable on the same two (2) year cycle as their original active license or certificate for the purposes of maintaining accurate contact information.~~

~~(d) There is no fee for the renewal of a license or certificate on retired status.~~

~~(e) A retired licensee or certificate holder may return to active practice by completing forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-application, submitting a professional disclosure statement, and paying the full renewal fee for the remainder of the current license or certificate period.~~

~~Section 5. Re-licensure.~~ A licensee who has allowed their license to expire may apply for re-licensure within five (5) years of the license expiration date without re-examination. However, applicants shall be required to meet all other current licensure standards in place at the time of re-licensure. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-application.

~~Section 6. Re-certification.~~ A certificate holder who has allowed their certification to lapse may apply for re-certification within five (5) years of the certification expiration date without re-examination. However, applicants shall be required to meet all other current certification standards in place at the time of application. In addition, the applicant shall provide verification of having completed forty-five (45) hours of continuing education activities within the two (2) years immediately preceding re-certification. Certified Mental Health Workers are not eligible for re-certification.

Section 1. Statement of Purpose. These Board rules are adopted to implement the Board's authority to establish and enforce the requirements for applications for renewal, relicensure, and reinstatement of licenses.

Section 2. Definitions. Terms used in this section are defined as follows:

(a) "Applicant" means a licensee or former licensee.

(b) “ARC” means Application Review Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General’s Office.

(c) “Contact hour” means the actual number of hours during which instruction was received. A contact hour shall consist of not less than fifty (50) minutes of actual instruction or presentation. For academic courses, one (1) semester credit equals fifteen (15) contact hours. One (1) quarter credit equals ten (10) contact hours.

(d) “CE” means continuing education contact hours used to complete coursework or classes that have significant intellectual or practical content, and the primary objective shall be to increase the participant's competence within each licensed or certified discipline. The scope of practice for each discipline in these rules and regulations shall be used as a basis of what knowledge and skills are acceptable to the Board as continuing education activities.

(e) “License” means a license or certificate.

Section 3. Renewal of License.

(a) Initial Licensure. An initial license shall be valid for a minimum of two (2) years and shall expire on the licensee’s birthday immediately following that two (2) year period. If the licensee desires to continue to practice, the licensee shall seek renewal of their license.

(b) Renewal Period and Expiration Date. A renewed license shall be valid for two (2) years. A license shall expire on a licensee’s birthday at the end of that renewal period.

(c) Renewal Procedure. A licensee shall seek renewal every two (2) years on or before their birthday. A licensee seeking renewal shall submit:

(i) A completed renewal application and payment of fee; and

(ii) Evidence of completion of forty-five (45) contact hours of CE that comply with Section 4.

(d) Renewal applications shall not be accepted if:

(i) Submitted more than one hundred twenty (120) days prior to the expiration date;

(ii) Received by the Board office which are postmarked after the expiration date or after the next business day in cases when the expiration date falls on a weekend or holiday; or

(iii) Electronically submitted after 11:59 p.m. on the expiration date.

(e) Failure to Timely Renew. If a licensee fails to timely renew their license, then the license shall expire and the licensee shall not practice until appropriately licensed.

Section 4. Continuing Education Requirements.

(a) Renewal Period. CE shall be obtained during the current renewal period.

(b) Specific CE Requirements.

(i) Licenses shall complete at least three (3) contact hours of CE activities in each of the following:

(A) Professional ethics; and

(B) Suicide assessment or intervention.

(I) The requirement for suicide assessment or intervention shall not apply to renewals submitted prior to January 1, 2020.

(c) A licensee holding a LAT, CAP, or CAPA license shall complete at least fifteen (15) contact hours of CE in addictions specific topics.

(d) Earning CE. CE may be earned as follows:

(i) Successful completion of college courses;

(ii) Successful completion of continuing education classes or online courses;

(iii) CE credit will be allowed for presenting at venues designed to increase other mental health professionals' knowledge base.

(A) One (1) hour of credit shall be allowed for each hour of presentation, up to a maximum of six (6) hours during each renewal period. Credit may be received only once for a particular presentation topic;

(B) Licenses employed by universities and colleges may not claim credit units for conducting courses that are a part of the regular course offering of those institutions, even if those courses are offered in the evening or summer, or for individuals enrolled in a degree program or vocational or technical schools; and

(iv) Attending a meeting of the Board. One (1) hour of credit will be allowed for each hour of attendance, up to a maximum of three (3) contact hours of CE during the renewal period.

(e) Record Keeping. Licenses and certificate holders shall be responsible for maintaining records used to support continuing education claimed on an application for two (2) years from the date of submitted for renewal. Copies shall be requested by the Board if the licensee is randomly selected for audit.

(i) Licenses shall maintain records used to support CE claimed on a renewal application for two (2) years. A licensee shall provide documentation upon request of the Board.

(ii) Proof of attendance shall contain the activity title, dates, contact hours attended, presenter, the name of the licensee, and shall be signed by the sponsor or the presenter.

(f) Compliance and Application Review Committee Review of Continuing Education.

(i) Every application shall be subject to audit verification for CE compliance. The ARC shall review an applicant's claimed CE and documentation.

(ii) The ARC shall send a Notice of Deficiency to an applicant if:

(A) An applicant is unable to provide satisfactory documentary evidence of compliance with this section, or

(B) ARC does not approve CE units or credits claimed by the applicant.

(iii) Within thirty (30) days from the date of the Notice of Deficiency, the applicant shall submit:

(A) Satisfactory documentary evidence of CE to correct the deficiency;
or

(B) A written request for the Board to review the ARC's denial of claimed CE units or credits.

(iv) If the applicant does not provide satisfactory documentary evidence or request Board review, the application shall be dismissed.

(v) CE earned and submitted in response to the Notice of Deficiency shall not be used to demonstrate competency in the next renewal.

(g) Exemptions. An applicant may seek an exemption from all or part of the CE requirements. The applicant shall submit a petition to the Board demonstrating just cause for exemption. Just cause may include:

(i) Being called to active duty in the armed forces of the United States for a period of time exceeding one hundred and eighty (180) or more consecutive days in any calendar year; or

(ii) Experiencing a physical disability, illness or other disabling situation exceeding one hundred and eighty (180) or more consecutive days in any calendar year.

(iii) The number of hours exempted shall be in proportion to the length of deployment, disability or situation.

Section 6. Retired Status.

(a) Eligibility. A licensee may seek retired status if they are no longer receiving any remuneration from providing any of the services regulated by this Act.

(b) Application Procedure. A licensee seeking retired status shall submit a completed retirement application and pay for a replacement wall certificate.

(c) CE Exemption. While a license is retired, the licensee shall be exempt from the

CE requirement for renewal of the license.

(d) Wall Certificate. A replacement wall certificate shall be issued identifying the licensee as retired. The licensee shall return the original wall certificate to the Board Office.

(e) Reactivation. A retired licensee may return to active practice by completing forty-five (45) contact hours of CE within the two (2) years immediately preceding re-application, submitting a professional disclosure statement, and paying the full renewal fee for the remainder of the current license period.

Section 7. Relicensure.

(a) Eligibility. An applicant may seek relicensure if the application failed to timely renew their license or allowed the license to expire and has not held an active license in another jurisdiction.

(b) Relicensure Procedure. An applicant seeking relicensure shall submit:

(i) Completed relicensure application and payment of fees; and

(ii) Evidence of completion of forty-five (45) contact hours of CE that comply with Section 4 within the two (2) years immediately preceding the application for relicensure; or

(iii) If the license has been expired for more than five (5) years, then applicant shall retake and successfully pass the proper examination.

(c) Certified Mental Health Workers shall not be eligible for relicensure.

Section 8. Reinstatement.

(a) Eligibility. An applicant may seek reinstatement if the license has been revoked, surrendered, suspended, conditioned, or restricted.

(b) Reinstatement Procedure. An applicant seeking reinstatement shall submit:

(i) A completed reinstatement applicant and payment of fees;

(ii) Evidence of meeting requirements of the previous Board's order or correcting the conduct underlying the Board's order that demonstrates the applicant's ability to safely, skillfully, and competently practice; and

(iii) Evidence of completion of twenty (20) contact hours of CE that comply with Section 4 for each year since the applicant's last renewal, if applicable.

Chapter 15

Professional Responsibility

Section 1. Ethical Standards. The Board hereby incorporates into these rules by reference the following ethical standards of the professional organization representing each discipline:

(a) The Association for Addiction Professionals (National Association for Alcoholism and Drug Abuse Counselors (NAADAC)) “Code of Ethics”, adopted by the Association for Addiction Professionals and effective on ~~March 28, 2011~~ October 9, 2016, found at: ~~<http://www.naadac.org/code-of-ethics>~~ [mentalhealth.wyo.gov](http://www.mentalhealth.wyo.gov)

(b) National Association of Social Workers (NASW) “Code of Ethics”, adopted by the NASW Delegate Assembly and effective August 4, 2017 ~~in 2008~~, found at: ~~<http://www.socialworkers.org/pubs/code/code.asp>~~ [mentalhealth.wyo.gov](http://www.mentalhealth.wyo.gov)

(c) American Association of Marriage and Family Therapy (AAMFT) “Code of Ethics”, adopted by the American Association of Marriage and Family Therapy and effective on January 1, 2015, found at: [mentalhealth.wyo.gov](http://www.mentalhealth.wyo.gov)
~~http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx~~

(d) American Counseling Association (ACA) “Code of Ethics”, adopted by the ACA Governing Council and effective on March 26, 2014, found at: [mentalhealth.wyo.gov](http://www.mentalhealth.wyo.gov)
~~<http://www.counseling.org/docs/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=4>~~

(e) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a), (b), (c), and (d) of this section; and

(iii) The incorporated rules are maintained at the Board’s office and ~~is~~are available for public inspection and copying at cost at the same location.

(f) Where the Codes of Ethics and Professional Standards of the professional organizations conflict with the Act and/or these rules, the Act and rules shall control.

(g) Persons licensed or certified by the Board shall:

(i) Practice in a manner that is in the best interest of the public and does not endanger the public health, safety or welfare.

(ii) Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes.

(iii) Practice only within the competency areas for which they are trained and experienced. The licensee or certificate holder must be able to demonstrate to the Board competency, training, and/or expertise should their ability to practice in a specialty area be called into question.

(iv) Report to the Board known or suspected violations of the laws and regulations governing the practice of licensed or certified professionals.

(v) Treat colleagues with respect and should represent accurately and fairly the qualifications, views and obligations of colleagues.

(vi) Avoid unwarranted criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competency or to individuals attributes such as race, ethnicity, national origin, color, sex, sexual or gender orientation, age, marital status, political belief, religion, and mental or physical disability.

(vii) Not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance their own interest.

(viii) Use only those educational credentials in association with their licensure or certification and practice as a professional that have been earned at an educational institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA), and that are directly related to their licensed or certified discipline, and that are professional in nature, including, but not limited to M.Ed., M.A., M.S., M.S.S.W., M.S.W., D.S.W., Ph.D., and Ed.D., and shall include the designation of licensure as an LAT, LCSW, LMFT, LPC PPC, PMFT, PCSW, PAT, CSW, CAP, CAPA or CMHW.

(ix) Use only indicators of current discipline-related credentials earned such as Certified Rehabilitation Counselor and Certified Mental Health Counselor or such indicators as awarded by independent credentialing agencies such as the American Association for Marriage and Family Therapy, the National Board for Certified Counselors, Inc., the National Association of Alcohol and Drug Abuse Counselors, and the National Association of Social Workers in association with their licensure or certification and practice.

(x) Ensure that clients are aware of fees and billing arrangements before rendering services. Bartering is not an acceptable fee arrangement.

(xi) Provide clients with accurate and complete information regarding the extent and nature of services available to them.

(xii) Respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

(xiii) Keep confidential their professional relationships with clients.

(xiv) Inform clients fully about the limits of confidentiality in a given situation, the purposes for which information is obtained and how it may be used.

(xv) Disclose the information contained in a client's record to the client or designated recipient within no more than thirty (30) days of receipt of an appropriate request for release of such information signed by the client, or an individual who is authorized to consent to treatment for the client. The paper, microfilm or data storage unit upon which the client's information is maintained belongs to the licensee or certificate holder ~~and~~ or facility in which he/she practices. Clients do not have a right to possess the means by which the information is stored.

(A) Licensees or certificate holders may provide the client record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record.

(B) The client record does not include a licensee's or certificate holder's personal office notes or personal communications between referring and consulting treatment providers relating to the client. A licensee or certificate holder may, however, include such notes and communications if appropriate.

(C) A licensee or certificate holder may refuse disclosure of client records in accord with W.S. 33-38-113 or as otherwise provided by law.

(D) If the licensee or certificate holder disclosing the client record believes, in good faith, that releasing any portion of the record would injure the health or well being of the client, a licensee or certificate holder may refuse disclosure of that portion of the record. In such instances, a licensee or certificate holder shall document the factual basis and rationale used in deciding against disclosure. A licensee or certificate holder may also deny access to client records if he/she reasonably concludes that access to the information requested is otherwise prohibited by law.

(E) A licensee or certificate holder may establish reasonable charges for the actual costs incurred in responding to a client's request for copies of any portion of a client's record. Such costs may include the cost of copies, clerical staff time and the licensee's or certificate holder's time in reviewing and summarizing the records and/or diagnostic records, if necessary. The client requesting records is responsible for payment of all such charges, however, a client shall not be denied a summary or a copy of requested client records because of inability to pay.

(F) A licensee or certificate holder may not withhold client records solely because payment has not been received for past services.

(xvi) Maintain accurate documentation of all professional services rendered to a client in confidential files for each client and ensure that client records are kept in a secure, safe, retrievable and legible condition.

(A) Each client record must be retained for a minimum of seven (7) years from the date of the last session.

(B) Records of treatment provided to minor clients must be retained for a minimum of seven (7) years from the date of the last session, or until the client reaches twenty-five (25) years of age, whichever is longer.

(C) A licensee in private practice shall make necessary arrangements for the maintenance of and access to client records to ensure clients' right to confidentiality in the event of the death or incapacity of the licensee.

(D) The licensee shall name a qualified person who will retain the client records and properly release the client records upon request.

(xvii) Ensure that the welfare of clients is in no way compromised in any experimentation or research involving those clients which would include but not be limited to informed consent of the client.

(xviii) Refrain from dual relationships with clients that might compromise the client's well-being or impair the licensee's or certificate holder's objectivity and professional judgment including, but not limited to, familial, social, financial, business, or close personal relationships.

(xix) Refrain from engaging in romantic or sexual intimacies with a client or former client. Refrain from engaging in a therapeutic relationship with persons with whom they have had sexual or romantic intimacies.

(xx) When advertising their services to the public, ensure that such advertising is neither fraudulent ~~nor~~ or misleading.

(xxi) Not practice discrimination on the basis of race, sex, age, religion, nation origin, marital status, sexual or gender orientation, or mental or physical handicap.

(xxii) Clearly state the person's licensure or certification status by the use of a title or initials such as "licensed professional counselor" (LPC) or a statement such as "licensed by the Wyoming Mental Health Professions Licensing Board" in any advertising, public directory or solicitation, including telephone directory listings.

(xxiii) Terminate services when such services are no longer required and no longer serve the client's needs. Services are not withdrawn precipitously except in unusual

circumstances and with care to minimize possible adverse effects. This includes providing referral and transfer of services as appropriate.

(xxiv) Avoid using relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.

(xxv) Seek advice and counsel of colleagues and supervisors when such consultation is in the best interest of the client while taking care to protect the client's confidentiality.

(xxvi) Respond to all requests for information and all other correspondence from the Board.

(xxvii) Conspicuously display a professional disclosure statement wherever their services are performed and provide a copy of the statement to each client before or during the first session and upon request. The professional disclosure statement shall contain the licensee's or certificate holder's name, title, business address and telephone number; listing of formal professional education with the name of the institution(s) attended and the specific degree(s) received; licensure or certification status; the designated qualified clinical supervisor's name, phone number and address; statement of confidentiality; a statement that sexual intimacy with a client is never appropriate; a statement that the professional will adhere to the professions' Code of Ethics; and a statement that the disclosure statement is required by the Mental Health Professions Licensing Act. It is recommended that the disclosure statement also contain areas of specialization, state of licensure or certification, license number, and address and phone number of the Mental Health Professions Licensing Board.

(xxviii) Display their license or certification at all times in a conspicuous location readily accessible to all clients at the licensee's or certificate holder's place of business.

(xxix) Ensure that they do not provide clinical supervision to persons holding a provisional license who have no intention of becoming fully licensed, or aid persons in obtaining a provisional license who have no intention of becoming fully licensed.

(xxx) Ensure that they do not provide clinical supervision to persons seeking certification who have not submitted an application to the Board.

(xxxi) Ensure that they do not supervise a provisional licensee or a certificate holder without a board approved supervision agreement.

(xxxii) Not permit, condone or facilitate unlicensed practice or any activity which is a violation of the Act or these rules and regulations.

~~(ch) — All persons providing clinical services via the use of technology must comply with the ACA Codes of Ethics, Section A12. All references to the term "counselor" in Section A12 shall mean the same as "licensee or certificate holder".~~

Chapter 17

Complaints: Practice and Procedure **Procedure for Applications, Licensure, and Discipline Matters**

Section 1. Statement of Purpose. These rules are adopted to implement the Board's authority to:

- (a) Conduct investigations, hearings, and proceedings concerning:
 - (i) Actions relating to an application for initial, renewal, relicensure, or reinstatement of a license;
 - (ii) Petitions for modification of conditions and/or restrictions imposed upon a licensee's license; or
 - (iii) Actions relating to alleged violations of the Act and/or the Board rules.
- (b) Determine and administer appropriate disciplinary action against an applicant or licensee.

Section 2. Definitions.

- (a) "ARC" means Application Review Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.
- (b) "DC" means Disciplinary Committee which shall be comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.
- (c) "License" means a license or certificate issued by the Board.

Section 3. Application Review and Investigation Process.

- (a) Incomplete Applications.
 - (i) An application is deemed "incomplete" when material and requisite information have not been provided as part of the application process.
 - (ii) An incomplete application will not be reviewed by an ARC until the applicant submits all required information and documentation.
 - (iii) Incomplete applications shall be dismissed after twelve (12) months.
- (b) Application Review and Investigation. In application matters:
 - (i) Every applicant bears the burden of satisfying license requirements;

(ii) Every application for a license issued by the Board is subject to investigation to determine whether the requirements set forth in the Act and Board rules are satisfied; and

(iii) The ARC may meet informally with the applicant.

(c) Application Review Committee Action. The ARC may recommend:

(i) A license be issued, renewed, reactivated, or reinstated;

(ii) A license be issued, renewed, reactivated, or reinstated subject to conditions, restrictions, or other disciplinary action;

(iii) Approval of a settlement agreement, which may include the issuance, renewal, reactivation, or reinstatement of a license with the imposition of a reprimand, conditions, restrictions, suspension, other discipline or a combination thereof; or

(iv) Denial of the application.

(d) Notice of Intent to Recommend Issuance of License Subject to Conditions, Restrictions, Other Disciplinary Action or Denial of an Application.

(i) The ARC shall notify the applicant of its intent to recommend:

(A) Issuance of the license subject to conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The Notice of Intent shall contain:

(A) A brief description of the facts or conduct which warrant denial or issuance of a license subject to conditions, restrictions, or other disciplinary action;

(B) A statement of the nature of the actions which warrant denial or issuance of a license subject to conditions, restrictions, or other disciplinary action and a citation to the applicable statutory provisions in the Act and/or the Board rules; and

(C) Notice of the right to a hearing if a written request is received by the Board office within thirty (30) days of the date of mailing the Notice of Intent.

(e) Applicant's Request for Hearing.

(i) The applicant may request a hearing if the ARC recommends:

(A) Approval of the license subject to conditions, restrictions, or other disciplinary action; or

(B) Denial of the application.

(ii) The applicant shall submit a written request for hearing to the Board office within thirty (30) days of the date of the Notice of Intent.

(iii) Failure of the applicant to request a hearing or pursue proceedings related to the application after requesting a hearing may result in dismissal of their application.

Section 4. Petition for Modification of Conditions or Restrictions.

(a) Petition for Modification of Conditions or Restrictions.

(i) A licensee may petition the Board for modification of the conditions or restrictions imposed upon their license.

(ii) A licensee shall submit a petition for modification to the Board office in writing, which shall include documentation demonstrating compliance with the Board order and the modification is sufficient to ensure the public is adequately protected.

(iii) A petition for modification shall be reviewed by the DC.

(b) Disciplinary Committee Action.

(i) If the DC agrees with the requested modification, the parties may file a stipulated motion with the Board.

(ii) If the DC does not agree with the requested modification, the DC shall notify the licensee of its intent to recommend denial of the petition.

(c) Board Consideration. The Board may accept or reject the petition for modification and shall consider the petition and the DC's recommendation or stipulated motion.

Section 5. Complaint Review and Investigation Process.

(a) Complaint Review and Investigation.

(i) Complaints shall be submitted to the Board upon the form provided by the Board. Board staff may initiate complaints.

(ii) Complaints shall be investigated by the DC, Board staff, and/or investigators.

(iii) DC may meet informally with the licensee.

(b) Voluntary Surrender. A licensee may petition the Board, in writing, to voluntarily surrender their license. The Board shall hold an expedited meeting at its earliest convenience to consider the petition. The Board may accept or reject the petition for voluntary surrender and may consider whether the licensee is under investigation.

(c) Disciplinary Committee Action. The DC may recommend:

- (i) Dismissal of the complaint;
- (ii) Issuance of an advisory letter;
- (iii) Issuance of a notice of warning;
- (iv) Approval of a settlement agreement, which may include a reprimand, conditions, restrictions, non-renewal, suspension, voluntary surrender, other discipline or a combination thereof;
- (v) Disciplinary action which may include a reprimand, conditions, restrictions, non-renewal, suspension, revocation, other discipline or a combination thereof; and/or
- (vi) Summary suspension.

Section 6. Summary Suspension.

(a) Recommendation. If the DC recommends summary suspension, the Board shall conduct an expedited meeting to determine whether public health, safety or welfare imperatively requires emergency action.

(b) Notice of Intent to Recommend Summary Suspension.

(i) The DC shall notify the licensee of its intent to recommend summary suspension.

(ii) The Notice of Intent shall contain:

(A) Copy of the complaint;

(B) Notice that an expedited summary suspension meeting shall be set at the earliest opportunity a quorum of Board members may be assembled; and

(C) Statement that failure to appear at the meeting may result in default.

(c) Notice of Expedited Meeting. Board staff shall notify the licensee in writing of the date and time of the expedited summary suspension meeting.

Section 7. Formal Proceedings for Disciplinary Action.

(a) Notice of Intent to Recommend Disciplinary Action.

(i) The DC shall notify the licensee of its intent to recommend disciplinary action.

(ii) The Notice of Intent shall:

(A) Include a brief description of the facts or conduct which warrant the intended action; and

(B) Provide the licensee an opportunity to show compliance or respond to allegations for disciplinary action within fifteen (15) days of the date of the mailing.

(b) Informal Conference. The licensee may request an informal conference with the DC to provide any additional information or to resolve an administrative complaint without a hearing.

Section 8. Petition. The DC shall initiate formal proceedings for disciplinary action by serving a Petition to the last known address of the licensee by regular mail at least thirty (30) days prior to the date set for hearing.

Section 9. Notice of Hearing.

(a) Hearing. Upon receipt of a written request for hearing from an applicant or commencement of formal proceedings for disciplinary action against a licensee, the Board shall conduct a hearing. Board staff shall serve a Notice of Hearing on the applicant or licensee.

(b) Notice of Hearing. The Notice of Hearing shall contain:

(i) The name and last known address of the applicant or licensee;

(ii) A brief statement of the matters asserted:

(A) In application matters, the recommendation to deny the application, the facts upon which the recommendation to deny is based, the statutory provisions and/or the Board Rules the applicant is alleged to have violated; or

(B) In discipline matters, the nature of the Petition, the facts upon which the Petition is based, the statutory provisions and/or the Board Rules the licensee is alleged to have violated;

(iii) The time, place, and nature of the hearing;

(iv) The legal authority and jurisdiction; and

(v) A statement indicating:

(A) The applicant's failure to appear at a noticed hearing or pursue proceedings may result in a dismissal; or

(B) The licensee's failure to answer the allegations contained in the Petition within twenty (20) days of the date of mailing and failure to appear at a noticed hearing may result in a default judgment.

Section 10. Lawful Service. There shall be a presumption of lawful service of a Notice of Intent, Petition, Notice of Hearing, or any other communication required by these

Board rules if sent to the last known address of the applicant or licensee by regular mail. An applicant or license shall notify the Board within thirty (30) days of a change in address.

Section 11. Dismissal or Default.

(a) Dismissal. The Board may enter an order of dismissal based on the allegations contained in the ARC's notice of recommendation in any case where the applicant or the applicant's representative has not requested a hearing, has failed to appear at a noticed hearing, or has otherwise failed to pursue the application.

(b) Default. The Board may enter an order of default judgment based on the allegations contained in the Petition in any case where the licensee or the licensee's representative has not answered the allegations contained in the Petition and has not appeared at a noticed hearing.

Section 12. Contested Case Hearing.

(a) The hearing officer shall preside over the contested case hearing which shall be conducted pursuant to the Wyoming Administrative Procedure Act and the Office of Administrative Hearings rules concerning contested case proceedings.

(b) The Board hereby incorporates by reference Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: rules.wyo.gov.

(c) For these rules incorporated by reference:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rules are maintained at the Board's office and are available for public inspection and copying at cost at the same location.

Section 13. Burden and Standard of Proof.

(a) Application Matters. The applicant shall bear the burden to prove by a preponderance of evidence that they meet the qualifications for licensure. The burden shall shift to the ARC or DC to prove by clear and convincing evidence that applicant should be denied an unrestricted license. The applicant shall bear the burden to persuade the Board that the ARC or DC's grounds for denial are insufficient.

(b) Licensure Matters. The licensee shall bear the burden to prove by a preponderance of evidence that the petition for modification should be granted.

(c) Discipline Matters. The DC shall bear the burden to prove by clear and convincing evidence that a licensee violated the Act or the Board rules.

Section 14. Board Decision and Order.

(a) Board Action. The Board may resolve an application matter, complaint, or Petition by:

(i) Approving the recommendations of the ARC or DC; or

(ii) Conducting a contested case hearing. Following the hearing and deliberation of all evidence admitted at a contested case hearing, the Board may:

(A) Issue, renew, reactivate, relicense, or reinstate a license;

(B) Issue, renew, reactivate, relicense, or reinstate a license with conditions, restrictions, or other disciplinary action;

(C) Deny a license, renewal, reactivation, relicensure, or reinstatement;

(D) Dismiss the complaint or Petition due to lack of clear and convincing evidence;

(E) Issue a notice of warning; and/or

(F) Impose a reprimand, conditions, restrictions, suspension, revocation, other discipline, or a combination thereof.

(b) Board Order. The Board shall issue a written decision and shall be sent to the applicant, licensee, or their representative by regular mail. The Board may publish the order.

Section 15. Judicial Review.

(a) Appeals from decisions of the Board are governed by the WAPA and Wyoming Rules of Appellate Procedure.

(b) Costs of transcripts and any reasonable cost assessed by the Board regarding the record on appeal shall be borne by the party making the appeal.

~~**Section 1. Complaints.** All complaints shall be filed with the Board in writing and shall contain:~~

~~_____ (a) _____ Name and address of licensee or certificate holder;~~

~~_____ (b) _____ Name, address and telephone number of complainant;~~

~~_____ (c) _____ Nature of alleged violations;~~

- _____ (d) _____ A short and concise statement of facts relating to the alleged violations; and
- _____ (e) _____ Signature of complainant.

_____ **Section 2. Investigation.**

_____ (a) _____ The Board shall assign an investigation committee comprised of one (1) or two (2) Board members or other individuals with assistance from a representative of the Attorney General's Office.

_____ (b) _____ Upon completion of the investigation, the committee may:

_____ (i) _____ Prepare and file a formal notice and complaint with the Board, setting the matter for a contested case;

_____ (ii) _____ Recommend to the Board that the complaint be dismissed.

_____ (c) _____ The Board may resolve a complaint at any time by:

_____ (i) _____ Sending a written letter of reprimand/warning to the licensee or certificate holder;

_____ (ii) _____ Accepting a voluntary surrender of a license or certification;

_____ (iii) _____ Accepting conditional terms for settlement;

_____ (iv) _____ Dismissal.

_____ **Section 3. Service of Notice and Formal Complaint.** Notice and Complaint shall be sent by certified or registered mail with return receipt thereof to the licensee's or certificate holder's last known address on file with the Board. It is the licensee's responsibility to update their address with the Board.

_____ **Section 4. Answer or Appearance.** The licensee or certificate holder shall file an Answer to the Notice and Complaint within twenty (20) calendar days of receipt of the Notice and Complaint or within twenty five (25) days from the date that the Notice and Complaint was mailed to the licensee, whichever is longer. The Answer shall contain specific responses and defenses to the allegations in the Notice and Complaint.

_____ **Section 5. Default in Licensee or Certificate Answering or Appearing.** In the event of the failure of a licensee or certificate holder to file an answer within the time allowed or otherwise appear at any scheduled hearing, a default may be entered and the allegations as set forth in the Notice and Complaint shall be taken as true and an Order of the Board entered accordingly.

~~Section 6. Contested Case Process.~~ The Board hereby incorporates by reference the following uniform rules outlining the entire contested case process and practice that will be followed:

~~(a) Chapter 2 – Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on July 20, 2017, found at: <http://rules.wyo.gov>.~~

~~(b) For these rules incorporated by reference:~~

~~(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;~~

~~(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (a) of this section; and~~

~~(iii) The incorporated rules are maintained at the Board's office and is available for public inspection and copying at cost at the same location.~~

~~Section 7. Appeals to District Court.~~ Appeals from Board decisions shall be taken to the district court having jurisdiction and proper venue in accordance with applicable statutes and the Wyoming Rules of Appellate Procedure.

Chapter 18

Supervision

Section 1. The Practice of a Designated Qualified Clinical Supervisor (DQCS).

The DQCS assumes professional and ethical responsibility and may be sanctioned by the Board for all acts and omissions of the supervisee within the scope of the supervision.

Section 2. General Requirements for DQCS. A DQCS shall meet the following requirements:

(b) The DQCS shall have been licensed for independent practice for a minimum of two (2) years prior to becoming a supervisor.

(c) The DQCS shall have had four (4) years of post-graduate professional experience in their discipline prior to providing supervision.

(d) The DQCS must be free from any disciplinary action brought against them by any jurisdiction, although exceptions to this requirement may be granted by the Board if consistent with the public interest.

(e) The DQCS shall have taken a course in clinical supervision or have at least 3 contact hours of CE in clinical supervision. If already approved as a supervisor by the Board, this educational requirement shall be fulfilled no later than during the current renewal period.

Section 3. Role of a DQCS for all supervisee license types

(a) The DQCS shall allow the supervisee to perform independently only those functions for which the supervisee has training and experience.

(b) The DQCS shall keep records verifying supervision, including the types of supervision provided and number of hours.

(c) The DQCS shall be identified on all reports and correspondence of a professional nature, excluding disciplinary correspondence with the Board.

(e) The DQCS will take all necessary precautions to avoid conflictual dual relationships in supervision.

(f) The DQCS is readily available to give aid, direction, and instruction to any supervisee rendering clinical services pursuant to the Act.

Section 4. Elements of Supervision. The DQCS monitors the quality of services being offered to clients, facilitates the supervisee's learning and skill development, and endeavors to enhance the professional growth of the supervisee within the discipline. In order to meet these

objectives the content of supervision shall include:

- (a) A review of the supervisee's permissible scope of practice, as defined by the Act.
- (b) Discussion of case notes, charts, records and services provided. The review and discussion should evaluate the appropriateness of the services to clients and the supervisee's therapeutic skill.
- (c) Review and skill development of appropriate therapeutic interventions, treatment approaches, treatment planning and evidence based practices, within the supervisee's scope of practice.
- (d) Discussion on the standards of practice and ethical conduct, with particular emphasis given to the supervisee's role and appropriate responsibilities, professional boundaries, power dynamics; and termination of clinical relationships.

Section 5. Requirement for Supervision. Clinical practice shall not be permitted, until documentation of a DQCS has been provided to, and approved by, the Board and only under the clinical supervision of an approved designated qualified clinical supervisor.

(a) Certified Addictions Practitioners, Certified Addictions Practitioner Assistants, Certified Mental Health Workers, Certified Social Workers and all provisionally licensed professionals may only provide services under the clinical supervision of a DQCS and under the administrative supervision of their employer.

(b) Individual, triadic face-to-face clinical supervision and/or individual distance clinical supervision by a DQCS shall be provided monthly at a ratio of at least one (1) hour for every twenty (20) hours of direct clinical provision of services defined in this act.

(c) In the event of a change of the DQCS, the certificate holder shall notify the Board within ten (10) days in writing. The certificate holder shall not provide services until documentation of a designated qualified clinical supervisor has been provided to, and approved by, the Board. A change in supervision requires a revised disclosure statement. The DQCS shall submit the Verification and Evaluation of Supervised Experience (VESE) form directly to the Board within thirty (30) days of the termination of supervision.

Section 6. Types of Supervision

- (a) Individual Face-to-Face Clinical Supervision.
 - (b) Triadic Face-to-Face Clinical Supervision.
 - (c) Individual Distance Clinical Supervision.
- (i) Supervision must be adequate to ensure the quality and competence of the activities supervised and must comply with all other supervision requirements.

(d) Type of supervision must be documented in the supervisor verification process.

~~(d)~~ Supervision of more than 2 supervisees simultaneously is not permitted to count towards the face-to-face supervision requirement.

Section 6. Limits of Supervision. DQCS must:

(a) Not provide clinical supervision to persons seeking certification or licensure who have not submitted an application to the Board;

(b) Not supervise a provisional licensee or a certificate holder without a board approved supervision agreement;

(c) Not provide supervision to more than (5) supervisees at one time, unless granted an exception in writing from the Board;

(d) Understand the Board may require an evaluation of the qualifications and roles of any designated qualified clinical supervisor and may approve or disapprove supervision at its discretion; and

(e) Understand that if they act as a DQCS without meeting the requirements of this chapter are subject to discipline for unprofessional conduct.