	NOTICE OF SUBSTANTIVE CHA	ANGE
TYPE OF FILING: Repeal		
Rule or section number:	R156-60c	Filing ID: 57232

Agency Information

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1. Title catchline:	Commerce, Profes	Commerce, Professional Licensing	
Building:	Heber M. Wells Bu	uilding	
Street address:	160 E 300 S		
City, state:	Salt Lake City, UT	Salt Lake City, UT 84111	
Mailing address:	PO Box 146741		
City, state and zip:	Salt Lake City, UT 84111-6741		
Contact persons:			
Name:	Phone:	Email:	
Jana Johansen	801-530-6628 janajohansen@utah.gov		
Please address question	ns regarding info	rmation on this notice to the persons listed above.	

General Information

2. Rule or section catchline:

R156-60c. Clinical Mental Health Counselor Licensing Act Rule

3. Are any changes in this filing because of state legislative action? Changes are be

Changes are because of legislative action.

If yes, any bill number and session: SB 26 (2024 General Session)

4. Purpose of the new rule or reason for the change:

The Division of Professional Licensing (division) in collaboration with the Behavioral Health Board makes this filing with the intent that Rule R156-60c Clinical Mental Health Counselor Licensing Act Rule be repealed along with Rule R156-60b Marriage and Family Therapist Act Rule, Rule R156-60a Social Worker Licensing Act, and Rule R156-60d Substance Use Disorder Counselor Act Rule, and that these rules be replaced by enacting the new Rule R156-60e Mental Health Professional Practice Act Rule. This change aligns with the legislative intent under SB 26, passed during the 2024 General Session, to make the mental health professions a more cohesive unit including the combining of the stand-alone boards to one combined Behavioral Health Board.

5. Summary of the new rule or change:

The division in collaboration with the Behavioral Health Board makes this filing with the intent that Rule R156-60c Clinical Mental Health Counselor Licensing Act Rule be repealed along with Rule R156-60b Marriage and Family Therapist Act Rule, Rule R156-60a Social Worker Licensing Act, and Rule R156-60d Substance Use Disorder Counselor Act Rule, and that these rules be replaced by enacting the new Rule R156-60e Mental Health Professional Practice Act Rule. This change aligns with the legislative intent under SB 26 (2024) to make the mental health professions a more cohesive unit including the combining of the stand-alone boards to one combined Behavioral Health Board.

This rule is repealed in its entirety.

(EDITOR'S NOTES: The proposed repeals are Rule R156-60a under ID 57230, Rule R156-60b under ID 57231, and Rule R156-60d under ID 57233 in this issue, July 1, 2025, of the Bulletin.)

Fiscal Information

6. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

The proposed changes are not expected to have any fiscal impact on state government revenues or expenditures. The requested changes reflect a repeal and reenactment of current industry standards as approved by Behavioral Health Board and will continue to ensure that the minimum required standards have been met.

B. Local governments:

The proposed changes are not expected to have any fiscal impact on local government revenues or expenditures. The requested changes reflect a repeal and reenactment of current industry standards as approved by Behavioral Health Board and will continue to ensure that the minimum required standards have been met.

C. Small businesses ("small business" means a business employing 1-49 persons):

The proposed changes are not expected to have any fiscal impact on small business revenues or expenditures. The requested changes reflect a repeal and reenactment of current industry standards as approved by Behavioral Health Board and will continue to ensure that the minimum required standards have been met. None of these changes substantively change the processes for affected persons, so there is no fiscal impact.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons):

The proposed changes are not expected to have any fiscal impact on non-small business revenues or expenditures. The requested changes reflect a repeal and reenactment of current industry standards as approved by Behavioral Health Board and will continue to ensure that the minimum required standards have been met. None of these changes substantively change the processes for affected persons, so there is no fiscal impact.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an **agency**):

The proposed changes are not expected to have any fiscal impact on affected persons. The requested changes reflect a repeal and reenactment of current industry standards as approved by Behavioral Health Board and will continue to ensure that the minimum required standards have been met. None of these changes substantively change the processes for affected persons, so there is no fiscal impact.

F. Compliance costs for affected persons:

As described above in Box 5E for other persons, the proposed changes are not expected to have any compliance costs for affected persons.

G. Regulatory Impact Summary Table (This table includes only fiscal impacts the agency was able to measure. If the agency could not estimate an impact, it is excluded from this table but described in boxes A through F.)

		Regulatory Impag	t Summary Table		
Fiscal Cost	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Cost	\$0	\$0	\$0	\$0	\$0
Fiscal Benefits	FY2026	FY2027	FY2028	FY2029	FY2030
State Budget	\$0	\$0	\$0	\$0	\$0
Local Governments	\$0	\$0	\$0	\$0	\$0
Small Businesses	\$0	\$0	\$0	\$0	\$0
Non-Small Businesses	\$0	\$0	\$0	\$0	\$0
Other Persons	\$0	\$0	\$0	\$0	\$0
Total Fiscal Benefits	\$0	\$0	\$0	\$0	\$0
Net Fiscal Benefits	\$0	\$0	\$0	\$0	\$0

H. Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Commerce, Margaret W. Busse, has reviewed and approved this regulatory impact analysis.

Citation Information

7. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

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Section 58-1-106	Section 58-1-202	Section 58-1-308
Section 58-60-105	Section 58-60-110	Section 58-60-206
Section 58-60-306	Section 58-60-406	Section 58-60-506

9. The public may submit written or oral comments to the agency identified in box 1. A. Comments will be accepted until: B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.): Date: Time (hh:mm AM/PM): Place (physical address or URL): 07/09/2025 10:00 AM Anchor location at the Heber M. Wells Building at 160 E. 300 S, 4th Floor, Room 474, Salt Lake City, UT and also via Google Meet Google Meet joining info: Video call link: https://meet.google.com/msqruug-gmg Or dial: (US) +1 260-577-6897 PIN: 220 087 357# More phone numbers: https://tel.meet/msqruug-qmq?pin=2270840649212

10. This rule change MAY become effective on:	08/07/2025
NOTE: The date above is the date the agency anticipates making t	he rule or its changes effective. It is NOT the effective date.

Agency Authorization Information

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J	Mark B. Steinagel, Division Director	Date:	04/04/2025
designee and title:			

R156. Commerce, Professional Licensing.

[R156-60c. Clinical Mental Health Counselor Licensing Act Rule.

R156-60c-101. Title - Authority - Organization and Relationship to Rule R156-1.

- (1) This rule is known as the "Clinical Mental Health Counselor Licensing Act Rule."
- (2) This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 60, Part 4, Clinical Mental Health Counselor Licensing Act.
 - (3) The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-60e-102. Definitions.

Terms used in this rule are defined in Title 58, Chapter 1, Division of Professional Licensing Act and Title 58, Chapter 60, Mental Health Professional Practice Act. In addition:

- (1) "ACMHC" means an associate clinical mental health counselor.
- (2) "Approved diagnostic and statistical manual for mental disorders" means the following:
- (a) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5-TR published by the American Psychiatric Association;
- (b) International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for Physicians, Professional Edition published by the American Medical Association; or
- (c) International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): The Complete Official Draft Code Set published by the American Medical Association.
- (3) "APRN" as used in Subsection R156-60c-305a(1)(a)(i) means an advanced practice registered nurse who meets the requirements of Subsection 58-31b-302(5)(g) to practice within the psychiatric mental health nursing specialty.
- - (a) agrees verbally or in writing to provide professional services to that individual; or
 - (b) without an overt agreement does in fact provide professional services to that individual.
- (5) "Clinical mental health experience;" as used in Subsection R146-60c-302a(1) includes clinical mental health therapy hours obtained direct with clients and:
- (a) conducting, with documentation, an intake interview, mental status evaluation, biopsychosocial history, mental health history, or assessment for treatment planning and caseload management;
 - (b) obtaining knowledge related to techniques and interventions for the prevention and treatment of a broad range of mental health issues;
 - (c) strategies for interfacing with the legal system regarding court-referred clients;
 - (d) strategies for interfacing with integrated behavioral health care professionals; and
 - (e) strategies to advocate for persons with mental health issues.
- (6) "Clinical mental health therapy," as used in Subsections R156-60c-302a(1)(a) and (b), means the direct practice of mental health counseling, which focuses on the assessment, diagnosis, and treatment of mental disorder, emotional, and other behavioral disturbances using individual, group, and family therapy modalities.
 - (7) "CMHC" means a clinical mental health counselor.
- (8) "Deficiency," as used in Subsection 58-60-117(1)(d), means that the educational degree upon which licensure is to be based fails to include coursework listed in any one or more of Subsections R156-60c-102(11)(b)(i) through (x) and R156-60c-102(11)(c).
 - (9) "Direct supervision" of a supervisee in training, as used in Subsection 58-60-405(1)(e) means the supervisor meets with the supervisee:
- (a) when both are physically present in the same room at the same time; or
- (b) remotely via synchronous electronic methods that allow for visual and audio interaction between the supervisor and supervisee, in accordance with the requirements of their supervision contract.

	10) "Employee" means a W-2 employee as defined by the Internal Revenue Service.
	11) "Equivalent field," as used in Subsection 58-60-405(1)(c)(i)(B), means that the educational program:
	a) prepares students to practice mental health counseling through the study of generally recognized clinical mental health counseling
principles,	methods, and procedures;
	b) contains three semester or four quarter credit hours of graduate-level courses in the following subjects:
	i) social and cultural diversity;
	ii) group counseling and group work;
(i	iii) human growth and development;
	iv) career development;
	v) counseling and helping relationships;
	vi) substance related and addictive disorders;
,	vii) assessment and testing;
	viii) mental status examination and the appraisal of Diagnostic and Statistical Manual maladaptive and psychopathological behavior;
	ix) research and program evaluation; and
	x) professional counseling orientation and ethical practice; and
	c) includes 700 documented hours of supervised clinical training from at least one practicum or internship, of which 240 hours consists of
	herapy directly to clients.
	12) "Independent control," as used in Subsections R156-60c-305b(4)(c) and (5)(e), means not being employed by the supervisee, or by an
	ned in total or in part by the supervisee, or that the supervisee has any controlling interest.
	13) "Internship" means one or more courses completed as part of a graduate program at an accredited school:
	a) obtained at one of the following public or private agencies:
(i	i) mental health agency;
	ii) in-patient or out-patient hospital;
	iii) educational institution;
	iv) non-profit organization; or
	v) government agency;
	b) while engaged in the clinical practice of mental health therapy as defined in Subsection 58-60-102(7); and
	c) under supervision provided by a qualified mental health training supervisor as defined in Subsection R156-60c-305a(1)(a).
	14) "On the job training program" means a program that:
	a) applies to individuals who have completed courses required for graduation in a degree or formal training program that would qualify
	re under this chapter;
	b) starts immediately upon completion of courses required for graduation;
	e) ends 45 days from the date it begins, or upon licensure, whichever is earlier, and may not be extended or used a second time;
	d) the individual is an employee of a public or private mental health agency, in-patient or out-patient hospital, educational institution, or
governmen	t agency, and is providing clinical mental health services; and
	e) is supervised by a qualified individual licensed under this chapter, and includes supervision meetings on at least a weekly basis with the
	and supervisor physically present in the same room at the same time.
	15) "Practicum" means one or more courses completed as part of a graduate program at an accredited school:
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(i)	a) obtained at one of the following public or private agencies: i) mental health agency; iii) in patient or out patient hospital; iiii) educational institution; iv non profit organization; or v) government agency; b) while engaged in the clinical practice of mental health therapy as defined in Subsection 58-60-102(7); and e) under supervision provided by a qualified mental health training supervisor as defined in Subsection R156-60e-305a(1)(a). 16) "Supervision contract" means a written, signed contract between a supervisor and an individual being supervised to facilitate the ref experience requirements for licensure and includes the provisions required by Subsection R156-60e-305b(3). 17) "Supervisor Verification form" means the form, provided by the Division, to document who is providing supervision to a supervised that at a minimum includes: a) name and license number of the individual; b) name and license number of the supervisor; and e) supervised individuals place of employment. 18) "Unprofessional conduct" is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-60e-502. 302a. Qualifications for Licensure—Experience Requirements. 1) Under Subsection 58-60-405(1)(d), the minimum 3,000 hours of clinical mental health experience required shall include: a) 1,000 hours providing clinical mental health therapy performed under direct supervision per Subsection R156-60e-102(9). 2) Clinical mental health experience may include the following: a) individual, family, and group therapy; b) crisis intervention;
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(i)	a) obtained at one of the following public or private agencies: i) mental health agency; ii) in patient or out patient hospital; iii) in patient or out patient or out patient hospital; iiii) educational institution; iv non profit organization; or v) government agency; b) while engaged in the clinical practice of mental health therapy as defined in Subsection 58 60-102(7); and e) under supervision provided by a qualified mental health training supervisor as defined in Subsection R156 60c-305a(1)(a). 16) "Supervision contract" means a written, signed contract between a supervisor and an individual being supervised to facilitate the of experience requirements for licensure and includes the provisions required by Subsection R156 60c-305b(3). 17) "Supervisor Verification form" means the form, provided by the Division, to document who is providing supervision to a supervised that at a minimum includes: a) name and license number of the individual; b) name and license number of the supervisor; and e) supervised individuals place of employment. 18) "Unprofessional conduct" is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-60c-502. 302a. Qualifications for Licensure Experience Requirements. 1) Under Subsection 58-60-405(1)(d), the minimum 3,000 hours of clinical mental health experience required shall include: a) 1,000 hours providing clinical mental health therapy as defined in Subsection 58-60-102(7), directly to clients; and b) 75 hours of clinical mental health experience may include the following: a) individual, family, and group therapy; b) crisis intervention; e) intermediate treatment, and d) long term treatment. 3) Supervised experience shall be obtained:

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(ii) in-patient or out-patient hospital;
— (iii) educational institution; — (iv) non-profit organization; or
(v) government agency;
(d) in accordance with the supervision experience requirements of Section R156-60c-305b;
(a) In accordance with the supervision experience requirements of Section R150-00c-3050; (e) under a supervisor who meets the requirements of Section R156-60c-305a; and
(f) in not less than 18 months
(4) Notwithstanding Subsection R156-60c-302a(3)(c), an individual may qualify for licensure when:
(a) exempt under Subsection 58-1-307(1)(b); or
(b) they completed training in another jurisdiction while:
(i) licensed as the equivalent of an ACMHC; or
(ii) engaged in the practice of clinical mental health counselor while not required to be licensed; and
(c) satisfactory evidence is provided to the Division and Board documenting training is equivalent to and meets the experience
requirements under this section and Subsections 58-60-405(1)(d) and (e).
(5) The exemption in Subsection 58-1-307(1)(b) does not permit an applicant to engage in the required hours of clinical mental health
training or mental health therapy training without first becoming licensed as an ACMHC.
D156 60a 202h Qualifications for Licensum Examination Dequirements
R156-60c-302b. Qualifications for Licensure - Examination Requirements. Under Subsection 58-60-405(1)(f), an applicant for licensure as a clinical mental health counselor shall pass the following National Board
for Certified Counselors (NBCC) examinations:
(1) National Clinical Mental Health Counseling Examination (NCMHCE); and
(2) National Counselor Examination (NCE).
(2) National Counsciol Examination (NCE).
R156-60c-302c. Qualifications for Licensure - Post Degree Programs.
(1) An individual whose educational degree is deficient, as defined in Subsection R156-60c-102(8), in no more than 12 semesters or 18
quarter credits, may complete the missing coursework post-degree to obtain associate clinical mental health counselor or clinical mental health
counselor licensure if:
(a) full credit is awarded;
(b) courses are taken through one institution; and
(c) the coursework is obtained from a master's or doctoral program in:
(i) clinical mental health counseling, clinical rehabilitation counseling, or counselor education and supervision, if the program is accredited
by the Council for Accreditation Counseling and Related Education Programs (CACREP); or
(ii) clinical mental health counseling or an equivalent field as defined in Subsection R156-60c-102(11), if the program is affiliated with an
institution that has accreditation recognized by the Council for Higher Education Accreditation (CHEA).
(2) An individual who qualifies to complete requirements post-degree under this section, and who qualifies for temporary licensure as an
(2) An individual who qualifies to complete requirements post-degree under this section, and who qualifies for temporary licensure as an associate clinical mental health counselor extern under Section 58-60-117, may engage in clinical mental health counseling.
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(2) An individual who qualifies to complete requirements post-degree under this section, and who qualifies for temporary licensure as an associate clinical mental health counselor extern under Section 58 60 117, may engage in clinical mental health counseling. R156-60e-302d. Qualifications for Licensure – Suicide Prevention Course. (1) Under Subsection 58-60-405(1)(d)(iii), the two hour suicide prevention course required to obtain clinical mental health counselor licensure shall be: (a) approved, sponsored, or conducted by one of the following: (i) accredited college or university; (ii) county, state, or federal agency; (iii) professional association, or similar body, involved in clinical mental health therapy; or (iv) mental health agency that provides clinical mental health services; (b) relevant to mental health therapy and suicide prevention, consistent with the laws of this state, and include one or more of the following components: (i) suicide concepts and facts; (ii) suicide risk assessment, crisis intervention, and first aid; (iii) evidence based intervention for suicide risk; (iv) continuity of care and follow up services for suicide risk; and (v) therapeutic alliances for intervention in suicide risk; (i) classroom lecture and discussion; (ii) workshops; (iii) synchronous webinars; (iv) asynchronous online self pace modules; (v) ease study reviews; or
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(2) An individual who qualifies to complete requirements post degree under this section, and who qualifies for temporary licensure as an associate clinical mental health counselor extern under Section 58 60 117, may engage in clinical mental health counseling. R156-60e-302d. Qualifications for Licensure—Suicide Prevention Course. (1) Under Subsection 58 60-405(1)(d)(iii), the two hour suicide prevention course required to obtain clinical mental health counselor licensure shall be: (a) approved, sponsored, or conducted by one of the following: (i) accordited college or university; (ii) county, state, or federal agency; (iii) professional association, or similar body, involved in clinical mental health therapy; or (iv) mental health agency that provides clinical mental health services; (b) relevant to mental health therapy and suicide prevention, consistent with the laws of this state, and include one or more of the following components: (i) suicide concepts and facts; (ii) suicide risk assessment, crisis intervention, and first aid; (iii) evidence based intervention for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (ii) vidence based intervention in suicide risk; (iii) wrikeshops; (iii) synchronous webinars; (iv) asynchronous webinars; (iv) asynchronous online self pace modules; (v) ease study reviews; or (vi) simulations; and (d) completed within two years of application. (2) The course provider shall provide certification of:
(2) An individual who qualifies to complete requirements post degree under this section, and who qualifies for temporary licensure as an associate clinical mental health counselor extern under Section 58 60 117, may engage in clinical mental health counseling. R156 60e-302d. Qualifications for Licensure — Suicide Prevention Course. (1) Under Subsection 58 60 405(1)(d)(iii), the two hour suicide prevention course required to obtain clinical mental health counselor licensure shall be: (a) approved, sponsored, or conducted by one of the following: (i) according to ender state, or federal agency; (iii) country, state, or federal agency; (iii) professional association, or similar body, involved in clinical mental health therapy; or (iv) mental health agency that provides clinical mental health services; (b) relevant to mental health therapy and suicide prevention, consistent with the laws of this state, and include one or more of the following components: (i) suicide concepts and facts; (ii) suicide concepts and facts; (iii) evidence based intervention for suicide risk; (iv) continuity of care and follow up services for suicide risk; and (v) therapeutic alliances for intervention in suicide risk; (e) completed in not less than 50 minute blocks of time in one of the following formats: (i) classroom lecture and discussion; (iii) workshops; (iii) synchronous webinars; (iv) asynchronous online self pace modules; (v) assestudy reviews; or (vi) simulations; and (d) completed within two years of application. (2) The course provider shall provide certification of: (a) course attendance;
(i) suicide concepts and facts; (ii) suicide concepts and facts; (iii) suicide concepts and facts; (iii) suicide concepts and facts; (iv) continuity of care and follow up services for suicide risk; and (vv) therapeutic alliances for intervention in suicide risk; and (vv) therapeutic alliances for intervention in suicide risk; (iv) completed in not less than 50 minute blocks of time in one of the following formats: (iv) completed in not less than 50 minute blocks of time in one of the following (vv) asynchronous webinars; (iv) asynchronous webinars; (iv) asynchronous webinars; (iv) asynchronous veliances of application. (2) The course provider shall provide certification of: (a) course study reviews; or (vv) asynchronous veliances of application. (2) The course provider shall provide certification of: (a) course attendance; (b) hours completed; (c) course attendance; (b) hours completed;
(i) suicide concepts and facts; (i) suicide concepts and facts; (ii) suicide concepts and facts; (ii) suicide concepts and facts; (iii) suicide concepts and facts; (ii) suicide concepts and facts; (iii) suicide concepts and facts; (iv) continuity of care and follow up services for suicide risk; and (iv) denote based intervention for suicide risk; (iv) continuity of care and facts; (iv) continuity of care and facts; (iv) suicide concepts and facts; (iv) continuity of care and follow up services for suicide risk; and (iv) therapeutic alliances for intervention in suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and discussion; (iv) asynchronous webinars; (iv) asynchronous vebinars; (iv) asynchronous vebinars; (iv) asynchronous online self pace modules; (v) case study reviews; or (vi) simulations; and (d) completed within two years of application. (2) The course provider chall provide certification of: (a) course attendance; (b) hours completed; (c) name of provider; and
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(i) suicide concepts and facts; (i) suicide concepts and facts; (ii) suicide concepts and facts; (ii) suicide concepts and facts; (iii) suicide concepts and facts; (ii) suicide concepts and facts; (iii) suicide concepts and facts; (iv) continuity of care and follow up services for suicide risk; and (iv) denote based intervention for suicide risk; (iv) continuity of care and facts; (iv) continuity of care and facts; (iv) suicide concepts and facts; (iv) continuity of care and follow up services for suicide risk; and (iv) therapeutic alliances for intervention in suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and follow up services for suicide risk; (iv) continuity of care and discussion; (iv) asynchronous webinars; (iv) asynchronous vebinars; (iv) asynchronous vebinars; (iv) asynchronous online self pace modules; (v) case study reviews; or (vi) simulations; and (d) completed within two years of application. (2) The course provider chall provide certification of: (a) course attendance; (b) hours completed; (c) name of provider; and

(1) Under Subsection 58-1-308(1), the renewal date for the two-year renewal cycle for licenses under Title 58, Chapter 60, Part 4, Clinical
Mental Health Counselor Licensing Act, is established in Section R156-1-308a.
(2) Clinical mental health counselor license renewal and reinstatement procedures shall be in accordance with Sections R156-1-308a
through R156-1-3081, except as provided in Subsection (3).
(3) Under Subsection 58-1-308(6)(a) and Section R156-1-308g, an applicant for reinstatement of licensure as a CMHC whose license has
been expired over five years, shall upon request:
(a) meet with the Board to evaluate the applicant's ability to safely and competently practice clinical mental health therapy; and
(b) if recommended by the Board, complete one or more of the following:
(i) establish a plan of supervision under an approved supervisor, which may include up to 3,000 hours of clinical mental health experience
and mental health therapy training as an ACMHC before qualifying for reinstatement of the CMHC license;
(ii) retake and pass the NBCC's NCMHCE or NCE, or both; or
(iii) complete up to 40 hours of continuing education in subjects determined by the Board.
R156-60c-304. Continuing Education.
(1) Under Section 58-60-105, the continuing education (CE) requirements for each two-year renewal cycle beginning October 1 of each
even numbered year, for a CMHC licensed under Title 58, Chapter 60, Part 4, Clinical Mental Health Counselor Licensing Act shall be 40 hours and
include:
(a) six hours in ethics of clinical practice, law, or technology; and
(b) two hours in suicide prevention, this course shall meet the requirements of Section R156-60c-302d.
(2) An individual who completes more than the required number of CE hours during a two-year renewal cycle may carry over up to ten
hours of excess to the next two-year renewal cycle.
(3) CE shall be:
(a) approved, conducted, or under the sponsorship of one of the following:
(a) approved, conducted, or under the sponsorship of one of the following.
(i) accredited college or university;
(ii) county, state, or federal agency;
(iii) professional association, or similar body, involved in clinical mental health therapy; or
(iv) mental health agency that provides clinical mental health services;
(b) completed in not less than 50 minute blocks of time in one of the following formats:
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(A) three CE hours per semester hour; or
(B) 1.5 CE hours per quarter hour;
(ii) conference;
(iii) lecture or instruction up to a maximum of two times per course, up to a maximum of ten CE hours for a CMHC;
(iv) seminar;
(v) training session;
(vi) synchronous distance learning course that is clearly documented as real-time and interactive;
(vi) syncinonous distance rearring course that is clearly documented as rear time and interactive,
(vii) asynchronous distance learning course that is not real-time and interactive, up to a maximum of ten CE hours for a CMHC;
(viii) specialty certification;
(ix) certifiable clinical readings, up to a maximum of ten hours;
(x) direct supervision of an ACMHC, CSW, or AMFT completing the experience requirements for licensure, up to a maximum of ten
hours for a CMHC; and
(xi) volunteer service on a board, committee, or in a leadership role in any state, national, or international organization for the development
and improvement of the licensee's profession; one CE hour may be counted as a regular credit, ethics of clinical practice, law, or technology credit,
up to a maximum of six CE hours during each two-year period;
(c) prepared and presented by individuals who are qualified by education, training, and experience to provide CE;
(d) relevant to the licensee's scope of practice; and
(a) relevant to the needs of seepe of practice, and (e) verified by a certificate of course completion that shall include:
(i) name of the attendee;
(ii) name of course provider;
(iii) name of instructor;
(iv) date of the course;
(v) title of the course;
(vi) number of CE hours;
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(viii) type of CE, for example, seminar, real-time interactive, distance learning, teaching.
(4) An individual shall maintain adequate documentation as proof of compliance with this section for a period of two years after the end of
the renewal cycle for which the CE is due.
(5) An individual may not carry forward any CE hours received before a granted license, including professional upgrades.
(6) CE hours shall be decreased proportionately according to the date of obtaining clinical mental health counselor licensure within the
two year renewal cycle. (7) The Division may defer or waive CE requirements in accordance with Section P156 1 208d.
(7) The Division may defer or waive CE requirements in accordance with Section R156-1-308d.
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R156-60c-305a. Supervisor Eligibility Requirements.
(1) Under Subsections 58-60-405(1)(d) and (e), to be eligible to supervise an ACMHC, the supervisor shall be:
(a) an active license holder in good standing, in one of the following classifications:
(i) APRN specializing in psychiatric mental health nursing;
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(iii) clinical social worker (LCSW);
(iv) psychiatrist;
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(v) psychologist; or
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(b) licensed for at least two years as outlined in this Subsection (1)(a) before providing supervision;
(c) engaged in the lawful practice of providing clinical mental health therapy;
(d) a supervisor of no more than six individuals who are obtaining experience hours for further licensure, unless granted an exception in
(u) a supervisor of no more than six incurvaturals who are obtaining experience nours for further necessary, timess granted an exception in
writing from the Division in collaboration with the Board; and
(e) employed by or have a contract with the facility that employs the individual being supervised;
(2) A training supervisor shall comply with duties and responsibilities established in Section R156-60c-305b.
R156-60c-305b. Supervised Experience Requirements - Supervision Contract - Duties and Responsibilities of Supervisor and Supervisee.
Under Subsection 58-60-405(1)(d), the supervised experience qualifications for licensure required under Title 58, Chapter 60, Part 4,
Clinical Mental Health Counselor Licensing Act, are established and clarified as follows:
(1) Before accruing supervised experience, an individual shall:
(a) enter into a written supervision contract with a supervisor, signed by both parties; and
(b) verify that the supervisor has received acknowledgment from the Division of receipt of the Supervisor Verification document.
(2) Before providing supervision, a supervisor shall:
(a) enter into a written supervision contract with a supervisee, signed by both parties;
(b) ensure that during the period of supervised experience the supervisee is a W-2 employee providing clinical mental health services at
one of the following facilities:
(i) mental health agency;
(ii) in-patient or out-patient hospital;
(iii) educational institution;
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(v) government agency;
(c) submit to the Division:
(i) a complete Supervisor Verification form; and
(ii) certification that the supervision contract meets the requirements of Subsection (3);
(d) receive an acknowledgment from the Division verifying receipt of the Supervisor Verification form.
(3) A supervision contract shall include at least the following provisions:
(a) a plan to ensure the supervised individual has accessibility to the supervisor;
(b) a plan for meetings between the supervisor and supervisee, addressing:
(i) frequency;
(ii) duration;
(iii) objectives;
(iv) format, such as individual or small group; and
(v) location, such as face to face or remotely;
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(c) a plan for documenting the ongoing supervision, including objective and measurable circumstances;
(c) a plan for documenting the ongoing supervision, including objective and measurable circumstances; (d) a plan to address potential conflicts between the clinical recommendations of the supervisor and those of the representatives of the
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(d) a plan to address potential conflicts between the clinical recommendations of the supervisor and those of the representatives of the agency employing the supervisee; (e) remedies in the event of a breach of contract by either the supervisor or supervisee, including procedures for contract termination; ar (f) if any part of the supervision will be conducted remotely, plans for: (i) how the supervisor and supervisee will meet via real-time electronic methods allowing visual or audio interaction, and protect the security of electronic, confidential data and information; (ii) how the supervisor will comply with the supervisor's duties and responsibilities as established in rule; (iii) how the supervisor will physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision, or at such lesser frequency as is approved in advance by the Division in collaboration with the Board; and (iv) how notice will be provided to the supervisee's clients or patients and employer regarding the supervisee's use of remote supervision. (4) A supervisor shall have the following duties and responsibilities:
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(d) a plan to address potential conflicts between the clinical recommendations of the supervisor and those of the representatives of the agency employing the supervisee; (e) remedies in the event of a breach of contract by either the supervisor or supervisee, including procedures for contract termination; ar (f) if any part of the supervision will be conducted remotely, plans for: (i) how the supervisor and supervisee will meet via real-time electronic methods allowing visual or audio interaction, and protect the security of electronic, confidential data and information; (ii) how the supervisor will comply with the supervisor's duties and responsibilities as established in rule; (iii) how the supervisor will physically visit the location where the supervisee practices on at least a quarterly basis during the period of supervision, or at such lesser frequency as is approved in advance by the Division in collaboration with the Board; and (iv) how notice will be provided to the supervisee's clients or patients and employer regarding the supervisee's use of remote supervision (4) A supervisor shall have the following duties and responsibilities: (a) ensure that during the period of supervision: (i) the supervisee is a W-2 employee providing clinical mental health services at one of the following facilities:
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	(i) documentation of the training hours completed by the supervised individual; and
	- (ii) an evaluation of the supervised individual with respect to the quality of the work performed and the individual's competency to practic
in the pr	ofession.
	(5) A supervisee shall have the following duties and responsibilities:
	(a) before beginning any supervised training:
	(i) enter into a written supervision contract with the supervisor in accordance with Subsection (3); and
	(i) and a written supervision contract with the supervisor in accordance with subsection (3), and
	(ii) ensure the required Supervisor Verification form is received by the Division;
	(b) maintain required licensure;
	(c) maintain employment as a W-2 employee providing clinical mental health services at one of the following facilities:
	-(i) mental health agency;
	-(ii) in-patient or out-patient hospital;
	(iii) educational institution;
	(iv) non-profit organization; or
	(v) government agency;
	(d) comply wit the terms of the supervision contract;
	(e) maintain a relationship with the supervisor which the supervisor is independent of the supervised individuals control, and that the
ability o	f the supervisor to supervise and direct the practice of that individual is not compromised;
	-(f) be professionally responsible for the acts and practices of the supervisee that are a part of the required supervised training;
	(g) comply with the confidentiality requirements of Section 58-60-114; and
	(h) comply with applicable laws, rules, standards, and ethics of the profession.
	(h) A supervisor shall notify the Division in writing of any of the following changes, within 30 days of the change:
	(a) termination of a supervision contract; or
	(b) a change in the supervised individuals place of employment.
	- (7)(a) If a supervisor does not support the issuance of a license to a supervised individual to practice unsupervised, or if the supervisor has
other con	neerns regarding the individual that the supervisor believes requires input from the Division and Board, the supervisor shall submit to the
Division	a written explanation outlining the supervisor's concerns.
	(b) Upon receipt of written concerns from a supervisor with respect to a supervisee, the Division:
	(i) shall provide the supervised individual an opportunity to respond in writing to the Division regarding the supervisor's concerns;
	(ii) shall review the written statements from the supervisor and supervisee with the Board; and
	(iii) in consultation with the Board, the supervised individual may be required to obtain additional supervised experience hours, education
and train	ing.
R156-60	e-502. Unprofessional Conduct.
	- Under Subsection 58-60-110(2), "unprofessional conduct" includes:
	(1) using the abbreviated title of:
	-(a) ACMHC unless licensed as an associate clinical mental health counselor;
	(a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC-Extern unless licensed as an associate clinical mental health counselor extern; or
	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor;
	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor;
	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC-Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor; (2) acting as a supervisor or accepting supervision from a supervisor without complying with or ensuring compliance with Sections R156-
	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor; (2) acting as a supervisor or accepting supervision from a supervisor without complying with or ensuring compliance with Sections R156-and R156-60e-305b;
60c-305	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor; (2) acting as a supervisor or accepting supervision from a supervisor without complying with or ensuring compliance with Sections R156-and R156-60e-305b; (3) directing one's mental health therapist supervisor to engage in a practice that would violate any statute, rule, or generally accepted
60c-305	 (a) ACMHC unless licensed as an associate clinical mental health counselor; (b) ACMHCE or ACMHC Extern unless licensed as an associate clinical mental health counselor extern; or (c) CMHC unless licensed as a clinical mental health counselor; (2) acting as a supervisor or accepting supervision from a supervisor without complying with or ensuring compliance with Sections R156-and R156-60c-305b; (3) directing one's mental health therapist supervisor to engage in a practice that would violate any statute, rule, or generally accepted onal or ethical standard of the supervisor's profession;
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(iv) adoptions;
————(v) sanity;
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— (viii) other determination concerning an individual's civil or legal rights;
(d) maintain client records including records of assessment, treatment, progress notes, and billing information for a period of not less than
ten years from the documented termination of services to the client;
(e) provide client records in a reasonable time upon written request of the client, or the client's legal guardian;
(f) obtain informed consent from the client or the client's legal guardian before taping, recording, or permitting third-party observations o
elient activities or records;
(g) protect the confidences of persons named or identified in the client records;
(h) abide by the American Mental Health Counselors Association Code of Ethics, 2020 edition, which is incorporated by reference;
(i) follow the Model Standards of Practice for Child Custody Evaluation of the Association of Family and Conciliation Courts (AFCC)
May 2006, which is incorporated by reference;
(j) cooperate with the Division during an investigation;
(10) if providing services remotely, failing to:
(a) practice according to professional standards of care in the delivery of services;
(b) protect the security of electronic confidential data and information; or
(c) appropriately store and dispose of electronic confidential data and information; and
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(a) Section R156-60c-305a regarding supervisor experience; or
(b) Section R156-60c-305b as a supervisor or supervised individual.

KEY: licensing, counselors, mental health, clinical mental health counselor Date of Last Change: January 25, 2024 Notice of Continuation: April 16, 2024

Authorizing, and Implemented or Interpreted Law: 58-60-401; 58-1-106(1)(a); 58-1-202(1)(a)]

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