

**PROPOSED REGULATION OF THE
BOARD OF PSYCHOLOGICAL EXAMINERS**

LCB FILE NO. R088-26I

**The following document is the initial draft regulation proposed
by the agency submitted on 04/23/2026**

Sec. X. “Behavioral health and wellness practitioner” defined. “Behavioral health and wellness practitioner” has the meaning ascribed to it in [2025 SB165, Sec. 10](#).

Sec. X. “Behavioral health promotion and prevention” defined. “Behavioral health promotion and prevention” has the meaning ascribed to it in [2025 SB165, Sec. 11](#).

1. For the purposes of this chapter, “behavioral health promotion and prevention” does not prohibit the following activities performed by individuals who are not licensed pursuant to this chapter, provided they do not represent themselves as behavioral health and wellness practitioners or engage in services requiring licensure under this chapter:

- a. General wellness, education, or outreach activities that are not individualized or structured as behavioral health services, including, without limitation:
 - Public health education;
 - Campus of community outreach;
 - Workshops, seminars, or trainings;
 - Peer support or peer-led programs;
 - Distribution of informational materials; or
 - Mental health awareness or prevention campaigns;
- b. Activities that are not delivered within a provider-client relationship and do not involve individualized assessment, intervention, or monitoring of behavioral health conditions; or
- c. Services that do not constitute the delivery of structured, evidence-based behavioral health interventions within a supervised practice setting.

Sec. X “Low-intensity behavioral health interventions” defined. “Low-intensity behavioral health interventions” means structured, time-limited, evidence-based strategies focused on prevention, symptom reduction or functional improvement. Prohibited activities are pursuant to Sec.X6 Scope of practice Prohibited activities.

Sec. X. Issuance of license to behavioral health and wellness practitioner.

1. The Board will issue a license as behavioral health and wellness practitioner to an applicant who:

- (a) Meets the requirements of [2025 SB165, Sec. 15](#);
- (b) Has not been convicted of a felony, unless otherwise approved by the Board;
- (c) Has not been subject to disciplinary action as a licensed provider of healthcare in any jurisdiction.
- (d) Does not have any outstanding complaints or charges pending against him or her as a licensed provider of healthcare in any jurisdiction;
- (e) Has not previously been denied licensure by the Board unless otherwise approved by the Board;
- (f) Submits to the Board the appropriate application and fees and two letters of professional reference that attest without reservation to the professional competence, ethical conduct, and current fitness to practice of the applicant; and

(g) Complies with subsection 1 of [NRS 641.160](#) by submitting:

(1) A complete set of the applicant's fingerprints to the Board with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation; or

(2) Verification to the Board that the applicant's fingerprints were forwarded to the Central Repository by the law enforcement agency or other authorized entity taking the fingerprints.

2. The Board may require an applicant to appear before the Board to demonstrate the applicant's:

(a) Professional and ethical conduct;

(b) Current fitness to practice as a behavioral health and wellness practitioner; and

(c) Intent to practice as a behavioral health and wellness practitioner in a manner consistent with the applicant's education, training and experience.

Sec. X. Educational requirements for licensure as a behavioral health and wellness practitioner.

1. General requirement. To be eligible for licensure as a behavioral health and wellness practitioner, an applicant must demonstrate that the applicant has completed education and supervised training that substantially complies with the requirements of this section. The Board does not approve or accredit educational programs. Each applicant's education and training will be individually evaluated to determine compliance with the standards set forth in this chapter.

2. Degree requirement. An applicant must have earned:

(a) A bachelor's degree from a regionally accredited institution of higher education; and

(b) A major, concentration, or organized course of study in psychology, behavioral health, social work, human services, public health, or another related field that, in the judgment of the Board, provides preparation consistent with this section.

Required educational content may be completed as part of the bachelor's degree program or through an organized postbaccalaureate certificate or structured academic program offered under the oversight of a regionally accredited institution.

3. Program structure requirements. To satisfy the educational requirements of this section, the applicant's education must have been completed through an organized and coherent program of study that:

(a) Was offered by a regionally accredited college or university;

(b) Constituted a recognizable and formally established academic program, concentration, major, or certificate within the institution;

(c) Had clearly defined admission criteria, learning objectives, and completion requirements;

(d) Was delivered as a structured and intentional program of study, rather than as a collection of unrelated, self-selected, or piecemeal coursework; and

(e) Included formal evaluation of student progress and demonstration of competency.

4. Required educational content. An applicant must demonstrate completion of instruction addressing, without limitation, the following content areas:

(a) Behavioral health foundations, including mental health, substance use, and co-occurring conditions;

(b) Ethics and legal responsibilities, including confidentiality, privacy, mandatory reporting, professional boundaries, and scope of practice;

(c) Cultural humility, equity, and inclusion, including behavioral health disparities and social determinants of health;

(d) Behavioral health promotion and prevention, including strength-based, recovery-oriented, and population-informed approaches;

(e) Evidence-informed and evidence-based low-intensity behavioral health interventions appropriate to entry-level practice under supervision;

(f) Risk and safety management, including identification of behavioral health risk, crisis response within scope, and referral to higher levels of care;

(g) Measurement-based care, including use and interpretation of standardized screening and outcome measures; and

(h) Professional documentation consistent with legal and ethical standards.

5. Competency requirement. An applicant must demonstrate that the education and supervised training completed by the applicant included formal evaluation of demonstrated competence in the following domains:

(a) Behavioral health promotion and prevention;

(b) Early identification and low-intensity behavioral health intervention;

(c) Risk evaluation and referral;

(d) Culturally responsive practice; and

(e) Professional and interprofessional conduct.

The Board may require documentation demonstrating that the applicant personally achieved entry-level competence in these domains.

6. Supervised practicum requirement. An applicant must demonstrate completion of a supervised practicum totaling not fewer than 700 clock hours, which must include:

(a) A minimum of 175 hours of direct client contact involving face-to-face or synchronous structured, supervised behavioral health service interaction(s), including screening, assessment, care coordination, psychoeducation, or brief intervention, delivered within a clinically supervised setting. For purposes of this section, documentation, report writing, team meetings without recipients of care present, meetings with supervisors, didactic training or other administrative work do not constitute direct client contact;

(b) Ongoing supervision by a qualified supervisor, consistent with this chapter, shall be provided at a minimum ratio of one (1) hour of supervision for every twenty (20) hours of practicum experience. No more than three (3) trainees may participate in a single supervision session.; and

(c) Formal evaluation of the applicant's competency.

(d) The practicum must be completed as part of an organized, sequential, and supervised course of study under the oversight of an educational program aligned with the requirements of this section, with clearly defined learning objectives, supervision structures, and evaluation processes that align with subsections 4 and 5 of this Section.

(e) An educational program may accept and apply supervised practicum hours completed in a prior or concurrent educational program toward the requirements of this section, provided that:

(1) The hours were completed under supervision consistent with this chapter;

(2) The activities performed are substantially equivalent to the behavioral health promotion, prevention, assessment, or intervention activities required under this section; and

(3) The educational program reviews and provides documentation or attestation to the adequacy, supervision, and competency alignment of the prior practicum hours.

7. Program delivery and completion limitations. To satisfy the educational requirements of this section, the applicant's education must have been completed through a program of study that

(a) Included in-person, on-site supervised practicum or structured residency-style experience and was not delivered entirely through asynchronous or self-directed online instruction;

(b) Was completed within 7 years from the date of initial enrollment in the qualifying course of study, unless the applicant demonstrates to the satisfaction of the Board that competence has been maintained;

(c) Was not assembled in a piecemeal or patchwork manner from unrelated continuing education or self-selected coursework outside of an organized academic program; and

(d) Was delivered under formal instructional oversight and did not consist primarily of self-study without faculty supervision and evaluation.

8. Competency assessment standards. To satisfy the competency requirements of this section, the applicant's education and supervised training must have:

(a) Established measurable learning outcomes aligned with the required content and competency domains set forth in this section;

(b) Included assessment methods that evaluated knowledge, applied skills, and professional conduct; and

(c) Maintained documentation demonstrating that the applicant achieved entry-level competency.

The Board may require submission of such documentation in order to determine eligibility for licensure

9. Documentation. An applicant shall submit documentation sufficient for the Board to determine compliance with this section, which may include, without limitation:

- (a) Official transcripts;
- (b) Course descriptions or syllabi;
- (c) Descriptions of supervised practicum experiences;
- (d) Competency mapping demonstrating alignment between completed coursework and required domains; and
- (e) Individual competency evaluations, attestations, or supervisor verifications.

The Board may require additional documentation if necessary to determine substantial compliance with the standards of this section.

10. Recognition of accrediting bodies. If the Board recognizes a nationally recognized accrediting body for educational programs preparing behavioral health and wellness practitioners, graduation from a program accredited by that body constitutes prima facie evidence that the applicant's education complies with the requirements of this section. Recognition of an accrediting body does not limit the authority of the Board to evaluate an individual applicant's qualifications. Accreditation is not required unless expressly adopted by the Board by regulation.

11. Educational standards authority. The Board shall maintain minimum educational and competency standards consistent with this section. In adopting or revising such standards, the Board may consider:

- (a) National competency frameworks;
- (b) Workforce guidelines;
- (c) Evidence-informed and evidence-based practices; and
- (d) Input from stakeholders.

Compliance with these standards is required for determination of an applicant's eligibility for licensure

Sec. X. Supervision of licensed behavioral health and wellness practitioners.

1. A licensed behavioral health and wellness practitioner must work only under the supervision and control of a supervisor pursuant to (Sec 18 (1-6) & 59 1(d) [SB165](#)) and who satisfies the requirements of (Refer to Qualifications of Supervisor):

- (a) A psychiatrist licensed pursuant to chapter 630 or 633 of NRS;
- (b) An advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120
- (c) A psychologist;
- (d) A clinical professional counselor;
- (e) A marriage and family therapist; or
- (f) A clinical social worker.

2. The supervision required by subsection 1 must include, without limitation, the greater of

- (a) 2 percent of the hours he or she works each month or;
- (b) At least 2 hours each month of face-to-face individual supervision; and
- (c) At least 1 hour each month of additional direct supervision, which may include group meetings of not more than 10 persons, including each licensed behavioral health and wellness practitioner who is being supervised by the supervisor.

3. A supervisor should not supervise more than six (6) full-time behavioral health and wellness practitioners or the equivalent, unless the supervisor demonstrates the capacity to provide adequate supervision consistent with this chapter. 4. Supervision must be sufficient in frequency and intensity to ensure client safety and behavioral health and wellness practitioner competence and must increase when a licensee is newly licensed, engaging in a new practice area, or managing elevated clinical risk.

Sec. X. Qualifications of Supervisors

1. An individual who wishes to serve as a supervisor of a behavioral health and wellness practitioner must:

(a) Be licensed pursuant to [SB165](#), Section 18; and

(b) Have successfully completed training in behavioral health and wellness practitioner supervision as approved by the Board.

(c) Have no history of disciplinary action against their license.

2. Training in behavioral health and wellness practitioner supervision must include training in behavioral health and wellness practitioner ethical standards, documentation, supervision structure, prevention and promotion skill building, low-intensity behavioral health interventions, competency development, and measurement and maintenance of competence for behavioral health and wellness practitioners.

3. A supervisor of a behavioral health and wellness practitioner must notify the Board within 30 days of receipt of a pending complaint or disciplinary action against him or her.

Sec. X. Powers and duties of supervisor

1. A supervisor shall employ methods of proper and diligent oversight of a behavioral health and wellness practitioner who is under his or her supervision to meet his or her ethical and legal responsibilities set forth in ([SB165](#) Sec 18 and 59). Such methods must include the implementation of policies and procedures that ensure the accessibility of the supervisor to the behavioral health and wellness practitioner commensurate with the professional developmental level of the behavioral health and wellness practitioner and commensurate with the specialization of the services provided, including but not limited to services related to substance use disorder prevention. Such methods may include:

(a) The physical presence of the supervisor;

(b) Availability of or observation by the supervisor electronically or by fiber optics; and

(c) Availability of another licensed medical or behavioral health provider formally affiliated with the site at which the behavioral health and wellness practitioner is providing services.

2. To ensure compliance with subsection 1, a supervisor may employ various modes and methods of supervision of a behavioral health and wellness practitioner under his or her supervision, including, without limitation:

(a) Individual supervision;

(b) Group supervision;

(c) Reviewing and guiding the selection and implementation of prevention and health promotion interventions, including substance use disorder prevention activities, to ensure alignment with evidence-based or evidence-informed models and fidelity to program design where applicable.

(d) Tracking the progress of clients and patients served by the behavioral health and wellness practitioner;

(e) Oversight of standardized behavioral health screenings and structured biopsychosocial assessments, delivering low-intensity behavioral health interventions; prevention and promotion skill building, providing psychoeducation, and facilitating structured group interventions; identifying behavioral health risks and initiating safety protocols; monitoring outcomes using validated tools; supporting care coordination and referral for discharge or to a higher level of care;

(f) Discussing the cases of clients and patients with the behavioral health and wellness practitioner;

(g) Directly observing the delivery of services by the behavioral health and wellness practitioner either in person or through the use of a remote technology system which uses electronic, digital or other similar technology; or

(h) Reviewing audio or video recordings of the delivery of services by the behavioral health and wellness practitioner.

3. A supervisor shall be responsible for:

(a) The adequate supervision of the behavioral health and wellness practitioner;

(b) Maintenance of the care plan, case management, and outcomes of each client and patient served by a behavioral health and wellness practitioner under his or her supervision;

(c) The full oversight of the behavioral health and wellness practitioner's work and access to all patient medical records;

(d) Obtaining a written agreement between the agency and supervisor, if the behavioral health and wellness practitioner is not employed by the supervisor and the supervisor is not employed by the agency at which the behavioral health and wellness practitioner practices. The agreement must specify the supervisor's access to the client or patient medical records necessary to provide supervision and the scope and nature of the supervisor's authority and responsibilities regarding oversight of the practice of the behavioral health and wellness practitioner.

(e) Reviewing and signing all documentation, including, without limitation, reports, treatment plans, and progress notes, for all services provided by a behavioral health and wellness practitioner under his or her supervision, including, without limitation, those services for which he or she is seeking third-party reimbursement; and

(f) Ensuring the behavioral health and wellness practitioner practices within the scope of practice, training, and demonstrated competencies of the supervisor. When services include specialized domains of practice, including but not limited to substance use disorder prevention, the supervisor shall ensure that:

(1) The behavioral health and wellness practitioner has received appropriate education, training, or supervised experience in the relevant domain; and

(2) The services are delivered consistent with evidence-based or evidence-informed practices appropriate to the population and setting; and

(3) The supervisor possesses sufficient knowledge and experience in the relevant domain or obtains consultation from a qualified professional with expertise in that domain.

Nothing in this section shall be construed to limit collaboration with or referral to other qualified professionals when services require specialized prevention expertise.

4. Except as otherwise provided in this subsection, a supervisor shall be available to a behavioral health and wellness practitioner whom he or she supervises while the behavioral health and wellness practitioner is providing services to a client or patient. A supervisor shall arrange and be responsible for the availability of another appropriate licensed medical or behavioral health provider to be available in the case of the absence of the supervisor. In the event of a supervisor's untimely or unexpected departure, a behavioral health and wellness practitioner shall not go more than 30 days without a board approved supervisor unless the board approves additional time.

5. A supervisor shall provide to the Board:

(a) Evidence of completion of approved behavioral health and wellness supervisor training;

b) Completion of a behavioral health and wellness supervision acknowledgement form.

Sec. X. Supervision involving potential conflict of interest prohibited.

1. A supervisor shall not supervise a behavioral health and wellbeing practitioner if that supervision involves a potential conflict of interest, including, without limitation, supervision of a behavioral health and wellbeing practitioner:

(a) Who is a member of the supervisor's household;

(b) Who is related to the supervisor by blood, adoption or marriage, within the third degree of consanguinity or affinity;

(c) With whom the supervisor has had or is having a dating relationship;

(d) With whom the supervisor has had a therapeutic relationship .

2. As used in this section, "dating relationship" means frequent, intimate associations primarily characterized by the expectation of affectional or sexual involvement. The term does not include a casual relationship or an ordinary association between persons in a business or social context.

Sec. X. Duties of supervisor regarding preparation and maintenance of records and notification of Board.

1. A supervisor shall prepare records that will enable him or her to:

(a) Effectively monitor the demonstration of competent practice of each behavioral health and wellbeing practitioner whom he or she supervises; and

(b) Accurately document the number of hours of supervision provided to each behavioral health and wellness practitioner whom he or she supervises in alignment with minimum supervision requirements.

2. A supervisor shall maintain all records relating to the supervision of a behavioral health and wellbeing practitioner including, without limitation, the records required to be maintained for not less than 5 years after the last date of supervision. Upon request, such records must be available for inspection by the Board.

3. A supervisor shall notify the Board within 10 days after his or her supervision of a behavioral health and wellbeing practitioner is completed or terminated.

4. A supervisor shall notify the Board of any change in his or her residential address or business address within 30 days after the change.

Sec. X. State examination of applicants for licensure as a behavioral health and wellness practitioner: Content; reexamination; fee; prohibited acts.

1. The Board may administer a state examination to each applicant for a license as a behavioral health and wellness practitioner.

2. The state examination will consist of questions addressing the practice of behavioral health promotion and prevention, including, without limitation, any applicable federal and state laws, and the ethical and professional principles and standards relevant to the practice of behavioral health promotion and prevention in this State. At least 30 days before the state examination is administered, the Board will furnish a description of the content to be covered in the examination to each applicant.

3. An applicant who fails the state examination:

(a) Once or twice may retake the state examination.

(b) Three times may not retake the state examination unless the applicant requests permission and obtains approval from the Board to retake the state examination for a fourth time. The applicant must submit to the Board a written request to retake the state examination and a written plan explaining the steps the applicant will take to pass the state examination. The Board will approve the request to retake the state examination if the Board determines that the written plan submitted by the applicant is likely to result in the applicant passing the state examination.

(c) Four or more times may not retake the state examination except as otherwise provided in this paragraph, and his or her application for licensure as a behavioral health and wellness practitioner is deemed denied. A person whose application is deemed denied pursuant to this paragraph may, not earlier than 12 months after the date on which he or she is notified by the Board that he or she failed that state examination for the immediately preceding time, request permission in writing from the Board to reapply for licensure and retake the state examination. The Board will, if good cause is shown, approve the request.

4. The fee for the state examination must be paid before the examination is administered. A fee must be paid each time the applicant takes the state examination.

5. An applicant shall not:

(a) Remove any notes taken during the state examination;

- (b) Record the state examination by electronic or other means; or
- (c) Engage in any other conduct that results in the disclosure of the contents of the state examination.

6. In the absence of a state examination, the Board may approve an alternative process by which an applicant demonstrates competence to practice behavioral health promotion and prevention. Such process may include, without limitation:

- (a) Review of supervised practicum performance;
- (b) Competency-based portfolios;
- (c) Structured oral examination;
- (d) Supervisor attestations.

The Board shall adopt criteria governing any alternative process by regulation or policy.

Sec. X. Continuing education: Requirements for renewal of license as a behavioral health and wellness practitioner; courses and programs.

1. To renew his or her license, a licensed behavioral health and wellness practitioner must certify to the Board that during the 3 years immediately preceding the date he or she submits an application for renewal, the applicant has completed not less than 20 hours of continuing education that is approved by the Board. At least 2 hours must include instruction in ethics. At least 6 hours must include instruction in evidence-based behavioral health prevention and promotion knowledge or skills. At least 2 hours must include evidence-based suicide prevention and awareness. At least 6 hours must include cultural competency and diversity, equity, and inclusion. Not more than 10 hours may be obtained from an approved home study course.

2. A licensed behavioral health and wellness practitioner may not receive continuing education credit for a workshop, seminar, class or course in which he or she is the instructor.

3. Except as otherwise provided in subsection 4, the continuing education required pursuant to this section may include, without limitation:

(a) A workshop, seminar, class or home study course in behavioral health promotion and prevention or a closely related discipline which maintains an attendance roster and which is:

(1) Conducted under the auspices of an accredited college or university offering undergraduate- or graduate-level instruction; or

(2) Certified or recognized by a state, regional, national or international accrediting agency, including, without limitation:

(I) The American Association for Marriage and Family Therapy;

(II) The American Counseling Association;

(III) The American Medical Association;

(IV) The American Psychiatric Association;

(V) The American Psychological Association;

(VIII) The International Congress of Psychology; and

(IX) The National Association of Social Workers; or

(b) A workshop, seminar, class or home study course in behavioral health and wellness promotion or a closely related discipline which is approved by the Board.

4. Before a licensed behavioral health and wellness practitioner may receive credit for any continuing education the Board requires he or she must submit information concerning the course to the Board for approval of the course, unless the Board has previously approved the course. The Board will make available at its office a list of courses and programs that are currently approved by the Board.

Sec. X. Scope of practice for licensed behavioral health and wellness practitioner:

1. General scope and conditions of practice.

(a) A behavioral health and wellness practitioner must engage in the practice of behavioral health promotion and prevention, as defined in NRS ***, only:

(1) Within the scope authorized by statute and this chapter;

(2) Under supervision by a provider of health care authorized pursuant to NRS *** ([SB165](#), Sec.18); and

(3) In accordance with all applicable ethical, legal, and professional standards.

(b) A behavioral health and wellness practitioner shall limit his or her practice to areas in which the practitioner and the supervisor have acquired competence through education, training, supervised experience, and ongoing professional development.

(c) Except in an emergency in which the life or health of a person is in danger, a behavioral health and wellness practitioner shall not practice or offer to practice beyond the scope of his or her license or perform any professional service which the practitioner knows, or has reason to know, that he or she is not competent to perform.

(d) Services provided by a behavioral health and wellness practitioner must be delivered within a stepped-care framework, as defined by:

(1) The least intensive evidence-based service likely to be effective is provided initially; and

(2) Services are adjusted, escalated, or referred based on client response, risk, and supervision.

(e) A behavioral health and wellness practitioner shall emphasize functional improvement and wellness outcomes, including participation in health, education, employment, family, and community life, in addition to symptom reduction.

(f) A licensed behavioral health and wellness practitioner who provides services via telehealth shall obtain competence in telehealth-specific practices, including privacy, informed consent, emergency protocols, and jurisdictional considerations.

2. Professional conduct and maintenance of competence.

(a) A behavioral health and wellness practitioner shall:

(1) Practice under required supervision at all times;

(2) Use supervision and consultation appropriately to guide professional judgment and service delivery;

(3) Promptly consult with the supervisor when a client presents with increased risk; symptoms fail to improve; or clinical needs exceed the supervisee's training or authorized scope;

(4) Comply with supervisory directives related to client care and professional conduct;

(5) Comply with all confidentiality, informed consent, and mandatory reporting requirements;

(6) Maintain professional boundaries consistent with the standards of the supervising profession; and

(7) Accurately represent their credentials and supervised status to clients.

(b) A behavioral health and wellness practitioner shall not engage in conduct in the practice of behavioral health promotion and prevention that evidences or demonstrates impaired judgment, integrity, or professional responsibility.

(c) A behavioral health and wellness practitioner shall maintain competence in the areas in which he or she practices through:

(1) Continuing education;

(2) Consultation or supervision; or

(3) Other methods consistent with current standards of scientific and professional knowledge.

(d) A behavioral health and wellness practitioner shall use every reasonable effort to ensure that all services provided to clients are adequate in degree and scope and conform to generally accepted professional standards.

3. Use of new or emerging methods.

(a) If a behavioral health and wellness practitioner acquires experience in a method, service, or technique for behavioral health promotion or prevention that is new to the practitioner or new to the profession, the practitioner shall:

(1) Engage in continuing consultation with the supervising provider or other relevant qualified professionals;

(2) Seek appropriate education and training in the method, service, or technique; and

(3) Inform clients of the innovative nature of the method, including known risks, to allow for informed choice regarding services.

(b) A behavioral health and wellness practitioner shall not claim or use any secret or proprietary method, service, or technique that has not been disclosed to the Board.

(c) Except for approved research activities conducted in accordance with applicable law and ethical standards, a behavioral health and wellness practitioner shall not use any method, service, or technique for which there is no adequate basis in research or accepted professional practice.

4. Authorized activities. A behavioral health and wellness practitioner may, under supervision:

(a) Conduct standardized behavioral health screenings and structured biopsychosocial assessments appropriate to scope of practice;

(b) Deliver evidence-based or evidence-informed, low-intensity behavioral health interventions consistent with approved protocols;

(c) Provide psychoeducation, skills instruction, and facilitate structured group interventions that are educational and skills-based in nature and do not constitute psychotherapy;

(d) Identify behavioral health risk and initiate safety protocols, including consultation and referral;

(e) Monitor outcomes using validated tools and communicate results to the supervising provider to inform care, consultation, and escalation decisions;

(f) Support care coordination and referral to other professionals or appropriate technical or administrative resources when referral is in the best interest of the client or upon client request; and

(g) Provide services in person, via telehealth, or in group settings, consistent with supervision and Board-approved standards.

5. Documentation and professional opinions.

(a) Documentation by a behavioral health and wellness practitioner must:

(1) Support medical necessity or justification for behavioral health promotion or prevention services;

(2) Support continuity of care and quality assurance; and

(3) Be consistent with the scope of practice, documentation standards, and clinical oversight requirements of the supervising professional and with applicable payer and regulatory requirements.

(b) A behavioral health and wellness practitioner shall not render a formal professional opinion regarding a person who is not a client unless the practitioner has had direct and substantial professional contact with the person or has conducted a formal assessment within the practitioner's authorized scope of practice.

6. Prohibited activities. A behavioral health and wellness practitioner shall not engage in any activity excluded from the definition of behavioral health promotion and prevention pursuant to NRS *** ([SB165 Section 11](#)), including, without limitation, independent medical or behavioral health diagnosis, psychotherapy, psychological, psychoeducational, or neuropsychological testing, or any activity reserved to another licensed profession,

Sec. X. Display of license by licensed behavioral health and wellness practitioner; response to communications from Board and availability of records relating to inquiries and complaints; notification of change of address or telephone number; professional fees; supervision of certain persons.

A licensed behavioral health and wellness practitioner:

1. Shall be able to demonstrate evidence of their license.

2. Shall respond within 30 days after receiving communication from the Board and shall make available any relevant records with respect to an inquiry or complaint about his or her professional conduct.

3. Shall notify the Board in writing of a change of address or telephone number within 30 days after the change.

4. Shall not mislead or withhold from a client, prospective client or other person who will be responsible for payment of the services of the licensed behavioral health and wellness practitioner information concerning the fee for professional services.

5. Shall not directly or indirectly offer, give, solicit, receive or agree to receive any fee or other consideration for the referral of a client.

Sec. X. Professional and ethical compliance code for behavioral health and wellness practitioners: Adoption by reference; controlling provisions; revision.

1. The Board hereby adopts by reference the **Ethical Standards for Behavioral Health and Wellness Practitioners**, approved by the Board and in effect on Month, Date, 2026, as the professional and ethical compliance code governing the conduct of licensed behavioral health and wellness practitioners.

2. The ethical standards adopted pursuant to subsection 1 are incorporated into this chapter **except to the extent that they conflict with the provisions of NRS 641 or NAC 641.200 to [this section], inclusive**, in which case the statutory and regulatory provisions of this chapter control.

3. A copy of the ethical standards adopted pursuant to subsection 1 is available at no cost on the website of the Board.

4. If the ethical standards adopted pursuant to subsection 1 are revised or updated, the Board shall review the revision to determine its suitability for this State.

(a) If the Board determines that a revision is not suitable, the Board shall, within 6 months after publication of the revision, hold a public hearing and provide notice to licensees.

(b) If, after the hearing, the Board does not approve the revision, the Board shall give notice within 30 days after the hearing that the revision is not adopted.

(c) If the Board does not give such notice, the revision becomes effective as part of the ethical standards adopted by reference.

5. Nothing in this section limits the authority of the Board to amend, replace, or repeal the ethical standards adopted pursuant to this section by regulation.