

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\***  
A Statement of Need and Fiscal Impact accompanies this form

<b>FILED</b> 2-9-16 5:03 PM ARCHIVES DIVISION SECRETARY OF STATE
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<u>Board of Licensed Professional Counselors and Therapists</u> Agency and Division	833 Administrative Rules Chapter Number
<u>LaRee' Felton</u> Rules Coordinator	(503) 373-1196 Telephone
<u>Board of Licensed Professional Counselors and Therapists, 3218 Pringle Rd. SE, Suite 250, Salem, OR 97302</u> Address	

**RULE CAPTION**

License renewal; Healthcare Workforce Data Survey and fee requirement.  
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
5-16-16	10:00 a.m.	3218 Pringle Road SE; Salem, OR 97302	LaRee Felton

**RULEMAKING ACTION**

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

- ADOPT:**
- AMEND:**  
OAR 833-020-0101
- REPEAL:**
- RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.
- AMEND AND RENUMBER:** Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.
- Statutory Authority:**  
ORS 675.705 - 675.835, 676.410
- Other Authority:**
- Statutes Implemented:**  
ORS 675.715 - 675.720, 675.785, 676.410

**RULE SUMMARY**

Senate Bill 230 (SB 230) passed during the 2015 Regular Session and amended ORS 676.410. This added a requirement that certain healthcare workforce regulatory boards, including the Board of Licensed Professional Counselors and Therapists, collaborate with the Oregon Health Authority (OHA) and adopt rules that will require renewing licensees to provide specified information and pay a fee established by OHA. This proposed rule amendment implements SB 230 by requiring that licensed professional counselors and licensed marriage and family therapists, in order to complete their annual license renewal, must pay the fee established by OHA and complete the healthcare workforce data survey. This requirement will begin with renewals due in July of 2016. The proposed amendment also creates Board discretion to waive delinquent fees for late renewals, and makes other clarifications to the license renewal process.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

<u>05-16-2016 5:00 p.m.</u> Last Day (m/d/yyyy) and Time for public comment	<u>LaRee' Felton</u> Rules Coordinator Name	<u>laree.felton@state.or.us</u> Email Address
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\*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State  
**STATEMENT OF NEED AND FISCAL IMPACT**  
A Notice of Proposed Rulemaking Hearing accompanies this form.

**FILED**  
2-9-16 5:03 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

Board of Licensed Professional Counselors and Therapists  
Agency and Division

833  
Administrative Rules Chapter Number

License renewal; Healthcare Workforce Data Survey and fee requirement.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The amendment of OAR 833-020-0101.

**Statutory Authority:**

ORS 675.705 - 675.835, 676.410

**Other Authority:**

**Statutes Implemented:**

ORS 675.715 - 675.720, 675.785, 676.410

**Need for the Rule(s):**

Senate Bill 230 (SB 230) added a requirement that certain healthcare workforce regulatory boards, including the Board of Licensed Professional Counselors and Therapists, collaborate with the Oregon Health Authority (OHA) and adopt rules that will require renewing licensees to provide specified information and pay a fee. This proposed rule amendment implements the requirements SB 230.

**Documents Relied Upon, and where they are available:**

OAR Chapter 833, Division 20, and ORS Chapter 675 are available on the OBLPCT website at [Oregon.gov/OBLPCT/Pages/web-Ir.aspx](http://Oregon.gov/OBLPCT/Pages/web-Ir.aspx). Information about HB 230 is available on the Oregon State Legislature website at <https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB230>. More information about Healthcare Workforce Reporting can be found on the Oregon Health Authority website at [http://www.oregon.gov/oha/ohpr/rsch/pages/workforce\\_Rptg.aspx](http://www.oregon.gov/oha/ohpr/rsch/pages/workforce_Rptg.aspx).

**Fiscal and Economic Impact:**

Licensed professional counselors and licensed marriage and family therapists will be required to pay a fee established by the Oregon Health Authority; this is currently \$2 for each annual license renewal.

**Statement of Cost of Compliance:**

**1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):**

Changes have minimal fiscal impact. Additional workload resulting from implementation will be absorbed by current staff.

**2. Cost of compliance effect on small business (ORS 183.336):**

**a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:**

None.

**b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:**

None.

**c. Equipment, supplies, labor and increased administration required for compliance:**

None.

**How were small businesses involved in the development of this rule?**

Small businesses were not directly involved; however members of the Board who developed these amendments represent small businesses.

**Administrative Rule Advisory Committee consulted?: No**

**If not, why?:**

These amendments are uncomplicated and are required in order to implement SB 230.

05-16-2016 5:00 p.m.  
Last Day (m/d/yyyy) and Time  
for public comment

LaRee' Felton  
Printed Name

laree.felton@state.or.us  
Email Address

**BOARD OF LICENSED PROFESSIONAL COUNSELORS AND THERAPISTS**

**DIVISION 20**

**APPLICATION METHODS**

**833-020-0101**

**License Renewal/Late Renewal**

(1) ~~Before the Board will~~ License may be renewed a license, by paying the renewal fee a licensee must, no more than 45 days before, or during the renewal month ~~accompanied by:~~

(a) ~~The~~ Submit a completed renewal form provided by the Board which will include responses to all character and fitness questions and a sworn statement that there is no reason for denial of renewal;

(b) Pay the appropriate renewal fee;

~~(bc)~~ Submit ~~C~~ continuing education information detailing compliance with the requirements, if applicable;

~~(ed)~~ Submit an updated, professional disclosure statement, if there have been changes or if renewal information indicates that the one on file with the Board contains false, incomplete, outdated or misleading information; and

(e) Complete the required healthcare workforce data survey and pay the fee established by the Oregon Health Authority pursuant to ORS 676.410.

(2) A licensee may renew a license in the month following the renewal month by in addition to completing the requirements of section (1) above, submitting to the Board the required delinquent fee. If these are not timely submitted, then the license shall lapse.

~~(a) The renewal fee;~~

~~(b) A late fee;~~

~~(c) The completed renewal form provided by the Board which must include a sworn statement that there is no reason for denial of renewal;~~

~~(d) Continuing education information detailing compliance with the requirements, if applicable; and~~

~~(e) An updated, professional disclosure statement, if renewal information indicates that the one on file with the Board may contain false, incomplete, outdated or misleading information.~~

(3) The licensee holds the burden of proof of submission of the items required for renewal. Failure to receive a courtesy reminder from the Board shall not relieve a licensee of the renewal requirements and consequences.

(4) The Board shall have discretion to waive the delinquent fee in cases of documented hardship.

Stat. Auth.: ORS 675.785 - 675.835 & 676.160 - 676.180

Stats. Implemented: ORS 675.785 - 675.835

Hist.: BLPCT 1-2010, f. & cert. ef. 1-5-10

# ***Counselors - Workforce Questions***

*Intro – PAGE 1*

## **Health Care Workforce Questions**

**This information is collected by the Oregon Health Authority in collaboration with Licensing Boards, as part of legislatively mandated Health Care Workforce Database reporting, ORS 442.468 and Oregon Administrative Rules (OARs) 409-026-0100 through 409-026-0140.**

**The survey should take approximately 5-8 minutes to complete. All personally identifiable information from this data collection will be kept confidential and only reported in aggregate.**

**If you accidentally close the questionnaire before submitting it, just hit the questionnaire link again and it should take you back where you left off and your answers to all previous pages won't be lost. To navigate the form, use "Next" and "Back" buttons at the top of the window. Use "Save" button if you want to close the window and get back to the questionnaire later. Avoid using Enter key on your keyboard, it will take you to the previous page instead of the next.**

**If you need technical assistance, please contact Suzanne Yusem by e-mail: [suzanne.h.yusem@state.or.us](mailto:suzanne.h.yusem@state.or.us) or by phone at (971) 673-3362.**

*Licensing info*

### **Licensee Verification**

**Please provide your license number (required):**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Please provide your Last, First, and Middle names:**

**Last Name**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**First Name**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Middle Name**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Please provide your date of birth (required):**

**Month**

*{Choose one}*

- |                         |                          |
|-------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 7  |
| <input type="radio"/> 2 | <input type="radio"/> 8  |
| <input type="radio"/> 3 | <input type="radio"/> 9  |
| <input type="radio"/> 4 | <input type="radio"/> 10 |
| <input type="radio"/> 5 | <input type="radio"/> 11 |
| <input type="radio"/> 6 | <input type="radio"/> 12 |

**Day**

*{Choose one}*

- |                          |                          |
|--------------------------|--------------------------|
| <input type="radio"/> 1  | <input type="radio"/> 17 |
| <input type="radio"/> 2  | <input type="radio"/> 18 |
| <input type="radio"/> 3  | <input type="radio"/> 19 |
| <input type="radio"/> 4  | <input type="radio"/> 20 |
| <input type="radio"/> 5  | <input type="radio"/> 21 |
| <input type="radio"/> 6  | <input type="radio"/> 22 |
| <input type="radio"/> 7  | <input type="radio"/> 23 |
| <input type="radio"/> 8  | <input type="radio"/> 24 |
| <input type="radio"/> 9  | <input type="radio"/> 25 |
| <input type="radio"/> 10 | <input type="radio"/> 26 |
| <input type="radio"/> 11 | <input type="radio"/> 27 |
| <input type="radio"/> 12 | <input type="radio"/> 28 |
| <input type="radio"/> 13 | <input type="radio"/> 29 |
| <input type="radio"/> 14 | <input type="radio"/> 30 |
| <input type="radio"/> 15 | <input type="radio"/> 31 |
| <input type="radio"/> 16 |                          |

**Year (YYYY)**

*{Enter text answer}*

[ ]



**Proficiency in Languages Other than English**

**What other language(s) besides English do you speak? Select up to two languages. If it is not listed in the drop down menu, select "Other" and specify it in the space provided. In LANGUAGE 1, indicate the language other than English you speak most frequently. Use the [help] button to learn about the levels of language proficiency.**

**LANGUAGE 1 (required)**

**Select a language other than English (the one you speak most frequently)**

*{Choose one}*

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Arabic                   | <input type="checkbox"/> Mien       |
| <input type="checkbox"/> Bosnian                  | <input type="checkbox"/> Romanian   |
| <input type="checkbox"/> Burmese                  | <input type="checkbox"/> Russian    |
| <input type="checkbox"/> Cantonese                | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Farsi (Oersina, Iranian) | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> Hmong                    | <input type="checkbox"/> Tagalog    |
| <input type="checkbox"/> Khmer (Cambodian)        | <input type="checkbox"/> Teochew    |
| <input type="checkbox"/> Korean                   | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Lao/Laotian              | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Mandarin                 |                                     |

**If Other, please specify**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Select your level of proficiency**

**Indicate your level of proficiency**

*{Choose one}*

- Beginner proficiency
- Intermediate proficiency
- Advanced proficiency
- Native speaker

**Have you received training in medical terminology in this language?  
(this training may have been taken in or outside the US)**

*{Choose one}*

- No
- Yes

**Do you use this language at work while providing care to patients?**

*{Choose one}*

- Yes
- No, I do not provide patient care
- No, I don't have patients that speak my other language
- No, other reason

**Are you certified as a bilingual provider or medical interpreter?**

*{Choose one}*

- No
- Yes

**Indicate certifying entity**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**LANGUAGE 2 (optional)**

*{Choose one}*

- |  |                                  |
|--|----------------------------------|
| <input type="radio"/> Arabic                   | <input type="radio"/> Mien       |
| <input type="radio"/> Bosnian                  | <input type="radio"/> Romanian   |
| <input type="radio"/> Burmese                  | <input type="radio"/> Russian    |
| <input type="radio"/> Cantonese                | <input type="radio"/> Spanish    |
| <input type="radio"/> Farsi (Oersina, Iranian) | <input type="radio"/> Somali     |
| <input type="radio"/> Hmong                    | <input type="radio"/> Tagalog    |
| <input type="radio"/> Khmer (Cambodian)        | <input type="radio"/> Teochew    |
| <input type="radio"/> Korean                   | <input type="radio"/> Vietnamese |
| <input type="radio"/> Lao/Laotian              | <input type="radio"/> Other      |
| <input type="radio"/> Mandarin                 |                                  |

**If Other, please specify**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Indicate your level of proficiency**

*{Choose one}*

- Beginner proficiency
- Intermediate proficiency
- Advanced proficiency
- Native speaker

**Have you received training in medical terminology in this language? (this training may have been taken in or outside the US)**

*{Choose one}*

- No
- Yes

**Do you use this language at work while providing care to patients?**

*{Choose one}*

- Yes
- No, I do not provide patient care
- No, I don't have patients that speak my other language
- No, other reason

**Are you certified as a bilingual provider or medical interpreter?**

*{Choose one}*

- No
- Yes

**Indicate certifying entity**

*{Enter text answer}*

[ \_\_\_\_\_ ]





**Services for Oregon Residents**

**Just to confirm,**

**do you currently work in Oregon or provide services to Oregon residents?**

**(Please include any kind of work related to counseling, including patient care, teaching, administration, volunteer work, etc.)**

*{Choose one}*

Yes

No

## Specialty

**Please select your specialty (choose up to 2 specialties that you most commonly practice listing them from highest to lowest in terms of time spent):**

### Specialty 1 (required)

*{Choose one}*

- |   |  |
|---|--|
| <input type="checkbox"/> Addictions and Dependency                      | <input type="checkbox"/> Education, e.g. College or University |
| <input type="checkbox"/> Aging/Gerontological                           | <input type="checkbox"/> K-12 School                           |
| <input type="checkbox"/> Career Development                             | <input type="checkbox"/> Mental Health/Agency Counseling       |
| <input type="checkbox"/> Childhood & Adolescence                        | <input type="checkbox"/> Rehabilitation                        |
| <input type="checkbox"/> Clinical Mental Health                         | <input type="checkbox"/> Relationship Problems                 |
| <input type="checkbox"/> Consulting                                     | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Corrections/Offenders                          | <input type="checkbox"/> Sexual Abuse Treatment                |
| <input type="checkbox"/> Counselor Education                            | <input type="checkbox"/> Supervision                           |
| <input type="checkbox"/> Couples & Family                               | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Depression/Grief/Chronically or Terminally Ill | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Disaster Counseling                            |  |
| <input type="checkbox"/> Eating Disorders                               |  |

### Specialty 2 (optional)

*{Choose one}*

- |   |  |
|---|--|
| <input type="checkbox"/> Addictions and Dependency                      | <input type="checkbox"/> Eating Disorders                      |
| <input type="checkbox"/> Aging/Gerontological                           | <input type="checkbox"/> Education, e.g. College or University |
| <input type="checkbox"/> Career Development                             | <input type="checkbox"/> K-12 School                           |
| <input type="checkbox"/> Childhood & Adolescence                        | <input type="checkbox"/> Mental Health/Agency Counseling       |
| <input type="checkbox"/> Clinical Mental Health                         | <input type="checkbox"/> Rehabilitation                        |
| <input type="checkbox"/> Consulting                                     | <input type="checkbox"/> Relationship Problems                 |
| <input type="checkbox"/> Corrections/Offenders                          | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Counselor Education                            | <input type="checkbox"/> Sexual Abuse Treatment                |
| <input type="checkbox"/> Couples & Family                               | <input type="checkbox"/> Supervision                           |
| <input type="checkbox"/> Depression/Grief/Chronically or Terminally Ill | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Disaster Counseling                            |  |



- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Georgia       | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> Pennsylvania   |
| <input type="checkbox"/> Hawaii        | <input type="checkbox"/> Missouri       | <input type="checkbox"/> Rhode Island   |
| <input type="checkbox"/> Idaho         | <input type="checkbox"/> Montana        | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Illinois      | <input type="checkbox"/> Nebraska       | <input type="checkbox"/> South Dakota   |
| <input type="checkbox"/> Indiana       | <input type="checkbox"/> Nevada         | <input type="checkbox"/> Tennessee      |
| <input type="checkbox"/> Iowa          | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Texas          |
| <input type="checkbox"/> Kansas        | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Utah           |
| <input type="checkbox"/> Kentucky      | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Vermont        |
| <input type="checkbox"/> Louisiana     | <input type="checkbox"/> New York       | <input type="checkbox"/> Virginia       |
| <input type="checkbox"/> Maine         | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Washington     |
| <input type="checkbox"/> Maryland      | <input type="checkbox"/> North Dakota   | <input type="checkbox"/> West Virginia  |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Wisconsin      |
| <input type="checkbox"/> Michigan      | <input type="checkbox"/> Oklahoma       | <input type="checkbox"/> Wyoming        |
| <input type="checkbox"/> Minnesota     | <input type="checkbox"/> (*) Oregon     |   |

**Zip code:**

*{Enter text answer}*

[ \_\_\_\_\_ ]

**Country: (Please do NOT enter a county name)**

*{Enter text answer}*

[ USA \_\_\_\_\_ ]

**Please select up to 2 specialties that you most commonly practice at this work location:**

**Specialty 1 (required)**

*{Choose one}*

- |   |  |
|---|--|
| <input type="checkbox"/> Addictions and Dependency                      | <input type="checkbox"/> Education, e.g. College or University |
| <input type="checkbox"/> Aging/Gerontological                           | <input type="checkbox"/> K-12 School                           |
| <input type="checkbox"/> Career Development                             | <input type="checkbox"/> Mental Health/Agency Counseling       |
| <input type="checkbox"/> Childhood & Adolescence                        | <input type="checkbox"/> Rehabilitation                        |
| <input type="checkbox"/> Clinical Mental Health                         | <input type="checkbox"/> Relationship Problems                 |
| <input type="checkbox"/> Consulting                                     | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Corrections/Offenders                          | <input type="checkbox"/> Sexual Abuse Treatment                |
| <input type="checkbox"/> Counselors Education                           | <input type="checkbox"/> Supervision                           |
| <input type="checkbox"/> Couples & Family                               | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Depression/Grief/Chronically or Terminally Ill | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Disaster Counseling                            |  |
| <input type="checkbox"/> Eating Disorders                               |  |

**Specialty 2 (optional)**

*{Choose one}*

<<< Same options as above >>>







- North Dakota
- Ohio
- Oklahoma
- (\*) Oregon
- Pennsylvania
- Rhode Island

- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont

- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**Zip code:**

*{Enter text answer}* [            ]

**Country: (Please do NOT enter a county name)**

*{Enter text answer}* [ USA    ]

**Please select up to 2 specialties that you most commonly practice at this work location:**

**Specialty 1 (required)**

*{Choose one}*

- |  |  |
|--|--|
| <input type="checkbox"/> Addictions and Dependency                         | <input type="checkbox"/> Eating Disorders                      |
| <input type="checkbox"/> Aging/Gerontological                              | <input type="checkbox"/> Education, e.g. College or University |
| <input type="checkbox"/> Career Development                                | <input type="checkbox"/> K-12 School                           |
| <input type="checkbox"/> Childhood & Adolescence                           | <input type="checkbox"/> Mental Health/Agency Counseling       |
| <input type="checkbox"/> Clinical Mental Health                            | <input type="checkbox"/> Rehabilitation                        |
| <input type="checkbox"/> Consulting  | <input type="checkbox"/> Relationship Problems                 |
| <input type="checkbox"/> Corrections/Offenders                             | <input type="checkbox"/> Research                              |
| <input type="checkbox"/> Counselors Education                              | <input type="checkbox"/> Sexual Abuse Treatment                |
| <input type="checkbox"/> Couples & Family                                  | <input type="checkbox"/> Supervision                           |
| <input type="checkbox"/> Depression/Grief/Chronically or<br>Terminally Ill | <input type="checkbox"/> None                                  |
| <input type="checkbox"/> Disaster Counseling                               | <input type="checkbox"/> Other                                 |

**Specialty 2 (optional)**

*{Choose one}*

<<< Same options as above >>>



