

From: [Mary Andrus](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Question Re: upcoming rulemaking hearing
Date: Monday, November 24, 2025 7:37:21 AM

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Hello Laree,

I am writing to see if you can offer clarification of the term "related Behavioral Science field". Would a Masters degree in Art Therapy fall under that category?

Thank you,
Mary

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Mary Andrus DAT, LCAT, LPC, ATCS
Assistant Professor & Co-Director
[Art Therapy](#) Graduate Program
Art for Social Change [Land Acknowledgement](#)
Pronouns: [She, her, hers](#)

From: [Ali Dubin](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Vicki Shabo](#)
Subject: Amend OAR 833-030-0011 Letter
Date: Wednesday, November 12, 2025 12:16:52 PM

Greetings Members of the OBLPCT,

I moved to Oregon in 2023, and I have been in the application process now for over two years, licensed in CA, and on hold in Oregon due to the OAR 833-030-0011 two-year duration requirement. Sadly, I have not been able to serve a great need in my community - especially at the coast, where I reside. I am grateful you are revisiting the requirement, which I am hopeful will make way for people like myself to do what we were trained to do.

My WASC accredited Master's program was a complete full-length 48 unit masters offered at an accelerated rate in 1996 without Summer or Winter Vacation. As a result, I completed my masters in 18 months. The OAR 833-030-0011 requirement that the duration be 2 years, has kept me from moving forward in the Oregon licensure process. This is in spite of the fact that my MA program was indeed WASC accredited and that I also have my PsyD in Marriage and Family Therapy.

I truly hope you will move forward with amending this, so I can do what I love with the people in my new state.

Thank you,
Aliza (Ali) Dubin

Dr. Ali Dubin PsyD, LMFT #139961

she/her/hers ([why I include my pronouns](#))

dralidubin.com

IG: [@askalicounseling](#)



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From: [Cat Gould](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public input on Rule Caption #1: Educational requirements for unaccredited programs.
Date: Wednesday, October 29, 2025 5:44:21 PM

You don't often get email from cagould@eou.edu. [Learn why this is important](#)

To whom it may concern,

I am a 57 year old student at Eastern Oregon University, looking forward to graduating in 2026 with my Masters in Clinical Mental Health Counseling.

I am very hopeful that this rule change will take effect as of January 2026, as it will enable me to join the workforce 3 months earlier. I will have been able to complete all the required courses that fit with cacrep standards with top grades in 7 terms.

My family relies on my full time income, and ability to provide health insurance through my employer, this is not possible in the final year of the counseling program due to full time internships that provide little if any pay and no benefits.

I appreciate your consideration of this rule change which will benefit those already struggling to cover the costs of education while being unable to work as they do it.

Sincerely,

Cat Gould

Masters in Clinical Mental Health Counseling Graduate Student
cagould@eou.edu
Eastern Oregon University



From: [Violeta Iguchi](#)
To: [STASHEK LaRee * MHRA](#)
Subject: comments to proposal
Date: Sunday, November 23, 2025 8:19:58 AM

You don't often get email from violettaiguchi@gmail.com. [Learn why this is important](#)

To Whom It May Concern,

RE: Public Comment on Proposed Amendments to OAR 833-030-0011 and OAR 833-040-0011

Dear Board Members,

I am writing to express my serious concerns regarding the proposed amendments to OAR 833-030-0011 and OAR 833-040-0011, specifically the removal of the minimum two-year duration requirement for licensure and the reduction in coursework hours for marriage and family therapy training. These changes would significantly weaken the educational foundation necessary to prepare competent, safe practitioners and would ultimately harm both the profession and the clients we serve.

Removal of the Two-Year Minimum Duration Requirement

The elimination of the two-year minimum program duration is particularly troubling. The development of clinical competence cannot be rushed. Two years represents the minimum time frame necessary for students to:

- Integrate theoretical knowledge with practical clinical skills through supervised practice
- Develop the clinical judgment and decision-making abilities essential for ethical practice
- Gain adequate exposure to diverse client populations and presenting issues
- Process and reflect on their clinical work under supervision
- Cultivate professional identity and understand scope of practice boundaries

Accelerated programs that compress this training into shorter timeframes inevitably sacrifice depth for speed. Mental health treatment is complex, nuanced work that carries significant risk when performed inadequately. Graduate students need time not only to learn content but to develop clinical intuition, therapeutic presence, and the ability to respond skillfully to the unpredictable nature of human suffering.

Current Graduates Are Already Under-Prepared

Even with existing requirements, many new graduates struggle significantly in their early post-degree clinical work. Supervisors consistently report that recent graduates require extensive additional training to function safely and effectively. Common deficiencies include:

- Inadequate assessment and diagnostic skills
- Poor crisis intervention and risk management abilities
- Limited understanding of trauma-informed practice
- Insufficient training in evidence-based treatment modalities
- Weak case conceptualization skills

- Inadequate preparation for ethical dilemmas and boundary management

Weakening educational requirements will only exacerbate these existing problems, producing graduates who are even less prepared to provide competent care. This places both clients and supervisors in difficult positions and increases liability risks across the field.

Reduction in MFT Coursework Requirements

The proposed 44% reduction in counseling and systems approaches coursework for marriage and family therapists is equally concerning. Systems thinking and relational interventions are the core competencies that distinguish MFT practice. Reducing this foundational coursework undermines the unique value and expertise that marriage and family therapists bring to mental health care.

Couples and families seeking therapy deserve practitioners with robust training in relational dynamics, systemic assessment, and evidence-based interventions for relationship distress. Cutting nearly half of the required coursework in these areas produces practitioners who may hold an MFT license but lack the depth of training necessary to practice marriage and family therapy competently.

The Two-Year Period Is Essential for Professional Development

Beyond academic content, the two-year limit towards licensure gives graduates the time to find their footing in this challenging profession. This period provides:

- Multiple semesters of practicum/internship experience with increasing responsibility
- Time to make mistakes under close supervision and learn from them
- Opportunity to work with a range of supervisors and integrate diverse perspectives
- Space to address countertransference issues and develop self-awareness
- Gradual exposure to the emotional demands of clinical work

Shortening this developmental period will result in practitioners entering the field without adequate preparation for its emotional, ethical, and clinical demands. The early career period is already stressful and contributes to high burnout rates in our profession. Sending less-prepared graduates into this environment is a recipe for increased burnout, poorer client outcomes, and potential harm.

Recommendations

I urge the Board to:

1. Maintain the two-year minimum duration requirement for graduate programs
2. Preserve existing coursework hour requirements for training therapists
3. Consider strengthening, rather than weakening, educational requirements to address the existing preparation gap
4. Engage in comprehensive stakeholder consultation with supervisors, educators, and practitioners before implementing changes that affect clinical competence standards

Conclusion

These proposed changes appear to prioritize institutional convenience and program efficiency over clinical competence and public protection. The Board's primary responsibility is to

safeguard the public by ensuring that licensees are adequately prepared to provide safe, effective mental health services. Weakening educational standards runs counter to this mission and will ultimately harm the clients and communities we serve.

I strongly encourage the Board to reject these proposed amendments and instead focus on strengthening educational requirements to better prepare graduates for the realities of clinical practice.

Thank you for your consideration of these concerns. I am available to discuss these issues further at your convenience.

Sincerely,

Violeta Iguchi, LPC, ICADC

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Violeta Iguchi

"Well behaved women seldom make history"

From: [Leah Rapaport](#)
To: [STASHEK LaReé * MHRA](#)
Subject: 2 Year Requirement for non-CACREP Programs
Date: Wednesday, October 29, 2025 5:38:57 PM

Hi LaReé,

I'm reaching out regarding the desire for public comment pertaining to the two-year requirement for unaccredited programs.

This change would make a substantial impact on my life, both financially and professionally. Additionally, as a clinician in Deschutes County (community mental health), the ability to begin working towards licensure sooner (hours), means that much sooner that I am able to support a greater number of clients that we serve. I am currently the only clinician certified in a specific treatment modality for OCD (exposure response prevention) in Deschutes County Behavioral Health. However, I am only able to work with OHP clients.

The "two-year" requirement does not pass the common sense test and arbitrarily punishes hardworking, passionate, motivated individuals who simply want to save money and complete their education in a timely manner.

Thank you for your attention to this matter.

Kindly,
Leah

On Tue, Jul 22, 2025 at 5:31 PM STASHEK LaReé * MHRA
<LaReé.STASHEK@mhra.oregon.gov> wrote:

Hi Leah,

While the university may be regionally accredited, the counseling program is not accredited, as I understand it. This would put you under the two-year requirement for unaccredited programs. I cannot guarantee that the Board will decide on any particular change, but if they do make any decision, it would be to first issue a Notice of Proposed Rulemaking where we'd open the public comment period on proposed rule changes. The Board is committed to taking careful consideration and making thoughtful changes to the rules in a transparent manner, in accordance with state law that governs administrative rulemaking procedures. Because we're still in the research and development phase, a definitive timeline has not yet been formed, but I expect to be able to share more information in the coming months.

Thank you,

LaReé Stashek

Policy Advisor

<3218 Pringle Road SE, Suite 130 | Salem, OR 97302-6309>

laree.stashek@mhra.oregon.gov

Data Classification: Level 2, Limited

From: Leah Rapaport <leahrapaport3@gmail.com>
Sent: Tuesday, July 22, 2025 10:35 AM
To: STASHEK LaRee * MHRA <LaRee.STASHEK@mhra.oregon.gov>
Subject: Re: Education Requirement Concern

Good morning LaRee,

Thank you for your response. To be clear, EOU is accredited, just not yet by CACREP (as their application will be submitted this Fall and the process takes 12-18 months). My hope was to graduate June of 2026, instead of August of 2026.

Would you be able to clarify what precisely "considered" means? Will a decision be made at that time with regard to amendments?

This impacts my course selection, so I am obviously eager to see a decision made in my favor (which will ultimately benefit county clients as well). I am sure others working on gaining licensure in OR will appreciate the move towards common sense as well.

Kindly,
Leah

On Tue, Jul 22, 2025 at 8:56 AM STASHEK LaRee * MHRA
<LaRee.STASHEK@mhra.oregon.gov> wrote:

Good Morning, Leah,

Thank you for reaching out. While the Board cannot grant variances to the rules- including the two-year duration requirement for unaccredited programs- it is considering amendments to the

rules. I will be sending your message to the Board's Education / DEI Committee, which is currently tasked with reviewing the rules and making recommendations to the full Board. I expect that the rulemaking will be considered during the October 3, 2025 Board meeting.

Thank you,

LaReé Stashek

Policy Advisor

MENTAL HEALTH REGULATORY AGENCY

<3218 Pringle Road SE, Suite 130 | Salem, OR 97302-6309>

laree.stashek@mhra.oregon.gov

Data Classification: Level 2, Limited

From: Leah Rapaport <leahrapaport3@gmail.com>

Sent: Friday, July 18, 2025 12:46 PM

To: LPCT Board * MHRA <lpct.board@mhra.oregon.gov>

Subject: Education Requirement Concern

You don't often get email from leahrapaport3@gmail.com. [Learn why this is important](#)

Dear Board Members,

I am reaching out today with the hope of the Board taking time to reconsider OAR 833-030-0011, pertaining to educational requirements. More specifically, I am inquiring about the requirement that programs not yet CACREP official, be **two years in duration**. The following provides some context as to why I am advocating for this rule to be reconsidered (or at least allow for some flexibility):

I am currently working as a clinician (QMHP) for Deschutes County Behavioral Health's Child, Family, & Young Adult team and have been since June of 2024. I was able to qualify as a QMHP based on my first masters (M.Ed in School Counseling and CAGS) 12 years ago at UMass. I am now enrolled in [Eastern Oregon University's CMHC program](#) (currently in term 4) in an effort to work towards becoming an LPC. EOU's program is CACREP compliant and actively working towards official approval with a plan of submitting their application this fall (2025). However, per the program director (Dr. Hope Schuermann), the process takes approximately 12-18 months, and therefore, approval will only occur after my graduation date and registration as an associate with the state of

Oregon.

EOU's program outlines an 8 term graduation plan for students that occurs over the course of 24 months (classes taken fall, spring, winter, and summer), and includes the required internship and practicum experiences for students. I have asked my advisor to graduate in 7 terms, instead of 8, which would be three months sooner than other students, and a total of 21 months in the program. Most other students take only one academic class while they're completing internship/practicum hours, and I am asking to take TWO academic classes instead. Nothing about my practicum/internship hours/coursework/experience is impacted by this. I would just be taking an additional academic class, because essentially, that's what I'm doing right now. Currently, I am working full time as a clinician (30 client caseload) and taking three academic courses. To take two academic courses while getting internship hours will actually be *easier* for me because it will be one less academic class than now. During my time with the county, I have begun to specialize in treating OCD with Ex/RP and received certification through UPenn's Center for the Treatment and Study of Anxiety. However, I am limited to only treating clients with OHP, due to being unlicensed.

If I am able to complete EOU's CMHC program in 7 terms, that means three more months of working (i.e. direct contact hours with clients) that I am able to actually count towards the required hours for licensure. That's a lot of hours! Further, paying for an unnecessary 8th term means shelling out for *additional school fees* added on top of an already sizable amount of educational loan debt (at a time when opportunities for reimbursement via various government programs looks uncertain). It means another three months of working full time and going home to complete school work, instead of taking time for self-care and family (so vital for combating potential burnout).

Again, completing EOU's CMHC program in 7 terms only means that I am adding an additional academic class to two terms, when others are only taking one. Nothing about the experience piece changes.

In short, I would like to know that I can complete EOU's program in 7 terms and not be denied licensure based on the fact that I finished 3 months shy of 24 months.

It is my understanding that Board meetings are open to the public and it is my intention to attend one of these meetings (upcoming or following) to further advocate for a change (or allowance for exceptions on a case by case basis) to this OAR requirement.

Thank you so much for your time and consideration of this matter. I look forward to hearing from you.

Kindly,

Leah Rapaport

541.300.0950

From: [Heather](#)
To: [STASHEK LaRee * MHRA](#)
Subject: New changes
Date: Friday, November 21, 2025 6:11:06 PM

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As a licensed mental health professional, I am concerned that Oregon is lowering its standards for LPC and LMFT licensure. While I support clarity and accessibility, removing degree-length requirements, reducing coursework hours, and eliminating previous training standards risks weakening the overall quality of care. These license types require significant clinical skill, and I worry that easing educational requirements—especially after 2024—will create inconsistencies and potentially lower the competency of future clinicians. Strengthening and modernizing standards is important, but reducing them feels like a step backward for our field and for the safety of the clients we serve.

Heather Shea LPC
Sent from my iPhone

From: [Dave Wheitner](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [YOUNKIN Todd * MHRA; LPCT Board * MHRA](#)
Subject: public comments on proposal to amend OAR 833-030-0011
Date: Wednesday, November 12, 2025 3:07:49 PM
Attachments: public comments rule change wheitner 2025-11.pdf

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Dear OBLPCT representatives,

Thank you for the important work that you do.

I write to submit public comments on the proposal to amend OAR 833-030-0011.

I have attached my comments, organized under headings, as a bookmarked printable pdf and also pasted them as text below. Please let me know if you need them in any additional formats.

Sincerely,
David Wheitner

Public Comments on Proposal to Amend OAR 833-030-0011

== Introduction ==

Dear OBLPCT representatives,

I write to submit public comments on the proposal to amend OAR 833-030-0011, amending the educational requirements for licensure as a professional counselor that apply to unaccredited programs at regionally accredited institutions. Specifically, I'm commenting on the proposals to remove provisions for degrees granted prior to October 1, 2014 to have lesser minimum total credit hours and fewer direct client contact hours.

I write as someone who has begun the process of applying to be a registered professional counselor associate. I'm also a very grateful customer of Oregon's mental health system. My partner and many friends are therapists. I also have some background in human services policy. I'm aware that Oregon needs many more therapists.

Despite its good intentions, the proposed amendment would impose misguided and largely unnecessary economic barriers upon well-qualified applicants. It would create unfair double standards among some applicants. It could leave many with no realistic path into an Oregon counseling profession at all. It would also contradict recent changes in licensing requirements.

The following comments are organized under six headings:

- Maintain focus on core competencies, not total credits
- Allow latitude for cases that don't fit an accredited vs. non-accredited binary
- Allow a phase-in period for new requirements
- Consider all implications of changing direct contact hours requirements
- Support economic equity and diversity

- Consider other professional and life experience

Note: Below I use CACREP and non-CACREP interchangeably with accredited and non-accredited, excluding CORE for simplicity.

== Maintain focus on core competencies, not total credits ==

If an applicant has at least 48 but not 60 semester credit hours, and has sufficient coursework in the outlined competency areas, does requiring them to invest in more schooling yield many real-world benefits?

The only way for them to avoid redundancy would be more specialty electives, perhaps related to the placement they hope to obtain. But why not just allow them to begin learning on the job sooner rather than saddling them with more school debt? That would be more supportive of socioeconomic diversity in the counseling field. If their job search signals to them that they truly need more specialty area training to qualify for a placement, let them choose how to obtain it, perhaps even with their employer's input and support. There are many reputable and affordable CEU providers, for example.

Also note that for many years, CACREP degrees were required to have only 48 semester credit hours. Under the proposed amendment, applicants with those degrees would still be accepted without question. Applicants with non-accredited degrees from the same period would suddenly be held to a higher standard.

The guidelines already outline requirements for core competency areas. That's what matters most. Please consider leaving the existing total credit hour requirements alone.

== Allow latitude for cases that don't fit an accredited vs. non-accredited binary ==

Perhaps the board feels justified in increasing the total credit requirements for older non-accredited degrees but not for older CACREP degrees. One possible argument for this is that CACREP-compliant courses are more densely packed with relevant material. If that is the case, it begs the following question:

Should an applicant whose graduate degree missed CACREP accreditation by just a month, or even six months or a year, be evaluated in the same way as someone whose graduate program didn't even have CACREP on the radar?

Applicant cases don't always fit a simple CACREP vs non-CACREP binary. Some fall on a continuum. This is because graduate programs don't suddenly jump from paying scant attention to CACREP standards to full incorporation overnight. A program's accreditation process can take years. By the time a program is on the verge of accreditation, it has likely already incorporated most of the standards.

Therefore, it is important to consider not only whether an applicant's program was accredited at the moment they received their degree, but also whether accreditation was granted soon thereafter.

Using my case as an example: Anyone graduating from my program January 2007 or later is automatically considered CACREP. I completed my 600-hour internship shortly after that, in

May 2007. However, I opted to receive my degree in December 2006 to graduate with more of my classmates. For that simple reason, my degree is considered regionally accredited even though the program was almost entirely CACREP compliant. Course syllabi I've retained, going back to my first semester, include CACREP competency matrices.

A binary approach without latitude would ignore all of the above nuance. My 51 "mostly CACREP" credits would be deemed insufficient, even though a 48-credit officially recognized CACREP degree from that period would still be accepted without question.

There are likely other cases that don't fit a simple CACREP vs non-CACREP binary, but instead fall on a continuum. If the proposed amendment is passed, it is important to allow latitude for evaluating such cases.

== Allow a phase-in period for new requirements ==

The amendment proposal was publicly announced on October 28, 2025, with an expected effective date of December 5, 2025. That's just over one month's notice. That provides extremely little time for anyone currently in the application process to adjust.

Even after gathering and submitting all other application materials, it can easily take six months or more to complete the final step of securing a site and supervision plan. This is particularly true with the state of the overall job market, with unprecedented national policy shifts impacting all social programs. It's particularly true of the job market for Oregon registered counselor associates, given that associates are now more limited in where they can serve OHP clients. The application processes for agencies are much lengthier and more complex than those for small group practices.

Also, life happens to all of us. After I submitted most of my application materials, unexpected challenges delayed my site search.

If the board implements the proposed amendment, please consider at least a one-year phase-in. At a bare minimum, please consider exempting those who have already initiated an application process in some way.

== Consider all implications of changing direct contact hours requirements ==

While my degree would meet the new 280 direct contact hours requirement, I'm concerned about how this change could affect other applicants with older non-CACREP degrees. It also seems to contradict other recent policy changes.

The proposed requirement change from 240 to 280 hours is an increase of only 40 hours. If an applicant meets or exceeds the old standard but not the new one, how would they make up less than 40 hours? Would it make sense for any organization to take on an intern needing 40 or fewer direct client contact hours? This new standard might effectively keep many applicants out of the field altogether.

Another consideration: How does this proposed change make sense in light of the recent change in the supervised hours requirement for associates? That requirement was reduced from 2,400 to 1,900 hours. If a reduction of 500 hours was deemed sensible there, partially to remove barriers for new therapists and increase workforce capacity, how does an increase of

40 hours make sense here?

For an applicant who already has at least 240 hours, and still needs to earn another 1,900 supervised hours prior to licensure, would another 40 or fewer hours even make a meaningful difference in professional readiness?

For a field in need of more caring and qualified professionals, the potential costs of this proposed change far outweigh any benefits.

== Support socioeconomic equity and diversity ==

Back when I was shopping for counseling graduate programs, I noticed a difference between programs in my region that had already finalized CACREP accreditation and those that hadn't. The already-accredited ones were significantly more expensive.

My almost-CACREP program served more students of lesser financial means than expensive schools I had previously attended with scholarship assistance. Most of us worked at least part-time while attending evening classes.

I don't know how representative my anecdotal observations are of all counseling programs. However, if there are historic systematic differences between the costs of CACREP and non-CACREP programs, and differences in the socioeconomic class of students they attract, then the proposed amendment may disproportionately impact applicants of lesser economic means. This may be worth exploring before taking further action.

== Consider other professional and life experience ==

Many individuals who received their degrees some time ago have still done work that utilizes counseling-related knowledge, even if they didn't pursue licensure right away. Their experiences may strengthen their ability to contribute to the counseling profession, much more so than a few more graduate classes.

If you must change the total credit and direct contact hour requirements for some applicants with older degrees, please allow for broader consideration of valuable professional and life experiences. This will not only help to broaden workforce capacity, but increase the range of knowledge and wisdom brought to the field.

Thank you for your time and consideration.

Sincerely,
David Wheitner
November 12, 2025

4743 SE 75th Avenue
Portland, OR 97206
davewheitner@gmail.com

From: [Jamie Abenroth](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Hearing Request
Date: Monday, November 10, 2025 9:02:28 PM

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Dear Members of the Board,

I'm grateful that the Board has taken up updating the educational requirements for non accredited programs. There is a significant issue with the way that the board has outlined this rule, however. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they **meet or exceed** both Oregon and CACREP/CORE educational content standards. This needs to be updated and reconsidered. Why wouldn't Oregon want practicing clinicians who have met the educational standards or exceeded them?

It is noteworthy that the board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation **under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration.** While I understand that Oregon law still uses the term regional accreditation, the board has not been willing to update its interpretation of this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon. Why is the Board going against the Department of Education recommendation? This is an extremely significant issue to very qualified professional licensed counselors. I've been practicing for 10 years in Washington State, am a Nationally Certified Counselor through NBCC (which has a higher educational requirement than Oregon's), and have achieved the completion and granting of becoming an AASECT Certified Sex Therapist (which requires significant postgraduate training and specialization - over two years of coursework in multiple areas of sexuality, anatomy, ethics, desire discrepancy, differentiation coursework, etc. and over 100 hours of supervision by a an AASECT Sex Therapist Supervisor). I have also become licensed as a professional counselor in California, Texas, Utah, Idaho and Florida. California requires significant additional coursework than other states, and it was very surprising to me that I could become licensed in California, becoming a Nationally Certified Counselor, and an AASECT Certified Sex Therapist but be denied in Oregon.

I am a self employed business owner and will not consider moving to Oregon or

visiting for an extended period of time (while working) as I cannot become licensed there currently. There are many talented, experienced therapists that Oregon unintentionally turns away because of not being willing to challenge themselves in a way that makes good sense.

I am requesting that the board address this issue before adopting this rule, and I am requesting a public hearing on this rule.

Thank you for considering my request,

Jamie Abenroth
206-618-1898
jamie@jamieabenroth.com

3554 Ryan Dr. Escondido, CA 92025

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With Warm Regards,

Jamie Abenroth, CST, NCC, MA, LPCC, LPC, LMHC

- National Certified Counselor, board certified by NBCC
- AASECT Certified Sex Therapist
- Master's Degree in Counseling Psychology
- Licensed Professional Clinical Counselor in WA, CA, ID, UT, TX, AZ, FL
- **website: www.jamieabenroth.com**
- **phone: 206-618-1898**

From: [Angela Alfieri](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Hearing request
Date: Monday, November 10, 2025 4:58:08 PM

You don't often get email from angela.sw.alfieri@gmail.com. [Learn why this is important](#)

Dear Members of the Board,

I am pleased to see that the Board has taken up modernizing the educational requirements for unaccredited programs. However, there is a major problem with the way that the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or Exceed both Oregon and CACREP/CORE educational content standards.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration. While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

As these mental health workers may be self-employed business owners or work for businesses in the state of Oregon, excluding qualified workers on the basis of an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified LPCs and citizens seeking access to mental health care. As a Licensed Mental Health Counselor in the State of WA I find this extremely surprising and frustrating.

I am requesting that the board address this issue before

adopting this rule, and I am requesting a public hearing on this rule.

Sincerely,
Angela Alfieri, LMHC

From: [Conner Cress](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Comment + Hearing Request re Proposed Education/Reciprocity Rules (OAR 833-030 / 833-040)
Date: Tuesday, November 4, 2025 9:47:04 AM

Hello Ms. Stashek,

My name is Conner Cress. I recently applied for Oregon LPC by reciprocity and was informed my application is paused due to my graduate program's accreditation status at the time my degree was conferred.

- Education: M.A. in Counseling Psychology, The Seattle School of Theology & Psychology (2018 conferral).
- Licensure: CA LPCC #18581 and WA LMHC #LH61351539, both active and in good standing, with 7+ years of post-master's clinical practice (trauma work, men's issues, EMDR, LGBTQ+ care).
- Relocation: My family and I are moving to Oregon, and I hope to serve Oregonians in person.

I previously wrote to ask about avenues to submit input. Having now reviewed the Notice of Proposed Rulemaking and additional background, I'm submitting the following public comment in lieu of my last email and formally requesting a public rulemaking hearing.

The proposal updates portions of the education rules and expands reciprocity substitutions for applicants with 3+ years of active licensure. I appreciate those steps. However, as drafted, the rule continues to exclude degrees conferred by non-regionally accredited institutions—even when the curriculum meets or exceeds Oregon/CACREP content—because it looks only to whether a school was regionally accredited as of the conferral date.

This permanently bars many otherwise qualified, discipline-free clinicians (including pre-2020 Seattle School alumni) whose institutions later achieved regional accreditation. It also appears to conflict with the U.S. Department of Education's July 2020 policy recategorizing "regional" and "national" into a single institutional accreditation category—expressly to avoid discriminatory preference in credentialing. Oregon's continued reliance on "regional" alone, without reading it in light of the federal shift, disadvantages qualified practitioners and constrains access to care.

For comparison, California preserves rigorous standards while offering experienced out-of-state counselors a pathway via licensure-by-experience and remediation of discrete educational gaps (e.g., Assessment, Career, Group) rather than forcing an entirely new degree. Oregon can do the same—without lowering its bar.

Options for the board to consider:

- Align "regional accreditation" with federal "institutional accreditation."
 - Interpret the statute/rule to recognize institutionally accredited programs (regional or national) where applicants demonstrate substantial equivalence to Oregon's content standards.
- Create a domestic educational-equivalency pathway.
 - Establish a U.S. equivalency review (parallel to the existing foreign-degree evaluation option) using recognized credential evaluators and course-by-course

syllabi mapping for programs that later became regionally accredited.

- Experience-based endorsement with targeted bridges.
 - For applicants with ≥ 3 years of clean, independent licensure, permit the education requirement to be met when coursework substantially aligns with core areas, coupled with any targeted “bridge” modules the Board specifies (Assessment, Career, Group, Crisis/Addictions).

These options preserve public protection, are auditable, and remove a timing-based barrier that has no bearing on present-day competence.

Pursuant to the notice, I request a public rulemaking hearing so these points—and those of similarly situated alumni and Oregon LPCs—can be entered into the record and discussed by the full Board. Thank you for your work to balance high standards with equitable access to care. I’m glad to provide syllabi, license verifications, and any documentation that would assist the Board’s review.

With appreciation,

Conner Cress
WA LMHC #LH61351539 | CA LPCC #18581
(678) 763-8146 | conner@madronatherapygroup.com

From: [Lexi Cress](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Rep Kropf](#)
Subject: Request for a Public Rulemaking Hearing
Date: Monday, November 10, 2025 10:36:24 AM

You don't often get email from lcress.counseling@gmail.com. [Learn why this is important](#)

Dear Members of the Board,

I am grateful the Board is taking steps to modernize the educational requirements for unaccredited programs. However, there is a significant issue with the current draft of the proposed rule. While the Board now allows degrees of less than two years from *regionally* accredited institutions, it continues to exclude degrees from *nationally* accredited institutions—even when those programs meet or exceed both Oregon and CACREP/CORE educational content standards.

In July 2020, the U.S. Department of Education consolidated regional and national accreditation into a single category of *institutional accreditation* to prevent discrimination in credentialing based on accreditation type. Both forms of accreditation are held to the same standards by the Council for Higher Education Accreditation (CHEA). While Oregon law still uses the term “regional accreditation,” the Board has declined to interpret this definition in light of the Department of Education’s updated framework. As a result, qualified mental health professionals continue to face barriers to licensure despite having degrees that fully meet Oregon’s educational standards.

By way of background, I am licensed as a Licensed Professional Clinical Counselor (LPCC) in California and as a Licensed Mental Health Counselor (LMHC) in Washington State. California, in particular, is widely recognized for having the most rigorous licensing requirements in the behavioral sciences nationwide, including extensive graduate coursework, a multi-stage examination process, and substantial supervised clinical experience. My credentials demonstrate that my education and training meet or exceed the standards necessary for safe, competent, and ethical practice in multiple states. I have been in practice as a mental health trauma therapist for ten years. My family is bringing me back to Oregon and I would love to be able to work in my field.

This outdated interpretation directly impacts Oregon’s mental health workforce and economy. Many of these professionals are small business owners or employees of Oregon-based practices. By excluding them, the Board limits access to care for Oregonians and restricts hiring opportunities for businesses seeking qualified Licensed Professional Counselors (LPCs).

I respectfully urge the Board to address this issue before adopting the proposed rule and to hold a **public hearing** on the matter.

I am also copying my state representative and state senator, requesting their support for the Board’s updated interpretation of “regional accreditation” to include all accreditations recognized as equivalent institutional accreditation by the U.S.

Department of Education and CHEA.

Sincerely,
Lexi Cress LMHC LPCC

--

Lexi Cress
MA | LMHC | LPCC
206.929.0260



"We can be redeemed only to the extent to which we see ourselves." - Martin Buber

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From: [Stephen Grant](#)
To: [STASHEK LaRee * MHRA](#)
Date: Thursday, November 13, 2025 12:26:56 PM

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Dear Members of the Board,

I'm grateful that the Oregon Board has taken up updating the educational requirements for non accredited programs. There is a significant issue with the way that the board has outlined this rule, however. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they **meet or exceed** both Oregon and CACREP/CORE educational content standards. This needs to be updated and reconsidered. Why wouldn't Oregon want practicing clinicians who have met the educational standards or exceeded them?

It is noteworthy that the board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation **under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration.** While I understand that Oregon law still uses the term regional accreditation, the board has not been willing to update its interpretation of this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon. Why is the Board going against the Department of Education recommendation?

This is an extremely significant issue to very qualified professional licensed counselors. I've been practicing for 10 years in Washington State, and have achieved the completion and granting of becoming an CSAT(Certified Sex Addiction Therapist, a CCBRT (Certified Couples Betrayal Recovery Therapist, a CMAT (Certified Multiple Addiction Therapist) a Master level Accelerated Resolution Therapist, and am trained in Critical Memory Integration. All of these together require significant (over four years of training and supervision) postgraduate training and specialization

I am a self employed business owner and moved from Oregon to Washington to practice as I cannot become licensed there currently. There are many talented, experienced therapists that Oregon unintentionally turns away because of not being willing to challenge themselves in a way that makes good sense.

I am requesting that the board address this issue before

adopting this rule, and I am requesting a public hearing on this rule.

Thank you for your consideration to this matter.

Stephen P. Grant, MACP, LMHC, CSAT, CCBRT, CMAT

www.gracefallcounseling.com

503.464.6004

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From: [Nicole Hagerty](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Request for Public Hearing on Proposed Rule Regarding Unaccredited Programs
Date: Monday, November 3, 2025 4:01:39 PM

You don't often get email from nicole.hagerty@me.com. [Learn why this is important](#)

Dear Members of the Board,

I am writing to formally request a public hearing regarding the proposed modernization of the educational requirements on unaccredited programs. This issue directly impacts me and many others whose degrees come from nationally accredited institutions. I hope my request helps ensure these concerns are heard before the rule is finalized.

I graduated with my Master of Counseling Psychology from The Seattle School of Theology and Psychology (formerly Mars Hill Graduate School), a program that is nationally accredited. I am aware that many alumni from my program have been unable to obtain licensure in Oregon, despite meeting or exceeding educational and training standards that align with both Oregon's requirements and CACREP/CORE standards. Some of these alumni reside in Oregon but are forced to work in Southwest Washington, where they provide exceptional and much-needed counseling services across the border.

It feels deeply unfair that qualified professionals—committed to serving Oregonians and addressing the state's urgent mental health needs—are excluded from licensure based solely on the form of institutional accreditation. In fact, I understand that in the past, the Oregon Office of Degree Authorization recognized that The Seattle School of Theology and Psychology met regional accreditation equivalency. However, this recognition was discontinued sometime after 2007, without clear justification, leaving many capable graduates without a viable path to practice in Oregon.

While I appreciate that the Board is working to modernize educational requirements for unaccredited programs, the proposed rule continues to exclude nationally accredited degrees, even though the U.S. Department of Education's 2020 policy explicitly unified regional and national accreditation under the single category of *institutional accreditation*. That policy shift was made to prevent exactly this type of credentialing discrimination.

I respectfully ask that the Board hold a public hearing to review this issue in light of these federal changes and to consider adopting an updated interpretation of "regional accreditation" that includes all forms of institutional accreditation recognized by the Department of Education and the Council for Higher Education Accreditation (CHEA).

Sincerely,
Nicole Hagerty, LMHC
360-901-4816

From: [Jackson, Brook](#)
To: [STASHEK LaRee * MHRA](#)
Subject: OBLPCT public hearing request/Mental Health Advocacy 11.21.25
Date: Friday, November 21, 2025 8:33:12 AM

You don't often get email from brook.jackson@ssd6.org. [Learn why this is important](#)

Dear Members of the Board,

I am pleased to see that the Board has taken up modernizing the educational requirements for unaccredited programs. However, there is a major problem with the way that the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or exceed both Oregon and CACREP/CORE educational content standards.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing based on preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration. While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

As these mental health workers may be self-employed business owners or work for

businesses in the state of Oregon, excluding qualified workers based on an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified LPCs and citizens seeking access to mental health care.

I am a current LPC in the state of Oregon, with my main position being a school counselor in a rural area. From my lens, we are far from meeting the demand for mental health services for students and families. I would not be in support of compromising the integrity of our profession, but an appropriate expansion of this rule seems to allow for the inclusion of high-quality mental health professionals into the resource pool of our state. We need more counselors and therapists. I can attest that the mental health needs of many students and families go largely unmet due to a lack of qualified professionals in the Central Oregon region, which is unfortunately common in all areas of Oregon. I am requesting that the board address this issue before adopting this rule, and I am requesting a public hearing on this rule.

Please honor the process of offering a public hearing to learn more about the possibility of expanding this rule.

Thank you for your time and consideration,

Brook Q Jackson, LPC, CADC, NCC
Sisters Middle School Counselor
Cell: 503-358-4293
Work: 541-549-3195
Personal: brookqjackson@gmail.com Work:
brook.jackson@ssd6.org

--
Brook Q. Jackson
Sisters Middle School Counselor

brook.jackson@ssd6.org

541-549-3195

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From: [maddy Miller](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Request a public hearing
Date: Tuesday, November 11, 2025 4:26:24 PM

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November 11, 2025.

To the members of The Oregon Board of Licensed Professional Counselors and Therapists.

My name is Madeline Miller, LMHC. I am writing as one who has applied for licensure in Oregon as a fully licensed Mental Health Counselor in good standing the State of Washington, credential # LH61010788. I graduated from The Seattle School of Theology and Psychology in Seattle Washington. (MACP 2017) At the time of my graduation, The Seattle School was nationally accredited by the Association of Theological Schools. In 2020, the Seattle School received regional accreditation through the Northwest Commission on Colleges and Universities (NWCCU)

I am glad to see the OBLPCT has taken up modernizing the educational requirements for non accredited programs. However, I am challenged by the way the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or exceed both Oregon and CACREP/CORE educational content standards.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration. While I understand that Oregon law still uses the term regional accreditation, the board still does not interpret this term through the current lens of the Department of Education.

As a result, OBLPCT continues to refuse a path to licensure based on the educational content of the degrees of qualified mental health workers such as myself. I am a small business owner. While I live and practice in Washington State, one of my clients, a physician assistant student at Idaho State University, was able to continue working with me in Idaho through a reciprocal licensure agreement with the Division of Occupational

and Professional Licenses in Idaho State. This same client was unable to remain in my care while on clinical rotations in Oregon due to the Boards stance on accreditation. Excluding me from Oregon Licensure based on an outdated definition of accreditation has had a direct impact on me and my small business, and ultimately a negative impact on my client during her time in Oregon.

For these reasons I am writing to request a public hearing on this issue prior to any adoption of a rule that does not include national accreditation.

I thank you for your time and consideration.

Madeline Miller LMHC

Maddy Miller LMHC
425-628-7816
2331 E. Madison St. Seattle WA 98112
maddym.counselor@gmail.com
<https://sendsafe.to/MADDYM.COUNSELOR@GMAIL.COM>
<https://www.psychologytoday.com/profile/769066>

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From: [Deb Montgomery](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Rep Javadi](#); [Sen Weber](#)
Subject: Public Rulemaking Hearing Request
Date: Friday, November 14, 2025 9:17:55 AM

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November 10, 2025

Dear Members of the Board,

I am a Licensed Mental Health Counselor (Psychotherapist) who has held a private practice in the State of Washington for 15 years.

I have now lived in Oregon for 3 years. **I was denied Licensure this year by the Oregon Board.** I graduated with a Master of Counseling Psychology from The Seattle School of Theology and Psychology, an institution and program that is Nationally Accredited. This past year I was told that I could not obtain Licensure in Oregon because my School is considered "unaccredited". I do not understand that there is a justifiable reason for denying me, or other graduates of my School, the ability to practice as a Psychotherapist in Oregon. **I do understand that there is a need for a stringent and exhaustive list of requirements for Mental Health Professionals and I also appreciate that the Oregon Board cares enough to vet out those not qualified to be in such demanding and responsible work.**

However, the reason (described later in this letter) that this Board gives for withholding Licensure to those of us from The Seattle School of Theology and Psychology does not withstand, in my opinion, ethical scrutiny. It does not make sense to me and is a little heartbreaking at this time in history with the growing need for Mental Health Counselors. Of course it is also personally costly because I cannot have a Psychotherapy practice and business in this State within the profession for which I am qualified and for which I completed a 3 year Masters Program.

With a shortage of Mental Health Counselors, and a rapidly growing need for people to have the support of Qualified Mental Health Counselors, it feels like a costly and unnecessary barring of our Students who live here in Oregon when we are more than qualified to meet the needs of those seeking Mental Health Support. Therapists in Oregon are full and clients are on waiting lists. I live in a rural area of Oregon and the Statistics are clear that there is a severe shortage of Mental Health Counselors.

I am pleased to see that the Board has taken up modernizing the educational requirements for unaccredited programs. However, there is a major problem with the way that the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or exceed both Oregon and CACREP/CORE educational content standards. This effectively excludes nationally accredited and fully licensed practitioners like myself with 15+ years of experience.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration.

While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

As these mental health workers may be self-employed business owners or work for businesses in the state of Oregon, excluding qualified workers on the basis of an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified LPCs and citizens seeking access to mental health care.

I am requesting that the board address this issue before adopting this rule, and I am requesting a public hearing on this rule.

I am copying my state representative and state senator's offices on this matter, requesting their support of the board's updated interpretation of the term "regional accreditation" to mean regional accreditation and all accreditations deemed equivalent institutional accreditation by the Department of Education and CHEA.

Sincerely,

Deb Montgomery, LMHC

From: [Patrick Petrie](#)
To: [STASHEK LaRee * MHRA](#)
Cc: senator@merkley.senate.gov
Subject: Request for Public Rulemaking Hearing
Date: Tuesday, November 11, 2025 9:57:07 AM

You don't often get email from patrick.petrie@theseattleschool.edu. [Learn why this is important](#)

Dear Members of the Board,

I am grateful the Board is taking steps to modernize the educational requirements for unaccredited programs. However, there is a significant issue with the current draft of the proposed rule. While the Board now allows degrees of less than two years from *regionally* accredited institutions, it continues to exclude degrees from *nationally* accredited institutions—even when those programs meet or exceed both Oregon and CACREP/CORE educational content standards.

In July 2020, the U.S. Department of Education consolidated regional and national accreditation into a single category of *institutional accreditation* to prevent discrimination in credentialing based on accreditation type. Both forms of accreditation are held to the same standards by the Council for Higher Education Accreditation (CHEA). While Oregon law still uses the term “regional accreditation,” the Board has declined to interpret this definition in light of the Department of Education’s updated framework. As a result, qualified mental health professionals continue to face barriers to licensure despite having degrees that fully meet Oregon’s educational standards.

By way of background, I am a Licensed Professional Counselor (LPC) in Oregon. This outdated interpretation directly impacts Oregon’s mental health workforce and economy. Many of these professionals are small business owners or employees of Oregon-based practices. By excluding them, the Board limits access to care for Oregonians and restricts hiring opportunities for businesses seeking qualified Licensed Professional Counselors (LPCs). I respectfully urge the Board to address this issue before adopting the proposed rule and to hold a **public hearing** on the matter.

I am also copying my state representative and state senator, requesting their support for the Board’s updated interpretation of “regional accreditation” to include all accreditations recognized as equivalent institutional accreditation by the U.S. Department of Education and CHEA.

Sincerely,

Patrick Petrie, LPC

From: [Kristen A. Rix](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Request for Public Hearing
Date: Friday, November 14, 2025 11:09:36 AM

You don't often get email from kristenarix@gmail.com. [Learn why this is important](#)

Dear Members of the Board,

I am pleased to see that the Board has taken up modernizing the educational requirements for unaccredited programs. However, there is a major problem with the way that the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or Exceed both Oregon and CACREP/CORE educational content standards.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration. While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

As these mental health workers may be self-employed business owners or work for businesses in the state of Oregon, excluding qualified workers on the basis of an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified LPCs and citizens seeking access to mental health care. In this time when access to mental health care is vital.

I am requesting that the board address this issue before adopting this rule, and I am requesting a public hearing on this rule.

Sincerely,

Kristen
she/her

240.315.8840

From: [Alexander Seidel](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Rep Nelson](#); [Sen Frederick](#)
Subject: Request for Public Hearing: Req"s for Unaccredited Programs
Date: Monday, November 10, 2025 2:23:49 PM

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Dear Members of the Board,

Thank you for your efforts to modernize educational requirements for unaccredited programs related to counselor licensure in Oregon. However, the draft rule has a key flaw: while it now accepts degrees under two years from regionally accredited institutions, it excludes equivalent degrees from nationally accredited ones—even those meeting or exceeding Oregon and CACREP/CORE standards.

In July 2020, the U.S. Department of Education unified regional and national accreditation into a single institutional category to eliminate discrimination in credentialing. The Council for Higher Education Accreditation (CHEA) holds both to identical standards. Yet Oregon law's reference to "regional accreditation" remains unchanged, and the Board has not updated its interpretation. This blocks qualified mental health professionals from licensure despite compliant education.

For context, I worked as a Qualified Mental Health Professional (QMHP) for nearly a decade in Oregon's community mental health system. I delayed pursuing Licensed Professional Counselor (LPC) licensure due to uncertainty about my long-term residence. Now on sabbatical, I plan to license here—my qualifications meet or exceed Oregon's standards for safe, ethical practice.

This policy harms Oregon's mental health workforce and economy, including small business owners and practices reliant on LPCs. It reduces access to care and limits hiring.

I urge the Board to resolve this before finalizing the rule and to convene a public hearing. I am copying my state representative and senator, seeking their endorsement for interpreting "regional accreditation" to encompass all U.S. Department of Education- and CHEA-recognized institutional accreditations.

Sincerely,

Alexander G. Seidel
7404 N. Fowler Ave.
Portland, OR 97217

206-819-8481

From: [Matthew Smith](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Requesting public hearing on updating OR credentialing requirements
Date: Monday, November 10, 2025 4:23:47 PM

You don't often get email from matthew@matthewsmithcounseling.com. [Learn why this is important](#)

Dear Members of the Board,

I am grateful the Board is taking steps to modernize the educational requirements for unaccredited programs. However, there is a significant issue with the current draft of the proposed rule. While the Board now allows degrees of less than two years from *regionally* accredited institutions, it continues to exclude degrees from *nationally* accredited institutions—even when those programs meet or exceed both Oregon and CACREP/CORE educational content standards.

In July 2020, the U.S. Department of Education consolidated regional and national accreditation into a single category of *institutional accreditation* to prevent discrimination in credentialing based on accreditation type. Both forms of accreditation are held to the same standards by the Council for Higher Education Accreditation (CHEA). While Oregon law still uses the term “regional accreditation,” the Board has declined to interpret this definition in light of the Department of Education’s updated framework. As a result, qualified mental health professionals continue to face barriers to licensure despite having degrees that fully meet Oregon’s educational standards.

By way of background, I am a Licensed Mental Health Counselor (LMHC) in Washington State and in the past have held an active license as Licensed Professional Counselor in the state of Colorado. Both Washington and Colorado are recognized for their professional licensing requirements in the behavioral sciences nationwide, including extensive graduate coursework, a multi-stage examination process, and substantial supervised clinical experience. My credentials demonstrate that my education and training meet or exceed the standards necessary for safe, competent, and ethical practice in multiple states.

This outdated interpretation directly impacts Oregon’s mental health workforce and economy. Many of these professionals are small business owners or employees of Oregon-based practices. By excluding them, the Board limits access to care for Oregonians and restricts hiring opportunities for businesses seeking qualified Licensed Professional Counselors (LPCs).

I respectfully urge the Board to address this issue before adopting the proposed rule and to hold a public hearing on the matter.

I am also copying my state representative and state senator, requesting their support for the Board’s updated interpretation of “regional accreditation” to include all accreditations recognized as equivalent institutional accreditation by the U.S. Department of Education and CHEA.

Sincerely,
Matthew Smith, LMHC

--

Matthew A Smith, MA, LMHC

Matthew A Smith Counseling, LLC

Email: matthew@matthewasmithcounseling.com | Web: www.matthewasmithcounseling.com

Confidential Voicemail: 206.745.2636

Fremont Location: 3417 Evanston Ave N Suite #509, Seattle, WA 98103

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From: [Tim Stanley](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Requesting Public Hearing (OR LPC Licensure Rules)
Date: Thursday, November 13, 2025 11:59:45 AM

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Dear Members of the Board,

I appreciate the Board's work to modernize educational requirements for non-accredited counseling programs. This is an important step forward. However, I am deeply concerned that the proposed rule continues to exclude degrees from nationally accredited institutions, even when those programs meet or exceed Oregon's own standards and the CACREP/CORE educational benchmarks.

This exclusion feels inconsistent with both current federal policy and the spirit of fairness in professional credentialing. In July 2020, the U.S. Department of Education formally recognized regional and national accreditation as equivalent forms of institutional accreditation, under the same quality standards established by the Council for Higher Education Accreditation (CHEA). The purpose of that change was to prevent discrimination against graduates from nationally accredited programs—precisely what is still occurring under Oregon's current interpretation.

While Oregon statutes may still reference “regional accreditation,” the Board has the authority—and I would argue, the responsibility—to interpret that term in light of the Department of Education’s updated framework. Continuing to exclude qualified practitioners on a technicality, when their education meets or exceeds state standards, directly undermines Oregon’s own goals for expanding access to competent mental health care.

This policy has real-world consequences. Highly qualified clinicians—many with over a decade of successful practice in neighboring states—are barred from serving in Oregon, despite holding national certifications and advanced postgraduate credentials. In my own case, I graduated from The Seattle School of Theology and Psychology in 2014, have held a WA state license for 11 years, and have over 11,000 hours of clinical experience. Yet under the current rules, I am ineligible for licensure in Oregon, even though I meet or exceed every professional competency standard that Oregon requires.

At a time when Oregon faces an acute shortage of licensed mental health professionals—particularly in rural communities—this policy unnecessarily restricts the number of qualified practitioners able to serve those in need. Many graduates of nationally accredited programs, including The Seattle School of Theology and Psychology, live in Oregon but are forced to practice across the border in Washington, leaving Oregonians with fewer options for care.

I respectfully urge the Board to reconsider this exclusion and to adopt an updated interpretation of “regional accreditation” that includes all forms of institutional accreditation recognized by the Department of Education and CHEA. Doing so would

align Oregon's rules with federal standards, uphold ethical fairness, and expand access to critical mental health services statewide.

Finally, I am formally requesting a public hearing on this issue so that these concerns can be fully reviewed before the rule is adopted.

Thank you for your time, attention, and commitment to ensuring Oregon's licensing policies reflect both the current federal standards and the urgent mental health needs of the people you serve.

Sincerely,

Tim Stanley, LMHC

770-843-0382

From: [MARY JANE WILT](#)
To: [STASHEK LaRee * MHRA](#)
Cc: [Sen Pham](#); [Rep Tran](#)
Subject: Rule Changes for Accreditation - Public Hearing requested
Date: Monday, November 3, 2025 8:43:19 AM

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Dear Members of the Board,

I am pleased to see that the Board has taken up modernizing the educational requirements for unaccredited programs. However, there is a major problem with the way that the board has drafted this rule. While the board is allowing degrees of shorter duration than 2 years from regionally accredited institutions, it continues to exclude all degrees from nationally accredited institutions, even when they meet or Exceed both Oregon and CACREP/CORE educational content standards.

The board has been provided documentation that the Department of Education, in July 2020, brought both regional and national accreditation under the single category of institutional accreditation for the purposes of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council on Higher Education Administration. While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the change from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content of the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

As these mental health workers may be self-employed business owners or work for businesses in the state of Oregon, excluding qualified workers on the basis of an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified LPCs and citizens seeking access to mental health care.

I am requesting that the board address this issue before adopting this rule, and I am requesting a public hearing on this rule.

Furthermore, in 2007, the Oregon Office of Degree Authorization approved what is now The Seattle School of Theology & Psychology as having regional accreditation equivalency. All the paperwork for this process should be in my file, although I'd be happy to provide it again. On this basis, I was and have been licensed in Oregon for almost 20 years, and have maintained a thriving practice ever since. My fellow alumni from the same school--which prepares clinicians not only for licensure but for living a life committed to on-going personal healing, a hallmark of effective therapists--have not been able to be licensed in Oregon.

Since graduating from this amazing school, I have also earned my PhD as a Marriage and Family Therapist, and acquired my MFT licensure in Oregon in 2022. My commitment to my own wellness and to providing exceptional therapy services to clients was originally fostered at The Seattle School of Theology and Psychology, a school that has not been recognized by the OBLPCT as legitimate. This is a travesty, and I hope the board will re-consider this matter.

I am copying my state representative and state senator's offices on this matter,

requesting their support of the board's updated interpretation of the term "regional accreditation" to mean regional accreditation and all accreditations deemed equivalent institutional accreditation by the Department of Education and CHEA.

Sincerely,

MaryJane Wilt, PhD-MFT, LMFT, LPC, NCC

<https://mjlpc.com>

info@mjlpc.com

From: [Rose Mary A. Colorafi](#)
To: [STASHEK LaRee * MHRA](#)
Subject: My Public Comment on Proposed Rulemaking, 833-030-0011
Date: Monday, December 22, 2025 9:00:15 AM

Good morning. I am following up on our email conversation about the proposed rulemaking, as below in quotes. Thank you and have a good holiday season.

The term "licensure" should be changed to initial licensure or first licensed or something with the same meaning to avoid possible misinterpretation that it might inadvertently be understood to apply to renewal of licenses. Even the Merriam-Webster Dictionary considers Licensure to mean granting of a license or the state of being licensed. Merriam-Webster, <https://www.merriam-webster.com/dictionary/licensure>.

Respectfully,

Rose Mary A. Colorafi, M.A., Owner

Rose C Life Goals LLC

Counseling*

Portland, OR 97232 & 97266

(503) 427-9543

Rose@RoseCLifeGoals.com

www.RoseCLifeGoals.com

and on **Psychology Today**

*Licensed Professional Counselor (LPC - Oregon) # C4267

*Licensed Mental Health Counselor (LMHC - New York) #001466

*National Certified Counselor, National Board for Certified Counselors # 22374

CRC/Retired [former Certified Rehabilitation Counselor, through 9/30/2021]"

From: [Field, Thomas](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Re: Public Comment re: OBLPCT Proposed Board Rulemaking (833-030-011)
Date: Monday, November 24, 2025 4:34:00 PM

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Ah, thanks for that clarification, LaRee. That is great to hear. Please strike my first comment. My revised comment is as follows:

Dear OBLPCT Board Members,

I am an Oregon LPC in good standing (# C6521), and Department Head of Oregon State University's counseling program that has CACREP-accredited master's tracks in Clinical Mental Health Counseling and School Counseling and a doctoral degree in Counseling. I am writing about the proposed amendment to rule 833-030-011 that requires a master's degree in "mental health counseling or behavioral science relating to mental health counseling including marriage and family therapy, psychology, social work, or psychiatry".

I have a concern about this aspect of the amendment. I am concerned that the adjustment continues to leave open a loophole that allows for non-counselors to pursue LPC licensure. I strongly believe that CACREP accreditation should be the requirement for licensure, as it is in other states such as Ohio, Virginia, etc. While this may seem to be preventing behavioral health providers from entering the workforce at a time of shortage, it should be noted that all counseling programs in the state of Oregon are currently CACREP accredited or seeking accreditation. Psychology and social work students already have their own licensure process, and these professionals do not have the professional background and training consistent with professional counseling. At OSU we occasionally receive inquiries from master's-level psychology graduates who need to complete additional requirements for licensure, and it is quickly apparent that they would have to complete a significant amount of coursework and supervised fieldwork to qualify, and none have elected to pursue this in my five years at OSU. I therefore do not believe that restricting licensure to CACREP graduates would constitute a barrier to licensure.

Please feel free to contact me with any follow-up questions. Thanks for all your work on updating our licensure regulations.

Thom

Thom Field, Ph.D., LPC, LMHC, NCC, CCMHC, ACS

Pronouns: he/him

Department Head for Counselor, Adult, and Higher Education

Professor

College of Education

Oregon State University

Joyce Collin Furman Hall

200 SW 15th St, Corvallis, OR 97331

<https://field15.youcanbook.me>

From: [Lisa Gorlin](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Comments on Proposed Rule Changes to OAR 833-030-0011
Date: Sunday, December 14, 2025 2:04:41 PM

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To: LaRéé Stashek, OBLPCT Policy Advisor for the Oregon State board for Licensed Professional Counselors and Marriage and Family Therapists

Comments on Proposed Rule Changes to OAR 833-030-0011:
Educational Requirements for Licensure as a Professional Counselor

It has come to my attention that the proposed rule changes will impose untimely economic barriers upon well qualified applicants.

At a time when Oregon has a significant shortage of mental health professionals, the rules would tighten educational requirements on many individuals with older counseling degrees who seek to enter or re-enter the field; meeting these requirements would be very costly or difficult while yielding relatively little additional preparation.

The proposed changes ignore the value of other experience that older and mid-career professionals bring to the field.

Pigeonholing applicants into discrete categories ignores the nuances of individual situations in the same way cookie-cutter care does not meet the needs of every patient.

My suggestions:

Allow a phase-in period for new requirements.
Place focus on core competencies, not just total credits.
Have more consideration of other professional and life experience.

Thank you for your consideration of these issues.

Sincerely,

Lisa Gorlin
4408 SE Stark St.
Portland, OR 97215

From: [Marie Jackson](#)
To: [STASHEK LaRee * MHRA](#)
Subject: Public Comments Regarding Proposed Rule by OBLPCT
Date: Tuesday, November 25, 2025 3:26:53 PM

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Dear Members of the Board,

I am pleased to see that the Board has taken up modernizing the educational requirements for counseling programs during their rule-planning. However, there remains a significant problem with the way that the board has drafted this rule. While the board is allowing degrees of durations shorter than 2 years from regionally accredited institutions, *it continues to exclude all degrees from nationally accredited institutions, even when they meet or exceed both Oregon and CACREP/CORE educational content standards.* I have personally commented on this issue during previous opportunities for public comment, as have many others, but the issue remains unresolved.

I am a Qualified Mental Health Professional and a Certified Alcohol and Drug Counselor in Oregon. I am also a Licensed Mental Health Counselor in Washington State. I specialize in adolescent mental health care and have advanced training in EMDR and treating complex trauma in youth. I am also bilingual in English and Spanish and as a result have had the privilege of providing therapy in Spanish to youth and families in Oregon in areas where access to bilingual providers is limited. I am also a long-term Oregon resident. I have completed 9.5 years of public service in the state, including 8 years as a Behavioral Health Specialist in School-Based Health Centers in Central Oregon. This program was funded by amazing grants to increase access to mental health care for youth, and our team was recognized by the State program office for our excellent work. Yet despite my years of experience, public service, credentials in Oregon and licensure in a neighboring state, I remain ineligible for licensure, *even by reciprocity* in Oregon due to outdated language the board maintains in the OARs.

The board has been provided with documentation that in July 2020, the Department of Education brought both regional and national accreditation under the single category of institutional accreditation. The Department of Education did so for the purpose of addressing discrimination in credentialing on the basis of preferring regional accreditation over national accreditation, because both types of accreditation are held to the same standards by the Council for Higher Education Accreditation. While I understand that Oregon law still uses the term regional accreditation, the board has refused to interpret this term in light of the changes from the Department of Education. As a result, the board continues to refuse a path to licensure on the basis of the educational content for the degrees of qualified mental health workers who are eager to provide much-needed services to the people of Oregon.

There are significant professional and financial limitations to being ineligible for licensure, and I am considering moving out of state as a result. Excluding qualified workers on the basis of an outdated definition of accreditation has a direct negative impact on Oregon businesses seeking to employ qualified providers and on citizens seeking access to mental health care. The process for obtaining licensure as a counselor is lengthy, requiring a Master's degree, years of supervised clinical experience and passing a National Counseling Exam. Providers who meet these criteria should not be denied the opportunity to obtain licensure based on outdated language maintained by the Board. Additionally, Oregon has long struggled with meeting the mental health needs of our communities and the current rules create unnecessary barriers to care.

I am requesting that the board address this issue before adopting this rule. I see that the Board has scheduled a public hearing on this rule and I am writing to express my support for the Board updating the language in the OARs to reflect the changes made by the Department of Education.

I am also contacting my state representative and state senator's offices on this matter, requesting their support that the Board update their interpretation of the term "regional accreditation" to mean regional accreditation *and all accreditations deemed equivalent institutional accreditation by the Department of Education and CHEA.*

Sincerely,

Marie Jackson, LMHC (WA), QMHP-C (OR), CADC-I (OR)



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From: [J. K.](#)
To: [STASHEK LaRee * MHRA](#)
Subject: RE: Proposed changes to educational requirements for unaccredited programs.
Date: Friday, December 12, 2025 9:29:23 PM

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LaReé Stashek
OBLPCT Policy Advisor

RE: Proposed changes to educational requirements for unaccredited programs.

I'm writing to express serious concern about the proposed changes to educational requirements for licensure applicants from unaccredited programs. These changes risk worsening Oregon's mental health workforce shortage while offering minimal benefit to public safety or clinical quality.

Three key concerns:

1. Oregon is already facing a significant and harmful shortage of mental health professionals. The proposed rules would further restrict entry for older and returning clinicians who hold legacy counseling degrees. For many, meeting the new requirements would be prohibitively expensive or logistically unrealistic while providing little meaningful increase in competence or preparedness.
2. The proposal substantially undervalues lived, professional, and clinical experience. Many mid-career and late-career practitioners bring decades of supervised practice, continuing education, and real-world clinical judgment—experience that far outweighs the marginal benefit of a small number of additional graduate credits.
3. Forcing applicants into increasingly rigid licensure categories ignores the complexity of individual professional trajectories. This is especially concerning in a field that explicitly cautions against over-reliance on categorical thinking and reductionist labeling when working with human beings.

I urge the Board to reconsider these changes and to adopt a more flexible, experience-informed approach that balances public protection with workforce sustainability and clinical reality.

Respectfully,

J. Troi Kunko, RN

"To benefit others is the highest honor. To prepare oneself to do that, is the respect we bring to those that we will care for and benefit." Domo Geshe Rinpoche

From: [Dave Wheitner](#)
To: [STASHEK LaReé * MHRA](#)
Subject: revised public comments on proposal to amend OAR 833-030-0011
Date: Wednesday, December 17, 2025 1:19:40 PM
Attachments: Public Comments OAR 833-030-0011 2025-12 revised.pdf

Dear LaReé,

Thanks again for the important work that you do.

In light of the extended public comments timeframe, I'm submitting a revision of my prior comments to replace the previous 11/12/25 submission. This is for the 12/22/25 deadline and 2/5/26 meeting.

I have attached my comments as a pdf and pasted them as text below.

Wishing you a warm and connective winter holiday season.

Sincerely,
David Wheitner

Public Comments on Proposal to Amend OAR 833-030-0011

== Introduction ==

Dear OBLPCT representatives,

I write to submit public comments on the proposal to amend OAR 833-030-0011, amending the educational requirements for licensure as a professional counselor that apply to unaccredited programs at regionally accredited institutions. Specifically, I'm commenting on the proposals to remove provisions for degrees granted prior to October 1, 2014 to have lesser minimum total credit hours and fewer direct client contact hours.

I write as someone who has begun the process of applying to be a registered professional counselor associate. I am a very grateful customer of Oregon's mental health system and have some background in human services policy. My partner and many friends are therapists. I am aware that Oregon faces a troubling shortage of behavioral health professionals.

Despite its good intentions, the proposed amendment would shrink Oregon's therapist talent net at a time when we desperately need to widen it. It would impose largely unnecessary economic barriers upon well-qualified applicants. It would create unfair double standards among some applicants. It could leave many with no realistic path into an Oregon counseling profession at all.

The following comments are organized under six headings:

- Maintain focus on core competencies, not total credits
- Allow latitude for cases that don't fit an accredited vs. non-accredited binary
- Allow a phase-in period for new requirements
- Consider all implications of changing direct contact hours requirements

- Support economic equity and diversity
- Consider other professional and life experience

Note: Below I use CACREP and non-CACREP interchangeably with accredited and non-accredited, excluding CORE for simplicity.

== Maintain focus on core competencies, not total credits ==

If an applicant has at least 48 but not 60 semester credit hours, and has sufficient coursework in the outlined competency areas, does requiring them to invest in more schooling yield many real-world benefits?

The only way for them to avoid redundancy would be more specialty electives, perhaps related to the placement they hope to obtain. But why not just allow them to begin learning on the job sooner rather than saddling them with more school debt? That would be more supportive of socioeconomic diversity in the counseling field.

If someone's job search signals to them that they truly need more specialty training to qualify for a placement, let them choose how to obtain it, perhaps even with their employer's input and support. There are many reputable and affordable CEU providers, for example. CEUs pose a much smaller socioeconomic barrier than graduate courses.

Also note that for many years, CACREP degrees were required to have only 48 semester credit hours. Under the proposed amendment, applicants with those degrees would still be accepted without question. Applicants with non-accredited degrees from the same period would suddenly be held to a higher standard.

The guidelines already outline requirements for core competency areas. That's what matters most. Please consider leaving the existing total credit hour requirements alone.

== Allow latitude for cases that don't fit an accredited vs. non-accredited binary ==

Perhaps the board feels justified in increasing the total credit requirements for older non-accredited degrees but not for older CACREP degrees. One possible argument for this is that CACREP-compliant courses are more densely packed with relevant material. If that is the case, it begs the following question:

Should an applicant whose graduate degree missed CACREP accreditation by just a month, or even six months or a year, be evaluated in the same way as someone whose graduate program didn't even have CACREP on the radar?

Applicant cases don't always fit a simple CACREP vs non-CACREP binary. Some fall on a continuum. This is because graduate programs don't suddenly jump from paying scant attention to CACREP standards to full incorporation overnight. A program's accreditation process can take years. By the time a program is on the verge of accreditation, it has likely already incorporated most of the standards.

Therefore, it is important to consider not only whether an applicant's program was accredited at the moment they received their degree, but also whether accreditation was granted soon thereafter.

Using my case as an example: Anyone graduating from my program January 2007 or later is automatically considered CACREP. I completed my 600-hour internship shortly after that, in May 2007. However, I opted to receive my degree in December 2006 to graduate with more of my classmates. For that simple reason, my degree is considered regionally accredited even though the program was almost entirely CACREP compliant. Course syllabi I've retained, going back to my first semester, include CACREP competency matrices.

A binary approach without latitude would ignore all of the above nuance. My 51 “mostly CACREP” credits would be deemed insufficient, even though a 48-credit officially recognized CACREP degree from that period would still be accepted without question.

There are likely other cases that don’t fit a simple CACREP vs non-CACREP binary, but instead fall on a continuum. If the proposed amendment is passed, it is important to allow latitude for evaluating such cases.

== Allow a phase-in period for new requirements ==

The amendment proposal was publicly announced in late October with an expected effective date just over three months later. That provides little time for anyone in the application process to adjust, especially given the winter holiday overlap.

Even after gathering and submitting all other application materials, it can easily take six months or more to complete the final step of securing a site and supervision plan. This is particularly true with the state of the overall job market, with unprecedented national policy shifts impacting all social programs. It’s particularly true of the job market for Oregon registered counselor associates, given that associates are now more limited in where they can serve OHP clients. The application processes for agencies are much lengthier and more complex than those for small group practices.

Also, life happens to all of us. After I submitted most of my application materials, unexpected challenges delayed my site search.

If the board implements the proposed amendment, please consider at least a one-year phase-in. At a bare minimum, please consider exempting those who have already initiated an application process in some way.

== Consider all implications of changing direct contact hours requirements ==

While my degree would meet the new 280 direct contact hours requirement, I’m concerned about how this change could affect other applicants with older non-CACREP degrees. It also seems to contradict other recent policy changes.

The proposed requirement change from 240 to 280 hours is an increase of only 40 hours. If an applicant meets or exceeds the old standard but not the new one, how would they make up less than 40 hours? Would it make sense for any organization to take on an intern needing 40 or fewer direct client contact hours? This new standard might effectively keep many applicants out of the field altogether.

Another consideration: How does this proposed change make sense in light of the recent change in the supervised hours requirement for registered associates? That requirement was

reduced from 2,400 to 1,900 hours. If a reduction of 500 hours was deemed sensible there, partially to remove barriers for new therapists and increase workforce capacity, how does an increase of 40 hours make sense here?

For an applicant who already has at least 240 hours, and still needs to earn another 1,900 supervised hours prior to licensure, would another 40 or fewer hours even make a meaningful difference in professional readiness?

For a field in need of more caring and qualified professionals, the potential costs of this proposed change far outweigh any benefits.

== Support socioeconomic equity and diversity ==

Back when I was shopping for counseling graduate programs, I noticed a difference between programs in my region that had already finalized CACREP accreditation and those that hadn't. The already-accredited ones were significantly more expensive.

My almost-CACREP program served more students of lesser financial means than expensive schools I had previously attended with scholarship assistance. Most of us worked at least part-time while attending evening classes.

I don't know how representative my anecdotal observations are of all counseling programs. However, if there are historic systematic differences between the costs of CACREP and non-CACREP programs, and differences in the socioeconomic class of students they attract, then the proposed amendment may disproportionately impact applicants of lesser economic means. This may be worth exploring before taking further action.

== Consider other professional and life experience ==

Many individuals who earned their degrees some time ago have still done work that utilizes counseling-related knowledge, even if they didn't pursue licensure right away. Their experiences may strengthen their ability to contribute to the counseling profession, much more so than a few more graduate classes.

If you must change educational requirements for some applicants with older degrees, please allow for consideration of valuable professional and life experiences in lieu of some classroom credits. This will increase the range of knowledge and wisdom entering the field, rather than creating more barriers.

To broaden workforce capacity and diversity, we must strategically widen Oregon's therapist talent net, not shrink it.

Thank you for your time and consideration.

Sincerely,
David Wheitner
Portland, Oregon
December 17, 2025