From: Regina Abdou
To: STASHEK LaRee * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Wednesday, July 8, 2026 9:28:28 AM

To: Board of Licensed Professional Counselors and Therapists
From: Regina Abdou, LPC
Date: July 6, 2026

Hello,
I am writing to you as a practicing therapist/supervisor for 50 years, licensed previously in NY and currently in OR and NC. I'm urging the board to please reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online.
As a senior professional who used to work in university and agency settings, I have attended many many in person trainings, conferences and workshops. Usually they were paid for by employers and paid time off was granted. Now as a private practitioner who relies on supplemental income these requirements would be very difficult.
In addition this rule will likely be a burden for professionals who live in rural areas, have disabilities or illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required to keep our license and livelihoods. In my years of experience I think that this rule is unnecessary and will not lead to better care for clients and will not better protect the public.

Oregon has an opportunity to lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study.

I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,
Regina Abdou,
Oregon LPC (C9655)
NC LCMHC-S12211

From: Catalina Agnew
To: STASHEK LaRee * MHRA
Subject: OAR 833-080-0041
Date: Friday, June 12, 2026 3:52:10 PM

To OBLPCT,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care.

Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

I respectfully request that the Board reconsider the proposed 20-hour limitation.

Thank you for your consideration of these comments and for your commitment to bettering this profession.

Blessings,

Catalina Agnew, Professional Counselor Associate
Supervised by Brad Peterson

Site: A New Life Christian Counseling, Wilsonville, OR
Phone: 503-218-3015

From: Cami Anderson
To: STASHEK LaRee * MHRA
Subject: Public Comment
Date: Wednesday, June 10, 2026 3:20:41 PM

Dear Oregon Board of Licensed Professional Counselors and Therapists,

I am writing to provide public comment regarding the proposed changes to the continuing education (CE) requirements for Oregon LPCs.

I respectfully oppose the proposed limitation of 20 clock hours for home study and asynchronous learning activities. I believe the current CE rules should remain in place and that all required continuing education hours should continue to be eligible for completion through virtual and online formats.

Virtual continuing education has significantly increased accessibility for licensed professionals, particularly those who live in rural areas, have caregiving responsibilities, maintain demanding clinical schedules, or face financial barriers associated with travel and lodging. High-quality virtual trainings often provide the same educational value as in-person offerings while reducing costs and allowing clinicians to access specialized training opportunities that may not otherwise be available. I also fear this would limit the options of topics that we will have access to.

As a practicing clinician, I frequently complete continuing education during evenings and other nontraditional hours when live workshops are not available. This flexibility allows me to maintain a full client schedule without having to take time away from direct clinical services. Requiring a greater number of live or in-person CE hours would create a financial burden due to lost income and could also negatively impact continuity of care for clients by requiring providers to cancel or reduce appointments in order to attend trainings during business hours.

Restricting the number of hours that can be obtained through home study or asynchronous learning creates unnecessary financial and logistical burdens for licensees without a clear benefit to public protection or professional competency. Counselors should have the flexibility to choose educational formats that best meet their learning needs while maintaining high standards of professional development.

I support maintaining the current CE requirements and continuing to allow all CE hours to be obtained through virtual and asynchronous learning modalities.

Thank you for considering my comments.

Sincerely,

Camille Anderson

From: Patti Bear
To: STASHEK LaRee * MHRA
Subject: public comment re: updated CE rules
Date: Thursday, June 11, 2026 11:33:12 AM

Hello Ms. Stashek,

I have reviewed and tried to understand the updated rules for continuing education for Licensees, and I have some questions and concerns. While I recognize that the goal was to make some things more clear, I'm not sure I understand completely. I have quoted below the new rules which concern me as I understand them, followed by my questions and related concerns. I've done my best to follow the new numbering.

833-080-0011
1.(d) seems to read:
"Home Study" means independent, asynchronous learning activities completed without real time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension.

and 833-080-0041
2. (c) seems to read:
Home study courses. 1 clock hour shall be awarded for each 6,000 words- or incrementally at one quarter (.25) hour per minimum 1,500 words- of reading actual instructional content, which excludes non-substantive materials such as advertisements, citations, indexes, reference lists, learning evaluations or assessments, or filler content.

Question: Is home-study no longer meant to include recordings of presentations that were recorded when presented live? and/or recorded presentations that are intended to be home study?

Question/Concern: What is the reasoning for limiting home study? My personal experience is that home study materials (both video and written) are much more dense and useful than live presentations, which, despite the rules clearly stating that social-type activities are not to be included in the CE awarded time, include a lot of conversation, interruptions with questions or comments, and other "fluff" time just due to the nature of people being in a room together (live or virtual). Under the assumption that the board is attempting to make the CEs more densely instructive and to have more accountability, I register my objection to this limitation as I don't believe it meets that goal.

833-080-0041
1. (b) seems to read:
Live seminars, workshops, conferences and/or trainings that are sponsored by counseling related departments of accredited educational institutions, recognized professional organizations or associations, or human services agencies or organizations.

and previous item F has been completely eliminated. (*Programs approved by organizations such as: National Association of Social Workers, National Board for Certified Counselors, Oregon Psychological Association, Commission on Rehabilitation Counselor Certification,*

Art Therapy Credentials Board, American Art Therapy Association, American Association for Marriage and Family Therapy, and American Counseling Association.)

Question/Concern: Is the intention to eliminate our ability to rely on accreditation from national and state agencies in identifying acceptable CEs, and to eliminate independently accredited individuals who offer training in their areas of expertise? This seems extremely limiting in identifying acceptable CE opportunities. If I understand this correctly, I also register an objection to this new rule, as it is limiting, and also unclear as to what qualifies as a "recognized professional organization or association," which makes it harder to identify accepted CE opportunities and meet CE requirements.

Thank you for taking the time to review my comments and concerns, and to take them to the board as appropriate. While I agree that there is a lot of CE material out there that is less than adequate, and I appreciate the need to address this concern, I hope that there is also some recognition that the new rules may be overly-stringent and prohibitive.

With appreciation,
Patti

--
Patti Bear, LPC
Counseling and Psychotherapy

For current clients in crisis: Please know that I will respond to regular email messages when it is convenient. If you are in crisis and need a response right away, please call or text 541-952-2830. This will get my attention more quickly. If I am not able to respond quickly enough, please call or text the mental health hotline at 988, or call White Bird at 541-687-4000.

FOR ALL CLIENTS: When you choose to communicate with me via email, you are consenting to the associated email risks. Please note that email is not considered secure by HIPAA standards and I cannot guarantee that information transmitted will remain confidential.

From: Amy Beard
To: STASHEK LaRee * MHRA
Subject: comment on the proposed amendment to OAR 833-080-0041
Date: Tuesday, June 16, 2026 10:43:31 AM

To the OBLPCT Board:

I write as a member of the public to express my opposition to the proposed amendment to OAR 833-080-0041. The proposed amendment seeks to limit the number of CE credit an LPC can obtain via home study. I oppose the amendment for the following reasons:

(1) There is no evidence that in-person study provides a greater benefit to the learner. Rather, it is the quality of the learning format and skill of the instructor that matters, and, moreover, it is the post-program quiz that demonstrates whether an individual has retained information, not whether a person was sitting in a lecture hall or sitting in their home. At-home self-study through live or asynchronous webinars which require attendees complete post-presentation quizzes ensures adequate information retention, furthering the state's interest in ensuring providers are educated and competent in their subject areas. Moreover, recorded webinars have the benefit of allowing the learner to pause or to rewind so they can review information as needed, which is of course not possible in a live setting.

(2) Requiring counselors and therapists to attend in-person CE courses increases the time commitment required, which imposes an undue burden of both time and expense on the attendees. First, given that most individuals rely on cars over public transit, and given that gas is currently over $5 per gallon, the out-of-pocket travel costs will add up quickly, posing an undue financial burden, particularly on rural therapists who may have limited CE offerings in their area. Second, a counselor or therapist can complete asynchronous webinars on their lunch breaks or before or after work, allowing them to complete CEs without impacting their work schedule. In-person course requires travel time to and from the location and, given that most courses are offered during typical working hours and are typically two to three hours in length, will require individuals to take time off work to complete, further negatively impacting counselors and therapists financially. Again, this burden will fall particularly hard on therapists in rural areas, who may have to not only drive farther to attend in-person CE, but may even incur costs of overnight stays.

(3) The proposed amendment poses an undue burden by limiting accessibility. Many counselors and therapists experience limits to their ability to leave home to attend live CE courses - those with fixed schedules, who are living with disabilities, who have limited financial means, who have caregiver burdens to family members, to name just a few - and all these groups will be unduly impacted by the proposed rule.

(4) The proposed rule does not take into account that there are many more online CE courses than there are live offerings; currently counselors and therapists can choose from literally hundreds of online options to learn more about their practice areas and grow their skills and competence. Requiring half the CEs LPCs will need to complete be online will mean that, given time and travel constraints, many LPCs will have to limit half of their continuing education to simply what is nearest and most convenient, rather than choosing courses that are relevant to their practice and their service to the public. It does not serve the interests of counselors/therapists, their clients, or the state to have people taking courses far outside their

practice areas simply for the live CE credit.

Allowing counselors and therapists to choose for themselves whether to fulfill CE requirements in person or through self-study gives these adults the freedom to choose for themselves the best learning method for themselves and to choose to educate themselves from the full variety of courses available online and in person. To require half the credit hours be in person places unnecessary burdens on all counselors/therapists affected and places an undue burden on counselors/therapists who are disabled, have financial limitations or caregiver burdens, or who live in rural areas.

Thank you for considering these comments.

Sincerely,
Amy S. Beard, LCSW, MSW, JD

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From: Caitlin B-F
To: STASHEK LaRee * MHRA
Subject: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Monday, June 15, 2026 7:36:46 PM

Hello,

Please preserve the option for counselors and therapists to complete all CE hours through qualified home-study or asynchronous learning.
Adult professionals learn well through self-directed, relevant, tested education.
Restricting that option would reduce access, increase cost, and penalize clinicians who learn best through flexible formats.
Please focus on CE quality, not seat time.

Respectfully,
Caitlin Beckwith-Ferguson, LMFT

From: Sarah Weber Belka
To: STASHEK LaRee * MHRA
Subject: Continuing Education Should Permit Exclusive Self-Study at Home
Date: Tuesday, July 14, 2026 12:32:51 PM

I respectfully ask the Board to reconsider any proposal that would limit home-based continuing education to 20 hours while requiring the remaining hours to be completed through live lectures. Such a requirement assumes that physical attendance is inherently superior to independent learning, yet educational research does not support that conclusion. Time spent sitting in a classroom is not, by itself, a reliable measure of meaningful learning or professional competence.

Oregon's current continuing education framework appropriately recognizes that professionals can learn effectively through multiple formats, including home study and distance learning. This flexible approach reflects the reality that high-quality education can occur in many settings. Replacing that flexibility with a lecture-heavy requirement would represent a step away from evidence-based educational practice.

Research on active learning, including studies conducted at Harvard University, demonstrates that learners frequently believe they learn more from traditional lectures, even though objective testing consistently shows greater knowledge retention following active-learning methods. This "illusion of learning" highlights an important distinction: lectures may feel comfortable and familiar, but that feeling does not necessarily translate into lasting understanding or improved clinical decision-making. If the Board's mission is to protect the public, the emphasis should be on whether continuing education improves knowledge and competence, not simply where it takes place.

Well-designed home-study courses are far from passive experiences. Many require participants to complete quizzes, examinations, case studies, or other assessments that actively reinforce learning through retrieval practice. Educational research has repeatedly shown that recalling and applying information strengthens long-term retention far more effectively than simply listening to a presentation. In many cases, self-paced learning demands greater engagement because participants must actively process, evaluate, and apply the material rather than receive information passively.

These characteristics align closely with established principles of adult learning. Adults generally learn most effectively when they have flexibility over the pace, timing, and format of instruction and when educational content is directly applicable to their professional practice. Home-study options allow clinicians to tailor continuing education to their individual specialties, practice settings, and learning needs instead of relying on a single instructional model for everyone.

For that reason, continuing education policy should prioritize educational outcomes rather than instructional format. Whether knowledge is gained in a lecture hall or through a structured online course is less important than whether the learner demonstrates meaningful engagement, comprehension, and mastery of the material.

The proposed lecture requirement would also impose practical burdens that are unrelated to educational quality. Mandatory in-person attendance increases expenses associated with travel, parking, fuel, lodging, and childcare while requiring additional time away from work and family responsibilities. These costs fall disproportionately on clinicians with fewer financial resources, caregivers, and those living farther from educational venues.

Accessibility is another important consideration. Clinicians with disabilities, chronic health conditions, mobility limitations, fatigue-related illnesses, or compromised immune systems may

benefit substantially from remote learning opportunities. A policy that reduces access to home-study options creates unnecessary barriers for these professionals without demonstrating a corresponding improvement in public safety.

The proposal also raises concerns regarding fairness. Allowing all 40 hours to be completed through live lectures, online lectures, or a combination of formats fully accommodates individuals who prefer classroom instruction. However, restricting home-study credit limits the options available to clinicians who learn most effectively through structured self-paced education. The result is unequal treatment of different learning preferences without clear evidence that such restrictions improve competence or patient outcomes.

Professional practice continues to evolve alongside advances in technology. Healthcare services increasingly incorporate telehealth and other digital platforms, and continuing education should evolve accordingly. Policies that recognize high-quality online and home-study learning better reflect the realities of modern professional practice than rules based primarily on physical attendance.

Ultimately, the quality of continuing education should be judged by demonstrated learning rather than by seat time. Educational programs that require active participation, assessment, and verification of mastery offer stronger evidence of meaningful learning than attendance requirements alone. I respectfully encourage the Board to preserve full home-study eligibility, allow licensees to choose the educational formats that best meet their professional needs, and evaluate continuing education based on educational effectiveness rather than location.

Sincerely,

Sarah Weber Belka, MA, LMHC (WA), LPC (OR # C7327), ATR
Say With Sarah PLLC
971-394-3433

Please note I work the following hours: Monday-Thursday from 10am-5pm. I may not respond to my email outside of my business hours. I typically respond within 24-48 business hours. I do not check or respond to emails or calls Fridays-Sundays.

If you are in crisis, please refer to your individual distress protocol/safety plan, call or text 988, and visit to the nearest Emergency Department. Email is not a form of crisis support. If there is a life threatening emergency you need to go to the hospital or call 911.

From: Jennifer Berry LPC
To: STASHEK LaRee * MHRA
Subject: The Proposed Amendment to OAR 833-080-0041
Date: Wednesday, June 17, 2026 9:43:42 AM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

With Soft Power,

Jennifer Berry, MA, LPC - Clinical Mental Health Therapist

Contact me via call/text: 503-676-9208

It's THERAPY Time

My Psychology Today

555 SE MLK JR Boulevard, Suite 105 | Portland, OR 97214

"Broken Crayons Still Color."

From: Sherrie Bolin
To: STASHEK LaRee * MHRA
Subject: Commentary on proposed Amend OAR 833-080-0041:
Date: Sunday, June 21, 2026 9:04:56 PM

I am writing to object to the proposed Amend OAR 833-080-0041 limiting independent, asynchronous to a 20-hour-clock limit. First, the amendment states that this will ensure that "home-study formats effectively support professional competence." Limiting the hours does not meet this goal. If there is a question regarding the efficacy of these formats, then evidence-based criteria should be refined or established.

Second, the board has not submitted valid evidence that these formats do not support professional competence. In fact, it is possible that this format increases professional competence more than other types of training. We are a profession based on evidence. Please provide substantiated evidence that this format undermines professional competence.

Third, this amendment creates barriers for therapists who are neurodiverse, learn better through self-study, or have economic challenges. Please explain how the proposed amendment supports professional competence by creating barriers to accessible training.

Thank you,
Sherrie Bolin
LPC

Reference to Amendment: "Updates to continuing education (CE) frameworks are necessary to protect the integrity of the licensing process. The Board requires clearer definitions and explicit criteria regarding qualifying CE activities, documentation standards, and audit procedures. This includes implementing a 20-clock-hour limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence. By clearly articulating non-qualifying activities, Page 1 of 14reporting periods, verification processes, and late-response penalties, these amendments establish consistent, equitable, and transparent standards. Ultimately, these updates uphold the Board’s public protection mandate while ensuring licensees and registrants can easily understand and navigate their maintenance requirements."

From: Dustin Bowers
To: STASHEK LaRee * MHRA
Subject: Comment on Proposal to Limit Online CEU's
Date: Monday, June 15, 2026 11:30:35 AM
Attachments: image.png

To whom it may concern:

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Dusty Bowers, MA
Professional Counseling Associate

4890 32nd Ave SE Salem, OR 97317
Office: 503-588-5647 ext. 209
Fax: 503-779-1992

From: Chris Broussard
To: STASHEK LaRee * MHRA
Subject: Proposed CEU rule changes
Date: Friday, June 12, 2026 4:51:47 PM

Hello! I respectfully echo the thoughts below sent by a colleague. The timing for adding financial burden and fuel costs is not good, esp in the absence of supporting evidence of better client outcomes.

Warmly,

Chris

“I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage

the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public."

Chris Broussard, MA

Professional Counselor Associate, CADC-I

(971) 249-2440 | chris@serenepeakcounseling.com

https://serenepeakcounseling.com

From: Melissa Burr
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 6:02:32 AM

To the OBLPCT Board via laree.stashek@mhra.oregon.gov

Please preserve the option for counselors and therapists to complete all CE hours through qualified home-study or asynchronous learning.
Adult professionals learn well through self-directed, relevant, tested education. Restricting that option would reduce access, increase cost, and penalize clinicians who learn best through flexible formats.

Please focus on CE quality, not seat time.

Respectfully,
Melissa Burr

Melissa Burr, MFT
Pronouns: she/her
Licensed Marriage and Family Therapist
Oregon License Number: T2165
California License Number: 103282

Crisis Resources:
Crisis Text Line: Text 741741 from anywhere in the US

National Domestic Violence Hotline:
Call-1-800-799-SAFE (7233)
Text-88788
Web/chat-https://www.thehotline.org/

National Suicide Prevention Lifeline: 1-800-273-8255 or call 988

Trans Lifeline: (877) 565-8860 -- open Pacific time: 8am to 2am

Veterans Crisis line: dial 988 then press 1
or Text 838255

From: Tiffany Butler
To: STASHEK LaRee * MHRA
Subject: public comment OAR 833-080-0041
Date: Wednesday, June 10, 2026 4:22:21 PM

Hello,

I wish to express my concern for the negative impact that proposed changes to OAR 833-080-0041 may pose to counselors and therapists. Specifically, my concern is for the proposed new limitation to asynchronous learning credits, which, if I understand correctly, allows no more than 20 CE hours in a single reporting period to come from pre-recorded trainings, and requires the remaining 20 CE hours to come from live trainings conducted either in-person or online.

A live training requirement places an additional burden on the clinician, requiring the surrender of personal time or client time (which means income for many of us) in order to attend a date-and-time-specific event, whether in-person or online. Registration for in-person trainings are often more costly, and attendance may require additional expenses such as travel, lodging and even more time away from clients (and more lost income). Online live trainings, while more convenient than in-person trainings, are, like most in-person trainings, almost always conducted during business hours, and in continuous chunks of time that require clearing one half to a full day (or more) of client time, or giving up the equivalent in personal time on a weekend.

The beauty of pre-recorded trainings is that they allow us to fit them in as they suit us. If we have a slow day or a last minute cancellation, we can get one or a few hours of training completed. For those of us with shorter attention spans, pre-recorded trainings allow us to take in and retain information in a way that works best for us, whether that's in 30-minute sprints or 3 hour blocks. They also eliminate via editing alot of the time in live presentations that is wasted and shouldn't count toward CE credit anyway.

I hope the Board will reconsider this proposed rule to avoid placing additional time and financial burden on a profession that is already facing significant stressors in a rapidly changing environment. If I have misunderstood this proposed rule change, I hope you will communicate it to our community, as I can assure you I am not the only one who is reading the rule this way.

Respectfully,
Tiffany Butler

Tiffany Butler, MA, LPC
Gottman Method Couples Therapy Level 1 & 2 Trained

EMDR Therapist, EMDRIA Trained

117 NE Fifth Street, Suite A
McMinnville, OR 97128
971-716-1515
tiffany@tiffanybutlercounseling.com
www.tiffanybutlercounseling.com

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OFFICE HOURS are by appointment only, 9-5:30pm Monday through Thursday. I attempt to return all messages by the end of the next business day.

From: Stephanie Caballero
To: STASHEK LaRee * MHRA
Subject: Proposed Rule Change CEU"s
Date: Tuesday, June 23, 2026 10:40:21 AM

Dear Members of the Board,

As a mother to a child with disabilities, a neurodivergent therapist with chronic illnesses and a small business owner navigating a struggling economy, I am writing to express concern about the proposed amendment to OAR 833-080-0041 that would establish a limit of 20 clock hours for home study or independent asynchronous learning activities during each continuing education reporting period.

While I understand the Board's interest in clarifying continuing education requirements and ensuring accountability, I am concerned that capping home study hours at 20 creates unnecessary barriers for many licensed clinicians, including disabled clinicians, rural providers, caregivers, lower-income clinicians, and clinicians already managing significant professional and personal demands.

Asynchronous continuing education can be high-quality, rigorous, clinically relevant, and ethically meaningful. For many providers, it is also the most accessible format available. It allows clinicians to pursue learning while balancing client care, disability access needs, family responsibilities, geographic limitations, scheduling constraints, and financial realities. A 50% cap on home study may unintentionally privilege clinicians who have the time, money, transportation, health, and schedule flexibility to attend live or in-person trainings. This risks creating an inequitable standard that does not reflect the realities of the counseling and therapy workforce.
Rather than limiting home study hours, I would encourage the Board to focus on standards for quality and verifiability. For example, CE activities could be required to include clear learning objectives, documentation of completion, presenter qualifications, post-tests or evaluations when appropriate, and relevance to professional practice. These safeguards would address concerns about accountability without reducing access.

I respectfully urge the Board to reconsider the proposed 20-hour limit on home study and preserve the option for clinicians to complete continuing education through high-quality asynchronous learning when it best meets their professional, personal, and accessibility needs.

Kindly,

***Stephanie Caballero*, MA, LMFT**

Licensed Marriage and Family Therapist T1596

Mind Body Soul Mental Health

Stephanie@mindbodysoulmh.com

Pronouns: She/ Her/ Hers

Confidentiality Notice

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From: Marie Cacao, LMFT
To: STASHEK LaRee * MHRA
Subject: Preserving Equitable Access to Continuing Education for Oregon Clinicians
Date: Saturday, July 11, 2026 9:49:02 AM

Dear Members of the Oregon Board,

I am writing to express my concern regarding the recent change limiting the amount of continuing education that can be completed through self-paced online learning. I respectfully ask the Board to reconsider this decision and continue allowing licensees the flexibility to complete all required CE through accredited online coursework if they choose.

As a licensed therapist and clinical supervisor, I care deeply about continuing education. I don't view it as simply checking a box—I view it as essential to remaining an effective, ethical clinician. Because of that, I want the Board's standards to reflect what actually supports learning rather than where learning takes place.

Current research on adult learning suggests that adults learn best when education is self-directed, relevant to their work, and allows flexibility in pacing. High-quality online CE often requires active engagement through quizzes, case examples, and knowledge checks, allowing me to pause, reflect, revisit concepts, and integrate new learning into my clinical practice. In many cases, I retain more through this process than by sitting through a lecture.

As therapists, we encourage our clients to recognize that people learn, process, and integrate information differently. It seems inconsistent for our profession to adopt a one-size-fits-all approach to continuing education when both psychology and educational research support individualized learning.

I am also concerned about the unintended consequences of this rule. It creates additional financial and logistical burdens through travel, parking, registration costs, time away from work, and in some cases childcare or lodging. It may also create unnecessary barriers for clinicians with disabilities, chronic illnesses, caregiving responsibilities, or those living outside metropolitan areas. These added burdens disproportionately affect some clinicians without clear evidence that they improve competence or public safety.

Our profession has increasingly embraced technology through telehealth, virtual consultation, and online supervision. It seems reasonable that continuing education should continue to evolve as well. The quality of the education—not whether it occurs in a classroom or at home—should be what matters.

Finally, I was disappointed by how little notice clinicians received regarding such a significant change. A policy with meaningful financial and professional implications deserves broad communication and thoughtful input from the licensees it affects.

I fully support maintaining high standards for our profession. However, I believe those standards should be based on evidence of meaningful learning rather than mandated instructional formats. I respectfully ask the Board to reconsider this rule and preserve flexibility in how clinicians fulfill their continuing education requirements while continuing to ensure the quality and rigor of the education itself.

Thank you for your consideration and attention to this matter.

Sincerely,

Marie Cacao, LMFT

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Pronouns: She, Her, Hers

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June 15, 2026

To Whom It May Concern,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit asynchronous continuing education to 20 clock hours per reporting period.

As an LPC in private practice, I have concerns that this proposed limitation may unintentionally create barriers for clinicians while offering limited benefit to the public. In my experience, asynchronous continuing education has been one of the most accessible and practical ways to obtain high-quality training while balancing the realities of clinical work.

Many therapists are already facing increasing burdens, including extensive documentation requirements, prior authorizations, insurance-related challenges, credentialing requirements, and other obligations that reduce the time and resources available for direct client care. Requiring a larger proportion of continuing education to be completed through live training may increase costs associated with registration fees, travel, lodging, and lost income from canceled client appointments.

I am particularly concerned about the impact this proposal may have on therapists in private practice, clinicians serving rural communities, and providers with caregiving responsibilities. Many of the most valuable trainings I have completed have been offered asynchronously by nationally recognized experts in trauma, neurodiversity, eating disorders, and other specialty areas. These trainings often provide comprehensive content, supporting materials, post-tests, and opportunities

for reflection and integration into clinical practice. Their educational value is not diminished simply because they are completed on a flexible schedule.

Asynchronous education also allows clinicians to pursue training that is directly relevant to the populations they serve rather than being limited by geographic location, scheduling constraints, or financial barriers. This flexibility can be especially important for providers working with underserved populations and those seeking specialized competencies that may not be readily available through local live training opportunities.

I would respectfully encourage the Board to consider whether the quality, relevance, and applicability of continuing education are more meaningful measures of professional development than the format through which the training is delivered. I would also appreciate additional information regarding the evidence supporting the proposed 20-hour limitation and how that specific threshold was determined.

Thank you for your consideration of these comments.

Sincerely,

Dr. Jinxi Caddel

Dr. Jinxi Caddel, PsyD, LPC, CADC III, MAC
Black Sheep Therapy LLC

June 12, 2026

Oregon Board of Licensed Professional Counselors and Therapists

Re: Public Comment Regarding Proposed Amendment to OAR 833-080-0041

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

As a Licensed Professional Counselor in private practice, I am concerned that this proposal would create significant financial and logistical barriers to continuing education without clear evidence that it would improve professional competence or client care.

Many clinicians, particularly those in solo private practice, already face substantial business expenses and administrative burdens. In-person continuing education often requires not only registration fees but also travel, lodging, meals, transportation costs, and lost income from cancelled client appointments. For clinicians in rural areas or those with caregiving responsibilities, these barriers can be even more significant.

Asynchronous learning has allowed me to access high-quality, specialized training from nationally and internationally recognized experts that would otherwise be financially or logistically out of reach. In many cases, these trainings provide comprehensive instruction, demonstrations, reading materials, and knowledge assessments comparable to live learning opportunities. The educational value of a training should be determined by its quality, relevance, and rigor rather than solely by its delivery format.

I am also concerned that this proposal may disproportionately affect clinicians who hold additional specialized credentials, certifications, or advanced training designations that require continuing education and ongoing financial investment beyond OBLPCT requirements. Many therapists voluntarily pursue education beyond the minimum requirements of Oregon licensure in order to provide higher quality and more specialized care. Personally, I regularly exceed my continuing education requirements because I value ongoing professional development and staying current in my areas of practice. Limiting access to affordable asynchronous training may create barriers for clinicians seeking advanced competency and could unintentionally discourage participation in education beyond the minimum standards required for licensure.

I am concerned that limiting asynchronous continuing education may unintentionally reduce access to advanced clinical training, particularly for clinicians with fewer financial

resources. This could create inequities within the profession and may discourage therapists from pursuing specialized education that ultimately benefits the clients they serve.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide evidence demonstrating why asynchronous continuing education should be restricted and how the proposed threshold was determined. If the Board wishes to encourage a variety of learning formats, I would encourage consideration of alternatives that preserve flexibility while maintaining professional standards.

Thank you for your consideration and for your service to the profession and the public.

Sincerely,

Meirav Cafri, LPC, LCAT, ATR-BC
Expressive Counseling, LLC

From: Kayna Cassard
To: STASHEK LaRee * MHRA
Subject: Public Comment Regarding Proposed Continuing Education Amendments
Date: Wednesday, June 10, 2026 1:05:50 PM

Dear Board Members,

Thank you for the opportunity to provide public comment regarding the proposed amendments to **OAR 833-080-0041**, specifically the proposed limit of 20 clock hours of independent, asynchronous continuing education per reporting period.

I understand and appreciate the Board's goal of maintaining high professional standards and ensuring that continuing education meaningfully supports professional competence. I also appreciate the effort to clarify qualifying activities and create greater consistency within the continuing education framework.

At the same time, I encourage the Board to carefully consider the potential impact that limiting asynchronous learning may have on accessibility and equity for licensees.

Asynchronous continuing education often provides the greatest flexibility for clinicians facing barriers to attending live trainings, including:

- Clinicians with caregiving responsibilities who may not have access to childcare during scheduled training times.
- Clinicians with disabilities, chronic health conditions, or other accessibility needs that make live participation more difficult.
- Licensees living in rural or underserved areas with fewer local training opportunities.
- Clinicians with limited financial resources who may not be able to afford travel, lodging, or the higher registration costs often associated with live trainings.
- Therapists balancing multiple jobs, private practice responsibilities, or nontraditional work schedules.

While live and interactive learning experiences certainly have value, asynchronous education can also be rigorous, high-quality, and evidence-based. In many cases, it expands access to specialized training that would otherwise be unavailable due to geographic, financial, or scheduling limitations.

I am also concerned about the potential impact on clinicians seeking advanced training in specialized areas of practice. Many trainings related to sexuality, pelvic pain, LGBTQ+ populations, neurodiversity, trauma, chronic illness, and other specialized clinical areas are offered primarily in asynchronous formats because the audiences are relatively small and geographically dispersed. For many clinicians, these trainings represent the only practical way to develop competencies needed to serve underserved or historically marginalized populations.

A strict cap on asynchronous learning may unintentionally reduce access to specialized education, limiting opportunities for clinicians to develop expertise in areas where qualified providers are already scarce. This could ultimately affect client access to informed, evidence-based care.

More broadly, I am concerned that a fixed limitation on asynchronous learning may create barriers that disproportionately affect clinicians with fewer financial resources, less schedule flexibility, caregiving responsibilities, disabilities, or those living outside major metropolitan areas. The mental health profession already faces significant challenges related to equity, burnout, and workforce retention, and I hope any continuing education requirements will take these realities into account.

I respectfully encourage the Board to consider whether alternative approaches could achieve the same goals while preserving greater flexibility for licensees. Possibilities might include a higher cap on asynchronous learning, quality standards for asynchronous programs rather than a fixed-hour limitation, or accommodations for circumstances where live participation presents significant barriers.

Thank you for your consideration and for your continued work to support both public protection and a sustainable, accessible professional community.

Sincerely,

Kayna Ambroz, LMFT, she/her
License #T3582

From: Naiyana Chantarabunchorn
To: STASHEK LaRee * MHRA
Subject: Concerns with proposed rule change
Date: Monday, June 15, 2026 9:00:16 AM

Good morning,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

I appreciate the Board's commitment to maintaining professional competence and protecting the public; however, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists, me included, are already facing significant administrative and financial pressures. There are increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care.

Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, reduction in variability of education opportunities, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I strongly encourage the Board to consider whether the quality and relevance of continuing education may be

more important than the delivery format.

I respectfully request that the Board please reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your serious consideration of these comments and for your service to the profession and the public.

Respectfully,

Naiyana Chantarabunchorn, PhD, NCC, LPC
Psychotherapist/Owner

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Psychology Today Profile: https://www.psychologytoday.com/profile/456516
Website: https://bloomtherapycounseling.com/
EMDRIA Profile Link: Naiyana Chantarabunchorn - EMDR International Association

From: Heather Chase
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed CE Rule Changes
Date: Friday, June 12, 2026 3:00:56 PM

Hello,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Thank you,

Heather Chase, LPC

From: Janae Chavez
To: STASHEK LaRee * MHRA
Subject: Proposed CE changes
Date: Thursday, June 11, 2026 10:00:46 PM

Hello,

I am reaching out to express my concern relating to the proposed amendment to OAR 833-080-0041 which states:

- Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. **Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded.** Removes the requirement that CE has a minimum one clock hour duration and other requirements that are unnecessary and/or difficult to verify.

I am concerned about accessibility and undue burden especially for parents. As a mother of young children who often can end up sick unexpectedly, being able to take CE courses online has made them so much more accessible to me. Additionally, being able to listen to trainings while washing the dishes and not having to stress about additional childcare makes me a better clinician. I am able to continue to hone my craft and prevent overwhelm and burnout. I find that engaging in regular small amounts of CE credits overtime helps me prevent overwhelm and continue to think in new and more creative, effective ways with clients. Additionally, I have found online courses to be very effective and also often experiential. Weekend courses, which is one way to get in person credits, is exhausting and for parents in particular not feasible.

Thank you for your consideration.

Warmly,

Janae

Janae Chavez LMFT
She/her
(541) 256-2563
JLC Counseling LMFT

National Suicide Prevention Lifeline: 1-800-273-TALK(8255)
National 24/7 crisis/mental health text line: 741741
National Suicide & Crisis Mental Health LifeLine (text or call): 988

From: Charlotte Cheney
To: STASHEK LaRee * MHRA
Subject: Concerns about suggested amendment to OAR 833-080-0031
Date: Wednesday, June 10, 2026 4:58:29 PM

To Whom it May Concern,

I am writing to share my feedback on the proposed amendment to OAR 833-080-0031, which in my understanding would establish a limit of 20 clock hours for home study when clinicians are aiming to complete their 40 CEU's required for license renewal.

I am concerned that this will create challenges for those of us who work 100% remotely and have limited schedules. I am a new mother and while I am lucky enough to have family who are able to watch my child, they are only available for a couple of hours a day. I spend all 4-5 of those hours meeting with clients directly, and it is very challenging for me to obtain affordable child care outside of those hours. My fear is that if this amendment is passed, I will have to take uncompensated time off work in order to go attend CEU's in person, which would negatively impact my family financially and also negatively impact my clients via canceled sessions.

Being able to use at home learning and asynchronous learning is more accessible, not only for those of us concerned about child care but also those who may have challenges with transportation, juggle multiple jobs or roles in their community, or who are rural and would have to travel long distances to attend in person learning opportunities. I know that the board's goal is to ensure that Oregon's LPC's are as prepared to offer support and resources to our clients, and that LPC's are thoroughly aware of ethical and legal matters pertaining to therapy. I also understand the benefits of in person learning. However, I think that rather than benefiting LPC's this amendment would result in missed sessions, additional hardship, and unnecessary stress that would negate the benefits of in person learning. It would have a negative economic impact of the rule on business.

We are able to practice virtually, why not continue to be able to learn virtually as well?

Thank you for your time and consideration.

Best,
Charlotte H Cheney
LPC C10182

From: Dr. Heidi Christensen
To: STASHEK LaRee * MHRA
Subject: continuing education proposed board change
Date: Monday, June 15, 2026 4:14:05 PM

To: Board of Licensed Professional Counselors and Therapists
From: Dr. Heidi Christensen, LMFT, CADC I
Date: 15 June 2026
Re: continuing education proposed board change

To the Board of Licensed Professional Counselors and Therapists,

I am writing to express my concern about the proposed rule limiting online or home-study continuing education to 20 hours.

As a licensed therapist, I value the flexibility to complete continuing education in the format that best fits my learning style, professional needs, and schedule. In my experience, high-quality online training often provides just as much—if not more—opportunity for meaningful learning than sitting in a lecture for a set number of hours.

Many online courses require reading, watching presentations, completing quizzes, and demonstrating understanding of the material. This type of active engagement can be highly effective for adult learners. The most important question should not be where the learning takes place, but whether the learning is relevant, engaging, and improves clinical competence.

The proposed limitation would also create unnecessary barriers for many clinicians. Therapists balancing family responsibilities, caregiving, disabilities, health concerns, financial constraints, or demanding work schedules may rely on home-study options to complete their continuing education requirements. Restricting those options could make professional development more difficult and expensive without clear evidence that it improves public safety.

Additionally, the proposed limitation may also have a disproportionate impact on clinicians practicing in rural and underserved areas of Oregon. Many therapists outside of larger metropolitan areas have limited access to in-person training opportunities and would be required to travel significant distances to meet continuing education requirements. The added costs of travel, lodging, meals, time away from clients, and time away from family can create substantial burdens that are not experienced equally across the state. Online and home-study options help ensure that therapists in rural communities have the same access to professional development as those who live in urban areas. Limiting these options could unintentionally create barriers for clinicians who are already serving communities with fewer mental health resources.

I believe Oregon should continue to support flexible, accessible, and modern approaches to continuing education. Clinicians should have the freedom to choose the format that works best for them, whether that is live training, online learning, or a combination of both.

I respectfully ask the Board to preserve the ability for therapists to complete their continuing education through home-study and online formats if they choose to do so.

Thank you for your consideration.

Sincerely,

Heidi Christensen, PhD, LMFT

Dr. Heidi Christensen, LMFT, CADC I
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Oregon address: 5 Centerpointe Drive, Suite 400, Lake Oswego, OR 97035
Washington address: 701 NE 136th Avenue, Suite 200, Vancouver, WA 98684

"There came a time when the risk to remain tight in the bud was more painful than the risk it took to blossom." - Anais Nin

From: Katie Clark
To: STASHEK LaRee * MHRA
Subject: Proposed Changes to CEU Requirements
Date: Tuesday, June 9, 2026 8:43:34 PM

Hi Laree,
The email released today regarding proposed changes to CEU learning requirements is raising some concerns. Particularly the limitation of online asynchronous learning to only half of our credit hours. Since COVID, finding in-person classes has been difficult, and those of us in rural areas must incur high travel costs to attend them. Even if we find some in person classes, finding 20 hours of topics we are interested in seems daunting, especially given the abundance of nationally accredited online course providers.

An additional concern is that many of us struggle with chronic health conditions that make sitting in a class for long hours much more challenging than it was when we were college-aged, not to mention those with accessibility issues.

I already work full time seeing clients. I complete my CEU work during gaps in my schedule, which helps maintain adequate work-life balance. If I must attend in person, I will have to take whole days off, which greatly impacts my ability to provide for my family.

In summary, as a colleague recently put it:

A cap on home study creates unnecessary barriers for disabled, rural, caregiving, lower-income, and already-overextended clinicians. This feels classist and ableist, and I hope the board reconsiders.

Please relay these concerns to the board; I'm sure you'll hear from many of us.

Thank you,
Katie Clark, LPC

From: Nick Clark
To: STASHEK LaRee * MHRA
Subject: Re: the proposed changes to CE's
Date: Tuesday, June 16, 2026 10:40:52 AM

Dear esteemed colleagues,

I am writing to the Board to urge you to REJECT the proposed changes to CE credits and learning stipulations. Specifically, the proposed changes restricting licensees to only 20 out of 40 hours to be had from online and "asynchronous" learning.

Firstly, I have been practicing counseling in Oregon since 2014. During this time, I have observed for myself, and virtually any colleagues I have known, that demand for access to therapy has grown exponentially. This need is not hard to grasp, given the difficulties of life in general, of tragically abundant trauma, and of the malevolent aspects of society and the political climate around us. It also means that our schedules are full and extended time we take away from our schedules means time away from our clients' needs.

The proposal to determine how many hours of CE's can be had from this means or other is totally arbitrary. Not everyone learns the same way, and I challenge anyone to determine how best any of us learn, and by what means, in a manner that is better than we know for ourselves. Moreover, when that learning is by an accredited organization who has a simple and easily accessible way to verify this learning.

We are also living in an increasingly unaffordable world, and forcing us to attend in person trainings will cut deeper and deeper into our ability to live and afford all the rest of things necessary in life.

It's also adding to the overall environmental impact by requiring us to attend in person, not just for one person, but all, collectively, year after year.

Please allow US the choice to determine what is best for ourselves in our continuing education, and not what you or anyone else has thought or projected on to many. Also, please don't create another deterrent for future therapists in the beautiful state of Oregon. Instead, retain this incentive and encouragement.

Thank you for your time and consideration.

Nick Clark, LPC

Nick Clark

From: Jonathan Clarke
To: STASHEK LaRee * MHRA
Subject: Public Comment Regarding the Proposed Amendment to OAR 833-080-0041
Date: Monday, June 22, 2026 12:33:12 PM

Hi there,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

--

Jonathan Clarke, LPC (He/Him)
jonathan@healthalliescounseling.com / 971-270-0167
Health Allies Counseling

Office: (971) 270-0167 / Fax: (503) 967-8328
2950 SE Stark, Suite 130
Portland, OR 97214
www.healthalliescounseling.com

Client Care Email: hello@healthalliescounseling.com

If you are an existing client you may schedule an appointment or message me directly through the client portal at the following link:

Existing Client Portal

IMPORTANT: **If this is an emergency, call your local crisis team (suggested numbers below) or call 911.**

Multnomah County: 503-988-4888
Washington County: 503-291-9111
Clackamas County: 503-655-8585
National suicide hotline: 988

ALYSSA CLOSE

A.Close Counseling and Supervision

Oregon Board of Licensed Professional Counselors and Therapists
3218 Pringle Road SE, Suite 120
Salem, OR 97302

06/19/2026

Hello OBLPCT,

I am writing to provide public concern regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

I do appreciate the Board's commitment to upholding professional competency, ensuring public safety . However, I am concerned that this change will create financial, logistical, and equality concerns for therapists without evidence that the requirement would have a positive impact on clinical competence or client outcomes. This change will especially affect those in private practice, working part time, working in rural areas, or providing niche specialties.

I use asynchronous continuing education frequently for many reasons.

- I've been a therapist for 10 years and I want to dive deeper into topics; this format allows me to find niche training and new ways of looking at topics I already understand. Therapists who have tailored their practice to provide specialized, individualized services will be limited by this proposal to what is available locally. I am concerned about the ethical and equality implications of this proposal as well as the ways that it will limit expanded learning opportunities for those who have already built a strong foundation for learning and want to expand.
- I work part time in a private practice and am home with two small children when I'm not working. The ability to access trainings when I'm available is necessary. The cost of childcare, loss of work hours when I'm working so few hours already, and rigidity of scheduling in travel time to in person trainings will increase my financial and emotional burden and limit my ability to provide services to clients.

541-209-6639

1705 Commercial St. SE
Salem, OR 97302

alyssa@aclosecounseling.com

- Asynchronous CE credits are often more affordable. I can find free or cheap options that allow me to decrease the financial burden of completing my CE credit requirements while working part time. Many of my other services including: maintaining my LPC license, acquiring a HIPPA compliant email service and phone provider, use of an EHR, and website and advertising profiles cost the same whether I work 5 hours a week, or 50. Those of us that work part time have to find ways to make running our business financially feasible. Affordable CE's are necessary since the number of credits required is the same. In person CE's are generally associated with higher fees. Even those that are free require travel, childcare, and loss of wage expenses. I often do asynchronous trainings during a clients cancelled appointment time.

In my own practice, some of the most valuable continuing education opportunities have come from asynchronous training, all of which were certified or approved by the NBCC. In the last year alone here are some of the topics I have completed:

- **Addressing and navigating counselor burnout from a leadership perspective.** This was taught by a passionate PhD, NCC, LPC-MHSP who expanded on the concept of burnout and our role in navigating it in new and helpful ways. "Burnout" has been a topic discussed at length over the last 10 years and her take was refreshing and motivating.
- **Working effectively with interpreters in a therapeutic setting.** This training was taught by a bilingual LCSW with 9 years of experience navigating the provider side as well as having been an interpreter herself.
- **Shaping a secure sense of self using EFIT.** This training was given by Dr. Sue Johnson who is the co-founder of EFT and creator of EFIT. Hearing her speak sparked a deep interest and new clinical framework that is greatly influencing my practice.
- **Cultural considerations related to suicide.** This training went in depth into aspects of suicide awareness and prevention that have helped guide my understanding and clinical practice in culturally relevant ways, assisting me in being a better therapist, avoiding blind spots, and approaching suicidality in more nuanced ways.
- **Understanding and advocating for men's mental health.** This training was given by a passionate MSW who lost a brother to suicide. He has dedicated his career to advocating for increased counselor competency when it comes to treating men. The same day I completed this training I reached out to staff at the public high school I used to work at to share information about his work as a public speaker and his message.
- **Firearm safety for those at risk of suicide**. This training was specifically relevant as I serve many rural populations. It is offered in person and I attempted to go three separate times over the last 18 months, however it was never possible due to childcare and distance. I was VERY grateful when a free asynchronous version was available.

The quality and relevance of these trainings is not diminished simply because they are completed asynchronously. I have taken asynchronous trainings that were average, however I have also attended in person trainings that were average. I am concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public by ensuring therapist competency, I

encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Sincerely,

Alyssa Close, LPC

541-209-6639

1705 Commercial St. SE
Salem, OR 97302

alyssa@aclosecounseling.com

From: Jenny Cobuzzi
To: STASHEK LaRee * MHRA
Subject: Public comment
Date: Monday, June 15, 2026 8:19:48 AM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Thank you,
Jenny Cobuzzi, CCS, LCPC, LPC, LCAT, BC-DMT

From: Ross Cohen
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed CE Rule Changes
Date: Saturday, June 20, 2026 10:54:28 AM

Dear Members of the Board,

I am writing to provide public comment on the proposed amendment to OAR 833-080-0041, which would cap independent, asynchronous continuing education at 20 clock hours per reporting period. I respectfully but firmly oppose this change.

I share the Board's commitment to maintaining professional competence and protecting the public. My concern is that this proposal would impose real financial and logistical burdens on Oregon clinicians without a clear corresponding benefit to clinical competence or client outcomes — and that it runs counter to the Board's recent work to reduce administrative load and improve access for a profession still stretched thin by the mental health crisis.

This comes at a hard time for the profession: economic strain, shrinking availability of in-person and synchronous trainings, ongoing disruption from insurer changes, and unprecedented burnout. Clinicians are already absorbing heavier documentation, utilization reviews, delayed reimbursements, audits, and claim denials. Pushing a larger share of continuing education into live formats only adds registration fees, travel, childcare, and income lost to canceled client hours — and that burden falls hardest on solo practitioners, rural clinicians, and caregivers, exactly the providers the Board has been trying to support.

I'll also be candid about my own learning. In-person trainings are overwhelming for me. I learn best when I can move at my own pace — reading a section, stepping away to integrate it, then returning; working through a video piece by piece. When something matters, I replay it. I'll often watch an important section several times to absorb it fully, and when a trainer demonstrates a technique with a participant, I may watch that demonstration over and over until I understand exactly what's happening, moment to moment. That kind of deep repetition simply isn't possible in a live setting. The self-paced format gives me fewer distractions and lets the material settle. A full day in a large room with many people is, for me, simply not an effective learning environment. The quality of my learning is higher asynchronously, not lower.

I've also seen this from the other side of the room. I help facilitate a 20-hour weekend training. We used to run it locally and in person; with COVID we moved fully online, and every trainer involved agrees it's better this way. Things are calmer, and our practicum — the most demanding part — runs noticeably more smoothly. I share this because it cuts against the assumption underneath the proposal: that live delivery is inherently superior. Often it isn't.

What I'd gently offer is this: the value of continuing education comes from its quality and relevance, not its delivery format. Some of the most meaningful training I've completed has come from nationally recognized experts in specialty areas, available only in self-paced form, and its value was in no way diminished by the format. If the shared goal is protecting the public, that goal is best served by preserving access to high-quality education in whatever form allows clinicians to truly absorb it.

I respectfully ask the Board to reconsider the proposed 20-hour limitation. Thank you for your

consideration, and for your service to the profession and the public.

Sincerely,

Ross Cohen, MA, LPC, LLC (C1871)

From: Steven Cohn
To: STASHEK LaRee * MHRA
Subject: Regarding the Proposed Reduction of at-home CE units...
Date: Monday, June 15, 2026 1:29:05 PM

To: Board of Licensed Professional Counselors and Therapists
From: Steven M Cohn, PhD, MBA, LMFT
Date: 15 June 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often **feel** they learned more from traditional lectures, **yet they score higher on tests after active-learning sessions**. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours

does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,
Steven M Cohn

--
Steven M Cohn, PhD, MBA, LMFT
Marriage, Relationship, and Sex Specialist
503-282-8496
www.portlandcouples.com

The greatness of a nation and its moral progress can be judged by the way its animals are treated.
--- Mahatma Gandhi

National Suicide Prevention Lifeline: 800-273-TALK (8255)

Domestic Violence Hotline: 800-799-7233

TXT OREGON to Suicide Hotline 741741 24-hours per day, 7 days per week

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From: Luke Colbourn
To: STASHEK LaRee * MHRA
Subject: Comment on OAR 833-080-0041
Date: Wednesday, June 10, 2026 2:09:58 PM

Regarding the limit of 20 clock hours for independent asynchronous study for CEs:
Briefly, I want to name the inevitable frustration many of us will have with this, due to the added difficulty of accessing CEs. Moving past personal discomfort, I was personally willing to accept this change as I intuited that synchronous learning would improve the level of learning going on, which is what the CE requirement is ultimately about. However, on further thought, I recognized I don't actually know that beyond some gut feeling or bias. Does synchronous learning lead to substantially improved learning outcomes? On looking into it, I couldn't find an unambiguous narrative in the scientific literature. Certainly there seem to be inevitable pros and cons to each, but an overall improvement does not seem clear in the available evidence. I'm not sure though, I've only made a brief inquiry myself.

I do hope that the Board however is making a more in depth and serious inquiry into the available empirical evidence to support such a change, b/c it does come with a cost to clinicians- to our time, our energy, and to our autonomy. From an ethical framework, there ought to be a substantially greater benefit to outweigh the costs in making such a change. I encourage the Board to consider the tradeoffs and ideally also consider providing transparency in how that determination is being made and what evidence is being cited.

Luke Colbourn, LPC
Licensed Professional Counselor
MA Clinical Mental Health Counseling
Contemplative Psychotherapy and Buddhist Psychology
(503) 694-9348

Please note that I typically check emails Monday through Friday 10am-4pm and try to respond within 24 business hours.

If it is after hours and you need to talk to someone immediately, please call a crisis line (below), go to your local hospital emergency room, dial 911.

National Suicide Prevention Lifeline- Call or Text: 988

From: Chalaina Connors
To: STASHEK LaRee * MHRA
Subject: Changes to CE requirements
Date: Tuesday, June 23, 2026 7:59:05 PM

I live in Astoria and it's not possible for me to travel to Portland to attend CEU's in person. During the pandemic, we were able to do virtual trainings and I don't understand why you are going back to forcing us to do these in person? It's going to be unsustainable for those of us in rural communities, and it's ableist to require this.

Chalaina Connors, MA, LPC (she/her/hers)
Teen, Young Adult, and Adult Therapist
chalaina@energymatterspdx.com
503.784.0226
www.energymatterspdx.com

From:	Johanna Courtleigh
To:	LPCT Board * MHRA; STASHEK LaRee * MHRA; YOUNKIN Todd * MHRA; BALLWEBER Blake B * MHRA
Subject:	Respectfully Requesting
Date:	Wednesday, July 8, 2026 5:59:16 AM

Johanna Courtleigh, M.A., L.P.C.
Licensed Professional Counselor
LPC license number C1612
www.jcourtleigh.com
johanna@jcourtleigh.com
(503) 473-7787

July 8, 2026

To: Board of Licensed Professional Counselors and Therapists
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

Dear Licensing Board—

I have been a Licensed Counselor in private practice for almost thirty-five years. I currently live in a rural area and have been providing counseling support online since Covid. Since I am far from a city, I have been grateful to be able to continue my practice and my Continuing Education virtually.

I am writing to urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who, like me, live in rural areas, have disabilities or illnesses that require accommodation, have families they are caring for, and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods.

This proposed rule is unnecessary and punitive for no reason. It will lead to inconvenience and greater expense for clinicians and will not lead to better care for clients. Nor will it better protect the public.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where and how learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by Continuing Education standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study.

I respectfully ask the board to preserve the option of exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate Continuing Education by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely—

Johanna Courtleigh, MA, LPC

From: Christopher Lee Creaturo MA, LPC
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 10:39:50 AM

Hi Laree and Board members,

Thank you first of all for your hard work on behalf of the Oregon therapist community. I admire the gestures toward improving therapist competency and outcomes, however as a boots-on-the-ground LPC therapist I strongly oppose adding restrictions to asynchronous home CE hours. As you already know, one of the greatest challenges in this space is not just competence but **retention** of practitioners in this profession and also **burnout.** Accessibility to CE and other resources should be enhanced, not further restricted, in order to retain this wonderful community of practitioners who are all too often stretched to their limit, especially with dual responsibilities to a family, or income and accessibility challenges. Asynchronous at-home CE are a valued tool that improves accessibility and does not compromise quality of education received by any cited metric.

No amount or quality of continuing education is going to make a burned out therapist suddenly effective; what will matter most is that these clinicians feel whole and resourced in order to give the best of themselves to a given client. Stretching these clinicians more thin by a change like this would cause significant unintended harm to the standard of care and retention in the profession in Oregon.

Thank you for your time and hard work,

Christopher Creaturo MA, LPC
(503)568-1272 (text is ok)

Sent with Proton Mail secure email.

From: David Culver, LPC
To: STASHEK LaRee * MHRA
Subject: Objection to proposed rule change OAR 833-080-0041
Date: Friday, June 12, 2026 2:57:59 PM

To OBLPCT board,

I am writing to express my strong disagreement for the proposed amendment to OAR 833-080-0041, particularly as it relates to capping the number of CE hours we can utilize for independent, asynchronous learning activities.

I do agree that it is important that all mental health providers stay up to date and engage in appropriate continuing education to make sure that we are complying with the best research based therapies, techniques and more to best serve our clients. However, putting restrictions on how these credits can be obtained during a time of increased inflation, cost of living, and more is putting undue stress on health care providers. It seems unnecessary given that accepted asynchronous and telehealth credits are also certified by regulatory boards already such as the NBCC.

Asynchronous training and other online trainings are a boon to therapists and allows for us to limit our time away from clients who need regular appointments. I currently attend trainings after hours as it allows me to continue seeing all of my clients.

Please reconsider changing this requirement as it would have a negative impact not only on myself, but also on my ability to serve clients who need me on a regular basis.

Thank you,
David Culver, LPC
www.davidculvercounseling.com
O: 503-902-1178
F: 971-345-8190

From: Wendy Curtis
To: STASHEK LaRee * MHRA
Subject: Concerns Re: Proposed CE Format Restrictions
Date: Wednesday, July 8, 2026 8:19:25 AM

To: Board of Licensed Professional Counselors and Therapists
From: Wendy Curtis, LPC
Date: 7 July 2026
Re: Concerns Regarding Proposed CE Format Restrictions

As a Licensed Professional Counselor, I am writing to express deep concern regarding the proposed rule to limit home-based continuing education to 20 hours. While I understand the Board's commitment to high standards, this particular shift creates significant equity issues within our profession.

Strict "live" requirements disproportionately impact our colleagues in rural communities, those with health challenges requiring specific accommodations, and those balancing the heavy demands of family caregiving. For these professionals, the proposed rule feels less like a quality control measure and more like a barrier to maintaining their livelihoods.

Modern professional development has evolved. We now have access to sophisticated self-study modules that require rigorous testing and active mastery of the material. "Seat time" is not a reliable proxy for learning, and the public is better served by therapists who can choose a learning format that allows them to truly focus on the content rather than the logistics of attendance.

I urge the Board to continue supporting a flexible approach that respects the diverse professional and personal lives of Oregon's therapists. Please allow us to continue choosing the CE formats that best fit our needs and our practices.

Sincerely,

Wendy Curtis, LPC

Oregon License #C2700

—

Wendy Curtis, LPC (Pronouns: she/her)
Live Grow Transform
Specializing in adult children of difficult parents and family members
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From: Dominique Dallmayr
To: STASHEK LaRee * MHRA
Subject: CE rule
Date: Monday, June 15, 2026 2:04:00 PM

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Thank you so much,
Dominique Dallmayr, LCSW
ddallmayr@counselingforall.tv
503-482-8473

From: Grenda David
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Amendments to OAR 833-080-0041 – Opposition to the 20-Hour Asynchronous Cap
Date: Wednesday, June 10, 2026 5:35:04 AM

Dear Members of the Board and Rules Coordinator,

I am writing as a Licensed Marriage and Family Therapist (LMFT) in Oregon to submit formal public comment regarding the proposed amendments to OAR 833-080-0041. While I support the Board's initiative to clarify continuing education (CE) categories and remove the rigid one-clock-hour minimum duration, I strongly oppose the introduction of a strict 20-hour cap on independent, asynchronous home study.

This arbitrary restriction lacks empirical justification and places a disproportionate operational, financial, and cognitive burden on Oregon practitioners. I urge the Board to reconsider this limitation based on the following evidence-based and equitable arguments:

1. Lack of Empirical Support for Asynchronous Delivery Restrictions

The restriction assumes that asynchronous home study is an inherently less effective vehicle for professional competence than synchronous formats. Contemporary peer-reviewed research in healthcare and clinical education robustly contradicts this premise:

- Equivalent Clinical Competence: A randomized controlled trial published in *BMC Medical Education*evaluated healthcare professional training and demonstrated no significant difference in final test results or objective clinical competence between synchronous and asynchronous learning formats.
- Equal Learning Performance: Counseling-specific research published in the *Journal of Counseling Preparation and Readiness* analyzed clinical outcomes and established no significant differences in final clinical project metrics between asynchronous and synchronous learner cohorts.
- Equal Long-Term Retention: A study archived by the *National Institutes of Health (NIH)* tracking health profession education confirmed that both synchronous and asynchronous online learning formats yield identical, significant parallel improvements in post-test knowledge and long-term retention.

Because both educational delivery formats result in identical clinical training efficacy, capping one format over another lacks an empirical foundation.

2. Compounding Economic Hardship and Unrecoverable Lost Revenue

Forcing practitioners to acquire 20 hours of synchronous CE creates a severe

financial penalty that threatens the sustainability of small and independent private practices:

- Premium Event Fees: Live, synchronous training events are structurally more expensive, passing the overhead costs of live tech infrastructure, venue space, and real-time speaker fees directly onto the clinician.
- Lost Billable Hours: The primary burden is the unrecoverable loss of billable clinical time. To fulfill 20 live hours, **a clinician must cancel or block out approximately 2.5 to 3 full workdays.**
- The Bottom Line: At standard Oregon clinical billing rates, **this forces practitioners to absorb thousands of dollars in lost gross revenue per renewal cycle**. Asynchronous learning allows clinicians to maintain consistent, uninterrupted continuity of care for Oregon consumers while acquiring highly technical education during non-clinical, flexible windows.

3. Unintended Market Protectionism and Lack of Regulatory Basis

The proposed 20-hour restriction creates an artificial market preference, unfairly favoring continuing education vendors that specialize in live webinars or in-person seminars over those providing modern, flexible, asynchronous technologies.

- State administrative rulemaking should be guided by objective, empirical data regarding educational efficacy rather than regulatory nostalgia or protectionist pressures that favor specific business models.
- Because the Board has not produced localized empirical evidence showing that asynchronous courses fail to protect public safety, this cap introduces an unjustified anti-competitive barrier that increases costs for Oregon licensees without a demonstrated public benefit.

4. Disproportionate Impact on Neurodivergent Practitioners

The Board's regulatory preference for live, synchronous interaction creates hidden barriers for neurodivergent clinicians, particularly those with ADHD, autism, or auditory processing differences:

- Live webinars and rigid classroom structures often introduce overwhelming sensory environments, cognitive fatigue, and conversational pacing that impairs processing.
- Asynchronous, self-paced home study allows these practitioners to pause, review, and process dense clinical material at a rate optimal for their individual executive functioning. Forcing these clinicians into 20 hours of live learning actively undermines their capacity to absorb and synthesize critical clinical data.

5. Undue Burden on Rural Clinicians and Caregivers

A 20-hour cap creates immediate geographic and socioeconomic disparities:

- Rural Disadvantage: Clinicians practicing in frontier or rural areas of Oregon face extreme logistical and financial burdens if required to travel for in-person training, or must rely entirely on rigid webinar schedules that pull them away from under-served local client bases.
- Caregiving and Medical Schedules: Clinicians managing unpredictable caregiving duties, parenting responsibilities, or fluctuating personal health conditions rely entirely on the temporal flexibility of high-quality asynchronous modules.

Recommendation for Alternate Rule Resolution

Rather than implementing an arbitrary 20-hour cap on a scientifically proven educational methodology, I recommend the Board focus on accountability through provider validation. The Board can successfully protect the public and ensure continuous competence by maintaining a 100% home-study allowance, provided that the asynchronous courses are certified by national bodies (e.g., NBCC, ASWB, AMFTRB) and require a verifiable certificate of completion paired with an objective assessment mechanism.

Thank you for your dedication to our profession and for your careful consideration of this empirical, financial, and equity-focused feedback.

Sincerely,

Grenda David, LMFT

Grenda B. David, LMFT, CST
Licensed Marriage & Family Therapist
AASECT Certified Sex Therapist
Individual, Couples & Sex Therapy
- -
Day, Evening and Weekend Appointments
In Office: Camarillo CA
Video and Tele-Therapy Services: CA, OR & WA
- -
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WA License No. LF61395786
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From: Suzanne Dilitto
To: STASHEK LaRee * MHRA
Subject: Public Comment
Date: Friday, June 19, 2026 1:28:27 PM

Hello,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public in which we serve, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation.

Thank you for your consideration of these comments and for your service to the profession and the public we serve.

--
Suzanne "Zayn" Dilitto, MA, LMFT
They/Them
Mahina Therapy PLLC
Licensed Marriage & Family Therapist (WA & OR & MT & AZ)

From: Sara Dotson
To: STASHEK LaRee * MHRA
Subject: Why Continuing Ed should be permitted to include self study
Date: Tuesday, June 16, 2026 10:05:31 PM

Hello,

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often **feel** they learned more from traditional lectures, **yet they score higher on tests after active-learning sessions**. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access

while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Thank you,

Sara DeVaney

From: Sarah Zamiska Dover
To: STASHEK LaRee * MHRA
Subject: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 23, 2026 9:40:10 AM

I respectfully ask the Board to reject any rule limiting home-study CE hours.

Clinicians are already managing high client need, insurance disruption, burnout, and financial pressure. Adding unnecessary restrictions to CE access would burden providers without a clear benefit to clients or public safety. Furthermore, denying CE approval solely because the study is home-based could cause more harm by disrupting client lives and leading to unnecessary loss or feelings of abandonment.

Please allow clinicians to choose qualified CE formats that fit their learning needs and clinical work.

Warmly,

Sarah Zamiska Dover, MA, LMFT
| dover.sarahz.lmft@szdtherapy.com ***** Please Save New Email Address *****
| 503-908-4312
| Website: szdtherapy.com
| Simple Practice Client Portal (Online scheduling available)
| Headway Client Portal (Online scheduling available)

From: Marie Dubuisson
To: STASHEK LaRee * MHRA
Subject: Opposition to 833-080-0041
Date: Wednesday, June 10, 2026 11:37:49 AM

To whom it may concern,

I am emailing to oppose the proposed amendment ruling for 833-080-0041.

I believe this ruling would impact accessibility to licensure and completion of CEs in these detrimental ways:

1. Conflict between CE completion and session availability to clients, which can impact care, clinician income and potentially contribute to clinician burnout. My CE's are completed around my client hours so as not to impact my availability as I make efforts to further my education. Requiring live engagement would further limit my capacity to meet with clients as the hours may conflict with my appointment times or would require me to feel pressured to rearrange my schedule in a way that could lead me to work beyond my capacity and client's may not appreciate the rescheduling of their sessions in navigating their own schedules potentially leading to disengagement in services.
2. The cost of live engagement courses is often higher and this would disproportionately impact individuals with lower incomes and lower accessibility to resources who rely on free resources. This is a demanding and difficult field to explore and I believe that the more financial barriers we implement for clinicians, the less clinicians we will have which impacts public health negatively.

Please take these points into consideration and do not pass this amendment.

Sincerely,

Marie Dubuisson, LPC

--
Marie Dubuisson, MA, Licensed Professional Counselor
licensed clinician
sprouttherapypdx.com
she/her
fax. 503.662.6221

I am available to be reached via email Monday through Thursday, and may not respond until the next work day. I appreciate your patience.
I use this font and size for accessibility.

From: Whitney Elkington
To: STASHEK LaRee * MHRA
Subject: Comment regarding proposed rule limiting asynchronous learning for CEs
Date: Tuesday, July 14, 2026 11:16:56 AM

Hello,
I am writing to comment on the proposed rule limiting asynchronous learning for continuing education credit to 20 hours. I do not perceive that a rule on number of hours for a specific type of learning speaks to the quality and competence of that learning. It seems that would be best addressed in other ways.

I do not see how this rule would enhance the quality of continuing education. I do see that it will create unnecessary barriers and inequities as well as increased financial and other burdens for clinicians who are single parents, experience mobility and other physical challenges, have lower incomes, or work in rural areas. And it would do so at a time when the sociopolitical climate is already so unsettled and deeply impactful to so many.

I work as a rural provider for a mental health agency based in a larger town. All in-person training would require me to travel elsewhere--resulting in added expenses of lost work time and travel costs. The costs resulting from this proposed change would be an added burden for me. An added burden that would appear to me to have been created rather than necessary.

As a result of my rural location and other concerns, I utilize independent asynchronous learning extensively. This allows me to choose my course and instructor in a way that utilizing only in-person local trainings could not possibly do. I can access training from well-known sources (such as Pesi) with some of the world's experts in areas of specialty and am able to do so with less expense for the training and no travel expenses associated. This helps me deepen and broaden my skills and ability to support clients. The asynchronous format also allows me to study at my own pace and to review material in a way I am unable to do with in-person trainings (unless I include the added expense of purchasing a recording, if available).

I would urge the Board to not continue forward with this proposal.

Thank you for your time and consideration.

Whitney Elkington (she/her/hers) MA, LPC
Bridges Community Health
541-255-1411, ext. 1011
1450 Birch Ave.
Cottage Grove, OR 97424
therapist.whitney@bridgescommunityhealth.net

From: Kara Elliott
To: STASHEK LaRee * MHRA
Subject: re: public comment on proposed rulemaking
Date: Friday, June 12, 2026 12:27:29 PM

Comments on Proposed Rulemaking – Oregon Board of Licensed Professional Counselors and Therapists

Duplicate Licenses (OAR 833-075-0040) – Support

I support the repeal of the duplicate license rule. The rule pertains to paper license duplication, and the Board has stated that paper licenses are no longer issued. Removing obsolete administrative requirements improves regulatory efficiency without reducing public protection.

Source:
• Oregon Board of Licensed Professional Counselors and Therapists Proposed Rulemaking Notice (June 2026).

Client Record Retention (OAR 833-075-0070) – Oppose as Written

I do not support this amendment as written. Healthcare providers already operate under a complex network of state laws, federal requirements, payer contracts, accreditation standards, and audit obligations. In practice, providers routinely retain records beyond state minimum requirements because insurers, government programs, or contractual agreements require longer retention periods.

The proposed language does not meaningfully reduce administrative burden and may create additional confusion regarding which retention standard applies. If the Board wishes to provide flexibility, it should consider reducing the minimum retention requirement or explicitly recognizing that licensees may follow the longest applicable legal, contractual, or regulatory requirement governing their practice.

Additionally, healthcare providers continue to face increasing documentation burdens, rising malpractice costs, expanded audit activity, and reimbursement pressures. Retention requirements should be evaluated with these realities in mind.

Sources:
• https://www.healthinfolaw.org/medical-records-collection-retention-and-access-oregon
• https://www.oregon.gov/omb/topics-of-interest/pages/patient-records.aspx

Home Study CE Limitation (OAR 833-080-0041) – Strongly Oppose

I strongly oppose limiting home-study or asynchronous continuing education to 20 hours per reporting period.

The behavioral health profession has changed significantly since the COVID-19 pandemic. Telehealth, remote work, workforce shortages, documentation demands, and increased administrative responsibilities have made flexible educational opportunities more important than ever. Requiring a greater percentage of live or synchronous training increases costs, limits accessibility, and creates unnecessary barriers for working clinicians.

There is substantial evidence that high-quality online continuing education effectively improves professional knowledge, confidence, and skills among healthcare professionals. Restricting asynchronous education does not appear to be supported by current trends in healthcare education and may place counselors at a disadvantage compared with other healthcare professions that increasingly utilize online professional development.

Furthermore, the counseling profession is moving toward greater interstate portability through the Counseling Compact. As the profession seeks greater mobility and workforce flexibility, imposing additional restrictions on acceptable continuing education appears inconsistent with broader national trends.

Sources:
Research has found e-learning to be effective in improving healthcare professionals' knowledge, attitudes, performance, and professional development outcomes.

The Counseling Compact was created to increase licensure portability, workforce mobility, and access to care through uniform standards across participating states.

- https://www.sciencedirect.com/science/article/pii/S147159532600168X
- https://counselingcompact.gov
- https://www.thenationalcouncil.org

Non-Qualifying CE Activities (OAR 833-080-0031) – Support with Modification

I generally support establishing clearer standards regarding non-qualifying continuing education. However, the Board should avoid blanket exclusions that may unintentionally prevent relevant professional education.

For example, business operations, practice management, ethical billing, risk management, marketing ethics, financial sustainability, and healthcare administration are critical competencies for many therapists in private practice. Most counseling and therapy training programs provide little formal education in these areas, despite their importance to maintaining ethical, compliant, and sustainable practices.

The Board should consider allowing credit when the content is directly related to professional practice, ethical service delivery, patient access, risk management, or operation of a behavioral health practice.

Oregon and the nation continue to face behavioral health workforce shortages. Regulatory structures should support long-term sustainability of counseling practices rather than discourage education that helps clinicians maintain viable and ethical businesses.

Sources:
- https://www.apaservices.org
- https://www.nbcc.org

Expanded Documentation Requirements (OAR 833-080-0051) – Oppose

I do not support these changes because the documentation requirements being proposed are already standard throughout healthcare continuing education systems nationwide.

Most continuing education providers already issue certificates containing dates, instructors, hours, and course content. Licensees routinely maintain these records for audits and compliance purposes. Adding further documentation requirements creates additional administrative burden without a corresponding increase in public protection.

At a time when the profession is working toward greater interstate portability and uniform standards through the Counseling Compact, Oregon should seek alignment with commonly accepted continuing education documentation standards rather than creating additional state-specific requirements.

Sources:
• https://counselingcompact.gov
• https://www.nbcc.org

Continuing Education Audit Penalties (OAR 833-080-0061) – Strongly Oppose

I strongly oppose the proposed penalty schedule.

The purpose of a continuing education audit should be to achieve compliance, not to impose punitive financial penalties that make compliance more difficult. The proposed fines are substantial and may disproportionately affect therapists in private practice, rural providers, early-career clinicians, and those experiencing financial hardship.

The profession is already facing workforce shortages, increased documentation requirements, declining reimbursement, and growing administrative demands. Significant fines combined with license suspension create barriers to returning providers to compliance and may contribute to workforce attrition.

A more effective approach would be to prioritize remediation, education, and corrective action plans while reserving substantial penalties for intentional fraud or repeated noncompliance. The Board's goal should be to help licensees become compliant and continue serving Oregonians rather than creating financial obstacles that may reduce access to care.

Reasonable remediation periods, educational corrective plans, and graduated enforcement would better serve both licensees and the public.

Sources:
• https://www.oregon.gov/oha/hsd/amh/pages/workforce.aspx
• https://www.thenationalcouncil.org
• https://bhw.hrsa.gov

Closing

Thank you for the opportunity to comment on these proposed rules. **While I support efforts to modernize regulations and maintain public protection, I encourage the Board to carefully consider the cumulative impact these changes may have on Oregon's behavioral health workforce.**

Oregon continues to face a shortage of mental health providers, and patients are already experiencing barriers to accessing care. Therapists and counselors are navigating increasing documentation requirements, administrative responsibilities, compliance obligations, and reimbursement challenges. Several of the proposed changes add additional costs, restrictions, and reporting requirements **without a clear demonstration that they will improve patient outcomes, professional competency, or public safety.**

I respectfully request that the Board prioritize flexibility, workforce sustainability, and access to care while maintaining appropriate professional standards and accountability. The Board should ensure that its rules encourage qualified professionals to remain in practice

and continue serving their communities, particularly in underserved areas where access to behavioral health services remains limited.

--
Sincerely, Kara Elliott, LMFT, LPC, CDBT, NBCC, 500 RYT, REAT

From: Brittany England
To: STASHEK LaRee * MHRA
Subject: public comment
Date: Wednesday, June 10, 2026 12:49:50 PM

Hello,

I am concerned about the proposed limit of 20 hours of asynchronous/home-study CE during a reporting period.

I do not believe this change adequately considers the realities many licensees face. For some licensees, asynchronous learning is not simply a preference, it is what makes continuing education accessible.

Many licensees, myself included, live with chronic health conditions, disabilities, caregiving responsibilities, or other circumstances that make attending live or day-long trainings difficult. Being able to complete CE from home allows licensees to take breaks when needed, pace themselves, and engage with the material in a way that supports learning and retention.

This proposal also does not appear to consider the needs of neurodivergent licensees, such as myself. Many individuals learn more effectively when they can engage with material in smaller segments, revisit content, process information at their own pace, and take breaks as needed. Restricting asynchronous learning may create unnecessary barriers for licensees who require this flexibility to fully benefit from continuing education.

There are also financial considerations. Asynchronous CE opportunities are often significantly less expensive than live trainings, particularly when travel, lodging, childcare, and time away from work are factored in. Limiting home-study hours may disproportionately impact licensees who already face financial barriers to accessing continuing education.

I support maintaining high standards for continuing education and public protection. However, I do not believe that limiting the number of hours that can be obtained through asynchronous learning is the best way to achieve that goal. The quality and relevance of the educational content should be the focus, rather than the format through which it is delivered.

I respectfully ask the Board to reconsider the proposed 20-hour limit and to take into account the accessibility, accommodation, and equity concerns this change may create for many licensees.

Thank you for your consideration.

Warmly,

Brittany

Brittany England, LMFT (she/her)
Mind-Body-Spirit Therapy & Coaching
www.happyandwellhuman.com

Simple Practice portal for current clients (secure messaging): https://brittany-england.clientsecure.me

If you're having a mental health crisis or are in a crisis situation please call 988, 911, or the Multnomah County Crisis Line at 503-988-4888, the National Suicide Prevention Hotline at 1-800-273-8255, or go to your nearest Emergency Room. You may also call the Oregon Warmline, a peer -led support line at 1-800-698-2392. You may also contact Cascadia Health Urgent walk-in clinic:
(503) 238-0705 | 4212 SE Division St. (SE 43rd and Division)

https://cascadiahealth.org/services/crisis-intervention/#UWIC

Crisis resources: https://multco.us/services/behavioral-health-crisis-services

I cannot provide emergency services.

***I work part-time and only check messages Monday-Thursday during business hours. If this is received after hours or I am not able to respond, I will do my best to respond to you within 48 hours of returning to the office.**

From: Emily Fagan
To: STASHEK LaRee * MHRA
Subject: Proposed rule change
Date: Tuesday, June 23, 2026 12:44:39 PM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Emily Fagan, LPC

From: Mary ann Fahlstrom
To: STASHEK LaRee * MHRA
Subject: Change in CEU Requirements
Date: Sunday, July 5, 2026 1:21:09 PM

Dear Board,

I am sending this letter I copied due to the concerns I have over the impact it will have on our more challenged therapists. While I personally prefer in person trainings it is not always a possibility with those who have physical or logistic and financial restrictions. I ask that you keep these members in mind as you look at changing the requirements.

Thank You

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often **feel** they learned more from traditional lectures, **yet they score higher on tests after active-learning sessions**. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-

time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,

Mary Ann Fahlstrom

From: Jessica Feinsmith
To: STASHEK LaRee * MHRA
Subject: New CE proposed rule
Date: Sunday, July 19, 2026 8:32:43 AM

Dear Members of the Oregon Board of Licensed Professional Counselors and Therapists,

I am writing to express my concern about the proposed rule limiting self-study continuing education units (CEUs) to 20 hours and requiring the remaining hours to be completed in person.

As a licensed therapist in a small community in Southern Oregon, this would create significant financial and logistical burdens. The nearest major cities offering many trainings are hours away (Portland 5 hrs, SF and Sacramento 6 hrs), and attending conferences often requires costly travel, lodging, meals, and time away from my practice and family. For many clinicians, this is simply not feasible.

I also live with a chronic illness, which makes frequent travel physically difficult. Many therapists face similar barriers due to disabilities, health conditions, caregiving responsibilities, anxiety related to travel, or limited income.

One of the most positive changes since the COVID-19 pandemic has been the growth of high-quality online continuing education. I now complete trainings throughout the year and have access to excellent courses on topics such as IFS, ADHD, autism, somatic therapies, eating disorders, suicide assessment, and cultural competency. This flexibility has made me a better clinician.

From an equity perspective, this proposed rule would disproportionately affect rural clinicians, those with disabilities or chronic illnesses, caregivers, and lower-income professionals. Limiting online education does not improve competency; it reduces access to effective professional development.

I respectfully ask the Board to reconsider this rule and continue allowing clinicians the flexibility to meet continuing education requirements through accredited online learning.

Thank you for your consideration and for your work supporting ethical practice and public protection in Oregon.

Sincerely,

Jessica Feinsmith, MA, Licensed Professional Counselor
Fierce and Fein Wellness LLC
Jessica@fierceandfeinwellness.com
https://fierceandfeinwellness.com/
(541) 604-8221
(541) 625-6277 fax
she/her pronouns

Emails are not intended for urgent communications and cannot be guaranteed confidential. I will continue to communicate via email when necessary or appropriate unless I hear otherwise from you.

For immediate attention or in case of emergency, please call or text 988 or chat at 988lifeline.org or call The Multnomah County crisis line at 503-988-4888 or 911.

From: Shae Ferguson
To: STASHEK LaRee * MHRA
Subject: Commentary on proposed amendment to OAR 833-080-0041
Date: Tuesday, July 7, 2026 10:38:35 AM

Hello,

I wanted to provide a comment to the new proposed amendment of OAR 833-080-0041 that would limit asynchronous CE hours. I believe this would be a major disadvantage to our field and to the people seeking counseling services of Oregon. This proposed change would greatly limit a counselor's ability to seek and maintain specific trainings of need in timely fashion that are not offered in other modes or at only specific times of year or on certain years. I believe this proposal would also greatly increase costs for therapists to have to travel for trainings, to miss working hours and subsequently decrease therapist pay just to achieve CE hours which would be terribly unfair, as we would have greatly limited options for training to meet our already incredibly strict CE requirements. It is hard enough to meet requirements of maintaining CE's and our license requirements while maintaining the busy and increasing demand by clients. For a therapist to be successful in delivering good mental health care, we need to be able to access trainings we recognize development need in, in a timely manner, and we need to be available to our clients to deliver this care, and we need to be paid appropriately to be able to afford to pay for such trainings and licensure requirements as well. We need to not miss working paid hours to treat people just to meet strict CE standards.

I urge the board to not pass this amendment to OAR 833-080-0041 and create huge challenge and detriment to counselors and clients in Oregon.

Thank you,

Shae Ferguson, M.A., LPC
www.shaeferguson.com
hello@shaeferguson.com
(971) 409-3940

From: Sara Foto
To: STASHEK LaRee * MHRA
Subject: 20 hour CE limit
Date: Friday, June 12, 2026 8:00:25 PM

Hello,
I live and work in a rural area which makes live trainings mostly cost-prohibitive. The ability to access online trainings at any time have allowed me to balance work/life schedules without additional financial hardships. It has also allowed me to access more specific trainings that have positively impacted my work. I do access live online trainings, as I find them avaliable, however this has impacted patient care because the time falls during scheduled patient appointments.

I would propose maybe limiting which providers of asynchronous CEs would qualify for credit for Oregon liscensing but contine to allow therapists to earn CEs thru asynchronous trainings.

Thank you,

Sara Foto LPC LMHC

From: Jon Fox
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Wednesday, June 17, 2026 10:18:56 AM

Dear OBLPCT,

Please preserve the option for counselors and therapists to complete all CE hours through qualified home-study or asynchronous learning. Adult professionals learn well through self-directed, relevant, tested education. Restricting that option would reduce access, increase cost, and penalize clinicians who learn best through flexible formats. Please focus on CE quality, not seat time.

Respectfully,

Jon Fox, MS, LPC
4531 SE Belmont St., Suite 318
Portland, OR 97215
503-954-4852
www.mindfulnesstherapyportland.com

"Mindfulness gives you time. Time gives you choices. Choices, skillfully made, lead to freedom." - Henepola Gunaratana

From: Maria Fox
To: STASHEK LaRee * MHRA
Subject: Continued Education Hours
Date: Wednesday, June 24, 2026 2:48:12 PM

Hello, I am an LPC in Oregon. I work 2 days a week, renting an executive suite in person and primarily counsel couples as a Level 3 Gottman therapist.

I do this because I love people and hope to help couples accomplish relationship goals, heal from infidelity, and get proper referrals for individual therapy.

Last year my net income was about $4,950.

I complete my continuing education one credit at a time on Clearly Clinical. If you all make the ruling to switch to only allowing 20 credits being able to be acquired that way and **the other 20 will have to be paid to be in person or paid to be taken online**. I would have to stop being an LPC.

I don't have the time or the funds to take 20 hours of classes in person or online.

Thank you for your consideration,

Maria Fox

LPC #C9365

From: Randa Gahin
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed CE Rule Changes
Date: Monday, July 20, 2026 8:11:34 AM

I am writing to express my strong disagreement for the proposal to cap the number of CE hours counselors can utilize for independent, asynchronous learning activities, per the proposed amendment to OAR 833-080-0041. This will have an enormous negative impact on professional counselors, including myself, without any clear gain.

As you might be aware, our profession is currently under a lot of stress due to economic strains and the rapid emergence of AI. Among my colleagues, there is widespread talk of the downturn in inquiries, leading to less full schedules and lower income. At the same time, private health care costs have been escalating at the rate of 15% (or more) per year for the past several years. As an individual in private practice, and a working mom with two kids, I feel increasing strain to support my family with the rising cost of groceries, rent, health insurance, and everything else while seeing my inquiries decline.

Attending CEUs live places a very real strain on practitioners to carve out time from their dedicated income-earning hours. Counselors, including myself, need less pressure, not more during these times. It is already a struggle to protect against burnout so I can effectively serve my clients.

I also highly value being able to do asynchronous learning and feel my absorption and retention of material is much more effective when I can have material presented in small doses on a flexible schedule, with the opportunity to review as many times as needed. Being able to adapt the stream of information to a workable rate in these times of information overload is critically important.

I also value asynchronous learning for the larger library of options available to me. I am at the point in my career where a more selective range of topics is suitable for my learning. Often these are presented in time zones and schedules that would be infeasible for me to do live. It would be a huge loss for me in terms of subject matter availability to be confined to only live learning modules. This, ultimately, is a detriment to my clients, as it limits my professional development.

I know there are counselors out there with even more restrictions than myself due to disabilities, neurodivergence, family and work commitments, etc., who would be even more impacted, and probably couldn’t find the time to write you a letter.

In summary, I view this proposed restriction as turning us backwards to an outdated norm of what learning should look like. I would strongly encourage the board to continue looking forward and be progressive in its support of the counseling profession and the clients who benefit from it.

Sincerely,

Randa Gahin, LMFT, LPC

From: Ashley Garcia
To: STASHEK LaRee * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Monday, June 15, 2026 1:58:17 PM

Dear Members of the State Board,

I am writing to express my concerns regarding the proposed rule that would limit therapists to only 20 hours of home-based continuing education and require the remaining 20 hours to be completed through in-person attendance.

While I appreciate the board's commitment to ensuring high-quality professional development, I believe this mandate would create significant challenges for many therapists and does not reflect the realities of modern practice or the needs of the profession. I respectfully ask the board to consider the following drawbacks:

Reduced Accessibility and Flexibility: Restricting home-based continuing education makes it difficult for therapists with disabilities, chronic illnesses, mobility limitations, or immune concerns to meet requirements. It also poses challenges for those living in rural areas or far from training sites, reducing their access to necessary education.

Financial Burden: In-person education often entails additional costs, including travel, parking, lodging, and childcare. These expenses disproportionately impact therapists with lower incomes, single parents, and those in private practice who must balance business operations with ongoing professional development. Home-based options are typically more affordable and allow clinicians to meet requirements without undue financial strain.

Disruption to Practice and Client Care: Mandating in-person attendance may force therapists to reduce their availability for clients, disrupt business operations, and potentially compromise continuity of care. For private practitioners, the flexibility to study at home is essential for maintaining their practice and serving their clients effectively.

Equity Concerns: A cap on home-based CE unfairly penalizes therapists who learn best through self-paced, active-learning formats. It privileges those who prefer or can easily access live lectures, creating an uneven playing field without evidence that in-person hours improve competence or public safety.

Environmental Impact: Requiring in-person attendance increases travel, which contributes to environmental concerns such as higher carbon emissions and greater resource consumption.

Contradicts Adult Learning Principles: Research shows that adult learners benefit most from autonomy, self-direction, and education tailored to their real-world needs. Restricting home study limits therapists' ability to select content, pace, and format that best supports their ongoing professional development.

Outdated Model in a Modern Profession: The landscape of therapy is increasingly digital, with many practices and training moving online. Continuing education requirements should reflect this shift, supporting modern, flexible approaches rather than outdated seat-time models.

No Proven Public Safety Benefit: There is no evidence that mandating in-person hours leads to better clinical outcomes or increased public safety. High-quality home-based CE, especially with assessment and engagement components, can be equally rigorous and effective.

In summary, restricting home-based continuing education and mandating in-person hours creates unnecessary barriers, increases costs, reduces accessibility, and does not demonstrably improve learning or public safety. I respectfully urge the board to preserve the flexibility and accessibility of continuing education for all therapists by allowing more home-based hours and supporting diverse learning formats.

Sincerely,
Ashley Garcia MA, LMFT

From: Kavitha Goldowitz
To: STASHEK LaRee * MHRA
Subject: Re: CEU permit exclusive self-study at home
Date: Thursday, July 16, 2026 10:36:00 AM

Dear OBLPCT,

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. This proposed rule is unnecessary and punitive for no reason — it will not lead to better care for clients and will not better protect the public.

On a personal note, as a POC, providing services to the Asian American and Middle Eastern clientele, there are very few CEU learning opportunities available locally/in person in order for me to enhance my skills in my speciality/niche.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Thank you for your time.

Sincerely,
Kavitha Goldowitz

Kavitha Goldowitz, M.A, LMFT
Licensed in California and Oregon
415-857-1669
www.sfcounselingservices.com
kavitha@sfcounselingservices.com

From: Colette Gordon
To: STASHEK LaRee * MHRA
Subject: Re: OAR 833-080-0041, [OBLPCTeNews] Notice- Board Rulemaking
Date: Monday, June 15, 2026 7:08:14 PM

Hello,

I am an LPC writing in opposition to the proposed amendments to OAR 833-080-004 for multiple reasons. I am specifically speaking to limiting the amount of CEs that can come from asynchronous online trainings.

I have found a much greater access to trainings through asynchronous options. Sometimes I wouldn't be able to make a training s (I do not like to cancel client appointments for trainings, admin, etc. so this is a small area where Client care could be negatively impacted by this proposed change). Many worthwhile and more specialized trainings are not offered repeatedly and only learned about after the fact. It is common to hear a colleague share about a training they recommend and if it hadn't been recorded, I might never get the change to take it. I and specific clients have benefited from my being able to access asynchonrous trainings in a timely matter that allows me to more quickly respond to training needs.

All that said, I did not see anything in the newsletter about a rationale for this change and would like to read it if you have one? It's hard for me to imagine that there is substantial reasoning for it. I write this as someone who personally prefers synchronous trainings when possible. It keeps me to the schedule and I'm less likely to lose money on trainings I purchase but never get around to taking. I also like that even online synchronous trainings feel less lonely. But that's all personal preferences that providers can choose for themselves. I see some benefit in being able to ask in the moment questions in synchronous trainings but in my experience there is very limited time for that in most trainings, it's where a very small percentage of where the learning happens, and many training providers welcome follow up emails or consultation. That said, I have appreciated that with asynchronous trainings I am able to rewind and rewatch something as needed. So again, I think it's small trade offs that providers can evaluate for themselves.

Overall, this amendment sounds like a "solution" where not only is there no problem but the "solution" increases problems. It also sounds like a situation where counselors are the best ones to evaluate what is going to best facilitate their personal learning.

Thank you for reading this.

Colette Gordon, LPC

On Tue, Jun 9, 2026 at 4:01 PM OBLPCT Updates <oblpctenews@omls.oregon.gov> wrote:

> **NOTICE: BOARD PROPOSED RULEMAKING, PUBLIC COMMENT PERIOD OPEN**
>
> Please find attached a rulemaking notice document from the Board of Licensed Professional Counselors and Therapists.
>
> **Rule Caption: Associate registration plans, registrant remedial action, duplicate licenses, continuing education, and records retention.**
>
> Rule Summary
>
> - Amend OAR 833-050-0051: Relocate and clarify registration effective date language from OAR 833-050-0061.

- Amend OAR 833-050-0061: Repurpose rule to cover Board remedial action currently located under OAR 833-050-0091 with changes to correspond with Board authority and practice.
- Amend OAR 833-050-0091: Clarifies supervisor responsibilities and relocates remedial language to OAR 833-050-0061.
- Amend OAR 833-050-0111: Remove provision requiring special permission for multiple supervisor change.
- Repeal OAR 833-075-0040: Repeals an obsolete procedure for license duplication.
- Amend OAR 833-075-0070: Creates exception for seven-year client records maintenance requirement when state or federal law requires a different retention period.
- Amend OAR 833-080-0011: Adds new continuing education (CE) related definitions and reorganizes language for clarity and brevity.
- Amend OAR 833-080-0031: Clarifies documentation of CE program completion and specifies activities that do not qualify. Sets forth that programs completed to fulfill the terms of a Board order or agreement do not qualify towards the CE requirements for licensure renewal or reinstatement.
- Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded. Removes the requirement that CE has a minimum one clock hour duration and other requirements that are unnecessary and/or difficult to verify.
- Amend OAR 833-080-0051: Clarifies CE documentation requirements for each method of obtaining CE credit and the reporting period in which credit is attributed. Adds that the Board may request additional documentation to verify eligibility.
- Amend OAR 833-080-0061: Clarifies CE audit processes and updates outdated requirements. Adds a sanction schedule for failure to respond to a CE audit that includes delinquent fees and license suspension until a compliant response is received. Allows 30 days to remedy deficiencies and establishes sanctions for failure to complete deficient hours. Sets forth that remedial CE may not be double-counted towards a subsequent reporting period.

Need for the Rule(s)

The Board is proposing these administrative amendments to optimize regulatory efficiency, resolve statutory conflicts, and strengthen public protection. A comprehensive review of Divisions 50 and 80 revealed that several sections require restructuring and modernization to improve clarity and compliance. The Board proposes repealing OAR 833-075-0040 to reflect current administrative operations, as paper licenses are no longer issued. To ensure legal alignment, the Board must establish an exception to the standard seven-year client records retention period, thereby preventing conflicts with overriding state and federal mandates.

Updates to continuing education (CE) frameworks are necessary to protect the integrity of the licensing process. The Board requires clearer definitions and explicit criteria regarding qualifying CE activities, documentation standards, and audit procedures. This includes implementing a 20-clock-hour limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence. By clearly articulating

non-qualifying activities, reporting periods, verification processes, and late-response penalties, these amendments establish consistent, equitable, and transparent standards. Ultimately, these updates uphold the Board's public protection mandate while ensuring licensees and registrants can easily understand and navigate their maintenance requirements.

PUBLIC COMMENT

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business. Please email your comments to laree.stashek@mhra.oregon.gov or mail them to the Board's office at 3218 Pringle Road SE, Ste. 120, Salem, OR 97302. All comments must be received no later than 5:00 p.m. on July 22, 2026.

NOTICE OF FILED PERMANENT RULES

The Board filed a permanent administrative order making the following rule changes, effective June 9, 2026.

Rule Caption: Update terms, accuracy in representations to the Board, applications, examination failure and study plan.

Rule Summary

- Amend OAR 833-020-0041: Clarifies requirements for direct method application.
- Amend OAR 833-020-0081: Removes automatic license denial and one-year wait period for licensure candidates that fail the competency examination for a third time, and adds provision for study plan after second failure.
- Amend OAR 833-050-0011: Clarifies requirements for associate registration method application.
- Amend OAR 833-110-0031: Prohibits licensees, residents, temporary practitioners, and applicants from making misrepresentations to the Board or allowing third parties to submit responses to Board forms on their behalf. Sets forth that failure to comply violates statute and may be grounds for sanction.

Please see also our Rulemaking Q&A.

WEBSITE

The above documents, along with rule text, are available on the Board Rulemaking Webpage.

Thank you,

BLPCT Staff

MENTAL HEALTH REGULATORY AGENCY

3218 Pringle Road SE, Suite 120 | Salem, OR 97302-6309

Data Classification: Level 1, Published

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Sent by:
Colette Gordon, LPC (they /them)

Do It Together Counseling, LLC
phone: 503.780.4169
fax: 503.200.1007
4424 NE Glisan St., Portland, OR 97213
https://www.doittogethercounseling.com/

If you are in need of immediate mental health support or if this is a mental health emergency, please contact the Multnomah County Crisis Line, 24/7, at 503-988-4888. There are no costs for this service. Please be aware, the crisis line may contact 911 in certain cases of imminent risk and if a crisis team comes to assess someone, they may bring police.

You may also contact 988 for the National Suicide and Crisis Line, operated by Lines for Life. They may also contact 911 if there is imminent risk.

From: Adam Graves
To: STASHEK LaRee * MHRA
Subject: Re: limitation of home study or asynchronous CE credits
Date: Tuesday, June 9, 2026 4:46:46 PM

To whom it may concern at the OBPLCT:

I am writing in response to the proposed change that limits home study or asynchronous CE credits to 20 per reporting period. I am strongly against this change for the following reasons:
- This proposed change will disproportionately impact therapists who practice in rural areas
- This proposed change will increase costs for LPC's during a time when all costs are rising to unmanageable levels and salaries are not increasing in a commensurate manner.
- This proposed change will impact all LPC's in Oregon because of the limited number of in-person or synchronous training opportunities that are affordable or attainable in other ways due to time or location constraints.
- Services to the community will decrease because therapists will not be able to meet this requirement.

As a former faculty member and supervisor of interns and registered associates, I understand and value the need for ongoing training and education. Maintaining competence protects the community. It provides avenues for therapists to build their skills and confidence in providing services at a time when the needs in the community are extreme. However, creating this limitation will cause more counselors to leave the state, leave the field, or get licensed in another state to practice via telehealth. All of these likely outcomes will increase the mental health crisis we have in Oregon and solidify our very low national ranking for access to mental health services.

I implore the Board to reconsider this limitation and eliminate it.

I am grateful for the time taken to consider my position. Thank you.

--
Adam Graves, LPC

From: Michelle Grendahl
To: STASHEK LaRee * MHRA
Subject: Comments on updates to CE Credits
Date: Thursday, July 2, 2026 9:50:42 AM

Good Morning,

I have some concerns about the proposed changes to CE credits. I live in a rural area, where I am one of 2 therapists in town. Requiring 20 of my CE credits to be done in person would be very difficult and a huge financial strain for me. The closest city is Boise, ID which is over 90 minutes away and having in person CE's opportunities in Boise is hard to come by. I would incur huge financial costs for travel along with the increased cost for CE's. I will be honest, I have started to evaluate if it is financially feasible to continue my clinical licensure with Oregon if these changes are made.

I would also like to note the recent report by the Governor's Prosperity Council which just released a review noting that Oregon ranked 49th nationally in private sector job growth and identified excessive regulation and red tape as a major issue. I believe the move towards restricting autonomy to CE's, would result in an increased financial burden to independent private sector providers, and goes against this review and recommendations of the Governor's Prosperity Council.

Michelle

From: Semi Grey
To: STASHEK LaRee * MHRA
Subject: Public comment regarding OAR 833-080-0041
Date: Thursday, June 11, 2026 6:57:06 AM

Hello,

I'm writing today to express my concern about this or which reduces the ability for mental health providers to obtain CEUs through independent/non-live means. This requirement will increase the burden of providers as well as increase the cost of CEU's. This is not Feasible for many clinicians, including those who are neurodivergent, single parents, have a physical disability, who live in rural areas, or who may be of low income. This will have a detrimental impact on providers when we already have to meet so many other requirements. This creates another barrier, where there doesn't need to be one. I urge Oregon to reconsider this rule.

Thank you,

Semi Grey

From: River Grow
To: STASHEK LaRee * MHRA
Subject: Public comment regarding OAR 833-080-0041
Date: Friday, June 12, 2026 5:57:31 PM

Good afternoon,

I hope this email finds you well. I have never emailed previously to provide public comment, but I feel very strongly about this issue and wanted to provide some feedback.

While I appreciate the Board's commitment to maintaining professional competency standards, I am concerned about amending OAR 833-080-0041 to limit asynchronous continuing education hours to 20 per reporting period. I believe that it creates unnecessary limitations and increases financial burden and creates accessibility issues to limit such activities to live format, especially for small business providers and rural providers.

Many agencies and practices require clinical hours during business hours, which is often when live trainings are conducted, and would require professionals to lose income by reducing client hours to attend scheduled training sessions and creating unnecessary travel expenses. Since many therapists are paid based on percentage sharing of session fees and don't have administration hour pay, they would potentially need to sacrifice paid hours for costly trainings if they are required to be done live.

Additionally, it provides accessibility barriers to clinicians like myself, who benefit from technology's accessibility features like closed captioning and speed controls, so that I am better able to engage with and comprehend the material and can review the materials multiple times.

Many times, live webinars are recorded and released for self-paced, asynchronous learning, so clinicians are still easily able to access the relevant information and read the chats of the participants, and generally contact information is provided so providers can reach out to the organizers for follow-up questions. The content does not differ, but it creates additional strain to require the content be delivered live. Additionally, some content is only available asynchronously or is provided at a reduced cost asynchronously, so it increases the financial demands of clinicians for the same content to require the live format.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Warmly,

River Grow (she/her/hers)
LMFT, OR#T3176
LMFT, WA# MFT.LF.70076054
email: river@growdefined.com
Website: www.growdefined.com
Phone: (360)-320-6099

From: Sara Guthrie
To: STASHEK LaRee * MHRA
Subject: OAR 833-080-0041
Date: Sunday, June 14, 2026 7:36:39 AM

Hello Laree,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions. I myself have three children and being required to attend hours in- person would greatly impact my family.

This impact may also be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Sara Guthrie, MA, LPC, PMH-C (she/her)
Enhanced Family Counseling, LLC
971-287-0142
Tuesday-Thursday 8am-5pm

Resources:If you are experiencing a mental health crisis, please use the following resources:If this is in an emergency, call 911 or drive to the nearest emergency department Salem Psychiatric Crisis Center: (503) 585-4949National Suicide Prevention Line: (800) 273-8255Crisis Text Line: Text "HOME" to 741741Other crisis lines for specific needs:Sexual Assault Resource Center 24/7 confidential crisis line: 503-640-5311 / 888-640-5311Suicide Crisis Line: 800-273-8255 LGBTQ Help Line: 888-843-4564Trans Lifeline: 877-565-8860National Domestic Violence Hotline 24/7 (English and Spanish): 800-799-7273

From: Charlotte Haefner
To: STASHEK LaRee * MHRA
Subject: Regarding the proposed amendment to OAR 833-080-0041
Date: Monday, June 15, 2026 9:09:15 PM
Attachments: ATT00001.png

To Whom it May Concern:

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. They are also an essential way that we are able to access these trainings when they occur live while we are with our clients. Many trainings occur when I'm with clients, or occur in EST thereby requiring my waking up before 6 am on my rare day(s) off which adds to clinician burnout and takes away time for much needed self-care that allows us to be at our best to be of service to our clients. Many therapists including myself are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements (waiting for pay that you earned months ago - talk about a budgeting stressor), audits (massively time consuming and stressful), claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners like myself, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats (that is usually the case for me within my specialty/niche). In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Sincerely,

Charlotte Haefner, MA, LPC, LMHC

--
Charlotte Haefner, MA, LPC, LMHC, NATC
owner, licensed clinician
manifestcounselingpdx.com
she/her pronouns
serving Portland* and throughout the states of Oregon and Washington
*Ancestral lands of Multnomah, Wasco, Cowlitz, Kathlamet, Clackamas, Chinook, Tualatin, Kalapuya, Molalla and many other First Nations
phone. 503.683.1009
Virtual office hours: Monday through Thursday 12-6 pm
Please note that sessions are by appointment only.

The following crisis/help lines are fully staffed 24/7 should you or someone you know ever need support:

Suicide Prevention Hotline: Dial 988
Multnomah County Mental Health Crisis Line: 503-988-4888
Clatsop County Crisis Line: 503-325-5724
Tillamook County Crisis Line: 503-842-8201
Alcohol & Drug Helpline: 1-800-923-4357

Out beyond ideas
of wrongdoing and rightdoing,
there is a field.
I'll meet you there.

~Jelaluddin Rumi

STASHEK LaRee * MHRA

From: Kade Harding <kade@healthalliescounseling.com>
Sent: Wednesday, June 17, 2026 12:27 PM
To: STASHEK LaRee * MHRA
Subject: Public Comment to OAR 833-080-0041

Hello,
I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

As a clinician with specialized training in areas that often focus on providing access to marginalized identities including LGBTQ+, people of color, and disability this amendment would likely limit what trainings I would be able to access. This amendment would also likely reduce the number of clinicians able to provide trainings due to their own restrictions on how they are able to teach.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Kade Harding (They/Them)

Licensed Professional Counselor

Health Allies Counseling

2950 SE Stark Street, Suite 130

Portland, OR 97214

Kade@healthalliescounseling.com

https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.healthalliescounseling.com%2F&data=05%7C02%7Claree.stashek%40mhra.oregon.gov%7Cb716c766ce5849c69e2408decca68780%7Caa3f6932fa7c47b4a0cea598cad161cf%7C0%7C0%7C639173212918495859%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C60000%7C%7C%7C&sdata=iWUkHzf6UKXBmAi2DsmBtVI%2BcqiuFjfzLeLFjoT6BQ8%3D&reserved=0

From:	Wes Harris
To:	STASHEK LaRee * MHRA
Subject:	feedback about limiting asynchronous continuing education
Date:	Tuesday, July 7, 2026 3:13:52 PM

To whom it may concern,

I am writing to submit formal feedback regarding the proposed amendment to OAR 833-080-0041, which seeks to cap independent, asynchronous continuing education (CE) activities at 20 clock hours per reporting period.

While I fully respect and support the Board's commitment to public safety, I am deeply concerned that this restriction introduces heavy financial and logistical burdens for Oregon providers without offering clear, data-driven proof that it improves clinical outcomes.

The Financial and Logistical Reality for Clinicians

Asynchronous learning is a vital tool that allows therapists to balance high-quality training with the intense demands of modern practice. Clinicians are already operating under massive systemic pressures, including escalating documentation requirements, insurance utilization reviews, audits, claim denials, and delayed reimbursements.

Mandating a higher proportion of live CE hours compounds these pressures by introducing:

- **Increased Direct Costs:** Higher registration fees, travel expenses, and childcare costs.
- **Lost Revenue:** The necessity of cutting back client hours to accommodate rigid, live training schedules.

Disproportionate Impact on Equity and Specialization

The proposed 20-hour limit creates an unequal burden across the profession, particularly impacting:

- **Rural and Solo Practitioners:** For whom travel and time away from a practice are disproportionately expensive and disruptive.
- **Specialized Clinicians:** Many of the most rigorous, specialized training programs led by national experts are exclusively available in self-paced, asynchronous formats. The clinical value and relevance of this material are not diminished by the format in which they are consumed.

Prioritizing Substance Over Delivery Method

Crucially, the proposed rule change does not provide empirical evidence demonstrating that asynchronous learning is inferior to live training in maintaining professional competence. If public

protection is the ultimate objective, the focus should remain firmly on the **quality and relevance** of the education, rather than the mechanism of delivery.

Request for Reconsideration

I respectfully ask the Board to reconsider the proposed 20-hour cap, or alternatively, to provide the empirical evidence and rationale that justifies this specific threshold.

Thank you for your time, your consideration of these comments, and your continued service to our professional community.

Sincerely,

Wes Harris MA LPC CADC I
Licensed Professional Counselor
1020 SW Taylor St. Suite 448
Portland, OR 97205
wes@harrislpc.com
www.harrislpc.com
503 616 4772

From: Crystal Hatton
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Continuing Education Rule Changes
Date: Friday, July 3, 2026 11:25:35 PM

Dear Board Members,

Thank you for the opportunity to provide feedback on the proposed rule changes.

I am writing to express concern regarding the proposed limitation that would allow only 20 of the required 40 continuing education hours to be obtained through asynchronous learning.

I appreciate the Board's commitment to ensuring continuing education supports professional competence and public protection. However, I am not aware of evidence demonstrating that live, synchronous training is inherently more effective than high-quality asynchronous training in improving clinical competence or client outcomes. If the goal is professional competence, I believe the quality of the education should be the determining factor, rather than the method by which it is delivered. In my experience as a licensed professional counselor, clinical supervisor, and practice owner, the quality of a training is driven far more by the content, presenter expertise, and participant engagement than by whether the training is delivered live or through a recorded format.

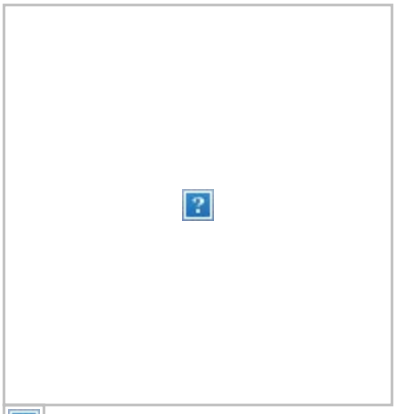
Asynchronous learning offers significant benefits for many clinicians. It allows participants to learn at their own pace, pause and review complex material, revisit content as needed, and integrate learning into demanding professional and personal schedules. I have found that many clinicians engage more deeply with recorded trainings than they do with live presentations, where distractions and competing demands are often present.

I am also concerned that this limitation may create unnecessary barriers for clinicians with caregiving responsibilities, clinicians in rural communities, clinicians with disabilities, and those with nontraditional work schedules. High-quality asynchronous training can increase access to continuing education while maintaining professional standards.

I respectfully encourage the Board to reconsider the proposed 20-hour cap or provide evidence demonstrating that such a limitation improves professional competence or public protection. I also encourage the Board to consider the practical implications of implementation. Many Oregon licensees complete their continuing education well before their renewal deadline. If this rule were adopted during an active reporting period, clinicians may have already invested substantial time and financial resources completing continuing education under the current rules. If the Board ultimately adopts this proposal, I respectfully encourage prospective implementation with sufficient notice so licensees can appropriately plan future continuing education activities.

Thank you for your consideration and for your continued work on behalf of Oregon licensees and the public we serve.

Respectfully,
Crystal D. Hatton, LPC, NCC, ACS
Owner | Rising Strong Counseling LLC



Phone: 541-974-4264
Web: www.CrystalHattonCounseling.com

From: Kari Hays, LPC
To: STASHEK LaRee * MHRA
Subject: Proposed Amendment to OAR 833-080-0041
Date: Thursday, June 11, 2026 8:20:55 AM

Good morning,

I hope this email finds you doing well. I have received the list of proposed amendments to the OARs for the OBLPCT. This particular one has prompted me to reach out to state emphatically, no, do not change this OAR.

The ability to complete CEUs via approved CEU providers in the asynchronous format is one of the only ways in which I am able to manage the CEU requirements in this state, as a multiply marginalized and disabled provider, who also lives in a rural community and serves rural communities. This feels like a regressive rule, preventing individuals such as myself from the ability to receive training in the manner that is most accessible, equitable, and economical. For most of us, we work business hours and do you know when live trainings are most often offered? During those same business hours. Is the Board going to provide stipends to cover the amount of income we will lose having to schedule live CEU trainings during client hours? Once again, the Board seems to be making decisions without any input from clinicians in the field and/or those folks who are most affected by these decisions. It is already very difficult to be a mental health therapist in this field during this political and social landscape, please don't make things so unbearable that people leave the field completely.

Thank you.

--
Warm regards,

Kari Hays, LPC
Bohemian Counseling, LLC
Clinical Supervisor
#C6460
Ph.D.Candidate-Counselor Education &
Supervision
University of the Cumberlands
541-203-0081

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Thank you.

From: Tracy
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Change to CE Regulations
Date: Monday, June 22, 2026 6:14:49 PM

Hi Laree,

I hope this finds you well.

For layered reasons, I feel very concerned about the proposed change to CE requirements.

In brief, personally I experienced a long period of complicated, post-injury recovery. During that time and sometimes beyond, sparing details it would have been extremely difficult or impossible to attend CE's in person. This comment is coming from a self-proclaimed 'training junkie' - and even during that time, as usual I far exceeded required CE numbers to the point I stopped recording them all. And when needed the CE's have been done mostly via online trainings.

Another significant issue is cost; with a large proportion of educated therapists dropping out of the profession before licensing, citing financial reasons, the proposed change seems to foreseeably add another impediment / stumbling block to their progress. And again, reflecting on my own experience, there have been huge unexpected costs in my life completely outside my control (not limited to condominium homeowner association assessments at roughly $100,000 per unit, ballpark; and I speak as someone fortunate to even own a home...). And to add typically far more costly CE's and travel, time away from practice and self-care, even for local events. to my plate seems like a needless hardship (I say this knowing how much I sometimes love gathering and learning with colleagues, which I intend to keep doing when reasonably workable).

To add only one example of a predictable problem created with the proposed change, a respected local colleague who is a published author, community member and excellent CE trainer in her subspecialty has immunity issues; and I have no doubt the CE demands will impact her negatively, and to some degree impact her capacity to contribute.

All of these are only a few thoughts that come immediately to mind; on professional list-servs others have articulated many more meaningful concerns than have been my focus here, points that I also agree with... It's my understanding that those have also been brought to you / our licensing board.

For brevity and time I'll leave this note as it is, but / and hope you'll reach out for conversation if there are any questions and/or if you think discussion might be helpful. While I can make counterarguments to my current position / opinions about the proposal, and while I certainly, deeply appreciate and understand some benefits to 'embodied' meetings when really feasible or clinically necessary, I'm currently persuaded that making in-person requirements for any CE's would needlessly add more burden to people already doing very challenging work, often while already too under-resourced - without providing enough benefit to support the layered costs.

Thank you in advance for your presumed, thoughtful attention, and thanks more broadly for your service across time in the role you fill.

My very best,

Tracy

Tracy Heart, M.A., L.P.C.

Tracyheart.Therapy@gmail.com

503-805-6185

https://www.oregontherapyoptions.com/providerinfo/Tracy-Heart-M-A-L-P-C

From: Emilee Herinckx
To: STASHEK LaRee * MHRA
Subject: Public Comment
Date: Wednesday, June 17, 2026 10:55:06 AM

Hi LaReé,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas (those provided by the Gottman Institute, for example). The quality and relevance of these trainings is not diminished simply because they are completed asynchronously and can often be provided by leading experts in the field.

In addition, this change negatively and disproportionately affects therapists with disabilities.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold. Thank you for your consideration of these comments and for your service to the profession and the public.

Thank you,

Emilee Herinckx, MA, LPC, LMFT

Emilee Herinckx (she/her)

Licensed Marriage + Family Therapist, Clinical Supervisor

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From: Elisabeth Herrera
To: STASHEK LaRee * MHRA
Subject: public comment re: OAR amendments
Date: Wednesday, June 10, 2026 2:31:50 PM

Hi Laree
I'm writing to offer comment on proposed amendment to OAR 833-080-0041

I would strongly encourage the board to reconsider these changes, specifically the limitations around the NBCC not qualifying for credits, and the restrictions around how many hours are allowed as home study.

This is a time where access to mental health services are being limited at a federal and state level, and I fear that making CEU requirements more stringent for those that are not in urban areas, or the valley, OR who live in the state will be counter productive. Restricting who we obtain credits from to make sure they are legitimate is absolutely important, however NBCC is a national company, and I have my NCC through them that requires me to keep up with CEUs as well. This change will now add an extra step for me to potentially seek out credits separately, which seems arbitrary. Additionally, being able to get continuing education credits from home is helpful for folks that don't live in populated areas.

--

Elisabeth Herrera LPC, LMHC, NCC
Therapist- Elisabeth Herrera Counseling, LLC
President COPACT
971-208-5885
www.eherreracounseling.com
IG: eh_counseling

Crisis Services:
Local emergency: 911
National Suicide line: 988
Psychiatric Crisis Center (local crisis response): (503)585-4949

From: Sara Hirschhorn
To: STASHEK LaRee * MHRA
Subject: Regarding OAR 833-080-0041
Date: Friday, June 12, 2026 4:05:30 PM

Hi Laree,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

I am an LPC in private practice and have been providing therapy for over 10 years now. I take continuing education very seriously. However, I am not sure this proposed change would have more benefit for clinicians or their clients.

While I appreciate and understand the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice-myself included. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Sincerely,
Sara

From: amanda@amandaholdencounseling.com
To: STASHEK LaRee * MHRA
Subject: Proposed Amendment to OAR 833-080-0041
Date: Friday, June 12, 2026 1:37:53 PM

Dear OBLPCT,

I am writing to express my strong disagreement for the proposed amendment to OAR 833-080-0041, particularly as it relates to capping the number of CE hours we can utilize for independent, asynchronous learning activities. This is the first time I have ever felt the need to submit a public comment on the actions being taken by the board.

While I consider it extremely important as a mental health provider to stay up to date and continue actively engaging in education to better serve our clients, I think it would be extremely prohibitive to put this level of restriction on how we access continuing education, especially with the significant changes that have occurred in the counseling landscape in the last six years. We are living in a time of significant economic hardship, reduced options for synchronous and in-person CE trainings, serious disruptions coming from insurance company changes, and unprecedented levels of provider burnout. The board actively choosing to make it even more difficult for counselors and therapists to keep up on our continuing education will be truly detrimental to many providers, which will, in turn, impact our clients. Some of the best trainings I've attended that have enabled me to provide better care for my clients have been asynchronous learning. Also, many providers need to have the option of asynchronous learning to accommodate physical disabilities and learning differences. For myself, I'm in the midst of working my way through a training series that will lead me to become an ADHD Certified Services Provider. After, I will be pursuing an asynchronous training series that will lead to me obtain an Autism Certified Provider designation as well. The knowledge obtained in these trainings is not only absolutely necessary for the client population I serve, but that would have been nearly impossible to acquire if I had to find an in-person or synchronous training for these certifications.

To choose now, when life is already so difficult and so complicated for so many of us and our clients are struggling to find good care, is not in the best interest of therapists or to the clients we serve. I am disappointed by the board's proposed amendment, and I strongly encourage the board to reconsider this proposal.

Warmly,
Amanda

Amanda Holden, LPC (she/her)

1110 SE Alder St. #301, Portland, OR 97214
amanda@amandaholdencounseling.com
www.amandaholdencounseling.com

From: Lindsay Howson
To: STASHEK LaRee * MHRA
Subject: Comments on Amend OAR 833-080-0041
Date: Wednesday, June 10, 2026 4:34:08 PM

Hello,

I would like to advocate for licensees who are not able to attend in-person CEU presentations. There are many dedicated licensees whose medical and financial realities would prohibit them from participating in in-person presentations. We are now able to provide high quality CEU training virtually and asynchronously, providing ease of accessibility without affecting the quality of education. These CEU's are vetted, approved, and require tests to ensure licensee engagement in content. By requiring 20 CEU hours be completed in person or synchronously, we will lose important and dedicated licensees.

Thank you for your time and consideration.

Warmly,

Lindsay Howson, LPC
503-278-5685
Howsonlindsay@hushmail.com

From: Jordan Hubchik
To: STASHEK LaRee * MHRA
Subject: Opposing proposed CE requirement changes
Date: Wednesday, June 17, 2026 3:02:13 PM

Hello,

I am writing to ask the board to reject the proposed rule capping home-based continuing education at 20 hours and requiring the remainder to be completed through lectures. This approach treats seat time as a proxy for learning, and the research does not support that assumption.

Oregon already allows a range of CE formats, including home study and distance learning. A rule that restricts home study would move the state in a less flexible, less equitable direction, and it would do so without a clear public-safety rationale.

The relevant question for public protection is not how many hours a clinician spent in a room. It is whether the CE improved understanding, retention, and clinical judgment. Research on learning shows that active engagement, not passive attendance, is what drives retention. Home-study courses that include quizzes, case applications, and post-tests require the learner to generate answers, self-correct, and actively engage with material. That is retrieval practice, and it strengthens learning. In some cases it is more rigorous than attending a lecture.

Adult learners also learn best when they have autonomy over pace, timing, and content. Self-directed CE that is relevant to a clinician's specific population and practice area is not a lesser option. It is often a better one.

The proposed rule also creates real barriers. It adds costs: travel, parking, and childcare for those who need it. It creates access problems for clinicians with disabilities, chronic illness, or mobility limitations who rely on home-based options. And it places a heavier burden on clinicians with lower incomes than on those with greater financial flexibility. A rule with those effects needs a strong public-safety justification, and I do not believe one exists here.

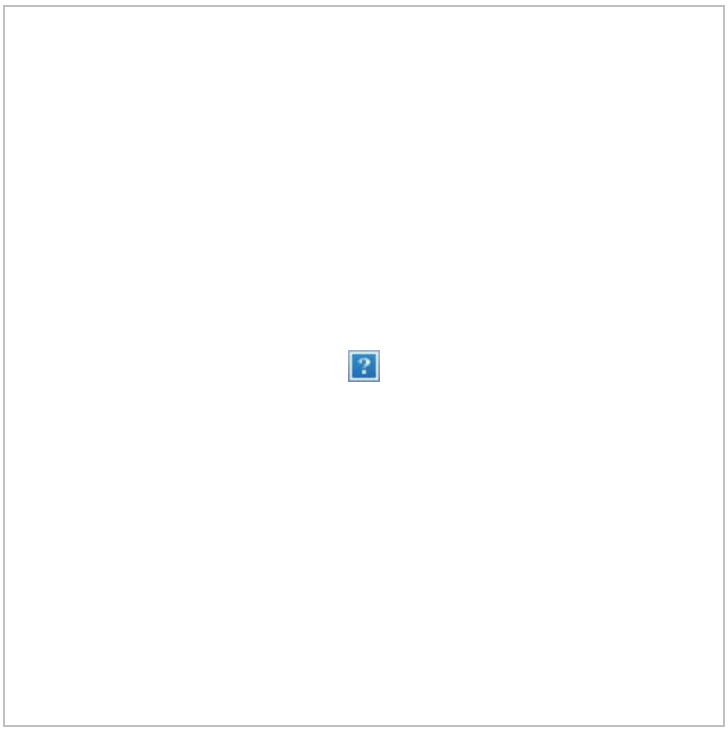
There is also an equity issue in how the rule is structured. Clinicians who prefer live lectures would not be restricted at all; they would retain access to all 40 hours in their preferred format. Clinicians who learn better through self-paced formats would be capped at 20. That is not a neutral policy. It disadvantages one learning style without a provable corresponding benefit to the public.

Telehealth and online practice are already the reality for many Oregon clinicians. CE standards should reflect that, not resist it. I respectfully ask the board to preserve full access to home-study credit, allow clinicians to choose the format that best fits their learning needs and practice context, and evaluate CE by its educational quality and demonstrated outcomes rather than by where it takes place.

Thank you for your consideration.

Jordan Hubchik, MA, LPC, LCAT, ATR-BC
Art Therapy Nook LLC

jordan@arttherapynook.com



Client Portal link: https://arttherapynook.clientsecure.me
Portland Therapy Center: https://www.portlandtherapycenter.com/therapists/jordan-hubchik
Psychology Today: https://www.psychologytoday.com/profile/863657

From: Brigette Keane
To: STASHEK LaRee * MHRA
Subject: public comment
Date: Thursday, June 11, 2026 10:09:50 AM

This is a comment for the propped rule to make at least half of CE's to be obtained in person.
This rule creates a financial hardship for many clinicians. Attending conferences is a significant expense, covering not only the conference fee but also lost client appointments, travel, lodging, and food. For small practices there is no budget for this, so the therapist must cover these expenses solely. We have access to a greater variety of information if we can access the online resources at our convenience. This allows for a more equitable distribution of knowledge and resources for those of us with other financial obligations. I am concerned about the limited access to conferences in my area and how this greater financial burden will impact the quality of material I and others in my community have access to.
I would oppose this portion of the rule.

--
Brigette Keane, LMFT
Mental Health Therapist/Owner
TIN: 93-2271262
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brigette@bkeanecounseling.com
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Fax: 888-690-5696
Phone: 503-939-6425

Simple Practice Login Here: https://brigette-keane.clientsecure.me/sign-in

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Dial "988" for the Suicide and Crisis Lifeline
National Suicide Prevention Lifeline - 800-273-8255
National Alliance on Mental Illness (NAMI) Crisis Line - 800.950.6264
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From: Rachel Kendall
To: STASHEK LaRee * MHRA
Subject: Comment on proposed amendment to OAR 833-080-0041
Date: Monday, June 29, 2026 3:48:16 PM

Greetings,

I am writing to express my public opinion on the proposed amendment to OAR 833-080-0041, which aims to limit independent, asynchronous continuing education activities to a maximum of 20 clock hours per reporting period.

While I understand the Board's commitment to maintaining professional competence and safeguarding the public, I am concerned that this proposal may impose unnecessary financial and logistical burdens on Oregon therapists. There is currently no clear evidence to support the claim that this restriction will enhance clinical competence or improve client outcomes.

Asynchronous continuing education has emerged as a valuable tool for clinicians to access high-quality training while effectively managing the demands of clinical practice. Many therapists are already grappling with significant administrative and financial challenges, such as increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Mandating a greater proportion of continuing education to occur in live formats could lead to increased costs due to higher registration fees, travel expenses, childcare costs, and reduced client hours as therapists attend scheduled training sessions.

This impact may be particularly pronounced for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, I have found that some of the most valuable continuing education experiences have come from self-paced training offered by nationally recognized experts in specialized areas. The quality and relevance of these trainings remain unaffected by their asynchronous nature.

Furthermore, I am concerned that the proposed rule lacks evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the primary objective is to protect the public, I urge the Board to consider whether the quality and relevance of continuing education may be more crucial than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the necessity of this restriction and the selection of the 20-hour threshold.

Thank you for taking the time to consider my comments and for your dedication to the profession and the public.

--
Rachel Kendall, LPC
C7689
Office Phone: 503-567-6140

Direct: 503-757-1667
Pacific Time

From: Sadie Kendrick
To: STASHEK LaRee * MHRA
Subject: Opposition to 833-080-0041 Methods of Obtaining Hours Proposition
Date: Wednesday, June 10, 2026 7:15:54 AM

Hello,

I am emailing to oppose the proposed ruling for 833-080-0041 which limits the number of CEs that can be completed via home study. I believe this shift will greatly impact accessibility to licensure maintenance for many in a few ways.
1. Creating conflict between CE completion and availability to provide sessions to clients, both impacting potential client care and clinician income. - I do my CEs around my client hours, so it doesn't shift my availability to clients or impact their needs being met while I further my education. Requiring live engagement (which is already offered in limited capacity schedule-wise) will impact this.
2. Individuals with lower incomes and lower accessibility to resources will be disproportionately impacted. Maintaining a license is already expensive, and there are not many good quality FREE live CEs around at present. This field is struggling, there are more barriers than ever to providing clients with care, and we're going to make it more expensive and less accessible for people to receive training? I primarily rely on free resources provided by my employer to complete my CE requirements (which is not always offered). I would not be able to afford this change.

Please take these points into consideration, and do not pass this.

Thank you,
Sadie

From: Andrea Killion
To: STASHEK LaRee * MHRA
Subject: public comment OAR 833-080-0041
Date: Friday, June 26, 2026 12:13:32 PM

Dear OBLPCT:

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period. While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important, often necessary way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a larger proportion of continuing education to occur in live formats would increase costs through higher registration fees, travel expenses, childcare, and lost income from reducing client hours to attend scheduled trainings. In addition, Oregon therapists with disabilities have a greater chance of not being able to attend multiple live trainings based on various health issues and accessibility barriers.

Another concern of mine involves the impact this amendment may have on part-time private practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously. In regards to part-time practitioners, the high cost of live trainings would no doubt lead to some licensed professionals feeling forced to retire from the field. Personally, this is my greatest concern, as I just started my job search after a prolonged maternity leave, with the ability to return to the field no more than 12 hours a week. Taking into account the cost of synchronous and asynchronous trainings, in addition to LPC fees and liability insurance, my take home pay would likely not be worth returning to work as an LPC. The last thing Oregon consumers need is for a large number of part-time clinicians to retire from their careers.

Finally, I am concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format. Could the board instead consider that asynchronous clock hours be approved by a national association such as via NBCC and/or the ACA without limiting the number of asynchronous clock hours per reporting period?

I respectfully request that the Board reconsider the proposed 20-hour limitation. Thank you

for your consideration of these comments and for your service to the profession and the public.

Sincerely,

Andrea Killion, LPC

From: Erika Klyce
To: STASHEK LaRee * MHRA
Subject: Public Comment for OAR 833-080-0041
Date: Sunday, June 21, 2026 1:46:09 PM

Hello,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. **Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.**

This impact may be especially significant for newly licensed clinicians, solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. As a current Associate who is financially struggling and in a rural area with limited local training options, the idea of additional financial burdens immediately after licensure is daunting.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

--
Erika Klyce

Professional Counselor Associate, MCOUN, NCC
swiftwaterscounseling.com

541-516-0030

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From: Shane Knox
To: STASHEK LaRee * MHRA
Subject: Comment for Rulemaking
Date: Wednesday, June 10, 2026 9:01:30 AM

I would request that any changes made to CE criteria be effective on the date of adoption, rather than apply to a whole reporting period. (Some therapists will have completed CE's that will no longer qualify by the time they are reported.) This seems fair, since these CE's qualified at the time of their actual completion. I request this protection be added.

Shane Knox, LMFT
T1106

From: Shane Knox
To: LPCT Board * MHRA
Subject: Proposed Rulemaking Implementation Question
Date: Thursday, July 9, 2026 8:34:35 AM

Hi there,

If the proposed rule amendments regarding limiting CE's (the type that is allowed, etc.) (OAR 833-080-0031, OAR 833-080-0041), will that disqualify trainings I have already done, but no longer qualify, that I have not yet reported? For example, if the rule goes into effect in August 2026, and I have to report in January 2027, and many of CE's I've already done are no longer allowed, does that mean I can't report them in January?

My concern is that people completed trainings in good faith and in compliance with the law at the time, but reporting happens after the law has changed.

Thanks,
Shane Knox, LMFT

From: Jodi Laing
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Amendment to OAR 833-080-0041
Date: Friday, June 12, 2026 1:22:21 PM

To the OBLPCT board,

I am writing to express my strong disagreement for the proposed amendment to OAR 833-080-0041, particularly as it relates to capping the number of CE hours we can utilize for independent, asynchronous learning activities. This is the first time I have ever felt the need to submit a public comment on the actions being taken by the board.

While I consider it extremely important as a mental health provider to stay up to date and continue actively engaging in education to better serve our clients, I think it would be extremely prohibitive to put this level of restriction on how we access continuing education, especially with the significant changes that have occurred in the counseling landscape in the last six years. We are living in a time of significant economic hardship, reduced options for synchronous and in-person CE trainings, serious disruptions coming from insurance company changes, and unprecedented levels of provider burnout. The board actively choosing to make it even more difficult for counselors and therapists to keep up on our continuing education will be truly detrimental to many providers, which will, in turn, impact our clients.

I, myself, have three different upcoming trainings I am excited to learn from and participate in. However, one starts at 9am eastern time (that would be 6am for me, on one of my days off from counseling), one conflicts with two different client sessions I have scheduled (meaning I have two clients who would have their weekly sessions impacted, and I would lose out on two hours of income, which I cannot currently afford), and the third is happening during a family event that has been planned for over six months. Luckily, the recordings are going to be available afterward, but with this proposed policy change, I am going to have to decide if it is worth it to do these trainings (which will best serve my clients and my work), or if I should sign up for a cheap, synchronous training on a subject that does not interest me and will not directly benefit my clients. You have been doing a lot of work in the last few years to reduce the board's workload, and seem to have been attempting to lower the threshold for a lot of counselors and therapists, knowing that Oregon is still heavily impacted by the mental health crisis. Why would you choose now, when life is already so hard and so complicated for so many of us, to add further restrictions? I am disappointed by this viewpoint, especially as there is no information I have found that describes how this amendment would actually better serve the people of Oregon. I strongly encourage the board to reconsider this amendment.

Thank you for your time,

Jodi Laing (she/her)

LPC, MCoun, NCC

Mental Health Counselor

Growing Peace Counseling
Tel: (541) 903-8026
www.growingpeacecounseling.com

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From: Kristin Lanning
To: STASHEK LaRee * MHRA
Subject: Accessibility, diversity, inclusion concerns about CEU proposed changes
Date: Thursday, June 18, 2026 1:57:05 PM

Hi Laree,

I am writing to express concerns I have about the following proposed Board changes:

Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period

I want to voice specific concerns about how this change would disproportionately impact clinicians from specific backgrounds, many of which are already marginalized:

- **clinicians with neurodivergence and learning differences** - restrictions on learning format force clinicians to learn in lecture-style format, which is neither preferred or effective for some learning styles and is counterproductive for the larger goal of keeping clinicians up-to-date in their clinical knowledge.

- **clinicians with chronic fatigue and chronic health issues** - live format creates a barrier due to the format not being pause-able or flexible in its scheduling. While client schedules can be paced and planned around most functional times, finding live format trainings that work around this same schedule creates a significant burden, plus additional expense for trainings missed due to an illness flare-up.

- **clinicians whose first language is not English** - finding live format trainings in a non-English language is exceptionally challenging, making pre-recorded or self-paced modules the only feasible options to obtain all of the required CEUs.

- **clinicians with caretaking responsibilities** (e.g. young children or elderly parents) - caregiving tasks (naps, meals, etc.), inability to find alternative care, and last-minute emergencies are just a few of the issues that make live format especially challenging. The ability to access trainings timed around these schedules and with adequate flexibility (e.g. can be paused if needed, can start 15 minutes late if the baby has a diaper blow-out) is incredibly challenging and again counterproductive to the larger goal of keeping clinicians up-to-date in their clinical knowledge.

- **clinicians in rural communities or from a low socioeconomic status** - clinicians may lack affordable, nearby in-person trainings in their immediate area - especially if they are one of the only therapists in the area. This leaves them reliant on live, virtual trainings when they may otherwise be uncomfortable with using technology this way - perhaps they use paper charts and see clients in-person only, perhaps they cannot afford an internet connection or device capable of streaming video lectures, and they may not be able to afford to miss work/client hours during the daytime to attend trainings.

I appreciate your attention to this matter and sincerely hope the impact on these communities

is being fully considered by the Board as they make this decision.

Thanks,

Kristin Lanning, LPC
Clinical Mental Health Counselor
971-238-7449
kristinlanningcounseling.com

From: Shay Larken
To: STASHEK LaRee * MHRA
Subject: Re: proposed changes to CEUs
Date: Thursday, June 11, 2026 1:10:03 PM

Thank you for the prompt reply. The detailed clarification helps and while not ideal just on a personal level, seems reasonable and attainable.

Warmly,
Shay

Shay Larken, MA, LPC

River Psychotherapy
503-893-4141
shay.larken@riverpsychotherapy.com

https://riverpsychotherapy.com

On Thu, Jun 11, 2026 at 12:59 PM STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov> wrote:

> Thank you for submitting a public comment on the proposed rulemaking. Your feedback is much appreciated. The Board will review all comments received at the August 7, 2026 meeting.
>
> Note: The rules would define it as “independent, asynchronous learning activities completed without real-time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension.” This is different from “Live Continuing Education” which means “synchronous learning involving real-time interaction with an instructor or presenter, including in-person or live virtual formats.” *Accordingly, there would be no limit on CE completed at home (virtually) that is live.*
>
> **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 1, Published

From: Shay Larken <shay.larken@riverpsychotherapy.com>
Sent: Thursday, June 11, 2026 12:41 PM
To: STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov>
Subject: proposed changes to CEUs

Hi Laree --

More a question rather than comment regarding:

> • Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. **Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded.** Removes the requirement that CE has a minimum one clock hour duration and other requirements that are unnecessary and/or difficult to verify.

Will we still be able to have all 40 be synchronous (live attendance but still online)? I live in a small town in central Oregon and if there is a requirement that 20 of the 40 need to be live and **in person** that will create a logistical and financial challenge. But if we can still do online but live for 20, that mostly alleviates concern.

The limit on 20 asynchronous is still disconcerting as many of the trainings I would find helpful in my practice and offered by leading teachers in the fields of complex trauma, grief and loss and relational therapy are unfortunately no longer offered live after the strong pivot away from live training over the past several years. So, with the new requirement, while I will attempt to locate helpful synchronous courses, I will likely be for the most part attending classes that will just tick the synchronous box rather than being more supportive of continuing education in the areas I practice.

It would be helpful if the Board explained the rationale for the pivot away from accepting

asynchronous trainings for the total CEUs required. Many of the asynchronous trainings I have already purchased are four month long intensive programs with CEUs and are therefore not offered live. I do realize I can still use CEUs from these for the 20 that are allowed.

Thank you,

Shay

Shay Larken, MA, LPC

River Psychotherapy
503-893-4141
shay.larken@riverpsychotherapy.com

https://riverpsychotherapy.com

From: Simone Levine
To: STASHEK LaRee * MHRA
Subject: Public Comment Re: OAR 833-080-0041 Proposed Rule
Date: Wednesday, June 17, 2026 10:19:59 AM

Dear Members of the Oregon Board of Licensed Professional Counselors and Therapists,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I also encourage the Board to consider the accessibility implications of this proposal

for neurodivergent clinicians. As a therapist with ADHD, I have found that asynchronous learning allows me to engage with educational material in ways that maximize comprehension and retention. The ability to pause, reflect, revisit complex concepts, take movement breaks, and learn during periods of optimal focus is not simply a matter of convenience—it is an accessibility feature that allows me to fully engage with the material. Requiring that half of all continuing education occur in live, scheduled formats may unintentionally create barriers for neurodivergent professionals, despite no clear evidence that these formats produce superior learning outcomes.

The counseling profession increasingly recognizes the importance of accommodating diverse learning styles and neurodiversity in educational settings. I encourage the Board to apply those same principles when considering continuing education requirements for licensed professionals.

Finally, I am concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality, rigor, and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide evidence supporting the need for this restriction and the rationale for selecting the 20-hour threshold. I believe maintaining flexibility in how clinicians obtain continuing education better serves a diverse workforce while continuing to uphold the high standards of our profession.

Thank you for your thoughtful consideration of these comments and for your continued service to Oregon's mental health professionals and the public.

Warmly,

Simone Isadora Levine, Professional Counselor Associate, LMHC, MA, NCC (she/her)
Level 2 Trained IFS Therapist
Wild Open Being
503-495-5237
www.wildopenbeing.com

Please note: I am typically available Monday through Thursday for scheduled sessions. I do not provide emergency or crisis support outside of regular business hours and may not be able to respond promptly to messages sent by phone or email (including calls, texts, or voicemails) outside of those times.

If you are experiencing a mental health crisis or emergency:

- **If you or someone else is in immediate danger**, call **911**.
- **For mental health support**, call or text **988** to reach your local crisis line.
- **For help with resources** like food, housing, or utility assistance, dial **211**.

Local Crisis Resources:

- **Multnomah County Crisis Line (24/7):** 503-988-4888
- **Washington County Crisis Line (24/7):** 503-291-9111
- **Clackamas County Crisis Line (24/7):** 503-655-8585
- **Clark County Crisis Line (24/7):** 800-626-8137
- **Trans Lifeline (24/7):** 877-565-8860

For immediate, in-person care for a behavioral health crisis at no cost, go to **Cascadia Health - Mental Health Urgent Walk-in Clinic.** Open Monday-Friday, 7am-10:30pm | Saturday-Sunday, closed: 503-963-2575, 4212 SE Division St, Portland, OR

From: Cassie Liu (she/her)
To: LPCT Board * MHRA
Subject: Permitting Exclusive Self-Study at Home for Continuing Education
Date: Friday, July 10, 2026 10:42:48 AM
Attachments: ATT00001.png

Dear Licensing Board,

I do not agree with the proposed rule to cap home-based continuing education at 20 hours and require the remaining 20 hours to be completed in-person or live online. I urge you to reject this rule.

I believe it discriminates against professionals who live in rural areas, have disabilities or illnesses, or have other life circumstances (family life, jobs) that would make it difficult or impossible to attend these trainings.

While I understand that live and/or in-person trainings can have a distinct value and advantage for learning, this does not negate the quality and value of self-study.
Additionally, forcing attendance of a live or in-person training does not guarantee quality learning; participants could just as easily be inattentive or checked out during these trainings simply because the trainings were forced and not chosen.

We should be enabling opportunities for professionals to continue their education and focus on better care for their clients, and that includes allowing professionals to choose training formats that work best for them. There should not be a rule that decides *for* professionals what is the "best" way to learn.

I respectfully ask the board to preserve exclusive home-study continuing education credit.

Sincerely,

Cassie Liu, LPC (she/her)
E: cassie@northstartherapycollective.com
P: 971-704-5009 | F: 971-208-3444

NORTH STAR
THERAPY COLLECTIVE

North Star Therapy Collective
2929 SW Multnomah Blvd, Ste 102
Portland, OR 97219

www.northstartherapycollective.com
@northstartherapycollective

*9am–5pm. Please allow up to one business day for responses. If you need **immediate attention**, please call 911, The Portland Women's Crisis Line at **503.235.5333**, or The Multnomah County Crisis Line at **503.988.4888**.*

Because email is not a secure form of communication, confidentiality cannot be guaranteed. If you are not the intended recipient of this message, please delete it immediately.

From: info heatherlokteff.com
To: STASHEK LaRee * MHRA
Subject: Feedback on 833-080-0041
Date: Wednesday, June 10, 2026 4:32:20 PM

Hi there,

I wanted to offer some feedback about 833-080-0041. I would be against this because taking time away from clients to attend a live trainings is more costly to providers. Taking unpaid time away from work while also paying more for live trainings. Asynchronous trainings are much easier to fit into lives outside of work hours and it's the same content. Live trainings are nice but feel like luxury at this point and maybe something I would go back to in a different phase of life, but as a full time working parent having the asynchronous options have been a lifesaver.

Heather Lokteff, LPC

503.806.2012

http://www.heatherlokteff.com/

14523 Westlake Dr, Suite 12

Lake Oswego, OR 97035

Online calendar:

http://heather-lokteff.clientsecure.me/

From: Tiffany Looney
To: STASHEK LaRee * MHRA
Subject: Proposed change to CE requirements
Date: Sunday, June 14, 2026 8:53:48 AM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions. It additionally poses undue hardship to clinicians with disabilities and who are living with chronic illness.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Sincerely,
Tiffany Looney MS, LPC
Oregon License #C4718

From: Tracie McDowell
To: STASHEK LaRee * MHRA
Cc: Steven Cohn
Subject: Concerns Pertaining to Proposed Changes to Continuing Education
Date: Monday, July 20, 2026 12:32:54 PM

Dear Laree Stashek and the Oregon Board of Licensed Professional Counselors and Therapists,

I'm the owner and founder of the Oregon Counselors and Therapists Listserv that's been in place for 18 years. It's a substantial multidisciplinary, interactice messaging community that originated in 2008 for mental health professionals in the State of Oregon. It includes Masters and Doctoral level therapists and psychologists, as well as psychiatric mental health nurse practictioners and psychiatric physicians.

The stakeholders in the group have expressed concerns regarding the letter received from the OBLPCT pertaining to the proposed changes in how continuing education credits will be changed, as well as what evidence supports these changes.

Many listserv members have read and agree with Mr. Steven M. Cohn, PhD, MBA, LMFT's letter to the Board. They've signed their names to his letter, with Mr. Cohn's permission, with concerns of the proposed changes. Enclosed first is the letter, and then the subsequent list of 91 stakeholders who've signed his letter. Thank you for the opportunity to express our concerns.

Sincerely,
Tracie A. McDowell, LPC
OR Counselors and Therapists Listserv Owner

14523 Westlake Dr. Suite 16
Lake Oswego, OR 97035
503-539-2760 office

www.traciemcdowell.com
email@traciemcdowell.com

****

To: Board of Licensed Professional Counselors and Therapists
From: Steven M Cohn, PhD, MBA, LMFT
Date: 15 June 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking

state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often **feel** they learned more from traditional lectures, **yet they score higher on tests after active-learning sessions**. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,
Steven M Cohn

--
Steven M Cohn, PhD, MBA, LMFT
Marriage, Relationship, and Sex Specialist
503-282-8496
www.portlandcouples.com

The greatness of a nation and its moral progress can be judged by the way its animals are treated.
--- Mahatma Gandhi

This is the list of stakeholders who have signed on in agreement with this letter:

1. Don Marr, LPC,
2. Tracy Heart, MA, LPC
3. Caroline Sabi, LPC
4. Lindsay Howson, LPC
5. Katie Playfair, LPC/LMHC
6. Kay Lee, MA, LPC, RYT
7. Tiffany Butler, MA, LPC
8. Jennifer Andrews, LPC
9. Katie Palumbo, MA, LPC
10. Rochelle Schwartz, LPC, LMHC (OR, WA, NJ)
11. Shirley Jones, LPC
12. Mary Cameron LPC, LMFT
13. Dana Fears LPC, NCC, CADC-2, CCPT, ACS
14. Kir Rian, LPC/OR, LMHC/WA
15. Colby Schneider, LMFT
16. Jessica Feinsmith, MA, LPC
17. Marisa Monahan, LPC, CRC, CADCI
18. Darcy Arnall, LPC
19. Libby Schwartz, JD, LPC
20. Molly Sterling, LPC
21. Kristina Meyers, LPC
22. Esther Berg, LMFT
23. Will Hale, MA, LMFT
24. Christopher Creaturo, MA, LPC
25. Kendra Smith, LPC
26. Nate Wilson-Traisman, MS, LMFT
27. Ann DeWitt, LMFT
28. Priscilla Klockner, MA, LPC, RPT™
29. Shari Davison, LMFT
30. Kristina Barnett, MA, LMFT
31. Colleen Odell, MS, LPC, LMHC, NCC, CCTP
32. Jodi Laing, LPC, NCC
33. Wendy Hayes, PhD, LMFT
34. Tracie McDowell, MA, LPC
35. Nick DeMayo, LMFT
36. Larry Conner, MA, LPC
37. Jason Wilkinson, LMFT
38. Anne Cuthbert, MA, LPC, LMHC
39. Tazma Ahmed-Datta, LPC, LMHC, NCC

40. Mira Shah, LPC
41. Rachel Raphael, MS, LPC, MFT
42. Caitlin Reidy (she/her) MA, LMFT
43. Nicole Kammerlocher, MS, LPC
44. Brad Pankey, he/him, LPC, MBA
45. Dane Nielsen, MA, LMHC, LPC, CADC
46. Sheila McShane, MA, LPC
47. Sarah S. Barrett, LPC, LMHC (she/her)
48. Jordan Hubchik, LPC, LCAT, ATR-BC
49. Madison Weiss, MA, LPC
50. David Culver, LPC
51. Frankie Lemmons, LMFT, She/Her/Hers
52. Peggy Van Duyne, LPC
53. Amanda E. Ayala, LMFT
54. Alanna Newman, LPC, CCTP
55. Carly Henderson, LPC, LMHC, NCC
56. Ashley Vande Slunt, MS, LMFT (she/her)
57. Leslie Miller, LPS, CADC III, (She/Her)
58. Griffin Oakley, MSCP, NCC, LMHC, LPC
59. Bethany Tubbs, LMFT (she/her)
60. Marty Alan Michelson, LPC
61. Claire Tam, LPC, they/them/their
62. Christopher G. Marquardt, LPC
63. Evanna Bradly-Tschirgi, MA, LPC, NCC (she/her)
64. Elizabeth Hartshorn, LPC
65. Jennifer Beltz, LPC
66. Emma Stern-Fleege, LPC
67. Susan Pinkley, LPC
68. Sarabeth Casey, LPC
69. Julie Baxter, MS, LPC
70. Molly Doll, LPC
71. Amy Galaviz, LPC, LMHC, PMH-C
72. Stacy Vallas, MS, NCC, LPC (she/her)
73. Tony Lash, LPC (he/him)
74. Annie McConnell, LMFT, she/her/hers
75. Ryan Popkin, MA, LMFT
76. Amber M. Ornelas Senger, LPC
77. Ryan Hollister, MA, LPC (he/him/his)
78. Michael Joliffe, LPC
79. Melissa Parr, LPC
80. Abby Ernst, LPC, LMHC (she, her)
81. Anita Abelsen-Gay, MA, LPC, LMHC (she/her)
82. Jaqueline Zebrowski, MA, LMFT
83. Meredith Noble, Professional Counselor Associate, (she/her/hers)
84. Sophia Anthony, MA, LMFT
85. Adrienne Wiens, MA, LMFT
86. Jessie Kaleikau, LPC
87. Renee Melton, LPC, ATR
88. Bari Langbaum, ATR-BC,LCAT,LPC
89. Karin Pfeiffer-Robinson, MA, LPC (she/her)
90. Lili Micaela, LPC, LMHC
91. Courtney Watson, MA, LPC, LPCC, LMHC (she/her)

If you're experiencing a mental health emergency, please call the Clackamas County crisis line at 503-655-8585, the National Suicide Hotline at 1-800-273-8255 or dial 911.

From: WSky Admin
To: STASHEK LaRee * MHRA
Subject: Comment: Proposed amendment to OAR 833-080-0041
Date: Monday, June 15, 2026 7:04:09 AM

June 15, 2026

Mental Health Regulatory Agency
Laree Stashek

Attention Ms. Stashek:

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. As an LPC who also owns Willamette Sky Counseling in Eugene, offering my team CEUs that speak to their clinical and logistical needs is critical to their unique development and life challenges. Additionally, requiring a greater proportion of continuing education to occur in live formats will increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

Small businesses are already facing significant administrative and financial pressures, including decreasing reimbursements, increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, and claim denials. Live format options will decrease affordability for small businesses to offer CEUs with the expectation that therapists must rearrange family schedules, cancel clients and work around the limited live offerings in Eugene. It may be even more detrimental for therapists who rely on specialized training opportunities that are often available only through asynchronous formats.

In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas that I would not have otherwise had the opportunity to attend. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Janine McGraw, LPC, Founder, CEO
Willamette Sky Counseling
1600 Oak St.
Eugene, Or 97401
541-600-2034

If you are in crisis, call 911, visit your nearest emergency room, or contact the Whitebird Crisis Line at (541) 687-4000 or toll free at 1-800-422-7558.


ReplyForward

From: R Melton
To: STASHEK LaRee * MHRA
Subject: Re: Public Comment for Proposed CE rule making
Date: Thursday, June 11, 2026 3:34:38 PM

Hi LaRee,

Thank you for your quick response and the clarifying information you included in it.

If possible, I would like to add to my public comment that although I try to find synchronous or "live" virtual trainings that will work for me, they often occur during my workdays (meaning I'd have to cancel client appointments to attend), and I've not been able to find the variety of trainings I want and need in that format. Additionally, when I have engaged in asynchronous (pre-recorded) learning, I am always tested at the end to ensure I've completed the course and comprehend the material (most training vendors require you score at least 80%). I hope that's taken into consideration. If there's some impression that asynchronous learning is somehow insufficient or less than to other training formats, that's not been my experience. I've learned a lot from them that I can actively apply to my practice. I genuinely hope the board will not make it more difficult for therapists in Oregon. We need less barriers, not more.

Thanks again,
Renee Melton, LPC

On Thu, Jun 11, 2026 at 3:08 PM STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov> wrote:

> Thank you for submitting a public comment on the proposed rulemaking. Your feedback is much appreciated. The Board will review all comments received at the August 7, 2026 meeting.
>
> Note: The rules would define it as “independent, asynchronous learning activities completed without real-time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension.” This is different from “Live Continuing Education” which means “synchronous learning involving real-time interaction with an instructor or presenter, including in-person or live virtual formats.” *Accordingly, there would be no limit on CE completed at home (virtually) that is live.*
>
> **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 1, Published

From: R Melton <rmeltoncounseling@gmail.com>
Sent: Thursday, June 11, 2026 3:07 PM
To: STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov>
Subject: Public Comment for Proposed CE rule making

Hello,

My name is Renee Melton, and I am a Licensed Professional Counselor in Oregon, working in private virtual practice out of Portland. I serve residents throughout the state contending with anxiety, depression, trauma, and a multitude of stressors and hardships. I recently received an email notice from the Oregon Board of Licensed Professional Counselors and Therapists outlining proposed rule making. I am *very concerned* about the proposal to establish "a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period". If I'm understanding this correctly, it is saying I would not be allowed to earn more than 20 hours of CEs from independent, asynchronous learning during my reporting periods, meaning I would have to find alternative ways to earn CEs, like approved in-person workshops, conferences, and/or synchronous coursework?

Assuming my understanding is correct, this is extraordinary problematic and prohibitive to me. I have never been able to find a sufficient amount of in-person training options in and around Portland, Oregon, nor enough synchronous CE approved trainings to attend, including ones that will meet the clinical knowledge areas I need and want to grow in, that meet my clients needs, and that would meet the board's requirements on suicide prevention, cultural competence and ethics trainings. Additionally, I cannot afford to travel to other locations to obtain CE trainings- that's not a feasible option for most working therapists due to the cost of travel, but also because I would have to take more time off from work to do so (and canceled sessions = less income).

Independent, asynchronous learning like digital seminars and digital courses have allowed me to access clinical training I would not be able to find in the Portland metro area, while also remaining affordable, accessible and workable with my schedule (including minimizing the possibly I have to cancel sessions to attend a training). Additionally, I have always sought these types of trainings through reputable training vendors that have approval to issue CE certificates from sources like the National Board of Certified Counselors. I implore the

Board to *not set limits* on the number of CEs licensees obtain from independent, asynchronous learning. These are valuable, legitimate, and much needed formats for learning. They improve my clinical knowledge and skillset, meet my budget, and minimize disruption to my caseload of clients.

Thank you,

Renee Melton, LPC

Wildwood Healing LLC

Portland, Oregon

--
Renee Melton, LPC, ATR
she/her
Phone: 971.368.2910
Email: rmeltoncounseling@gmail.com

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From: Rhoberta Michaels
To: STASHEK LaRee * MHRA
Subject: Reconsider Home Study limitation proposal
Date: Sunday, June 14, 2026 10:21:18 AM

Gentlepersons:

"I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Rhoberta Michaels

--
Rhoberta E. Michaels, LPC, NCC
OBLPCT Approved LPC/LMFT Supervisor
Peace & Light Psychotherapy LLC
13203 SE 172nd Avenue
Ste 166 #377
Happy Valley, OR 97086
(503) 388-2749 Fax: (503) 200-1447

If you are experiencing an emergency, please call 911 or one of these numbers:
Mental Health Crisis 988
Multnomah County Crisis Line: 503-988-4888
Washington County Crisis Line: 503-291-9111
Clackamas County Crisis Line: 503-655-8585
Clark County Crisis Line: 360-696-9560
National Suicide Prevention Lifeline: 1-800-273-TALK(8255)
National 24/7 crisis/mental health text line: 741741

"I see no color" is not the goal. I see your color and I honor you. I value your input. I will be educated about your lived experiences.I will work against the racism that harms you." -Carlos Rodriguez

From: Rhoberta Michaels
To: LPCT Board * MHRA
Subject: Please reject any rule that caps home study continuing education at 20 hours
Date: Tuesday, July 7, 2026 4:46:11 PM

To: Board of Licensed Professional Counselors and Therapists
From: Rhoberta Michaels LPC, NCC
Date: 7 July 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. This proposed rule is unnecessary and punitive for no reason — it will not lead to better care for clients and will not better protect the public.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

If you are neutral in situations of injustice, you have chosen the side of the oppressor." ~ Desmond Tutu

From: Marty Alan Michelson
To: STASHEK LaRee * MHRA
Subject: OBLPCT Continuing Education Rules
Date: Monday, June 15, 2026 3:13:19 PM

Peace to you

I respectfully urge the Board to preserve the option for therapists to complete all continuing education hours through qualified home-study (telehealth and online) programs.

Research consistently shows that active learning, self-directed learning, testing, and knowledge application are often more effective than passive lecture attendance. The question should not be where learning occurs, but whether meaningful learning occurs.

A 20-hour cap on home-study CE would create unnecessary barriers for working professionals, caregivers, rural clinicians, therapists with disabilities or health concerns, and those with limited financial resources. It would also disadvantage therapists who learn most effectively through self-paced educational formats without providing a clear public-safety benefit.

Oregon has long supported flexible, accessible professional development. I encourage the Board to focus on educational quality, engagement, and demonstrated learning outcomes rather than seat time or lecture attendance.

Respectfully,

Marty Michelson, LPC C7494

~ marty

Marty Alan Michelson
Office HIPAA Mobile: (971) 915 - 1815

U.S. NATIONAL Provider Identifier NPI # 1831717800
~ State of Oregon, Oregon Board of Licensed Professional Counselors & Therapists: LPC C7494

CLIENT PORTAL

https://clientportal.us.zandahealth.com/clientportal/peaceandflourishing

ZOOM LINK
https://zoom.us/my/meetmarty

CHANGING TIDES PSYCHIATRY CLIENTS

contact-us@changingtidespsychiatry.org | (541) 921-3584

From: Leisha Miller
To: STASHEK LaRee * MHRA
Subject: Comments about Amend OAR 833-080-0041
Date: Wednesday, June 10, 2026 2:59:56 PM

Hello,

I am not in support of Amend OAR 833-080-0041, which " **Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded."**

This change limits accessibility for therapists who may have few opportunities or often struggling to have the financial means to have in-person or live CEs. Live virtual or in-person trainings would have been difficult for me to complete while being on maternity leave and having a newborn baby or young children. Often it is helpful to be able to complete tasks outside of my appointments with clients when I have the time and energy to do so, which sometimes be done later at night when my children are sleeping. I also find this change could limit individuals with disabilities, mothers, lower income individuals, and other people who may struggle to have the time, energy, or financial resources to take in-person or live trainings. Often live and in-person trainings are more expensive and may have other additional costs, like food, missing work, travel costs, etc. Please do not limit the learning opportunities and accessibility of training opportunities for mental health professionals. This change may hurt more vulnerable individuals who need more support and less access and restrictions to important training and learning opportunities.

Thank you,

Leisha Miller, LPC

From: Brent Moore
To: STASHEK LaRee * MHRA
Subject: concern about proposed amendment OAR 833-080-0041 as a solo practitioner
Date: Tuesday, June 16, 2026 4:51:50 PM

As a solo practitioner, the proposed limit of 20 clock hours of home study or asynchronous learning activities per reporting period will impose substantial financial constraints and disrupt my practice. I value the flexibility that accruing my continuing education (CE) hours through home study in an asynchronous format. This allows me to utilize late cancel slots to work towards completing my CE hours and enables me to work at my own pace.
However, having to find live events to attend is not only more costly but also results in a reduction in my sessions when I have to close my practice to attend a training. Most live training sessions are offered during business hours and, again, are significantly more financially costly than home study options.
Another crucial consideration is the impact that having to close my practice to attend live trainings will have on my clients due to my reduced availability. I understand and support ongoing education to keep clinicians updated and provide competent care to our clients and I believe that limiting home study to 20 CE hours imposes an undue burden on clinicians, particularly solo practitioners like myself.
Thank you for your consideration.
Brent Moore LPC
Sycamore Counseling

--

Brent Moore LPC
(he/him)
Licensed Professional Counselor
Phone: 971.710.6013
Fax: 971.297.1005
Secure email: brent@brentmoorelpc.com
brentmoorelpc.com

*Please note I do not provide crisis calls and will do my best to return your call within 48 hours. If you are experiencing a mental health crisis please contact Washington County's Crisis Line at (503) 291-9111 Multnomah County's Crisis Line at (503) 988-4888, 988 or go to your nearest emergency department immediately.

From: Jonathan Morell
To: STASHEK LaRee * MHRA
Subject: Public comment on change to CE"s
Date: Saturday, June 13, 2026 9:29:06 AM

Greetings-
I have concerns about the impact this could have on access to affordable, specialized continuing education, particularly for therapists in private practice, rural areas, and those balancing caregiving responsibilities. It may also increase costs at a time when many therapists are already facing significant administrative burdens from insurance companies.

Thank you-

--
Warmly-
Jonathan
--
Jonathan Morell, M.A. (He, Him)
Associate Therapist- R9374
Ally Counseling
503-208-5002
11650 SW 67th Ave, Tigard, OR 97223

If you are having a life-threatening emergency, call 911
Multnomah County Crisis Line: 503-988-4888* (please note that the MCCL brings police with them when responding to crisis situations).
National Suicide Hotline: 988
Text Crisis Line: Text HOME to 741741
Trans Lifeline: 877-565-8860

From: Christine Morgan
To: STASHEK LaRee * MHRA
Subject: Public comment on rule change 0041
Date: Tuesday, June 16, 2026 7:26:18 PM

Hello,
I have questions and comment about the change proposed to amend OAR-833-080-0041; relating to limiting asynchronous CE learning hours. Can you explain more about how it is determined that this "limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence" is actually an evidenced based decision?

It actually feels more like a decision made out of privilege, as many people rely on being able to do independent study courses to fit within their schedules, families, budgets, and abilities. I appreciate asynchronous learning for the ability to review recordings of trainings, pause them, and rewind, to aid to my comprehension. I also do not like having to cancel client sessions in order to attend a training (and hoping it was worth my time and cost to my income). And believe me, I've sat in many a "live" training that was worthless to my "professional competence."

Thank you for any clarification or rationale that you are able/willing to provide.
Christine Morgan, LPC

From: Kerry Myers
To: STASHEK LaRee * MHRA
Subject: Comment of OAR 833-080-0041
Date: Thursday, June 11, 2026 1:44:52 PM

To Whom It May Concern,

Thank you for your work toward amendments to optimize regulatory efficiency, resolve statutory conflicts, and strengthen public protection. I am submitting a comment regarding OAR 833-080-0041 and its proposed changes: "**Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded.**

It is unclear to me how this change would help meet the stated goals. I am aware that most of the CE trainings I have seen and/or taken have been asynchronous. I believe this change would place an undue burden on therapists to find training that meets this criterion. It might also require travel, boarding and additional time away from seeing clients resulting in reduced income as well as increased expenses.

I'm curious why this particular change is being suggested and wonder if there might be other means of meeting the desired goal? I am hopeful that this particular change is not implemented and alternate options are utilized.

Thanks so much for your time and hard work on this and, undoubtedly, many other matters.

Warm regards,

Kerry
Kerry Myers, MA, LPC #11472 (She/Her)

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InnerCura LLC
Phone: (971) 298-9891 | Fax: (971) 231-0241

From: Jane Newman
To: STASHEK LaRee * MHRA
Subject: Online learning
Date: Monday, June 15, 2026 2:15:21 PM

Hello,

I am writing to encourage continued support of online CE workshops- beyond the proposed 20 hour limit,
As we have discovered, clients do actually have effective virtual sessions; in the same'vein' I have learned a great deal from online workshops. In fact I'm encouraged to do more than the required amount because I'm able to fit it into my busy work schedule.

For those of us who work full time it would have a negative impact on clients and on our finances to have to use work days to attend in person. I don't believe there is an advantage to in person learning (for adults). I have enjoyed in person teaching and appreciate the ability to choose.

Jane P. Newman MS., LPC
7412 SW Beaverton Hillsdale Hwy. Ste 204
Portland OR 97225
503-679-1828
Janepnewman18@gmail.com
Sent from my iPhone

From: Myong O
To: STASHEK LaRee * MHRA
Subject: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 4:11:29 AM

To the OBLPCT Board,

Please do not restrict counselors' ability to complete continuing education through qualified asynchronous or home-study formats.
Self-paced CE can be rigorous, relevant, tested, and directly useful to clinical practice.
A cap would create unnecessary barriers for working clinicians, caregivers, rural providers, and those managing health, disability, or financial constraints.
Please preserve flexible CE access.
Respectfully,

Myong O (MSW, LCSW)
Pronouns: she/her
Email: om.lcsw@gmail.com
Text/Phone: 503-406-8544
Profile on: https://www.psychologytoday.com
Website: myongo-lcsw.com
Office location: 2505 SE 11th Ave. Suite 238, Portland Oregon 97202

From: Sharon O"Brien
To: STASHEK LaRee * MHRA
Subject: Potential ruling that caps online CEs
Date: Thursday, July 2, 2026 7:11:17 PM

Hi LaReé-

The proposed ruling to divide CEs between online and in-person may have been a good idea 10 years ago, but after Covid the number and quality of in-person courses has dropped to a fraction of what it was.

For therapists near larger urban areas, like Portland, there may be one or two annually instead of a dozen or more. Therapists' education will suffer and they'll be forced to travel farther—Seattle or Los Angeles—to get the kind of CE education they need to serve clients as well as fulfill licensing requirements.

For Oregon therapists who don't live near urban areas, you can take the Portland experience and double or triple the time and expense required to fly or drive to Seattle or LA.

As I understand it, the main reason for approving therapy via telehealth was to give all Oregon residents an opportunity to access mental health care, no matter where they live.

The board's proposed ruling punishes licensed mental health care providers, and some, especially in rural areas, will choose to quit rather than struggle to meet the requirements.

So if the board won't support its licensees, which would be very unfortunate, please help the board support the residents of Oregon who need and want our help.

Thank you,
Sharon O'Brien

Sharon O'Brien, LPC
sharonobrien.lpc@gmail.com
503.799.2668

*Please note: Replies to non-urgent mail will be sent during office hours, Tuesday-Thursday, 10am-6pm Pacific Time.

From: Sharon O"Brien
To: LPCT Board * MHRA
Subject: Potential ruling that caps online CEs
Date: Saturday, July 4, 2026 11:59:35 PM

To the LPCT Board-

The proposed ruling to divide CEs between online and in-person may have been a good idea 10 years ago, but after Covid the number and quality of in-person courses has dropped to a fraction of what it was.

For therapists near larger urban areas, like Portland, there may be one or two annually instead of a dozen or more. Therapists' education will suffer and they'll be forced to travel farther—Seattle or Los Angeles—to get the kind of CE education they need to serve clients as well as fulfill licensing requirements.

For Oregon therapists who don't live near urban areas, you can take the Portland experience and double or triple the time and expense required to fly or drive to Seattle or LA.

As I understand it, the main reason for approving therapy via telehealth was to give all Oregon residents an opportunity to access mental health care, no matter where they live.

The board's proposed ruling punishes licensed mental health care providers, and some, especially in rural areas, will choose to quit rather than struggle to meet the requirements.

So if the board won't support its licensees, which would be very unfortunate, please help the board support the residents of Oregon who need and want our help.

Thank you,
Sharon O'Brien

Sharon O'Brien, LPC
(503) 799-2668
sharonobrien.lpc@gmail.com

From: Erica Ochsenreither
To: STASHEK LaRee * MHRA
Subject: Proposed Continuing Education Changes
Date: Monday, June 15, 2026 5:57:56 PM

To whom this may concern,

I respectfully urge the Board to reconsider the proposed limitation that would cap home-study continuing education hours at 20 and require the remainder to be completed through live lectures.

As a licensed professional counselor in private practice, I have completed continuing education through a variety of formats over the years, including live trainings, conferences, webinars, self-paced courses, and independent study. In my experience, the format itself is not what determines whether meaningful learning occurs. What matters is the quality of the content, the learner's engagement with the material, and the ability to apply that knowledge in clinical practice.

Many home-study courses require active participation through reading, video instruction, case analysis, quizzes, and post-tests. These learning methods often require more active engagement than simply attending a lecture. Research on adult learning consistently demonstrates that retention and understanding are strengthened when learners actively interact with material rather than passively receive information. As clinicians, we understand that participation and engagement are often more important than mere presence.

As someone who manages a busy private practice, I have also found that self-paced continuing education allows me to select training that is directly relevant to the populations I serve and to complete it at times that fit within the realities of my professional and personal responsibilities. This flexibility has allowed me to pursue highly specialized training that may not have been available through local live events.

I am also concerned about the unintended accessibility and equity implications of this proposal. Limiting home-study hours may create additional financial and logistical burdens for clinicians, including travel expenses, lodging costs, childcare responsibilities, and time away from clients. It may disproportionately impact clinicians with disabilities, chronic health conditions, caregiving responsibilities, or those living in rural areas where in-person training opportunities are limited.

Importantly, allowing therapists to complete all required CE hours through home-study does not prevent anyone from attending live trainings. Clinicians who prefer lectures, conferences, or workshops would remain free to pursue those formats. However, imposing a cap on home-study hours restricts the options available to those who learn best through self-paced education, without clear evidence that such a restriction improves public safety or professional competence.

Our profession increasingly embraces technology, telehealth, and flexible methods of delivering care. I believe our continuing education requirements should similarly reflect modern approaches to learning. Rather than focusing on where learning occurs, I encourage the Board to focus on the quality of educational experiences and whether they demonstrate meaningful engagement with the material.

I respectfully ask the Board to preserve the ability for licensees to complete continuing education through high-quality home-study programs and to allow clinicians the flexibility to choose the learning formats that best support their professional development and the clients they serve.

Thank you for your consideration.

Erica

--

Erica Ochsenreither, PhD, LPC, ATR-BC, LCAT (she/her)

Email: erica@ochsenreithercounseling.com

Phone: 267-275-6603

Client Portal: https://erica-ochsenreither.clientsecure.me

From: Colleen Odell
To: STASHEK LaRee * MHRA
Subject: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 3:20:06 PM

To the OBLPCT Board:

Please do not restrict counselors' ability to complete continuing education through qualified asynchronous or home-study formats.

Self-paced CE can be rigorous, relevant, tested, and directly useful to clinical practice. A cap would create unnecessary barriers for working clinicians, caregivers, rural providers, and those managing health, disability, or financial constraints.

Please preserve flexible CE access.

Respectfully,

Colleen Odell LPC

~~~~~~

Colleen Odell, MS, LPC, LMHC, NCC, CCTP *(she/her)*
Colleen Odell Counseling & Consulting LLC
1033 SW Yamhill ~ Suite 401
Portland, Oregon 97205
503.545.6312 phone
503.575.9162 fax
colleen.odell.lpc@colleenodellcounseling.com
www.colleenodellcounseling.com

Credentials:
Master of Science Degree, Counselor Education
Licensed Professional Counselor ~ Oregon
Licensed Mental Health Counselor ~ Washington
National Certified Counselor ~ National Board of Certified Counselors
Certified Clinical Trauma Treatment Professional
Certified Instructor ~ Prevention Research Institute
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From: Tom O"Leary
To: STASHEK LaRee * MHRA
Subject: proposed rule change limiting home study
Date: Friday, July 10, 2026 11:07:04 AM

Dear OBLPCT Board,

I'm an Oregon counselor (see details in signature below) and I'm writing to strongly urge the board not to adopted the proposed rule change limiting asychronous/home study CEUs to 20 per reporting period. Here's my rationale:

-- Asynchronous seminars open up training opportunities exponentially beyond what's locally available at specific times. If we're looking for something specific--which is far more common the more experienced and thus specialized a counselor becomes over time--it's very hard to find locally.
-- Live seminars tend to be at least 2-3x more expensive than recorded ones, a major concern considering that the average counselor makes $94,000 annually according to Indeed
-- Many live seminars are during work hours, meaning additional lost income and inability to serve clients during those times
-- Live seminars are extremely difficult to access in rural areas
-- Since the board doesn't specify a rationale for this rule, I'm assuming it's an accountability issue, i.e. that when we're studying at home there's no real-life oversight. If so, that's problematic for a number of reasons:
-- live seminars don't have a test to gauge retention at the end; asynchronous ones do
-- being in person provides no assurance that the person is actually paying attention
-- by about hour four of an in-person seminar, it's challenging to sustain attention
-- finally, if the issue is accountability, let's have better accountability, not limit an educational opportunity that's far more robust, specialized, accessible and affordable.

Thanks for your consideration!

Tom O'Leary, LPC
Licensed Professional Counselor
1520 N. Alberta St.
Portland, OR 97217
503.893.2552
fax 971.200.2423
www.olearytherapy.com

From: Ella
To: STASHEK LaRee * MHRA
Subject: CEU Requirements
Date: Monday, June 15, 2026 8:23:44 AM

Hello,

I am writing this email regarding the proposed changes in CEU requirements for Licensed therapists and counselors.

As an LMFT in Oregon I complete the required units and subjects each renewal period and utilize primarily APA approved sources. I work full time as a child therapist and have young children at home as a single parent. Being able to receive education on my own time has been invaluable and actually contributed to my accessing more than the required hours. I do not, as do many have the extra money or time to attend 20 hours of live trainings. This would cost hundreds of dollars in fees as well as the expenses of child care.

I am not the only one in this position. I ask that this be reconsidered, as I feel the content and methods used for the current requirements are valid and sufficient for the purpose CEUs are supposed to serve.

Thank you for your time and consideration

Ella Olson, LMFT

From: Lynn Otto
To: STASHEK LaRee * MHRA
Subject: Proposed change re. CE hours
Date: Tuesday, June 30, 2026 12:07:39 PM
Attachments: 1.png

> You don't often get email from lynn@groundshiftcounseling.com. Learn why this is important

Dear Ms Stashek,

I'm writing to express my concern about the proposed change to CE requirements for counselors and therapists in Oregon, specifically the proposal that 50% be live vs asynchronous (pre-recorded). This new requirement would create undue hardship for me, as live events are more expensive and there is limited availability of trainings for some of the topics that especially apply to the work I do. I have not come across any evidence that live trainings have better results than asynchronous ones, so I sincerely hope this change will not be approved.

Thank you for your consideration.

Sincerely,
Lynn Otto

Lynn Otto, LPC
GroundShift Counseling LLC
215 N. Blaine St., Suite B
Newberg, OR
phone: 503-883-8445
fax: 844-940-3035

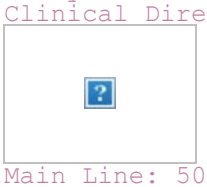
Please note: I am not available 24/7. I can usually answer emails within three days. I am not able to do therapy via email.
In case of emergency, call 911 or go to your nearest emergency room.
Yamhill County Crisis Line: 844-842-8200
Washington County Crisis Line: 503-291-9111
National Suicide Crisis Line (call or text): 988

From: Becca Ozaeta
To: STASHEK LaRee * MHRA
Subject: Comment on Proposed Amendment OAR 833-080-0041
Date: Wednesday, June 10, 2026 4:31:39 PM

Hello,

I am writing to comment on the proposed Amendment to OAR 833-080-0041. Limiting home study will negatively impact rural areas, colleagues with disabilities, and raise barriers in a climate that already has existing increasing barriers.

Becca Ozaeta, MA, LPC-S (OR), LMHC (WA), NCC
(they/them)
Clinical Director



Main Line: 503-342-2669

From: Sara Padilla
To: STASHEK LaRee * MHRA
Subject: public comment regarding the proposed amendment to OAR 833-080-0041
Date: Saturday, June 13, 2026 11:33:23 PM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

From: Katie Palumbo
To: STASHEK LaRee * MHRA
Subject: Re: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 8:40:52 AM

: OBLPCT Prop.Amend. OAR 833-080-0041
I respectfully ask the Board to reject any rule limiting home-study CE hours. Clinicians are already managing high client need, insurance disruption, burnout, and financial pressure. Adding unnecessary restrictions to CE access would burden providers without clear benefit to clients or public safety.

Many of us are facing financial strain in the ever changing economy, and supporting clients who depend on consistent quality care. It Would be untenable to require counselors to attend this amount of in person CEs while providing consistent care , and without tremendous financial and personal strain. This change would put undo stress on clinicians who are already working tirelessly to support their clients as well as fund their continuing education, Often out of our own pockets.

Furthermore, as an autistic individual, attending in person, trainings is not feasible at the extent proposed. Neurodivergent individuals need choice in where, how, and when they learn in order to be able to truly integrate and absorb the information. This rule change, threatens the autonomy and power of neurodivergent and otherwise disabled individuals for whom Internet or asynchronous learning is a tremendously Important to.

Please allow clinicians to choose qualified CE formats that fit their learning needs and clinical work.
Warmly,

Katie Palumbo (She/Her) MA, LPC #C10810
IFS Level 2 - Internal Family Systems Institute

Email: Katie@palumbotherapy.com
Website: katiepalumbocounseling.com
Phone: (503) 217-4156
Location
1300 John Adams St. Suite 108
Oregon City, OR 97045

On Tue, Jun 16, 2026 at 8:10 AM STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov> wrote:

> Good Morning, Katie,

It seems your email came through blank except for your signature line.

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: Katie Palumbo <katie@palumbotherapy.com>
Sent: Monday, June 15, 2026 11:11 PM
To: STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov>
Subject: OBLPCT Prop.Amend. OAR 833-080-0041

Katie Palumbo (She/Her) MA, LPC C10810

IFS Level 2 - Internal Family Systems Institute

Email: Katie@palumbotherapy.com

Website: katiepalumbocounseling.com

Phone: (503) 217-4156

Location

1300 John Adams St. Suite 108

Oregon City, OR 97045

From:	Neel Panchmatia
To:	STASHEK LaRee * MHRA
Subject:	Public Comment on Proposed OAR 833-080-0041 Home Study Limitation
Date:	Thursday, June 11, 2026 1:13:10 PM

Dear Members of the Board,

I am writing to express concern about the proposed amendment to OAR 833-080-0041 that would establish a limit of 20 clock hours for home study or independent asynchronous learning activities during each continuing education reporting period.

While I understand the Board's interest in clarifying continuing education requirements and ensuring accountability, I am concerned that capping home study hours at 20 creates unnecessary barriers for many licensed clinicians, including disabled clinicians, rural providers, caregivers, lower-income clinicians, and clinicians already managing significant professional and personal demands.

Asynchronous continuing education can be high-quality, rigorous, clinically relevant, and ethically meaningful. For many providers, it is also the most accessible format available. It allows clinicians to pursue learning while balancing client care, disability access needs, family responsibilities, geographic limitations, scheduling constraints, and financial realities.

A 50% cap on home study may unintentionally privilege clinicians who have the time, money, transportation, health, and schedule flexibility to attend live or in-person trainings. This risks creating an inequitable standard that does not reflect the realities of the counseling and therapy workforce.

Rather than limiting home study hours, I would encourage the Board to focus on standards for quality and verifiability. For example, CE activities could be required to include clear learning objectives, documentation of completion, presenter qualifications, post-tests or evaluations when appropriate, and relevance to professional practice. These safeguards would address concerns about accountability without reducing access.

I respectfully urge the Board to reconsider the proposed 20-hour limit on home study and preserve the option for clinicians to complete continuing education through high-quality asynchronous learning when it best meets their professional, personal, and accessibility needs.

Thank you for considering this comment.

Warmly,

Neel Panchmatia, LPC

From: Kirstin Parmeter
To: STASHEK LaRee * MHRA
Subject: Proposed ruling regarding asynchronous CEs
Date: Monday, July 6, 2026 8:46:57 AM

Good Morning,

I am writing to express my opposition to the proposed ruling requiring clinicians to complete 20 hours of continuing education via in-person/live trainings. As a clinician who is also trying to meet my financial needs as a single person, taking time off to attend 20 hours of training would be a hardship for me. I see 28 clients a week and need to have the flexibility to complete trainings on weekends. I am currently working on a training through PESI on working with clients with ADHD. Already this training has informed my work with clients in a positive way. In addition, I am a Supervisor for LPC associates and am almost certain any in person training specific to Supervision would require me to travel to Portland, adding more time and more expense for me.

I live in close proximity to a major city, but for many clinicians access to quality in-person training (that is also relevant to their practice) is going to be a challenge. Offerings in rural areas of Oregon are likely to be very limited.

If I may ask, what is the purpose of this proposed ruling? What question or issue is it intended to address? I feel that with the multiple sources of online trainings available, this ruling would simply be creating hardship and access issues where they do not currently exist.

Thank you for your consideration,

Kirstin Parmeter

Kirstin Parmeter, LPC, Supervisor
Bridges Community Health
(541) 255-1411 ext.1012

From: Apryl Pense
To: STASHEK LaRee * MHRA
Subject: Re: rule making
Date: Wednesday, June 10, 2026 2:37:31 PM

I understand the difference. And I believe this creates inequality still. I also see no evidence for how this change would make any difference in the ways this proposal states.

Apryl Pense, LPC
(971) 301-4175
Respite Therapy NW

Crisis Resources:
Natl Suicide Prevention 24 hour Lifeline 800-273-8255
Trans Lifeline 877-565-8860
Call to Safety Crisis Line (formally known as Portland Women's Crisis Line): 1-888-235-5333

Crisis Chat/Text Options:
Suicide Hotline text 988, Natl Suicide Prevention 24 hour Lifeline
suicidepreventionlifeline.org/chat/
www.imalive.org
Natl Crisis Text line- Text Home to 741741
National Sexual Assault Hotline 1-800-656- 4673

Want to talk longer?
National Warm Line 24/7 1-800-698-2392
David Romprey Oregon 24/7 Warmline. Toll-Free 1-800-698-2392

On Wed 10 Jun 2026 at 2:20 p.m., STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov> wrote:

> Thank you for submitting a public comment on the proposed rulemaking. Your feedback is much appreciated. The Board will review all comments received at the August 7, 2026 meeting.
>
> Note: there seems to be some confusion about the proposed limitation on home study. The rules would define it as “independent, asynchronous learning activities completed without real-time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension.” This is different from “Live Continuing Education” which means “synchronous

learning involving real-time interaction with an instructor or presenter, including in-person or live virtual formats." *Accordingly, there would be no limit on CE completed at home (virtually) that is live.*

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 1, Published

From: Apryl Pense <apryl@respitetherapynw.com>
Sent: Wednesday, June 10, 2026 1:56 PM
To: STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov>
Subject: rule making

Hi,

As I have reviewed board decisions around the current and past rules over the last few years, I have noticed that all changes have been in the interest of reducing time work and energy for the board and has added work time and energy for therapists. This rule especially creates challenges for those of us who have physical limitations, health limitations, or ADA limitations. Reducing the amount of hours that can be done from home from legitimate resources creates challenges that limits access for so many providers. This also does not take into consideration the current and past epidemics, or pandemics. There is no reason that CE from reputable sites at home is not sufficient.

The other recent changes have been one sided and have affected some and not others. The board has begun making decisions that are inequitable and lean in their favor.

Apryl Pense LPC

--

Apryl Pense, LPC

(971) 301-4175

Respite Therapy NW

Crisis Resources:
Natl Suicide Prevention 24 hour Lifeline 800-273-8255
Trans Lifeline 877-565-8860
Call to Safety Crisis Line (formally known as Portland Women's Crisis Line): 1-888-235-5333

Crisis Chat/Text Options:
Suicide Hotline text 988, Natl Suicide Prevention 24 hour Lifeline
suicidepreventionlifeline.org/chat/
www.imalive.org
Natl Crisis Text line- Text Home to 741741
National Sexual Assault Hotline 1-800-656- 4673

Want to talk longer?
National Warm Line 24/7 1-800-698-2392
David Romprey Oregon 24/7 Warmline. Toll-Free 1-800-698-2392

From: Jessica Powers
To: STASHEK LaRee * MHRA
Subject: Public comment Re: [OBLPCTeNews] Notice- Board Rulemaking
Date: Wednesday, June 10, 2026 1:24:18 PM
Attachments: inline-image-1.png

> You don't often get email from jessica@happyheartoregon.com. Learn why this is important

Hi there,
In response to the proposed amendment to OAR 833-080-0041:
Limiting the amount of home study CE clock hours that can be counted will create significant financial hardship and inconvenience for those of us who depend so greatly on the low cost and flexibility that home study CEs afford.
CE lectures and workshops that are offered in-person and online are both difficult to attend because we have limited control over when these can be worked into our schedules due to the limited times they are offered. Especially when they conflict with our work schedules, they can negatively impact our income because time attending a live CE is not time we are spending with clients, and for many of us in private practice and fee-for-service settings, seeing clients is the only income source we have.
Home study CEs are also overall significantly less costly, as they usually offer the option to purchase a certain amount or even an unlimited amount over a certain period of time for a reduced fee.
Jessica Powers, OR LPC #C4894

Appointment request link: https://happyheart.clientsecure.me/

On 6/9/2026 at 4:09 PM, "OBLPCT Updates" <oblpctenews@omls.oregon.gov> wrote:

> ## NOTICE: BOARD PROPOSED RULEMAKING, PUBLIC COMMENT PERIOD OPEN
>
> Please find attached a rulemaking notice document from the Board of Licensed Professional Counselors and Therapists.
>
> **Rule Caption: Associate registration plans, registrant remedial action, duplicate licenses, continuing education, and records retention.**

Rule Summary

- Amend OAR 833-050-0051: Relocate and clarify registration effective date language from OAR 833-050-0061.
- Amend OAR 833-050-0061: Repurpose rule to cover Board remedial action currently located under OAR 833-050-0091 with changes to correspond with Board authority and practice.
- Amend OAR 833-050-0091: Clarifies supervisor responsibilities and relocates remedial language to OAR 833-050-0061.
- Amend OAR 833-050-0111: Remove provision requiring special permission for multiple supervisor change.
- Repeal OAR 833-075-0040: Repeals an obsolete procedure for license duplication.
- Amend OAR 833-075-0070: Creates exception for seven-year client records maintenance requirement when state or federal law requires a different retention period.
- Amend OAR 833-080-0011: Adds new continuing education (CE) related definitions and reorganizes language for clarity and brevity.
- Amend OAR 833-080-0031: Clarifies documentation of CE program completion and specifies activities that do not qualify. Sets forth that programs completed to fulfill the terms of a Board order or agreement do not qualify towards the CE requirements for licensure renewal or reinstatement.
- Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded. Removes the requirement that CE has a minimum one clock hour duration and other requirements that are unnecessary and/or difficult to verify.
- Amend OAR 833-080-0051: Clarifies CE documentation requirements for each method of obtaining CE credit and the reporting period in which credit is attributed. Adds that the Board may request additional documentation to verify eligibility.
- Amend OAR 833-080-0061: Clarifies CE audit processes and updates outdated requirements. Adds a sanction schedule for failure to respond to a CE audit that includes delinquent fees and license suspension until a compliant response is received. Allows 30 days to remedy deficiencies and establishes sanctions for failure to complete deficient hours. Sets forth that remedial CE may not be double-counted towards a subsequent reporting period.

Need for the Rule(s)

The Board is proposing these administrative amendments to optimize regulatory efficiency, resolve statutory conflicts, and strengthen public protection. A comprehensive

review of Divisions 50 and 80 revealed that several sections require restructuring and modernization to improve clarity and compliance. The Board proposes repealing OAR 833-075-0040 to reflect current administrative operations, as paper licenses are no longer issued. To ensure legal alignment, the Board must establish an exception to the standard seven-year client records retention period, thereby preventing conflicts with overriding state and federal mandates.

Updates to continuing education (CE) frameworks are necessary to protect the integrity of the licensing process. The Board requires clearer definitions and explicit criteria regarding qualifying CE activities, documentation standards, and audit procedures. This includes implementing a 20-clock-hour limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence. By clearly articulating non-qualifying activities, reporting periods, verification processes, and late-response penalties, these amendments establish consistent, equitable, and transparent standards. Ultimately, these updates uphold the Board's public protection mandate while ensuring licensees and registrants can easily understand and navigate their maintenance requirements.

PUBLIC COMMENT

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business. Please email your comments to laree.stashek@mhra.oregon.gov or mail them to the Board's office at 3218 Pringle Road SE, Ste. 120, Salem, OR 97302. All comments must be received no later than 5:00 p.m. on July 22, 2026.

NOTICE OF FILED PERMANENT RULES

The Board filed a permanent administrative order making the following rule changes, effective June 9, 2026.

Rule Caption: Update terms, accuracy in representations to the Board, applications, examination failure and study plan.

Rule Summary

- Amend OAR 833-020-0041: Clarifies requirements for direct method application.
- Amend OAR 833-020-0081: Removes automatic license denial and one-year wait period for licensure candidates that fail the competency examination for a third time, and adds provision for study plan after second failure.
- Amend OAR 833-050-0011: Clarifies requirements for associate registration method application.
- Amend OAR 833-110-0031: Prohibits licensees, residents, temporary practitioners, and applicants from making misrepresentations to the Board or allowing third parties to submit responses to Board forms on their behalf. Sets

forth that failure to comply violates statute and may be grounds for sanction.

Please see also our Rulemaking Q&A.

WEBSITE

The above documents, along with rule text, are available on the Board Rulemaking Webpage.

You are receiving this email because you are either a licensee, applicant, registered associate, or an interested person who has requested to be on the Board's mailing list. **This listserv does not allow replies.**

Thank you,

BLPCT Staff

MENTAL HEALTH REGULATORY AGENCY

3218 Pringle Road SE, Suite 120 | Salem, OR 97302-6309

Data Classification: Level 1, Published

From: Rowan Counseling
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Monday, June 15, 2026 8:51:55 PM

Hello Laree,

My name is Kerry Powers and I am a Licensed Professional Counselor and I respectfully ask the Board to reject any rule limiting home-study CE hours. Clinicians are already managing complex client needs, insurance disruption and billing obstacles, burnout, and financial pressure and a slowing and highly competitive market for providers. Adding unnecessary restrictions to CE access would burden providers without clear benefit to clients or public safety.
Please allow clinicians to choose qualified CE formats that fit their learning needs and clinical work.

Respectfully,
Kerry L. Powers

Kerry L. Powers M.A., LPC
Licensed Professional Counselor
Rowan Counseling Services
971-219-4067
rowancounseling@gmail.com

From: Zoe Presley
To: STASHEK LaRee * MHRA
Subject: Reject rule on CEU cap for home-based learning
Date: Wednesday, July 8, 2026 8:19:56 AM

To: OBLPCT Board

As an OBLPCT licensee, I wanted to second a letter from my colleague, Dr Steven Cohn (please see below). Placing restrictions on how licensees can obtain our CEUs only hurts the public by narrowing our opportunities to learn. That makes no sense. My clients have benefitted greatly from the many asynchronous courses I have been able to take (and would not have been able to take otherwise). I urge the board to reject any rule that places a cap on asynchronous continuing education for license renewal.

Sincerely,

Zoë Presley, M.A., LPC
503.987.0121
zoe@zoepresley.com

From: Katie Ray
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 1:05:34 PM

Please do not restrict counselors' ability to complete continuing education through qualified asynchronous or home-study formats.
Self-paced CE can be rigorous, relevant, tested, and directly useful to clinical practice.
A cap would create unnecessary barriers for working clinicians, caregivers, rural providers, and those managing health, disability, or financial constraints.
Please preserve flexible CE access.
Many trainings have been adapted to specifically fit this format, making them most accessible, relevant, and only consumable this way. This would add an unnecessary burden to licensed therapists.

Respectfully,

Katie Ray (she/her), LPC, LMHC, RYT
Certified IFS therapist
EMDR and Sensorimotor trained
Registered Yoga Teacher

From: Celine Elise Redfield
To: LPCT Board * MHRA
Subject: Re: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Tuesday, July 7, 2026 3:23:13 PM

Hello,
I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. This proposed rule is unnecessary and punitive for no reason — it will not lead to better care for clients and will not better protect the public.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.
With Gratitude,
Celine
they/them
Why are my pronouns in my signature?
Celine Elise Redfield { M.A., OR LMFT #T1386, CA LMFT # 83984, ATR #13-270, OR ART-T-10205997, EFT Master Practitioner}

- -
Inner Growth Therapy & Two Wings Balanced Healing
tel: 971.248.0063
e: celine@innergrowththerapy.com & celine@twowingsbalancedhealing.com
w: http://innergrowththerapy.com & https://www.twowingsbalancedhealing.com/
Schedule your next appointment online!
- -
Twitter ~ Facebook ~ Sign up for my newsletter ~ Instagram

24-hour Mental Health Crisis Lines:
Multnomah County 503-988-4888. Toll Free at 1-800-716-9769. Hearing Impaired dial 711.
Washington County: 503-291-9111. Hearing Impaired: TDD 1-800-735-2900
National Suicide Prevention Lifeline: 800-273-8255. Veterans dial 1
Los Angeles County Mental Health Line: 800-845- 7771

sender by replying to this email and then delete the email and attachments from your computer. Thank you.

From: Leanne Reed
To: LPCT Board * MHRA
Subject: Requirement of in-person/live online continuing education
Date: Tuesday, July 7, 2026 12:18:31 PM

To: Board of Licensed Professional Counselors and Therapists
From: Cynthia Schmit-Reed LPC
Date: 7 July 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online.

This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off. Many therapists, especially those in private practice, are seriously financially impacted by missing even one day of scheduled client time, which would likely be required to attend an in-person or live training - as these are usually not held on weekends. As such, this would impact individual practitioners differently depending on socio-economic status and privilege creating further barriers, when the stated goal of the Board has been to reduce barriers.

Recently I recall spending a great deal of time completing a questionnaire from the Board on how to increase accessibility/reduce barriers to counseling as a field of practice. This rule would fly directly in the face of this stated priority. As an upper middle-class white therapist, I would even find it a financial hardship to have to take time off work and potentially travel somewhere to complete a training- as I live in a rural area without in-person options. You may say that, in this case, I could take live online classes, which is true, but wouldn't change the fact that my options would be more limited. I'd like to maintain the freedom to seek training on topics that are helpful to my individual practice and areas of specialization, delivered in a manner I can best learn from. For example, when I complete asynchronous online trainings, I can replay certain parts if I need more time to digest. I can also pause to take notes, which isn't possible in live trainings. As someone with ADHD, attempting to listen while also taking notes doesn't work at all. Most importantly, I want the option to seek quality training regardless of the location or manner of delivery.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where and how learning must happen. The public is better protected by CE standards that require evidence of engagement, testing, and mastery than by a

rule that privileges attendance over high-quality self-study. I respectfully ask the board to preserve the option of exclusive asynchronous/home-study credit, allowing therapists to choose the learning format that best fits their goals and needs.

Sincerely,

Leanne Schmit-Reed, LPC
Mental Health Counselor
License # C3209 (Cynthia Schmit-Reed)
503-880-7180

STASHEK LaRee * MHRA

From: Amy Rees <arees@lclark.edu>
Sent: Thursday, June 11, 2026 11:00 AM
To: STASHEK LaRee * MHRA
Subject: Re: CE description feedback

Follow Up Flag: Follow up
Flag Status: Flagged

Hi LaRee,

Thanks for the clarification.

Feedback for the board: I appreciate wanting to make sure that asynchronous learning is actually something people do and not just checking off a box to get credit. However I don't think there is a functional difference between being live online for a course and viewing it through video as long as the site requires the video be played through the end and there is a quiz before allowing credit. You can sit in a training, online or in person, and never actually interact with the presenter including turning off your video and walking away from the computer. I've also personally seen people fall asleep during in-person trainings! You can only do so much to make sure people actually learn something new. The American Counseling Association has a multitude of great trainings, and presentations from the national conference, that are offered in the online video format including a "free" once a month training included in the membership.

I'm opposed, and I think many others will be as well, to the 20 hour limit. Perhaps allowing video for at least 30 if not all, and severely limiting, or not allowing, the reading of articles for credit without any video component that can be tracked by the CE grantor.

Also, changes would take effect for the 2029 renewal? Personally I've already completed some, and purchased more than 20 hours of video training I am planning on doing for the 2027 renewal and I probably am not alone in that as well.

From: MereAnn Reid
To: STASHEK LaRee * MHRA
Subject: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Monday, June 15, 2026 9:03:06 PM

To the OBLPCT Board,

Please do not restrict counselors' ability to complete continuing education through qualified asynchronous or home-study formats.

Self-paced CE can be rigorous, relevant, tested, and directly useful to clinical practice. A cap would create unnecessary barriers for working clinicians, caregivers, rural providers, and those managing health, disability, or financial constraints.

As a neurodivergent learner specializing in neurodiversity-affirming care with marginalized clientele, this increased restriction feels arbitrary and inequitable.

Please preserve flexible CE access.

Respectfully,
MereAnn Reid, LPC

--
MereAnn Reid, LPC, RPT (she/her)
play therapy | parenting | consultation
hello@mereannreid.com
971.224.7563 | Portland, OR

Art of Parenthood, LLC
play therapy :: mereannreid.com
parent workshops :: familyzest.com
music-based therapy :: safe & sound protocol

From: Caitlin Reidy
To: STASHEK LaRee * MHRA
Subject: Comment to push back on Ammendment OAR 833-080-0041
Date: Monday, June 15, 2026 3:05:15 PM

To Whom It May Concern,

I am writing to express my concerns regarding the proposed amendment to OAR 833-080-0041 and the potential limitations it would impose on clinicians.

The proposal appears to reduce accessibility by overlooking the existing barriers therapists face, including insurance requirements, economic pressures, and personal demands. Reconsidering this amendment would allow the Board to act as a support system for practitioners rather than an additional systemic burden.

In my professional experience, participating in "live learning trainings" is often difficult as they frequently conflict with client schedules. While I prioritize live sessions when possible, it is not always feasible without disrupting patient care. Furthermore, many asynchronous options are direct recordings of live trainings, offering the same quality of information and education.

I urge the Board to reconsider this amendment and trust therapists to obtain their CEUs in ways that best support their unique professional needs and lifestyles.

Thank you for your time and consideration.

Sincerely,

Caitlin Reidy, MA, LMFT

From: Jade Reiling
To: STASHEK LaRee * MHRA
Subject: Proposed Rulemaking comment
Date: Wednesday, June 17, 2026 3:26:11 PM

Dear OBLPCT,
Thank you for all the hard work you do to help regulate healthy and ethical care for our clients. It has been a pleasure to serve with you as a licensed Counselor for a decade.

I have a concern regarding the continuing education amendment that is being proposed. Specifically, the proposition suggesting that we must receive 20 CEUs that are done live rather than using a recording or studying on our own schedule.

As a seasoned professional, I have benefited greatly from being able to make my own schedule for my business and my CEUs. This has allowed me the freedom to access classes even when I am unavailable when they are offered live. This is vital for me, and for many other providers for many reasons.

As a mother of 3 disabled children, I have a heavy load to carry all the time. In order to provide for these 3 kids, it is crucial that I be able to make my own schedule that works with their schedule so that I can work to provide financially while being present to care for their basic and complex needs every day of our life. When I am able to do continuing education that is asynchronous, this allows me to do it late at night, on my days off, when a client cancels last-minute, and at other random times. Asynchronous learning allows me to pause when the kids get hurt, have needs, fall down stairs, start throwing up, etc. This is truly vital to my career and my care for the children.

When a class is required to be in person it usually falls on a work day. This means I have to cancel a full day of clients in order to attend. This is a huge financial crisis for me and many other providers who depend on every session to simply feed our family during this hellish economic crisis.

Live classes often cost more than self-study classes, thus putting a greater financial strain on those of us who are already living below the poverty level.

I have had a LOT more trouble getting my certificates returned to me correctly when they are done with live presenters. I don't know why this is the case, but it is. I have often had to contact the presenters several times to get my certificates accurately and timely.

Live CEUs is not neurodivergent friendly. As a neurodivergent person, I am much more able to comprehend and absorb the information when I am able to learn at my own speed. This allows me to read/watch/listen when my brain is ready to absorb the information. This allows me to take breaks, rewind, reread, review, and manage my learning so that I gain the most out of the material. Some people need more time or less time to learn, which isn't available in live trainings.

There is also a struggle with transportation or technology when attending live sessions. If there is a power outage or internet issue with a live presentation that I have already paid for, I will now lose the money and the CEU rather than being able to flexibly come back to the

asynchronous class at a better time.

Thank you for considering my concerns regarding this proposed rule change. I hope that my email finds you well.

Sincerely,
Jade Reiling, LPC, EMDR Certified

From: Carl and Stephanie Reimer
To: STASHEK LaRee * MHRA
Subject: OAR 833-080-0041
Date: Wednesday, June 10, 2026 10:26:27 AM

Hello,

I am writing regarding my **non-support** of the pending rule outlined in OAR 833-080-0041. I live in Merlin, Oregon, a rural community outside of Grants Pass. I use Home Study exclusively to obtain the required CEU's to renew my LMFT license.

This new rule would require me to travel long distances to obtain half of my required CEU's. Not only is the travel expensive, but the classes offered outside of Home Study are also expensive. In addition, most of the classes would require an overnight stay, which is even more expense for me. I believe that my colleagues in the rural areas of Oregon will be penalized by this proposed rule, and I am disappointed and surprised that this rule would be considered as fair to all licensed counselors in Oregon.

I **DO NOT** support this proposed rule. It will require extensive travel, a great burden of expense for me and for many others, and time away from my counseling practice. It is a totally UNFAIR proposition that is discriminatory to the counselors who live outside of metropolitan areas.

Respectfully,

Carl Reimer, LMFT

From: Tina Remacle
To: STASHEK LaRee * MHRA
Subject: Comment on proposed rule change
Date: Wednesday, June 17, 2026 5:16:54 PM

Hello,

I'm writing in regards to the proposed change for OAR 833-080-0041, specifically the cap of 20 hours of asynchronous CEUs during each reporting period. I appreciate the board's commitment to professionalism, ethics, and public safety. However, I'm concerned that this proposed rule will put undue hardship on clinicians, especially in regards to finances and logistics. The impact may especially be significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often only available asynchronously. Asynchronous CEU completion allows practitioners to engage in high quality training while also effectively managing the complexities of clinical practice. Many therapists are already facing significant administrative and financial pressures such as: increased documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and insurances reducing reimbursement rates. Requiring a set amount of live CEU training may increase costs through higher registration fees, travel expenses, lost income from reducing client hours to attend scheduled sessions, and childcare costs. I respectfully request that the board does not place a cap on the amount of asynchronous hours that may be used unless the board provides evidence that asynchronous training is less effective than live training in maintaining professional competence. I request that the board consider if the quality and relevance of CEU training is more important than the delivery format. Thank you for your consideration of these comments, and for your commitment to the integrity of the profession and the safety of the public.

Best,
-Tina

From: Kir Rian
To: STASHEK LaRee * MHRA
Subject: Comment on OAR 833-080-0041
Date: Friday, June 12, 2026 6:49:12 PM

Dear OBLPCT Board,

I am extremely dismayed by the proposed amendment to OAR 833-080-0041, especially as it relates to capping the number of CE hours we can utilize for independent, asynchronous learning activities.

This level of restriction seems to go completely against some of the most important elements intrinsic to the purpose of continuing education: for therapists to continue growing in their learning. It seems incredibly short-sighted, out of touch with current technology, and extremely limiting on multiple levels. It will absolutely cause undue financial hardship for therapists who will be forced to attend synchronous or in-person CE trainings at the expense of client schedules. It will result in therapists being severely limited in access to CE and in subjects and criteria areas relevant to their specific practice focuses and personal growth areas.

The list of reasons this proposal is extremely disappointing could go on further, but I will stop. Please do not proceed with this.

Thank you for your consideration,

Kir Rian, LPC/OR, LMHC/WA
she/her
541.357.6106
pinelightcounseling@gmail.com

Trauma-certified OR & WA therapist specializing in grief, illness & medical trauma, and PTSD. Clinical Supervisor Washington. Yoga somatic therapy. EMDR. Groups for grief, MS, and mindfulness.

Pine Light Counseling
Psychology Today
Inclusive Therapists

If you are experiencing an emergency, please call 911 or one of these numbers:
Multnomah County Crisis Line: 503-988-4888
Washington County Crisis Line: 503-291-9111
Clackamas County Crisis Line: 503-655-8585
Clark County Crisis Line: 360-696-9560
National Suicide Prevention Lifeline: 1-800-273-TALK(8255)
National 24/7 crisis/mental health text line: 741741
National Suicide & Crisis Mental Health LifeLine (text or call): 988
Lines for Life various 24 hour hotlines
Various warm lines for crisis and peer support

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From: Hayley Roark
To: STASHEK LaRee * MHRA
Subject: Proposed rule making - Public Comment
Date: Wednesday, June 10, 2026 10:57:33 AM

Good Morning,

In reading the changes being proposed, I have one concern if I am reading the changes correctly. In AR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded, I interpret this to mean that CEU's will be limited to 20 hours of home study. I live in a very rural part of Oregon and having the ability to do virtual and home study trainings has been invaluable to meeting my licensing requirements versus in-person trainings which require traveling to the Valley areas and missing a minimum of 3 days of work for a one-day training. I recognize the quality of trainings may be in question, but I also believe there needs to be consideration for those of us who live in rural and frontier areas of the state and don't have easy access to these resources.

I appreciate this opportunity to voice my concerns. Thank you and have a wonderful day!

Hayley D. Roark, MS. LPC, ASDCS

From: Kristine Rouska
To: STASHEK LaRee * MHRA
Subject: Limiting 20 hours of asynchronous learning CEU's
Date: Wednesday, June 10, 2026 3:25:02 PM

Hello,

My name is Kristine Rouska. I have been registered with the board since 2016 when I first applied as an intern. I would like to voice that I disagree with proposed rule change. CEU trainings can be very expensive when you factor in the added expenses of travel, sometimes food if it's not offered and time (as many of them are during working business hours). I don't think creating more expense barriers, especially right now, is a viable option for many people when online trainings can be flexible and often less expensive. I know there is an option for "Virtual synchronous," but time must still be considered.
Also, this will highly affect rural practitioners who may be forced to find in person CEU's. Many of them having to travel overnight to cities. We already have a shortage of rural mental health resources I don't see why we would create further barriers for them as well.
We are currently working in a time when people are feeling burned out by expectations for work/life balance and they are leaving the Mental Health field. We have a shortage of clinicians for Medicaid patients (especially in rural areas) due to clinicians being unlicensed in this state with the new insurance board regulations. I don't see how making things harder by making it more expensive and time consuming for people to stay licensed is helping to serve the rising number of people seeking services in Oregon.

Thank for your time and consideration,

Kristine Rouska
She/They

From: Miriam Saucedo
To: STASHEK LaRee * MHRA
Subject: Proposal Comment
Date: Monday, July 20, 2026 8:12:03 AM

> You don't often get email from miriam@liminalleaftherapy.com. Learn why this is important

Hello,

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and continue to evaluate CE by its educational quality and demonstrated outcomes.

Sincerely,

Miriam Saucedo, LPC (she/her)
Liminal Leaf Therapy LLC
P: 503-966-2978
F: 503-506-6854
Website: liminalleaftherapy.com

From: Amanda
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Tuesday, June 16, 2026 4:50:52 PM

Please do not restrict counselors' ability to complete continuing education through qualified asynchronous or home-study formats.

Self-paced CE can be rigorous, relevant, tested, and directly useful to clinical practice. A cap would create unnecessary barriers for working clinicians, caregivers, rural providers, and those managing health, disability, or financial constraints.

Please preserve flexible CE access.

I personally cannot afford live trainings as they are happening during my work hours, not in my town, not affordable enough, come with travel and lodging costs…all things my life does not allow for at this time. I also learn better when I can be self-paced. With ADHD, sitting in a lecture or multiple lectures for hours is not a conducive learning environment for me.

Having flexibility to find training that fit my budget and my learning style has been incredibly important to me. I ask we aren't forced to change that.

Respectfully,

Amanda Sawyer, LPC and LMHC
Owner and Dual Licensed Therapist
Deeply Connected Ecotherapy, LLC
Phone: 971-303-8192
Website: deeplyconnectedecotherapy.com
Simple Practice: https://deeplyconnectedecotherapy.clientsecure.me

From: Amy Schulz
To: STASHEK LaRee * MHRA
Subject: Change to board CEUs
Date: Wednesday, June 17, 2026 9:52:58 AM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Amy Schulz

From: Danahy
To: STASHEK LaRee * MHRA
Subject: Re: CE requirements
Date: Wednesday, June 10, 2026 9:09:29 AM

Please submit to board. And thanks for clarifying for me.

Danahy Sharonrose
Life Transforming Counselor and Coach

On Wed, Jun 10, 2026 at 8:41 AM STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov> wrote:

> Good Morning, Danahy,
>
> The rules would define home study as "independent, asynchronous learning activities completed without real-time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension." This is different from "Live Continuing Education" which means "synchronous learning involving real-time interaction with an instructor or presenter, including in-person or live virtual formats." *Accordingly, there would be no limit on CE completed at home (virtually) that is live.*
>
> Would you like me to submit your comment to the Board, or was that just a question?
>
> Thanks!
>
> **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 1, Published
>
> ---
>
> **From:** Danahy <auspiciouslife@gmail.com>

Sent: Tuesday, June 9, 2026 4:57 PM
To: STASHEK LaRee * MHRA <laree.stashek@mhra.oregon.gov>
Subject: CE requirements

Not sure I understood proposed change correctly. But I would want to continue with all CE units allowed to be home study/ online.

Thanks

Danahy Sharonrose MA LPC
Life Transforming Counselor and Coach

From: rylan shook
To: STASHEK LaRee * MHRA
Subject: Public comment on proposed CEU clock hours change
Date: Tuesday, July 14, 2026 11:56:33 AM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Rylan Shook, LMFT

From: Gideon Shrier
To: STASHEK LaRee * MHRA
Subject: Request for comments on proposed OBLPCT rules
Date: Wednesday, June 10, 2026 1:16:46 PM

Hello,

I disagree with the proposal for limiting qualifying home study CEUs - I have not found any substantial or consistent difference in quality of education between live CEUs and ones available for asynchronous study.

On-demand CEUs are also typically more affordable and are much more convenient for unconventional work schedules.

Thank you,
Gideon Shrier

From: Meghan Smith
To: STASHEK LaRee * MHRA
Subject: Letter about CEU proposal
Date: Wednesday, June 17, 2026 12:41:15 PM

To: Board of Licensed Professional Counselors and Therapists
From: Meghan Smith, LPC
Date: June 17, 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses seat time with learning, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often feel they learned more from traditional lectures, yet they score higher on tests after active-learning sessions. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial

flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,
Meghan Smith

Meghan Smith, LPC

Meghan's Place: Outpatient+ Eating Disorder Therapy

Licensed Psilocybin Facilitator- meghansplacejournez.com

971-205-0408

she/her/hers

I am out of the office on Sundays and Mondays.

From: Jill Smith
To: STASHEK LaRee * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Saturday, July 4, 2026 2:48:53 PM

Board of Licensed Professional Counselors and Therapists:

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

I learn by taking notes. Online lectures and live online lectures always allow time to watch the lectures again. I have been able to review parts or all of the online learning recording for a second time and review and take more notes and diagram what I am hearing so that I can apply it to my practice.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

From a cost perspective it is very costly to go to live events. Travel time and hotel accommodations add to the in-person learning fee. A rule that is more expensive and less accessible is not a neutral rule.
There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But

capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Warm regards,

Jill Smith, MA, LPC
Still Waters Counseling Center
458.209.4080

From: Brittany Smith, LPC
To: STASHEK LaRee * MHRA
Subject: Public Comment on OAR 833-080-0041
Date: Monday, July 6, 2026 12:47:31 PM

Hi there,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon counselors without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many counselors are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, working parents, counselors with disabilities, and counselors who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. There is not a body of evidence demonstrating that the quality and relevance of these trainings are diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and

the public.

Thank you!

Best,
Brittany

Brittany Smith, LPC
she/her

phone: 503-799-5066
website: toadstoolcounseling.com
address: 316 NE 19th Ave. Portland, Oregon 97232

From: Annette Smith
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Amendment to OAR 833-080-0041
Date: Monday, July 20, 2026 12:40:37 PM

Dear Board Members,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In addition, it creates barriers for clinicians with disabilities and continues to create accessibility barriers for clinicians who utilize accessibility features such as closed-captioning and speed controls. Many clinicians are also single caregivers for children and other family members that would create an unequal burden upon these clinicians to pay for and find care for those they are caring for. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining

professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Annette Smith, LPC, NCC, CCTP
(971) 267-2623
https://www.healingcenteredtherapy.com/
https://complicated.life/annettesmith

From: Marlayna Soenneker
To: STASHEK LaRee * MHRA
Subject: Proposed OAR changes feedback
Date: Wednesday, June 10, 2026 1:59:49 PM

Hello,

I would like to provide feedback on the board's proposed changes to the OARs, specifically about: "*Home Study" means independent, asynchronous learning activities complete ad without real-time instructor interaction that includes reading or listening to pre-recorded professional materials followed by completion of an examination or other assessment designed to measure comprehension."* The board is proposing to limit this to 20 hours of CEUs per renewal period.

Frist, I believe that there should be a differentiation between courses done via reading versus courses done via watching videos. I have seen many CEU reading courses that I have had a hard time believing could possibly take anyone as long to read as they give credit for, and I have found them to be of low quality and have thus not used them myself. I would have no issue with the board limiting the amount of hours that can be received this way.

However, there are many video-based trainings online that are extremely helpful and that provide complex and high-level educational opportunities. For example, I completed the General Psychiatric Management training through Harvard online and it was exceptionally useful. To the best of my knowledge, there would not be an opportunity for me to receive this training in a live format, so if I had already completed by 20 hours of home study, I couldn't utilize my CEU time to take this course as it would not contribute to my overall total. Similarly the Trauma-Based CBT training that many clinicians complete is only available online and is in fact a prerequisite for taking the OHA sponsored longer courses. This is also not typically available live.

Requiring that 20 hours of the CEUs be done live is a substantial change from the current requirements and could pose a significant hardship for clinicians who are not able to afford the cost of live/synchronous trainings, which are often substantially higher than recorded trainings, or who might have difficulty fitting trainings that occur during the day into their schedule. One of the helpful factors for recorded trainings is that they can be done in chunks, at night or on weekends, whenever it is convenient for the clinician.

There also seems to be a judgment in this proposed change that courses done asynchronously do not provide as high-quality of learning opportunities as live courses, which I do not agree with. The quality of learning for both video courses and live courses is primarily determined by the intentionality of the person taking the course, with a strong secondary aspect being the quality of the course itself. A person who is eager to learn can learn equally well in both settings, while a person who is just completing a task and doesn't actually care about the material can learn poorly in either setting. Additionally, a person presenting a course can vary significantly in competence in either setting as

well. While live trainings do have the option of asking questions to the instructor, many people never do this. Additionally, live trainings can include discussion or break out activities, but many live trainings do not. It is totally possible to take 20 hours of live trainings and never interact with anyone else, making the experience quite similar to a recorded training, only more expensive and less convenient.

Additionally, asynchronous courses have benefits that live courses do not—when one gets distracted, one can stop watching for a while and engage in another activity until the mind is ready for more; if one is unclear on a piece of information or misses it due to distraction, one can rewind and rewatch it; one can break up a long training into smaller bits which is particularly helpful for people like me who struggle to sit in a training and pay close attention for 4-8 hours in a row.

In conclusion, I strongly disagree with the proposed change to limit the amount of CEUs that can be earned through asynchronous learning and urge the board not to move forward with this change.

Also of note, *"(c) Home study courses. 1 clock hour shall be awarded for each 6,000 words- or incrementally at one quarter (.25) hour per minimum 1,500 words- of reading actual instructional content, which excludes non-substantive materials such as advertisements, citations, indexes, reference lists, learning evaluations or assessments, or filler content."* does not make sense for a course done via watching videos.

Thank you for your consideration.

Marlayna Soenneker, LMFT
Senior Clinical Manager, Catholic Community Services
503-312-6323
She/her/hers

From: KelseySomppi
To: STASHEK LaRee * MHRA
Subject: Public Comment in Opposition to Proposed Amendments to OAR Chapter 833, Division 80
Date: Wednesday, June 24, 2026 8:35:43 AM

Hello,

I respectfully submit this comment in opposition to the proposed amendments to OAR Chapter 833, Division 80. While I recognize the Board's stated intent to improve clarity, efficiency, and public protection, several of the proposed changes may have unintended consequences that could negatively impact licensees without demonstrably improving competency or public safety.

First, the imposition of a strict 20-clock-hour cap on home study (independent, asynchronous learning) is overly restrictive and does not reflect the realities of modern professional education. High-quality CE opportunities are increasingly delivered through flexible, remote formats that allow practitioners to access specialized training regardless of geographic or scheduling constraints. Limiting these formats may disproportionately burden rural providers, those with caregiving responsibilities, or professionals with limited access to in-person training, without clear evidence that such a cap improves outcomes.

Second, the expanded documentation and audit requirements, coupled with new sanction schedules, introduce a level of administrative burden that may be excessive relative to the stated goals. The potential for license suspension due to delayed or incomplete audit responses particularly when paired with delinquent fees raises concerns about proportionality and fairness. These measures may penalize otherwise competent practitioners for procedural deficiencies rather than substantive issues related to professional competence.

Third, the exclusion of CE activities completed under Board orders or agreements from counting toward renewal requirements may discourage meaningful remediation. If licensees are required to complete additional CE beyond remedial obligations, this creates duplicative requirements that may not meaningfully enhance competency, while increasing cost and time burdens.

Additionally, while efforts to clarify definitions and reorganize rule language are commendable, the removal of certain baseline standards such as minimum CE duration requirements may create inconsistencies in how educational quality is evaluated and enforced. Greater clarity should not come at the expense of rigor or uniformity.

Finally, the proposed changes appear to shift the regulatory framework toward a more punitive and compliance-focused model, rather than a supportive, competency-based approach to professional development. A more balanced approach would emphasize accessibility, flexibility, and evidence-based standards for continuing education.

For these reasons, I urge the Board to reconsider or revise the proposed amendments. Specifically, I recommend reevaluating the home study cap, scaling audit-related sanctions to ensure proportionality, allowing remedial CE to count toward renewal where appropriate, and ensuring that any new requirements are supported by clear evidence of their effectiveness in protecting the public.

Thank you for the opportunity to provide input on these important matters.

Sincerely,

Kelsey Somppi, Clinical Director/Owner of VCS
Licensed Marriage and Family Therapist; Registered Play Therapist Supervisor
AAMFT Approved Supervisor; EMDR Certified/Approved Consultant; IFS Level 2 Trained
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From: Ken Steinbacher
To: LPCT Board * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Monday, July 13, 2026 10:25:41 AM

To: Board of Licensed Professional Counselors and Therapists
From: Kenneth Steinbacher, LPC
Date: July 13, 2026
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. This proposed rule is unnecessary and punitive for no reason — it will not lead to better care for clients and will not better protect the public.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development. Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,

Kenneth Steinbacher, LPC (they/them)

Ken Steinbacher Counseling LLC
kensteinbachercounseling.com
503-208-6424

From: Emma Stern-Fleege
To: STASHEK LaRee * MHRA
Subject: RE: OBLPCT Prop.Amend. OAR 833-080-0041
Date: Monday, July 13, 2026 9:54:28 AM

To the OBLPCT Board,

I am writing to submit public comment regarding the proposed amendments to OAR 833-080-0041, specifically the provision to establish a 20-clock-hour limit on independent, asynchronous home-study learning.

I strongly oppose this proposed cap because it significantly limits accessibility for Oregon clinicians and restricts our ability to engage deeply with educational materials.

First, restricting self-paced, asynchronous continuing education creates disproportionate barriers to access for:

- **Rural Providers:** Clinicians in remote areas face significant geographic and financial hurdles when required to travel for live, in-person training.
- **Disabled and Chronically Ill Clinicians:** Asynchronous learning allows providers with physical, sensory, or cognitive health needs to pace their education in a way that accommodates their health requirements.
- **Caregivers and Working Parents:** Flexible, self-paced learning is essential for clinicians balancing full-time practice with family responsibilities.
- **Socioeconomically Diverse Providers:** Live webinars and in-person seminars are often significantly more expensive than high-quality, tested home-study programs, adding an unnecessary financial burden during a time of rising practice costs.

Second, asynchronous learning offers distinct educational advantages that live formats cannot replicate. In a self-paced format, clinicians have the invaluable ability to pause, review, and revisit complex course materials, research papers, and video demonstrations. This allows for a level of deep processing, reflection, and integration into clinical practice that is rarely possible during a one-time, live lecture where the pace is dictated by the presenter rather than the learner's clinical needs.

Asynchronous CE programs are rigorous, evidence-based, and require comprehension testing to verify learning. Limiting this format does not protect public safety; instead, it reduces equity and restricts access to specialized education that directly benefits our clients.

I respectfully ask the Board to reject the proposed 20-hour limit and preserve full access to qualified asynchronous and home-study CE formats.

Respectfully,

Emma Stern-Fleege

--
Emma Stern-Fleege, Licensed Professional Counselor
Pronouns: She/Her

Metamorphosis Holistic Counseling, LLC
Simple Practice Client Portal
Phone: (510) 730-1789
Fax: (833) 523-2398
Note: this email is checked Monday-Thursday between 9AM and 4 PM, please do not expect a response outside of business hours.

I do not provide emergency or crisis support. If you are in crisis, please call 911, go to your nearest emergency room, or call one of the emergency crisis lines listed on my resource page.

20 Jul 2026

Dear OBLPCT board and staff,

I'm writing with feedback on the proposed changes to CE credits in OAR 833-080-0041. Mostly they seem like a good idea. However, I'm concerned with 1) the mandate for 20 hours of live training and 2) the word limit for home study. I would also like to advocate for 3) study groups as a path to high-quality engaged learning. First I want to talk about a recent live training experience, and reflect on active learning as the mark of quality.

Live training does not equal quality
I recently attended a day-long training with a doctoral-level provider at a prestigious graduate school in our region. It was on a relevant supervision-related topic, and the presenter had all the experience and credentials that mark expertise. However, the training itself was extremely boring. The instructor mostly lectured, and I did not feel that my prior knowledge on the topic was activated. At the end of the day, I felt that I mostly learned not to take another course with that instructor again. Although this was a 'live course,' it was not a quality learning experience.

Quality learning is difficult to mandate
It is hard to mandate 'quality learning,' because different people have different needs, and because there is such a broad variance in skill and expertise in the many topics in our field. (It is possible that some people loved the training I discussed above— perhaps due to different learning preferences, or lower standards, or maybe they were just happy that no fights broke out.)

Quality learning is active learning
In the educational psychology literature, active learning connotes engagement with learning activities and activation of prior knowledge. This is a pedagogical issue (how teaching happens), as well as a selection issue (what training opportunities licensees choose to pursue). Although I feel our field sorely needs higher-quality pedagogy, I think the Board will have a hard time mandating it.

Market forces encourage low-quality trainings
In terms of live training, it is most economically efficient to stick a bunch of people in a room— in person or virtual— and talk at them, then administer a rating questionnaire. This is the technical expert 'banking model' of education (Freire, 2001). High-quality training experiences are much more difficult to design and deliver than low-quality ones. High instructor-to-student ratios are part of that equation. That said, it is possible to create excellent in-person learning experiences. It is also possible to create excellent asynchronous and hybrid online learning experiences. But it takes more work and often makes less money. High-quality trainings (whatever the delivery method) are not incentivized.

A way the Board could incentivize quality course creation
The Board's current rules for accruing CEs for course creation and delivery don't incentivize high-quality course creation and delivery. They assume a 'delivering a lecture' model, in which most of the work is up-front. However, high-quality learning experiences derive from years of preparation and experience, as well as a lot of work during the learning experience itself. I know this is difficult to

quantify, but as a trainer, I have found that the 'first prep period' limit on CEs create an obstacle to me wanting to offer trainings.

Different people have different learning needs
Some people learn a lot better from on-demand courses. Some people are too busy taking care of children and supporting their family to take a day off for a training or conference. Some people are disabled and live in the countryside, and can't easily travel to the city. Some people have learning disabilities and need accommodations, including in the delivery format.

I personally have light and sound sensitivity. Most electric lighting is intolerable to me. I can't tolerate being in a room with multiple simultaneous conversations— is is rapidly overstimulating. (I also can't tolerate being in a room with a boring lecture for more than an hour— it is way too understimulating.) I love social learning activities, but my invisible disabilities make it really hard to participate in most of them.

Imagine being a person with social anxiety, or with agoraphobia, or social harm OCD, being mandated to attend a live training with a social learning component. It would really interfere with learning.

People need flexibility. I feel that we should be giving people more options, not fewer.

The proposed language is vague
Does 'live learning' mean face-to-face, or any synchronous learning activity? How does hybrid learning (like a flipped classroom, with recorded lectures and live discussions) fit into the mix? Well-designed hybrid learning can be quite engaging. Whatever rules are made, the language should be clear.

It is hard to get accessible live CEs for advanced skills
I have a couple of advanced clinical specialties: I have completed advanced trainings and certifications, and have published and presented nationally on gender-affirming care and group psychotherapy. Advancing my knowledge even within the current CE paradigm is hard. The proposed rules would make it even harder.

As I mentioned above, conferences are hard for me. Long days on Zoom are hard for me, due to my light sensitivity and need to move around and connect with people. Most available live trainings are at an introductory or intermediate level, or are at a time that doesn't work for me. (East Coast 9am = West Coast 6am. I'm not a morning person. Getting up early to log into Zoom for 3 hours is not at all conducive to my learning.)

I recently completed a 6-hour online CE from Harvard Medical School on caring for autistic patients. I learned a lot about the medical experience of autistic folks, and how doctors think about it. (This CE was cross-listed for mental health and addressed psychosocial needs as well.) It was a well-designed CE that encouraged active, engaged learning. There is no way I would fly to Boston to take that class; it would not be worth the money for me. Online asynchronous learning made that knowledge accessible to me.

LPCs and LMFTs should have a study group option like the LCSWs
I would like the option to learn and discuss advanced skills with peers in person and count it towards CEs. I'd like the Board to make a provision for organized study groups, as I have heard the social work board allows. Reading a book or watching a video and talking with professional peers is a meaningful way to activate existing learning and hold it in a social matrix. Here's how the social work board does it (from https://www.oregon.gov/blsw/pages/continuingeducation.aspx):

> **Study Groups**
> In order to have a Study Group count toward your Continuing Education Requirement, you will need to submit the following to the Board for approval prior to commencement of the study group sessions:
>
> • A List of Group Members
> • A General Synopsis of Topics the Group Will Discuss (Must be Clinical)
> • Sign in sheets must be present to submit for a CE Audit.
>
> The group must contain no less than 5 and no more than 10 mental health professionals. You may only count up to half of your continuing education hours per renewal period in a study group. Study group hours are not backdated before approval is received.

I'm a queer, trans, autistic therapist. I do not need to take any more CEs from cis, straight, neurotypical presenters about myself and my people. Most trainings offered by people in my communities are geared towards beginners, because that's what there's a market for, based on how the field has incentivized trainings. I have advanced knowledge, but the existing and proposed CE paradigm doesn't incentivize me developing my most advanced skills. Study groups are the economical, accessible, and community-building path to creating quality learning experiences for advanced practitioners.

There are lots of deliberate practice activities; they improve client outcomes equally well
In 2015, psychologist Daryl Chow and colleagues conducted research on deliberate practice in highly effective psychotherapists. They surveyed clinicians about 25 deliberate practice activities and investigated the correlation between these practices and client improvement.

Here are the 25 activities:

1. General clinical supervision as a supervisee (without review of audiovisual recordings of sessions)
2. Clinical supervision as a supervisee (with review of audiovisual recordings of sessions)
3. Clinical supervision as a supervisee (review of difficult/challenging cases and/or cases with nil improvement)
4. Live supervision provided during sessions (e.g., supervisor as co-therapist, one-way mirror/reflecting team)
5. Reading of journals pertaining to psychotherapy and counseling
6. Reading/rereading core counseling materials
7. Focused learning in specific model(s) of psychotherapy
8. Reviewing therapy recordings alone
9. Reviewing therapy recordings with peers
10. Reviewing difficult/challenging cases alone

11. Attending training workshops for specific models of therapy
12. Case discussion/conceptualization/formulation with a mentor/clinical supervisor
13. Mentally running through and reflecting on the past sessions in your mind
14. Mentally running through and reflecting on what to do in future sessions
15. Writing down your reflections of previous sessions
16. Writing down your plans for future sessions
17. Case discussion/conceptualization/formulation with peers
18. Viewing master therapist videos, with the aim of developing specific therapeutic skills as a therapist
19. Reading case examples (e.g., narratives, transcripts, case studies)
20. Discussion of psychotherapy-related subjects with contemporaries/peers/mentors
21. Tending to self-care activities and emotional needs
22. Socializing
23. Exercising
24. Rest (e.g., naps in the day, going for a walk, engaging in a nontherapeutic activity that is enjoyable)
25. Others (Please specify)

(From Chow et al., 2015, Table 1, p. 350. A general category of continuing education could be constructed from items 5, 7, 11, and 25.)

The authors found that: 1) deliberate practice had a significant effect on therapist outcomes, and 2) none of the deliberate practice activities was superior. It was merely the ***mean amount of time per week*** spent on deliberate practice that correlated with people becoming more effective psychotherapists (Chow et al., 2015, p. 341). Based on these findings, live trainings do not appear to be superior to self-directed learning at improving client autcomes, nor to any of the other forms of deliberate practice listed above.

I would prefer to engage in deliberate practice activities that are at my growth edge and support my development and interests. However, there's only so much time in the day/life. The CE mandates as written force me to choose learning activities that are not the best fit for me— viz. the in-person training I wrote about above.

Didactic CE activities have little effect on clinical practice

Neimeyer and Taylor (2011) reviewed the history of continuing education in psychology, and found "a conspicuous absence of research data regarding the effectiveness of CE" (Neimeyer & Taylor, 2011, p. 668). Due to the lack of good studies in psychology at the time, the authors turned to research on CE in medicine, where RCTs have been conducted. They argued that:

> Not all forms of CE training are equally effective, however. From his systematic review of a 20-year period of controlled research on the effects of continuing medical education, Bloom (2005) concluded that interactive techniques were the most effective at changing physician care and patient outcomes but that didactic presentations had "little or no beneficial effect in changing physician practice" (p. 380). In other words, passive dissemination of new or even evidence-based practices by itself exerts no significant effect on practitioner behavior, but teaching skills via feedback and practice frequently do (see Norcross, Hogan, & Koocher, 2008).

(Neimeyer & Taylor, 2011, p. 669)

A subsequent study elaborated on the difficulties of sound CE pedagogy and found that psychologists in clinical practice view formal CE, self-directed learning, and peer consultation as equally highly valuable (Neimeyer et al., 2025). Personally, I would rather have experiential learning, where we practice skills and get live feedback. That's what the literature on deliberate practice in psychotherapy suggests is the way to go. That's my idea of quality learning.

In some, I think the proposed rule will make it harder for the people who want quality learning experiences to get CEs for it. For the people who just want to passively listen to and nod along (which is just as easy to do in a didactic CE activity), they will just be slightly inconvenienced by having to do it synchronously. I hope you'll consider my proposal about study groups.

6,000 words per CE for home study doesn't make sense

First of all, this language in 833-080-0041.2.c supposes that home study is from written materials only. 833-080-0011 refers to asynchronous formats. (If you combine 833-080-0011 with 833-080-0041.2.c, you'd think somebody's going to start counting words in videos…)

The basic trouble with a 6,000 word rule is this: 'you or I or anybody can use lots of words to talk about big ideas, but that won't make the learning good' (22 words). Or I can say 'pedagogical depth' (2 words) and we are at a whole different level of sophistication. Word count does not equal information density, and information density does not equal quality learning.

I don't know what this rule is supposed to be combatting against— reading magazines? 'not counting advertisements?' As I understand it, self-study of written materials involves CE programs with written materials. As such, the CE accreditors should be taking care of quality. (Who's going to count the words in my print book? The Board? A staff member with a pencil and a flashlight, up late in Salem?)

Honestly, it begs the whole question of what a CE is, and why a 'contact hour' is supposed to equate to a 'unit of learning.' It may be the best we have, but the more you look into it, the more it doesn't make sense. Learning is not really quantifiable. I agree we need a way to measure amounts, but I'm not sure that number of words is the right measure. (6,000 polysyllabic words? 6,000 words in children's books?)

Even using the Flesch–Kincaid readability tests would be an imperfect (but more accurate) way of determining reading challenge. However: different people have different reading speeds, different texts are more or less difficult, some texts have useful information but are poorly written, etc.
I suggest we scratch the word count rule and seek some better definition.

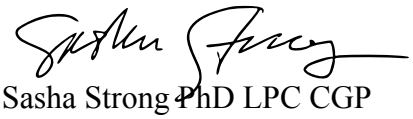
Conclusion

I appreciate the spirit of these rules (at least, as I imagine them). There ought to be more high-quality CE opportunities available, and people should be encouraged to engage with them. I just don't think these rules as drafted are going to attain that goal. (If the goal is to prop up the Oregon training market, well, they'll still have to compete with synchronous online learning from outside the state.) I think it is great that the board wants to encourage good CE, and I think we have to look beyond CE mandates to what it would be like to encourage active learning CE opportunities in our field.

The CE rules as proposed do a poor job of ensuring higher quality CEs, accommodating diverse learning needs and life situations, and making learning accessible to contemporary licensees. I urge you to:

a. drop the stipulation that CE accrual methods other than live learning may count for only 20 hours of CE each renewal period
b. drop the 6,000 words/hour count for written self-study CE (and perhaps the Board can study a better way to create the intended result)
c. clarify the meaning of live (probably replace with 'synchronous learning')
d. add a study group option
e. reconsider how the Board could incentivize quality (e.g. engaged and active) learning through CE rulemaking and other means

Sincerely,



Sasha Strong PhD LPC CGP
Executive Director
Queer Confluence, Portland OR
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Further Reading

Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy*, *52*(3), 337–345. https://doi.org/10.1037/pst0000015

Freire, P. (2001). *Pedagogy of the oppressed*. Continuum. [Esp. as a critique of the banking model of education, which in my opinion is baked into many of the field's assumptions about CEs.]

Neimeyer, G. J., Horn, J. B., Messer-Engel, K., Nishi-Strattner, L., Orwig, J., Slusky, A., Taylor, J. M., & Williams, L. (2025). The perceived contribution of continuing professional development activities to ongoing professional competence. *Practice Innovations*, *10*(2), 156–171. https://doi.org/10.1037/pri0000282

Neimeyer, G. J., & Taylor, J. M. (2011). Continuing education in psychology. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (2nd ed., pp. 663–672). American Psychological Association. https://doi.org/10.1037/12353-043

From: Kari Stubbert
To: STASHEK LaRee * MHRA
Subject: Comment on Proposed Rule Change Regarding CE"s
Date: Tuesday, June 16, 2026 9:21:00 AM

Hello,

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon counselors and therapists without clear evidence that it will improve clinical competence or client outcomes. Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have
come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to
the profession and the public.

Best,
-Kari

Kari Stubbert, MA, LPC, NCC (she/her)
Licensed Professional Counselor
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If you are experiencing a crisis, call 911 or visit your nearest emergency room. You may also reach out to the National Suicide & Crisis Prevention Lifeline at 988 (call or text), the Lane County Mobile Crisis line at 541-682-1001, or the Oregon Warmline at 1-800-698-2392 for crisis or peer support.

From: Mensch Therapy
To: STASHEK LaRee * MHRA
Subject: Public Comment: Opposition to OAR 833-080-0041
Date: Friday, June 12, 2026 3:37:12 PM

Good afternoon,

I am writing to formally oppose the proposed rule that would implement a 20-clock-hour limit on independent, asynchronous learning for continuing education requirements. I am also submitting this comment in direct response to the agency's request for alternatives that could achieve the rule's substantive goals while reducing its negative economic impact on practitioners.

I am a licensed professional counselor in Oregon in private practice. I have reviewed the Board's stated rationale for this proposed rule and offer the following point-by-point response:

1. The Board states that "Updates to continuing education frameworks are necessary to protect the integrity of the licensing process" and that "clearer definitions and explicit criteria regarding qualifying CE activities, documentation standards, and audit procedures" are needed.

I do not dispute this aspect. Clearer definitions, stronger documentation standards, and consistent audit procedures are reasonable and appropriate updates. My opposition is specifically to the 20-clock-hour cap on asynchronous learning, which is a separate and more consequential provision whose rationale does not adequately justify itself on its own terms.

This is the central claim requiring scrutiny, and it rests on an assumption unsupported by evidence: that synchronous delivery is inherently more effective at building professional competence than well-designed asynchronous learning. The research on continuing education does not support that conclusion. What drives competency outcomes is the quality, relevance, and rigor of the content, not the format in which it is delivered.

2. The Board states that these amendments establish "consistent, equitable, and transparent standards" and uphold the Board's "public protection mandate."

I respectfully submit that the 20-hour cap undermines rather than advances equity. I would appreciate consideration of who is most harmed by mandatory synchronous CE requirements:

- Independent practitioners, who make up approximately 20% of therapists nationally, have no employer covering CE costs or absorbing lost revenue when live trainings conflict with clinical hours. Attending synchronous training during business hours means canceling client sessions, which is a direct, uncompensated financial loss.
- Rural and geographically isolated providers face greater barriers to accessing live or in-person events, which are disproportionately scheduled around urban centers. Restricting asynchronous options compounds an already inequitable access gap.
- Newer practitioners and those operating on tighter financial margins will find licensure maintenance more costly and logistically burdensome; not less. Live trainings carry higher registration fees, and often travel and lodging costs as well.

A rule that increases cost and reduces access does not serve the public protection mandate. It risks reducing the number of licensees who can afford to maintain their credentials, thereby limiting access to care for Oregon clients. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, venture-backed digital insurance startups, delayed reimbursements, audits, claim denials, and other burdens associated with providing care.

3. The Board states that these updates ensure "licensees and registrants can easily understand and navigate their maintenance requirements."

Asynchronous CE is currently one of the most straightforward and accessible ways for practitioners to meet their renewal requirements. It is self-paced, widely available, often lower cost, and completable outside of clinical hours. Introducing a hard cap on this format adds a compliance variable that practitioners must now actively track, and creates a new class of CE hours that are harder to complete without financial sacrifice. This runs contrary to the stated goal of ease of navigation.

Alternative approaches for the Board's consideration:

In response to the agency's explicit request for options that achieve the rule's goals while reducing economic harm, I propose the following alternatives:

1. Quality standards for asynchronous CE providers. Rather than capping hours, the Board could establish or strengthen accreditation criteria for asynchronous CE requiring interactive components, knowledge assessments, case-based learning, or post-completion evaluations. This directly addresses concerns about home-study quality without restricting practitioners' access.

2. A higher cap or tiered structure. If some limit on asynchronous hours is deemed necessary, a higher threshold, such as 30 of the 40 hours, would preserve meaningful flexibility for independent practitioners while still encouraging some live engagement. A hardship or rural exemption could further reduce harm to the most affected licensees.

3. Competency-based attestation. Practitioners could be required to document how their CE selections are tied to their identified learning needs and scope of practice, regardless of format. This focuses the integrity concern where it belongs on relevance and intentionality rather than on delivery method.

4. Sunset and review provision. If the Board proceeds with any format restriction, a built-in review period with data collection on practitioner impact and competency outcomes would allow the rule to be evaluated against evidence before becoming permanent.

I share the Board's commitment to a licensing process that protects the public and maintains professional standards. I do not believe the proposed 20-hour cap achieves those goals, and I believe the alternatives above would do so more effectively, more equitably, and with significantly less economic harm to Oregon's licensed mental health workforce. It is already

demoralizing to be a mental health professional in today's America. I respectfully request the Board's consideration of the potential barriers this would create.

Thank you for the opportunity to submit public comment and for your service to the profession and the public.

Respectfully,
Brooke Terry, LPC

From: grace thornton
To: STASHEK LaRee * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study at Home
Date: Tuesday, June 16, 2026 4:51:12 PM

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remainder to be completed through lectures. That approach confuses **seat time with learning**, and the evidence does not support treating physical attendance as a proxy for competence. Oregon's current continuing-education framework already allows a variety of formats, including home study and distance learning, and where Oregon is a forward-looking state in many professional areas; a more rigid lecture-heavy rule would move in the wrong direction.

Harvard's active-learning research found that learners often **feel** they learned more from traditional lectures, **yet they score higher on tests after active-learning sessions**. That is the classic "illusion of learning": lectures can feel smooth and easy to follow, but ease of presentation is not the same thing as retained knowledge. If the board's goal is public protection, the relevant question is not how many hours a person sat in a room, but whether the CE actually improved understanding, retention, and clinical judgment.

Active learning includes being tested on the material. A home-based CE course that requires watching a video or reading material, then completing quizzes, case applications, or other post-tests is not passive; it is retrieval practice, which strengthens memory and learning. In that sense, self-study can be every bit as rigorous as a lecture, and often more effective, because it requires the learner to generate answers, self-correct, and actively engage with the material. This is especially important for adult learners, who, according to the research, learn best when they have autonomy over pace, timing, and method and when education is relevant to their real-world practice.

Where a lecture is a one-size-fits-all format, a qualified home-study CE allows clinicians to choose content that is more relevant to their specialty, learning needs, and schedule. Adult learning theory supports this individualized approach because adults learn best when education is self-directed, practical, and relevant to real-world practice. A board policy should therefore focus on outcomes, not on an outdated assumption that more lecture hours equal better education and better protection of the public.

The proposed lecture mandate also creates avoidable barriers. It increases travel, parking, and gasoline costs (not good for the environment); adds childcare expenses for single parents and caregivers; and burdens clinicians with lower incomes more than those with greater financial flexibility. It also creates accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity problem in how the rule is structured. Allowing all 40 hours to be completed online, in lecture, or in combination does not penalize therapists who prefer live lectures, because they still have full access to that format. But capping home study at 20 hours does penalize therapists who learn better through self-paced formats, creating an unfair handicap for one group without a provable corresponding public-safety benefit. In other words, the proposed rule is not actually neutral; it gives one learning style unrestricted access while restricting another.

There is also a forward-looking versus backward-looking issue. Therapy practices are moving online, as are many other professions, and continuing education should reflect that reality rather than cling to an outdated seat-time model. Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,
M Grace Thornton

--
Grace Thornton, LPC
grace.thornton.counselor@gmail.com
(503) 504-5886
www.Thorntontherapy.com

From: Emelia Thygesen
To: STASHEK LaRee * MHRA
Subject: public comment regarding the proposed amendment to OAR 833-080-0041
Date: Wednesday, June 24, 2026 7:34:49 AM

"I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

My emails will be responded to within 24 hour period Monday-Thursday during business hours.

Emelia Thygesen LCMHC

(252) 649-3303

https://www.lyrictolifetherapy.com

If you are in crisis or need immediate assistance please call/text the NSPL at 988, or use the crisis chat: https://suicidepreventionlifeline.org/chat/
You can also contact Crisis text line by texting HOME to 741741.
If you are having a medical emergency, please dial 911 or go to your nearest local hospital.

From: Savannah Torkelsen
To: STASHEK LaRee * MHRA
Subject: Public Comment: OAR 833-080-0041
Date: Tuesday, June 16, 2026 2:24:37 PM

Hello,

This is my public comment about the proposed amendment to OAR 833-080-0041.

I respect that the Board would like to maintain integrity, competence, and ethics for our professional development. However, I believe this amendment would add additional financial and logistical hurdles and barriers for counselors, which many in our field already struggle with. Usually, synchronous offerings cost more per credit and often require travel expenses. I am an example of someone who this rule would affect. As someone who works part-time in my own private practice, this amendment would make my ability to continue offering low-cost, sliding scale slots more difficult and would make my private practice less sustainable due to financial and logistical concerns. For me, personally, I would also have to potentially cancel sessions to attend sessions and would have to arrange and pay for childcare. I am certainly not the only counselor that would be facing these same difficulties. And I would imagine that rural counselors and specialized counselors would struggle with this amendment even more.

Please reconsider this amendment so that counselors can continue to sustain their careers, their practices, and serving their clients well.

Thank you,
--
Savannah Torkelsen
LMHC & Professional Counselor Associate
www.savannahtorkelsen.com
Savannah Torkelsen Counseling

From: Krissy Tost
To: STASHEK LaRee * MHRA
Subject: Public Comment on Proposed Continuing Education Rule Changes
Date: Monday, July 6, 2026 11:43:55 AM
Attachments: image.png

Dear Board Members,

Thank you for the opportunity to provide feedback regarding the proposed rule changes.

I am writing to express concern about the proposed limitation that would allow only 20 of the required 40 continuing education hours to be completed through asynchronous learning.

As a licensed professional counselor and solo private-practice owner, I rely heavily on asynchronous training to access high-quality continuing education while maintaining availability for my clients. Many of the most valuable trainings I have completed, particularly in specialty areas, have been offered in recorded formats by nationally recognized experts. These trainings allow me to learn at my own pace, revisit complex material, and integrate new knowledge into my clinical work without canceling appointments or significantly disrupting client care.

I am not aware of evidence demonstrating that synchronous training is inherently more effective than high-quality asynchronous training in improving clinical competence or client outcomes. If the goal is to ensure meaningful professional development and protect the public, I believe the quality and relevance of the training should be more important than the format through which it is delivered.

I am also concerned that this limitation could create unnecessary financial and logistical barriers for clinicians. Live trainings often require higher costs, travel, and time away from work. For clinicians in private practice, this can mean both additional expenses and reduced availability for clients.

Finally, I encourage the Board to consider the timing of implementation. Many licensees complete continuing education well in advance of their renewal deadline and may have already invested significant time and financial resources under the current rules. If this proposal is adopted, I respectfully request that it be implemented prospectively with adequate notice.

I respectfully encourage the Board to reconsider the proposed cap on asynchronous continuing education or provide evidence supporting the need for this restriction.

Thank you for your consideration and for your continued service to Oregon licensees and the public we serve.

Sincerely,

Krissy Tost, LPC

Owner of The Counseling Place
Phone | 541-250-0312
Email | krissy@thecounselingplacepnw.com
Website | thecounselingplacepnw.com

The Counseling Place

Emails and voicemails are checked Monday-Thursday during business hours.

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National Suicide & Crisis Lifeline | Call or Text 988
Youthline Crisis Line | Call 877-968-8491 or Text teen2teen to 839863
Benton County Crisis Line | Call 888-232-7192
Linn County Crisis Line | Call 541-967-3866

From: Sonja Towner
To: STASHEK LaRee * MHRA
Subject: Amended OARS 833-080-0041
Date: Tuesday, June 9, 2026 6:29:47 PM
Attachments: img-8663b225-3015-46b7-af2a-fb371a08f004.png
img-75627127-29c9-4892-a412-a6a5c20dc458.png

Dear LaRee,

I am writing to express my concerns regarding the proposed amendments to OAR 833-080-0041, specifically the proposal to limit independent, asynchronous home-study continuing education to 20 clock hours per reporting period. I appreciate the Board's commitment to maintaining high professional standards; however, I believe this proposed change will create significant unintended hardships for many Oregon licensees, particularly those of us practicing in rural communities.

As a therapist in rural Oregon, I have very limited access to in-person continuing education opportunities. Most conferences and trainings that would satisfy the proposed requirements are located at least 2.5 hours from my home. Attending these events requires not only registration fees—which are often $1,000 or more—but also travel expenses, overnight lodging, meals, and time away from my practice. Closing my practice for multiple days also results in lost income and reduced access to care for my clients.

My continuing education renewal is due in January, and I have already completed the majority of my required hours through approved home-study courses in reliance on the current rules. Had I known these requirements were under consideration for change, I would have planned differently. I respectfully ask the Board to consider how implementation timing may affect licensees who have already invested substantial time and money in completing their CE requirements under the existing standards.

I am also concerned that the Notice of Proposed Rulemaking states there is no fiscal impact. While the rule may not directly impact businesses, it will have a very real financial impact on individual licensees, especially those practicing in rural areas or operating solo practices. The additional costs associated with travel, lodging, registration fees, and lost clinical time are significant and should be considered as part of the rulemaking process.

I respectfully ask the Board to reconsider the proposed 20-hour limit on home-study continuing education or, at minimum, consider alternatives such as allowing additional synchronous virtual training to satisfy the requirement or implementing a longer transition period for licensees already working toward their current renewal cycle.

Thank you for your time and for considering the perspectives of those of us providing mental health services throughout Oregon. I appreciate the opportunity to submit these comments.

Respectfully,

Sonja Towner, LPC

Sonja Towner (She/Her) MA, LPC
Canine Behaviorist
Paws and Reflect Therapeutic Services
541-543-8744
Cottage Grove, Oregon 97424

From: VanDenBogaard, Jay
To: STASHEK LaRee * MHRA
Subject: proposed amendment to OAR 833-080-0041
Date: Wednesday, June 17, 2026 3:17:48 PM
Attachments: image001.png

Good afternoon all. I hope this finds you well.

I'm emailing in response to the proposed amendment to OAR 833-080-0041 and 20-hour cap on Asynchronous CE learning. I would request the Board take into consideration the following reasons against imposing the limit you are proposing:

1. Asynchronous CE is often equally rigorous as live CE
    a. Research in adult learning consistently shows that self-paced learning improves retention especially for complex clinical material
    b. Such learning often provides markers including post-tests, case studies and competency checks that live webinars do not require
    c. There is no strong research that synchronous hours inherently produces better clinical outcomes
        i. A cap penalizes a format that is pedagogically sound and widely used in other professions

2. Counselors' schedules make live attendance unrealistic
    a. When taking into consideration counselors that work full-time, have irregular schedules, may require crisis coverage, be short staffed, work weekends or evenings
    b. Live CE requires blocking out time during business hours (even outside of normal hours PST vs EST), cancelling or rescheduling clients, lost income
        i. A cap disproportionately burdens providers with high caseloads, rural clinicians and those supporting marginalized communities, and/or work in community mental health

3. Rural and underserved-area counselors would be most affected

    a. In many rural areas live CE events are rare or nonexistent, travel to in-person or synchronous events require hours of driving, lodging, and lost work time
        i. A cap reduces CE access for the counselors serving the most vulnerable populations

4. The limit is not comparable with other health professions
    a. Most comparable professions allow far more asynchronous CE including psychologists, social workers, marriage and family therapists, nurses, and physicians
        i. A cap is unusually restrictive and not aligned with national norms or evidence-based regulation

5. Asynchronous CE increases equity for counselors with disabilities or caregiving responsibilities
    a. Counselors who are neurodivergent, chronically ill, parents of young children, caregivers of aging relatives or others needing care rely on asynchronous CE because it allows for pausing, rewatching, learning in short intervals, and avoiding sensory overload from long live sessions
        i. A cap creates unnecessary barriers for clinicians who already face structural inequities

Thank you for taking time to consider my talking points.

Warmly,
jay

Jay VanDenBogaard, LPC, CADC III, BC-TMH (she/they)
Substance Use Clinician | Collegiate Recovery Coordinator
Student Health Center | Oregon State University
Skoro House | 740 SW 15th Street | Corvallis, OR 97331
Phone: 541-737-2702 | Fax: 541-737-9665
https://studenthealth.oregonstate.edu/ | beav.es/recovery

Notice my font is large? This is for accessibility purposes.

Oregon State University in Corvallis, OR is located within the traditional homelands of the Mary's River or Ampinefu Band of Kalapuya. Following the Willamette Valley Treaty of 1855 (Kalapuya etc. Treaty), Kalapuya people were forcibly removed to reservations in Western Oregon. Today, living descendants of these people are a part of the Confederated Tribes of Grand Ronde Community of Oregon (https://www.grandronde.org) and the Confederated Tribes of the Siletz Indians (https://ctsi.nsn.us).

From: Sarah Verducci
To: STASHEK LaRee * MHRA
Subject: OBLPCT Feedback
Date: Monday, June 15, 2026 4:52:58 PM

Dear Board Members,

I am writing to ask the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining hours to be completed through lectures.

That kind of rule treats seat time as if it is the same as learning. It is not. Physical attendance does not automatically mean a clinician is more competent, more engaged, or better prepared to serve the public. Oregon's current continuing education framework already allows for a range of formats, including home study and distance learning. Moving toward a more rigid lecture-heavy requirement would be a step backward.

The issue should not be where a therapist completed a course. The issue should be whether the course actually improved understanding, retention, and clinical judgment.

High-quality home-based CE is not passive. Many courses require clinicians to read or watch the material, complete quizzes, apply concepts to case examples, and pass post-tests. That is active learning. It requires the learner to retrieve information, think through the material, self-correct, and demonstrate understanding. In many cases, that can be more rigorous than sitting through a lecture.

This is especially relevant for adult learners. Adults often learn best when they have some control over pace, timing, and method, and when the education is directly relevant to their work. A qualified home-study course allows clinicians to choose content that fits their specialty, learning needs, and practice setting. A lecture is often a one-size-fits-all format. A board policy should focus on the quality and outcomes of the education, not on the outdated assumption that more lecture hours automatically means better public protection.

The proposed rule would also create unnecessary barriers. It would increase travel, parking, and gas costs. It would add childcare challenges for parents and caregivers. It would place a heavier burden on clinicians with lower incomes than on those with more financial flexibility. It would also create accessibility problems for clinicians with disabilities, chronic illness, fatigue, mobility limitations, or immune concerns, who may be much better served by home-based learning options. A rule that is more expensive and less accessible is not a neutral rule.

There is also an equity issue in how the rule is structured. If therapists are allowed to complete all 40 hours online, in lecture, or through a combination of formats, no one is penalized. Therapists who prefer live lectures can still take live lectures. But if home study is capped at 20 hours, therapists who learn better through self-paced formats are restricted without clear evidence that the restriction improves public safety.

The proposed rule gives one learning format full access while limiting another. That is not neutral, and it does not reflect how people actually learn.

Therapy practices have moved increasingly online, as have many other professions.

Continuing education should reflect that reality. Oregon should support modern, flexible learning formats instead of preserving rigid assumptions about where learning has to happen.

Seat time is not the same as learning. The public is better protected by continuing education standards that require engagement, testing, relevance, and demonstrated understanding than by a rule that privileges passive attendance over high-quality self-study.

I respectfully ask the board to preserve full home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate continuing education by its quality and demonstrated learning outcomes, not by where it happens.

Sincerely,

Sarah Verducci

Sarah Verducci, MS, LPC

Licensed Psychotherapist
she/her/hers
Phone: (541) 292-0037
Email: sarah@sarahverducci.com

Oregon LPC License #C3251

From: marvel@allwithinyou.com
To: STASHEK LaRee * MHRA
Subject: Proposed change to limit asynchronous CEUs
Date: Thursday, July 2, 2026 3:18:37 PM

Hello,

I need to add my voice to the chorus of concern regarding the proposed change limiting the asynchronous online learning that may be counted towards CEUs.

I am sure that others have cited the reasons why the belief that “live” learning is intrinsically superior, or more effective than learning via prerecorded methods, is unsupported by the evidence. So I will not reiterate those issues here.

There are two significant barriers that I fear haven’t been highlighted, that I need to raise for genuine consideration.

First, many live or in-person trainings take place on days and times that conflict with clinicians work schedules. While the occasional accommodation makes sense for intensives or certain somatic modalities, the impact on a clinician's income is doubled: the cost to attend is compounded by the loss of income caused by the sessions the training conflicted with. Additionally, the disruptions to consistency of client care becomes much more significant. Regardless of how a clinician chooses to time their CEU learning (spread out across the time period, or several trainings in a briefer space of time) the reality of that learning disrupting treatment becomes much more severe.

Second, and the one most acute for me; live trainings consistently add unnecessary layers of complexity, stress, and (not infrequently) psychological harm to the learning process. For clinicians of color, queer clinicians, and clinicians with bodies that the world is not made for or celebrates, the learning process is often hampered by facilitators and/or participants who unintentionally demonstrate biased and bigoted behavior that make the option to actively participate in live discussions a moot point. Questions are received and dismissed. Observations are challenged as statistically insignificant. Concerns and perspectives expressed are then treated as invitations to extract further information or to affirm the feelings of those who need to be seen as ‘one of the good ones’.

As a clinician of color, nearly every live training I have participated in necessitated the creation of a secret group chat, if there were other clinicians of color present, so that we can support each other. In the frequent case that I am the only clinician of color present, I have often had to arrange external support or take additional time off to allow for recovery, so I do not carry a distraught nervous system into sessions unethically.

Beyond my own experience, I have learned from other clinicians of color who come to live online trainings knowing they will not be turning their cameras on and they will only be speaking via the chat if at all. They have simply been burned too many times.

For me and many I have spoken to, live-trainings only detract and challenge the learning experiences, and whatever benefit live interaction offers is nullified by the deeply ingrained culture of our field. As a result, I must choose live and in-person trainings very judiciously which results in further limiting the choices and accessibility of such opportunities.

When learning asynchronously, I am able to learn on days that do not impact my case load. I am able to pause, rewind and digest both the material and it's unintentional implications or biases with a distance and *effective autonomy* that is significant and should be considered a function of trauma informed care.

I urge the reconsideration of the proposed rule change as it does not accomplish its stated goal, while adding to equity problems our board has said it aims to take meaningful steps to address.

This proposal moves us further from that goal.

Thank you for taking the time to consider these issues seriously.

Sincerely,

Michelle Vosika-Cooper, LPC (She/Her)
Certified Hakomi Therapist
www.allwithinyou.com | Voicemail: 503-208-6390
Client Portal: https://allwithinyou.patientsecure.me/

From: Katharyn Waterfield, LPC
To: STASHEK LaRee * MHRA
Subject: Board Proposed Rulemaking - COMMENT (833-080-0041)
Date: Thursday, June 11, 2026 11:58:26 AM

RE proposed changes: 833-080-0041

I would like to suggest that the restriction on valid CEU instruction that cannot exceed 20-hours of self-study, asynchonous study is too harsh. I fear that many people living outside a popular suburban area must heavily rely on some of the stellar programs that we are fortunate to have access to, and these programs, from my experience, have excellent self-study, including strict auto-testing criteria applied.

There are also those hopefully rare years when unforeseen barriers occur (such as chronic or severe and ongoing needed medical treatment) may leave a practitioner short of hours towards the end of his/her 4 yr renewal term of reporting. IN these cases, these self-study programs can be a life saver, as there may be no physical programs **geographically or financially attainable** in the time period needed.

Please consider dropping this restriction altogether, or lowering it to 10hrs maximum per renewal period to assist those rare circumstances of impoverishment (in time and money).

Many thanks for your consideration.

Katharyn

Who looks outside, dreams; who looks inside, awakes. -Carl Jung

We rarely hear the inward music, but we're all dancing to it nevertheless. - Rumi

Katharyn Waterfield, MA, LPC
Revealing Wholeness Counseling
PO Box 220172
Portland, OR 97269-0172
503-351-2607
www.revealingwholeness.com
All sessions are video sessions.

PRACTICE MANAGER/BILLING
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Beth's Helping Hands
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Crisis Support Information:

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Multnomah County Crisis: 503-988-4888
Clackamas County Crisis: 503-655-8585
Washington County Crisis: 503-291-9111
National Suicide Prevention Lifeline: 800-273-TALK (8255)

From: madison
To: STASHEK LaRee * MHRA
Subject: New Rules:Comment
Date: Wednesday, June 24, 2026 2:05:36 PM
Attachments: madison@innercanvascounseling.com.vcf

To whom this may concern,
I am writing regarding the proposed rule change about CE's for Counselors. It reads: ***implementing a 20-clock-hour limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence.***

Simply put, this rule appears if it is passed, unethical and a violation of the rights of those disabled or less fortunate who may not be able to travel to said CE's and the cost is often more in person, which will also eliminate opportunities for learning statewide. To encourage in-person CE's is one thing, but this sweeping generalization seems clumsy and inherently dismissive of people's rights be they of less financial means, people of color or people with disabilities. There are numerous ways to make certain the CE's taken are professionally are delivered by Professionally Competent Instructors, including requiring those units be taken from places on an approved list that the board provides. I myself have a chronic nerve condition which may prohibit me from driving at different times. The convenience of schooling on-line does not make the education inferior. In fact many Universities have opted to keep their online programming after Covid. I am concerned and believe leaving out those who need this is discriminatory. Please reconsider as many in our profession come from all ages, cultures, medical backgrounds and walks of life.

Warm Wishes,

Madison Weiss, MA. LPC
Licensed Professional Counselor C8184
InnerCanvas Counseling, LLC / ForgingPaths Counseling, LLC

Https://innercanvascounseling.com
Http://www.forgingpathscounseling.com
https://www.psychologytoday.com/profile/1161112
https://www.therapyden.com/therapist/

Madison M. Weiss
503. 852. 9338
madison@innercanvascounseling.com

From: Spencer Wharton
To: STASHEK LaRee * MHRA
Subject: Comment regarding proposed amendment to OAR 833-080-0041
Date: Monday, June 15, 2026 2:36:32 PM

Hello,

I am writing as an Oregon Licensed Professional Counselor and owner of a solo therapy practice to comment on the proposed amendment to OAR 833-080-0041. While I respect the Board's desire to ensure continuing education courses are high-quality and up-to-date, the proposed amendment, limiting continuing education hours obtained via asynchronous methods to no more than 20 hours per reporting period, would burden my small practice with considerable additional costs. What's more, the proposed rule has significant negative implications for equity and diversity within the counseling field in Oregon, by (a) raising the financial barriers to entry for continuing education and (b) limiting the relevant CE options available to practitioners located away from population centers and/or who serve niche communities or have specialized interests.

At the heart of my opposition to this proposal is the way it forces a dichotomous choice. Presently, when choosing continuing education to further my professional development, I can freely pick trainings that are (a) professionally relevant, and (b) financially and logistically viable. With the abundance of asynchronous trainings available, these values are rarely in opposition. The Board's proposed amendment, by forcing me to seek live trainings for at least half of my continuing education hours, would create the likely conditions for these values to conflict with one another.

In addition to being a therapist and small business owner, I am also a spouse and a parent. With the current freedom to obtain continuing education hours via asynchronous methods, I am able to meet the professional and ethical requirements of continuing education at times that work with my busy schedule, while also freely choosing subjects that are relevant to my practice and professional interests. I can take asynchronous courses of my choosing while my child is at childcare. I can fit CE courses around my client schedule as well.

Limiting asynchronous CE credits would change this. Without the freedom to study via asynchronous methods, I would either need to accept whatever live options were available when I was free, regardless of their direct relevance to my specialties or interests; or re-route my professional and personal schedules around useful CE courses—provided I could even find them! If I found a desirable course at an inopportune time, I might need to reschedule or cancel clients, resulting in lost income, and/or pay for childcare. There are times that I might voluntarily make this choice today, but the proposed amendment to OAR 833-080-0041 would force me to grapple with it for at least 20 of my hours each reporting period. By adopting this rule, the Board would be saddling me and my small practice with an additional financial burden; assuming 20 hours of childcare at a $20/hr rate, the Board would be costing me an additional $400 every reporting period in childcare costs alone.

I am concerned by the negative implications for equity this proposed amendment would pose. Most immediately apparent is the added financial and logistical stress produced by forcing providers to attend synchronous trainings. Since licensing requirement, including CE rules, apply regardless of a practitioner's business size, these costs would apply even to therapists

who run their practices part-time, while working another "day job". This is a common transitional step in establishing a private practice, and it is logically a way for therapists with limited financial means—such as clients with lower household income—to provide their services even before their practices are fully viable and self-sustaining. By increasing the financial and logistical stress in this way, I fear the proposed amendment will raise the barrier to entry and discourage therapists with limited financial resources from starting their own practices, making the practice of therapy more dominated by the wealthy and privileged (and increasing the bargaining power of large group practices and other health organizations).

Moreover, I am concerned this proposed amendment would exert a market pressure toward homogenized, general-purpose continuing education in Oregon. Practitioners, limited in the amount of asynchronous CE hours they could earn, will be less in the market for CE providers' back catalogs of specialty or niche trainings. Since live trainings represent additional financial and logistical hurdles for participants, I suspect CE providers would be incentivized to "play it safe" by offering trainings that they know can recoup costs from the live attendance alone.

Counselors who live in or near large population centers like Portland would likely be the least impacted by this proposed amendment; the prevalence of high-speed internet and the concentration of providers would mean, I'm sure, that they would find it relatively easy to continue meeting their continuing education requirements via live events. Rural providers, however, would be not so privileged. Traveling to population centers to attend relevant in-person trainings could cost hundreds if not thousands of dollars in fuel, food, and lodging. Providers might, of course, elect to attend live virtual trainings instead, but again, this places them at the mercy of live trainings that are available, rather than those that match their interests and specialties.

As a practitioner who specializes in serving marginalized communities, I am deeply troubled by this proposed rule. I have received much of my most valuable training via asynchronous methods. The Acceptance and Commitment Therapy intensive course that I took that transformed my practice was 24 asynchronous clock hours—more than would count under the proposed rule. Why would I bother? A recent training that allowed me to become certified as an ADHD Clinical Services Provider was 30 hours, also asynchronous. A deeply insightful and clinically relevant 8-hour course on kink and nonmonogamy in clinical practice, offered by a Pacific Northwest-based CE provider, yielded rich insight and and practice-enhancing ethical considerations, as well as expanding my cultural competency, and it was asynchronous. Had I already accrued 13 or more asynchronous hours in that recording period, the Board would have incentivized me to forgo that training and hamper my professional development until the next recording period.

I respectfully ask the Board to reconsider this arbitrary limit, in the interest of supporting equity throughout the counseling field.

Thank you,

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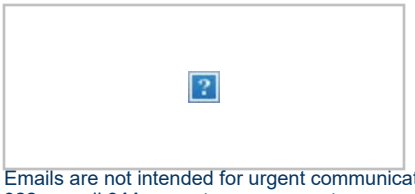
Spencer Wharton, LPC ▲ Therapist, Owner ▲ *he/him*
(503) 308-8140 ▲ prismcounselingsalem.com



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From: Morgan Wilde
To: STASHEK LaRee * MHRA
Subject: proposed rule change
Date: Friday, June 12, 2026 4:27:14 PM

Hi there, I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

--
Morgan Wilde *(she/her)*

Intern Therapist
Cell: (503) 217-4125
Fax: (971) 351-7546
Sparking Hope Counseling

Link to Client Portal

Clinical Supervisor: Katrina Liukko, #C10217

From: Jess Williams
To: STASHEK LaRee * MHRA
Subject: Proposed Rule Making Comments
Date: Friday, July 3, 2026 1:47:26 PM

Good afternoon,

I was recently made aware of the proposed rulemaking regarding the 20-hour limit for asynchronous CE learning and would like to offer a comment.

I do not believe this rule would do anything to increase the quality of continuing education, and instead foresee it causing unnecessary challenges, financial costs, and burnout to clinicians who are already struggling to get by in this unstable mental health climate.

I feel very strongly about the importance of continuing education as an ethical standard in our field. I have continued to work for a mental health agency for all these years rather than going into private practice because I value being exposed to new ideas and strategies.

I have personally switched to doing primarily asynchronous learning for my continuing education requirements because I am able to find higher quality trainings that way. Many of the in-person trainings or live trainings I have participated in have been overpriced, disappointing, and at times uninformed. By using asynchronous learning from both PESI and Clearly Clinical I am able to get great financial deals on trainings with some of the leading experts in my field. Both of these options provide extensive opportunities to get accurate and up to date information on the unique populations I work with (Polyamorous clients, LGBTQIA+ clients, Kink community, etc.). It is far more challenging to find live or in person trainings that focus on marginalized communities (and the ones I have found tend to be overpriced and only offer a very basic understanding).

I believe this rule would create a financial hardship during an already challenging financial time, limit diversity in trainings (particularly with regards to marginalized communities) and increase clinician burnout as they struggle to navigate an additional hoop to jump through.

I highly encourage you not to move forward with this proposed rule.

Jess Williams, LMFT
Pronouns: She/Her/Hers
Executive Director
Bridges Community Health
Phone: 541-255-1411 ext.1007
Fax: (541) 225 - 1412

If you are in crisis and need immediate support. Please contact the White Bird crisis line at 541-687-4000 or the Mobile Crisis Services of Lane County at (541)682-1001. You can also access walk in crisis support at the Sacred Heart Riverbend Hospital (3333 Riverbend Dr. Springfield OR 97477)

From: Yellow Moon Counseling LLC
To: STASHEK LaRee * MHRA
Subject: Comments on Proposed Rulemaking
Date: Wednesday, July 8, 2026 4:11:54 PM

Hello!

I have read through the proposals that were emailed out on June 9th. Most seem sensible to me, but I was concerned about the verbiage for **"Amend OAR 833-080-0041: Adds various clarifications to methods of obtaining hours and reorganizes to a more intuitive structure. Establishes a limit of 20 clock hours which may be claimed for home study (independent, asynchronous learning activities) during each CE reporting period, and defines how credit is awarded. Removes the requirement that CE has a minimum one clock hour duration and other requirements that are unnecessary and/or difficult to verify."** This proposed amendment doesn't state what does and doesn't count as independent/asynchronous learning activities. For example, many clinicians use services such as NetCE which offer self-paced learning modules that grant CEUs. Is that what is in question? Or is it more like a therapist reading journal articles on their own time. Thanks for clarifying! Depending on the answers, I may have some objection.

Thanks for your time,

--
Brianne H Williams, MA, LPC
Yellow Moon Counseling, LLC
briannehwilliams.com
503-530-0452
2225 N Lombard St, Suite 206, Portland, Oregon 97217

*This inbox is checked sporadically and **not intended for crisis communications**. If you are experiencing a mental health emergency, please call a 24/7 mental health crisis hotline such as **988 (988 Suicide & Crisis Lifeline)**, or **911** if you are in need of emergency medical services.*

From: Betty Willis
To: STASHEK LaRee * MHRA
Subject: Comment on Proposal to Limit On Line CEU's
Date: Friday, June 12, 2026 3:20:29 PM

To whom it may concern:

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

Asynchronous continuing education has become an important way for clinicians to access high-quality training while managing the realities of clinical practice. Many therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats may increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact may be especially significant for solo practitioners, rural clinicians, and therapists who rely on specialized training opportunities that are often available only through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am also concerned that the proposed rule does not identify evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. If the goal is to protect the public, I encourage the Board to consider whether the quality and relevance of continuing education may be more important than the delivery format.

I respectfully request that the Board reconsider the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Thank you for your consideration of these comments and for your service to the profession and the public.

Thank you.

Betty Willis, MA, LPC
Program Director
Sent from my iPhone

From: Deena Wolfe
To: STASHEK LaRee * MHRA
Subject: Why Continuing Education Should Permit Exclusive Self-Study
Date: Monday, July 20, 2026 8:12:20 AM

To: Board of Licensed Professional Counselors and Therapists
From: Deena L Wolfe, LPC
Date: 7/19/26
Re: Why Continuing Education Should Permit Exclusive Self-Study at Home

I urge the board to reject any rule that caps home-based continuing education at 20 hours and requires the remaining 20 hours to be completed either in-person or live online. This new rule is likely to be onerous for professionals who live in rural areas, have disabilities/illnesses that require accommodation, have families they are caring for and/or jobs that do not allow for them to take the time off to complete these trainings that are required for us to keep our license and livelihoods. This proposed rule is unnecessary and punitive for no reason — it will not lead to better care for clients and will not better protect the public.

I work for a health care agency seeing patients/clients during the day, during the week. For me to attend in person workshops I have to take time off from work which means I am taken away from seeing patients/clients. I have to schedule around other clinicians schedules, with little flexibility. My employer does not reimburse me for the out of pocket travel expenses required to attend in person workshops as most workshops do not occur in my community, but rather an hour or two away from my location.

Keeping the rule as it currently stands allows for me to complete required CEU's at home after my daily work hours, keeps me with my patients/clients and not accrue unnecessary travel expense debt. There are already so many rules around the types of CEU's we are expected to complete, and adding the burden of in person learning does nothing to assist me in their completion.

Oregon should lead with policies that support modern, flexible learning formats instead of preserving rigid assumptions about where learning must happen. A modern profession needs modern professional development.

Seat time is not the same as learning. The public is better protected by CE standards that require evidence of engagement, testing, and mastery (as evidenced by online learning) than by a rule that privileges passive attendance over high-quality self-study. I respectfully ask the board to preserve exclusive home-study credit, allow therapists to choose the learning format that best fits their needs, and evaluate CE by its educational quality and demonstrated outcomes, not by where it happens.

Sincerely,

Deena L Wolfe, LPC
License #C4384
--
Deena Wolfe

"There is nothing to prove and nothing to protect. I am who I am and it's enough."
Richard Rohr

From: Courtney Woodward
To: STASHEK LaRee * MHRA
Subject: OAR 833-080-0041
Date: Friday, June 12, 2026 3:17:21 PM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I appreciate the Board's commitment to maintaining professional competence and protecting the public, I am concerned that this proposal may create unnecessary financial and logistical burdens for Oregon therapists without clear evidence that it will improve clinical competence or client outcomes.

As a clinical provider working for Lane County, I have limited time and funds for on site (live) trainings, workshops, etc. I don't see how spending money for travel, lodging, and fees along with registration is going to give me any additional "education" or learning that I wouldn't get from my home. I am on a limited income due to the work I do for Oregon citizens who are also on limited incomes.

Please reconsider and do not pass OAR 833-080-0041.

Thank you,
Courtney Woodward, LPC

_____
Courtney A. Woodward, LPC
971-219-9251

From: Leslie Yeargers
To: STASHEK LaRee * MHRA
Subject: A Question Concerning 20-hour asynchronous CE limitation
Date: Wednesday, June 24, 2026 9:58:04 AM

Hello!

I am seeking some clarification regarding this proposed rule change from the OBLPCT:

....This includes implementing a 20-clock-hour limit on independent, asynchronous learning to ensure that home-study formats effectively support professional competence.

Can you please clarify what this means exactly? Does this include live asynchronous certification trainings such as those offered by The Couples Institute, International IFS Foundation, EMDRIA, Relational Therapy Institute, etc? Or are you referring to pre-recorded, watch-at-any-time trainings where you take a quiz afterward to obtain CE's? Is that what is meant by "independent?" Or are you suggesting that the remainder of our 40 hour training must be completed in-person?

If it's the latter, this is a HUGE barrier to maintaining our licenses. The latter would place a tremendous cost burden on therapists for travel, lodging, and course fees. We are already strained enough in this economy due to insurance audits, claw-backs, and non-payment. I fear that adding restrictions to online training will only force people out of the licensure path and into coaching, which is happening already.

Please do what you can to balance the integrity of our licenses, our profession and the quality care we offer, while minimizing undue and unnecessary barriers.

Thank you for considering my comments.
--Leslie Yeargers, LPC, LMFT

~ Love as much as you can, from where you are, with what you got.

Leslie Yeargers, LPC, LMFT
Pronouns: She/her/hers
503-298-5052
leslie@familyheartcounseling.com

From:	Melissa Yeary
To:	STASHEK LaRee * MHRA
Subject:	Preserving Flexibility in Continuing Education (Proposed Amendment to OAR 833-080-0041)
Date:	Friday, July 17, 2026 12:20:16 PM
Attachments:	MY-emailsignature-2-2017.png

To: Oregon Board of Licensed Professional Counselors and Therapists
From: Melissa Yeary, LPC

Thank you for your work to protect the public by ensuring that Oregon therapists maintain and deepen their knowledge and skills throughout their careers. I am writing to express my concern about the proposed amendment limiting independent, asynchronous continuing education to 20 hours during each reporting period.

My concern is not with live training itself. Some of the best continuing education I have received has been in live settings, and I would not want to discourage therapists who learn best that way. My concern is with limiting another format that many experienced clinicians find equally, or sometimes more, effective.

Educational research suggests that learning depends less on whether instruction is delivered live or asynchronously than on how actively learners engage with the material. A landmark review of 225 studies found that active learning consistently produced better outcomes than traditional lectures. Researchers at Harvard later found that learners often *feel* they have learned more from lectures even when active learning results in greater understanding and retention.

This reflects my own experience. I choose independent, asynchronous courses because they allow me to pursue topics directly relevant to my practice. I pause and replay difficult sections, take detailed notes, save course materials and quizzes for future reference, and often integrate new ideas into my clinical work immediately. The ability to learn at my own pace is not simply more convenient; it is part of what makes the learning effective.

As therapists gain experience, our educational needs become increasingly specialized. We are no longer looking for broad overviews but for specific knowledge that helps us become more effective with the clients we actually serve. Independent, asynchronous learning makes it possible to pursue that level of specificity. The Board already provides clear guidance by requiring continuing education in ethics, cultural competency, and suicide prevention. Beyond those important requirements, I hope the Board will continue to trust licensed professionals to exercise sound judgment in choosing the learning format that best supports their continuing education.

The proposed limitation would also create unnecessary barriers. Independent, asynchronous courses are often less expensive, eliminate travel time, and are more accessible for clinicians with disabilities, chronic health conditions, caregiving responsibilities, demanding schedules, or limited financial resources. Restricting this option may make continuing education more difficult without clear evidence that doing so improves public protection.

I respectfully ask the Board to continue allowing therapists to complete their continuing

education through qualified independent, asynchronous learning if they choose. I believe the public is best protected by continuing education that is high in quality, actively engages the learner, and is relevant to clinical practice—not by requiring a particular learning format.

Thank you for considering these comments.

Sincerely,

Melissa Yeary, LPC

Research referenced above includes studies published in the Proceedings of the National Academy of Sciences *by Freeman et al. (2014) and Deslauriers et al. (2019).*

Melissa Yeary, LPC
Individual and Group Psychotherapy

p: 503.451.3732 e: melissa@melissayeary.com
www.melissayeary.com

From: Vicki Zeitner
To: STASHEK LaRee * MHRA
Subject: Amendment to OAR 833-080-0041
Date: Wednesday, June 17, 2026 4:32:28 PM

I am writing to provide public comment regarding the proposed amendment to OAR 833-080-0041 that would limit independent, asynchronous continuing education activities to 20 clock hours per reporting period.

While I support the Board's commitment to maintaining professional competence and protecting the public, I believe this proposal will create unnecessary financial and logistical burdens for independent Oregon therapists like myself without clear evidence that it will improve clinical competence or clinical outcomes.

Asynchronous continuing education has become an important way for clinicians like myself to access high-quality training while managing the demands of private clinical practice. Therapists are already facing significant administrative and financial pressures, including increasing documentation requirements, insurance utilization reviews, delayed reimbursements, audits, claim denials, ongoing communication with clients, scheduling adjustments and other burdens associated with providing care. Requiring a greater proportion of continuing education to occur in live formats will increase costs through higher registration fees, travel expenses, childcare costs, and lost income from reducing client hours to attend scheduled training sessions.

This impact will be especially significant for solo private practitioners like myself, rural clinicians, and therapists who rely on specialized training opportunities that are often only available through asynchronous formats. In my own practice, some of the most valuable continuing education opportunities have come from self-paced training offered by nationally recognized experts in specialty areas. The quality and relevance of these trainings is not diminished simply because they are completed asynchronously.

I am concerned that the Board is proposing a rule change without evidence demonstrating that asynchronous continuing education is less effective than live training in maintaining professional competence. I am committed to providing evidence-based practices, and hope the Board is equally committed to evidence-based decision-making.

I respectfully ask that the Board reject the proposed 20-hour limitation or provide additional evidence supporting the need for this restriction and the selection of the 20-hour threshold.

Vicki Zeitner, LPC-OR 4523
(503)349-5727
www.oregonmindfultherapy.com