DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

Board of Mental Health and Chemical Dependency Professionals

Statutory Authority: 24 Delaware Code, Section 3006(a)(1) (24 **Del.C.** §3006(a)(1))
24 **DE Admin. Code** 3000

FINAL

ORDER

3000 Board of Professional Counselors of Mental Health and Chemical Dependency Professionals

I. SUMMARY OF THE EVIDENCE AND INFORMATION SUBMITTED

The Delaware Board of Mental Health and Chemical Dependency Professionals, pursuant to 24 **Del.C.** § 3006(a)(1), proposed to amend regulation 24 **DE Admin. Code** 3000 Board of Mental Health and Chemical Dependency Professionals. The proposed amendments seek to clarify the supervision requirements for LPCMHs, LCDPs, and LMFTs, including the required qualifications of supervisors and documentation applicants are required to submit when applying. The changes clarify the requirements to apply by reciprocity and attempt to eliminate inconsistencies throughout the regulations. The proposed changes add the American Counseling Association's code of ethics to the regulations. The proposed changes correct the name of the Board throughout the regulation to match the name in the statute. Other grammar and style changes were made to comply with the *Delaware Administrative Code Drafting and Style Manual*.

Notice of the proposed regulation was published in the *Register of Regulations* on March 1, 2026. The Board received one written public comment. On March 25, 2026, Susannah Eaton-Ryan, Chairperson of the State Council for Persons with Disabilities (SCPD) submitted written public comment recommending that the Board amend the regulation to require continuing education or demonstrated competencies in disability awareness, accessibility, and evidence based best practices for serving persons with disabilities.

II. ASSESSMENT OF THE IMPACT ON ACHIEVEMENT OF THE STATE'S GREENHOUSE GAS EMISSIONS REDUCTION TARGETS AND RESILIENCY TO CLIMATE CHANGE

The Board has reviewed the proposed regulation as required by 29 **Del.C.** §10118(b)(3) and has determined that if promulgated, the regulation would have a neutral or positive impact on the State's resiliency to climate change because compliance with the regulation would not reasonably involve the increase in greenhouse gas emissions.

III. FINDINGS OF FACTS

On April 22, 2026 and May 27, 2026, the Board considered the written submittals. The Board noted that it worked on the proposed changes for over a year to attempt to clarify many of its processes and such changes are important to the Board's mission going forward. The Board found that while disability awareness continuing education is important, it is included within both ethics and cultural inclusion, equity, and diversity. Furthermore, the Board does not want to dictate all or even a high percentage of CEs that each licensee must take. Each licensee has a unique practice and should tailor CEs to match that practice. The Board also added a technical change after publishing the proposed changes to amend the name of the Board throughout the regulation to match the name in the statute

IV. DECISION TO ADOPT THE REGULATION

For the foregoing reasons, the Board concludes that it is appropriate to amend 24 **DE Admin. Code 3000 Board of Mental Health and Chemical Dependency Professionals** as published on March 1, 2026. Therefore, pursuant to 24 **Del.C.** § 3006(a)(1), the changes to **24 DE Admin. Code 3000,** attached hereto as Exhibit A, are hereby adopted.

V. EFFECTIVE DATE OF ORDER

The effective date of this Order shall be ten (10) days from the date this Order is published in the *Register of Regulations*.

IT IS SO ORDERED the 27th day of May 2026.

/s/ Yvette Aviles
Yvette Aviles, LPCMH, President

/s/ Brandy Walker
Brandy Walker, LPCMH, Vice President

/s/Mary Caroselli
Mary Caroselli, LMFT

/s/ Wade Jones
Wade Jones, LPCMH/LCDP

(absent)
Dr. Todd Grande, LCDP, LPCMH

/s/ Margaret Prouse
Margaret Prouse, Ed. D., Public Member

***Please note: Electronic signatures ("/s/") were accepted pursuant to 6 Del.C. §12A-107(d).**

3000 Board of [~~Professional Counselors of~~] Mental Health and Chemical Dependency Professionals

1.0 General

1.1 Elections – The Board shall elect officers annually at the regular January meeting. The office of President must rotate among the professions regulated and the public members.

1.2 Governing Statute – Chapter 30 of Title 24 of the **Delaware Code** governs the Board and the professions under its purview. Licensees should look to the statute first for requirements, then to ~~these regulations~~this regulation for clarification or elaboration. There are critical requirements in the statute that do not appear in ~~these regulations~~this regulation.

1.3 Licensee Contact Information – It shall be the responsibility of all licensees to keep the Division of Professional Regulation (Division) informed of any change of address. Renewal notices will be sent to the last address on file with the Division. The failure to provide the Division with a current home mailing address will not operate to excuse any duty or responsibility of the licensee.

10 DE Reg. 872 (11/01/06)
11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)

2.0 Licensure for Professional Counselors of Mental Health (LPCMH)

2.1 ~~Graduate Transcript~~Education. The applicant's master's degree in ~~Clinical Mental Health~~clinical mental health counseling shall be documented by an official transcript submitted directly to the Board by the accredited educational institution granting the degree. ~~In cases where an applicant's master's degree required remediation by the certifying organization the completion date of remediation courses shall be considered the conferment date of the degree of record for all matters before the Board. Applicants who did not obtain a degree in clinical mental health counseling must have completed a minimum of 60 graduate semester hours of coursework that encompasses the current Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for a clinical mental health counseling program including the Clinical Mental Health Counseling specialty standards, practicum, and internship requirements. Applicants who did not obtain a degree in clinical mental health counseling must submit a course evaluation sheet with their application.~~

2.1.1 In cases where an applicant's master's degree required remediation by the certifying organization the completion date of remediation courses shall be considered the conferment date of the degree of record for all matters before the Board.

2.1.2 Applicants who did not obtain a degree in clinical mental health counseling must have completed a minimum of 60 graduate semester hours of coursework that encompasses the current Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards for a clinical mental health counseling program including the clinical mental health counseling specialty standards, practicum, and internship requirements.

2.1.3 Applicants who did not obtain a degree in clinical mental health counseling must submit a course evaluation sheet with their application.

2.2 Examination. All applicants must have passed the National Counselor Examination (NCE) or other examination acceptable to the Board.

2.3 Professional Mental Health Counseling Experience. All applicants must provide documentation of 3,200 hours of supervised professional mental health counseling acceptable to the Board obtained over a period of not less than 2 years and not more than 4 years, at least 1,600 hours of which shall be supervised clinical experience acceptable to the Board. In order to be acceptable to the Board, the ~~supervision must involve the provision of face-to-face professional mental health clinical counseling services with clients and other matters directly related to the treatment of clients, in a setting that is clearly designated to provide professional mental health clinical counseling services and is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Face-to-face includes both in person and live video conferencing. Educational or guidance counseling is not considered clinical mental health counseling. However, professional counseling experience done under the auspices of a mental health organization providing contracting services to a school or school system may be acceptable to the Board.~~supervision:

2.3.1 Must involve the professional direct supervised provision of face-to-face professional mental health counseling services with clients and other matters directly related to the treatment of clients, in a setting that is clearly designated to provide professional mental health counseling services, and is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Face-to-face includes both in-person and live, audiovisual conferencing.

2.3.2 Cannot be based in education, school psychology, or guidance counseling in purpose or scope. However, professional mental health counseling experience, as defined by Title 24, provided within a school setting may be acceptable to the Board.

2.4 Required Supervision Hours. Applicants must provide documentation of completion of 3,200 hours of supervised mental health counseling services over a period of no less than 2 but no more than 4 consecutive years.

2.4.1 Of the required 3,200 hours of total experience, 1,600 hours must have been completed under the professional direct supervision of an individual who meets the requirements of subsections 2.5 - 2.5.3. Direct supervision acceptable to the Board shall mean supervision overseeing the supervisee's application of clinical counseling principles, methods or procedures to assist individuals in achieving more effective personal and social adjustment. The 1,600 hours of ~~supervised clinical experience~~ professional direct supervised mental health counseling must be fulfilled as follows:

2.4.1.1 At least ~~1,500 of the 1,600 hours must be in the actual provision of face-to-face direct mental health counseling services. Of the 1,500 hours at least~~ 750 of the hours must be individual face-to-face ~~client sessions and must include the actual provision of direct mental health counseling services; the additional 750 hours may be individual, group, couple or family counseling services, or some combination of those services:~~ professional mental health counseling services.

2.4.1.2 An additional 750 hours must be individual, group, couple, or family, or some combination of individual, group, couple, or family mental health counseling services.

~~2.4.1.2~~2.4.1.3 At least 100 hours must be face-to-face, individual, professional direct supervision with the applicant's supervisor.

~~2.4.1.2.1~~2.4.1.3.1 ~~Individual Direct Supervision.~~ Individual direct supervision shall consist of ~~one-to-one,~~ face-to-face meetings between the supervisor and ~~supervisee~~ no more than 2 supervisees. The entire ~~100 hour~~100-hour requirement may be fulfilled by individual supervision.

~~2.4.1.2.2~~2.4.1.3.2 Group Supervision. Group supervision shall consist of face-to-face meetings between the supervisor and no more than 6 supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the ~~100 hour~~ 100-hour direct supervision requirement.

2.4.1.4 Professional direct supervision hours shall be verified by the "Direct Supervision Reference Form," which must be signed and submitted by the approved clinical supervisor. Each supervisor must affirm that the applicant is prepared to practice independently.

2.4.2 Hours completed under the supervision of an individual who does not meet the requirements of subsections 2.5 - 2.5.3 will not count towards the fulfillment of the ~~1,500~~ 1,600 hours of ~~supervised experience but~~ professional direct supervision hours. A maximum of 1,600 hours of professional counseling experience not supervised by a supervisor acceptable to the Board may count towards the fulfillment of the ~~1,600 hours of experience not required to be a supervised~~3,200 total hours.

2.4.3 ~~Supervision shall be verified by the "Direct Supervision Reference Form," which must be submitted directly to the Board by the approved clinical supervisor. Each supervisor must affirm that the applicant is prepared to practice independently without reservations.~~Hours completed under the supervision of an individual who does not meet the requirements of subsections 2.5 - 2.5.3 shall be verified by the "Counseling Experience Verification Form". This form must be signed and submitted to the Board by the verifying supervisor or administrator.

2.5 Acceptable Supervisors. Supervision provided by a Professional Counselor of Mental Health licensed in any state or U.S. territory is acceptable to the Board.

2.5.1 Supervision by a non-LPCMH may be approved by the Board if the applicant can establish that the supervision was provided by a licensed behavioral health professional with a specialty or expertise in a clinical competency essential to the applicant's training. The applicant must use the "Request for Alternative Profession Supervisor" form to provide the Board with steps taken to secure an LPCMH supervisor, a compelling clinical reason ~~fur~~ for utilizing a non-LPCMH ~~supervisor.~~supervisor, and the requested supervisor's qualifications. Examples of potentially acceptable licensed behavioral health professionals include licensed marriage and family therapists, psychologists, licensed clinical social workers, physicians, and advanced practice registered nurses.

2.5.2 If a proposed supervisor is not a professional licensed by the Delaware Board of **[~~Professional Counselors of~~]** Mental Health and Chemical Dependency Counselors, the proposed supervisor must attest, on ~~a form provided by the Board for this purpose~~the "Direct Supervision Verification" form, that the proposed supervisor has read and is familiar with the requirements for licensure in Delaware, including the applicable statutes, rules and regulations and that the proposed supervisor has the training to provide clinical supervision.

2.5.3 In addition to these requirements, the applicant's supervisor must:

2.5.3.1 Have been in practice for at least 2 years post-licensure without having been subject to any disciplinary actions; and

2.5.3.2 ~~Have obtained a minimum of 3 hours of CEs in clinical supervision within 2 years of the application or a total of 12 CEs in clinical supervision lifetime; and~~

~~2.5.3.3~~ Have no more than 10 total unlicensed or associate licensed supervisees at a time.

2.5.4 An applicant is permitted to have been supervised by more than 1 supervisor.

2.6 Licensure by Reciprocity Requirements

2.6.1 Proof of Licensure Status - The applicant shall hold an active professional counseling license in good standing from another state. Verification of licensure status shall be submitted directly to the Board by that state on the "Verification of Licensure or Certification from Another State" form.

~~2.6.2 Notarized Statement of Prior Licensing Jurisdictions - The applicant shall submit a notarized statement listing all licensing jurisdictions in which he/she formerly practiced and a signed "Release of Information" granting the Board permission to contact said jurisdictions for verification of disciplinary history and current status.~~

~~2.6.3~~2.6.2 Determination of Substantial Similarity of Licensing Standards - The applicant shall submit a copy of the statute and rules of licensure from the state ~~issuing his/her license~~or states in which the applicant is currently licensed. The burden of proof is upon the applicant to demonstrate that the statute and rules of the licensing state are ~~at least equivalent~~substantially similar to the educational, ~~experience~~ experience, and supervision requirements of this State. Based upon the information presented, the Board shall make a determination regarding whether the licensing requirements of the applicant's licensing state are substantially similar to those of Delaware.

2.7 Ethics - The practice of all persons licensed as LPCMHs or LACMHs shall conform to the principles of the codes of ethics of the National Board for Certified ~~Counselors'~~ Counselors and American Counseling Association. ~~Code of Ethics (Code).~~ Violation of ~~the Code~~either of these codes shall constitute grounds for discipline.

4 DE Reg. 970 (12/01/00)
5 DE Reg. 2109 (05/01/02)
10 DE Reg. 872 (11/01/06)
11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)
15 DE Reg. 1055 (01/01/12)
16 DE Reg. 105 (07/01/12)
17 DE Reg. 755 (01/01/14)
18 DE Reg. 900 (05/01/15)
18 DE Reg. 902 (05/01/15)
20 DE Reg. 376 (11/01/16)
22 DE Reg. 78 (07/01/18)
28 DE Reg. 467 (12/01/24)

3.0 Licensure for Associate Counselors of Mental Health (LACMH)

3.1 Experience. LACMH applicants must provide a written plan for acquiring the LPCMH experience requirements in conformity with subsections 2.3 – 2.4 above. The plan must be signed by the applicant's proposed supervisor. Supervisors must be acceptable to the Board. To be acceptable to the Board, the supervisor must meet the requirements of subsections 2.5 – 2.5.3 above.

3.2 Licensees must notify the Board in writing, on the Board approved form, within 30 days if there is a change in the clinical supervision. All changes are subject to Board approval. To obtain approval contact the Board office or to the website https://www.dpr.delaware.gov to obtain the proper form.

3.3 Ethics. The practice of all persons licensed as LAMCHs shall conform to the principles of the National Board for Certified Counselors' Code of Ethics (Code). Violation of the Code shall be grounds for discipline.

4 DE Reg. 970 (12/01/00)
10 DE Reg. 872 (11/01/06)
11 DE Reg. 1066 (02/01/08)
16 DE Reg. 105 (07/01/12)
19 DE Reg. 663 (01/01/16)
22 DE Reg. 78 (07/01/18)
28 DE Reg. 467 (12/01/24)

4.0 Licensure for Chemical Dependency Professionals (LCDP)

4.1 Licensure by Certification Requirements

4.1.1 Education. The applicant's master's degree in counseling, or subjects closely related to counseling, shall be documented by an official transcript submitted directly to the Board by the degree-granting institution.

4.1.1.1 In cases where an applicant's master's degree required remediation by the certifying organization the completion date of remediation courses shall be considered the conferment date of the degree of record for all matters before the Board.

4.1.1.2 Applicants who did not obtain a degree in counseling, or subjects closely related to counseling, must submit a course evaluation sheet with their application.

4.1.2 Experience. ~~Counseling experience shall be defined as the accumulation of 3,200 hours in no less than 2 years, providing chemical dependency services in a professional clinical setting, including face-to-face~~

~~interaction with clients and other matters directly related to the treatment of clients. Face-to-face includes both in person and live video conferencing. Supervision shall be verified by the "Supervision Reference Form," which shall be submitted directly to the Board by the approved clinical supervisor.~~All applicants must provide documentation of 3,200 hours of supervised professional chemical dependency counseling services acceptable to the Board obtained over a period of not less than 2 years and not more than 4 years, at least 1,600 hours of which shall be supervised clinical experience acceptable to the Board. In order to be acceptable to the Board, the supervision must involve the professional direct supervised provision of face-to face professional mental health counseling services with clients and other matters directly related to the treatment of clients, in a setting that is clearly designated to provide professional mental health counseling services and is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Face-to-face includes both in-person and live, audiovisual conferencing. Supervision shall be verified by the "Supervision Reference Form," which shall be submitted directly to the Board by the approved clinical supervisor

~~4.1.2.1 At least 1500 of the 1600 hours required to be supervised must be in the actual provision of face-to-face direct chemical dependency counseling services.~~

~~4.1.2.1.1 At least 750 of these 1500 hours must be individual face-to-face client sessions and must include the actual provision of direct chemical dependency counseling services.~~

~~4.1.2.1.2 The remaining 750 hours may be individual, group, couple, family counseling services, or some combination thereof.~~

~~4.1.2.1.3 At least 100 of these 1600 hours must be face-to-face professional direct supervision with the applicant's supervisor.~~

~~4.1.2.1.3.1 Individual Direct Supervision. Individual supervision shall consist of one-to-one, face-to-face meetings between supervisor and supervisee. The entire 100 hour requirement may be fulfilled by individual supervision.~~

~~4.1.2.1.3.2 Group Supervision. Group supervision shall consist of face-to-face meetings between supervisor and no more than 8 supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the 100 hour direct supervision requirement.~~

4.1.3 Required Supervision Hours. Applicants must provide documentation for the completion of 3,200 hours of supervised chemical dependency counseling services over a period of no less than 2 but no more than 4 consecutive years.

4.1.3.1 Of the required 3,200 hours of total experience, 1,600 hours must have been completed under the professional direct supervision of an individual who meets the requirements of subsection 4.1.4. Direct supervision acceptable to the Board shall mean supervision overseeing the supervisee's application of chemical dependency counseling principles, methods or procedures to assist individuals in achieving more effective personal and social adjustment. The 1,600 hours of professional direct supervised chemical dependency counseling must be fulfilled as follows:

4.1.3.1.1 At least 750 of the hours must be individual face-to-face professional chemical dependency services;

4.1.3.1.2 An additional 750 hours must be individual, group, couple, family, or some combination of individual, group, couple, family professional mental health counseling services; and

4.1.3.1.3 At least 100 hours must be face-to-face, professional direct supervision with the applicant's supervisor.

4.1.3.1.3.1 Individual direct supervision shall consist of face-to-face meetings between the supervisor and no more than 2 individual supervisees. The entire 100-hour requirement may be fulfilled by individual supervision.

4.1.3.1.3.2 Group Supervision. Group supervision shall consist of face-to-face meetings between the supervisor and no more than 6 supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the 100-hour direct supervision requirement.

4.1.3.2 Professional direct supervision hours shall be verified by the "Direct Supervision Reference Form," which must be signed and submitted by the approved clinical supervisor. Each supervisor must affirm that the applicant is prepared to practice independently.

4.1.3.3 Hours completed under the supervision of an individual who does not meet the requirements of subsection 4.1.4 will not count towards the fulfillment of the 1,600 hours of professional direct supervision hours. A maximum of 1,600 hours of professional counseling experience not supervised by a supervisor acceptable to the board may count towards the fulfillment of total hours.

4.1.3.4 Hours completed under the supervision of an individual who does not meet the requirements of subsection 4.1.4 shall be verified by the "Counseling Experience Verification Form". This form must be signed and submitted to the Board by the verifying supervisor or administrator.

4.1.4 Acceptable Supervisors. Supervision provided by a Professional Chemical Dependency Professional licensed in any state or U.S. territory is acceptable to the Board.

4.1.4.1 Supervision by a non-LCDP may be approved by the Board if the applicant can establish that the supervision was provided by a licensed behavioral health professional with a specialty or expertise in a clinical competency essential to the applicant's training. The applicant must use the "Request for Alternative Profession Supervisor" form to provide the Board with steps taken to secure an LCDP supervisor, a compelling clinical reason for utilizing a non-LCDP supervisor, and the requested supervisor's qualifications. Examples of potentially acceptable licensed behavioral health professionals include licensed marriage and family therapists, psychologists, licensed clinical social workers, physicians, and advanced practice registered nurses.

~~4.1.2.2~~4.1.4.2 If a proposed supervisor is not a professional licensed by the Delaware Board of **[~~Professional Counselors of~~]** Mental Health and Chemical Dependency Counselors, the proposed supervisor must ~~attest, on a form provided by the Board for this purpose:~~attest on the "Direct Supervision Verification" form, that the proposed supervisor has read and is familiar with the requirements for licensure in Delaware, including the applicable statutes, rules and regulations and that the proposed supervisor has the training to provide clinical supervision.

~~4.1.2.2.1 That the proposed supervisor has read and is familiar with the requirements for licensure as a Chemical Dependency Professional in Delaware, including the applicable statute and these regulations;~~

~~4.1.2.2.2 That the proposed supervisor has read and is familiar with either the DCB or NADAAC Code of Ethics;~~

~~4.1.2.2.3 That the proposed supervisor has been a licensed professional in good standing for at least 5 years; and~~

~~4.1.2.2.4 That the proposed supervisor has been appropriately trained to provide clinical supervision.~~

4.1.4.3 In addition to these requirements, the applicant's supervisor must:

4.1.4.3.1 Have been in practice for at least 2 years post-licensure without having been subject to any disciplinary actions;

4.1.4.3.2 Have no more than 10 total unlicensed or associate licensed supervisees at a time.

4.1.4.4 An applicant is permitted to have been supervised by more than 1 supervisor.

~~4.1.3~~4.1.5 Certification. To be licensed by certification an applicant must be certified by the National Association for Addictions Professionals (NAADAC) as a National Certified Addictions Counselor (NCAC) or Master Addictions Counselor (MAC), by the Delaware Certification Board (DCB Inc.) as a Certified Alcohol and Drug Counselor (CADC), or by another certifying organization acceptable to the Board.

~~4.1.3.1~~4.1.5.1 Another certifying organization must meet all of the following criteria to be acceptable to the Board:

~~4.1.3.1.1~~4.1.5.1.1 The organization shall be a national professional chemical dependency organization recognized as setting national standards of clinical competency;

~~4.1.3.1.2~~4.1.5.1.2 The organization shall require the applicant to take and pass a standardized examination designed to test ~~his~~ understanding of the principles involved in the chemical dependency specialty for which ~~he~~ the applicant is being certified; and

~~4.1.3.1.3~~4.1.5.1.3 The organization shall prescribe a code of ethics substantially equivalent to NAADAC's.

~~4.1.3.2~~4.1.5.2 At the time of initial licensure, licensees must provide evidence of active certification in good standing by an organization acceptable to the Board.

4.2 Licensure by Reciprocity Requirements

4.2.1 Licensure Status. Verification of an applicant's possession of a current LCDP in good standing from another state, the District of Columbia, or U.S. territory must be submitted directly to the Board by that state, the District of Columbia, or U.S. territory.

4.2.2 Prior Licensing Jurisdictions. The applicant must submit a notarized statement listing all licensing jurisdictions in which he previously practiced and must submit a signed "Release of Information" granting the Board permission to contact those jurisdictions for verification of disciplinary history and current status.

4.2.3 Substantial Similarity of Licensing Standards. Applicants must submit the statute, rules, and regulations governing chemical dependency licensure requirements for the state in which they are currently licensed and through which they are seeking reciprocity. The burden of proof is on the applicant to demonstrate that the licensing standards of that state are substantially similar to Delaware's educational, experience, and supervision standards. The Board will make a determination of substantially similarity based on the information presented. If applicants are actively licensed in multiple states, only 1 state's licensure requirements need to be substantially similar for the applicant to obtain Delaware licensure by reciprocity.

4.2.4 No Substantial Similarity of Licensing Standards. Applicants from states whose licensing standards are not substantially similar to Delaware's standards may receive reciprocal licensure if they have held their license in good standing for at least 5 years and are certified pursuant to subsection ~~4.1.3~~4.1.5.

4.3 Ethics. The Board hereby adopts the current version of the National Association for Addictions Professionals (NAADAC) Code of Ethics (Code). The practice of all persons possessing an LCDP license shall conform to the principles of the Code. Violation of the Code shall constitute grounds for discipline.

11 DE Reg. 1066 (02/01/08)

17 DE Reg. 755 (01/01/14)
18 DE Reg. 900 (05/01/15)
18 DE Reg. 902 (05/01/15)
20 DE Reg. 376 (11/01/16)
22 DE Reg. 78 (07/01/18)
28 DE Reg. 467 (12/01/24)

5.0 License for Marriage and Family Therapists (LMFT)

5.1 Licensure by Examination Requirements

5.1.1 LAMFT Required.

5.1.1.1 Successful LMFT applicants must hold an active License for Associate Marriage and Family Therapists (LAMFT).

5.1.1.2 Limited Exception. Individuals who have completed the experience requirements of subsection 5.1.2 and hold an acceptable degree under subsection 6.2, may apply for an LMFT without first obtaining an LAMFT. LMFT applicants under this exception must submit documentation of their experience pursuant to the requirements of subsection 5.1.2 and their educational background pursuant to subsection 6.2. If the submitted documentation is acceptable to the Board, the applicant will receive permission to take the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam. If approved to take the exam, an applicant under this exception will receive an LMFT once the Board receives proof that the applicant has passed the exam. A score equal to or greater than the pass point set by the AMFTRB is required to pass the exam.

5.1.2 Experience. Applicants must provide documentation of completion of 3,200 hours of marriage and family therapy services, as defined in 24 **Del.C.** §3051(d), over a period of no less than 2 but no more than 4 consecutive years.

5.1.2.1 Of the required 3,200 hours total experience, 1,600 hours must have been completed under the supervision of an individual who meets the requirements of subsection 6.3.1. The 1,600 hours of supervised experience must be fulfilled as follows:

5.1.2.1.1 500 hours of couple and family therapy;

5.1.2.1.2 500 hours of individual therapy;

5.1.2.1.3 500 hours of couple and family or individual therapy or some combination of the 2; and

5.1.2.1.4 100 hours of face-to-face clinical supervision with the applicant's supervisor.

5.1.2.2 Hours completed under the supervision of an individual who does not meet the requirements of subsection 6.3.1 will not count toward fulfillment of the required 1,600 hours of supervised experience but may count toward fulfillment of the 1,600 hours of experience not required to be supervised.

5.2 Licensure by Reciprocity Requirements

5.2.1 Licensure Status. Verification of an applicant's possession of a current marriage and family therapy license in good standing from another state, the District of Columbia, or U.S. territory must be submitted directly to the Board by that state, the District of Columbia, or U.S. territory.

~~5.2.2 Prior Licensing Jurisdictions. Applicants must submit a notarized statement listing all licensing jurisdictions in which they previously practiced and a signed "Release of Information" granting the Board permission to contact those jurisdictions for verification of disciplinary history and current status.~~

~~5.2.3~~5.2.2 Substantial Similarity of Licensing Standards. Applicants must submit the statute, rules, and regulations governing marriage and family therapy licensure for the state in which they are currently licensed and through which they are seeking reciprocity. The burden of proof is on the applicant to demonstrate that the licensing standards of that state are substantially similar to Delaware's standards. The Board will make a determination of substantial similarity based on the information presented.

~~5.2.4~~5.2.3 No Substantial Similarity of Licensing Standards. Applicants from states whose licensing standards are not substantially similar to Delaware's standards may receive reciprocal licensure if they have held their license in good standing for at least 5 years and have passed the AMFTRB exam.

5.3 Ethics - The Board hereby adopts the current version of the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics ("Code"). The practice of all persons possessing an LMFT or LAMFT shall conform to the principles of the Code. Violation of the Code shall constitute grounds for discipline.

11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)
15 DE Reg. 1510 (04/01/12)
17 DE Reg. 755 (01/01/14)
18 DE Reg. 900 (05/01/15)
18 DE Reg. 902 (05/01/15)
20 DE Reg. 376 (11/01/16)
22 DE Reg. 78 (07/01/18)
28 DE Reg. 467 (12/01/24)

6.0 Licensure for Associate Marriage and Family Therapists (LAMFT)

6.1 Examination. Successful LAMFT applicants must pass the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) exam. No LAMFT applicant may take the exam without prior approval of the Board. Board approval is based on fulfillment of the requirements in ~~regulation~~ subsection 6.2 (proof of acceptable education) and ~~regulation~~ subsection 6.3 (submission of a plan to acquire the requisite experience). LAMFT applicants must fulfill those requirements to receive permission to take the exam. If approved to take the exam, an applicant will receive an LAMFT once the Board receives proof that the applicant has passed the exam. A score equal to or greater than the pass point set by the AMFTRB is required to pass the exam.

6.2 Education. An applicant's education must be documented by an official transcript submitted directly to the Board by the degree-granting institution.

6.2.1 All successful applicants must possess either:

6.2.1.1 A graduate degree in marriage and family therapy (MFT) from a graduate program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE),

6.2.1.2 A graduate degree in marriage and family therapy from a non-COAMFTE accredited graduate program acceptable to the Board, or

6.2.1.3 A graduate degree from a nationally accredited college or university in an allied field which is acceptable to the Board. Acceptable allied fields are limited to: counseling, social work, psychology, and psychiatry.

6.2.2 To be acceptable to the Board, a graduate degree under ~~regulations~~ subsection 6.2.1.2 or 6.2.1.3 ~~above~~ must be based on at least 45 credit hours which must include the following:

6.2.2.1 Applicants who do not graduate from a COAMFTE Accredited MFT program should have coursework that matches the following coursework, content, and credit hours.

6.2.2.1.1 Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours) These courses facilitate students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

6.2.2.1.2 Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours) This course facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

6.2.2.1.3 Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours) This course addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

6.2.2.1.4 Diverse, Multicultural ~~and/or~~or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours) This course facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual ~~and/or~~or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, ~~and/or~~or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

6.2.2.1.5 Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours) These courses facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

6.2.2.1.6 Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours) This course addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

6.2.2.1.7 Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours) This course facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program’s mission, goals, and outcomes include preparing

students for doctoral degree programs, the program must include an increased emphasis on research.

6.2.2.1.8 Contemporary Issues (Must be covered in curriculum, but there is no minimum credit requirement). These courses facilitate students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) ~~and/or~~or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

6.2.2.1.9 Community Intersections & Collaboration (Must be covered in curriculum, but there is no minimum credit requirement). These courses area facilitate students developing competencies in emerging and evolving contemporary challenges, problems, ~~and/or~~or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc.

6.2.2.1.10 Clinical Supervised Experience in marriage and family therapy (minimum of 9 credit hours/12 quarter hours/105 clock hours)

6.2.2.2 Nine credit hours earned by serving an internship. The internship must have included at least 300 hours of direct client counseling, 150 hours of which must have been spent on couples and family therapy.

6.2.2.3 Six credit hours in electives.

6.3 Experience. LAMFT applicants must provide a written plan for acquiring the LMFT experience requirements contained in subsection 5.1.2 ~~above~~of this regulation. The plan must be signed by the applicant's proposed supervisor. Supervisors must be acceptable to the Board.

6.3.1 To be acceptable to the Board, a supervisor must be either:

6.3.1.1 A Delaware-licensed marriage and family ~~therapist,~~therapist who has been licensed in good standing for at least 2 years;

6.3.1.2 ~~An~~ A licensed individual holding the "approved supervisor" designation from the American Association for Marriage and Family Therapy ~~(AAMFT),~~(AAMFT);

6.3.1.3 A licensed candidate for the AAMFT "approved supervisor" designation who is acceptable to the ~~Board,~~Board;

6.3.1.4 A licensed marriage and family therapist from another state who has held a license in good standing for a minimum of ~~5~~ 2 years in that state and has passed the AMFTRB ~~exam,~~exam; or

6.3.1.5 Supervision by a non-LMFT may be approved by the Board if the applicant can establish that the supervision was provided by a licensed behavioral health professional with a specialty or expertise in a clinical competency essential to the applicant's training. The applicant must use the "Request for Alternative Supervisor" form to provide the Board with steps taken to secure an LMFT supervisor, a compelling clinical reason fur utilizing a non-LMFT ~~supervisor.~~supervisor, and the requested supervisor's qualifications. Examples of potentially acceptable licensed behavioral health professionals include licensed marriage and family therapists, psychologists, licensed clinical social workers, physicians, and advanced practice registered nurses.

6.3.2 Licensees must notify the Board in writing, on the Board-approved form, within 30 days if their supervisor changes. Any supervisor must meet the requirements in subsection 6.3.1. All changes are subject to Board approval. Contact the Board office or website for the proper form.

11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)
15 DE Reg. 1510 (04/01/12)
18 DE Reg. 902 (05/01/15)
22 DE Reg. 78 (07/01/18)

7.0 Licensure for Professional Art Therapists

7.1 Graduate Transcript. The applicant's masters or doctoral degree in art therapy shall be documented by an official transcript submitted directly to the Board by the accredited educational institution granting the degree. In cases where an applicant's master's degree required remediation by the certifying organization the completion date of remediation courses shall be considered the conferment date of the degree of record for all matters before the Board. Applicants who did not obtain a degree in art therapy must have obtained a degree which encompasses the following 9 areas: history of art therapy; theory of art therapy; techniques of practice in art therapy; application of art therapy with people in different treatment settings; art therapy assessment; ethical and legal issues of art therapy practice; matters of cultural and social diversity bearing on the practice of art therapy; standards of good art therapy practice; and group art therapy.

7.2 All applicants must have passed the board examination of the Art Therapy Credentials Board (ATCB).

7.3 Supervised Experience. All applicants must provide documentation of 3,200 hours of supervised art therapy acceptable to the Board obtained over a period of not less than 2 years and not more than 4 years, at least 1,600 hours of which shall be supervised clinical experience acceptable to the Board. In order to be

acceptable to the Board, the supervision must involve the provision of face-to-face art therapy services with clients and other matters directly related to the treatment of clients. Face-to-face includes both in person and live video conferencing. Art teaching is not considered art therapy and cannot be used toward the supervised experience.

7.4 Required Supervision Hours. Applicants must provide documentation of completion of 3,200 hours of art therapy over a period of no more than 4 consecutive years.

7.4.1 Of the required 3,200 hours of total experience, 1,600 hours must have been completed under the professional direct supervision of an individual who meets the requirements of subsections 7.7 - 7.5.5. The 1,600 hours of supervised clinical experience must be fulfilled as follows:

7.4.1.1 At least 1,500 of the 1,600 hours must be in the provision of face-to-face direct art therapy services. Of the 1,500 hours at least 750 of the hours must be individual face-to-face client sessions and must include the provision of direct art therapy services; the additional 750 hours may be individual, group, couple or family counseling services, or some combination of those services:

7.4.1.2 At least 100 hours of face-to-face professional direct supervision with the applicant's supervisor.

7.4.1.2.1 Individual Direct Supervision. Individual supervision shall consist of one-to-one, face-to-face meetings between the supervisor and supervisee. The entire ~~100 hour~~100-hour requirement may be fulfilled by individual supervision.

7.4.1.2.2 Group Supervision. Group supervision shall consist of face-to-face meetings between the supervisor and no more than 6 supervisees. No more than 40 hours of group supervision shall be acceptable towards fulfillment of the ~~100 hour~~100-hour direct supervision requirement.

7.4.2 Hours completed under the supervision of an individual who does not meet the requirements of these regulations will not count towards the fulfillment of the 1,500 hours of supervised experience but may count towards the fulfillment of the 1,600 hours of experience not required to be a supervised.

7.5 Acceptable Supervisors

7.5.1 To be acceptable to the Board, a supervisor must be either:

7.5.1.1 A Professional Art Therapist licensed in any state or U.S. territory; or

7.5.1.2 An individual holding either the Registered and Board Certified Art Therapist, or Art Therapy Certified Supervisor credential from the Art Therapy Credentials Board.

7.5.2 Supervision by an individual not listed above may be approved by the Board if the applicant can establish that the supervision was provided by a licensed behavioral health professional with a specialty or expertise in a clinical competency essential to the applicant's training. The applicant must provide the Board a compelling clinical reason for utilizing an individual not listed above. Examples of potentially acceptable licensed behavioral health professionals include licensed marriage and family therapists, licensed professional counselors of mental health, psychologists, licensed clinical social workers, physicians, and advanced practice registered nurses.

7.5.3 If a proposed supervisor is not a professional licensed by the Delaware Board of **[~~Professional Counselors of~~]** Mental Health and Chemical Dependency Counselors, the proposed supervisor must attest, on a form provided by the Board for this purpose, that the proposed supervisor has read and is familiar with the requirements for licensure in Delaware, including the applicable statutes, rules and regulations and that the proposed supervisor has the training to provide clinical supervision.

7.5.4 In addition to these requirements, the applicant's supervisor must:

7.5.4.1 If licensed in another state or jurisdiction, have been in practice for at least 2 years post-licensure without having been subject to any disciplinary actions;

7.5.4.2 Have no more than 10 total supervisees at a time.

7.5.5 An applicant is permitted to have been supervised by more than 1 supervisor.

7.6 Licensure by Reciprocity Requirements

7.6.1 Proof of Licensure Status - The applicant shall hold an active art therapy license in good standing from another state. Verification of licensure status shall be submitted directly to the Board by that state on the "Verification of Licensure or Certification from Another State" form.

7.6.2 Determination of Substantial Similarity of Licensing Standards - The applicant shall submit a copy of the statute and rules of licensure from the state ~~issuing his/her license~~or states in which the applicant is currently licensed. The burden of proof is upon the applicant to demonstrate that the statute and rules of the licensing state are at least equivalent to the educational, experience and supervision requirements of this State. Based upon the information presented, the Board shall make a determination regarding whether the licensing requirements of the applicant's licensing state are substantially similar to those of Delaware.

7.7 Ethics. The practice of all persons licensed as Art Therapists shall conform to the principles of the ATCB Code of Ethics, Conduct, and Disciplinary Procedures. Violation of the Code shall constitute grounds for discipline.

4 DE Reg. 970 (12/01/00)
9 DE Reg. 1106 (01/01/06)
10 DE Reg. 872 (11/01/06)

11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)
22 DE Reg. 78 (07/01/18)
28 DE Reg. 467 (12/01/24)

8.0 Licensure for Associate Art Therapists (LAAT)

8.1 Experience. LAAT applicants must provide a written plan for acquiring the LAAT experience requirements contained in subsections 7.3 – 7.4 ~~above~~of this regulation. The plan must be signed by the applicant's proposed supervisor. Supervisors must be acceptable to the Board.

~~8.1.1~~ To be acceptable to the Board, the supervisor must meet the requirements of subsections 7.5 – 7.5.4.2 ~~above~~of this regulation.

8.2 Licensees must notify the Board in writing, on the Board approved form, within 30 days if there is a change in the clinical supervision. All changes are subject to Board approval. To obtain approval contact the Board office or to the website https://www.dpr.delaware.gov to obtain the proper form.

8.3 Ethics. The practice of all persons licensed as Art Therapists shall conform to the principles of the ATCB Code of Ethics, Conduct, and Disciplinary Procedures. Violation of the Code shall constitute grounds for discipline.

4 DE Reg. 970 (12/01/00)
10 DE Reg. 872 (11/01/06)
11 DE Reg. 225 (08/01/07)
22 DE Reg. 78 (07/01/18)

9.0 Voluntary Treatment Option for Chemically Dependent or Impaired Professionals

9.1 If the report is received by the chairperson of the regulatory Board, that chairperson shall immediately notify the Director of Professional Regulation ~~or his/her designate~~ of the report. If the Director of Professional Regulation receives the report, ~~he/she~~the Director shall immediately notify the chairperson of the regulatory Board, or that chairperson's designate or designates.

9.2 The chairperson of the regulatory Board or that chairperson's designate or designates shall, within 7 days of receipt of the report, contact the individual in question and inform ~~him/her~~the person in writing of the report, provide the individual written information describing the Voluntary Treatment Option, and give ~~him/her~~the person the opportunity to enter the Voluntary Treatment Option.

9.3 In order for the individual to participate in the Voluntary Treatment Option, ~~he/she shall~~the individual must agree to submit to a voluntary drug and alcohol screening and evaluation at a specified laboratory or health care facility. This initial evaluation and screen shall take place within 30 days following notification to the professional by the participating Board chairperson or that chairperson's ~~designate(s)~~designee.

9.4 A regulated professional with chemical dependency or impairment due to addiction to drugs or alcohol may enter into the Voluntary Treatment Option and continue to practice, subject to any limitations on practice the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation ~~or his/her designate~~ may, in consultation with the treating professional, deem necessary, only if such action will not endanger the public health, welfare or safety, and the regulated professional enters into an agreement with the Director of Professional Regulation ~~or his/her designate~~ and the chairperson of the participating Board or that chairperson's designate for a treatment plan and progresses satisfactorily in such treatment program and complies with all terms of that agreement. Treatment programs may be operated by professional Committees and Associations or other similar professional groups with the approval of the Director of Professional Regulation and the chairperson of the participating Board.

9.5 Failure to cooperate fully with the participating Board chairperson or that chairperson's designate or designates or the Director of the Division of Professional Regulation ~~or his/her designate~~ in regard to the Voluntary Treatment Option or to comply with their requests for evaluations and screens may disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board chairperson or that chairperson's designate or designates shall cause to be activated an immediate investigation and institution of disciplinary proceedings, if ~~appropriate, as outlined in subsection 10.8 of this section~~appropriate.

9.6 The Voluntary Treatment Option may require a regulated professional to enter into an agreement which ~~includes, but is not limited to,~~includes the following provisions:

9.6.1 Entry of the regulated professional into a treatment program approved by the participating Board. Board approval shall not require that the regulated professional be identified to the Board. Treatment and evaluation functions must be performed by separate agencies to assure an unbiased assessment of the regulated professional's progress.

9.6.2 Consent to the treating professional of the approved treatment program to report on the progress of the regulated professional to the chairperson of the participating Board or to that chairperson's designate or designates or to the Director of the Division of Professional Regulation ~~or his/her designate~~ at such intervals as required by the chairperson of the participating Board or that chairperson's designate or designates or the Director of the Division of Professional Regulation ~~or his/her designate~~, and such person making such report will not be liable when such reports are made in good faith and without malice.

9.6.3 Consent of the regulated professional, in accordance with applicable law, to the release of any treatment information from anyone within the approved treatment program.

9.6.4 Agreement by the regulated professional to be personally responsible for all costs and charges associated with the Voluntary Treatment Option and treatment ~~program(s)~~programs. In addition, the Division of Professional Regulation may assess a fee to be paid by the regulated professional to cover administrative costs associated with the Voluntary Treatment Option. The amount of the fee imposed under this subparagraph shall approximate and reasonably reflect the costs necessary to defray the expenses of the participating Board, as well as the proportional expenses incurred by the Division of Professional Regulation in its services on behalf of the Board in addition to the administrative costs associated with the Voluntary Treatment Option.

9.6.5 Agreement by the regulated professional that failure to satisfactorily progress in such treatment program shall be reported to the participating Board's chairperson or ~~his/her designate or designates~~ designee or to the Director of the Division of Professional Regulation ~~or his/ her designate~~ by the treating professional who shall be immune from any liability for such reporting made in good faith and without malice.

9.6.6 Compliance by the regulated professional with any terms or restrictions placed on professional practice as outlined in the agreement under the Voluntary Treatment Option.

9.7 The regulated professional's records of participation in the Voluntary Treatment Option will not reflect disciplinary action and shall not be considered public records open to public inspection. However, the participating Board may consider such records in setting a disciplinary sanction in any future matter in which the regulated professional's chemical dependency or impairment is an issue.

9.8 The participating Board's ~~chairperson, his/her designate or designates~~chairperson or designee or the Director of the Division of Professional Regulation ~~or his/her designate~~ may, in consultation with the treating professional at any time during the Voluntary Treatment Option, restrict the practice of a chemically dependent or impaired professional if such action is deemed necessary to protect the public health, welfare or safety.

9.9 If practice is restricted, the regulated professional may apply for unrestricted licensure upon completion of the program.

9.10 Failure to enter into such agreement or to comply with the terms and make satisfactory progress in the treatment program shall disqualify the regulated professional from the provisions of the Voluntary Treatment Option, and the participating Board shall be notified and cause to be activated an immediate investigation and disciplinary proceedings as appropriate.

9.11 Any person who reports pursuant to this section in good faith and without malice shall be immune from any civil, criminal or disciplinary liability arising from such reports, and shall ~~have his/her confidentiality protected~~remain anonymous if the matter is handled in a nondisciplinary matter.

9.12 Any regulated professional who complies with all of the terms and completes the Voluntary Treatment Option ~~shall have his/her~~will remain confidentiality protected unless otherwise specified in a participating Board's rules and regulations. In such an instance, the written agreement with the regulated professional shall include the potential for disclosure and specify those to whom such information may be disclosed.

4 DE Reg. 970 (12/01/00)
10 DE Reg. 872 (11/01/06)
18 DE Reg. 900 (05/01/15)

10.0 Crimes substantially related to the provision of mental health counseling and chemical dependency counseling:

10.1 Conviction of any of the following crimes, or of the attempt to commit or of a conspiracy to commit or conceal or of solicitation to commit any of the following crimes, is deemed to be substantially related to the provision of mental health counseling and chemical dependency counseling in the State of Delaware without regard to the place of conviction:

10.1.1 Menacing. 11 **Del.C.** §602(a).
10.1.2 Aggravated menacing. 11 **Del.C.** §602(b).
10.1.3 Reckless endangering in the first degree. 11 **Del.C.** §604
10.1.4 Abuse of a pregnant female in the second degree. 11 **Del.C.** §605.
10.1.5 Abuse of a pregnant female in the first degree. 11 **Del.C.** §606.
10.1.6 Assault in the third degree. 11 **Del.C.** §611.
10.1.7 Assault in the second degree. 11 **Del.C.** §612.
10.1.8 Assault in the first degree. 11 **Del.C.** §613.
10.1.9 Abuse of a sports official; felony. 11 **Del.C.** §614.
10.1.10 Assault by abuse or neglect. 11 **Del.C.** §615**.**
10.1.11 Terroristic threatening. 11 **Del.C.** §621(a) and (b).
10.1.12 Unlawfully administering drugs. 11 **Del.C.** §625.
10.1.13 Unlawfully administering controlled substance or counterfeit substance or narcotic drugs. 11 **Del.C.** §626.
10.1.14 Criminally negligent homicide. 11 **Del.C.** §631.
10.1.15 Manslaughter. 11 **Del.C.** §632.
10.1.16 Murder by abuse or neglect in the second degree. 11 **Del.C.** §633.

10.1.17 Murder by abuse or neglect in the first degree. 11 **Del.C.** §634.
10.1.18 Murder in the second degree. 11 **Del.C.** §635**.**
10.1.19 Murder in the first degree. 11 **Del.C.** §636.
10.1.20 Promoting suicide. 11 **Del.C.** §645.
10.1.21 Sexual harassment. 11 **Del.C.** §763.
10.1.22 Indecent exposure in the second degree. 11 **Del.C.** §764.
10.1.23 Indecent exposure in the first degree. 11 **Del.C.** §765.
10.1.24 Incest. 11 **Del.C.** §766.
10.1.25 Unlawful sexual contact in the third degree. 11 **Del.C.** §767.
10.1.26 Unlawful sexual contact in the second degree. 11 **Del.C.** §768.
10.1.27 Unlawful sexual contact in the first degree. 11 **Del.C.** §769.
10.1.28 Rape in the fourth degree. 11 **Del.C.** §770**.**
10.1.29 Rape in the third degree. 11 **Del.C.** §771.
10.1.30 Rape in the second degree. **11 Del.C.** §772.
10.1.31 Rape in the first degree. 11 **Del.C.** §773.
10.1.32 Sexual extortion. 11 **Del.C.** §776.
10.1.33 Continuous sexual abuse of a child. 11 **Del.C.** §778.
10.1.34 Dangerous crime against a child. 11 **Del.C.** §779.
10.1.35 Female genital mutilation. 11 **Del.C.** §780.
10.1.36 Unlawful imprisonment in the second degree. 11 **Del.C.** §781.
10.1.37 Unlawful imprisonment in the first degree. 11 **Del.C.** §782.
10.1.38 Kidnapping in the second degree. 11 **Del.C.** §783.
10.1.39 Kidnapping in the first degree. 11 **Del.C.** §783A.
10.1.40 Arson in the third degree. 11 **Del.C.** §801.
10.1.41 Arson in the second degree. 11 **Del.C.** §802.
10.1.42 Arson in the first degree. 11 **Del.C.** §803.
10.1.43 Cross or religious symbol burning. 11 **Del.C.** §805.
10.1.44 Trespassing with intent to peer or peep into a window of another. 11 **Del.C.** §820.
10.1.45 Burglary in the third degree. 11 **Del.C.** §824.
10.1.46 Burglary in the second degree. 11 **Del.C.** §825.
10.1.47 Burglary in the first degree. 11 **Del.C.** §826.
10.1.48 Robbery in the second degree. 11 **Del.C.** §831.
10.1.49 Robbery in the first degree. 11 **Del.C.** §832.
10.1.50 Carjacking in the second degree. 11 **Del.C.** §835.
10.1.51 Carjacking in the first degree. 11 **Del.C.** §836.
10.1.52 Theft; felony. 11 **Del.C.** §841.
10.1.53 Theft; false pretense. 11 **Del.C.** §843.
10.1.54 Theft; false promise. 11 **Del.C.** §844.
10.1.55 Extortion. 11 **Del.C.** §846**.**
10.1.56 Theft of rented property; felony. 11 **Del.C.** §849.
10.1.57 Receiving stolen property. 11 **Del.C.** §851
10.1.58 Identity theft. 11 **Del.C.** §854.
10.1.59 Forgery. 11 **Del.C.** §861.
10.1.60 Possession of forgery devices. 11 **Del.C.** §862.
10.1.61 Falsifying business records. 11 **Del.C.** §871.
10.1.62 Tampering with public records in the first degree. 11 **Del.C.** §876.
10.1.63 Offering a false instrument for filing. 11 **Del.C.** §877.
10.1.64 Issuing a false certificate. 11 **Del.C.** §878.
10.1.65 Bribery. 11 **Del.C.** §881.
10.1.66 Bribe receiving. 11 **Del.C.** §882.
10.1.67 Defrauding secured creditors. 11 **Del.C.** §891.
10.1.68 Fraud in insolvency. 11 **Del.C.** §892.
10.1.69 Issuing a bad check; felony. 11 **Del.C.** §900.
10.1.70 Unlawful use of credit card; felony. 11 **Del.C.** §903.
10.1.71 Reencoder and scanning devices. 11 **Del.C.** §903A.
10.1.72 Criminal impersonation. 11 **Del.C.** §907.
10.1.73 Criminal impersonation, accident related. 11 **Del.C.** §907A.
10.1.74 Criminal impersonation of a police officer. 11 **Del.C.** §907B.
10.1.75 Unlawfully concealing a will. 11 **Del.C.** §908.
10.1.76 Securing execution of documents by deception. 11 **Del.C.** §909.
10.1.77 Fraudulent conveyance of public lands. 11 **Del.C.** §911.
10.1.78 Fraudulent receipt of public lands. 11 **Del.C.** §912.
10.1.79 Insurance fraud. 11 **Del.C.** §913.
10.1.80 Health care fraud. 11 **Del.C.** §913A.

10.1.81 Misuse of computer system information. 11 **Del.C.** §935.
10.1.82 Dealing in children. 11 **Del.C.** §1100.
10.1.83 Abandonment of child. 11 **Del.C.** §1101.
10.1.84 Endangering the welfare of a child. 11 **Del.C.** §1102.
10.1.85 Endangering the welfare of an incompetent person. 11 **Del.C.** §1105.
10.1.86 Unlawfully dealing with a child. 11 **Del.C.** §1106.
10.1.87 Sexual exploitation of a child. 11 **Del.C.** §1108.
10.1.88 Unlawfully dealing in child pornography. 11 **Del.C.** §1109.
10.1.89 Possession of child pornography. 11 **Del.C.** §1111.
10.1.90 Sexual offenders; prohibitions from school zones. 11 **Del.C.** §1112.
10.1.91 Sexual solicitation of a child. 11 **Del.C.** §1112A.
10.1.92 Criminal non-support and aggravated criminal non-support. 11 **Del.C.** §1113.
10.1.93 Bribery. 11 **Del.C.** §1201
10.1.94 Receiving a bribe; felony. 11 **Del.C.** §1203.
10.1.95 Improper influence. 11 **Del.C.** §1207.
10.1.96 Perjury in the second degree. 11 **Del.C.** §1353.
10.1.97 Perjury in the first degree. 11 **Del.C.** §1223.
10.1.98 Making a false written statement. 11 **Del.C.** §1233.
10.1.99 Terroristic threatening of public officials or public servants. 11 **Del.C.** §1240.
10.1.100 Hindering prosecution. 11 **Del.C.** §1244.
10.1.101 Compounding a crime. 11 **Del.C.** §1246.
10.1.102 Abetting the violation of driver's license restrictions; felony. 11 **Del.C.** §1249.
10.1.103 Escape after conviction. 11 **Del.C.** §1253.
10.1.104 Assault in a detention facility. **11 Del.C.** §1254.
10.1.105 Promoting prison contraband; felony. 11 **Del.C.** §1256.
10.1.106 Sexual relations in a detention facility. 11 **Del.C.** §1259.
10.1.107 Bribing a witness. 11 **Del.C.** §1261.
10.1.108 Bribe receiving by a witness. 11 **Del.C.** §1262.
10.1.109 Tampering with a witness. 11 **Del.C.** §1263.
10.1.110 Interfering with child witness. 11 **Del.C.** §1263A.
10.1.111 Bribing a juror. 11 **Del.C.** §1264.
10.1.112 Bribe receiving by a juror. 11 **Del.C.** §1265.
10.1.113 Tampering with a juror. 11 **Del.C.** §1266.
10.1.114 Tampering with physical evidence. 11 **Del.C.** §1269**.**
10.1.115 Criminal contempt of a domestic violence protective order. 11 **Del.C.** §1271A.
10.1.116 Riot. 11 **Del.C.** §1302**.**
10.1.117 Hate crimes. 11 **Del.C.** §1304.
10.1.118 Aggravated harassment. 11 **Del.C.** §1312.
10.1.119 Stalking. 11 **Del.C.** §1312A.
10.1.120 Cruelty to animals; felony. 11 **Del.C.** §1325.
10.1.121 Animals; fighting and baiting prohibited; felony. 11 **Del.C.** §1326.
10.1.122 Maintaining a dangerous animal. 11 **Del.C.** §1327.
10.1.123 Trading in human remains and associated funerary objects. 11 **Del.C.** §1333.
10.1.124 Violation of privacy. 11 **Del.C.** §1335.
10.1.125 Bombs, incendiary devices, Molotov cocktails and explosive devices. 11 **Del.C.** §1338.
10.1.126 Adulteration. 11 **Del.C.** §1339.
10.1.127 Promoting prostitution in the third degree. 11 **Del.C.** §1351.
10.1.128 Promoting prostitution in the second degree. 11 **Del.C.** §1352.
10.1.129 Promoting prostitution in the first degree. 11 **Del.C.** §1353.
10.1.130 Permitting prostitution. 11 **Del.C.** §1355.
10.1.131 Obscenity. 11 **Del.C.** §1361.
10.1.132 Obscene literature harmful to minors. 11 **Del.C.** §1365.
10.1.133 Possessing a destructive weapon. 11 **Del.C.** §1444.
10.1.134 Unlawfully dealing with a dangerous weapon; felony. 11 **Del.C.** §1445.
10.1.135 Possession of a deadly weapon during commission of a felony. 11 **Del.C.** §1447.
10.1.136 Possession of a firearm during commission of a felony. 11 **Del.C.** §1447A.
10.1.137 Possession and purchase of deadly weapons by persons prohibited. 11 **Del.C.** §1448.
10.1.138 Receiving a stolen firearm. 11 **Del.C.** §1450.
10.1.139 Theft of a firearm. 11 **Del.C.** §1451**.**
10.1.140 Giving a firearm to person prohibited. 11 **Del.C.** §1454.
10.1.141 Engaging in a firearms transaction on behalf of another. 11 **Del.C.** §1455.
10.1.142 Possession of a weapon in a Safe School and Recreation Zone. 11 **Del.C.** §1457.
10.1.143 Removing a firearm from the possession of a law enforcement officer. 11 **Del.C.** §1458.
10.1.144 Organized Crime and Racketeering. 11 **Del.C.** §1504.

10.1.145 Victim or Witness Intimidation. 11 **Del.C.** §§3532 **&** 3533.
10.1.146 Abuse, neglect, mistreatment or financial exploitation of residents or patients. 16 **Del.C.** §1136(a), (b) and (c).
10.1.147 Prohibited acts A under the Uniform Controlled Substances Act. 16 **Del.C.** §4751(a), (b) and (c).
10.1.148 Drug Dealing- Aggravated Possession; class B felony. 16 **Del.C.** §4752.
10.1.149 Drug Dealing- Aggravated Possession; class C felony. 16 **Del.C.** §4753.
10.1.150 Trafficking in marijuana, cocaine, illegal drugs, methamphetamines, Lysergic Acid Diethylamide (L.S.D.), designer drugs, or 3,4-methylenedioxymethamphetamine (MDMA). 16 **Del.C.** §4753A (a)(1)-(9).
10.1.151 Drug Dealing- Aggravated Possession; class D felony. 16 **Del.C.** §4754.
10.1.152 Drug Dealing- Aggravated Possession; class E felony. 16 **Del.C.** §4755.
10.1.153 Drug Dealing- Aggravated Possession; class F felony. 16 **Del.C.** §4756.
10.1.154 Prohibited acts under the Uniform Controlled Substances Act. 16 **Del.C.** §4756(a)(1)-(5) and (b).
10.1.155 Distribution to persons under 21 years of age. 16 **Del.C.** §4761.
10.1.156 Purchase of drugs from minors. 16 **Del.C.** §4761A
10.1.157 Distribution, delivery, or possession of controlled substance within 1,000 feet of school property; penalties; defenses. 16 **Del.C.** §4767
10.1.158 Distribution, delivery or possession of controlled substance in or within 300 feet of park, recreation area, church, synagogue or other place of worship. 16 **Del.C.** §4768
10.1.159 Drug paraphernalia-Manufacture and sale; delivery to a minor; felony. 16 **Del.C.** §§4771 and 4774.
10.1.160 Operation of a vessel or boat while under the influence of intoxicating liquor ~~and/or~~or drugs; third and fourth offenses. 23 **Del.C.** §2302(a) **and** §2305 (3) and (4).
10.1.161 Obtaining benefit under false representation. 31 **Del.C.** §1003.
10.1.162 Reports, statements and documents. 31 **Del.C.** §1004.
10.1.163 Kickback schemes and solicitations. 31 **Del.C.** §1005.
10.1.164 Conversion of payment. 31 **Del.C.** §1006.
10.1.165 Driving a vehicle while under the influence or with a prohibited alcohol content; third and fourth offenses. 21 **Del.C.** §4177 (3) and (4).
10.1.166 Duty of driver involved in accident resulting in injury or death to any person; felony. 21 **Del.C.** §4202.
10.1.167 Prohibited trade practices against infirm or elderly. 6 **Del.C.** §2581
10.1.168 Prohibition of intimidation [under the Fair Housing Act]; 6 **Del.C.** §4619
10.1.169 Auto Repair Fraud victimizing the infirm or elderly. 6 **Del.C.** §4909A
10.1.170 Unauthorized Acts against a Service Guide or Seeing Eye Dog 7 **Del.C.** §1717
10.1.171 Interception of Communications Generally; Divulging Contents of Communications. 11 **Del.C.** §2402.
10.1.172 Breaking and Entering, Etc. to Place or Remove Equipment. 11 **Del.C.** §2410.
10.1.173 Divulging Contents of Communications. 11 **Del.C.** §2422.
10.1.174 Attempt to Intimidate. 11 **Del.C.** §3534.
10.1.175 Failure of child-care provider to obtain information required under §8561 or for those providing false information; felony. 11 **Del.C.** §8562.
10.1.176 Providing false information when seeking employment in a public school. 6 **Del.C.** §8572.
10.1.177 Filing False Claim [under Victims' Compensation Fund]. 11 **Del.C.** §9016.
10.1.178 Alteration, Theft or Destruction of Will. 12 **Del.C.** §210.
10.1.179 Failure of Physician to file report of abuse of neglect pursuant to 16 **Del.C.** §903.
10.1.180 Coercion or intimidation involving health-care decisions and falsification, destruction of a document to create a false impression that measures to prolong life have been authorized; felony. 16 **Del.C.** §2513(b).
10.1.181 [Failure to make] Reports of Persons who are Subject to Loss Consciousness. 24 **Del.C.** §1763.
10.1.182 Abuse, neglect, exploitation or mistreatment of infirm adult. 31 **Del.C.** §3913(a), (b) and (c).

10.2 Crimes substantially related to provision of mental health counseling and chemical dependency counseling shall be deemed to include any crimes under any federal law, state law, or valid town, city or county ordinance, that are substantially similar to the crimes identified in this rule.

8 DE Reg. 1456 (04/01/05)
15 DE Reg. 1055 (01/01/12)
15 DE Reg. 1510 (04/01/12)
16 DE Reg. 105 (07/01/12)
18 DE Reg. 900 (05/01/15)
20 DE Reg. 376 (11/01/16)

11.0 Telehealth Services

11.1 "**Telehealth Services**" means the practice of Mental Health Counseling, Chemical Dependency Counseling, or Marriage and Family Therapy (~~hereinafter~~ referred to as Behavioral Health Practice) by distance

communication technology such as ~~but not necessarily limited to~~ telephone, email, Internet-based communications, and videoconferencing.

~~11.2 In order to deliver Telehealth Services one must hold a current, valid license issued by the Board.~~

~~11.3~~11.2 ~~Licensees~~Providers understand that this ~~rule~~ subsection does not provide ~~licensees with~~ authority to deliver Telehealth Services to clients domiciled in any jurisdiction other than Delaware, and ~~licensees~~ providers bear responsibility for complying with laws, rules, ~~and/or~~or policies for the delivery of ~~Telehealth Services~~telehealth services set forth by other jurisdictional regulatory boards.

~~11.4~~11.3 ~~Licensees~~ Providers delivering ~~Telehealth Services shall~~ telehealth services must comply with all of the rules of professional conduct and state and federal statutes relevant to ~~Behavioral Health Practice~~behavioral health practice.

~~11.5~~11.4 ~~Licensees~~ Providers must establish and maintain current competence in the professional practice of ~~Telehealth Services~~telehealth services through continuing education, consultation, or other procedures, in conformance with prevailing standards of scientific and professional knowledge. ~~Licensees~~ Providers must establish and maintain competence in the appropriate use of the information technologies utilized in the practice of ~~Telehealth Services~~telehealth services.

~~11.6~~11.5 ~~Licensees~~ Providers must recognize that ~~Telehealth Services~~telehealth services are not appropriate for all ~~Behavioral Health Practice~~behavioral health practice and clients, and decisions regarding the appropriate use of ~~Telehealth Services~~telehealth services are made on a case-by-case basis. ~~Licensees~~ Providers delivering ~~Telehealth Services~~telehealth services are aware of additional risks incurred when engaging in ~~Behavioral Health Practice~~behavioral health through the use of distance communication technologies and take special care to conduct their professional practice in a manner that protects the welfare of the client and ensures that the client's welfare is paramount. ~~Licensees delivering Telehealth Services shall~~Providers delivering telehealth services must:

- ~~11.6.1~~11.5.1 Conduct a risk-benefit analysis and document findings specific to:
  - ~~11.6.1.1~~ 11.5.1.1 Whether the client's presenting problems and apparent condition are consistent with the use of ~~Telehealth Services~~telehealth services to the client's benefit; and
  - ~~11.6.1.2~~ 11.5.1.2 Whether the client has sufficient knowledge and skills in the use of the technology involved in rendering the service or can use a personal aid or assistive device to benefit from the service.
- ~~11.6.2~~ 11.5.2 Not provide ~~Telehealth Services~~telehealth services to any person ~~or persons~~ when the outcome of the analysis required in subsections ~~11.6.1.1~~11.5.1.1 and ~~11.6.1.2 of this rule~~11.5.1.2 is inconsistent with the delivery of ~~Telehealth Services~~telehealth services, whether related to clinical or technological issues.
- ~~11.6.3~~11.5.3 Upon initial and subsequent contacts with the client, make reasonable efforts to verify the identity of the client;
- ~~11.6.4~~11.5.4 Obtain alternative means of contacting the client;
- ~~11.6.5~~11.5.5 Provide to the client alternative means of contacting the ~~licensee~~provider;
- ~~11.6.6~~11.5.6 Establish a written agreement relative to the client's access to face-to-face emergency services in the client's geographical area, in instances such as, but not necessarily limited to, the client experiencing a suicidal or homicidal crisis;
- ~~11.6.7~~11.5.7 Whenever feasible, use secure communications with clients, such as encrypted text messages via email or secure websites and obtain and document consent for the use of non-secure communications;
- ~~11.6.8~~11.5.8 Prior to providing ~~Telehealth Services~~telehealth services, obtain the written informed consent of the client, in language that is likely to be understood and consistent with accepted professional and legal requirements, relative to:
  - ~~11.6.8.1~~11.5.8.1 The limitations and innovative nature of using distance technology in the provision of ~~Behavioral Health Services~~behavioral health services;
  - ~~11.6.8.2~~11.5.8.2 Potential risks to confidentiality of information due to the use of distance technology;
  - ~~11.6.8.3~~11.5.8.3 Potential risks of sudden and unpredictable disruption of ~~Telehealth Services~~telehealth services and how an alternative means of re-establishing electronic or other connection will be used under such circumstances;
  - ~~11.6.8.4~~11.5.8.4 When and how the licensee will respond to routine electronic messages;
  - ~~11.6.8.5~~11.5.8.5 Under what circumstances the licensee and service recipient will use alternative means of communications under emergency circumstances;
  - ~~11.6.8.6~~11.5.8.6 Who else may have access to communications between the client and the licensee;
  - ~~11.6.8.7~~11.5.8.7 Specific methods for ensuring that a client's electronic communications are directed only to the licensee or supervisee;
  - ~~11.6.8.8~~11.5.8.8 How the licensee stores electronic communications exchanged with the client;
- ~~11.6.9~~11.5.9 Ensure that confidential communications stored electronically cannot be recovered ~~and/or~~or accessed by unauthorized persons when the ~~licensee~~ provider disposes of electronic equipment and data.

~~11.7~~11.6 If in the context of a face-to-face professional relationship the following are exempt from this rule:

~~11.7.1~~11.6.1 Electronic communication used specific for appointment scheduling, billing, ~~and/or~~or the establishment of benefits and eligibility for services; and

~~11.7.2~~11.6.2 Telephone or other electronic communications made for the purpose of ensuring client welfare in accord with reasonable professional judgment.

19 DE Reg. 932 (04/01/16)
20 DE Reg. 376 (11/01/16)

12.0 Renewal and Continuing Education

12.1 Renewal Date – All licenses shall be renewable biennially on September 30th of even-numbered years. License renewal is accomplished online at the Division of Professional Regulation's website.

12.2 Continuing Education (CE) Requirements for LPCMHs, LCDPs, LMFTs, and LPATs (Associate License holders are not required to complete CEs)

12.2.1 Licensees must complete at least 40 acceptable CE hours, including 3 hours of continuing education in ethics and 3 hours in cultural inclusion, equity, and diversity, during the previous licensure period in order to renew their license. CE requirements for initial licensure periods of less than 2 years shall be prorated as follows:

12.2.1.1 If the license was granted between April 1 and September 30 of an even-numbered year, the licensee must complete 0 hours of CE during the initial licensing period.

12.2.1.2 If the license was granted between October 1 of an odd-numbered year and March 31 of an even-numbered year, the licensee must complete 10 hours of CE, including 1 hour in ethics and 1 hour in cultural inclusion, equity, and diversity, during the initial licensing period.

12.2.1.3 If the license was granted between April 1 and September 30 of an odd-numbered year, the licensee must complete 20 hours of CE, including 1 hour in ethics and 1 hour in cultural inclusion, equity, and diversity, during the initial licensing period.

12.2.1.4 If the license was granted between October 1 of an even-numbered year and March 31 of an odd-numbered year, the licensee must complete 30 hours of CE, including 1 hour in ethics and 1 hour in cultural inclusion, equity, and diversity, during the initial licensing period.

12.2.2 Acceptable CE shall include the following:

12.2.2.1 CE hours approved by a national mental health organization or substance abuse treatment organization or their local affiliates, such as the National Board for Certified Counselors, Inc. (NBCC), American Association for Marriage and Family Therapy (AAMFT), the International Family Therapy Association (IFTA), NAADAC, The Delaware Certification Board, Inc. or National Association for Social Work (NASW), the Art Therapy Credentials Board (ATCB), or the American Psychological Association (APA) are acceptable, regardless of course content, and do not need to be approved by the Board.

12.2.2.2 Any activity that's purpose is to maintain licensees' professional competence in the practice of professional mental health counseling, marriage and family therapy, chemical dependency counseling, or art therapy is acceptable and does not require Board review and approval. Examples include, but are not limited to, interactive courses, workshops, seminars and webinars.

12.2.2.2.1 Courses that do not clearly achieve this purpose require Board approval. Licensees should request Board approval in advance of attendance. Requests for approval may be submitted afterward, but there is no guarantee of approval. These hours must be documented by a course agenda, syllabus, or other brief documentation that would allow the Board to assess the appropriateness of the course content. Only licensees may request course approvals. Sponsoring organizations may not request course approvals.

12.2.2.3 Teaching academic or CE courses, presentation of original papers, or the writing of a peer-reviewed article may account for up to 20 CE hours. These hours are to be documented by an official transcript, syllabus, course or session abstract, or a copy of the published paper presented.

12.3 Hardship – The Board shall have the authority to make exceptions to the CE requirements, in its discretion, upon a showing of good cause. "Good Cause" may include, but is not necessarily limited to: disability, illness, military service, extended absence from the jurisdiction, or exceptional family responsibilities. Request for hardship consideration must be submitted to the Board in writing prior to the end of the licensing period, along with payment of the appropriate renewal fee. A license shall be renewed upon approval of the hardship extension by the Board.

12.4 Post-Renewal Audit – Verification of CE hours shall be by attestation. Attestation shall be completed electronically. The Board will conduct random audits of renewal applications to ensure the veracity of attestations and compliance with the CE requirements. Licensees selected for the random audit shall submit CE course attendance verification in the form of a certificate signed by the course presenter or by a designated official of the sponsoring organization. Licensees shall retain their CE course attendance documentation for each licensure period. Licensees shall retain their CE course attendance documentation for at least 1 year after renewal. Licensees found to be deficient or found to have falsely attested may be subject to disciplinary proceedings and may have their license suspended or revoked. Licensees renewing during the late renewal period shall be audited.

12.5 Inactive Status

12.5.1 A request must be submitted to have a license placed on inactive status. Inactive status is effective immediately upon Board approval. The inactive status may continue for 5 years from the date of Board approval. An inactive license shall terminate at the end of the 5-year period unless the license is returned to active status before the end of the 5-year period.

12.5.2 Return to Active Status – Before the end of the then current 2-year licensure period, a license shall be returned to active status upon fulfillment of the following requirements by the licensee:

12.5.2.1 Written Request – Submit a written request to have the license returned to active status.

12.5.2.2 Continuing Education – Provide proof of completion of 40 hours of acceptable CE, including 3 hours in ethics and 3 hours in cultural inclusion, equity, and diversity, obtained within the 2-year period immediately preceding the request for return to active status.

12.5.2.3 Fee – Pay the licensure renewal fee. No late fee shall be assessed for return to active status.

22 DE Reg. 78 (07/01/18)
26 DE Reg. 771 (03/01/23)

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4 DE Reg. 970 (12/01/00)
5 DE Reg. 2109 (05/01/02)
8 DE Reg. 1456 (04/01/05)
9 DE Reg. 1106 (01/01/06)
10 DE Reg. 872 (11/01/06)
11 DE Reg. 225 (08/01/07)
11 DE Reg. 1066 (02/01/08)
15 DE Reg. 1055 (01/01/12)
15 DE Reg. 1510 (04/01/12)
16 DE Reg. 105 (07/01/12)
17 DE Reg. 755 (01/01/14)
18 DE Reg. 900 (05/01/15)
19 DE Reg. 663 (01/01/16)
19 DE Reg. 932 (04/01/16)
20 DE Reg. 376 (11/01/16)
22 DE Reg. 78 (07/01/18)
26 DE Reg. 771 (03/01/23)
28 DE Reg. 467 (12/01/24)