

Curt Widhalm, LMFT

16055 Ventura Blvd, Suite 605

Encino, CA 91436

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California Board of Behavioral Sciences (BBS) Attn: Regulations Unit

1625 N Market Blvd, Suite S-200 Sacramento, CA 95834

Subject: Comments on Proposed Regulatory Action Concerning Sections 1822.51 and 1887.3 of the California Code of Regulations

Dear Board Members and Regulations Unit Staff:

Please accept these comments regarding the proposed amendments to Division 18, Chapter 3 of the California Code of Regulations, specifically those affecting sections 1822.51 and 1887.3. I offer these comments from the perspective of a dedicated licensee and supervisor in the field who values the Board's commitment to consumer protection and professional standards.

Concerns Regarding Proposed Section 1822.51 (Examination Administration)

I have a minor technical concern regarding the proposed amendment to **Section 1822.51**, which inserts the vendor name "Pearson Vue" into the regulation regarding the examination administrator.

It is unusual for a state regulation to explicitly encode a specific vendor's name. A more flexible and standard approach would be to use a broader term such as "the examination administrator" or "the examination vendor."

Encoding a specific company into the regulation could have several unintended consequences, primarily by creating a procedural and legislative barrier should the Board need to change vendors in the future due to contractual, performance, or financial reasons. Amending a regulation to change a vendor name is an unnecessary administrative hurdle that could delay operational transitions. I respectfully request the Board to consider revising this language to ensure regulatory flexibility for future administrative decisions.

Concerns Regarding Proposed Section 1887.3 (Continuing Education Credit for Specified Activities)

I have several concerns regarding the proposed changes to Section 1887.3, which outlines continuing education (CE) course requirements and credits for specified activities.

1. Proposed Subdivision (m) – Attending Board Meetings

I appreciate the Board's intention with proposed subdivision (m), which would allow licensees to earn CE credit for attending Board meetings. This is a commendable effort to encourage professional engagement and stakeholder involvement in the Board's processes and relevant law.

However, I believe the rigor of this activity does not align with the standard expectation for patient-care focused CE that directs providers toward new and emerging treatments. If the content discussed in the meetings is deemed critical for professional competency, I encourage the Board to explore mechanisms

for licensees to earn credit for watching recorded meetings. This modification would greatly enhance access for many stakeholders who are unable to take time off work to attend meetings in real-time, aligning the Board's educational goals with the practical realities of working professionals.

2. Proposed Subdivision (n) – Providing Supervision

My greatest concern lies with the proposed subdivision (n), which permits licensees to earn up to 18 hours of general CE credit for providing clinical supervision.

While I support the goal of encouraging more licensees to become supervisors and recognize the learning that occurs in a supervisory role, granting full CE credit for this activity does not meet the same rigorous educational standards as acting as an instructor in a formally approved CE course or a university setting.

Furthermore, there is a risk that this proposal may have an unintended, counter-productive effect. Preliminary feedback from colleagues suggests that licensees who are already supervisors may simply utilize these hours instead of pursuing outside, client-centered continuing education. This substitution could inadvertently reduce the supervisor's exposure to new research, innovative treatment modalities, and emerging best practices, thereby slowing the professional development of both the supervisor and their supervisees. I urge the Board to reconsider granting CE credits for providing supervision as the benefits granted by this proposal do not seem great enough to encourage people to become supervisors in the first place, and they do not outweigh the potential negative unintended consequences of further education by those that are already supervising.

Finally, if the Board does decide to proceed with the proposed regulation, I would like to point out that it is unclear on whether these CE credits for supervision would count toward the licensee's mandatory supervision-specific CE hours. The Board's Notice of Proposed Regulatory Action implies a potential overlap by stating, "...current regulations require supervisors to fulfill 15 hours of training or coursework, as specified." To maintain the integrity of the supervision-specific requirements, I urge the Board to clarify if these hours satisfy the supervision-specific CE mandate or if they are intended solely for general CE.

3. Cumulative Impact

Coupled together, the allowance for attending Board meetings (up to 6 hours) and providing supervision (up to 18 hours), along with other activities, could allow a licensee to acquire up to 36 hours of their required CE entirely through activities that are not directly focused on client-centered treatment or emerging best practices. This could compromise the core mission of Continuing Education to ensure that licensees stay current with the latest developments in patient care to protect the public.

In conclusion, I respectfully request the Board to reconsider the language in proposed Section 1822.51 and to further review the implications of the CE credits granted in proposed subdivisions (m) and (n) of Section 1887.3, focusing on educational rigor and client-care outcomes.

Thank you for your time and dedication to our profession. I look forward to your consideration of these serious matters.

Sincerely,

Curt Widhalm

LMFT #47333