

**BSRB**  
**Psychology Advisory Committee Meeting**  
**February 9, 2021**

**Draft Agenda**

1. KAPA/KORA Training for Advisory Committee Members (Janet Arndt)
2. Executive Session
3. Approval of Minutes – October 13, 2020
4. Executive Director’s Report
5. **New Business**

Allowance of Video Supervision for Post-doctoral Hours Attached:

- PDF of request
- Reference: K.A.R. 102-1-5a (e)(3)(A) Provide individual supervision **by meeting in person** with the supervisee. When meeting in person is not practical due to an emergency, geographic distance, or other exigent circumstances, the supervisor may meet with the supervisee by interactive video or other electronic or telephonic means of communication. The supervisor and supervisee may use any electronic or telephonic means of communication that protects the confidentiality of their supervision. **The use of these means of communication shall not exceed one out of every four supervisory sessions;**

**6. New Business**

**A. PSYPact and regulation across state lines**

- Attached: Missouri PSYPact Statutes and Regulations
- We had planned to ask Cindy to join us to discuss CRC Investigations across state lines

**B. Request by members of KPA for additional Diversity, Equity, and Inclusion (DEI) CE requirements for Psychologists.**

- Attached: Request from KPA members

**C. Updating K.A.R. 102-1-12 to align with APA Standards of Accreditation (2016)**

- Attached: K.A.R. 102-1-12 (annotated to highlight specific areas of study)
- Attached: APA Standards of Accreditation (See pp. 8-9)
- Attached: APA Implementing Regulations (See C-7 D)

**D. Updating K.A.R. 102-1-12 to allow for PCSAS and CPA accreditation A**

- Attached: State of Texas Regulations for Psychologists (2020).
- See p. 86, specifically

# **BEHAVIORAL SCIENCES REGULATORY BOARD BOARD & ADVISORY COMMITTEE MEMBERS ORIENTATION**

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February 2021

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## **PROFESSIONAL LICENSING BOARD IS A CREATURE OF STATUTE**

The State of Kansas regulates many professions, including doctors, nurses, real estate brokers, police officers, and barbers. Each of these professions is regulated by a licensing board or commission that was created by the Kansas Legislature for the purpose of ensuring that licensed professionals are competent and do not pose a risk to the public. By enacting legislation creating each licensing board, the Kansas Legislature also bestowed certain powers on those boards, but those powers are limited.

A professional licensing board is created by enabling legislation, which establishes a board's form, mission, powers, functions, tools of implementation, and enforcement abilities. A board is considered to be a "creature of statute," meaning a board's power is dependent upon its authorizing statutes, and therefore any exercise of authority claimed by a board must come from those statutes, either explicitly or necessarily implied. A board may administer, implement, and enforce only those statutes. If those statutes are silent on a particular action, the board lacks authority to take such action. Simply put, a board can do only what Kansas statutes say it can do.

Besides statutes specific to a board, a board's authority is limited by Constitutional Equal Protection and Due Process rights - prohibiting a board from acting in a manner which results in disparate or inconsistent treatment of persons similarly situated, from adopting different standards for similar situations or otherwise acting arbitrarily, capriciously or vindictively. For

example, a licensing board may not impose more severe discipline on male licensees solely because of their gender or a licensing board may not revoke a license simply because the board does not like that particular licensee. Other Constitutional guarantees, such as freedom of speech, rights of privacy, unreasonable search and seizure, and vagueness also establish parameters on a board's authority.

The Kansas Legislature retains control over certain aspects of a licensing board. For example, the legislature could decide to repeal the enabling legislation, which would eliminate the board. In addition, even if a board is fee funded (meaning paid for partly or entirely with fees collected from applicants for licensure), the board must receive a legislative appropriation in order to expend the monies collected. The legislature may also enact legislation that would change the makeup, scope, and/or powers of the board.

In exercising regulatory power, members of a licensing board often struggle with the issue of what their authority is and what their authority is not. Most licensing boards are authorized to exercise discretion when it comes to approving applications or imposing discipline on licensees. Statutes authorizing such discretion state that the board "may" approve an application based on certain criteria, or the board "may" impose discipline on a licensee if the licensee engages in certain prohibited behavior. The word "may" tells the board that it is supposed to consider the facts of each case and decide on an outcome that is fair, supported by the facts, consistent with the public interest, and complies with the language of the applicable statutes and regulations.

Board members at times want to exercise discretion when discretion is not allowed by law, such as wanting to grant a waiver or exception to a statute or regulation. Other times board members do not want to exercise discretion when discretion is called for, preferring a "blanket rule" that would apply in every case, regardless of the facts of a particular case. To meet the challenge of exercising appropriate and lawful authority, a board member must understand the type of entity a board is.

The general purpose (whether explicit or implied) of a license board is to secure for the people of Kansas the services of competent, trustworthy practitioners, and to protect the public against unprofessional, unauthorized, or unqualified practitioners. The purpose of a license board is not to promote or protect the profession as a whole; those functions typically lie with a private professional association.

A licensing board accomplishes its purposes through licensing applicants who meet established eligibility qualifications (generally education, experience, and examination) and through the disciplinary process by which a license may be conditioned, limited, revoked, suspended, revoked, or otherwise sanctioned for the violation of a statute or regulation.

### **FUNCTIONS AND DUTIES OF A LICENSING BOARD**

In order to carry out its purpose, a board is granted (delegated) powers and functions that similarly parallel the three branches of state government: executive, judicial, and legislative.

"Executive" authority is an administrative function by which the board carries its enabling act into effect. In exercising this authority, a board is required to follow Kansas Open Meetings Act and

Kansas Open Records Act to ensure that the public's business is conducted openly.

"Judicial" authority is an adjudicative function to enforce the enabling act by holding quasi-judicial hearings to make findings of fact and conclusions of law in determining whether those facts prove a violation of law has occurred. In serving in a "judicial" capacity, most licensing boards are required to follow the Kansas Administrative Procedures Act in order to achieve uniformity among various agencies of the state with respect to procedural safeguards.

"Legislative" authority (technically, a form of administrative authority) is the authority to adopt regulations in order to implement or interpret the enabling act with more detailed or specific requirements. In adopting rules and regulations, a board is required to follow the Rules and Regulations Filing Act to ensure that the process of adopting administrative regulations is open, receptive to public and legislative input, addresses the economic impact of those affected, and that the regulations themselves are consistent in style, organization and grammar, and are lawful, filed, and published. Properly adopted regulations have the force and effect of law, *i.e.*, they are legally enforceable. A valid regulation must be within the statutory authority conferred upon the agency, implement a specific statute, and otherwise pass the test for "legality." Any regulation will be found illegal if it goes beyond the authority authorized, violates an enabling statute, or is inconsistent with the statutory power of the board, another statute, or the Constitution.

### **STATUTES, REGULATIONS, AND POLICIES**

In order to fulfill its responsibility to protect the public from incompetent, unprofessional, and unauthorized practitioners, a regulatory board implements and enforces statutes and regulations, and at times operates according to internal policies. In order to be effective, board members need to understand the differences between statutes, regulations, and policies.

Statutes are laws passed by the Kansas Legislature through authority derived from the Kansas Constitution and subsequently signed by the Governor. Statutes generally become effective on July 1 of that session year, but can become effective if a different date is specified in the legislation. Statutes set the parameters of a board's authority. Statutes control any inconsistent regulation or policy. If a board becomes dissatisfied with the scope of its authority (e.g., a board determines that it needs investigative subpoena authority), the board must seek legislation to obtain its goal.

Regulations, on the other hand, are adopted by a board to further implement or carry out the purpose of particular statutes. A board's authority to adopt regulations is derived from statute. In adopting rules and regulations, a board is required to follow the Rules and the Regulations Filing Act to ensure that the process of adopting administrative regulations is open, receptive to public and legislative input; addresses the economic impact of board and those affected; the regulations themselves are consistent in style, organization and grammar; are lawful, and are filed and published. Regulations are promulgated to complete or fill in details of a statutory scheme—implementing statutes—and affect rights or responsibilities of third parties outside of the board.

As described below, the process of adopting regulations is quite lengthy, but for good reason.

When adopted in accordance with the Rules and Regulations Filing Act, regulations have the force and effect of law, *i.e.*, they are legally enforceable. To be valid, a regulation must be within the statutory authority conferred upon the board, implement a specific statute, and otherwise pass the test for "legality." Any regulation that goes beyond the authority granted, violates an enabling statute, or is inconsistent with the statutory power of the board, another statute, or the Constitution will be found void.

In determining whether to adopt a regulation, the following factors should be considered:

#### The need for a regulation

1. Does the action contemplated meet the statutory definition of a regulation? A regulation is "a standard, requirement or other policy of general application that has the force and effect of law, including amendments or revocations thereof, issued or adopted by a state agency to implement or interpret legislation." K.S.A. 77- 415(c)(4). Is the contemplated action one of those specifically excluded from the definition of a regulation? See K.S.A. 77-415(b)(2)(A)-(F).
2. Would a regulation add anything?
  - (i) Does it simply repeat the statute?
  - (ii) Is it purely self-directive?
  - (iii) Is it informational rather than regulatory?

#### Determine statutory authority to adopt a regulation

1. Does the agency have rule and regulation authority? The history section of every regulation must show the agency's statutory authority to promulgate regulations.
2. Does the agency's authority extend to the subject matter of this regulation? The history section must also state the statutes that are being implemented or interpreted by the regulation; the authorizing statute must correspond to the implementing statutes.

#### Procedure to adopt a regulation

1. Draft the regulation in accordance with the Policy and Procedure Manual for the Filing of Regulations published by the Department of Administration for form and style requirements. See: [https://admin.ks.gov/docs/default-source/chief-counsel/website-documents/reg-manual-june-2018.pdf?sfvrsn=4f2688c7\\_14](https://admin.ks.gov/docs/default-source/chief-counsel/website-documents/reg-manual-june-2018.pdf?sfvrsn=4f2688c7_14)
2. Prepare an Economic Impact Statement, and Environmental Impact Statement (if appropriate), and a Private Property Protection Act Report, if Appropriate. See K.S.A. 77-416(b), (c), (d), (e) and K.S.A. 77-706(e).
3. Attach any documents adopted by reference in a regulation. All adopted documents must also be within the board's authorizing and implementing statutes.
4. Submit the regulation, any documents adopted by reference, and the Economic Impact Statement to the Director of Budget for approval. The regulation, any documents adopted by reference, and the Economic

Impact Statement to the Secretary of Administration for approval as to form, style, and orthography. Once approved by the Department Administration, submit the regulation, any materials that are adopted by reference, and the Economic Impact Statement to the Office of the Attorney General for approval. The offices of the Secretary and AG review the entire regulation, not just the new or amended provisions. The AG's review determines:

- a. Board's authority to adopt rules, generally
  - b. Regulation is within the board's scope
  - c. Regulation does not conflict with statutes or constitution
  - d. Regulation is otherwise lawful (AG also makes suggestions regarding clarity and any errors).
5. The regulation must be revised if any changes are made as a result of the review by Secretary of Administration or the Office of the Attorney General. When the revisions are completed, the regulation and the Economic Impact Statement must be resubmitted to the Director of Budget, Secretary of Administration, and Office of Attorney General for approval.
  6. After the regulation has been approved by all three agencies, it is filed with the Secretary of State for submission to the State Rules and Regulations for approval of a temporary regulation and/or the Joint Committee on Rules and Regulations for comment on a permanent regulation. If promulgating a temporary regulation, it is recommended that you also process a permanent regulation at the same time so that it will be ready to take effect when the temporary regulation expires.
  7. Submit notice to the Kansas Register making sure there will be at least 60 days between public notice and the hearing date.
  8. During the 60-day notice/public comment period for a permanent regulation:
    - a. The Joint Committee on Rules and Regulations reviews the rule and makes comments to the agency
    - b. The public has an opportunity to make written comments to the regulation.
  9. Hearing
    - a. Circulate a sign-in sheet for those in attendance
    - b. Record the comments
  10. Revisions
    - a. If revisions are necessary, the Economic Impact Statement and revised regulations must be resubmitted to the Director of Budget, Secretary of Administration, and AG for approvals.
    - b. If the regulation ends up substantially different than what was in the notice of public hearing, the notice, review by the Joint Rules and Regulation Committee, and the public hearing should occur.
  11. Adoption  
If the agency head is a bod, the regulation must be adopted in an open meeting and by roll call vote for each regulation. A certificate of the vote

must be completed.

12. File the regulation and certificate of the vote with the Secretary of State. File the regulation with the Secretary of State and publish in the Kansas Register.

Effective date of regulation

1. Permanent regulation: 15 days after publication in the Register
2. Temporary regulation: Upon approval by the State Rules and Regulations Board and filing by the Secretary of State.

Policies may be adopted by a board only to guide its internal operations, such as prioritizing staff workload or explaining the investigative process. Typically, a policy is adopted by the passage of a motion. A board may not adopt a policy that would affect in any manner the persons or entities that it regulates; rather, the Board's enforcement or administration of legislation must be properly adopted, filed, and published as a regulation.

Guidance documents are documents that state a board's current approach to, or interpretation of law, or general statements of policy that describe how and when the board will exercise discretionary functions. Guidance documents do not go through the rules and regulations filing process; thus, they do not have the force of law. Guidance documents must be published on the agency's website.

### **EFFECTIVENESS AS A BOARD MEMBER**

A board expends less time, money, energy, and resources by taking action to prevent a legislative post audit review, a lawsuit, an appeal of administrative action, or a complaint made against you or your board. So, . . .

- Read the board's enabling statutes, K.S.A. 74-7501, *et seq.*
- Read all of the board's licensing acts:
  - Licensure of Psychologists Act, K.S.A. 74-5301, *et seq.*
  - Licensure of Master's Level Psychologists Act, K.S.A. 74-5361, *et seq.*
  - Professional Counselors Licensure Act, K.S.A. 65-5801, *et seq.*
  - Social Workers Licensure Act, K.S.A. 65-6301, *et seq.*
  - Marriage and Family Therapists Licensure Act, K.S.A. 65-6401, *et seq.*
  - Addiction Counselor Licensure Act, K.S.A. 65-6607, *et seq.*
  - Applied Behavior Analysis Licensure Act, K.S.A. 65-7501, *et seq.*
- Re-read all the above licensing acts until you feel you fully understand them. Re-read them as necessary to familiarize and understand the boundaries contained therein—especially as a statute(s) pertains to a specific issue or matter.
- Read the regulations for each licensing act and re-read the regulations as it relates to the implementing statute(s).
- Be on the alert for agency policies and internal procedures which are inconsistent with or conflict with the board's statutes and regulations, or which affect requirements for applicants or licensees. The rationale of "We have always done it this way" is not a legal defense.

- Ensure that decisions are within the authority granted. If any doubt about the legality of an action, consult with the board's attorney.
- Be willing to initiate action to amend statutes or modify regulations. If a statute or regulation seems confusing, unfair, vague, or overly burdensome to you, chances are good that it is confusing, unfair, vague or overly burdensome to those persons who must comply with them. Statutes and regulations may also have to be amended as they become outdated.
- Remember the purpose of imposing discipline against licensees is to encourage compliance with the law and protect the public. Discipline should not be vindictive or disproportionate to the severity of the licensee's violations. The harshest sanction, revocation, is typically reserved for licensees who have committed egregious or multiple violations or has a history of repeated violations and not responded to prior disciplinary action.
- Always be mindful that the role of the board is to protect the public, not the licensee.

### **CONFLICT OF INTEREST**

Conflict of interest typically means having any interest, financial or otherwise, direct or indirect, or engaging in any business or transaction or professional activity or incurring any obligation of any nature, which is in substantial conflict with the proper discharge of the board member's duties in the public interest. Board members must make public and recuse themselves from any conflict of interest that exists to ensure the integrity of the board and all of its decisions. Disclosure and recusal are important tools to avoid actual or perceived conflict of interest, but board members must not overuse recusal as an excuse to avoid conflict in exercising their full responsibilities.

#### Types of Potential Conflict in External Activities

Personal conflicts are those actions that may ultimately have a personal consequence that is a direct or indirect effect of a decision or action. No decisions should be made that will advance the personal benefit of the board member(s). Some examples of personal conflict include:

- Personal gain: Will this decision affect the board member's personal life, career advancement, or business in any direct way?
  - Example: The Board holds a hearing on a summary proceeding order that denied a license to an applicant who works near Board Member Doe. Board Member Doe is the only other licensee in the area. The denial of applicant's request for licensure means Board Member Doe would see an increase in business.
- Bias: Does the board member's personal relationship with the licensee in question impair his or her ability to render an impartial decision? Is the board member privy to information about the licensee that the other board members do not know, and

that will affect the board member's ability to vote objectively?

- Example: The Board is considering whether to grant a license to an applicant who has a felony conviction and provided some evidence of rehabilitation. The Board is divided on whether to approve the application. Board Member Doe and the applicant's mother are close friends and Board Member Doe has known the applicant since he was a child. Board Member Doe wishes to "vouch" for the applicant.
- Effects on personal relationship: Will there be an effect on the board member's current, past or future personal relationship(s)?
  - Example: The Board is considering whether to fine a licensee. Board Member Doe's supervisor is a close relative of the licensee, and she fears that she will face retaliation from her supervisor if she votes in favor of the fine.

## **CONFIDENTIALITY**

At all times the board member must conform to the rules of confidentiality in dealings outside the boardroom. *Protected information obtained in the capacity of board member must remain confidential during and after board membership.* Termination of board membership does not dissolve the board member from responsibility. The rules that applied during active board membership continue to apply after termination of board membership. Confidentiality must be maintained on all confidential subjects that the individual was privy to as a board member.

- Executive sessions during open meetings: The purpose of an executive session is to allow board members to discuss certain matters privately, outside the public view. Taking an executive session without a proper motion that states the statutory grounds for the executive session can result in the imposition of a penalty. Sharing matters discussed during an executive session with another party defeats the purpose of the executive session. In addition, breaching executive session confidentiality could expose the Board to a KOMA complaint because revealing information intended to be confidential suggests that there was no need to discuss the matter in private. Finally, the purpose of an executive session is typically to discuss private information about an employee or to obtain advice from the Board's attorney to preserve attorney-client confidentiality. A board member may subject the Board to litigation by discussing private information about an employee or waive attorney-client confidentiality by revealing attorney-client communications to a third party. So, do NOT disclose the information that was discussed during an executive session.
- Deliberations after a hearing: Discussions on a decision regarding a particular pending case are considered quasi-judicial deliberations. The Kansas Open Meetings Act (KOMA) and the Kansas Administrative Procedure Act (KAPA) allow Board members to deliberate in private in order to reach a decision in a particular pending case regarding the applicable facts, law, and sanctions. It is understood

that discussions during private deliberations are meant to be confidential.

### **EX PARTE COMMUNICATIONS**

An ex parte communication typically involves receiving information from or discussing with a party or an outside person without the knowledge of the other party; for this reason, it is regarded as a one-sided or partisan viewpoint. For the purposes of the board, an ex parte communication can occur when a board member discusses the details or merits of a particular case with only the applicant or licensee, the board's litigation counsel, or board staff. In other words, one or more litigants or their attorneys in a case are not present during the discussion.

Ex parte communications are problematic because licensees and applicants for licenses are entitled to due process and the board's decisions must be fair and objective. In the case of an applicant for licensure or a licensee in a disciplinary action, the KAPA prohibits board members charged with rendering a decision in a matter from communicating – directly or indirectly through staff – with any party or participant regarding any issue in the proceeding. This rule is designed to prevent decisions based on “secret” information not provided to the other side.

A board member may encounter ex parte communications without advance warning to the board member. For example, a person who has a pending application for licensure may call a board member to advocate for him or herself. Similarly, a licensee might approach a board member at a conference to ask that the disciplinary action against him or her be lifted or changed.

A board member may also inadvertently create ex parte issues by contacting board staff or litigation counsel with questions about a pending hearing or application. Board staff and litigation counsel are aware of ex parte concerns. They will refrain from discussing the particulars of a case with you. Decisions on applications and disciplinary matters must be made based only upon the agency record or evidence presented at the hearing.

It is the responsibility of the board member to disclose ex parte communications. The KAPA requires disclosure of ex parte communications on the record (i.e., in a document filed in the agency record and sent to the litigants or during a hearing open to the public with the litigants present). If a licensee attempts to engage in ex parte communications with a board member but the board member ends the conversation before a discussion of the particulars of a case, the board member still needs to disclose the attempted ex parte communication. If the ex parte communication is such that the board member is partial or biased or if there would be an actual or perceived conflict of interest, the board member must recuse himself or herself from the discussion and decision of the case.

### **PROFESSIONAL ACTIVITIES**

A board member may hold an office in a professional or trade association of the regulated profession, but may not lobby for or cast votes regarding a matter that would impact the professional association or the board member's office in that association. The board member may not use his or her position on the board to further the interests of the professional association or his or her office in that association.

Board members may attend professional conferences and social events, but they must be

mindful of open meetings rules and conflicts of interest. If a majority of board members are present, do not discuss the “business or affairs” of the board to avoid triggering a “meeting” under the KOMA. Additionally, do not discuss matters related to a particular pending application or disciplinary matter.

### **OTHER CONDUCT**

A board member should not represent himself/herself as a spokesperson for the Board unless authorized by vote of the board to speak on the Board’s behalf. If a board member is asked to give the Board’s position on an issue and the Board has not authorized that member to do so, the board member must decline to comment or make clear that any opinions expressed are those of him or her alone and NOT the Board. A board member should not ask board staff or board counsel to provide legal advice or preferential treatment to any applicant or licensee.

### **THE KANSAS OPEN MEETINGS ACT (KOMA)**

The Kansas Open Meetings Act (KOMA), K.S.A. 75-4317 *et seq.*, allows the public to observe governmental entities making decisions. Meetings shall be open to the public because “a representative government is dependent upon an informed electorate.” K.S.A. 75-4317(a). Because the purpose of KOMA is to benefit the public, it is interpreted liberally and exceptions are applied narrowly to carry out its purpose.

The KOMA applies to all legislative and administrative bodies and agencies of the state and political and taxing subdivisions thereof, and other subordinate groups thereof receiving or expending and supported in whole or in part by public funds. K.S.A. 75-4318. The KOMA does not define the term “subordinate groups,” but if created by a covered entity or the group has become an extension of a covered entity, most likely the subordinate group is subject to the KOMA.

The KOMA does not apply to an otherwise covered entity when exercising a “quasi-judicial” function, K.S.A. 75-4318(g)(1), or conducting a proceeding or hearing under the Kansas Administrative Procedures Act (KAPA). K.S.A. 77-523(f); K.S.A. 75-4318(g). KOMA also does not apply to the judiciary, private organizations, and staff meetings of a covered entity.

A meeting is defined as:

- Any gathering or assembly in person, through the use of a telephone, or any other medium for interactive communication
- By a majority of the membership of an agency or public body subject to the act
- For the purpose of discussing the business or affairs of the public body or agency  
K.S.A. 75-4317a

Meetings may be conducted by telephone or other electronic medium (e.g., Zoom, Skype) if the board complies with all KOMA requirements. A meeting includes informal discussions before, after the public meeting, or during a recess of a public meeting and all gatherings at all stages of the decision-making process. The name of the gathering is irrelevant; thus, "work sessions" and "retreats" are subject to KOMA. The majority of the membership for a meeting is calculated

by the next whole number greater than one-half the total number of members—including vacant positions and absent members. A majority can be different than a quorum.

A "discussion" does not require binding action or voting. A discussion can occur at social gatherings, retreats and meetings held in private, education conferences/seminars. Thus, when traveling to such meetings, members of the board should avoid discussing business or affairs of the agency.

The presiding officer has duty to provide notice of the meeting, but this duty may be delegated. K.S.A. 75-4318(b). Contrary to popular belief, the KOMA does not require notice of meetings to be published in a paper or on a website. An individual must request notice of meetings. There are no formalities to requesting notice – it can be verbal or written. The notice must provide date, time, and location where body will meet to the person requesting notice in a "reasonable time" before meeting. A request is valid for one fiscal year. The Board must notify a requester of expiration before terminating notice to that requester.

The KOMA does not address meeting procedures; thus, a board is not required to follow Roberts Rules of Order or any similar formal rules of procedure. The KOMA also does not require a board to create an agenda, but if one exists, it must be made available to everyone. An agenda does not have to be mailed out in advance of the meeting. The person may record the meeting as long as doing so is not disruptive. The public does not have the right to speak, but only to listen and observe. The board cannot vote by secret ballots.

A board policy may require minutes to be kept, but the KOMA does not require the board to have minutes *unless* there is a motion to go into executive session. The motion as made must be included in the minutes. An executive session permits discussion of certain enumerated matters outside of public view. To take an executive session, the Board must first convene an open meeting. The Board cannot take binding actions in an executive session, but a consensus is allowed. If a consensus is achieved, the Board must reconvene the open meeting and take a formal vote in open session.

Executive sessions are governed by statute and those requirements must be met. Those requirements are:

1. A formal motion must be made, seconded, and carried;
2. The motion for executive session must contain:
  - (a) A statement describing the subject(s) to be discussed (without revealing confidential information);
  - (b) The justification (listed the statute) for closing the meeting; and
  - (c) The time and place the open meeting will resume; and
3. The complete motion must be recorded in the minutes and permanently retained by the Board. K.S.A. 75-4319(a).

The two most common justifications used by licensing boards are personnel matters of non-elected personnel and legal consultation with the board's attorney. Executive sessions for personnel matters of non-elected personnel are used to protect the privacy interests of the employee. It can also be used to discuss applicants for employment. Executive sessions under

this subject matter do *not* include contractors or appointments to boards or commissions. See K.S.A. 75-4319(b)(1). Executive sessions for consultation with legal counsel requires the board's legal counsel to be present and the communication to be privileged, *i.e.*, confidential. No third parties may be present as that breaks the privilege. See K.S.A. 75-4319(b)(2).

The most common complaints raised by the public include:

- Executive sessions
- Improper motions for executive sessions
- An executive session for a subject matter, but discussing a different or additional subject matter in session
- Inclusion of non-board members in executive session
- Executive session is extended without reconvening the open meeting, making a motion to extend the executive session, and voting
- Failure to return to open meeting at the stated time/place after an executive session ends
- Revealing information discussed in executive session
- Serial communications
- Failure to give notice when majority of membership of board gathered
- Failure to give notice of meetings

Prosecutions under the KOMA are civil, not criminal. Any person, county/district attorney or the attorney general may bring an action in district court. The county/district attorney and attorney general have subpoena power. Enforcement actions take precedence over all other cases and are assigned for trial at the earliest practicable date.

The remedies for a KOMA violation include: voiding any action taken if prosecuted by the attorney general or county/district attorney only; an injunction (stopping the action); a mandamus (forcing action); and a declaratory judgment. The penalties for a KOMA violation include: a fine up to \$500 per board member, not the board, for each violation; ouster from office; recall from office; court costs assessed to the person seeking enforcement of KOMA; court costs assessed against plaintiff if maintained action frivolously, not in good faith, or without reasonable basis in law or fact. K.S.A. 75-4320; K.S.A. 75-4320a.

Effective July 1, 2015, the Attorney General can enter into a consent order or issue a finding of a violation. Under the consent order provision, the Attorney General may investigate any time prior to filing an action under K.S.A. 75-4320a, use the preponderance of evidence standard, and enter into a consent order with the board member that may:

- Contain admissions of fact;
  - Require completion of training approved by the Attorney General;
  - Impose a civil penalty up to \$250 for each violation;
  - Set forth an agreement to comply with the KOMA; and
  - Require submission of proof consent order requirements met.
- K.S.A. 75-4320d.

The consent agreement must also bear the signature of the head of the board found to have

violated the KOMA and of any other person required by the Attorney General. K.S.A 75-4320d.

Under the provision for finding a violation, the Attorney General may investigate, use the preponderance of evidence standard, and issue a finding of a violation to the board that may:

- Contain findings of fact and conclusions of law;
- Require the board to do any or all of the following:
  - Cease and desist from further violation;
  - Comply with the KOMA;
  - Complete training approved by the Attorney General;
  - Pay a civil penalty up to \$500 for each violation; and
  - Submit proof of compliance with the finding of violation.

K.S.A. 75-4320d(a)(2).

The Attorney General may apply to district court to enforce a consent order or a finding of violation. If it finds that the attorney general did not abuse discretion, then the district court shall:

- Enjoin the public body or agency to comply with consent order or finding of violation;
- Impose a civil penalty not less than the one imposed by the Attorney General and not more than \$500 per violation
- Require public body or agency to pay court costs and investigative costs incurred by Attorney General;
- Impose any other remedy authorized by K.S.A. 75-4320a(a).

K.S.A. 75-4320d(c).

The district court may also award the Attorney General reasonable attorney fees; in certain instances, the district court is required to do so. See K.S.A. 75-4320d(c)(4).

For further information or registration on the next training session, please view the Attorney General's website at: <http://ag.ks.gov/open-govt/resources>

### **THE KANSAS OPEN RECORDS ACT (KORA)**

The Kansas Open Records Act (KORA), K.S.A. 45-215 *et seq.*, requires the board to have its records "open for inspection by any person unless otherwise provided;" and KORA "shall be liberally construed and applied to promote such policy." K.S.A. 45-216(a).

A public agency includes the state or any political or taxing subdivision of the state, or any office, officer, agency or instrumentality thereof or any other entity receiving, expending, or supported in whole or in part by public funds appropriated by the state or political/taxing subdivision. The term "instrumentality" is not defined in KORA. Nevertheless, if created by a covered entity or the group has become an extension of a covered entity, it will most likely be covered. A "public agency" does not include private companies, even if they receive public funds in exchange for goods and services, judges and courts, an individual legislator or member of a governing body, private individuals, or state employees.

A public record includes any recorded information regardless of form or characteristics which is made, maintained, or kept by or is in the possession of any public agency and written records, photographs, computer data, and e-mail. A public record does not include records that are owned by a private person or entity and are not related to functions, activities, programs, or operations funded by public funds or records not in existence at the time of the request. The Board is not required to create a record in order to fulfill a request. See K.S.A. 45-217.

Under the KORA, the Board must:

- Appoint a freedom of information officer to assist with KORA requests
- Display, distribute, or otherwise make available a brochure describing requester rights, agency responsibilities, and procedures for inspecting or obtaining copies of public records
- Include the name/title of a records custodian, fees, and office hours available for anyone to make a request. K.S.A. 45-226 and K.S.A. 45-227.

In Kansas, any person may make a request; the person need not be a resident or provide a reason for their request. The Board may require the request to be in writing, state name and address of the requestor, provide proof of identification, and sign a written certification that the requester will not use names and addresses obtained from the records to solicit sales or services. Unless closed by law, the Board cannot deny a person the right to review its public records. For instance, copyrighted materials may not be reproduced without the permission from the copyright holder, but must be available for viewing or listening. If portions of a record are closed, the remainder of the record must be made available to the requestor; this referred to as "redaction." The Board is not required to make copies of a recording tapes or discs, video tapes or films, pictures, slides, graphics, illustrations *unless* shown at a public meeting.

The request must be "acted upon" as soon as possible, but not later than the end of third business day following the date the request was received by the board. Three responses are acceptable: (1) the record is provided (in the form requested, if possible); (2) the request is under review and the records if permitted will follow; and (3) the request is denied, with a detailed explanation for the denial.

Under the KORA, there is a presumption of openness. As such, the requested public records must be released unless an exemption to disclosure applies. The burden rests on the board to prove the requested records are exempt from disclosure. Exemptions to disclosure may be discretionary or mandatory.

Discretionary closure includes medical, psychiatric, psychological, or alcoholism/drug dependency treatment records pertaining to identifiable patients; personnel records other than an employee's name, positions/titles, salaries or employment contracts; and length of service; information that constitutes a clearly unwarranted invasion of personal privacy if disclosed; records privileged under rules of evidence unless consent is given; records; and records of an investigation conducted under civil litigation or administrative adjudication, if disclosure interferes with the procedure. Mandatory closure includes records that are required to be closed by federal or state statute that are not found in the KORA; the KORA looks to other statutes first.

The Board may recover only actual costs to provide the requested records. These costs include staff time to retrieve and review records, redact information from a record, and copy the record. The fees may be estimated and collected before the records are provided. K.S.A. 45-218(f) and K.S.A. 45-219.

The KORA is a civil act, not a criminal act. Any person, a county/district attorney, or the Attorney General may bring a civil prosecution. The county/district attorney and Attorney General have subpoena power. Such actions are assigned a trial date at the earliest practicable date. K.S.A. 45-222(e). The district court may review the requested records *in camera*. In actions brought by the county/district attorney or Attorney General, fines up to \$500 per violation may be imposed for a knowing violation or an intentional failure to furnish information. Costs and reasonable attorney's fees, including appeals, may be imposed if the board's denial is not made in good faith and without a reasonable basis in fact or law. See K.S.A. 45-222 and K.S.A. 45-223.

The KORA creates graduated enforcement options to encourage resolution of KORA violations in lieu of filing an enforcement action. The Attorney General or a county/district attorney can use a consent judgment in lieu of prosecution. A consent judgment may contain any remedy available to a district court but cannot include an award of reasonable expenses, investigation costs, or attorney fees. The district court must approve a consent judgment and enter judgment. Breach of a consent judgment is a violation of the court order and subject to penalties provided by law. See K.S.A. 45-253.

Effective July 1, 2015, the KORA provisions also authorize the Attorney General to enter into a consent order or issue a finding of a violation after an investigation showing by a preponderance of the evidence that a violation has occurred. The Attorney General can seek district court enforcement of a consent order or a finding of violation. K.S.A. 45-251. The district court may review the requested records *in camera*.

Under the consent order provisions, the Attorney General may investigate using the preponderance of evidence standard and enter into a consent order that may:

- Contain admissions of fact;
  - Require completion of training approved by the Attorney General;
  - Impose a civil penalty up to \$250 for each violation;
  - Set forth an agreement to comply with the KORA; and
  - Require submission of proof that consent order requirements met.
- K.S.A. 45-251(a)(1)(A).

A consent order with a public agency that is not a governing body must bear the signature of the head of the public agency, any officer found to have violated the KORA and of any other person required by the Attorney General. A consent order with a public agency that is a governing body shall include the signatures of all members. K.S.A. 45-251(a)(1)(B). Under the provisions for finding of a violation, the Attorney General may investigate using the preponderance of evidence standard. The Attorney General issues a finding of violation to a public agency that may contain findings of facts and conclusions of law and require the agency to do any or all of the following:

- Cease and desist from further violation;

Comply with KORA;  
Complete training approved by the Attorney General;  
Pay a civil penalty up to \$500 for each violation; and  
Submit proof that of compliance with the finding of violation.  
K.S.A. 45-251(a)(2).

In an enforcement action, if it finds that the attorney general did not abuse discretion, then the district court shall:

Enjoin the public agency to comply with consent order or finding of violation;  
Impose a civil penalty not less than the one imposed by the Attorney General and not more than \$500 per violation  
Require public agency to pay court costs and investigative costs incurred by the Attorney General; and  
Impose any other remedy authorized by K.S.A. 45-222(a).  
K.S.A. 45-251(c).

The district court shall award the Attorney General costs and reasonable attorney fees if the court finds that the agency's denial of access to the record was not in good faith and without a reasonable basis in fact or law. See K.S.A. 45-222(d).

The most common complaints raised by the public include:

Calculation and explanation of the "reasonable" fee/actual costs  
Records provided did not meet the requester's expectations  
Requester believes there should be existing public records, but none were found  
Is agency/entity covered by KORA, and if not, why not?  
Failure to respond within three business days  
Failure to provide the requested records  
Access to criminal investigation records

For further information or registration on the next training session, please view the Attorney General's website at: <http://ag.ks.gov/open-govt/resources>

### **The KANSAS ADMINISTRATIVE PROCEDURE ACT**

The Kansas Administrative Procedure Act (KAPA), K.S.A. 77-501 *et seq.*, creates only procedural rights and imposes only procedural duties. K.S.A. 77-503(b). The KAPA does not provide substantive law; those laws are governed by the Board's enabling act and licensing acts. The KAPA applies only to the extent that other statutes expressly provide that the provisions of the KAPA govern those provisions. K.S.A. 77-503(a).

Attorney General Opinion No. 2014-07 was issued at the request of the Kansas Board of Emergency Medical Services. It discusses the extent to which that Board's investigations committee must conduct its business in a public meeting under the Kansas Open Meetings Act (KOMA). The general rule is that licensing boards, like the BSRB, must do business in an open meeting under the KOMA unless directed by statute to conduct the proceeding or hearing

pursuant to the KAPA. Those two Acts are mutually exclusive.

The key conclusion in this opinion is that when a licensing board's statutes provide that the KAPA applies to certain decisions, the Board shall follow the KAPA, not the KOMA, when making those decisions. **The KAPA sets out a procedure to follow when the Board is deciding what to do in cases involving individual licensees, much like the procedure that is followed in court cases.** In those types of cases, the Board is conducting a quasi-judicial function in deciding the outcome of the case. When the KAPA applies, none of the stages in a particular case has to be open to public observation **other than a hearing.**

Other than the Behavior Analysts Licensure Act, each of the Board's licensing acts have the following KAPA provision: "Administrative proceedings and disciplinary actions regarding licensure under the [applicable licensing act] shall be conducted in accordance with the Kansas administrative procedure act." K.S.A. 74-5324(c) (psychologist); K.S.A. 74-5369(c) (master's level psychologist); K.S.A. 65-5809(c) (professional counseling); K.S.A. 65-6311(c) (social workers); K.S.A. 65-6408(c) (marriage and family therapists); and K.S.A. 65-6615(c) (addiction counselors). The KAPA provision in the Behavior Analysts Licensure Act states: "Any action taken under this section which affects any license or imposes any administrative penalty shall be taken only after notice and an opportunity for a hearing conducted in accordance with the provisions of the Kansas administrative procedure act." K.S.A. 65-7504(b).

Under the KAPA, neither the public nor an applicant has to be notified when the Board meets to consider an application for licensure. Similarly, under the KAPA, neither the public nor the licensee has to be notified when the Complaint Review Committee (CRC) meets to consider whether probable cause exists in a discipline case or issue a summary proceeding order. Additionally, the Board and the CRC do not need to take a vote in public for decisions made under the KAPA; under the KAPA, decisions are made when the license or an order is issued. The necessary Board staff and the Board's or CRC's attorney can be present during the KAPA discussions to make sure the Board members have the information or legal advice they need to make an informed decision.

There are some Board activities that are not covered by the KAPA, and these must be acted on in an open meeting under the KOMA. These include:

- Approving Board minutes;
- Discussions and votes to approve or amend regulations or guidance documents;
- Delegating authority to a Board member or to the Executive Director to take a particular action;
- Receiving agency updates regarding the budget, legislation, statistics on complaints and CRC activity, education, and the Executive Director's report;
- Decisions whether to renew contracts or change the way contracted services are provided; and
- Policy decisions affecting the way the Board operates internally.

All of the above activities are conducted under the KOMA and require a vote in an open meeting to take action, but the Board may receive confidential legal advice in an executive session before making any of the above decisions.

Taken together, this means that if the Board is considering only KAPA matters (a pending case for a specific applicant or a licensee involving licensure or discipline, petitions for review, petitions for stay, petitions for reconsideration) as authorized by its licensing act, the Board does not have to notify the public of when it is conducting a proceeding in a pending case, can conduct the proceeding in person or electronically, and does not have to have an agenda. The Board, of course, must provide notice to the parties if required by the KAPA—such as a pre-hearing conference or a hearing.

Applications: Applications for licensure are typically handled differently than an investigation. A person who files an application for licensure has the burden of proof; thus, the Board does not usually conduct an investigation on an application. Staff will gather the information submitted by an applicant for the Board's consideration in determining whether an applicant is qualified for licensure or whether a license may be conditioned or restricted. If the Board denies, conditions, or restricts a license, an applicant may request a hearing if the applicant did not agree to such action in a consent agreement and order.

Once a person is granted a license, it becomes a statutory/property right that cannot be taken away by the Board without giving the licensee the due process rights of notice and an opportunity to be heard by a fair and impartial tribunal. The KAPA creates the framework for this to occur. If a proposed action under a licensing statute is not governed by the KAPA, the Board may review the KAPA for guidance or consult with legal counsel to avoid a due process claim.

Investigations and Determination of Probable Cause: The Board has the burden of proof to show a licensee has violated a statute or regulation; thus, the Board conducts an investigation to gather all facts necessary to prove such violation. The remainder of this discussion involves the investigation and prosecution of a discipline case.

All licensing boards can investigate complaints or allegations that a licensee has violated its statutes or regulations. The Board's investigator generally gathers information and then presents that information to the CRC. That information should include the licensee's side of the story. The licensee's position can be presented in writing or in person before the CRC at the option of the CRC. The CRC reviews the information and determines whether there is probably cause, or reasonable grounds, to believe that the licensee has violated specific statutes or regulations. "Reasonable grounds" means information that would lead a reasonably prudent person to believe that the licensee violated one of the Board's statutes or regulations.

When making the determination, the CRC must make sure the conduct that the licensee is accused of actually violates one of the Board's statutes or regulations. The fact that the licensee did something that made someone angry, violated a professional association's ethical code, or did not follow an employer's policy does not necessarily mean that the licensee violated a statute or regulation.

Proceedings after a reasonable grounds determination is made. If appropriate, a consent agreement can resolve a disciplinary matter. The purpose of discipline is to protect the public - not to exact retribution. The disciplinary process can be lengthy and time consuming. A consent agreement may require the licensee to admit wrongdoing but the licensee must agree

to do certain things (practice with restrictions, pay a fine, seek medical treatment etc.) provided the board agrees not to pursue formal disciplinary action.

If a consent agreement is not possible, the CRC requests its disciplinary counsel to take appropriate action by: (1) filing a formal petition charging the licensee with statutory/regulatory violations and setting the matter for hearing or (2) filing a summary procedure order imposing certain discipline and/or a fine. The licensee can request a hearing on the summary proceeding order within a certain prescribed time period. Once a petition or a request for a hearing is filed, the KAPA guides the proceedings and hearing.

If there is an immediate danger to public health, safety or welfare, the CRC may suspend a license without giving the licensee notice and an opportunity for a hearing. A licensee may appeal an emergency order to the district court. After the issuance of a suspension order, the investigation must be completed as quickly as feasible so that a petition and notice of a scheduled hearing can be filed; this ensures that the licensee has an opportunity to appear and contest the action.

If the KAPA does not apply and no other statutory authority exists, the Board cannot use the KAPA provisions governing the summary procedure order or an emergency proceedings order. Rather, the Board must comply with due process by providing notice to the licensee and giving the opportunity to participate in a hearing at an open meeting.

Discovery: Both the Board and the licensee have the right to "discover" the other side's position by submitting interrogatories, requesting documents, and taking depositions. Setting deadlines for these activities are handled during a prehearing conference. Discovery can take, at a minimum, 3-6 months, depending upon the complexity of a case.

Appointing the Presiding Officer and Hearing the Case: The Board can appoint the Office of Administrative Hearings (OAH) or one or more Board members to serve as the presiding officer who will hear the case. Board members who were involved in investigating the case or determining there was reason to believe that the licensee violated statutes/regulations cannot be a presiding officer for the evidentiary hearing. Unless OAH hears the case, the Board's general counsel advises the Board members who serve as the presiding officer, facilitates the hearing if requested, and drafts the order for the presiding officer's approval.

The KAPA proceedings and hearings may be quite lengthy so board members should decide whether they are willing to commit the time. If not, then the Board can contract with OAH to serve as a presiding officer and issue an initial order.

Once the presiding officer is identified, a Notice of Hearing is mailed to the licensee setting the date, time, and place for the hearing. Requests for continuances are common. Generally, the practice is to grant one continuance to a party. Additional continuances may be granted if a party can show cause for a continuance.

The Evidentiary Hearing: Either a court reporter or a recording device makes a recording of the evidentiary hearing. The hearing may be conducted by telephone or video conference. However, this may make it difficult for those participating by telephone to view videos, exhibits,

or documents presented by the parties unless the parties agree to share such material with the presiding officers prior to the hearing.

In a disciplinary case, the Board's disciplinary counsel presents evidence and then the licensee presents evidence. In a case involving an application for licensure, the applicant has the burden and begins the presentation of evidence, followed by the Board's disciplinary counsel presentation of evidence. The Board's general counsel or the OAH presiding officer ensures that the proceedings run smoothly. When the evidence is completed, the parties may present a closing argument. At the close of the hearing, the presiding officer deliberates.

In order to impose sanctions/discipline, the presiding officer must determine that the Board's evidence proves the licensee violated the statutes/regulations charged in the petition or summary proceeding order. The presiding officer looks at the quantity of evidence as well as the quality of evidence and make credibility determinations for any witness. Any penalty imposed must be reasonable – *i.e.*, the justification for the penalty must be articulated in the order and based on the factual findings.

The Board's general counsel drafts an appropriate order and forwards the draft to the presiding officer for review. Once the presiding officer has approved the order, the order is then filed in the Board's records and mailed to the parties.

Presiding Officer Conduct: Once appointed as a presiding officer, a Board member cannot communicate with a party, participant, witness, or a third party regarding any issue in the proceeding without notifying the other party prior to the communication (*i.e.*, an *ex parte* communication). This means that a presiding officer cannot talk about the case with the executive director, staff employees, disciplinary counsel, or other board members who were not appointed as a presiding officer in the matter. This ensures that neither party has an advantage over the other by having the "ear" of the presiding officer. It also ensures that the decision is based only on the evidence presented during the hearing. Board members serving as a presiding officer may discuss the case with each other and the attorney who serves as general counsel to the presiding officer. Additionally, a presiding officer can be disqualified for bias, prejudice, or interest.

Default: If the licensee fails to appear at the hearing, the proceeding is held and evidence is produced or, alternatively, no evidence is taken and the presiding officer simply deems the allegations and violations stated in the petition or summary proceeding order to be true. In the former instance, an order is issued based on the evidence presented at the hearing. In the latter instance, a proposed default order is issued along with a notice giving the licensee seven days to file a motion to vacate explaining why the licensee did not appear at the hearing. If a motion to set aside the default order is timely filed, the presiding officer will decide whether to grant it or not. If the motion is granted, another hearing is scheduled. If no motion to set aside the default order is filed, the licensee may file a timely petition for review with the agency head; if not, the default order becomes final.

Post-Hearing Matters: If the presiding officers are members of the Board, the presiding officer issues a final order. If the presiding officer issues a final order, the licensee can request reconsideration. If a presiding officer with OAH heard the case, the OAH presiding officer issues

an initial order that can be reviewed by the Board if a party timely files a petition for review. Either party can request that the Board review an initial order. The Board can also designate certain Board members to serve as agency head to review initial orders. The agency head's decision on a petition for review will be the final order. Either party may file a petition for reconsideration of the agency head's final order. Both initial and final orders contain "findings of fact," "conclusions of law," and policy reasons for the decision, including the penalty if the evidence is sufficient to support a violation(s) of statutes/regulations. Final orders can be reviewed by the district court and the Kansas appellate courts.

Petition for Judicial Review: A licensee or applicant adversely affected by a Board decision (e.g. denial to issue or reinstate a license; or a restriction, limitation, suspension, or revocation of a license) can ask the courts to review the decision. The burden of proving that the Board's decision was wrong is on the party who appeals. A court may reverse a Board's decision for the following reasons:

- (1) The agency action, or the statute or rule and regulation on which the agency action is based, is unconstitutional on its face or as applied;
- (2) the agency has acted beyond the jurisdiction conferred by any provision of law;
- (3) the agency has not decided an issue requiring resolution;
- (4) the agency has erroneously interpreted or applied the law;
- (5) the agency has engaged in an unlawful procedure or has failed to follow prescribed procedure;
- (6) the persons taking the agency action were improperly constituted as a decision making body or subject to disqualification;
- (7) the agency action is based on a determination of fact, made or implied by the agency, that is not supported by evidence that is substantial when viewed in light of the record as a whole; or
- (8) the agency action is otherwise unreasonable, arbitrary or capricious. K.S.A. 77-621(c).

Because a court may be reviewing the Board's action, it is important when deciding what course of action to take to remember how a court will look at it. The board's legal counsel can provide advice in this regard.

### **THE KANSAS TORT CLAIMS ACT**

The Kansas Tort Claims Act (KTCA) generally governs the liability of the State Kansas and its agencies and employees. An employee includes a member of a board or committee 'of a governmental entity, including elected or appointed officials and persons acting on behalf or in service of a governmental entity in any official capacity, whether with or without compensation.'" K.S.A. 75-6102(d)(A). The basic rule of the KTCA is vicarious liability for any actionably wrongful act or omissions of government employees within the course and scope of their employment, subject to affirmative grants of immunity that may exist on a case-by-case basis.

If you are sued for an act that occurred *within the scope of your duties as a Board member*, you are entitled to have the Attorney General's Office defend you at no cost. To obtain representation by the Attorney General's Office, you must (1) submit a written request to the Attorney General

within 15 days after service of a process (include a copy of the petition and summons) and (2) cooperate in your defense. The State may choose not to defend you if you (1) acted with actual fraud or malice or (2) failed to make a timely request for representation.

The general rule is that the State will pay for any judgment rendered against you unless (1) the judgment is for an act or omission that occurred outside the scope of your duties as a board member; (2) you failed to cooperate in your defense; or (3) you acted with actual fraud or malice.

Things to remember if you are sued:

1. File a timely written request for representation by the Attorney General and attach a copy of the petition and summons;
2. Do not sign anything; and
3. Do not say anything.

**Behavioral Sciences Regulatory Board  
Psychology Advisory Committee  
October 13, 2020, 6:00 p.m.  
Minutes  
DRAFT**

**Call to Order 6:04 p.m.**

**Members present by Zoom:** Abby Callis, Carol Crane, Doug Wright, Janine Kesterson, Johnna Norton, Monica Kurylo, Rodney McNeal, Ric Steele

**Guests Present by phone:** Shawna Wright, Eve-Lynn Nelson, Robert Stiles

**Staff present:** Max Foster and Leslie Allen

**1. Approval of Minutes – July 14, 2020**

There was one addition to the minutes. Carol Crane was in attendance, however that was not reflected in the minutes. Doug Write moved to approve the July 14, 2020 minutes with the addition. Abby Callis seconded the motion. The motion carried.

**2. Executive Director Report** - Max Foster gave an update on Board business. The following items were discussed:

- a. The new executive director has been hired and he will start on November 16, 2020. He will have the opportunity to work with Max for about one month.
- b. The Budget has been submitted.
- c. We have launched our new database, My License Office (MLO). We are excited about the options for applicants and licensees. Please let everyone know your new license number is now: LP 1234, there must be a space between the license type and the number.
- d. The Governor's new Executive Order has extended the date that licenses must be renewed, to November 15, 2020.

**3. PSYPact**

Dr. Shawna Wright, Dr. Eve-Lynn Nelson and Mr. Robert Styles presented information to the committee on telehealth and PSYPACT. The presenters and committee members discussed advantages and disadvantages to telehealth service delivery, particularly in rural areas. A focus of the conversation was PSYPact and its impact on consumer care, including E-Passport requirements, interstate/interjurisdictional investigation of consumer complaints, and licensing boards' disciplinary authority across state/jurisdictional lines. Resources for more information about the above were discussed (e.g., members of licensing boards in current PSYPact states; BSRB Special Investigators).

**4. Possible Change for Postdoctoral Experience**

The committee discussed the requests they have received asking to amend K.S.A. 102-1-5(a) to eliminate the required one-year and 1800 hours of postdoctoral experience. Due to concerns about consumer protection, the committee agreed that no changes will be requested at this time.

**5.** The next meeting is scheduled for December 8, 2020. Doug Wright moved to adjourn the meeting. Rodney McNeal seconded the motion. The motion carried.

## Fw: request for telesupervision

Steele Jr, Ric G <rsteale@ku.edu>

Wed 2/3/2021 11:04 AM

To: Steele Jr, Ric G <rsteale@ku.edu>

On Jan 18, 2021, at 7:12 PM, Allen, Leslie [BSRB] <[Leslie.Allen@ks.gov](mailto:Leslie.Allen@ks.gov)> wrote:

Greetings,

I would like to request approval to conduct supervision via video conference given the interpretation for direct client contact to be OK through video.

<https://www.ksbsrb.ks.gov/>

My supervisee and I both have kids at home and spouses who are teaching or in healthcare, with some resurgence of COVID happening hoping KS will approve us to do 100% tele-supervision for the foreseeable future, or at least through the fall and winter. My supervisee is Katie Jorgenson, Ph.D.

When we are in person and wearing masks, half our face is covered so in my view, teletherapy is probably a better approach for "face-to-face" now having done 1/4 meetings via video which is our understanding of the regulation allowing tele-supervision:

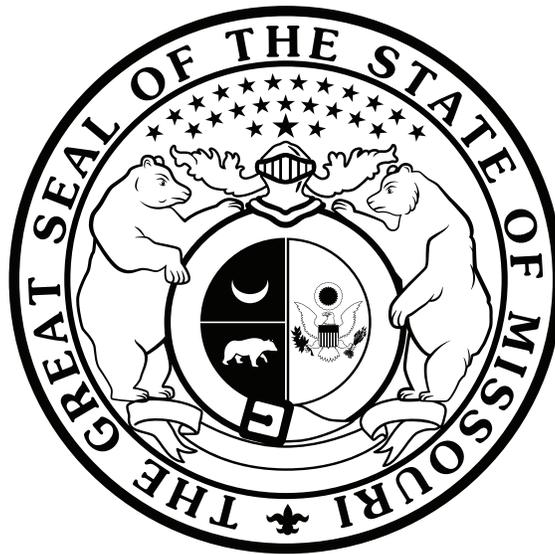
102-1-5a. Supervised experience and supervisor qualifications.

Please let us know if this is possible and, if not, how we can advocate for this to whomever needed, OR if we are misinterpreting the language in the above regulation (or an existing exception) please direct us there. Cases appear to be climbing in our area. Schools give us the option for 100% online, we can meet 100% online with clients and do our shopping 100% online. Supervision should be provided an exception as well given the circumstances.

Sincerely,

**STATE COMMITTEE OF PSYCHOLOGISTS**  
**PSYCHOLOGY PRACTICE ACT AND RULES**  
**STATUTES: 337.010 TO 337.093**  
**RULES: 20 CSR 2235-1.010 TO 20 CSR 2235-7.050**

**STATE OF MISSOURI**



ISSUED BY:  
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The Honorable Michael L. Parson  
Governor

Chlora Lindley-Myers, Director  
Department of Commerce and Insurance

Sarah Ledgerwood, Interim Director  
Division of Professional Registration

## **STATE COMMITTEE OF PSYCHOLOGISTS**



STATE OF MISSOURI  
PROFESSIONAL REGISTRATION

This booklet is a publication of the Missouri Division of Professional Registration,  
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P.O. Box 1335, Jefferson City, Missouri 65102 (573) 751-0099

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Missouri Senate Bill Room, State Capitol Building,  
Jefferson City, Missouri 65101 (573) 751-2966.

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Revocation: Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and are also required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003) and was signed into law by the governor on July 1, 2003.

Suspension: In 1997, the legislature enacted sections 454.1000 through 454.1031, RSMo, setting forth a process for suspending professional licenses if a person has failed to pay court-ordered child support. In the 2003 legislative session, the General Assembly transferred the legal enforcement of these provisions directly to the Missouri attorney general's office, effective July 1, 2003. You should be aware that the attorney general is now aggres-

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**STATUTES**  
**Chapter 337**



### **337.010. Definitions.**

As used in sections 337.010 to 337.090 the following terms mean:

- (1) "Committee", the state committee of psychologists;
- (2) "Department", the department of commerce and insurance;
- (3) "Division", the division of professional registration;
- (4) "Internship", any supervised hours that occur during a formal internship of twelve to twenty-four months after all academic course work toward a doctorate has been completed but prior to completion of the full degree. Internship is part of successful completion of a doctorate in psychology, and a person cannot earn his or her doctorate without completion of an internship;
- (5) "Licensed psychologist", any person who offers to render psychological services to individuals, groups, organizations, institutions, corporations, schools, government agencies or the general public for a fee, monetary or otherwise, implying that such person is trained, experienced and licensed to practice psychology and who holds a current and valid, whether temporary, provisional or permanent, license in this state to practice psychology;
- (6) "Postdoctoral experiences", experiences that follow the completion of a person's doctoral degree. Such person shall not be licensed until he or she satisfies additional supervised hours. Postdoctoral experiences shall include any supervised clinical activities following the completion of the doctoral degree;
- (7) "Predoctoral postinternship", any supervised hours that occur following completion of the internship but prior to completing the degree. Such person may continue to provide supervised clinical services even after his or her internship is completed and while still completing his or her doctoral degree requirements;
- (8) "Preinternship", any supervised hours acquired as a student or in the course of seeking a doctorate in psychology but before the internship, which includes supervised practicum;
- (9) "Provisional licensed psychologist", any person who is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, and who otherwise meets all requirements to become a licensed psychologist except for passage of the licensing exams, oral examination and completion of the required period of postdegree supervised experience as specified in subsection 2 of section 337.025;
- (10) "Recognized educational institution":
  - (a) A school, college, university or other institution of higher learning in the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and was accredited by one of the regional accrediting associations approved by the Council on Postsecondary Accreditation; or
  - (b) A school, college, university or other institution of higher learning outside the United States, which, at the time the applicant was enrolled and graduated, had a graduate program in psychology and maintained a standard of training substantially equivalent to the standards of training of those programs accredited by one of the regional accrediting associations approved by the Council of Postsecondary Accreditation;
- (11) "Temporary license", a license which is issued to a person licensed as a psychologist in another jurisdiction, who has applied for licensure in this state either by reciprocity or endorsement of the score from the Examination for Professional Practice in Psychology, and who is awaiting either a final determination by the committee relative to such person's eligibility for licensure or who is awaiting the results of the jurisprudence examination or oral examination.

*(L. 1977 H.B. 255 § 1, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1998 H.B. 1601, et al. merged with S.B. 732, A.L. 2008 S.B. 788, A.L. 2017 S.B. 501)*

### **337.015. Practice of psychology regulated--practice of psychology, defined.**

1. No person shall represent himself as a psychologist in the state of Missouri unless he is validly licensed and registered under the provisions of this chapter. No person shall engage in the practice of psychology in the state of Missouri unless he is validly licensed and registered under the provisions of this chapter unless otherwise exempt under the provisions of sections 337.010 to 337.090.

2. A person represents himself as a "psychologist" within the meaning of this chapter when he holds himself out to the public by any title or description of services incorporating the words "psychology", "psychological", or "psychologist", or any term of like import, "psychometry", "psychometrics", "psychometrist", "psychotherapy", "psychotherapists", "psychoanalysis", "psychoanalyst", or variants thereof or when the person purports to be trained, experienced or an expert in the field of psychology, and offers to render or renders services as defined below to individuals, groups, organizations, or the public for a fee, monetary or otherwise; provided, however, that professional counselors licensed to practice under this chapter, or a physician licensed to practice pursuant to chapter 334, RSMo, who specializes in psychiatry, may use any of such terms except "psychology", "psychological", or "psychologist" so long as such is consistent with their respective licensing laws.

3. The "practice of psychology" within the meaning of this chapter is defined as the observation, description, evaluation, interpretation, treatment, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing, treating, or eliminating symptomatic, maladaptive, or undesired

behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychometric or psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability in both inpatient and outpatient settings, alcoholism and substance abuse, disorders of habit or conduct, as well as the psychological aspects of physical illness, accident, injury, or disability; psychoeducational evaluation, therapy, remediation, and consultation; and teaching and training of psychological competence. Psychological services may be rendered to individuals, families, groups, and the public. The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is received for services rendered.

4. The application of these principles and methods includes, but is not restricted to: diagnosis, prevention, treatment, and amelioration of adjustment problems and emotional and mental disturbances of individuals and groups; hypnosis; counseling; educational and vocational counseling; personnel selection and management; the evaluation and planning for effective work and learning situations; advertising and market research; and the resolution of interpersonal and social conflicts.

*(L. 1977 H.B. 255 § 2, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720)*

**337.020. Temporary, provisional or permanent licenses, application, qualifications, examinations, fees.**

1. Each person desiring to obtain a license, whether temporary, provisional or permanent, as a psychologist shall make application to the committee upon such forms and in such manner as may be prescribed by the committee and shall pay the required application fee. The form shall include a statement that the applicant has completed two hours of suicide assessment, referral, treatment, and management training that meets the guidelines developed by the committee. The committee shall not charge an application fee until such time that the application has been approved. In the event that an application is denied or rejected, no application fee shall be charged. The application fee shall not be refundable. Each application shall contain a statement that it is made under oath or affirmation and that its representations are true and correct to the best knowledge and belief of the person signing the application, subject to the penalties of making a false affidavit or declaration.

2. Each applicant, whether for temporary, provisional or permanent licensure, shall submit evidence satisfactory to the committee that the applicant is at least twenty-one years of age, is of good moral character, and meets the appropriate educational requirements as set forth in either section 337.021 or 337.025, or is qualified for licensure without examination pursuant to section 337.029. In determining the acceptability of the applicant's qualifications, the committee may require evidence that it deems reasonable and proper, in accordance with law, and the applicant shall furnish the evidence in the manner required by the committee.

3. The committee with assistance from the division shall issue a permanent license to and register as a psychologist any applicant who, in addition to having fulfilled the other requirements of sections 337.010 to 337.090, passes the examination for professional practice in psychology and such other examinations in psychology which may be adopted by the committee, except that an applicant fulfilling the requirement of section 337.029 shall upon successful completion of the jurisprudence examination and completion of the oral examination be permanently licensed without having to retake the examination for professional practice in psychology.

4. The committee, with assistance from the division, shall issue a provisional license to, and register as being a provisionally licensed psychologist, any applicant who is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, and who otherwise meets all requirements to become a licensed psychologist, except for passage of the national and state licensing exams, oral examination and completion of the required period of postdegree supervised experience as specified in subsection 2 of section 337.025.

5. A provisional license issued pursuant to subsection 4 of this section shall only authorize and permit the applicant to render those psychological services which are under the supervision and the full professional responsibility and control of such person's postdoctoral degree licensed supervisor. A provisional license shall automatically terminate upon issuance of a permanent license, upon a finding of cause to discipline after notice and hearing pursuant to section 337.035, upon the expiration of one year from the date of issuance whichever event first occurs, or upon termination of supervision by the licensed supervisor. The provisional license may be renewed after one year with a maximum issuance of two years total per provisional licensee. The committee by rule shall provide procedures for exceptions and variances from the requirement of a maximum issuance of two years due to vacations, illness, pregnancy and other good causes.

6. The committee, with assistance from the division, shall immediately issue a temporary license to any applicant for licensure either by reciprocity pursuant to section 337.029, or by endorsement of the score from the examination for professional practice in psychology upon receipt of an application for such licensure and upon proof that the applicant is either licensed as a psychologist in another jurisdiction, is a diplomate of the American Board of

Professional Psychology, or is a member of the National Register of Health Services Providers in Psychology.

7. A temporary license issued pursuant to subsection 6 of this section shall authorize the applicant to practice psychology in this state, the same as if a permanent license had been issued. Such temporary license shall be issued without payment of an additional fee and shall remain in full force and effect until the earlier of the following events:

(1) A permanent license has been issued to the applicant following successful completion of the jurisprudence examination and the oral interview examination;

(2) In cases where the committee has found the applicant ineligible for licensure and no appeal has been taken to the administrative hearing commission, then at the expiration of such appeal time; or

(3) In cases where the committee has found the applicant ineligible for licensure and the applicant has taken an appeal to the administrative hearing commission and the administrative hearing commission has also found the applicant ineligible, then upon the rendition by the administrative hearing commission of its findings of fact and conclusions of law to such effect.

8. Written and oral examinations pursuant to sections 337.010 to 337.090 shall be administered by the committee at least twice each year to any applicant who meets the educational requirements set forth in either section 337.021 or 337.025 or to any applicant who is seeking licensure either by reciprocity pursuant to section 337.029, or by endorsement of the score from the examination of professional practice in psychology. The committee shall examine in the areas of professional knowledge, techniques and applications, research and its interpretation, professional affairs, ethics, and Missouri law and regulations governing the practice of psychology. The committee may use, in whole or in part, the examination for professional practice in psychology national examination in psychology or such other national examination in psychology which may be available.

9. If an applicant fails any examination, the applicant shall be permitted to take a subsequent examination, upon the payment of an additional reexamination fee. This reexamination fee shall not be refundable.

(L. 1977 H.B. 255 § 3, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1995 S.B. 69, et al., A.L. 1996 S.B. 604, et al., A.L. 1997 S.B. 141, A.L. 1998 H.B. 1601, et al. merged with S.B. 732, A.L. 2018 H.B. 1719)

### **337.021. Educational and experience requirements for licensure, certain persons.**

1. The provisions of this section shall govern, except as provided in subsection 3 of this section, the education and experience requirements for initial licensure as a psychologist for the following persons:

(1) A person who has completed a graduate program which is primarily psychological in nature prior to August 28, 1990; or

(2) A person who is matriculated in a graduate program which is primarily psychological in nature prior to August 28, 1990; provided that, such person who does not complete all requirements for initial licensure prior to August 28, 1996, except as provided in subsections 5 and 6 of this section, shall be governed by the licensure requirements of section 337.025.

2. Each applicant shall submit evidence satisfactory to the committee that the applicant either:

(1) Has received a doctoral degree, based upon a program of studies from a recognized educational institution the contents of which were primarily psychological, as defined by rule, and who has had at least one year of satisfactory supervised professional experience in the general field of psychology, as defined by rule; or

(2) Received a master's degree, based upon a program of studies from a recognized educational institution the contents of which were primarily psychological, as defined by rule, and who has had at least three years of satisfactory professional experience in the general field of psychology, as defined by rule.

3. Notwithstanding the provisions of subsection 1 of this section, an applicant who has received a doctoral degree from a graduate program which is primarily psychological in nature prior to August 28, 1990, may elect at the applicant's option to have the applicant's application and licensure evaluated pursuant to the provisions of either section 337.021 or 337.025.

4. The rules referred to in subsection 2 of this section shall be those rules as previously promulgated by the department pursuant to the provisions of sections 337.020 and 337.050 as were in force and effect on August 28, 1989.

5. Notwithstanding any provision of section 337.025 or this section to the contrary, any person who qualifies for initial licensure pursuant to subdivision (2) of subsection 2 of this section that has taken the Missouri licensing examination but has not received a passing score on the licensing examination before August 28, 1996, shall be allowed the same amount of attempts, within the same allotted time, to pass such examination as a person who meets the requirements for initial licensure pursuant to subdivision (1) of subsection 2 of this section.

6. As used in sections 337.010 to 337.090, initial licensure refers only to the educational and experience requirements set forth in subsection 2 of this section, such that initial licensure shall not include passage of any examination given for the purposes of full licensure under section 337.020.

(L. 1989 H.B. 738 & 720, A.L. 1997 S.B. 141, A.L. 1998 S.B. 732)

**337.025. Educational and experience requirements for licensure, certain persons.**

1. The provisions of this section shall govern the education and experience requirements for initial licensure as a psychologist for the following persons:

(1) A person who has not matriculated in a graduate degree program which is primarily psychological in nature on or before August 28, 1990; and

(2) A person who is matriculated after August 28, 1990, in a graduate degree program designed to train professional psychologists.

2. Each applicant shall submit satisfactory evidence to the committee that the applicant has received a doctoral degree in psychology from a recognized educational institution, and has had at least one year of satisfactory supervised professional experience in the field of psychology.

3. A doctoral degree in psychology is defined as:

(1) A program accredited, or provisionally accredited, by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or the Psychological Clinical Science Accreditation System (PCSAS); provided that, such program includes\* a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology; or

(2) A program designated or approved, including provisional approval, by the Association of State and Provincial Psychology Boards or the Council for the National Register of Health Service Providers in Psychology, or both; or

(3) A graduate program that meets all of the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) The psychology program shall stand as a recognizable, coherent organizational entity within the institution of higher education;

(c) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) The program shall be an integrated, organized, sequence of study;

(e) There shall be an identifiable psychology faculty and a psychologist responsible for the program;

(f) The program shall have an identifiable body of students who are matriculated in that program for a degree;

(g) The program shall include a supervised practicum, internship, field, or laboratory training appropriate to the practice of psychology;

(h) The curriculum shall encompass a minimum of three academic years of full-time graduate study, with a minimum of one year's residency at the educational institution granting the doctoral degree; and

(i) Require the completion by the applicant of a core program in psychology which shall be met by the completion and award of at least one three-semester-hour graduate credit course or a combination of graduate credit courses totaling three semester hours or five quarter hours in each of the following areas:

a. The biological bases of behavior such as courses in: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology;

b. The cognitive-affective bases of behavior such as courses in: learning, thinking, motivation, emotion, and cognitive psychology;

c. The social bases of behavior such as courses in: social psychology, group processes/dynamics, interpersonal relationships, and organizational and systems theory;

d. Individual differences such as courses in: personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, and theories of personality;

e. The scientific methods and procedures of understanding, predicting and influencing human behavior such as courses in: statistics, experimental design, psychometrics, individual testing, group testing, and research design and methodology.

4. Acceptable supervised professional experience may be accrued through preinternship, internship, predoctoral postinternship, or postdoctoral experiences. The academic training director or the postdoctoral training supervisor shall attest to the hours accrued to meet the requirements of this section. Such hours shall consist of:

(1) A minimum of fifteen hundred hours of experience in a successfully completed internship to be completed in not less than twelve nor more than twenty-four months; and

(2) A minimum of two thousand hours of experience consisting of any combination of the following:

(a) Preinternship and predoctoral postinternship professional experience that occurs following the completion of the first year of the doctoral program or at any time while in a doctoral program after completion of a master's degree in psychology or equivalent as defined by rule by the committee;

(b) Up to seven hundred fifty hours obtained while on the internship under subdivision (1) of this subsection

but beyond the fifteen hundred hours identified in subdivision (1) of this subsection; or

(c) Postdoctoral professional experience obtained in no more than twenty-four consecutive calendar months. In no case shall this experience be accumulated at a rate of more than fifty hours per week. Postdoctoral supervised professional experience for prospective health service providers and other applicants shall involve and relate to the delivery of psychological services in accordance with professional requirements and relevant to the applicant's intended area of practice.

5. Experience for those applicants who intend to seek health service provider certification and who have completed a program in one or more of the American Psychological Association designated health service provider delivery areas shall be obtained under the primary supervision of a licensed psychologist who is also a health service provider or who otherwise meets the requirements for health service provider certification. Experience for those applicants who do not intend to seek health service provider certification shall be obtained under the primary supervision of a licensed psychologist or such other qualified mental health professional approved by the committee.

6. For postinternship and postdoctoral hours, the psychological activities of the applicant shall be performed pursuant to the primary supervisor's order, control, and full professional responsibility. The primary supervisor shall maintain a continuing relationship with the applicant and shall meet with the applicant a minimum of one hour per month in face-to-face individual supervision. Clinical supervision may be delegated by the primary supervisor to one or more secondary supervisors who are qualified psychologists. The secondary supervisors shall retain order, control, and full professional responsibility for the applicant's clinical work under their supervision and shall meet with the applicant a minimum of one hour per week in face-to-face individual supervision. If the primary supervisor is also the clinical supervisor, meetings shall be a minimum of one hour per week. Group supervision shall not be acceptable for supervised professional experience. The primary supervisor shall certify to the committee that the applicant has complied with these requirements and that the applicant has demonstrated ethical and competent practice of psychology. The changing by an agency of the primary supervisor during the course of the supervised experience shall not invalidate the supervised experience.

7. The committee by rule shall provide procedures for exceptions and variances from the requirements for once a week face-to-face supervision due to vacations, illness, pregnancy, and other good causes.

(L. 1977 H.B. 255 § 4, A.L. 1989 H.B. 738 & 720, A.L. 1998 H.B. 1601, et al. merged with S.B. 732, A.L. 2017 S.B. 501, A.L. 2018 H.B. 1719 merged with S.B. 660 merged with S.B. 718 merged with S.B. 951)

\*Word "include" appears in original rolls of S.B. 951, 2018.

### **337.027. Educational requirements deemed met, when.**

For purposes of commencing and obtaining the postdegree supervised experience as provided in sections 337.010 to 337.090, an applicant shall be deemed to have met the educational requirements, either upon the conferral of the formal degree or at the time when all of the degree requirements established by the recognized educational institution for the degree have been met with the sole exception that the degree has not been formally conferred at a graduation program and the institution so certifies in writing to the committee.

(L. 1989 H.B. 738 & 720)

### **337.029. Licenses based on reciprocity to be issued, when — health service provider certification eligibility.**

1. A psychologist licensed in another jurisdiction who has had no violations and no suspensions and no revocation of a license to practice psychology in any jurisdiction may receive a license in Missouri, provided the psychologist passes a written examination on Missouri laws and regulations governing the practice of psychology and meets one of the following criteria:

(1) Is a diplomate of the American Board of Professional Psychology;

(2) Is a member of the National Register of Health Service Providers in Psychology;

(3) Is currently licensed or certified as a psychologist in another jurisdiction who is then a signatory to the Association of State and Provincial Psychology Board's reciprocity agreement;

(4) Is currently licensed or certified as a psychologist in another state, territory of the United States, or the District of Columbia and:

(a) Has a doctoral degree in psychology from a program accredited, or provisionally accredited, either by the American Psychological Association or the Psychological Clinical Science Accreditation System, or that meets the requirements as set forth in subdivision (3) of subsection 3 of section 337.025;

(b) Has been licensed for the preceding five years; and

(c) Has had no disciplinary action taken against the license for the preceding five years; or

(5) Holds a current certificate of professional qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB).

2. Notwithstanding the provisions of subsection 1 of this section, applicants may be required to pass an oral examination as adopted by the committee.

3. A psychologist who receives a license for the practice of psychology in the state of Missouri on the basis of reciprocity as listed in subsection 1 of this section or by endorsement of the score from the examination of professional practice in psychology score will also be eligible for and shall receive certification from the committee as a health service provider if the psychologist meets one or more of the following criteria:

(1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery;

(2) Is a member of the National Register of Health Service Providers in Psychology; or

(3) Has completed or obtained through education, training, or experience the requisite knowledge comparable to that which is required pursuant to section 337.033.

(L. 1989 H.B. 738 & 720, A.L. 1995 S.B. 69, et al., A.L. 1998 H.B. 1601, et al., A.L. 1998 S.B. 732, A.L. 2001 S.B. 357, A.L. 2008 H.B. 2065, A.L. 2018 H.B. 1719 merged with S.B. 660 merged with S.B. 718 merged with S.B. 951)

**337.030. License renewal, registration fee, proof of compliance — late registration, penalty — lost certificate, how replaced — fees, amount, how set — inactive license issued, when.**

1. Each psychologist licensed pursuant to the provisions of sections 337.010 to 337.090, who has not filed with the committee a verified statement that the psychologist has retired from or terminated the psychologist's practice of psychology in this state, shall register with the division on or before the registration renewal date. The division shall require a registration fee which shall be submitted together with proof of compliance with the continuing education requirement as provided in section 337.050 and any other information required for such registration. Upon receipt of the required material and of the registration fee, the division shall issue a renewal certificate of registration. When issuing an initial license to an applicant who has met all of the qualifications of sections 337.010 to 337.093 and has been approved for licensure by the committee, the division shall grant the applicant, without payment of any further fee, a certificate of registration valid until the next registration renewal date.

2. The division shall mail a renewal notice to the last known address of each licensee prior to the registration renewal date. Failure to provide the division with the proof of compliance with the continuing education requirement and other information required for registration, or to pay the registration fee after such notice shall result in the expiration of the license. The license shall be restored if, within two years of the registration renewal date, the applicant provides written application and the payment of the registration fee and a delinquency fee and proof of compliance with the requirements for continuing education as provided in section 337.050.

3. A new certificate to replace any certificate lost, destroyed or mutilated may be issued subject to the rules of the committee, upon payment of a reasonable fee.

4. The committee shall set the amount of the fees authorized by sections 337.010 to 337.093 and required by rules and regulations promulgated pursuant to section 536.021. The fees shall be set at a level to produce revenue which shall not substantially exceed the cost and expense of administering sections 337.010 to 337.090.

5. The committee is authorized to issue an inactive license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an inactive license established by the committee. An inactive license may be issued only to a person who has previously been issued a license to practice psychology in this state, who is no longer regularly engaged in such practice and who does not hold himself or herself out to the public as being professionally engaged in such practice in this state. Each inactive license shall be subject to all provisions of this chapter, except as otherwise specifically provided. Each inactive license may be renewed by the committee subject to all provisions of this section and all other provisions of this chapter. The inactive licensee shall not be required to submit evidence of completion of continuing education as required by this chapter. An inactive licensee may apply for a license to regularly engage in the practice of psychology upon filing a written application on a form provided by the committee, submitting the reactivation fee established by the committee, and submitting proof of current competency as established by the committee.

(L. 1977 H.B. 255 § 5, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1996 S.B. 604, et al., A.L. 2003 S.B. 478, A.L. 2018 S.B. 975 & 1024 Revision)

**337.033. Limitations on areas of practice — relevant professional education and training, defined — criteria for program of graduate study — health service provider certification, requirements for certain persons — automatic certification for certain persons.**

1. A licensed psychologist shall limit his or her practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. A psychologist trained in one area shall not practice in another area without obtaining additional relevant professional education, training, and experience through an acceptable program of respecialization.

2. A psychologist may not represent or hold himself or herself out as a state-certified or -registered psychological

health service provider unless the psychologist has first received the psychologist health service provider certification from the committee; provided, however, nothing in this section shall be construed to limit or prevent a licensed, whether temporary, provisional or permanent, psychologist who does not hold a health service provider certificate from providing psychological services so long as such services are consistent with subsection 1 of this section.

3. "Relevant professional education and training" for health service provider certification, except those entitled to certification pursuant to subsection 5 or 6 of this section, shall be defined as a licensed psychologist whose graduate psychology degree from a recognized educational institution is in an area designated by the American Psychological Association as pertaining to health service delivery or a psychologist who subsequent to receipt of his or her graduate degree in psychology has either completed a respecialization program from a recognized educational institution in one or more of the American Psychological Association recognized clinical health service provider areas and who in addition has completed at least one year of postdegree supervised experience in such clinical area or a psychologist who has obtained comparable education and training acceptable to the committee through completion of postdoctoral fellowships or otherwise.

4. The degree or respecialization program certificate shall be obtained from a recognized program of graduate study in one or more of the health service delivery areas designated by the American Psychological Association as pertaining to health service delivery, which shall meet one of the criteria established by subdivisions (1) to (3) of this subsection:

(1) A doctoral degree or completion of a recognized respecialization program in one or more of the American Psychological Association designated health service provider delivery areas which is accredited, or provisionally accredited, either by the American Psychological Association or the Psychological Clinical Science Accreditation System; or

(2) A clinical or counseling psychology doctoral degree program or respecialization program designated, or provisionally approved, by the Association of State and Provincial Psychology Boards or the Council for the National Register of Health Service Providers in Psychology, or both; or

(3) A doctoral degree or completion of a respecialization program in one or more of the American Psychological Association designated health service provider delivery areas that meets the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as being in one or more of the American Psychological Association designated health service provider delivery areas;

(b) Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists in one or more of the American Psychological Association designated health service provider delivery areas.

5. A person who is lawfully licensed as a psychologist pursuant to the provisions of this chapter on August 28, 1989, or who has been approved to sit for examination prior to August 28, 1989, and who subsequently passes the examination shall be deemed to have met all requirements for health service provider certification; provided, however, that such person shall be governed by the provisions of subsection 1 of this section with respect to limitation of practice.

6. Any person who is lawfully licensed as a psychologist in this state and who meets one or more of the following criteria shall automatically, upon payment of the requisite fee, be entitled to receive a health service provider certification from the committee:

(1) Is a diplomate of the American Board of Professional Psychology in one or more of the specialties recognized by the American Board of Professional Psychology as pertaining to health service delivery; or

(2) Is a member of the National Register of Health Service Providers in Psychology.

(L. 1989 H.B. 738 & 720, A.L. 1998 H.B. 1601, et al. merged with S.B. 732, A.L. 2018 H.B. 1719 merged with S.B. 660 merged with S.B. 718 merged with S.B. 951)

### **337.035. Denial, revocation, or suspension of license, grounds for--interested third party, defined.**

1. The committee may refuse to issue any certificate of registration or authority, permit or license required pursuant to this chapter for one or any combination of causes stated in subsection 2 of this section. The committee shall notify the applicant in writing of the reasons for the refusal and shall advise the applicant of the applicant's right to file a complaint with the administrative hearing commission as provided by chapter 621, RSMo.

2. The committee may cause a complaint to be filed with the administrative hearing commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered the person's certificate of registration or authority, permit or license for any one or any combination of the following causes:

(1) Use of any controlled substance, as defined in chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(2) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to

the qualifications, functions or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(3) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(4) Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation;

(5) Incompetency, misconduct, gross negligence, fraud, misrepresentation or dishonesty in the performance of the functions or duties of any profession licensed or regulated by this chapter;

(6) Violation of, or assisting or enabling any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter;

(7) Impersonation of any person holding a certificate of registration or authority, permit or license or allowing any person to use his or her certificate of registration or authority, permit, license or diploma from any school;

(8) Disciplinary action against the holder of a license or other right to practice any profession regulated by this chapter granted by another state, territory, federal agency or country upon grounds for which revocation or suspension is authorized in this state;

(9) A person is finally adjudged insane or incapacitated by a court of competent jurisdiction;

(10) Assisting or enabling any person to practice or offer to practice any profession licensed or regulated by this chapter who is not registered and currently eligible to practice as provided this chapter;

(11) Issuance of a certificate of registration or authority, permit or license based upon a material mistake of fact;

(12) Failure to display a valid certificate or license if so required by this chapter or any rule promulgated pursuant to this chapter;

(13) Violation of any professional trust or confidence;

(14) Use of any advertisement or solicitation which is false, misleading or deceptive to the general public or persons to whom the advertisement or solicitation is primarily directed;

(15) Being guilty of unethical conduct as defined in "Ethical Rules of Conduct" as adopted by the committee and filed with the secretary of state.

3. After the filing of such complaint, the proceedings shall be conducted in accordance with the provisions of chapter 621, RSMo. Upon a finding by the administrative hearing commission that the grounds, provided in subsection 2, for disciplinary action are met, the committee may, singly or in combination, censure or place the person named in the complaint on probation on such terms and conditions as the department deems appropriate for a period not to exceed five years, or may suspend, for a period not to exceed three years, or revoke the license, certificate, or permit.

4. An interested third party may file a complaint or appear or present evidence relative to such complaint or another complaint filed pursuant to this section. For purposes of this section, an interested third party includes a parent or guardian of a person who received treatment by a psychologist or any person who is related within the second degree of consanguinity or affinity and who is financially responsible for the payment of such treatment.

*(L. 1977 H.B. 255 § 6, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1997 S.B. 141)*

#### **337.041. Discrimination prohibited.**

No official, employee, board, commission, or agency of the state of Missouri, county, municipality, school district, or other political subdivision shall discriminate between persons licensed under sections 337.010 to 337.090 and chapter 334, RSMo, when promulgating regulations or when requiring or recommending services which legally may be performed by persons licensed under sections 337.010 to 337.090 and by persons licensed under chapter 334, RSMo.

*(L. 1989 H.B. 738 & 720)*

#### **337.045. Exempted professions and occupations--temporary practice authorized.**

Nothing in sections 337.010 to 337.090 shall in any way limit:

(1) Qualified members of other professional groups such as teachers, clergy, practitioners of medicine, practitioners of chiropractic, practitioners of optometry, licensed professional counselors, attorneys, licensed clinical social workers, licensed marriage and family therapists, vocational counselors, vocational rehabilitation counselors, nurses, or duly accredited Christian Science practitioners from doing work of a psychological nature consistent with their training and consistent with any code of ethics of their respective professions; or

(2) The activities, services, or use of official title on the part of any person in the employ of a governmental agency, or of a duly chartered educational institution, or of a corporation primarily engaged in research, insofar as such activities or services are part of the duties of his or her employment, except that any person hired after

August 28, 1996, shall be in the process of either meeting the requirements to become licensed, including pursuant to a doctoral degree in psychology or the supervised professional experience requirements or shall be a licensed psychologist; or

(3) Other persons from engaging in activities defined as the practice of psychology, provided that such persons shall not represent themselves by the title "psychologist". Such persons may use the terms "psychological trainee", "psychological intern", "psychological resident", and "psychological assistant" and provided further that such persons perform their activities under the supervision and responsibility of a licensed psychologist in accordance with regulations promulgated by the committee. Nothing in this subsection shall be construed to apply to any person other than:

(a) A matriculated graduate student in psychology whose activities constitute a part of the course of study for a graduate degree in psychology at a recognized educational institution;

(b) An individual pursuing postdoctoral training or experience in psychology, including persons seeking to fulfill the requirements for licensure pursuant to the provisions of sections 337.010 to 337.090;

(c) A qualified assistant, including but not limited to, other licensed professionals employed by, or otherwise directly accountable to, a licensed psychologist; or

(4) The use of psychological techniques by government institutions, commercial organizations or individuals for employment, evaluation, promotion or job adjustment of their own employees or employee-applicants, or by employment agencies for evaluation of their own clients prior to recommendation for employment; provided that no government institution, commercial organization or individual shall sell or offer these services to the public or to other firms, organizations or individuals for remuneration, unless the services are performed or supervised by a person licensed and registered pursuant to sections 337.010 to 337.090; or

(5) The practice of psychology in the state of Missouri for a temporary period by a person who resides outside the state of Missouri, and who is licensed or certified to practice psychology in another state and conducts the major part of his or her practice outside the state. The temporary period shall not exceed ten consecutive business days in any period of ninety days, nor in the aggregate exceed fifteen business days in any nine-month period; or

(6) The provision of expert testimony by psychologists or other persons who are otherwise exempted by sections 337.010 to 337.090; or

(7) The teaching of psychology, the conduct of psychological research, or the provision of psychological services or consultations to organizations or institutions, provided that such teaching, research, or service does not involve the delivery or supervision of direct psychological services to individuals or groups of individuals; or

(8) School psychologists certified under the program standards of the National Association of School Psychologists who are employed in a duly accredited school so long as the individual is performing services within the scope of his or her employment for such school and within the scope of his or her education, training and experience; or

(9) Psychotherapy activities or services performed by an individual with a doctoral degree in anthropology; provided that such degree was received on or prior to December 31, 1989, and which was from an educational institution accredited by one of the regional accrediting associations approved by the council on postsecondary accreditation; and provided further that such individual has completed at least twenty-four months of supervised clinical experience in psychotherapy under the supervision of a physician.

*(L. 1977 H.B. 255 § 8, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1996 S.B. 604, et al., A.L. 1998 H.B. 1601, et al. merged with S.B. 732)*

**337.050. State committee of psychologists created--members, qualifications, compensation, removal--rules, procedure--powers of committee, seal--continuing education, proof of completion submitted with license renewal, types of continuing education, committee powers.**

1. There is hereby created and established a "State Committee of Psychologists", which shall consist of seven licensed psychologists and one public member. The state committee of psychologists existing on August 28, 1989, is abolished. Nothing in this section shall be construed to prevent the appointment of any current member of the state committee of psychologists to the new state committee of psychologists created on August 28, 1989.

2. Appointments to the committee shall be made by the governor upon the recommendations of the director of the division, upon the advice and consent of the senate. The division, prior to submitting nominations, shall solicit nominees from professional psychological associations and licensed psychologists in the state. The term of office for committee members shall be five years, and committee members shall not serve more than ten years. No person who has previously served on the committee for ten years shall be eligible for appointment. In making initial appointments to the committee, the governor shall stagger the terms of the appointees so that two members serve initial terms of two years, two members serve initial terms of three years, and two members serve initial terms of four years.

3. Each committee member shall be a resident of the state of Missouri for one year, shall be a United States citizen,

and shall, other than the public member, have been licensed as a psychologist in this state for at least three years. Committee members shall reflect a diversity of practice specialties. To ensure adequate representation of the diverse fields of psychology, the committee shall consist of at least two psychologists who are engaged full time in the doctoral teaching and training of psychologists, and at least two psychologists who are engaged full time in the professional practice of psychology. In addition, the first appointment to the committee shall include at least one psychologist who shall be licensed on the basis of a master's degree who shall serve a full term of five years. Nothing in sections 337.010 to 337.090 shall be construed to prohibit full membership rights on the committee for psychologists licensed on the basis of a master's degree. If a member of the committee shall, during the member's term as a committee member, remove the member's domicile from the state of Missouri, then the committee shall immediately notify the director of the division, and the seat of that committee member shall be declared vacant. All such vacancies shall be filled by appointment of the governor with the advice and consent of the senate, and the member so appointed shall serve for the unexpired term of the member whose seat has been declared vacant.

4. The public member shall be at the time of the public member's appointment a citizen of the United States; a resident of this state for a period of one year and a registered voter; a person who is not and never was a member of any profession licensed or regulated pursuant to sections 337.010 to 337.093 or the spouse of such person; and a person who does not have and never has had a material, financial interest in either the providing of the professional services regulated by sections 337.010 to 337.093, or an activity or organization directly related to any profession licensed or regulated pursuant to sections 337.010 to 337.093. The duties of the public member shall not include the determination of the technical requirements to be met for licensure or whether any person meets such technical requirements or of the technical competence or technical judgment of a licensee or a candidate for licensure.

5. The committee shall hold a regular annual meeting at which it shall select from among its members a chairperson and a secretary. A quorum of the committee shall consist of a majority of its members. In the absence of the chairperson, the secretary shall conduct the office of the chairperson.

6. Each member of the committee shall receive, as compensation, an amount set by the division not to exceed fifty dollars for each day devoted to the affairs of the committee and shall be entitled to reimbursement for necessary and actual expenses incurred in the performance of the member's official duties.

7. Staff for the committee shall be provided by the director of the division of professional registration.

8. The governor may remove any member of the committee for misconduct, inefficiency, incompetency, or neglect of office.

9. In addition to the powers set forth elsewhere in sections 337.010 to 337.090, the division may adopt rules and regulations, not otherwise inconsistent with sections 337.010 to 337.090, to carry out the provisions of sections 337.010 to 337.090. The committee may promulgate, by rule, "Ethical Rules of Conduct" governing the practices of psychology which rules shall be based upon the ethical principles promulgated and published by the American Psychological Association.

10. Any rule or portion of a rule, as that term is defined in section 536.010, RSMo, that is promulgated to administer and enforce sections 337.010 to 337.090, shall become effective only if the agency has fully complied with all of the requirements of chapter 536, RSMo, including but not limited to, section 536.028, RSMo, if applicable, after August 28, 1998. All rulemaking authority delegated prior to August 28, 1998, is of no force and effect and repealed as of August 28, 1998, however nothing in this act shall be interpreted to repeal or affect the validity of any rule adopted and promulgated prior to August 28, 1998. If the provisions of section 536.028, RSMo, apply, the provisions of this section are nonseverable and if any of the powers vested with the general assembly pursuant to section 536.028, RSMo, to review, to delay the effective date, or to disapprove and annul a rule or portion of a rule are held unconstitutional or invalid, the purported grant of rulemaking authority and any rule so proposed and contained in the order of rulemaking shall be invalid and void, except that nothing in this act shall affect the validity of any rule adopted and promulgated prior to August 28, 1998.

11. The committee may sue and be sued in its official name, and shall have a seal which shall be affixed to all certified copies or records and papers on file, and to such other instruments as the committee may direct. All courts shall take judicial notice of such seal. Copies of records and proceedings of the committee, and of all papers on file with the division on behalf of the committee certified under the seal shall be received as evidence in all courts of record.

12. When applying for a renewal of a license pursuant to section 337.030, each licensed psychologist shall submit proof of the completion of at least forty hours of continuing education credit within the two-year period immediately preceding the date of the application for renewal of the license. The type of continuing education to be considered shall include, but not be limited to:

(1) Attending recognized educational seminars, the content of which are primarily psychological, as defined by rule;

(2) Attending a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule;

(3) Presenting a recognized educational seminar, the contents of which are primarily psychological, as defined by rule;

(4) Presenting a graduate level course at a recognized educational institution where the contents of which are primarily psychological, as defined by rule; and

(5) Independent course of studies, the contents of which are primarily psychological, which have been approved by the committee and defined by rule.

The committee shall determine by administrative rule the amount of training, instruction, self-instruction or teaching that shall be counted as an hour of continuing education credit.

*(L. 1977 H.B. 225 § 9, A.L. 1981 S.B. 200 merged with S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 1993 S.B. 52, A.L. 1995 S.B. 3, A.L. 1996 S.B. 604, et al., A.L. 1998 H.B. 1601, et al., A.L. 1999 H.B. 343)*

**CROSS REFERENCE:**

*Public member, additional duties, RSMo 620.132*

**337.055. Privileged communications, when.**

Any communication made by any person to a licensed psychologist in the course of professional services rendered by the licensed psychologist shall be deemed a privileged communication and the licensed psychologist shall not be examined or be made to testify to any privileged communication without the prior consent of the person who received his professional services.

*(L. 1977 H.B. 255 § 10)*

**337.060. Licensed psychologists not to practice medicine.**

Nothing in this chapter shall be construed as authorizing persons licensed and registered as psychologists to engage in any manner in the practice of medicine as defined in the laws of this state.

*(L. 1977 H.B. 255 § 11, A.L. 1981 S.B. 16)*

**337.065. Violations, penalty, refund of fees--duties of committee--injunctions--civil immunity, when--venue.**

1. Any person found guilty of violating any provision of sections 337.010 to 337.090 is guilty of a class A misdemeanor and upon conviction thereof shall be punished as provided by law.

2. All fees or other compensation received for services rendered in violation of sections 337.010 to 337.090 shall be refunded.

3. The committee shall inquire as to any violation of any provision of sections 337.010 to 337.090, and may institute actions for penalties herein prescribed, and shall enforce generally the provisions of sections 337.010 to 337.090.

4. Any person, organization, association or corporation who reports or provides information to the committee or the division pursuant to the provisions of sections 337.010 to 337.090 and who does so in good faith shall not be subject to an action for civil damages as a result thereof.

5. Upon application by the committee, the attorney general may on behalf of the committee request that a court of competent jurisdiction grant an injunction, restraining order or other order as may be appropriate to enjoin a person from:

(1) Offering to engage or engaging in the performance of any acts or practices for which a certificate of registration or authority, permit or license is required upon a showing that such acts or practices were performed or offered to be performed without a certificate of registration or authority, permit or license; or

(2) Engaging in any practice or business authorized by a certificate of registration or authority, permit or license issued pursuant to sections 337.010 to 337.090 upon a showing that the holder presents a substantial probability of serious harm to the health, safety or welfare of any resident of this state or client or patient of the licensee.

6. Any action brought pursuant to the provisions of this section shall be commenced either in the county in which such conduct occurred or in the county in which the defendant resides.

7. Any action brought under this section may be in addition to or in lieu of any penalty provided by sections 337.010 to 337.090 and may be brought concurrently with other actions to enforce sections 337.010 to 337.090.

*(L. 1977 H.B. 255 § 12, A.L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720)*

**337.068. Complaints of prisoners--disposition of certain records.**

1. If the board finds merit to a complaint by an individual incarcerated or under the care and control of the department of corrections or who has been ordered to be taken into custody, detained, or held under sections 632.480 to 632.513, RSMo, and takes further investigative action, no documentation may appear on file or disciplinary action may be taken in regards to the licensee's license unless the provisions of subsection 2 of section 337.035 have been violated. Any case file documentation that does not result in the board filing an action pursuant to subsection 2 of section 337.035 shall be destroyed within three months after the final case disposition by the board. No notification to any other licensing board in another state or any national registry regarding any investigative action

shall be made unless the provisions of subsection 2 of section 337.035 have been violated.

2. Upon written request of the psychologist subject to a complaint, prior to August 28, 1999, by an individual incarcerated or under the care and control of the department of corrections or prior to August 28, 2008, by an individual who has been ordered to be taken into custody, detained, or held under sections 632.480 to 632.513, RSMo, that did not result in the board filing an action pursuant to subsection 2 of section 337.035, the board and the division of professional registration, shall in a timely fashion:

(1) Destroy all documentation regarding the complaint;

(2) Notify any other licensing board in another state or any national registry regarding the board's actions if they have been previously notified of the complaint; and

(3) Send a letter to the licensee that clearly states that the board found the complaint to be unsubstantiated, that the board has taken the requested action, and notify the licensee of the provisions of subsection 3 of this section.

3. Any person who has been the subject of an unsubstantiated complaint as provided in subsection 1 or 2 of this section shall not be required to disclose the existence of such complaint in subsequent applications or representations relating to their psychology professions.

*(L. 1999 H.B. 343 § 337.068 codified as 337.750, A.L. 2008 H.B. 2065)*

### **337.070. Local governments prohibited from taxing or licensing psychologists.**

No person who has been licensed by the committee as a psychologist in this state shall be taxed or made liable to pay any municipal or other corporation tax or license fee of any description whatever for the privilege of following or carrying on such profession.

*(L. 1977 H.B. 255 § 13, A.L. 1989 H.B. 738 & 720)*

### **337.085. Fees, collection, disposition, use.**

1. There is hereby established in the state treasury a fund to be known as the "State Committee of Psychologists Fund". All fees of any kind and character authorized under sections 337.010 to 337.090 to be charged by the committee or division shall be collected by the director of the division of professional registration and shall be transmitted to the department of revenue for deposit in the state treasury for credit to this fund. Such funds, upon appropriation, shall be disbursed only in payment of expenses of maintaining the committee and for the enforcement of the provisions of law concerning professions regulated by the committee. No other money shall be paid out of the state treasury for carrying out these provisions. Warrants shall be issued on the state treasurer for payment out of the fund.

2. The provisions of section 33.080, RSMo, to the contrary notwithstanding, money in this fund shall not be transferred and placed to the credit of general revenue until the amount in the fund at the end of the biennium exceeds two times the amount of the appropriation from the committee's fund for the preceding fiscal year or, if the committee requires by rule renewal less frequently than yearly then three times the appropriation from the committee's fund for the preceding fiscal year. The amount, if any, in the fund which shall lapse is that amount in the fund which exceeds the appropriate multiple of the appropriations from the committee's fund for the preceding fiscal year.

3. All funds pertaining to the Missouri state committee of psychologists deposited in the state treasury to the credit of the committee of registration for the healing arts fund shall be transferred from that fund to the state committee of psychologists fund by the division director.

*(L. 1981 S.B. 16, A.L. 1989 H.B. 738 & 720, A.L. 2004 S.B. 1122)*

### **337.090. License or directory not to include degree on which license was issued.**

The committee and division in issuing licenses and in publishing the directory as provided in section 324.032, RSMo, shall not include or list the degree upon which the license or certificate was issued. Any person licensed on the basis of a master's degree who has then earned a doctoral degree may use the title "doctor" or hold himself out in his practice as a psychologist as having a doctoral degree so long as it is from an accredited institution of higher education and so long as the degree is relevant to the practice of psychology.

*(L. 1989 H.B. 738 & 720, A.L. 2008 S.B. 788)*

### **337.093. Application of law.**

Nothing in the provisions of this act\* is intended to repeal or modify those provisions of sections 337.010 to 337.090, which provide for the licensure of psychologists.

*(L. 1993 H.B. 564 § 31)*

*\*"This act" (H.B. 564, 1993) contains numerous sections. Consult Disposition of Sections table for definitive listing*

## PSYCHOLOGY INTERJURISDICTIONAL COMPACT

### **337.100. Citation of law — findings — purpose.**

1. Sections 337.100 to 337.165 shall be known as the "Psychology Interjurisdictional Compact". The party states find that:

(1) States license psychologists, in order to protect the public through verification of education, training, and experience and ensure accountability for professional practice;

(2) This compact is intended to regulate the day-to-day practice of telepsychology, the provision of psychological services using telecommunication technologies, by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority;

(3) This compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for thirty days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

(4) This compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state;

(5) This compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

(6) This compact does not apply when a psychologist is licensed in both the home and receiving states; and

(7) This compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

2. The general purposes of this compact are to:

(1) Increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state which the psychologist is not licensed to practice psychology;

(2) Enhance the states' ability to protect the public's health and safety, especially client/patient safety;

(3) Encourage the cooperation of compact states in the areas of psychology licensure and regulation;

(4) Facilitate the exchange of information between compact states regarding psychologist licensure, adverse actions, and disciplinary history;

(5) Promote compliance with the laws governing psychological practice in each compact state; and

(6) Invest all compact states with the authority to hold licensed psychologists accountable through the mutual recognition of compact state licenses.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170.*

### **337.105. Definitions.**

As used in this compact, the following terms shall mean:

(1) "Adverse action", any action taken by a state psychology regulatory authority which finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record;

(2) "Association of State and Provincial Psychology Boards (ASPPB)", the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada;

(3) "Authority to practice interjurisdictional telepsychology", a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state;

(4) "Bylaws", those bylaws established by the psychology interjurisdictional compact commission pursuant to section 337.145 for its governance, or for directing and controlling its actions and conduct;

(5) "Client/patient", the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, or consulting services;

(6) "Commissioner", the voting representative appointed by each state psychology regulatory authority pursuant to section 337.145;

(7) "Compact state", a state, the District of Columbia, or United States territory that has enacted this compact legislation and which has not withdrawn pursuant to subsection 3 of section 337.160 or been terminated pursuant to subsection 2 of section 337.155;

(8) "Coordinated licensure information system" also referred to as "coordinated database", an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities;

(9) "Confidentiality", the principle that data or information is not made available or disclosed to unauthorized persons or processes;

(10) "Day", any part of a day in which psychological work is performed;

(11) "Distant state", the compact state where a psychologist is physically present, not through the use of telecommunications technologies, to provide temporary in-person, face-to-face psychological services;

(12) "E.Passport", a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines;

(13) "Executive board", a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission;

(14) "Home state", a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under the authorization to practice interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed;

(15) "Identity history summary", a summary of information retained by the Federal Bureau of Investigation, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service;

(16) "In-person, face-to-face", interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies;

(17) "Interjurisdictional practice certificate (IPC)", a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the state psychology regulatory authority of intention to practice temporarily, and verification of one's qualifications for such practice;

(18) "License", authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which would be unlawful without the authorization;

(19) "Noncompact state", any state which is not at the time a compact state;

(20) "Psychologist", an individual licensed for the independent practice of psychology;

(21) "Psychology interjurisdictional compact commission" also referred to as "commission", the national administration of which all compact states are members;

(22) "Receiving state", a compact state where the client/patient is physically located when the telepsychological services are delivered;

(23) "Rule", a written statement by the psychology interjurisdictional compact commission promulgated pursuant to section 337.150 of the compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the commission and has the force and effect of statutory law in a compact state, and includes the amendment, repeal or suspension of an existing rule;

(24) "Significant investigatory information":

(a) Investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or

(b) Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and had an opportunity to respond;

(25) "State", a state, commonwealth, territory, or possession of the United States, the District of Columbia;

(26) "State psychology regulatory authority", the board, office or other agency with the legislative mandate to license and regulate the practice of psychology;

(27) "Telepsychology", the provision of psychological services using telecommunication technologies;

(28) "Temporary authorization to practice", a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this compact, in another compact state;

(29) "Temporary in-person, face-to-face practice", where a psychologist is physically present, not through the use of telecommunications technologies, in the distant state to provide for the practice of psychology for thirty days within a calendar year and based on notification to the distant state.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.110. Home state licensure.**

1. The home state shall be a compact state where a psychologist is licensed to practice psychology.
2. A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.
3. Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.
4. Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.
5. A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:
  - (1) Currently requires the psychologist to hold an active E.Passport;
  - (2) Has a mechanism in place for receiving and investigating complaints about licensed individuals;
  - (3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
  - (4) Requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, or other designee with similar authority, no later than ten years after activation of the compact; and
  - (5) Complies with the bylaws and rules of the commission.
6. A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:
  - (1) Currently requires the psychologist to hold an active IPC;
  - (2) Has a mechanism in place for receiving and investigating complaints about licensed individuals;
  - (3) Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
  - (4) Requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, or other designee with similar authority, no later than ten years after activation of the compact; and
  - (5) Complies with the bylaws and rules of the commission.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.115. Compact privilege to practice telepsychology.**

1. Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with section 337.110, to practice telepsychology in receiving states in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.
2. To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state shall:
  - (1) Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
    - (a) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or
    - (b) A foreign college or university deemed to be equivalent to the requirements of paragraph (a) of this subdivision by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service;
  - (2) Hold a graduate degree in psychology that meets the following criteria:
    - (a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
    - (b) The psychology program shall stand as a recognizable, coherent, organizational entity within the institution;
    - (c) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;
    - (d) The program shall consist of an integrated, organized sequence of study;
    - (e) There shall be an identifiable psychology faculty sufficient in size and breadth to carry out its

responsibilities;

- (f) The designated director of the program shall be a psychologist and a member of the core faculty;
- (g) The program shall have an identifiable body of students who are matriculated in that program for a degree;
- (h) The program shall include supervised practicum, internship, or field training appropriate to the practice of psychology;
- (i) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree;
- (j) The program includes an acceptable residency as defined by the rules of the commission;
- (3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;
- (4) Have no history of adverse action that violate the rules of the commission;
- (5) Have no criminal record history reported on an identity history summary that violates the rules of the commission;
- (6) Possess a current, active E.Passport;
- (7) Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the commission; and
- (8) Meet other criteria as defined by the rules of the commission.

3. The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

4. A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

5. If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.120. Compact temporary authorization to practice.**

1. Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with section 337.110, to practice temporarily in distant states in which the psychologist is not licensed, as provided in the compact.

2. To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state shall:

(1) Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

- (a) Regionally accredited by an accrediting body recognized by the United States Department of Education to grant graduate degrees, or authorized by provincial statute or royal charter to grant doctoral degrees; or
- (b) A foreign college or university deemed to be equivalent to the requirements of paragraph (a) of this subdivision by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service;

(2) Hold a graduate degree in psychology that meets the following criteria:

(a) The program, wherever it may be administratively housed, shall be clearly identified and labeled as a psychology program. Such a program shall specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) The psychology program shall stand as a recognizable, coherent, organizational entity within the institution;

(c) There shall be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) The program shall consist of an integrated, organized sequence of study;

(e) There shall be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(f) The designated director of the program shall be a psychologist and a member of the core faculty;

- (g) The program shall have an identifiable body of students who are matriculated in that program for a degree;
  - (h) The program shall include supervised practicum, internship, or field training appropriate to the practice of psychology;
  - (i) The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degree;
  - (j) The program includes an acceptable residency as defined by the rules of the commission;
  - (3) Possess a current, full and unrestricted license to practice psychology in a home state which is a compact state;
  - (4) No history of adverse action that violate the rules of the commission;
  - (5) No criminal record history that violates the rules of the commission;
  - (6) Possess a current, active IPC;
  - (7) Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the commission; and
  - (8) Meet other criteria as defined by the rules of the commission.
3. A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.
  4. A psychologist practicing into a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.
  5. If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a compact state under the temporary authorization to practice.
- (L. 2018 H.B. 1719 merged with S.B. 660)*  
*Contingent effective date, see § 337.170*

**337.125. Conditions of telepsychology practice in a receiving state.**

A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

- (1) The psychologist initiates a client/patient contact in a home state via telecommunications technologies with a client/patient in a receiving state;
  - (2) Other conditions regarding telepsychology as determined by rules promulgated by the commission.
- (L. 2018 H.B. 1719 merged with S.B. 660)*  
*Contingent effective date, see § 337.170*

**337.130. Adverse actions.**

1. A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse action on a psychologist's temporary authorization to practice within that distant state.
2. A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.
3. (1) If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the IPC is revoked.
  - (2) All home state disciplinary orders which impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission.
  - (3) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission.
  - (4) Other actions may be imposed as determined by the rules promulgated by the commission.
4. A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

5. A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization practice which occurred in that distant state as it would if such conduct had occurred by a licensee within the home state. In such cases, distant state's law shall control in determining any adverse action against a psychologist's temporary authorization to practice.

6. Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the compact state's law. Compact states shall require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

7. No other judicial or administrative remedies shall be available to a psychologist in the event a compact state imposes an adverse action pursuant to subsection 3 of this section.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.135. Additional authorities invested in a compact state's psychology regulatory authority.**

1. In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) Issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses, or the production of evidence from another compact state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses or evidence are located; and

(2) Issue cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice.

2. During the course of any investigation, a psychologist may not change his or her home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his or her home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.140. Coordinated licensure information system.**

1. The commission shall provide for the development and maintenance of a coordinated licensure information system (coordinated database) and reporting system containing licensure and disciplinary action information on all psychologist individuals to whom this compact is applicable in all compact states as defined by the rules of the commission.

2. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

- (1) Identifying information;
- (2) Licensure data;
- (3) Significant investigatory information;
- (4) Adverse actions against a psychologist's license;
- (5) An indicator that a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice is revoked;
- (6) Nonconfidential information related to alternative program participation information;
- (7) Any denial of application for licensure, and the reasons for such denial; and
- (8) Other information which may facilitate the administration of this compact, as determined by the rules of the commission.

3. The coordinated database administrator shall promptly notify all compact states of any adverse action taken

against, or significant investigative information on, any licensee in a compact state.

4. Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

5. Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the compact state reporting the information shall be removed from the coordinated database.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.145. Establishment of the psychology interjurisdictional compact commission.**

1. The compact states hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

(1) The commission is a body politic and an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

2. The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(1) Executive director, executive secretary or similar executive;

(2) Current member of the state psychology regulatory authority of a compact state; or

(3) Designee empowered with the appropriate delegate authority to act on behalf of the compact state.

3. (1) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists.

(2) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication.

(3) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in section 337.150.

(5) The commission may convene in a closed, nonpublic meeting if the commission shall discuss:

(a) Noncompliance of a compact state with its obligations under the compact;

(b) The employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(c) Current, threatened, or reasonably anticipated litigation against the commission;

(d) Negotiation of contracts for the purchase or sale of goods, services, or real estate;

(e) Accusation against any person of a crime or formally censuring any person;

(f) Disclosure of trade secrets or commercial or financial information which is privileged or confidential;

(g) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(h) Disclosure of investigatory records compiled for law enforcement purposes;

(i) Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the compact;

(j) Matters specifically exempted from disclosure by federal and state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to subdivision (5) of subsection 3 of this section, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, of any person participating in the meeting, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the commission or order of a court of competent jurisdiction.

4. The commission shall, by a majority vote of the commissioners, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including

but not limited to:

- (1) Establishing the fiscal year of the commission;
  - (2) Providing reasonable standards and procedures:
    - (a) For the establishment and meetings of other committees; and
    - (b) Governing any general or specific delegation of any authority or function of the commission;
  - (3) Providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission shall make public a copy of the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;
  - (4) Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the commission;
  - (5) Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;
  - (6) Promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;
  - (7) Providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment or reserving of all of its debts and obligations.
5. (1) The commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the compact states;
- (2) The commission shall maintain its financial records in accordance with the bylaws; and
  - (3) The commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.
6. The commission shall have the following powers:
- (1) The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rule shall have the force and effect of law and shall be binding in all compact states;
  - (2) To bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
  - (3) To purchase and maintain insurance and bonds;
  - (4) To borrow, accept or contract for services of personnel, including, but not limited to, employees of a compact state;
  - (5) To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and to establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
  - (6) To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the commission shall strive to avoid any appearance of impropriety or conflict of interest;
  - \* (7) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall strive to avoid any appearance of impropriety;
  - \* (8) To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the commission shall strive to avoid any appearance of impropriety;
  - (9) To establish a budget and make expenditures;
  - (10) To borrow money;
  - (11) To appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;
  - (12) To provide and receive information from, and to cooperate with, law enforcement agencies;
  - (13) To adopt and use an official seal; and
  - (14) To perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

7. (1) The elected officers shall serve as the executive board, which shall have the power to act on behalf of the commission according to the terms of this compact.

(2) The executive board shall be comprised of six members:

(a) Five voting members who are elected from the current membership of the commission by the commission;

(b) One ex officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities.

(3) The ex officio member shall have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization.

(4) The commission may remove any member of the executive board as provided in bylaws.

(5) The executive board shall meet at least annually.

(6) The executive board shall have the following duties and responsibilities:

(a) Recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(b) Ensure compact administration services are appropriately provided, contractual or otherwise;

(c) Prepare and recommend the budget;

(d) Maintain financial records on behalf of the commission;

(e) Monitor compact compliance of member states and provide compliance reports to the commission;

(f) Establish additional committees as necessary; and

(g) Other duties as provided in rules or bylaws.

8. (1) The commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources, donations and grants of money, equipment, supplies, materials and services.

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff which shall be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission which shall promulgate a rule binding upon all compact states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

9. (1) The members, officers, executive director, employees and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing in this subsection shall be construed to protect any such person from suit or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

\*Subdivisions (7) and (8) are identical; compact approved by ASPPB Board in 2016 has different language for subdivision (8).

### **337.150. Rulemaking.**

1. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.
2. If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.
3. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.
4. Prior to promulgation and adoption of a final rule or rules by the commission, and at least sixty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:
  - (1) On the website of the commission; and
  - (2) On the website of each compact states' psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.
5. The notice of proposed rulemaking shall include:
  - (1) The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
  - (2) The text of the proposed rule or amendment and the reason for the proposed rule;
  - (3) A request for comments on the proposed rule from any interested person;
  - (4) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.
6. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
7. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:
  - (1) At least twenty-five persons who submit comments independently of each other;
  - (2) A governmental subdivision or agency; or
  - (3) A duly appointed person in an association that has at least twenty-five members.
8. (1) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing.
  - (2) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.
  - (3) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
  - (4) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subdivision shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.
  - (5) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.
9. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.
10. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
11. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.
12. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that shall be adopted immediately in order to:
  - (1) Meet an imminent threat to public health, safety, or welfare;
  - (2) Prevent a loss of commission or compact state funds;
  - (3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
  - (4) Protect public health and safety.
13. (1) The commission or an authorized committee of the commission may direct revisions to a previously

adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule.

(2) A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.155. Oversight, dispute resolution and enforcement.**

1. (1) The executive, legislative, and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact or promulgated rules.

2. (1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(a) Provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default or any other action to be taken by the commission; and

(b) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to remedy the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the compact states, and all rights, privileges, and benefits conferred by this compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states.

(4) A compact state which has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.

(5) The commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the U.S. District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. (1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact which arise among compact states and between compact and noncompact states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

4. (1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the State of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.160. Date of implementation of the psychology interjurisdictional compact commission and associated rules, withdrawal, and amendment.**

1. The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions which become effective at that time shall be limited to the powers granted to the commission

relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

2. Any state which joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule which has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

3. (1) Any compact state may withdraw from this compact by enacting a statute repealing the same.

(2) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(3) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of sections 337.100 to 337.170\* prior to the effective date of withdrawal.

4. Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a noncompact state which does not conflict with the provisions of this compact.

5. This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

*\*Words "this act" appear in original rolls of both H.B. 1719 and S.B. 660, 2018.*

### **337.165. Construction and severability.**

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

*(L. 2018 H.B. 1719 merged with S.B. 660)*

*Contingent effective date, see § 337.170*

### **337.170. Contingent effective date.**

The enactment of sections 337.100, 337.105, 337.110, 337.115, 337.120, 337.125, 337.130, 337.135, 337.140, 337.145, 337.150, 337.155, 337.160, and 337.165 of this act\* shall become effective upon notification by the commission to the revisor of statutes that seven states have adopted the psychology interjurisdictional compact.

*(L. 2018 H.B. 1719 § B merged with S.B. 660 § B)*

*\*"This act" (H.B. 1719 merged with S.B. 660, 2018) contained numerous sections. Consult Disposition of Sections Table for a definitive listing.*

**RULES**  
**Division 2235**



# **Chapter 1**

## **General Rules**



**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2235—State Committee of Psychologists  
Chapter 1—General Rules**

**20 CSR 2235-1.010 State Committee of Psychologists**

*PURPOSE: This rule complies with section 337.050, RSMo which permits the department to adopt rules governing the conduct of the State Committee of Psychologists.*

(1) The committee shall meet at the call of the chairperson or by a notice signed by not fewer than three (3) members of the committee. The committee shall meet at least once during each calendar year and as frequently as the business of the committee requires. The committee, with the assistance of the Division of Professional Registration and its staff, shall provide all application forms and maintain all records contemplated by Chapter 337, RSMo and shall make regular reports to the board and the Department of Economic Development concerning the fulfillment of its functions and duties. The committee shall screen all applicants for licensure as psychologists and report to the director of the department, through the Division of Professional Registration, concerning the qualifications of all applicants.

*AUTHORITY: section 337.050.5, RSMo Supp. 1989.\* This rule was originally filed as 4 CSR 150-5.050. This rule previously filed as 4 CSR 235-1.010. Emergency rule filed Oct. 4, 1977, effective Oct. 14, 1977, expired Feb. 11, 1978. Original rule filed Oct. 4, 1977, effective Feb. 11, 1978. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Moved to 20 CSR 2235-1.010, effective Aug. 28, 2006.*

*\*Original authority: 337.050.5, RSMo 1977, amended 1981, 1989.*

**20 CSR 2235-1.015 Definitions**

*PURPOSE: This rule establishes various definitions and terms used in these rules.*

(1) Post-degree supervised professional experience. The purpose and intention of post-degree supervised experience is to provide experiential training in the practice of psychology in order to meet the requirements for licensure. It is not designed to enable a person to engage in the practice of psychology without a license. Post-degree supervised professional experience is more than a consultation or supervisory session.

(2) Psychological trainee. A person enrolled in a graduate program in psychology and performing functions as a part of his/her graduate training or practicum.

(3) Psychological intern. A person possessing a master's degree in psychology as defined in section 337.021 or 337.025, RSMo and enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program, or a person enrolled in a doctoral program in psychology and serving as an intern as part of the requirements for his/her degree program.

(4) Psychological resident. A person possessing a doctoral degree in psychology as defined in section 337.025, RSMo who is engaged in post-degree supervised professional experience in order to obtain licensure as a psychologist.

(5) Psychological assistant. A person who has received formal approval by the committee as having met the educational and post-degree professional experience requirements but has not yet met the examination requirements for licensure as a psychologist.

(6) Qualified assistant. Any person employed by or otherwise directly accountable to a licensed psychologist and who assists the licensed psychologist in the delivery of psychological services but whose employment is not in the course of pursuing the educational, professional supervised experience or examination requirements for licensure as a psychologist.

(7) Provisionally licensed psychologist. A psychological resident or psychological assistant who has met the requirements for and has been issued a provisional license under section 337.020.4, RSMo.

(8) Applicant. Any person who submits an application for licensure and pays the appropriate application fee to be licensed as a psychologist.

(9) Psychological health services. The assessment, diagnosis, and treatment of an individual(s) for the purposes of remediation of a cognitive, emotional, behavioral, or mental disorder.

(10) Psychological health service provider. A licensed psychologist who possesses health service provider certification through relevant education, training, and experience as defined in 20 CSR 2235-3.020(3)(A) in the delivery of psychological health services and who provides psychological health services as defined in section (9).

(11) American Psychological Association designated health service provider delivery areas. The foregoing term as used in sections 337.025.5, 337.033.3, and 337.033.4, RSMo, shall include doctoral degree, or respecialization programs, with a primary emphasis, or concentration, in one of the following areas:

- (A) Clinical psychology;
- (B) Counseling psychology;
- (C) School psychology; or
- (D) Combined scientist-professional psychology doctoral training programs.

(E) The term shall also include such other programs, including doctoral and respecialization programs in emerging substantive areas of the professional health service practice of psychology, for which the American Psychological Association provides accreditation in the future.

(12) Psychological Testing. The use of one (1) or more standardized measurements, devices, or procedures, including the use of computerized psychological tests, to observe or record human behavior, and which require the application of appropriate normative data for interpretation or classification and includes the use of standardized instruments for the purpose of the diagnosis and treatment of mental and emotional disorders and disabilities, the evaluation or assessment of cognitive and intellectual abilities, personality, and emotional states and traits, and neuropsychological functioning by an individual who has received formal academic training at the graduate level in statistics, test construction, sampling theory, tests and measurements, individual differences, and personality theory. In addition, the interpretation of psychological tests for diagnostic purposes requires formal academic training in the areas of abnormal psychology, psychopathology, psychodiagnosis, and, in the case of neuropsychological diagnosis, training in neuropsychology. Competent administration and interpretation of psychological tests also requires a formal supervised practice experience. Services which are described as “psychological testing” shall be administered and interpreted by licensed psychologists or persons who are otherwise exempt by statute. Individuals licensed by this committee, as well as other licensed professionals, may also use tests of language, education, and achievement, as well as tests of abilities, interests, and aptitudes. With the exception of the test categories and psychological tests listed in section (13) of this rule, the use of these other tests is not exclusively within the scope of this regulation.

(13) Psychological Test and Inventories.

- (A) Individual tests for the evaluation of cognitive and intellectual abilities, examples of which are:
  - 1. The Wechsler series;
  - 2. The Stanford-Binet; and
  - 3. The Kaufman series.
- (B) Individual, objective, and projective tests and inventories of personality and emotional states and traits, examples of which are:
  - 1. Objective tests and inventories:
    - A. The Minnesota Multiphasic Personality

- Inventories; and
  - B. The Millon Inventories;
- 2. Projective tests and techniques including:
  - A. Rorschach; and
  - B. Holtzman;
- 3. Apperception techniques, examples of which are:
  - A. TAT (Thematic Apperception Test);
  - B. CAT (Children’s Apperception Test);
  - C. PFT (Pain Frustration Test); and
  - D. Tactual Apperception Test (Twitchell-Allen); and
- 4. Drawing techniques, examples of which are:
  - A. DAP (Draw A Person);
  - B. HTP (House Tree Person); and
  - C. Action Family Drawing.
- (C) Individual tests of neuropsychological functioning, examples of which are:
  - 1. The Halstead-Reitan Battery;
  - 2. The Luria-Nebraska Battery; and
  - 3. The NEPSY.

*AUTHORITY: section 337.030.3, RSMo Supp. 2008 and section 337.050.9, RSMo 2000. \*This rule originally filed as 4 CSR 235-1.015. Original rule filed July 30, 1991, effective Feb. 6, 1992. Amended: Filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed Nov. 13, 1992, effective July 8, 1993. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.015, effective Aug. 28, 2006. Amended: Filed Dec. 15, 2006, effective June 30, 2007. Amended: Filed Aug. 30, 2007, effective Feb. 29, 2008. Amended: Filed April 8, 2009, effective Sept. 30, 2009.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

**20 CSR 2235-1.020 Fees**

*PURPOSE: This rule establishes and fixes the various fees and charges authorized by Chapter 337, RSMo.*

- (1) The following fees are established for the State Committee of Psychologists and are payable to the State Committee of Psychologists:
  - (A) Application for Provisional Licensure or Application for Temporary Licensure or Application for Licensure Fee..... \$150.00
  - (B) Oral Examination Fee ..... \$50.00
  - (C) Jurisprudence Examination Fee ..... \$50.00
  - (D) Reexamination Fees —
    - 1. Oral Examination Fee..... \$50.00
    - 2. Jurisprudence Examination Fee... \$50.00
  - (E) Biennial Renewal Fee ..... \$300.00
    - 1. Effective November 1, 2017 to October 31, 2019..... \$50.00

(F) Delinquency Fee (effective April 1 after each renewal period, in addition to the Renewal Fee).....	\$150.00
1. Effective April 1, 2018 to October 31, 2019.....	\$25.00
(G) Inactive License Fee .....	\$100.00
1. Effective November 1, 2017 to October 31, 2019.....	\$10.00
(H) Reactivation Fee .....	\$150.00
1. Effective November 1, 2017 to October 21, 2019.....	\$40.00
(I) Licensure Verification/Transfer of Score to Other States Fee.....	\$25.00
(J) Replacement of Wall Hanging License Fee.....	\$25.00
(K) Insufficient Funds Check Service Charge.....	\$25.00
(L) Prior Review Fee (educational experience) .....	\$50.00
(M) Prior Review Fee (postdegree supervision).....	\$50.00
(N) Health Service Provider Application Fee.....	\$100.00
(O) Health Service Provider Biennial Renewal Fee .....	\$100.00
1. Effective November 1, 2017 to October 31, 2019.....	\$10.00
(P) Fingerprinting Fee Amount to be determined by the Missouri State Highway Patrol	

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: sections 337.030 and 337.050, RSMo 2016.\* This rule originally filed as 4 CSR 235-1.020. Emergency rule filed Dec. 9, 1981, effective Jan. 11, 1982, expired April 4, 1982. Original rule filed Dec. 9, 1981, effective April 4, 1982. Amended: Filed Aug. 12, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed June 6, 1989, effective Sept. 11, 1989. Emergency amendment filed Sept. 5, 1990, effective Sept. 15, 1990, expired Jan. 13, 1991. Amended: Filed Sept. 18, 1990, effective Dec. 31, 1990. Amended: Filed July 2, 1991, effective Feb. 6, 1992. Emergency amendment filed March 14, 1995, effective March 24, 1995, expired July 11, 1995. Amended: Filed March 31, 1995, effective Sept. 30, 1995. Amended: Filed April 26, 1999, effective Oct. 30, 1999. Amended: Filed March 10, 2000, effective Sept. 30, 2000. Amended: Filed March*

*1, 2001, effective Aug. 30, 2001. Amended: Filed Feb. 18, 2003, effective Aug. 30, 2003. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Moved to 20 CSR 2235- 1.020, effective Aug. 28, 2006. Amended: Filed June 5, 2013, effective Jan. 30, 2014. Amended: Filed May 15, 2017, effective Oct. 30, 2017.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.025 Application for Provisional Licensure**

*PURPOSE: This rule outlines and standardizes the procedures to be followed by applicants applying for provisional licensure.*

(1) Applications for provisional licensure must be made on the forms provided by the State Committee of Psychologists. Application forms may be obtained by contacting the office of the State Committee of Psychologists.

(2) An application will not be considered as officially submitted unless it is typewritten, signed, notarized, and includes the application fee. The application fee must be in the form of a cashier's check, personal check, or money order.

(3) The committee may issue a provisional license to practice psychology to any applicant who meets all the following requirements:

(A) A completed application accompanied by the appropriate fee, as defined in 20 CSR 2235-1.020;

(B) Official transcript received directly from an issuing institution verifying that the applicant is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, RSMo;

(C) A post-degree supervision plan submitted by the primary supervisor made on the form provided by the State Committee of Psychologists;

(D) Submission of references on forms provided by the committee by three (3) mental health professionals other than post-doctoral supervisors who have known the applicant a minimum of two (2) years. The references cannot be from classmates; and

(E) Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigations (FBI) fingerprint background check. Any fees due for fingerprinting background checks shall be paid by the applicant.

(4) Unless sooner suspended, revoked, and/or terminated because of the issuance of a regular ongoing license, the provisional license shall, as

provided in 337.020.5, RSMo, expire one (1) year from date of issuance unless timely renewed. A provisional license, absent extenuating circumstances and a showing of good cause, may only be renewed for a period of one (1) additional year so that the maximum period for a provisional license absent approval from the committee shall be only two (2) years.

(5) Applicants seeking a variance from the requirement of a maximum issuance of two (2) years due to vacations, illness, pregnancy, and other good causes shall submit the request in writing to the committee, which will be handled on a case-by-case basis.

(6) The provisional license shall only permit the licensee to provide psychological services in accordance with the "post-degree supervision plan" as submitted to the committee and only under and pursuant to the direct supervision and full professional responsibility and control of the primary supervisor and any secondary supervisors as identified in the post-degree supervision plan as filed with the committee.

(7) Absent death, sudden illness, or other extenuating circumstance on the part of the supervisor which precludes such supervisor from acting, any person who holds a provisional license who desires to amend the plan and/or to change supervisors, whether primary or secondary, must do so by filing at least twenty (20) days before said amended and/or revised plan is to take effect, a revised and/or amended plan together with information as to who is to be the new supervisor(s).

(8) Except as noted in section (7) hereof, the committee shall not accept, or recognize, as counting towards the required period of postdegree supervision, any time during which the provisional licensee may have been or was providing psychological services under the supervision of some person prior to the time the identity of such person had first been disclosed by the timely filing of a revised and/or amended plan of post-degree supervision.

(9) Any person acting under or providing psychological services pursuant to a provisional license shall at all times comply with provisions of 20 CSR 2235-2.040 or 20 CSR 2235-2.050 including, without limitation, the representation provisions set forth in subsection (1)(l) thereof.

*AUTHORITY: sections 337.020 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.025. Original rule filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.025, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009. Amended: Filed June 5, 2013, effective Jan. 30, 2014.*

*\*Original authority: 337.020, RSMo 1977, amended 1981, 1989, 1995, 1996, 1997, 1998 and 337.050.9,*

*RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.026 Application for Temporary Licensure**

*PURPOSE: This rule outlines and standardizes the procedures to be followed by applicants applying for a temporary license.*

(1) Application for temporary licensure must be made on the forms provided by the State Committee of Psychologists. Application forms may be obtained by contacting the office of the State Committee of Psychologists.

(2) An application will not be considered as officially submitted unless it is typewritten, signed, notarized, and includes the application fee. The application fee must be in the form of a cashier's check, personal check, or money order.

(3) A temporary license will be issued to any applicant licensed as a psychologist in another jurisdiction, who is applying for licensure in this state either by endorsement of score pursuant to 20 CSR 2235-2.065 and/or by reciprocity pursuant to section 337.029, RSMo, and 20 CSR 2235-2.070 and who meets all the following requirements:

(A) A completed application accompanied by the appropriate fee, as defined in 20 CSR 2235-1.020;

(B) A completed Verification of Licensure Form provided by the State Committee of Psychologists and received directly from the jurisdiction in which applicant holds licensure; and

(C) Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigations (FBI) fingerprint background check. Any fees due for fingerprinting background checks shall be paid by the applicant.

(4) Unless sooner revoked and/or terminated by one of the events set forth in section 337.020.7, RSMo, subsections (1) through (3), the temporary license will expire one (1) year from date of issuance unless renewed. A temporary license, upon the filing of a renewal application and payment of the renewal fee, shall automatically be renewed unless one of the events set forth in section 337.020.7, RSMo, subsections (1) through (3) has occurred.

*AUTHORITY: sections 337.020 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.026. Original rule filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.026, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009. Amended: Filed June 5, 2013, effective Jan. 30, 2014.*

*\*Original authority: 337.020, RSMo 1977, amended 1981, 1989, 1995, 1996, 1997, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.030 Application for Licensure**

*PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for licensure by examination.*

(1) Applications for licensure must be made on forms provided by the State Committee of Psychologists and include the following:

(A) Appropriate fee as defined in 20 CSR 2235-1.020;

(B) Official transcript received directly from an issuing institution verifying that the applicant is a graduate of a recognized educational institution with a doctoral degree in psychology as defined in section 337.025, RSMo, unless applicant previously submitted for a provisional or temporary license issued by the committee;

(C) A post-degree supervision plan submitted by the primary supervisor on the form provided by the State Committee of Psychologists, unless applicant previously submitted for a provisional license issued by the committee;

(D) An attestation of post-degree supervision submitted by the primary supervisor on the form provided by the State Committee of Psychologists;

(E) Submission of references on forms provided by the committee by three (3) mental health professionals other than post-doctoral supervisors who have known the applicant a minimum of two (2) years. The references cannot be from classmates; and

(F) Proof of submission of fingerprints to the Missouri State Highway Patrol's approved vendor for both a Missouri State Highway Patrol and Federal Bureau of Investigations (FBI) fingerprint background check. Any fees due for fingerprinting background checks shall be paid by the applicant unless applicant previously submitted for a provisional license issued by the committee.

(2) An application will not be considered as officially submitted unless it is typed or printed legibly, signed, notarized, and includes the application fee. The application fee must be in the form of a cashier's check, personal check, or money order.

*AUTHORITY: sections 337.020.1 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.030. Emergency rule filed Jan. 22, 1982, effective Feb. 1, 1982, expired June 1, 1982. Original rule filed Jan. 22, 1982, effective May 13, 1982. Amended: Filed Oct. 4,*

*1988, effective Dec. 29, 1988. Amended: Filed June 6, 1989, effective Sept. 11, 1989. Amended: Filed July 30, 1991, effective Feb. 6, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.030, effective Aug. 28, 2006. Rescinded and readopted: Filed June 5, 2013, effective Jan. 30, 2014.*

*\*Original authority: 337.020.1, RSMo 1977, amended 1981, 1989, 1995, 1996, 1997, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.031 Application for Health Service Provider Certification**

*PURPOSE: This rule outlines and standardizes the procedures followed by the committee in receiving and considering information relative to an applicant's qualifications for health service provider certification.*

(1) Applications for a health service provider must be made on forms provided by the State Committee of Psychologists. Application forms may be obtained by contacting the office the State Committee of Psychologists.

(2) Applications and all other documents required by the committee for health service provider certification must be received at least sixty (60) days before a regularly scheduled committee meeting. Completed applications received less than sixty (60) days before a regularly scheduled committee meeting may be considered at a subsequent committee meeting.

(3) An application will not be considered as officially submitted unless it is typewritten, signed, notarized and includes the application fee. The application fee must be in the form of a cashier's check, personal check or money order.

*AUTHORITY: sections 337.029 and 337.050.9, RSMo Supp. 1998.\* This rule originally filed as 4 CSR 235-1.031. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.031, effective Aug. 28, 2006.*

*\*Original authority: 337.029, RSMo 1989, amended 1995, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.037 Licensure Verification/Transfer of Scores to Other States/Jurisdictions**

*PURPOSE: This rules outlines the procedures for providing licensure information/transfer of scores of individuals to other states or jurisdictions.*

(1) Individuals wishing to have licensure information or exam scores forwarded to other state licensing boards

or jurisdictions must submit the following:

(A) A written request to the committee's office thirty (30) days prior to the date the requested information is due; and

(B) The nonrefundable licensure verification/transfer of score fee.

*AUTHORITY: section 337.050.5, RSMo Supp. 1989.\* This rule originally filed as 4 CSR 235-1.037. Original rule filed Oct. 4, 1988, effective Dec. 29, 1988. Moved to 20 CSR 2235-1.037, effective Aug. 28, 2006.*

*\*Original authority: 337.050.5, RSMo 1977, amended 1981, 1989.*

## **20 CSR 2235-1.045 Procedures for Recognition of Educational Institutions**

*PURPOSE: This rule outlines the procedures for determining if an educational institution satisfies the requirements of section 337.010, RSMo.*

(1) In determining whether a school, college, university, or other institution of higher learning in the United States is a "recognized educational institution," as defined in section 337.010(4)(a), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is accredited by a regional accrediting association recognized by the Council For Higher Education Accreditation (CHEA). Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(a), RSMo.

(2) In determining whether a school, college, university, or other institution of higher learning outside the United States is a "recognized educational institution," as defined in section 337.010(4)(b), RSMo, the applicant, upon request, shall furnish to the committee competent and substantial evidence, admissible in the courts of Missouri, that the educational institution is substantially equivalent to the standards of training of those programs accredited by a regional accrediting association recognized by the CHEA. Failure by the applicant to furnish that evidence to the committee shall constitute evidence that the educational institution is not a recognized educational institution, as defined in section 337.010(4)(b), RSMo.

*AUTHORITY: section 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.045. Original rule filed July 2, 1991, effective Feb. 6, 1992. Moved to 20 CSR 2235-1.045, effective Aug. 28, 2006. Amended: Filed Dec. 23, 2008, effective June 30, 2009.*

*\*Original authority: 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.050 Renewal of License**

*PURPOSE: This rule establishes the obligation of licensees for renewal of their licenses.*

(1) Failure of a licensee to receive the notice and application to renew the license shall not excuse the licensee from the requirement of section 337.030, RSMo to renew the license.

(2) Any licensee who fails to renew the license within the sixty (60)-day period set forth in section 337.030.2., RSMo shall not perform any act for which a license is required.

(3) Any licensee who fails to renew his/her license by January 31 of each even-numbered year and, within two (2) years of the registration renewal date, wishes to restore his/her license, shall pay the delinquency fee for each year the license is delinquent in addition to the renewal fee.

(4) Licensees who request to be classified as inactive pursuant to section 337.030.5, RSMo, may maintain their inactive status and receive a license indicating their inactive status by paying the inactive license renewal fee as provided in 20 CSR 2235-1.020. Holders of an inactive license need not complete the continuing education requirement. However, a holder of an inactive license shall not have his/her license reactivated until he/she pays the required reactivation fee, and in addition, submits proof of having completed forty (40) continuing education hours within the two (2) years immediately prior to the date of reactivation. If a holder of an inactive license reactivates at the time of renewal, the licensee shall only be required to pay the renewal fee, and in addition, submit proof of having completed forty (40) continuing education hours within the two (2) years immediately prior to the date of reactivation.

*AUTHORITY: sections 337.030, RSMo Supp. 2006 and 337.050, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.050. Original rule filed Aug. 11, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 30, 1991, effective Feb. 6, 1992. Amended: Filed March 15, 2004, effective Sept. 30, 2004. Moved to 20 CSR 2235-1.050, effective Aug. 28, 2006. Amended: Filed Dec. 15, 2006, effective June 30, 2007.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.060 Notification of Change of Address**

*PURPOSE: This rule establishes the obligation of licensees to inform the State Committee of Psychologists of their changes of address.*

Within thirty (30) days of the effective date of the change, a licensee must inform the State Committee of Psychologists of all changes in the mailing address as it appears on the licensee's license by contacting the office of the State Committee of Psychologists.

*AUTHORITY: sections 337.030 and 337.050.9, RSMo Supp. 1998.\* This rule originally filed as 4 CSR 235-1.060. Original rule filed Aug. 11, 1983, effective Dec. 11, 1983. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.060, effective Aug. 28, 2006.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.063 Replacement of Annual Registration Certificates and Original Wall-Hanging Licenses**

*PURPOSE: This rule establishes the procedures for replacing registration certificates, wall-hanging licenses, or both, pursuant to section 337.030.3, RSMo.*

(1) Licensees whose renewal registration certificates are lost, destroyed or mutilated or require replacement as a result of an incorrect address or name change, or who require additional certificates for additional practice locations may obtain a duplicate certificate, without charge, upon receipt of a statement indicating the need for the duplicate.

(2) Licensees whose original wall-hanging license is lost, destroyed or mutilated or require replacement as a result of a name change may be replaced upon submission of the following:

(A) Return of the original wall-hanging license or a notarized affidavit indicating the reason for the replacement and statement that the license has been lost, destroyed or is no longer in the possession of the licensee and that if the lost license is recovered it shall be forwarded to the committee immediately;

(B) A recent photograph of the licensee, if requested; and

(C) The nonrefundable replacement fee.

*AUTHORITY: section 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-1.063. Original rule filed July 2, 1991, effective Feb. 6, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-1.063, effective Aug. 28, 2006. Amended: Filed*

*Dec. 15, 2006, effective June 30, 2007.*

*\*Original authority: 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-1.065 Policy for Handling Release of Public Records**

*PURPOSE: This rule sets forth the committee's written policy in compliance with sections 610.010–610.030, RSMo regarding the release of information on any meeting, record or vote of the committee.*

(1) The State Committee of Psychologists is a public governmental body as defined in Chapter 610, RSMo and adopts the following as its written policy for compliance with the provisions of that chapter. This policy is open to public inspection and implements the provisions of Chapter 610, RSMo regarding the release of information of any meeting, record or vote of the committee which is not closed pursuant to the provisions of Chapter 610, RSMo.

(2) All public records of the State Committee of Psychologists shall be open for inspection and copying by any member of the general public during normal business hours (8:00 a.m. to 5:00 p.m., Monday through Friday, holidays excepted) upon a minimum of a three (3)-day notice and appointment except for those records closed pursuant to section 610.021, RSMo. All public meetings of the State Committee of Psychologists not closed pursuant to the provisions of section 610.021, RSMo, will be open to any member of the public.

(3) The State Committee of Psychologists establishes the executive director of the committee or his/her authorized representative as the custodian of its records as required by section 610.023, RSMo. The executive director or his/her authorized representative is responsible for the maintenance of the committee's records and is responsible for responding to requests for access to public records.

(4) Whenever a request for inspection of public records is made and the individual inspecting the records requests copies of the records, the committee may charge a reasonable fee for the cost for inspecting and copying the records. The fees charged by the committee shall be as follows:

(A) A fee for copying public records shall not exceed the actual cost of the document search and duplication;

(B) The committee may require payment for the fees prior to making the copies; and

(C) Fees collected shall be remitted to the director of revenue for deposit to the credit of the State Committee of Psychologists' Fund.

(5) Whenever a request for access to public records is made and the custodian believes that access is not required under the provisions of Chapter 610, RSMo, the custodian shall consult with the Office of the Attorney General before making a determination whether to deny access to the records. In the event that contact by the custodian with the Office of the Attorney General is not practicable or is impossible, the custodian may make a decision whether to deny access. However, in those events, the custodian shall consult with the Office of the Attorney General concerning the decision within five (5) working days of the decision. Whenever the decision is made to deny access, the custodian will comply with the requirements in section 610.023, RSMo concerning informing the individual requesting access to the records. Whenever the custodian denies access to the records, the custodian shall supply to members of the committee copies of the written response conveying the denial to the requesting individual. At the next meeting of the committee, the committee shall either affirm the decision of the custodian or reverse the decision of the custodian. In the event that the committee decides to reverse the decision of the custodian, the committee shall direct the custodian to so advise the person requesting access to the information and supply the access to the information during regular business hours at the convenience of the requesting party.

(6) The custodian shall maintain a file which will retain copies of all written requests for access to records and responses to these requests through the current audit period. The file shall be maintained as a public record of the committee open for inspection by any member of the general public during regular business hours.

*AUTHORITY: section 337.050.9, RSMo Supp. 1989.\* This rule originally filed as 4 CSR 235-1.065. Original rule filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 30, 1991, effective Feb. 6, 1992. Moved to 20 CSR 2235-1.065, effective Aug. 28, 2006.*

*\*Original authority: 337.050.9, RSMo 1977, amended 1981, 1989.*

# **Chapter 2**

## **Licensure Requirements**



**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE**  
**Division 2235—State Committee of Psychologists**  
**Chapter 2—Licensure Requirements**

**20 CSR 2235-2.001 Educational Requirements,  
Section 337.021, RSMo**

*PURPOSE: This rule interprets and clarifies section 337.021, RSMo.*

(1) A person applying for licensure as a psychologist pursuant to section 337.021, RSMo shall be governed by this rule in force and effect on August 28, 1989.

(2) The phrase “a program of studies whose content was primarily psychological” as used in sections 337.020 and 337.021, RSMo shall be defined as any one (1) of the following:

(A) An educational program which has been approved, including provisional approval, by the Education and Training Board of the American Psychological Association, or its successor, or jointly designated by the Council for the National Register of Health Service Providers in Psychology and the American Association of State Psychology Boards, or its successor, at the time the applicant obtained the degree; or

(B) A graduate training program is as follows:

1. An integrated, organized sequence of study, the purpose of which is to educate and train people to be a professional psychologist;

2. Core course work in the basic areas of psychology and course work, and training in preparation for the professional practice of psychology, as defined in section 337.015.3. and 4., RSMo shall include at least one (1), three (3) semester-hour graduate credit course or a combination of graduate credit courses totaling three (3) semester-hours or five (5) quarter-hours in each of the following areas:

A. The biological bases of behavior, such as courses in sensation and perception, psychophysiological psychology and psychopharmacology, brain and behavior;

B. The cognitive-affective bases of behavior, such as courses in learning, thinking, motivation, emotion and cognitive psychology;

C. The social bases of behavior, such as courses in the psychology of interpersonal relationships, group processes, social psychology, organizational theory, systems theory, group dynamics and role theory and family systems theory;

D. Individual differences, such as courses in personality theory, human development, abnormal psychology, developmental psychology, child psychology, adolescent psychology, psychology of aging, psychopathology and theories of personality; and

E. The scientific methods and procedures

of understanding, predicting and influencing human behavior, such as courses in statistics, experimental design, psychometrics, individual testing, group testing, research design and methodology;

3. Each course must be an in-depth study solely devoted to a particular core area. No core area credit will be given for a course which contains only components or some aspects of a core area;

4. A course will be counted only once in granting credit for a core area;

5. No core course credit will be given for practicums, workshops, continuing education, applied courses, experiential courses, readings courses, independent studies or correspondence courses;

6. Credit will be given for seminar courses only if the applicant is awarded a grade for the course and provides substantiation through course descriptions in official school catalogs, course syllabi, bulletins or other like means, or through written documentation from a school official that the course was an in-depth study of a particular core area and that the course included lectures and discussions concerning a wide range of the key topics in that core area;

7. Titles of course work on official transcripts which are not self-explanatory must be substantiated through course descriptions in official school catalogs, course syllabi, bulletins or other like means, or through written documentation from a school official;

8. The committee will not count undergraduate level courses taken by an applicant as meeting any academic requirements unless the applicant's official graduate transcript clearly shows that the course was awarded graduate credit by the school or that a competency examination was successfully passed in that particular core area and is clearly shown on the transcript;

9. The committee will not accept course work for which an applicant received a failing or incomplete grade or for which no credit was given as indicated on the official transcript;

10. In evaluating transcripts, the committee shall consider one quarter (1/4) hour of academic credit as two-thirds (2/3) of a semester-hour;

11. An appropriate program of study also shall include graduate course work and supervised practical training in rendering services to individuals, groups and organizations in preparation for the professional practice of psychology as defined in section 337.015.2. and 4., RSMo;

12. The applicant shall provide official transcripts and any other supporting evidence necessary to document the fact that these educational requirements have been met. The applicant has the burden of demonstrating that the academic course work and training constituted a program of study whose content was primarily psychological. A final determination of whether the program of study which formed the basis of the applicant's degree was primarily psychological is

within the discretion of the department;

13. An applicant who has been denied licensure as a result of inadequate educational experience and wishes to make up academic deficiencies and to obtain prior approval from the committee of the applicant's proposed plan for completing the deficiencies may submit a proposed plan for completing the academic requirements to the committee for its evaluation. All information must be submitted to the committee no later than thirty (30) days prior to a regularly scheduled committee meeting in order to be reviewed at that meeting. Upon satisfactory completion of these deficiencies, the applicant shall reapply for licensure, submit the application fee and file with the committee an official transcript or verification from the academic registrar's office or other like school official that the academic deficiencies have been completed;

14. The committee will review an applicant's educational credentials upon receipt of official educational transcripts received directly from the universities and upon payment of the fee for prior educational review. All information must be submitted to the committee no later than thirty (30) days prior to a regularly scheduled committee meeting to be reviewed at that meeting; and

15. The committee will review an applicant's proposed plan for obtaining an appropriate educational degree or course work, or both, upon receipt of the photocopies of official school documents, such as course syllabi or catalog descriptions of course work and degree programs, and upon payment of the fee for prior educational review. All information must be submitted to the committee no later than thirty (30) days prior to a regularly scheduled committee meeting to be reviewed at that meeting.

*AUTHORITY: section 337.050.5, RSMo Supp. 1989.\* This rule was originally filed as 4 CSR 235-3.011. This rule previously filed as 4 CSR 235-2.001. Original rule filed Jan. 14, 1981, effective June 11, 1981. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed Feb. 4, 1992, effective Dec. 3, 1992. Moved to 20 CSR 2235-2.001, effective Aug. 28, 2006.*

*\*Original authority: 337.050, RSMo 1977, amended 1981, 1989.*

## **20 CSR 2235-2.005 Educational Requirements, Section 337.025, RSMo**

*PURPOSE: This rule interprets and clarifies section 337.025, RSMo.*

(1) A person applying for licensure as a psychologist pursuant to section 337.025, RSMo, and who does not engage in the delivery of psychological health services as defined in 20 CSR 2235-1.015, shall be governed by the following: possession of a doctoral degree in psychology as defined in section 337.025.3, RSMo.

(2) A person applying for licensure as a psychologist pursuant to section 337.025, RSMo, and who will engage in the delivery of psychological health services as defined in 20 CSR 2235-1.015, shall be governed by the following:

(A) Possession of a doctoral degree in clinical or counseling psychology as defined in sections 337.025.3 and 337.033.3, RSMo; or

(B) Possession of a doctoral degree in clinical or counseling psychology from a respecialization program as defined in section 337.033.3 and 4, RSMo.

(3) The following criteria shall be used by the committee in evaluating the acceptability of course work obtained in the graduate program of the applicant seeking licensure pursuant to section 337.025.3(3) or 337.033.4(3), RSMo:

(A) Each course must be an in-depth study solely devoted to a particular core area. No core area credit will be given for a course which contains only components or some aspects of a core area;

(B) A course will be counted only once in granting credit for a core area;

(C) No core course credit will be given for practice, workshops, continuing education, applied courses, experiential courses, readings courses, independent studies or correspondence courses;

(D) Credit will be given for seminar courses only if the applicant provides substantiation through satisfactory evidence that the course was an in-depth study solely devoted to a particular core area. This substantiation may be shown through one (1) or more of the following:

1. Course descriptions in official school catalogs;

2. Course syllabi; or

3. A signed written statement from a graduate dean, department chair or professor who taught the class that the course was an in-depth study solely devoted to a particular core area and that the course included lectures and discussions concerning a wide range of the key topics in that core area;

(E) Titles of course work on official transcripts which are not clear to the committee must be substantiated with satisfactory evidence. This substantiation may be shown through one (1) or more of the following:

1. Course descriptions in official school catalogs;

2. Course syllabi; or

3. A signed written statement from a graduate dean, department chair or professor who taught the class that the course was an in-depth study solely devoted to a particular core area and that the course included lectures and discussions concerning a wide range of the key topics in that core area;

(F) The committee will not count undergraduate level courses taken by an applicant as meeting any academic requirements unless the applicant's official graduate transcript clearly shows that the course was awarded graduate credit by the school or that a competency examination was successfully passed in that particular

core area and is clearly shown on the transcript; and

(G) The committee will accept only course work for which an applicant received a grade of B or better as indicated on the official transcript. The committee will not accept course work for which the applicant received no credit. The committee will not accept course work taken as an audit or pass/fail as indicated on the official transcript.

(4) The applicant, upon request, shall furnish to the committee satisfactory evidence that the degree is a doctoral degree in psychology.

(A) Satisfactory evidence shall be competent and substantial evidence admissible in the courts of Missouri establishing that the degree is a doctoral degree in psychology.

(B) Failure by the applicant to submit that evidence shall constitute evidence that the degree is not a doctoral degree in psychology.

(5) One year's residency as used in section 337.025.3(h), RSMo is defined as at least nine (9) hours of weekly face-to-face psychological instruction, supervision, and/or consultation with multiple program faculty and students at the educational institution for a minimum of one (1) year.

*AUTHORITY: sections 337.025, 337.033, and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-2.005. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed June 1, 2000, effective Nov. 30, 2000. Moved to 20 CSR 2235-2.005, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.025, RSMo 1977, amended 1989, 1998; 337.033, RSMo 1989, amended 1998; 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-2.020 Supervised Professional Experience, Section 337.021, RSMo**

*PURPOSE: This rule defines the one year of supervised professional experience required of all applicants under section 337.020.2, RSMo.*

(1) The supervised professional experience requirements for a person applying for licensure as a psychologist pursuant to section 337.021, RSMo shall be governed by this rule in force and effect on August 28, 1989. All applicants for licensure as a psychologist, whether applying on the basis of a master's degree or a doctorate degree, must have had at least one (1) year of satisfactory supervised professional experience in the general field of psychology as defined in this rule and must demonstrate compliance with this rule in the attestation forms provided by the committee. Attestation

forms may be obtained by contacting the office of the State Committee of Psychologists.

(2) As applied to periods of supervised professional experience commencing before January 1, 1984, the phrase "satisfactory supervised professional experience in the general field of psychology" as used in section 337.021, RSMo (prior to August 28, 1989, referenced language appeared in section 337.020.2, RSMo) means post-degree training or practice of psychology in an organized health service training program or its psychological equivalent under the supervision of a licensed psychologist who is not a relative of the trainee. Professional experience, which was gained by an applicant before September 28, 1977, will be deemed acceptable if the experience was supervised by a person, not a relative of the trainee, who would have been eligible for licensure at the time the supervision occurred. The psychological activities of the applicant shall be performed pursuant to the supervisor's order, control and full professional responsibility. Reports prepared by the applicant during the period of the supervised professional experience should be cosigned by the supervisor. The supervisor shall maintain a continuing relationship with the applicant and must meet with the applicant a minimum of one (1) hour per week in face-to-face individual supervision. Group supervision is not acceptable for supervised professional experience under this rule. The supervisor must certify to the department that the applicant has complied with these requirements for supervised professional experience.

(3) As applied to periods of supervision commencing on or after January 1, 1984 and on or before December 31, 1988, the phrase "satisfactory supervised professional experience in the general field of psychology" as used in section 337.021, RSMo (prior to August 28, 1989 referenced language appeared in section 337.020.2, RSMo) shall mean post-degree training or practice of psychology obtained under the supervision of a licensed psychologist who is not a relative of the trainee. This one (1) year of supervised professional experience must be acquired in an organized health service training program, however, an applicant may obtain, with prior approval by the committee, this experience in a setting other than an organized health service training program. If the applicant desires this special approval, s/he shall have his/her supervisor submit a written detailed description of the proposed program of supervised professional experience. The psychological activities of the applicant must be performed pursuant to the supervisor's order, control and full professional responsibility. Professional reports prepared by the applicant during the period of the supervised professional experience must be cosigned by the supervisor. The supervisor shall maintain a continuing relationship with the applicant and must meet with the applicant a minimum of one (1) hour per week in face-to-face individual supervision. Group supervision

is not acceptable for supervised professional experience under this regulation. The supervisor must certify to the department that the applicant has complied with these requirements for satisfactory professional experience.

(4) As applied to periods of supervision commencing on or after January 1, 1989, the phrase "satisfactory supervised professional experience in the general field of psychology" as used in section 337.020.2, RSMo shall mean—

(A) Post-degree training or practice of psychology obtained under the supervision of a licensed psychologist who is not a relative of the trainee;

(B) Supervised professional experience obtained in an organized training program for the delivery of psychological services. That organized training program shall include providing:

1. Services appropriate to the trainee's intended area of expertise and practice;

2. Exposure to and interaction with a variety of professionals and disciplines in the delivery of psychological services;

3. Delivery of a wide range of psychological services appropriate to the intended area of practice of the trainee to a diverse clientele population with regard to age, gender, socioeconomic status and other variables as appropriate to the intended area of practice;

4. Delivery of services using a variety of diagnostic and theoretically-based interventions as appropriate to the intended area of practice; and

5. At least eight (8) hours per month of regularly scheduled in-service training or other learning activities which, over the course of the period of the supervised professional experience, must include three (3) of the following categories:

A. Seminars, workshops or lectures;

B. Readings and structured group discussions;

C. Case conferences, consultations and collaborations with other professionals;

D. Grand rounds;

E. Attendance at psychological-oriented meetings conducted at the local, state, regional or national level; or

F. Psychologically-related continuing education credits approved by a recognized professional organization;

(C) Psychological activities of the trainee must be performed pursuant to the supervisor's order, control and full professional responsibility;

(D) Reports prepared by the trainee during the period of the supervised professional experience must be cosigned by the supervisor;

(E) The supervisor shall maintain a continuing relationship with the trainee and must meet with the trainee a minimum of one (1) hour per week in face-to-face individual supervision. Group supervision is not acceptable for supervised professional experience

under this rule; and

(F) The supervisor must certify to the department through the committee that the trainee has complied with the requirements for supervised professional experience through the use of the attestation forms provided by the committee.

(5) Acceptable supervision occurs only when the supervisor and the applicant are both employed by or affiliated with the same professional setting.

(6) For purposes of this rule, the term relative of the trainee shall mean a spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt or uncle of the trainee or one who has a present relationship to the trainee as stepparent or stepchild.

(7) For purposes of this rule, the phrase person, not a relative of the trainee, who would have been eligible for licensing at the time the supervision occurred shall mean a person who, at the time the supervision took place—

(A) Was not a relative of the trainee, as defined in section (6) of this rule;

(B) Could have satisfied the present educational requirements of section 337.020, RSMo; and

(C) Could have satisfied the experience requirements of section 337.020, RSMo and of this rule, except for the requirements of having had a licensable supervisor.

(8) Acceptable supervised professional experience shall constitute a minimum of fifteen hundred (1,500) hours of professional experience obtained in no less than a twelve (12) or no more than a twenty-four (24)-consecutive calendar-month period. In no case shall this experience be accumulated at the rate of less than twenty (20) hours per week nor more than fifty (50) hours per week.

(9) All supervision must be acquired subsequent to the receipt of the graduate degree. For the purpose of this rule, the date of the receipt of the graduate degree shall be the date the degree was conferred or awarded as set forth on the applicant's official academic transcript or as verified by the academic registrar or other like school official.

(10) The committee will review, upon request, a trainee's proposed or current plan of post-degree supervision to determine if the supervision is acceptable under this rule. All requests shall be submitted on the forms provided by the committee and accompanied by the prior review fee for post-degree supervision. All requests must be submitted to the committee thirty (30) days prior to a regularly scheduled committee meeting in order to be reviewed at that meeting.

(11) An applicant who has been denied licensure as a result of inadequate post-degree supervision who wishes to obtain prior review from the committee of

his/her proposed plan for completing the post-degree supervision deficiencies shall submit a request on the forms provided by the committee accompanied with the prior review fee for post-degree supervision. All requests must be submitted to the committee no later than thirty (30) days prior to a regularly scheduled committee meeting in order to be reviewed at that meeting. Upon satisfactory completion of the deficiencies, the applicant shall reapply for licensure, submit the application fee and file with the committee an official attestation form from the supervisor that post-degree supervision deficiencies have been completed.

*AUTHORITY: sections 337.021 and 337.050.9, RSMo Supp. 1998.\* This rule originally filed as 4 CSR 235-2.020. Original rule filed Aug. 11, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.020, effective Aug. 28, 2006.*

*\*Original authority: 337.021, RSMo 1989, amended 1997, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998.*

**20 CSR 2235-2.030 Post Master's Degree Supervised Professional Experience, Section 337.021, RSMo**  
(Rescinded January 30, 2009)

*AUTHORITY: sections 334.125, RSMo 1986, 337.045.5, and 337.050.5, RSMo Supp. 1989. This rule originally filed as 4 CSR 235-2.030. Original rule filed Aug. 11, 1983, effective Dec. 11, 1983. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed Feb. 4, 1992, effective Dec. 3, 1992. Moved to 20 CSR 2235-2.030, effective Aug. 28, 2006. Rescinded: Filed July 9, 2008, effective Jan. 30, 2009.*

**20 CSR 2235-2.040 Supervised Professional Experience, Section 337.025, RSMo, for the Delivery of Psychological Health Services**

*PURPOSE: This rule defines the supervised professional experience requirements for the delivery of psychological health services under section 337.025, RSMo.*

(1) Postdoctoral experience for those applicants who have completed a program in one or more of the American Psychological Association designated health service provider delivery areas, as defined in 20 CSR 2235-1.015(10), and who intend to seek health service provider certification, or who intend to principally engage in the delivery of psychological health services shall be governed by the following:

(A) Completion of Educational Requirements. All

supervised professional experience must be acquired subsequent to the completion of all educational requirements as defined in section 337.027, RSMo. For the purposes of this rule, an applicant shall be deemed to have met the educational requirements when all degree and core course requirements, as defined in 20 CSR 2235-2.005, have been completed. Degree requirements have been met when indicated by conferral of the formal degree or at the time when all degree requirements established by the recognized educational institution for the degree have been met with the sole exception that the degree has not been formally conferred and the institution so certifies in writing to the committee;

(B) Amount of Time.

1. Postdoctoral supervised professional experience shall consist of a minimum of fifteen hundred (1,500) hours of professional experience in the delivery of psychological health services obtained in no fewer than twelve (12) or more than twenty-four (24) calendar months. This experience must be accumulated at a rate of no fewer than twenty (20) hours per week nor more than fifty (50) hours per week.

2. The supervisee must obtain the supervised experience in the same organized training program unless otherwise approved by the committee.

3. Persons under supervision to satisfy the postdoctoral supervised professional experience may not claim hours obtained through the independent practice nor the supervised practice of another profession;

(C) Organized Training Program.

1. Postdoctoral supervised professional experience must be obtained in a program that meets one (1) of the following:

A. A postgraduate program designed to train the applicant in one or more of the health service provider delivery areas which has been accredited, or provisionally accredited by the American Psychological Association (herein "APA");

B. A postgraduate program designed to train the applicant in one or more of the health service provider delivery areas that is a member of the Association of Psychology Postdoctoral and Internship Centers (herein "APPIC");

C. A postgraduate program designed to train the applicant in one or more of the health service provider delivery areas for which the training program certifies in writing that it has a predoctoral degree internship program which is accredited, or provisionally accredited by APA or is a member of the Association of Psychology Postdoctoral and Internship Centers and further certifies that the postgraduate training program accorded the applicant complied with and met the standards of APA and/or APPIC relative to predoctoral and/or postdoctoral programs;

D. A postgraduate program designed to train the applicant in one or more of the health service provider delivery areas which substantially meets or is the equivalent to the standards required for accreditation

by, or membership in, APA and/or APPIIC; or

E. A postgraduate program designed to train the applicant in one or more of the health service provider delivery areas that meets or includes the following:

(I) Provides direct training and experience in the delivery of psychological health services. At least ten (10) hours per week must be direct client contact time;

(II) Occurs only when the supervisor and the applicant are employed by or affiliated with the same professional setting; and at least one of the supervisors whether primary or designated secondary who is on-site at least fifteen (15) hours per week;

(III) Does not include a private practice setting in which the applicant operates, manages, has an ownership interest or administrative responsibility in the private practice;

(IV) Has at least one (1) licensed psychologist who is certified as a health service provider or who otherwise meets the requirements for health service provider certification and one (1) other licensed mental health professional (for example, psychiatrist, psychologist, marriage and family therapist, social worker, and/or professional counselor) who is employed by or affiliated with that organized training program and who is on-site not less than fifteen (15) hours per week; and

(V) Provides a minimum of five (5) hours per week of professional learning experiences. These professional learning experiences must be established clearly and agreed upon by the supervisee and supervisor at the initiation of the post-degree supervised experience and must include at least three (3) of the following categories:

(a) Treatment team meetings with the participation of the supervisor and other health professionals who are employed in the organized health training program. Treatment team meetings must involve discussion of diagnostic and therapeutic methods, goals and progress of clients;

(b) Attendance and participation in a structured didactic activity including grand rounds, case conferences, lectures, workshops, seminars or peer supervision;

(c) Readings from journals and books relevant to the delivery of psychological health service; and

(d) Professional psychological activity which contributes to the professional psychological community. These activities may include any one (1) or combination of the following:

I. The development, preparation and presentation of seminars, workshops, in-services, lectures or papers on topics relevant to the practice of psychology;

II. Participation in the administrative planning, development and

implementation of psychological health services within the organized training program. Activities include serving on institutional or program committees designed to monitor and advance the delivery of psychological health services;

III. Participation in local, state, regional or national psychological organizations;

IV. The design, collection, analysis and presentation of research relevant to the practice of psychology; or

V. Teaching of a graduate or undergraduate course in psychology at a recognized educational institution accredited by one (1) of the regional accrediting associations approved by the Council on Postsecondary Accreditation;

(D) Clinical Supervision. The psychological activities of the applicant shall be performed pursuant to the primary supervisor's order, control, and full professional responsibility. The primary supervisor shall maintain a continuing relationship with the applicant and shall meet with the applicant a minimum of one (1) hour per month in face-to-face individual supervision. Clinical supervision may be delegated by the primary supervisor to one or more secondary supervisor(s) who shall then retain order, control and full professional responsibility for the applicant's clinical work under their supervision and who shall then meet with the applicant a minimum of one (1) hour per week in face-to-face individual supervision. If the primary supervisor is also the clinical supervisor, the face-to-face meetings shall be a minimum of one (1) hour per week. Group supervision is not acceptable for supervised experience under this regulation;

(E) Supervisor Requirements.

1. The primary supervisor must be a licensed psychologist for at least one (1) year prior to start date of supervision and must also be a health service provider or one who otherwise meets the requirements for health service provider certification.

2. The secondary supervisor(s) if not a licensed psychologist, must be eligible for or otherwise meet the requirements for licensure as a psychologist in the state wherein the supervision occurred.

3. No supervisor, whether primary or secondary, may be a relative of the applicant, such as a spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, stepparent, stepchild, father-in-law, mother-in-law, brother-in-law or sister-in-law.

4. No supervisor, whether primary or secondary, may be under discipline by any licensing board or jurisdiction at any time during the period of supervised professional experience.

5. No supervisor, whether primary or secondary, shall have more than four (4) persons obtaining post-degree supervised professional experience for licensure under supervision at any one (1) time. Any supervisor wishing to petition the committee for additional supervisees may do so through a written request.

6. Must certify to the committee at the completion of the applicant's postdoctoral supervised professional experience that the supervisee has complied with the requirements for supervised professional experience through the use of the attestation forms provided by the committee;

7. Supervisor shall notify the committee in writing within five (5) business days if supervision should cease for any reason prior to established postdoctoral supervised professional experience end date. The supervisor shall complete an attestation form provided by the committee for the period of supervised experience and forward it to the committee within two (2) weeks of the cessation of supervision.

(F) Supervisor/Supervisee Relationship.

1. All professional activities and psychological services provided by the supervisee must be performed pursuant to the supervisor's order, control and full professional responsibility. The supervisor, whether primary and/or secondary must be vested with administrative authority over matters affecting the provision of psychological health services which are being accorded under the supervision of the particular supervisor, whether primary and/or secondary, so that the ultimate responsibility for the welfare of every client is maintained by the supervising psychologist(s).

2. The supervisor(s) shall maintain a continuing relationship with the supervisee by their employment, affiliation in the same setting, or both. The supervisor(s) and supervisee should have frequent professional interactions.

3. Unless otherwise approved by the committee for good cause, all written documents, such as case notes, intake assessments, test reports, treatment plans and progress reports prepared by the supervisee during the period of the supervised professional experience must be reviewed, approved and cosigned by the appropriate supervisor;

(G) Variances. Supervisees seeking a variance in the acceptance of the supervision requirements shall make application to the committee which may be handled on a case-by-case basis;

(H) Prior Review. The committee, upon request, will review a supervisee's plan of post-degree supervised professional experience to determine if that supervision is acceptable under this rule. All requests shall be submitted on the forms provided by the committee and accompanied by the prior review fee for post-degree supervision. A prior review of educational credentials must be conducted prior to or simultaneously with a request of proposed plan of post-degree supervised professional experience. All requests must be submitted to the committee thirty (30) days prior to a regularly scheduled committee meeting; and

(I) Representation.

1. Throughout the period of postdoctoral supervised professional experience, the supervisee must represent him/herself to consumers of psychological

services consistent with 20 CSR 2235-1.015.

2. Any individual, whether such individual be provisionally licensed or be unlicensed, who is working under the supervision of a licensed psychologist shall not be listed in telephone listings as providing psychological services.

3. Any individual, whether such individual be provisionally licensed or be unlicensed, who is working under the supervision of a licensed psychologist shall list the primary supervising psychologist's name and license number on all professional correspondence (for example, testing reports and progress reports) and advertisements or notices (for example, brochures) of his/her professional services.

*AUTHORITY: sections 337.025 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-2.040. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.040, effective Aug. 28, 2006. Amended: Filed March 27, 2007, effective Sept. 30, 2007. Amended: Filed Aug. 30, 2007, effective Feb. 29, 2008.*

*\*Original authority: 337.025, RSMo 1977, amended 1989, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

**20 CSR 2235-2.050 Supervised Professional Experience, Section 337.025, RSMo, for the Delivery of Nonhealth Psychological Services**

*PURPOSE: This rule defines the supervised professional experience requirements for nonhealth service providers under section 337.025, RSMo.*

(1) Postdoctoral experience for those applicants who have not completed a program in one or more of the American Psychological Association designated health service provider delivery areas, as defined in 20 CSR 2235-1.015(10), and/or for those who do not intend to engage in the delivery of psychological health services shall be governed by the following:

(A) Completion of Educational Requirements. All supervised professional experience must be acquired subsequent to the completion of all educational requirements as defined in section 337.027, RSMo. For the purposes of this rule, an applicant shall be deemed to have met the educational requirements when all degree and core course requirements, as defined in 20 CSR 2235-2.005, have been completed. Degree requirements have been met when indicated by conferral of the formal degree or at the time when all degree requirements established by the recognized educational institution for the degree have been met with the sole exception that the degree has not been formally conferred and the institution so certifies in writing to the committee;

(B) Amount of Time. Postdoctoral supervised

professional experience shall consist of a minimum of fifteen hundred (1500) hours of professional experience in the delivery of psychological services obtained in no fewer than twelve (12) or more than twenty-four (24) calendar months. This experience must be accumulated at a rate of no fewer than twenty (20) hours per week nor more than fifty (50) hours per week;

(C) Organized Training Program. Post-doctoral supervised professional experience must be obtained in an organized psychological training program for the delivery of psychological services. The organized psychological training program shall include all of the following:

1. Provides direct training and experience in the delivery of psychological services appropriate to and consistent with the supervisee's education, training, experience and intended practice;

2. Provides exposure to and interaction with a variety of professionals and disciplines relevant to the delivery of psychological services;

3. Does not include a private practice setting in which the applicant operates, manages, has an ownership interest or administrative responsibility in the private practice; and

4. Provides a minimum of five (5) hours per week of professional learning activities. These professional learning experiences must be clearly established and agreed upon by the supervisee and supervisor at the initiation of post-degree supervision and may include any of the following:

- A. Project meetings and consultations with other professionals relevant to the supervisee's intended area of psychological practice;

- B. Readings from journals and books relevant to the supervisee's intended area of psychological practice;

- C. Attendance or presentation of workshops, seminars, in-services or lectures on topics relevant to the supervisee's intended area of practice;

- D. Coordinating and presenting research relevant to the supervisee's intended area of practice; or

- E. Teaching of a graduate or undergraduate course in psychology at a recognized educational institution accredited by one (1) of the regional accrediting associations approved by the Council on Postsecondary Accreditation;

(D) Supervision. The psychological activities of the applicant shall be performed pursuant to the primary supervisor's order, control, and full professional responsibility. The primary supervisor shall maintain a continuing relationship with the applicant and shall meet with the applicant a minimum of one (1) hour per month in face-to-face individual supervision. A portion of the supervision may be delegated by the primary supervisor to one (1) or more secondary supervisor(s) who shall then retain order, control and full professional responsibility for that portion of the applicant's work being performed under their supervision which supervisor shall then meet

with the applicant a minimum of one (1) hour per week in face-to-face individual supervision. If there is only one (1) supervisor the meetings shall be a minimum of one (1) hour per week. Group supervision is not acceptable for supervised experience under this regulation;

(E) Supervisor Requirements.

1. The primary and all secondary supervisors, if any, must be licensed psychologist(s) or such other qualified professional(s), if preapproved, by the committee.

2. No supervisor, whether primary or secondary, may be a relative of the applicant, such as a spouse, parent, child, sibling of the whole- or half-blood, grandparent, grandchild, aunt, uncle, stepparent, stepchild, father-in-law, mother-in-law, brother-in-law or sister-in-law.

3. No supervisor, whether primary or secondary, may be under discipline by any licensing board or jurisdiction at any time during the period of supervised professional experience.

4. No supervisor, whether primary or secondary, shall have more than four (4) persons obtaining post-degree supervised professional experience for licensure under supervision at any one (1) time. Any supervisor wishing to petition the committee for additional supervisees may do so through a written request.

5. All supervisors, whether primary and/or secondary, must certify to the committee at the completion of the applicant's postdoctoral supervised professional experience that the supervisee has complied with the requirements for supervised professional experience through the use of the attestation forms provided by the committee;

(F) Supervisor/Supervisee Relationship.

1. All professional activities and psychological services provided by the supervisee must be performed pursuant to the supervisor's(s') order, control, and full professional responsibility. The supervisor, whether primary and/or secondary, must be vested with administrative authority over matters affecting the delivery of the psychological services being accorded under the supervision of a particular supervisor, whether primary and/or secondary, so that the ultimate responsibility for the welfare of the public and/or any client is maintained by the supervising psychologists.

2. The supervisor(s) shall maintain a continuing relationship with the supervisee. The supervisor(s) and supervisee should have frequent professional interactions. Group supervision is not acceptable for supervised professional experience under this rule. The supervisee must complete at least forty-eight (48) hours of weekly supervision sessions.

3. Unless otherwise approved by the committee for good cause, all work products prepared by the supervisee must be reviewed, approved and cosigned by the appropriate supervisor;

(G) Variances. Supervisees seeking a variance in the acceptance of the supervision requirements shall make

application to the committee which may be handled on a case-by-case basis;

(H) Prior Review. The committee, upon request, will review a supervisee's plan of post-degree supervised professional experience to determine if that supervision is acceptable under this rule. All requests shall be submitted on the forms provided by the committee and accompanied by the prior review fee for post-degree supervision. A prior review of educational credentials must be conducted prior to or simultaneously with a request of proposed plan of post-degree supervised professional experience. All requests must be submitted to the committee thirty (30) days prior to a regularly scheduled committee meeting; and

(I) Representation.

1. Throughout the period of postdoctoral supervised professional experience, the supervisee must represent him/herself to consumers of psychological services consistent with 20 CSR 2235-1.015.

2. Any individual, whether such individual be provisionally licensed or be unlicensed, who is working under the supervision of a licensed psychologist shall not be listed in telephone listings as providing psychological services.

3. Any individual, whether such individual be provisionally licensed or unlicensed, who is working under the supervision of a licensed psychologist shall list the primary supervising psychologist's name and license number on all professional correspondence (for example, testing reports and progress reports) and advertisements or notices (for example, brochures) of his/her professional services.

*AUTHORITY: sections 337.025 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-2.050. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.050, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.025, RSMo 1977, amended 1989, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-2.060 Licensure by Examination**

*PURPOSE: This rule outlines the requirements and procedures for applying for licensure through examination.*

(1) Every applicant for initial licensure by the committee as a psychologist, except those meeting the requirements of section 337.029.1, RSMo, or 20 CSR 2235-2.070, shall be required to take and pass all examinations as prescribed by the committee.

(2) Examination Process. The full examination for licensure shall consist of three (3) component

examinations. Applicants will not be required to be reexamined over parts of the examination process they have passed.

(A) Objective Examination. Applicants shall be required to take the Examination for Professional Practice in Psychology (EPPP).

(B) Jurisprudence Examination. A jurisprudence examination based on Missouri law and regulations governing the practice of psychology, professional affairs, and ethics will be administered each year at sites, dates, and times approved by the committee.

(C) Oral Examination. An oral examination will include questions related to areas of ethics, professional practice, and any other subject matter, pertinent to the practice of psychology, about which the committee wishes to examine the applicant. The applicant must first pass the examinations specified in subsections (A) and (B) hereof before being allowed to take or complete the oral examination.

(3) Passing Scores on Examination.

(A) From October 19, 1979, to March 31, 1995, an applicant will be deemed to have passed the EPPP examination if the score is equal to or greater than the national mean score for that examination as computed by the testing service. For purposes of computing an applicant's score, the standard error of the mean shall not be considered.

(B) An applicant, who sat for the EPPP between April 1, 1995, and April 30, 2001, will be deemed to have passed the examination if the score obtained is equal to or greater than seventy percent (70%) at said sitting as computed by the testing service.

(C) Beginning May 1, 2001, an applicant is deemed to have passed the objective examination if he/she has obtained at least the minimum pass point designated by the developer of the EPPP examination.

(D) An applicant is deemed to have passed the jurisprudence portion of the examination if he/she has seventy percent (70%) of the total items correct on that examination. An applicant must pass both the objective and jurisprudence examinations before being eligible for the oral examination.

(4) Reexamination. Any applicant who fails the EPPP examination must apply for authorization to retake the examination. An applicant may take the examination four (4) times in a twelve (12)-month period, calculated from the first date the applicant took the EPPP. If the examination is not passed within two (2) years, calculated from the first date the applicant took the EPPP, the application will be denied for failure to pass the examination. The former applicant may reapply for licensure by submitting a new application for consideration by the committee in accordance with the current requirements to become licensed as a psychologist in Missouri.

*AUTHORITY: sections 337.020 and 337.050.9, RSMo*

2000.\* This rule originally filed as 4 CSR 235-2.060. Original rule filed July 30, 1991, effective Feb. 6, 1992. Emergency amendment filed Feb. 28, 1995, effective March 10, 1995, expired July 7, 1995. Amended: Filed March 31, 1995, effective Sept. 30, 1995. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Rescinded and readopted: Filed March 1, 2001, effective Aug. 30, 2001. Moved to 20 CSR 2235-2.060, effective Aug. 28, 2006. Amended: Filed Dec. 23, 2008, effective June 30, 2009. Amended: Filed June 5, 2013, effective Jan. 30, 2014.

\*Original authority: 337.020, RSMo 1977, amended 1981, 1989, 1995, 1996, 1997, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.

## **20 CSR 2235-2.065 Licensure by Endorsement of Written EPPP Examination Score**

*PURPOSE: This rule outlines procedures for receiving and considering the applicants' Examination for the Professional Practice in Psychology score(s) taken previously in another state or jurisdiction.*

(1) Any applicant who has taken the Examination for the Professional Practice in Psychology (EPPP) and who wishes to apply for licensure by endorsement of score shall submit to the committee the following:

- (A) The nonrefundable application fee;
- (B) The completed application, including all documents, supporting material and official transcripts required by the committee; and
- (C) The EPPP test scores sent directly from the Licensed Psychologists Data Source, a service of the Association of State and Provincial Psychology Boards (ASPPB).

(2) Passing Scores on Examination.

(A) October 19, 1979, to March 31, 1995, an applicant will be deemed to have passed the examination if the score is equal to or greater than the national mean score for that examination as computed by the testing service. For purposes of computing an applicant's score, the standard error of the mean shall not be considered.

(B) An applicant, who sat for the EPPP between April 1, 1995, and April 30, 2001, will be deemed to have passed the examination if the score obtained is equal to or greater than seventy percent (70%) at said sitting as computed by the testing service.

(C) Beginning May 1, 2001, an applicant is deemed to have passed the objective examination if he/she has obtained at least the minimum pass point designated by the developer of the examination.

(D) An applicant is deemed to have passed the jurisprudence portion of the examination if he/she has seventy percent (70%) of the total items correct on that examination. An applicant must pass both the objective

and jurisprudence examinations before being eligible for the oral examination.

(E) An applicant must meet all other current requirements for licensure in this state at the time the application was received.

*AUTHORITY: sections 337.020 and 337.050.9, RSMo 2000.\* This rule was originally filed as 4 CSR 235-1.035. This rule previously filed as 4 CSR 235-2.065. Original rule filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 30, 1991, effective Feb. 6, 1992. Emergency amendment filed Feb. 28, 1995, effective March 10, 1995, expired July 7, 1995. Amended: Filed March 31, 1995, effective Sept. 30, 1995. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.065, effective Aug. 28, 2006. Amended: Filed June 5, 2013, effective Jan. 30, 2014.*

\*Original authority: 337.020, RSMo 1977, amended 1981, 1989, 1995, 1996, 1997, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.

## **20 CSR 2235-2.070 Licensure by Reciprocity**

*PURPOSE: This rule interprets and clarifies the language of section 337.020.2(c), RSMo which demonstrates the legislative desire to license without examination, as psychologists, those applicants licensed in another state.*

(1) In order to be licensed as a psychologist in Missouri by reciprocity, an applicant shall—

(A) File an application for licensure pursuant to 20 CSR 2235-1.030;

(B) Be twenty-one (21) years of age;

(C) Provide satisfactory evidence on forms provided by the committee that the applicant is then currently licensed in another jurisdiction including any state, territory of the United States, or the District of Columbia; that the applicant has had no violations and no suspensions and no revocation of a license to practice psychology in any jurisdiction and meets one (1) of the following criteria:

1. Be a diplomate of the American Board of Professional Psychology;

2. Be a member of the National Register of Health Service Providers in Psychology;

3. Be currently licensed or certified as a psychologist in another jurisdiction which is then a signatory to the Association of State and Provincial Psychology Board's reciprocity agreement herein "ASPPB Agreement";

4. Be currently licensed or certified in another state, territory of the United States, or the District of Columbia, and—

A. Have a doctoral degree in psychology from a program accredited, or provisionally accredited

by the American Psychological Association or that meets the requirements set forth in subdivision (3) of subsection 3 of section 337.025;

B. Have been licensed for the preceding five (5) years; and

C. Have had no disciplinary action taken against the licensee for the preceding five (5) years; or

5. Holds a current certificate of professional qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB).

(D) Have the burden of providing satisfactory evidence to the committee of his/her diplomate, member, licensure, or certification status as specified in paragraph (1)(C)1., 2., 3., 4., or 5.; and

(E) Have the burden of providing, as appropriate and necessary to his/her particular application, true and accurate certified copies of the licensure or certification requirements from the state(s), territory(ies) of the United States, or the District of Columbia for which s/he is applying for reciprocal licensure as specified in paragraphs (1)(C) 1., 2., 3., 4., or 5. All copies must be certified by the licensing or certification office(s).

*AUTHORITY: section 337.029, RSMo Supp. 2008 and section 337.050, RSMo 2000.\* This rule was originally filed as 4 CSR 235-4.020. This rule previously filed as 4 CSR 235-2.070. Original rule filed Sept. 5, 1978, effective Dec. 11, 1978. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 2, 1991, effective Feb. 6, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-2.070, effective Aug. 28, 2006. Amended: Filed April 8, 2009, effective Sept. 30, 2009.*

*\*Original authority: 337.029, RSMo 1989, amended 1995, 1998, 2001, 2008 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-2.080 Non-Licensed Persons Engaging in Activities Defined as the Practice of Psychology**

*PURPOSE: This rule defines the restrictions of non-licensed persons engaging in activities defined as the practice of psychology and any licensee associated with the practice of such person.*

(1) A person who does not hold a license to practice as a psychologist but who nonetheless may engage in activities defined as the practice of psychology under the provisions of section 337.045(3), RSMo, and any licensee associated with the practice of such a person, shall abide by the following restrictions:

(A) Psychological Trainee. A trainee shall neither deliver psychological services nor be requested to deliver psychological services, but may participate in the delivery of services by a licensed psychologist. Patient records shall document disclosure of the psychological trainee's status and reflect the activities of the

psychological trainee. Training is part of the educational process and not an alternative to licensure;

(B) Psychological Intern. A psychological intern may deliver psychological services, in accordance with the requirements of a degree program, under the immediate supervision of a licensed psychologist who has complete responsibility for the needs of the patient and the actions of the psychological intern. Patient records must reflect the activities of the intern and be signed by the responsible psychologist. Patient records must document disclosure of the psychological intern's status and the responsibility of the supervising psychologist. Internships are part of the educational process, and are not an opportunity to practice psychology without a license;

(C) Psychological Resident. A psychological resident may deliver psychological services under the supervision of a licensed psychologist who has complete responsibility for the needs of the patient and the actions of the psychological resident. Patient records must reflect the activities of the resident, and be signed by the responsible psychologist. Patient records shall document disclosure of the psychological resident's status and the responsibility of the supervising psychologist. The practice of psychology by a resident is done under close supervision to ensure the protection of the public and to permit the profession to judge the qualifications of the resident. It is done to determine fitness for licensure, and is not intended to allow the practice of psychology without a license;

(D) Psychological Assistant. A psychological assistant's practice shall be under the supervision of a licensed psychologist. Patient records must reflect the activities of the assistant, and be signed by the responsible psychologist. Patient records shall document disclosure of the psychological assistant's status and the responsibility of the supervising psychologist. The assistant's practice is for the benefit of the patients treated during a brief period of time between residency and licensure. Continuity of patient care is the sole purpose of allowing a psychological assistant to deliver psychological services. New patients should not be accepted during this brief time period. Practice as a psychological assistant is not an alternative to licensure. A psychological assistant who is not provisionally licensed shall file a Supervision Agreement with the committee prior to acting as an assistant. A person working in the capacity of psychological assistant who is not provisionally licensed may do so for up to two (2) years from the date of formal approval of the Supervision Agreement by the committee;

(E) Qualified Assistant. The activities and functions of the qualified assistant are the full responsibility and liability of the licensed psychologist. Qualified assistants may not diagnose, interpret psychological tests, or perform psychotherapy. Patient records shall document disclosure of the status of the qualified assistant and reflect the activities of the qualified assistant. Nothing

in this rule shall be construed to require a person who is otherwise exempt from licensure pursuant to section 337.045, RSMo, to act or otherwise serve as a qualified assistant; and

(F) Provisionally Licensed Psychologist. The scope of practice of a provisionally licensed psychologist is limited by section 337.020.5, RSMo, and the applicable limitations placed on either psychological residents or psychological assistants, whichever classification applies to the provisional licensee.

*AUTHORITY: sections 337.045 and 337.050.9, RSMo 2000.\* Original rule filed April 8, 2009, effective Sept. 30, 2009.*

*\*Original authority: 337.045, RSMo 1977, amended 1981, 1989, 1996, 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

# **Chapter 3**

## **Health Service Provider Certification**



**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE**

**Division 2235—State Committee of Psychologists  
Chapter 3—Health Service Provider Certification**

**20 CSR 2235-3.020 Health Service Provider Certification**

*PURPOSE: This rule defines the requirements for obtaining health service provider certification as set forth in sections 337.025.4, 337.025.5 and 337.033, RSMo.*

(1) Eligibility Requirements.

(A) Any person lawfully licensed as a psychologist in this state as of August 28, 1989; provided, however, that this person shall limit his/her practice to demonstrated areas of competence as documented by relevant professional education, training and experience as defined in paragraph (3)(C)1.

(B) Any person approved by the committee to sit for the Examination for Professional Practice in Psychology (EPPP) in this state prior to August 28, 1989, and who subsequently passes the examination and receives licensure as a psychologist prior to August 28, 1996; provided, however, that this person shall limit his/her practice to demonstrated areas of competence as documented by relevant professional education, training and experience as defined in paragraph (3)(C)1.

(C) Any person lawfully licensed as a psychologist in this state after August 28, 1989, based upon a doctoral degree, who meets the educational requirements, as defined in 20 CSR 2235-2.005, and post-degree supervision requirements as defined in 20 CSR 2235-2.040.

(D) Any person lawfully licensed in this state as a psychologist and who is—

1. A diplomate of the American Board of Professional Psychology in one or more of the following specialty areas:

- A. Behavioral psychology;
- B. Clinical psychology;
- C. Clinical neuropsychology;
- D. Counseling psychology;
- E. Family psychology;
- F. Forensic psychology;
- G. Health psychology;
- H. Psychoanalysis in psychology;
- I. Rehabilitation psychology; and
- J. Educational/school psychology; or

2. A member of the National Register of Health Service Providers in Psychology.

(2) Representation. A psychologist may not represent or hold him/herself out as a psychological health service provider unless the psychologist has first received the psychologist health service provider certification from the committee or otherwise meets the requirements of subsection (1)(D).

(3) Delivery of Psychological Health Services.

(A) Pursuant to section 337.033.3, RSMo, the term relevant professional education and training for health service provider certification in the delivery of psychological health services for persons applying for licensure under section 337.025, RSMo is defined as follows:

1. Education—Possession of a doctoral degree with an emphasis, or concentration, in one of the health service provider delivery areas as defined in 20 CSR 2235-1.015(10);

2. Training—Supervised practicum or internship in the delivery of psychological health services as part of the graduate degree program; and

3. Experience—Supervised post-degree professional experience as defined in 20 CSR 2235-2.040.

(B) A psychologist may obtain a psychological health service provider certificate and engage in the delivery of psychological health services provided s/he meets the eligibility requirements as set forth in subsection (1)(A), (B) or (C).

(C) A psychologist may provide psychological health services without possessing a health service provider certificate; provided, s/he meets the following criteria:

1. Possession of a current and valid psychologist license in this state based upon the following relevant professional education, training, and experience pursuant to sections 337.021 and 337.033.1, RSMo:

A. Education and training—section 337.021, RSMo.

(I) For persons licensed prior to August 28, 1989, or who have been approved to sit for the examination prior to August 28, 1989, who subsequently obtain licensure pursuant to section 337.021, RSMo, possession of a master's or doctoral degree from a program whose educational emphasis and training was in one of the designated health service provider delivery areas as defined in 20 CSR 2235-1.015(10), guidance and counseling, counselor education, mental health services, or such other program as the committee may from time-to-time approve.

(II) For persons enrolled in a program prior to August 28, 1990, possession of a master's or doctoral degree as defined in 20 CSR 2235-2.001 whose educational emphasis and training was in one of the designated health service provider delivery areas as defined in 20 CSR 2235-1.015(10), guidance and counseling, counselor education, mental health services, or such other program as the committee may from time-to-time approve and whose supervised practicum or internship was in the delivery of psychological health services as part of the graduate degree program; and

B. Supervision—section 337.021, RSMo.

(I) For persons licensed or approved to sit for the examination on the basis of a doctoral degree prior to August 28, 1989, one (1) year of post-degree

supervised professional experience in the delivery of psychological health services and for persons licensed or approved to sit for the examination on the basis of a master's degree prior to August 28, 1989, three (3) years of post-degree supervised professional experience in the delivery of psychological health services.

*Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.033, RSMo 1989, amended 1998 and 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

(II) For persons obtaining licensure on the basis of a doctoral degree prior to August 28, 1996, one (1) year of post-degree supervised professional experience as defined in 20 CSR 2235-2.020 in the delivery of psychological health services; and for persons obtaining licensure on the basis of a master's degree prior to August 28, 1996, three (3) years of post-degree supervised professional experience as defined in 20 CSR 2235-2.030 in the delivery of psychological health services; provided, however, that all requirements for initial licensure as defined in section 337.021.6, RSMo are completed prior to August 28, 1996.

#### (4) Educational Requirements.

(A) The educational requirements for individuals applying for licensure based upon section 337.025, RSMo for the purpose of obtaining health service provider certification shall be governed by sections 337.033.3 and 337.033.4, RSMo and 20 CSR 2235-2.005.

(B) The educational requirements for individuals applying for licensure based upon a respecialization program in order to obtain health service provider certification shall be governed by sections 337.033.3 and 337.033.4, RSMo and 20 CSR 2235-2.005.

(C) Any person licensed as a psychologist in this state based upon a master's degree after August 28, 1989, with the exception of those individuals meeting the requirement of subsection (1)(B), may obtain health service provider certification by meeting the educational requirements as defined in 20 CSR 2235-2.005 in addition to obtaining postdoctoral degree supervision as set forth in 20 CSR 2235-2.040.

(D) The educational, training, and experience requirements for individuals applying for health service provider certification that have been licensed by reciprocity pursuant to section 337.029, RSMo and/or by endorsement of score pursuant to 20 CSR 2235-2.065 shall be governed by section 337.029.3, RSMo.

(5) Post-Degree Supervision Requirements. The postdoctoral degree supervised professional experience requirements for health service provider certification for an individual receiving licensure as a psychologist after August 28, 1989, pursuant to section 337.025, RSMo shall be governed by 20 CSR 2235-2.040.

*AUTHORITY: sections 337.033 and 337.050.9, RSMo 2000.\* This rule originally filed as 4 CSR 235-3.020. Original rule filed Feb. 4, 1992, effective Dec. 3, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-3.020, effective Aug. 28, 2006.*

# **Chapter 4**

## **Public Complaint Handling and Disposition Procedures**



**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE**

**Division 2235—State Committee of Psychologists  
Chapter 4—Public Complaint Handling and  
Disposition Procedures**

**20 CSR 2235-4.030 Public Complaint Handling and  
Disposition Procedure**

*PURPOSE: This rule establishes a procedure for the receipt, handling and disposition of public complaints pursuant to the mandate of section 620.010.15(6), RSMo.*

(1) The State Committee of Psychologists will receive and process each complaint made against any licensee, registrant of the committee or unlicensed individual or entity, which complaint alleges certain acts or practices which may constitute one (1) or more violation(s) of the provisions of Chapter 337, RSMo. Any member of the public, the profession, or any federal, state or local official may make and file a complaint with the committee. Complaints will be received from sources both within and without Missouri and processed in the same manner as those originating within Missouri. No member of the State Committee of Psychologists may file a complaint with this committee while holding that office, unless that member is excused from further committee deliberation or activity concerning the matters alleged within that complaint. The executive director or any committee staff member may file a complaint pursuant to this rule in the same manner as any member of the public.

(2) Complaints shall be mailed or delivered to the following address: State Committee of Psychologists, 3605 Missouri Boulevard, P.O. Box 1335, Jefferson City, MO 65102. Complaints may be based upon personal knowledge or upon information and belief reciting information received from other sources.

(3) All complaints shall be made in writing. Oral or telephone communications will not be considered or processed as complaints, but the person making those communications will be asked to supplement those communications with a written statement.

(4) Each complaint received under this rule will be maintained in a log kept by the committee. The log will contain a record of each complainant's name and address, if given; the name and address of the subject(s) of the complaint; the date each complaint is received by the committee; a brief statement of the acts complained of, including the name of any person injured or victimized by the alleged acts or practices; a notation whether the complaint resulted in its dismissal by the committee or in formal charges being filed with the Administrative Hearing Commission; and the ultimate disposition of the complaint. This log shall be a closed record of the

committee.

(5) Each complaint received under this rule shall be acknowledged in writing. The complainant shall be notified of the ultimate disposition of the complaint.

(6) This rule shall not be deemed to limit the committee's authority to file a complaint with the Administrative Hearing Commission charging a licensee or registrant of the committee with any actionable conduct or violation, whether or not a complaint exceeds the scope of the acts charged in a preliminary public complaint filed with the committee and whether or not any public complaint has been filed with the committee.

(7) The committee interprets this rule, which is required by law, to exist for the benefit of those members of the public who submit complaints to the committee. This rule is not deemed to protect or inure to the benefit of those licensees, registrants or other persons against whom the committee has instituted or may institute administrative or judicial proceedings concerning possible violations of the provisions of Chapter 337, RSMo.

*AUTHORITY: sections 337.050.9, and 620.010.15(6), RSMo Supp. 1998.\* This rule was originally filed as 4 CSR 235-1.040. This rule previously filed as 4 CSR 235-4.030. Original rule filed Feb. 10, 1982, effective May 13, 1982. Amended: Filed May 4, 1987, effective Aug. 13, 1987. Amended: Filed Oct. 4, 1988, effective Dec. 29, 1988. Amended: Filed July 2, 1991, effective Feb. 6, 1992. Amended: Filed July 26, 1999, effective Feb. 29, 2000. Moved to 20 CSR 2235-4.030, effective Aug. 28, 2006.*

*\*Original authority: 337.050.9, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998 and 620.010.15(6), RSMo 1973, amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995.*



# **Chapter 5**

## **Rules of Conduct**



**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2235—State Committee of Psychologists  
Chapter 5—Rules of Conduct**

**20 CSR 2235-5.030 Ethical Rules of Conduct**

*PURPOSE: This rule complies with section 337.050, RSMo which allows the committee through the division to promulgate ethical principles governing the practice of psychology.*

(1) General Principles.

(A) Purpose. The ethical rules of conduct constitute the standards against which the required professional conduct of a psychologist is measured.

(B) Scope. The psychologist shall be governed by these ethical rules of conduct whenever providing psychological services in any context. These ethical rules of conduct shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training and employment which is required for licensure. The term psychologist, as used within these ethical rules of conduct, shall be interpreted accordingly whenever psychological services are being provided in any context.

(C) Responsibility for Own Actions. The psychologist, when functioning as a licensed psychologist, shall be fully responsible for his/her own professional decisions and professional actions.

(D) Violations. A violation of these ethical rules of conduct constitutes unprofessional conduct and is sufficient reason for disciplinary action or denial of either original licensure, reinstatement or renewal of licensure.

(E) Aids to Interpretation. The Ethical Principles of Psychologists, Code of Conduct, Standards of Providers of Psychological Services and Specialty Guidelines for the Delivery of Psychological Services, (publication date August, 1990) promulgated by the American Psychological Association and the Code of Conduct (publication date August, 1990) promulgated by the Association of State and Provincial Psychology Boards, shall be used as an aid in resolving ambiguities which may arise in the interpretation of the ethical rules of conduct, except that these ethical rules of conduct shall prevail whenever any conflict exists between these rules and any professional association standard. The Ethical Principles of Psychologists and Code of Conduct, Standards of Providers of Psychological Services and Specialty Guidelines for the Delivery of Psychological Services can be obtained from the American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242, or by calling (800) 374-2721. The Code of Conduct can be obtained by contacting the Association of State and Provincial Psychology Boards, PO Box 241245, Montgomery, AL 36124-1245 or by calling (334) 832-4580.

(2) Definitions.

(A) Client—means a receiver of psychological services. A corporate entity or other organization can be a client when the professional contract is to provide services of benefit primarily to the organization rather than to individuals. In the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, except that the individual receiving services shall be the client for:

1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative multiple relationships; and

2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

(B) Confidential information—means information revealed by an individual(s) or otherwise obtained by a psychologist, where there is a reasonable expectation that because of the relationship between the individual(s) and the psychologist, or the circumstances under which the information was revealed or obtained, the information shall not be disclosed by the psychologist without the informed written consent of the individual(s). When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. That information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless there is reasonable expectation by that individual that information was obtained in a separate professional relationship with that individual and is therefore subject to confidentiality requirements in itself.

(C) Court order—means the written or oral communication of a member of the judiciary, or other court magistrate or administrator, if that authority has been lawfully delegated to that magistrate or administrator.

(D) Licensed—means licensed, certified, registered, or any other term when such term identifies a person whose professional behavior is subject to regulation by the committee.

(E) Professional relationship—means a mutually agreed upon relationship between a psychologist and a client(s) for the purpose of the client(s) obtaining the psychologist's professional expertise.

(F) Professional service—means all actions of the psychologist in the context of a professional relationship with a client.

(G) Supervisee—means any person, including a psychological trainee, psychological intern, psychological resident, provisionally licensed psychologist, psychological assistant and qualified assistant who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.

(3) Competence.

(A) Limits on Practice. The psychologist shall limit practice and supervision to the areas in which competence has been gained through professional education, training derived through an organized training program and supervised professional experience. If important aspects of the client's problems fall outside the boundaries of competency, then the psychologist shall assist his/her client in obtaining additional professional consultation.

(B) Maintaining Competency. The psychologist shall maintain current competency in the areas in which s/he practices, through continuing education, consultation, other training, or any combination of these, in conformance with current standards of scientific and professional knowledge.

(C) Adding New Services and Techniques.

1. The psychologist, when developing competency in a new service or technique, shall engage in ongoing consultation with other psychologists or relevant professionals and shall seek appropriate education, training, supervised experience or all of the above in the new area, service or technique. The psychologist shall inform any client whose treatment will involve a newly developing service or technique of its innovative nature and the known risks associated with it, and of the client's right to freedom of choice concerning services received.

2. In those emerging areas without generally recognized standards for preparatory training, psychologists shall take reasonable steps to ensure the competence of their work and to protect clients/patients, organizational clients, and others from harm.

3. When assuming forensic roles, psychologists shall become familiar with the judicial or administrative rules governing the psychologists' roles and seek relevant consultation and training.

4. In emergencies, psychologists may provide services to individuals for whom no other services are available, even if the psychologist may not have obtained the necessary training, provided such services are designed to assure that needed services are not denied. These services are terminated as soon as the emergency has ended and/or appropriate services are available.

(D) Accurate Representation. A psychologist shall accurately represent his/her areas of competence, education, training, experience, and professional affiliations to the committee, the public, and colleagues.

(E) Sufficient Professional Information. A psychologist rendering a formal professional opinion about a person, for example about the fitness of a parent in a custody hearing, shall not do so without direct and substantial professional contact with or a formal assessment of that person or a detailed explanation of why such contact did not occur.

(4) Maintenance and Retention of Records.

(A) The psychologist rendering professional individual services to a client (or a dependent), or services billed to a third party payer, shall maintain professional records that include:

1. Name of the client and other identifying information such as address, telephone number, age, and/or sex;

2. The presenting problem(s) or purpose or diagnosis;

3. Any assessment including test results or other evaluative results obtained and any basic test data from which they were derived;

4. The date and description of each contact or service provided or pertaining to the client;

5. The nature, type and goals of any psychological interventions;

6. The fee arrangement and documentation of discussion with client prior to initiation of services;

7. A copy of all test or other evaluative reports prepared as part of the professional relationship;

8. Notation and results of formal consults with other providers;

9. Notation of referrals given or recommended to the client;

10. Any releases executed by the client;

11. Records shall contain data relating to financial transactions between the psychologist and client, including fees assessed and collected;

12. Written informed consent must be obtained concerning all aspects of services including assessment and therapy;

13. A provisionally licensed psychologist must include on the informed consent the fact that the provisional licensee is working under the supervision of a licensed psychologist. The informed consent form must identify the supervising psychologist; and

14. Entries in the records must be made within ten (10) days following each consultation or rendition of service. Entries that are made after the date of service must indicate the date entries are made, as well as the date of service.

(B) To meet the requirements of these rules, but not necessarily for other legal purposes, the psychologist shall assure that all data entries in the professional records are maintained for a period of not fewer than five (5) years after the last date of service rendered, or not less than the time required by other regulations, if that is longer.

1. The psychologist shall store and dispose of written, electronic and other records in such a manner as to ensure their confidentiality. The psychologist shall maintain the confidentiality of all psychological records in the psychologist's possession or under the psychologist's control except as otherwise provided by law or pursuant to authorization of a client specifically requesting or authorizing release or disclosure of the client's psychological records; and

2. For each person professionally supervised,

the psychologist shall maintain, for a period of not less than five (5) years after the last date of supervision, a record of the supervisory session that shall include the type, place, and general content of the session, as well as other information required by these rules, other law or good practice.

(5) Continuity of Care.

(A) The psychologist shall make prior arrangements for another appropriate professional(s) to be available for consultation during periods of his/her extended absences from professional availability. The psychologist shall inform the client of available emergency services for use during those times when s/he cannot be reached. These periods include, but are not limited to, after-office hours, weekends, holidays or vacations.

(B) The psychologist shall make provisions for the transfer or disposal of all written or electronic records of the client in the event of the psychologist's death or incapacitation.

(6) Multiple Relationships.

(A) Impaired Psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist, is or could reasonably be expected to be impaired due to mental, emotional, physiologic, pharmacologic or substance abuse conditions. If a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination and shall assist the client in obtaining services from another professional.

(B) Multiple Relationship Affecting Psychologist's Judgment. The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is, or could reasonably be expected to be impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative or legal relationship with the client or a relevant person associated with or related to the client. If a dual relationship develops or is discovered after the professional relationship has been initiated, the psychologist shall terminate the professional relationship in an appropriate manner, shall notify the client in writing of this termination and shall assist the client in obtaining services from another professional.

(C) Prohibited Relationships.

1. The psychologist, in interacting with any current client or with a client to whom the psychologist has at anytime within the previous twenty-four (24) months rendered counseling, psychotherapeutic or other professional psychological services for the treatment or amelioration of emotional distress or behavioral inadequacy, shall not enter into a financial or other potentially exploitative relationship with him/

her/them.

2. The psychologist, in interacting with any current client or with a person to whom the psychologist at any time within the previous sixty (60) months has rendered counseling, psychotherapeutic or other professional psychological services for the treatment or amelioration of emotional distress or behavioral inadequacy, shall not—

A. Engage in sexual intercourse, which includes any genital contact of the psychologist with the client or the client with the psychologist. This specifically prohibits sexual intercourse, sodomy—oral, anal copulation, or both; or any penetration of the anal opening by any one (1) part or object;

B. Engage in kissing with the mouth, lips or tongue of the psychologist with the client or the client with the psychologist;

C. Touching or caressing by either the psychologist or client of the other person's breasts, genitals or buttocks;

D. Engage in any deliberate or repeated comments, gestures or physical contact of a sexual nature that exploits the professional relationship with the client;

E. Terminate a therapeutic relationship with a client or student for the purpose, expressed or implied, of having a sexual relationship with that person;

F. Exhibitionism and voyeurism—exposing one's self or encouraging another to expose him/herself for the purpose of sexual gratification; or

G. Engage in any verbal or physical behavior toward him/her which is sexually seductive, demeaning, or harassing.

3. Prohibited exploitation in professional relationships. The psychologist shall not exploit, sexually or otherwise, his/her professional relationship with clients, supervisees, students, employees, research participants or others.

(7) Client Welfare.

(A) Providing Explanation of Procedures.

1. The psychologist shall give a truthful, understandable and reasonably complete account of the client's condition to the client or the parent of minor children or legal guardian. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment or other procedures, and of the client's right to freedom of choice regarding services provided.

2. When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist shall explain and document the nature of the relationships with all individuals or organizations involved. This includes the role of the psychologist, who is the client, the probable uses of the services provided or the information obtained, and any known or probable limits to confidentiality.

(B) Termination of Services. Whenever professional services are terminated, the psychologist shall provide alternative sources of professional services or assistance when indicated. The psychologist shall terminate a professional relationship when it is reasonably clear that the client is not benefitting from the relationship, and shall prepare the client appropriately for such termination.

(C) Unnecessary Service. The psychologist shall not exploit clients by providing unnecessary psychological service.

(D) Stereotyping. The psychologist shall not impose on the client any stereotypes of behavior, values or roles related to age, gender, religion, race, disability, nationality or sexual preference which would interfere with the objective provision of psychological services to the client. The psychologist obtains training, experience or counsel to assure competent service or research relating to these persons.

(E) Sexual or Other Multiple Relations With a Client. The psychologist shall not enter into a sexual or other multiple relationship with a client, as specified in subsections (6)(B) and (C) of these ethical rules of conduct.

(F) Solicitation of Business by Clients. The psychologist providing services to an individual client shall not induce that client(s) to solicit business on behalf of the psychologist.

(G) Referrals on Request. The psychologist shall make an appropriate referral to another professional when requested to do so by the client.

(H) Offering Services to Clients of Others. In deciding whether to offer services to someone already receiving similar services elsewhere, the psychologist shall carefully consider the treatment issues and the potential client's welfare. The psychologist shall discuss these issues with the client to minimize the probable risks of confusion and conflict, and proceed with caution and sensitivity to the therapeutic issues.

(8) Welfare of Supervisees, Clients, Research Subjects and Students.

(A) Welfare of Supervisees and Students. The psychologist shall not harass or exploit a supervisee or student in any way—sexually, financially or otherwise. The psychologist as a teacher shall recognize that the primary obligation is to help others acquire knowledge and skill. The psychologist shall maintain high standards of scholarship by presenting psychological information objectively, fully and accurately. The teaching duties of the psychologist shall be performed on the basis of careful preparation so that the instruction is accurate, current and scholarly.

(B) Welfare of Clients and Research Subjects.

1. Clarifying expectations. The psychologist shall document that the client has been informed as to the purpose and nature of an evaluation, research, treatment or educational procedure as well as

reasonable alternatives in language commensurate with the individual's level of comprehension.

2. Minors and those with diminished capacity. Whenever possible, the psychologist shall obtain informed consent from children and from individuals with diminished mental capacity regarding their participation in psychological services or research. If they object to participation, the psychologist shall consider the individual's basic rights in light of those factors such as age, psychological maturity and the judgment of the individual's parents or legal guardians. The psychologist's decision shall be based upon the best interests of the individual.

3. Voluntary and mandatory procedures. The psychologist shall inform recipients as to the voluntary or mandatory nature of the assessment, treatment, research, educational or training procedure. When a procedure is voluntary, the psychologist shall inform the clients, students or research participants of their freedom of choice and any alternatives to participation.

4. Electronic recording and filming. The psychologist shall obtain permission from clients, students and research participants prior to the use of observation or electronic taping, recording or filming procedures.

5. Access to confidential information of others. When the possibility exists that others may obtain access to confidential information, the psychologist shall explain this possibility, together with plans for protecting confidentiality, to clients, students or research participants as part of the procedure for obtaining informed consent.

6. Inducements for research participants. In offering clinical or other professional services as an inducement for obtaining research participants, the psychologist shall make clear the nature of the services as well as the risks and obligations.

7. Research involving risk or discomfort. When conducting research, the psychologist shall clearly communicate to participants the experience they are likely to have, especially those that they might find negative, such as physical risk or discomfort, or negative emotional reactions.

8. Freedom to avoid or withdraw from research. Individuals are ordinarily free to decline to participate or to withdraw from research without adverse consequences. When research participation is mandated by a third party, the psychologist shall describe the probable consequences of consenting, declining to participate or subsequently withdrawing from the research.

9. Protecting the right of the individual to avoid or withdraw from research. When the psychologist conducts research with individuals whose real or ascribed power is different than that of the psychologist, special care shall be taken to protect their rights to decline participation or withdraw from research.

10. Waiving informed consent.

A. Before deciding to waive informed consent, the psychologist planning research that may not require informed consent, such as certain types of archival research or anonymous naturalistic observations, shall consult with federal and state guidelines or human subject review committees.

B. When informed consent by a legally authorized person is not permitted or required by law, psychologists shall take reasonable steps to protect the individual's rights and welfare.

11. Research obligations and responsibilities. Prior to conducting research, the psychologist shall establish a clear and fair agreement with participants that clarifies the obligations and responsibilities of each party.

12. Post-research consultation with participants. The psychologist shall inform participants of procedures for contacting him/her, within a reasonable time period following participation, should stress, harm or related questions or concerns arise.

13. Provision of participants research results and conclusions. When conducting research, the psychologist shall provide participants, regardless of age or diminished mental capacity, with the opportunity to receive information about the general results and conclusions of that research.

14. The sharing and utilization of data. The psychologist shall clarify, in advance, the plans for sharing and utilizing research data with participants and any other persons.

15. Research planning. In planning a study, the psychologist shall carefully evaluate ethical acceptability. If the weighing of scientific and human values suggests the possibility of a violation of any principle, the psychologist shall seek ethical advice through peer consultation and institutional review boards, and observe stringent safeguards to protect the rights of human participants and the welfare of animal subjects.

16. Animal subjects' welfare. When working with animal subjects, the psychologist shall ensure that the animals will be treated humanely. The psychologist shall only inflict discomfort, illness or pain when the objectives of the research cannot be achieved by other methods. Any procedures that do inflict pain, stress or privation must be strongly justified by their prospective scientific, educational or applied value.

17. Assessment of risk level and protection of human participants. Assessing the degree of risk to research participants, according to recognized standards, is of primary ethical concern to the psychologist. Human participants shall be protected from physical and mental harm as well as any danger that may arise from research procedures.

18. Deception and debriefing. The psychologist shall not deceive human participants about the experience of participating in a study, especially those aspects that subjects might find negative, such

as physical risk, discomfort or unpleasant emotional experiences. Any deceptive aspects of a study shall be explained at the conclusion or earlier. Before conducting such a study, psychologists have a special responsibility to determine whether—

A. The use of deceptive techniques is justified by the study's prospective scientific, educational or applied value; and

B. Alternative procedures are available that do not use concealment or deception.

19. Minimizing invasiveness of data gathering. Interference with the milieu in which data are collected shall be kept to a minimum.

(9) Protecting Confidentiality of Clients.

(A) Informing Others of Legal Limits of Confidentiality. The psychologist shall inform clients at the outset of a professional relationship of those constraints on confidentiality that can be reasonably anticipated.

(B) Safeguarding Confidential Information. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research or other professional duties. Psychologists who offer services, products or information via electronic transmission shall inform clients/patients of the risks to privacy and limits of confidentiality.

(C) Disclosure of Confidential Information. The psychologist shall disclose confidential information to others only with the informed written consent of the client with the exceptions as set forth here.

1. Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client when the psychologist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client or on another person. In that case, the psychologist shall disclose the confidential information only to appropriate professional workers, public authorities, the potential victim, the family, or both, of the client. When the client is an organization, disclosure shall be made only after the psychologist has made a reasonable and unsuccessful attempt to have the problems corrected within the organization.

2. Use of interpreters. Psychologists using the services of an interpreter shall obtain informed consent from the client/patient to use that interpreter, shall ensure that confidentiality of test results and test security are maintained, and include in recommendation reports and diagnostic or evaluative statements, including forensic testimony, discussion or any limitations on the data obtained.

3. Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is below the age of majority or who has a legal guardian of the limit the law imposes on the right of

confidentiality with respect to his/her communications with the psychologist.

4. Multiple clients. When service is rendered to more than one (1) client during a joint session, for example to a family or a couple or a parent and child or a group, the psychologist shall, at the beginning of the professional relationship, clarify to all parties the manner in which confidentiality will be handled. All parties shall be given opportunity to discuss and to accept whatever limitations of confidentiality will be adhered in the situation.

5. Release of confidential information. The psychologist may release confidential information upon court order, as defined in section (2) of this rule, or to conform with state or federal law or regulation.

6. Abuse reports of abuse of children and vulnerable adults. The psychologist shall be familiar with any relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with the law.

7. Discussion of client information among professionals. When rendering psychological services as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist takes reasonable steps to assure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.

(D) Limited Access to Client Records. The psychologist shall limit access to client records and shall assure that all persons working under his/her authority comply with the requirements for confidentiality of client material.

(E) Disguising Confidential Information. For any confidential information used in teaching, research or writing, the psychologist shall insure that the reported material is appropriately disguised to prevent client identification.

(F) Observation and Electronic Recording. The psychologist shall ensure that diagnostic interviews or therapeutic sessions with a client are observed or electronically recorded only with the informed written consent of the client.

(G) Confidentiality After Termination of Professional Relationship. The psychologist shall continue to treat client records as confidential information after the professional relationship between the psychologist and the client has ceased.

(10) Integrity and Representation of Title and Services.

(A) Display of License. The psychologist shall display prominently on the premises of the professional practice the psychologist's current Missouri license to practice psychology.

(B) Use of Appropriate Title. When representing him/herself to the public through advertisements,

including telephone listings, business cards, letterhead and other public announcements, the psychologist shall use a title which accurately reflects professional education, training and experience. This title shall be clearly presented as to denote the actual status and training of the person. Initials of titles are not appropriate for use. For example, the title of Psychological Resident shall not be listed as P.R., the title of Clinical Psychologist shall not be listed as C.P., or the title of Provisional Licensed Psychologist shall not be listed as P.L.P. The use of initials for the highest earned relevant academic degree is acceptable.

(C) Accurate Representation of Services. When announcing or advertising professional services, the psychologist may list the following information to describe the provider and services provided: name, highest relevant academic degree earned from a regionally accredited institution, date, type and level of certification or licensure, diplomate status, American Psychological Association (APA) membership status, address, telephone number, office hours, a brief listing of the types of psychological services offered, an appropriate presentation of fee information, foreign languages spoken and a policy with regard to third-party payments. Psychologists licensed on the basis of a master's degree shall not advertise their services using a higher degree earned in a field other than psychology.

(D) Accurate Representation of Qualifications. The psychologist shall not misrepresent directly or by implication his/her professional qualifications, such as, education, experience or areas of competence.

(E) Accurate Representation of Affiliations. The psychologist shall not misrepresent directly or by implication his/her affiliations, or the purposes or characteristics of institutions and organizations with which the psychologist is associated.

(F) False or Misleading Information. The psychologist shall not include false or misleading information in public statements concerning psychological services offered. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, television, radio or motion picture. They shall not contain:

1. A false, fraudulent, misleading, deceptive or unfair statement;

2. A misrepresentation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;

3. A testimonial from a client regarding the quality of a psychologist's services or products;

4. A statement intended or likely to create false or unjustified expectations of favorable results;

5. A statement implying unusual, unique or one-of-a-kind abilities;

6. A statement intended or likely to appeal to a client's fears, anxieties or emotions concerning the possible results of failure to obtain the offered services;

7. A statement concerning the comparative desirability of offered services; or

8. A statement of direct solicitation of individual clients.

(G) Accurate Representation of Services or Products. The psychologist shall not associate with or permit his/her name to be used in connection with any services or products in such a way as to misrepresent—

1. The services or products;

2. The degree of his/her responsibility for the services or products; or

3. The nature of his/her association with the services or products.

(H) Correction of Misrepresentation by Others. The psychologist shall correct others who misrepresent his/her professional qualifications or affiliations.

(I) Accurate Claims. The psychologist shall take credit only for work actually done, including publication credit.

(J) Publication Credit. Publication credit shall accurately reflect the relative contribution of the individuals involved, regardless of professional status. A student generally is listed as the principal author of any multiple-authored article based primarily on the student's thesis or dissertation. Minor contributions to publications shall be acknowledged in footnotes or in an introductory statement.

(K) Acknowledging All Sources. Plagiarism in either written or oral form is unethical. Acknowledgment through specific citations shall be made for unpublished as well as published material that has directly influenced the research or writing.

(L) Fabrication of Data. A psychologist shall not fabricate data. If a psychologist discovers significant errors in their published data, they shall take reasonable steps to correct these errors in a correction, retraction, erratum or other appropriate publication means.

(11) Remuneration.

(A) Financial Arrangements.

1. All financial arrangements shall be made clear to each client in advance of billing.

2. The psychologist shall not mislead or withhold from any client, prospective client or third-party payor information about the cost of his/her professional services.

3. The psychologist shall not exploit a client or responsible payor by charging a fee that is excessive for the services performed or by entering into a bartering arrangement in lieu of a fee.

4. The primary obligation of the psychologist employed by an institution, agency or school is to persons entitled to his/her services through the institution, agency or school. A psychologist shall not accept a private fee or any other form of remuneration from those persons unless the policies of a particular institution, agency or school make explicit provision for private work with its clients by members of its staff. In

those instances, the client or guardian shall be fully apprised of available services and all policies affecting him/her, prior to entering into a private professional relationship with the psychologist.

(B) Improper Arrangements.

1. The psychologist shall neither derive nor solicit any form of monetary profit or personal gain as a result of his/her professional relationship with clients or immediate exclients, beyond the payment of fees for psychological services rendered. However, unsolicited token gifts from a client are permissible.

2. The psychologist shall not use his/her professional relationship with clients or immediate exclients to derive personal gain, other than through fees for professional services, for him/herself, or for any other person, or for any organization from the sale or promotion of a nonpsychology-related product or service.

3. The psychologist shall neither give nor receive any commission, rebate or other form of remuneration for referral of a client for professional services.

4. The psychologist shall not bill for services that are not rendered. However, s/he may bill for missed appointments which the client did not cancel in advance, if this is part of the financial arrangements made in accordance with paragraph (11)(A)1. of this rule.

(12) Assessment Procedures.

(A) Competent Use of Assessment Techniques. The psychologist shall use, administer and interpret psychological assessment techniques competently and maintain current knowledge about research developments and revisions concerning the techniques that are used.

(B) Confidential Information. The psychologist shall treat an assessment result or interpretation regarding an individual as confidential information.

(C) Communication of Results. The psychologist shall accompany communication of results of assessment procedures to the client, parents, legal guardians or other agents of the client by adequate interpretive aids or explanations.

(D) Reservations Concerning Results. The psychologist shall include in his/her report of the results of an assessment procedure any deficiencies of the assessment norms for the individual assessed and any relevant reservations or qualifications which affect the validity, reliability or other interpretation of results.

(E) Protection of Integrity of Assessment Procedures. The psychologist shall not reproduce or describe in popular publications, lectures or public presentations, psychological tests or other assessment devices in ways that might invalidate them.

(F) Information for Professional Users. The psychologist offering an assessment procedure or

automated interpretation service to other professionals shall accompany this offering by a manual or other printed material which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive services are factual and descriptive.

(13) Violations of Law.

(A) Violations of Applicable Statutes. The psychologist shall not violate any applicable statute or administrative rule regarding the practice of psychology.

(B) Use of Fraud, Misrepresentation or Deception. The psychologist shall not use fraud, misrepresentation or deception in:

1. Obtaining a psychology license;
2. Passing a psychology licensing examination;
3. Assisting another to obtain a psychology license or to pass a psychology licensing examination;
4. Billing clients or third-party payors;
5. Providing psychological service;
6. Reporting the results of psychological evaluations or services; or
7. Conducting any other activity related to the practice of psychology.

(14) Aiding Unauthorized Practice.

(A) Aiding Unauthorized Practice. The psychologist shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology.

(B) Employing Other Licensed Professionals. A psychologist may employ or utilize the services of other licensed professionals in his/her practice so long as this professional is acting within the terms and scope of his/her respective license.

(C) Delegating Professional Responsibility. The psychologist shall not delegate professional responsibilities to a person not qualified, not appropriately credentialed to provide those services, or both.

(D) Providing Supervision. The psychologist shall exercise appropriate supervision over supervisees, as set forth in the regulations of the committee.

1. In academic and supervisory relationships, psychologists establish timely and specific processes for providing feedback to students and supervisees. Information regarding the process is provided to the student and supervisees at the beginning of supervision.

2. Psychologists evaluate students and supervisees on the basis of their actual performance

on relevant and established program requirements.

(15) Resolving Issues.

(A) Reporting of Violations to Committee. The psychologist who has knowledge or believes in good faith that there has been a violation of the statutes or rules of the committee shall inform the committee in writing. When the information regarding that violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client. Nothing in this rule shall relieve a psychologist of the duty to file any report required by applicable statutes. Failure to report a violation of the statutes and/or rules, is in itself, an ethics violation.

(B) Providing Information to Client. When a psychologist learns from a client of a possible violation of the statutes or rules of the committee, or when a psychologist receives a request from a client for information on how to file a complaint with the committee, the psychologist has an obligation to inform the client of the standards of practice of psychology and how to file a complaint with the committee.

(C) Cooperating with the Committee. The psychologist shall cooperate with the State Committee of Psychologists by responding personally or through his/her attorney to inquiries.

(D) Circumventing Disciplinary Rules. Psychologists shall not circumvent a disciplinary rule of professional conduct through actions of another.

*AUTHORITY: sections 337.030, RSMo Supp. 2005 and 337.050.9. RSMo 2000.\* This rule originally filed as 4 CSR 235-5.030. Original rule filed July 2, 1991, effective Feb. 6, 1992. Amended: Filed Nov. 13, 1992, effective July 8, 1993. Moved to 20 CSR 2235-5.030, effective Aug. 28, 2006. Rescinded and readopted: Filed July 17, 2006, effective Feb. 28, 2007.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

# **Chapter 6**

## **Temporary Licensure**



**Title 20—DEPARTMENT OF COMMERCE AND  
INSURANCE  
Division 2235—State Committee of Psychologists  
Chapter 6—Temporary Licensure**

**20 CSR 2235-6.010 Temporary Licensure**

*This rule originally filed as 4 CSR 235-6.010. Emergency rule filed April 12, 1979, effective April 23, 1979, expired July 22, 1979. Moved to 20 CSR 2235-6.010, effective Aug. 28, 2006.*

**Op. Atty. Gen. No. 118, Butler, 6-8-79.** *The Department of Consumer Affairs, Regulation and licensing is not authorized to promulgate a rule allowing the department, upon the advice of the State Committee of Psychologists, to grant an applicant for licensure a temporary license to practice psychology in Missouri. Such a rule would impermissibly enlarge upon the terms of the statute*



# **Chapter 7**

## **Continuing Education**



**Title 20—DEPARTMENT OF COMMERCE AND INSURANCE**

**Division 2235—State Committee of Psychologists  
Chapter 7—Continuing Education**

1981, 1989, 1993, 1995, 1996, 1998, 1999.

**20 CSR 2235-7.010 Continuing Education**

*PURPOSE: This rule implements the continuing education mandates.*

**20 CSR 2235-7.005 Definitions**

*PURPOSE: This rule defines terms used in 20 CSR 2235 Chapter 7.*

(1) “Accredited program, seminar, or activity”—Is a program, seminar, or activity presented under the auspices of—

(A) Regionally accredited institution of higher education;

(B) American psychology association;

(C) Regional psychological association;

(D) State psychological association;

(E) Local psychological association;

(F) American Medical Association; and

(G) Other professional bodies or groups.

(2) “Committee”—The Missouri State Committee of Psychologists.

(3) “Credit hour”—At least fifty (50) minutes of instruction or the equivalent.

(4) “Psychologist”—A psychologist licensed to practice in the state of Missouri pursuant to section 337.010, RSMo et seq.

(5) “Accredited sponsor”—A sponsor all of whose programs, seminars, or activities are accredited.

(6) “Continuing education credit”—One (1) credit hour.

(7) “Recognized educational institution”—A school, college, university, or other institution of higher learning in the United States which has a graduate program in psychology and is accredited by one of the regional accrediting associations approved by the council on postsecondary accreditation, or one of the regional accrediting associations recognized by the Department of Education.

(8) “Reporting cycle”—Two (2) years from December 1, 1999 through November 30, 2001, and every two (2)-year period thereafter.

*AUTHORITY: section 337.050.12, RSMo 2000.\* This rule originally filed as 4 CSR 235-7.005. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.005, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.050, RSMo 1977, amended*

(1) Every psychologist licensed in Missouri shall, on or before February 1, 2002, and every two (2) years thereafter, complete or otherwise obtain for the immediately preceding two (2)-year reporting cycle at least forty (40) hours, or such other number of credits as herein provided, of accredited “continuing education credits”(herein CE credits) relevant to the practice of psychology.

(2) At least fifteen (15) of the forty (40) continuing education (CE) credits must be completed within Category A (i.e., formal programs which meet the requirements of 20 CSR 2235-7.030(1)(A)); and the remaining twenty-five (25) CE credits must be completed in either Category A or in Category B (i.e., informal programs or hours which meet the requirements of 20 CSR 2235-7.030(1)(B)).

(3) Continuing education credits earned after November 30 for the immediately preceding reporting cycle shall be applied to the next two (2)-year reporting cycle. The first reporting cycle shall be for the period December 1, 1999 through and including November 30, 2001; and each reporting period thereafter shall run from the next December 1 to November 30 two (2) years later (i.e., December 1, 2001 through November 30, 2003, etc.).

(4) A psychologist who is or becomes licensed during the middle of a reporting period shall be entitled to and shall receive a “pro-rata” reduction in the number of required credits at the rate of five (5) hours for every three (3) full months between the date of licensing and what would be the normal date of commencement for the reporting cycle.

(5) If in any two (2)-year cycle, the number of continuing education credits earned from Category A in 20 CSR 2235-7.030 exceeds forty (40) credits, the excess credits over forty (40) may be carried over to the next two (2)-year cycle, up to a maximum of fifteen (15) hours.

*AUTHORITY: section 337.050.12, RSMo 2000.\* This rule originally filed as 4 CSR 235-7.010. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.010, effective Aug. 28, 2006. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## 20 CSR 2235-7.020 Continuing Education Reports

*PURPOSE: This rule establishes the criteria for maintaining record of continuing education claimed.*

(1) Every psychologist shall maintain for a period of four (4) years from the completion of each reporting cycle full and complete records of all accredited continuing education (CE) programs attended or accredited continuing education credit hours earned during the immediately preceding two (2)-year reporting cycle.

(2) Such records shall be made available, upon reasonable request during regular business hours, to the committee or to such authorized representative as the committee may hereafter appoint from time-to-time for inspection, photocopying, or audit.

(3) For all Category A programs, such records shall, at a minimum, contain a listing of all programs attended by course name and for all accredited programs information showing either that the program sponsor is an accredited CE sponsor or that such individual program had been properly accredited, the number of CE hours awarded or earned for each such program or activity, and a copy of the program agenda, outline, or other course description.

(4) For the license renewal period commencing February 1, 2001 and every renewal period each two (2) years thereafter every psychologist shall attest on the license renewal application form, compliance with 20 CSR 2235-7.010. The committee may audit as deemed necessary.

*AUTHORITY: section 337.030, RSMo Supp. 2007 and section 337.050.12, RSMo 2000.\* This rule originally filed as 4 CSR 235-7.020. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.020, effective Aug. 28, 2006. Amended: Filed July 17, 2006, effective Feb. 28, 2007. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## 20 CSR 2235-7.030 Categories of Continuing Education Programs and Credits

*PURPOSE: This rule implements the continuing education mandates.*

(1) The committee recognizes the following categories of continuing education programs, seminars or activities and established credit hours.

(A) Category A formal activities, a minimum of fifteen (15) credits per reporting cycle. Category A

activities are defined as—

1. Formal continuing education programs that may consist of programs, seminars, or activities accredited by any accredited or identified sponsor listed in 20 CSR 2235-7.005(1). The number of continuing education credits assigned by an association as defined in these rules will be accepted.

2. Regularly scheduled postgraduate courses offered by a “recognized educational institution” as defined in 20 CSR 2235-7.005(7), which are relevant to the practice of psychology. One (1) credit hour or the equivalent of academic credit constitutes fifteen (15) continuing education credits.

3. Writing or speaking, including a paper or other presentation at a formal professional meeting, a paper published in a professional journal, or a book or an original chapter in an edited book in the area of psychology or a related field. Credit will be granted for the year of publication or presentation in the case of a paper. Continuing education credits will be granted at the rate of two (2) per presentation, eight (8) for each published journal article or chapter in a published book, ten (10) for editing a published book, and fifteen (15) for the authorship of a published book.

4. Preparation and teaching a graduate level course at a recognized educational institution where the contents of which are primarily psychological. Continuing education credits will be granted at the rate of five (5) hours per class with a maximum of ten (10) per reporting cycle. No single course shall be reported more than one (1) time per reporting cycle.

(B) Category B other programs, seminars, or activities, a maximum of twenty-five (25) credits per reporting cycle of Category B activities may count towards the two (2)-year, forty (40) continuing education credit hour requirement in 20 CSR 2235-7.010. Category B programs, seminars, or activities are defined as—

1. The categories of continuing education experiences and the number of hours of continuing education for each category are as follows:

A. Meetings. Registered attendance at relevant professional meetings (international, national, regional, state, local). Three (3) hours per day;

B. Workshops, seminars and courses. Registered attendance at relevant nonaccredited workshops, seminars, colloquium, grand rounds or academic courses. Number of actual attendance hours;

C. Preparation and teaching of an undergraduate level course at a recognized educational institution where the contents of which are primarily psychological, three (3) hours per class, nine (9) maximum per reporting cycle. No single course shall be reported more than one (1) time per reporting cycle; and

D. Individual study. Self-study of professional material including relevant books,

journals, periodicals, other forms of media, and other materials and preparation of relevant lectures and talks to public groups. Preparation credit may not be claimed under this category for presentations credited under paragraph 1. of this subsection. The committee will accept a maximum of ten (10) hours continuing education credits in individual study.

(2) Experience Not Acceptable for Continuing Education. The committee will not consider personal psychotherapy, workshops for personal growth, services to professional associations, providing supervision or case conference as meeting the requirements for continuing education.

*AUTHORITY: section 337.030, RSMo Supp. 2007 and section 337.050.12, RSMo 2000.\* This rule originally filed as 4 CSR 235-7.030. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.030, effective Aug. 28, 2006. Amended: Filed July 17, 2006, effective Feb. 28, 2007. Amended: Filed July 9, 2008, effective Jan. 30, 2009.*

*\*Original authority: 337.030, RSMo 1977, amended 1981, 1989, 1996, 2003 and 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998, 1999.*

## **20 CSR 2235-7.040 Verification of Continuing Education Credits and Programs**

*PURPOSE: This rule implements the continuing education mandates.*

(1) At the end of each two (2)-year reporting cycle, each licensee shall attest on the license renewal application provided by the committee the continuing education requirements by the first of February immediately following the completion of the recording cycle.

(2) The licensee need not submit the specific verification of each continuing education experience claimed, but the individual licensee shall maintain records of continuing education credits as would substantiate meeting these regulations for five (5) years following the submission of the reporting form.

(3) The committee may require the licensee to submit documents for proof of compliance. Upon receipt of the notification requesting said documents the licensee shall forward documents to the committee's office within thirty (30) days.

(4) Failure to provide the committee with proof of compliance with the continuing education credit requirement when requested will be considered a violation of the practice act and shall be cause for discipline pursuant to section 337.035, RSMo.

*AUTHORITY: section 337.050.12, RSMo Supp. 1998.\**

*This rule originally filed as 4 CSR 235-7.040. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.040, effective Aug. 28, 2006.*

*\*Original authority: 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998.*

## **20 CSR 2235-7.050 Variances**

*PURPOSE: This rule implements the continuing education mandates.*

Variances will be granted on a case-by-case basis upon written petition to the committee. The committee will review requests at the next regularly scheduled quarterly meeting following receipt of the request for a variance.

*AUTHORITY: section 337.050.12, RSMo Supp. 1998.\* This rule originally filed as 4 CSR 235-7.050. Original rule filed Dec. 31, 1998, effective Aug. 30, 1999. Moved to 20 CSR 2235-7.050, effective Aug. 28, 2006.*

*\*Original authority: 337.050, RSMo 1977, amended 1981, 1989, 1993, 1995, 1996, 1998.*



# **OTHER STATUTES OF RELEVANCE**



# Chapter 191

## Health and Welfare

### **191.227. Medical records to be released to patient, when, exception — fee permitted, amount — liability of provider limited — annual handling fee adjustment — disclosure of deceased patient records, when**

1. All physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called “providers”, shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient’s health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient’s condition and sound therapeutic treatment as determined by the provider. Beginning August 28, 1994, such record shall be furnished within a reasonable time of the receipt of the request therefor and upon payment of a fee as provided in this section.

2. Health care providers may condition the furnishing of the patient’s health care records to the patient, the patient’s authorized representative or any other person or entity authorized by law to obtain or reproduce such records upon payment of a fee for:

(1) (a) Search and retrieval, in an amount not more than twenty-four dollars and eighty-five cents plus copying in the amount of fifty-seven cents per page for the cost of supplies and labor plus, if the health care provider has contracted for off-site records storage and management, any additional labor costs of outside storage retrieval, not to exceed twenty-three dollars and twenty-six cents, as adjusted annually pursuant to subsection 5 of this section; or

(b) The records shall be furnished electronically upon payment of the search, retrieval, and copying fees set under this section at the time of the request or one hundred eight dollars and eighty-eight cents total, whichever is less, if such person:

- a. Requests health records to be delivered electronically in a format of the health care provider’s choice;
- b. The health care provider stores such records completely in an electronic health record; and
- c. The health care provider is capable of providing the requested records and affidavit, if requested, in an electronic format;

(2) Postage, to include packaging and delivery cost; and

(3) Notary fee, not to exceed two dollars, if requested.

3. Notwithstanding provisions of this section to the contrary, providers may charge for the reasonable cost of all duplications of health care record material or information which cannot routinely be copied or duplicated on a standard commercial photocopy machine.

4. The transfer of the patient’s record done in good faith shall not render the provider liable to the patient or any other person for any consequences which resulted or may result from disclosure of the patient’s record as required by this section.

5. Effective February first of each year, the fees listed in subsection 2 of this section shall be increased or decreased annually based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for All Urban Consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the United States Department of Labor, shall be used as the reference base. For purposes of this subsection, the annual average inflation rate shall be based on a twelve-month calendar year beginning in January and ending in December of each preceding calendar year. The department of health and senior services shall report the annual adjustment and the adjusted fees authorized in this section on the department’s internet website by February first of each year.

6. A health care provider may disclose a deceased patient’s health care records or payment records to the executor or administrator of the deceased person’s estate, or pursuant to a valid, unrevoked power of attorney for health care that specifically directs that the deceased person’s health care records be released to the agent after death. If an executor, administrator, or agent has not been appointed, the deceased prior to death did not specifically object to disclosure of his or her records in writing, and such disclosure is not inconsistent with any prior expressed preference of the deceased that is known to the health care provider, a deceased patient’s health care records may be released upon written request of a person who is deemed as the personal representative of the deceased person under this subsection. Priority shall be given to the deceased patient’s spouse and the records shall be released on the affidavit of the surviving spouse that he or she is the surviving spouse. If there is no surviving spouse, the health care records may be released to one of the following persons:

(1) The acting trustee of a trust created by the deceased patient either alone or with the deceased patient’s spouse;

(2) An adult child of the deceased patient on the affidavit of the adult child that he or she is the adult child of the deceased;

- (3) A parent of the deceased patient on the affidavit of the parent that he or she is the parent of the deceased;
  - (4) An adult brother or sister of the deceased patient on the affidavit of the adult brother or sister that he or she is the adult brother or sister of the deceased;
  - (5) A guardian or conservator of the deceased patient at the time of the patient's death on the affidavit of the guardian or conservator that he or she is the guardian or conservator of the deceased; or
  - (6) A guardian ad litem of the deceased's minor child based on the affidavit of the guardian that he or she is the guardian ad litem of the minor child of the deceased.
- (L. 1988 H.B. 925 § 1, A.L. 1994 H.B. 1427, A.L. 2002 S.B. 923, et al., A.L. 2005 H.B. 232, A.L. 2011 S.B. 62, A.L. 2013 H.B. 351, A.L. 2017 S.B. 501)

**CROSS REFERENCES:**

*Child's medical records to be released to parents, attorney's costs assessed, when, 452.375*  
*Nonseverability clause, 190.840*

**191.650. Definitions.**

As used in sections 191.650 to 191.698\*, the following terms mean:

- (1) "Disclose", to disclose, to release, transfer, disseminate or otherwise communicate all or any part of any record orally, in writing, or by electronic means to any person or entity;
- (2) "HBV", the hepatitis B virus;
- (3) "Health care facilities", those licensed under chapters 197, RSMo, and 198, RSMo;
- (4) "Health care professional", a member of the professional groups regulated by chapters 330, RSMo, 332, RSMo, and 335, RSMo, and sections 334.010 to 334.210\*\*, RSMo;
- (5) "HIV", the human immunodeficiency virus that causes acquired immunodeficiency syndrome;
- (6) "HIV infection", the pathological state of the human body in response to HIV;
- (7) "HIV sampling", taking or ordering the taking of any biological specimen from an individual for the purpose of subjecting such specimen to analysis to determine the presence of HIV or infection;
- (8) "HIV testing", performing a serological test or other tests upon a biological specimen to determine the presence of HIV or its antibodies in the specimen following HIV sampling;
- (9) "Invasive procedures", those surgical or obstetric procedures that involve surgical entry into tissues, cavities, or organs and dental procedures involving manipulation, cutting, or removal of oral or perioral tissues, including tooth structure. Routine health care procedures such as physical examinations, blood pressure checks, eye examination, or oral, rectal or vaginal examinations are not considered as invasive procedures;
- (10) "Person", private individuals and private and public bodies politic and corporate, partnerships, trusts, and unincorporated associations and their officers, directors, agents, or employees.

(L. 1988 H.B. 1151 & 1044 § 1, A.L. 1992 S.B. 511 & 556, A.L. 1996 S.B. 858)

\*Section 191.698 was repealed by S.B. 19 § A, 1989.

\*\*Section 334.210 was repealed by S.B. 50 § A, 1959.

**191.656. Confidentiality of reports and records, exceptions--violation, civil action for injunction, damages, costs and attorney fees--health care provider participating in judicial proceeding, immune from civil liability.**

1. (1) All information known to, and records containing any information held or maintained by, any person, or by any agency, department, or political subdivision of the state concerning an individual's HIV infection status or the results of any individual's HIV testing shall be strictly confidential and shall not be disclosed except to:

- (a) Public employees within the agency, department, or political subdivision who need to know to perform their public duties;
- (b) Public employees of other agencies, departments, or political subdivisions who need to know to perform their public duties;
- (c) Peace officers, as defined in section 590.100, RSMo, the attorney general or any assistant attorneys general acting on his or her behalf, as defined in chapter 27, RSMo, and prosecuting attorneys or circuit attorneys as defined in chapter 56, RSMo, and pursuant to section 191.657;
- (d) Prosecuting attorneys or circuit attorneys as defined in chapter 56, RSMo, to prosecute cases pursuant to section 191.677 or 567.020, RSMo. Prosecuting attorneys or circuit attorneys may obtain from the department of health and senior services the contact information and test results of individuals with whom the HIV-infected individual has had sexual intercourse or deviate sexual intercourse. Any prosecuting attorney or circuit attorney who receives information from the department of health and senior services pursuant to the provisions of this section shall use such information only for investigative and prosecutorial purposes and such information shall be considered strictly confidential and shall only be released as authorized by this section;
- (e) \*Persons other than public employees who are entrusted\* with the regular care of those under the care and custody of a state agency, including but not limited to operators of day care facilities, group homes, residential

care facilities and adoptive or foster parents;

(f) As authorized by subsection 2 of this section;

(g) Victims of any sexual offense defined in chapter 566, RSMo, which includes sexual intercourse or deviate sexual intercourse, as an element of the crime or to a victim of a section 566.135, RSMo, offense, in which the court, for good cause shown, orders the defendant to be tested for HIV, hepatitis B, hepatitis C, syphilis, gonorrhea, or chlamydia, once the charge is filed. Prosecuting attorneys or circuit attorneys, or the department of health and senior services may release information to such victims;

(h) Any individual who has tested positive or false positive to HIV, hepatitis B, hepatitis C, syphilis, gonorrhea, or chlamydia, may request copies of any and all test results relating to said infections.

(2) Further disclosure by public employees shall be governed by subsections 2 and 3 of this section;

(3) Disclosure by a public employee or any other person in violation of this section may be subject to civil actions brought under subsection 6 of this section, unless otherwise required by chapter 330, 332, 334, or 335, RSMo, pursuant to discipline taken by a state licensing board.

2. (1) Unless the person acted in bad faith or with conscious disregard, no person shall be liable for violating any duty or right of confidentiality established by law for disclosing the results of an individual's HIV testing:

(a) To the department of health and senior services;

(b) To health care personnel working directly with the infected individual who have a reasonable need to know the results for the purpose of providing direct patient health care;

(c) Pursuant to the written authorization of the subject of the test result or results;

(d) To the spouse of the subject of the test result or results;

(e) To the subject of the test result or results;

(f) To the parent or legal guardian or custodian of the subject of the testing, if he is an unemancipated minor;

(g) To the victim of any sexual offense defined in chapter 566, RSMo, which includes sexual intercourse or deviate sexual intercourse, as an element of the crime or to a victim of a section 566.135, RSMo, offense, in which the court, for good cause shown, orders the defendant to be tested for HIV, B, hepatitis C, syphilis, gonorrhea, or chlamydia, once the charge is filed;

(h) To employees of a state licensing board in the execution of their duties under chapter 330, 332, 334, or 335, RSMo, pursuant to discipline taken by a state licensing board;

The department of health and senior services and its employees shall not be held liable for disclosing an HIV-infected person's HIV status to individuals with whom that person had sexual intercourse or deviate sexual intercourse;

(2) Paragraphs (b) and (d) of subdivision (1) of this subsection shall not be construed in any court to impose any duty on a person to disclose the results of an individual's HIV testing to a spouse or health care professional or other potentially exposed person, parent or guardian;

(3) No person to whom the results of an individual's HIV testing has been disclosed pursuant to paragraphs (b) and (c) of subdivision (1) of this subsection shall further disclose such results; except that prosecuting attorneys or circuit attorneys may disclose such information to defense attorneys defending actions pursuant to section 191.677 or 567.020, RSMo, under the rules of discovery, or jurors or court personnel hearing cases pursuant to section 191.677 or 567.020, RSMo. Such information shall not be used or disclosed for any other purpose;

(4) When the results of HIV testing, disclosed pursuant to paragraph (b) of subdivision (1) of this subsection, are included in the medical record of the patient who is subject to the test, the inclusion is not a disclosure for purposes of such paragraph so long as such medical record is afforded the same confidentiality protection afforded other medical records.

3. All communications between the subject of HIV testing and a physician, hospital, or other person authorized by the department of health and senior services who performs or conducts HIV sampling shall be privileged communications.

4. The identity of any individual participating in a research project approved by an institutional review board shall not be reported to the department of health and senior services by the physician conducting the research project.

5. The subject of HIV testing who is found to have HIV infection and is aware of his or her HIV status shall disclose such information to any health care professional from whom such person receives health care services. Said notification shall be made prior to receiving services from such health care professional if the HIV-infected person is medically capable of conveying that information or as soon as he or she becomes capable of conveying that information.

6. Any individual aggrieved by a violation of this section or regulations promulgated by the department of health and senior services may bring a civil action for damages. If it is found in a civil action that:

(1) A person has negligently violated this section, the person is liable, for each violation, for:

(a) The greater of actual damages or liquidated damages of one thousand dollars; and

(b) Court costs and reasonable attorney's fees incurred by the person bringing the action; and

- (c) Such other relief, including injunctive relief, as the court may deem appropriate; or
- (2) A person has willfully or intentionally or recklessly violated this section, the person is liable, for each violation, for:
  - (a) The greater of actual damages or liquidated damages of five thousand dollars; and
  - (b) Exemplary damages; and
  - (c) Court costs and reasonable attorney's fees incurred by the person bringing the action; and
  - (d) Such other relief, including injunctive relief, as the court may deem appropriate.

7. No civil liability shall accrue to any health care provider as a result of making a good faith report to the department of health and senior services about a person reasonably believed to be infected with HIV, or cooperating in good faith with the department in an investigation determining whether a court order directing an individual to undergo HIV testing will be sought, or in participating in good faith in any judicial proceeding resulting from such a report or investigations; and any person making such a report, or cooperating with such an investigation or participating in such a judicial proceeding, shall be immune from civil liability as a result of such actions so long as taken in good faith.

*(L. 1988 H.B. 1151 & 1044 § 3, A.L. 1992 S.B. 511 & 556 merged with S.B. 638, A.L. 1993 S.B. 233, A.L. 1996 S.B. 858, A.L. 1999 H.B. 191, A.L. 2002 H.B. 1756)*

*\*... \* These words appear twice in original rolls.*

*(1998) Prosecutors, judges and juries are public employees with a need to know for prosecutions pursuant to section 191.677. State v. Mahan, 971 S.W.2d 307 (Mo.banc).*

## Chapter 210

### Child Protection and Reformation

#### **210.110. Definitions.**

As used in sections 210.109 to 210.165, and sections 210.180 to 210.183, the following terms mean:

(1) "Abuse", any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10);

(2) "Assessment and treatment services for children under ten years old", an approach to be developed by the children's division which will recognize and treat the specific needs of at-risk and abused or neglected children under the age of ten. The developmental and medical assessment may be a broad physical, developmental, and mental health screening to be completed within thirty days of a child's entry into custody and every six months thereafter as long as the child remains in care. Screenings may be offered at a centralized location and include, at a minimum, the following:

(a) Complete physical to be performed by a pediatrician familiar with the effects of abuse and neglect on young children;

(b) Developmental, behavioral, and emotional screening in addition to early periodic screening, diagnosis, and treatment services, including a core set of standardized and recognized instruments as well as interviews with the child and appropriate caregivers. The screening battery may be performed by a licensed mental health professional familiar with the effects of abuse and neglect on young children, who will then serve as the liaison between all service providers in ensuring that needed services are provided. Such treatment services may include in-home services, out-of-home placement, intensive twenty-four-hour treatment services, family counseling, parenting training and other best practices.

Children whose screenings indicate an area of concern may complete a comprehensive, in-depth health, psychodiagnostic, or developmental assessment within sixty days of entry into custody;

(3) "Central registry", a registry of persons where the division has found probable cause to believe prior to August 28, 2004, or by a preponderance of the evidence after August 28, 2004, or a court has substantiated through court adjudication that the individual has committed child abuse or neglect or the person has pled guilty or has been found guilty of a crime pursuant to section 565.020, 565.021, 565.023, 565.024, 565.050, 566.030, 566.060, or 567.050 if the victim is a child less than eighteen years of age, or any other crime pursuant to chapter 566 if the victim is a child less than eighteen years of age and the perpetrator is twenty-one years of age or older, a crime under section 568.020, 568.030, 568.045, 568.050, 568.060, 568.080\*, 568.090\*, 573.023, 573.025, 573.035, 573.037, 573.040, 573.200, or 573.205, or an attempt to commit any such crimes. Any persons placed on the registry prior to August

28, 2004, shall remain on the registry for the duration of time required by section 210.152;

(4) "Child", any person, regardless of physical or mental condition, under eighteen years of age;

(5) "Children's services providers and agencies", any public, quasi-public, or private entity with the appropriate and relevant training and expertise in delivering services to children and their families as determined by the children's division, and capable of providing direct services and other family services for children in the custody of the children's division or any such entities or agencies that are receiving state moneys for such services;

(6) "Director", the director of the Missouri children's division within the department of social services;

(7) "Division", the Missouri children's division within the department of social services;

(8) "Family assessment and services", an approach to be developed by the children's division which will provide for a prompt assessment of a child who has been reported to the division as a victim of abuse or neglect by a person responsible for that child's care, custody or control and of that child's family, including risk of abuse and neglect and, if necessary, the provision of community-based services to reduce the risk and support the family;

(9) "Family support team meeting" or "team meeting", a meeting convened by the division or children's services provider in behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement and developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan;

(10) "Investigation", the collection of physical and verbal evidence to determine if a child has been abused or neglected;

(11) "Jail or detention center personnel", employees and volunteers working in any premises or institution where incarceration, evaluation, care, treatment or rehabilitation is provided to persons who are being held under custody of the law;

(12) "Neglect", failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10);

(13) "Preponderance of the evidence", that degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not;

(14) "Probable cause", available facts when viewed in the light of surrounding circumstances which would cause a reasonable person to believe a child was abused or neglected;

(15) "Report", the communication of an allegation of child abuse or neglect to the division pursuant to section 210.115;

(16) "Those responsible for the care, custody, and control of the child", includes, but is not limited to:

(a) The parents or legal guardians of a child;

(b) Other members of the child's household;

(c) Those exercising supervision over a child for any part of a twenty-four-hour day;

(d) Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or

(e) Any person who takes control of the child by deception, force, or coercion.

*(L. 1975 H.B. 578 § 1, A.L. 1982 H.B. 1171, et al., A.L. 1985 H.B. 366, et al., A.L. 1994 S.B. 595, A.L. 2000 S.B. 757 & 602, A.L. 2004 H.B. 1453, A.L. 2005 H.B. 568, A.L. 2016 H.B. 1877, A.L. 2017 S.B. 160)*

*Effective 6-22-17*

*\*Section 568.080 was transferred to section 573.200 and section 568.090 was transferred to section 573.205 by S.B. 491, 2014, effective 1-01-17.*

*(2007) Provisions of this section requiring inclusion in the central registry before a finding of abuse or neglect by a preponderance of the evidence by the child Abuse and Neglect Review Board violate due process, and are invalid. Jamison v. State, 218 S.W.3d 399 (Mo.banc).*

**210.115. Reports of abuse, neglect, and under age eighteen deaths — persons required to report — supervisors and administrators not to impede reporting — deaths required to be reported to the division or child fatality review panel, when — report made to another state, when.**

1. When any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which

would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal investigation shall be initiated until such a report has been made. As used in this section, the term "**abuse**" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.

2. If two or more members of a medical institution who are required to report jointly have knowledge of a known or suspected instance of child abuse or neglect, a single report may be made by a designated member of that medical team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter immediately make the report. Nothing in this section, however, is meant to preclude any person from reporting abuse or neglect.

3. The reporting requirements under this section are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No person making a report under this section shall be subject to any sanction, including any adverse employment action, for making such report. Every employer shall ensure that any employee required to report pursuant to subsection 1 of this section has immediate and unrestricted access to communications technology necessary to make an immediate report and is temporarily relieved of other work duties for such time as is required to make any report required under subsection 1 of this section.

4. Notwithstanding any other provision of sections 210.109 to 210.183, any child who does not receive specified medical treatment by reason of the legitimate practice of the religious belief of the child's parents, guardian, or others legally responsible for the child, for that reason alone, shall not be found to be an abused or neglected child, and such parents, guardian or other persons legally responsible for the child shall not be entered into the central registry. However, the division may accept reports concerning such a child and may subsequently investigate or conduct a family assessment as a result of that report. Such an exception shall not limit the administrative or judicial authority of the state to ensure that medical services are provided to the child when the child's health requires it.

5. In addition to those persons and officials required to report actual or suspected abuse or neglect, any other person may report in accordance with sections 210.109 to 210.183 if such person has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

6. Any person or official required to report pursuant to this section, including employees of the division, who has probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the division of the child's death as required in section 58.452 and shall report the findings to the child fatality review panel established pursuant to section 210.192.

7. Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report shall not, however, take the place of reporting to the division.

8. If an individual required to report suspected instances of abuse or neglect pursuant to this section has reason to believe that the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri children's division, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the children's division.

*(L. 1975 H.B. 578 § 2, A.L. 1980 S.B. 574, A.L. 1982 H.B. 1171, et al., A.L. 1991 H.B. 185, A.L. 1993 S.B. 253 merged with S.B. 394, A.L. 1994 S.B. 595, A.L. 1998 H.B. 1556, A.L. 2000 S.B. 757 & 602, A.L. 2002 S.B. 923, et al., A.L. 2003 H.B. 445, A.L. 2013 H.B. 505, A.L. 2014 H.B. 1299 Revision)*

**CROSS REFERENCE:**

*Child abuse, ministers duty to report, 352.400*

*(1986) It has been held that a violation of this section does not give rise to a private cause of action. Doe "A" v. Special School District of St. Louis County, 637 F.Supp. 1138 (E.D. Mo.).*

**210.140. Privileged communication not recognized, exception.**

Any legally recognized privileged communication, except that between attorney and client or involving communications made to a minister or clergyperson, shall not apply to situations involving known or suspected child abuse or neglect and shall not constitute grounds for failure to report as required or permitted by sections 210.110 to 210.165, to cooperate with the division in any of its activities pursuant to sections 210.110 to 210.165, or to give or accept evidence in any judicial proceeding relating to child abuse or neglect.

(L. 1975 H.B. 578 § 7, A.L. 1980 S.B. 574, A.L. 2001 S.B. 267)

(1984) "Situations" as used in this section restricting the invocation of certain privileged communications in child abuse proceedings includes both civil and criminal proceedings. *State ex rel. D.M. v. Hoester (Mo.banc)*, 681 S.W.2d 449.

## Chapter 324

# Occupations and Professions – General Provisions

**324.003. Payment of fees, method — electronic application and renewal of licensure — written or electronic communications to licensing board, when.** — Notwithstanding any other provision of law or administrative rule to the contrary, the division of professional registration and its component boards, committees, offices, and commissions shall permit:

(1) Any licensee to submit payment for fees so established in the form of personal check, money order, cashier's check, credit card, or electronic check as defined by section 407.432;

(2) Any applicant or licensee to apply for licensure or renew their license in writing or electronically; and

(3) Any licensee to make requests of their license-granting board or commission for extensions of time to complete continuing education, notify their license-granting board or commission of changes to name, business name, home address, or work address, and provide any other items required as part of licensure to their licensure board in writing or electronically.

(L. 2017 S.B. 501)

**324.006. Spouse of active-duty military, first priority given to processing licensure applications.**

All professional licensing boards and commissions shall give first priority to spouses of members of the active duty component of the Armed Forces of the United States in the processing of all professional licensure or certification applications.

(L. 2018 H.B. 1503)

**324.008. Nonresident military spouse, temporary courtesy license to be issued upon transfer of active duty military spouse, when — rulemaking authority.**

1. As used in this section, "nonresident military spouse" means a nonresident spouse of an active duty member of the Armed Forces of the United States who has been transferred or is scheduled to be transferred to the state of Missouri, is domiciled in the state of Missouri, or has moved to the state of Missouri on a permanent change-of-station basis.

2. Except as provided in subsection 6 of this section and notwithstanding any other provision of law, any agency of this state or board established under state law for the regulation of occupations and professions in this state shall, with respect to such occupation or profession that it regulates, by rule establish criteria for the issuance of a temporary courtesy license to a nonresident spouse of an active duty member of the military who is transferred to this state in the course of the member's military duty, so that, on a temporary basis, the nonresident military spouse may lawfully practice his or her occupation or profession in this state.

3. Notwithstanding provisions to the contrary, a nonresident military spouse shall receive a temporary courtesy license under subsection 2 of this section if, at the time of application, the nonresident military spouse:

(1) Holds a current license or certificate in another state, district, or territory of the United States with licensure requirements that the appropriate regulatory board or agency determines are equivalent to those established under Missouri law for that occupation or profession;

(2) Was engaged in the active practice of the occupation or profession for which the nonresident military spouse seeks a temporary license or certificate in a state, district, or territory of the United States for at least two of the five years immediately preceding the date of application under this section;

(3) Has not committed an act in any jurisdiction that would have constituted grounds for the refusal, suspension, or revocation of a license or certificate to practice that occupation or profession under Missouri law at the time the act was committed;

(4) Has not been disciplined by a licensing or credentialing entity in another jurisdiction and is not the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing or credentialing entity in another jurisdiction;

(5) Authorizes the appropriate board or agency to conduct a criminal background check and pay for any costs associated with such background check;

(6) Pays any fees required by the appropriate board or agency for that occupation or profession; and

(7) Complies with other requirements as provided by the board.

4. Relevant full-time experience in the discharge of official duties in the military service or an agency of the federal government shall be credited in the counting of years of practice under subdivision (2) of subsection 3 of this section.

5. A temporary courtesy license or certificate issued under this section is valid for one hundred eighty days and may be extended at the discretion of the applicable regulatory board or agency for another one hundred eighty days on application of the holder of the temporary courtesy license or certificate.

6. This section shall not apply to the practice of law or the regulation of attorneys.

7. The appropriate board or agency shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly under chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2011, shall be invalid and void.

(L. 2011 H.B. 136)

#### **324.009. Licensure reciprocity — definitions — requirements.**

1. For purposes of this section, the following terms mean:

(1) "License", a license, certificate, registration, permit, or accreditation that enables a person to legally practice an occupation or profession in a particular jurisdiction; except that "license" shall not include a certificate of license to teach in public schools under section 168.021;

(2) "Oversight body", any board, department, agency, or office of a jurisdiction that issues licenses; except, for the purposes of this section, oversight body shall not include the state board of registration for the healing arts, the state board of nursing, the board of pharmacy, the state committee of psychologists, the Missouri dental board, the Missouri board for architects, professional engineers, professional land surveyors and professional landscape architects, the state board of optometry, or the Missouri veterinary medical board.

2. Any resident of Missouri who holds a valid current license issued by another state, territory of the United States, or the District of Columbia may submit an application for a license in Missouri in the same occupation or profession for which he or she holds the current license, along with proof of current licensure in the other jurisdiction, to the relevant oversight body in this state.

3. The oversight body in this state shall, within six months of receiving an application described in subsection 2 of this section, waive any examination, educational, or experience requirements for licensure in this state for the applicant if it determines that the licensing requirements in the jurisdiction that issued the applicant's license are substantially similar to or more stringent than the licensing requirements in Missouri for the same occupation or profession.

4. The oversight body shall not waive any examination, educational, or experience requirements for any applicant who is currently under disciplinary action with an oversight body outside the state or who does not hold a valid current license in the other jurisdiction on the date the oversight body receives his or her application under this section.

5. The oversight body shall not waive any examination, educational, or experience requirements for any applicant if it determines that waiving the requirements for the applicant may endanger the public health, safety, or welfare.

6. Nothing in this section shall prohibit the oversight body from denying a license to an applicant under this section for any reason described in any section associated with the occupation or profession for which the applicant seeks a license.

7. This section shall not be construed to waive any requirement for an applicant to pay any fees, post any bonds or surety bonds, or submit proof of insurance associated with the license the applicant seeks.

8. This section shall not apply to business, professional, or occupational licenses issued or required by political subdivisions.

9. The provisions of this section shall not be construed to alter the authority granted by, or any requirements promulgated pursuant to, any interjurisdictional or interstate compacts adopted by Missouri statute or any reciprocity agreements with other states in effect on August 28, 2018, and whenever possible this section shall be interpreted so as to imply no conflict between it and any compact, or any reciprocity agreements with other states in effect on August 28, 2018.

(L. 2018 S.B. 840)

#### **324.013. Age, denial of licensure, prohibited, when.**

1. For purposes of this section, the following terms mean:

(1) "License", a license, certificate, registration, permit, or accreditation that enables a person to legally

practice an occupation, profession, or activity in the state;

(2) "Oversight body", any board, department, agency, or office of the state that issues licenses. The term "oversight body" shall not include any political subdivision.

2. An oversight body shall not deny any person eighteen years of age or older a license on the basis of age unless the license enables a person to operate a school bus owned by or under contract with a public school or the state board of education, transport hazardous material, use explosives, or engage in any activity associated with gaming.

(L. 2018 H.B. 1719)

**324.015. Fees, waiver of, when — definitions — procedure — rulemaking authority.**

1. For purposes of this section, the following terms mean:

(1) "Licensing authority", any agency, examining board, credentialing board, or other office with the authority to impose occupational fees or licensing requirements on any occupation or profession;

(2) "Licensing requirement", any required training, education, or fee to work in a specific occupation or profession;

(3) "Low-income individual", any individual:

(a) Whose household adjusted gross income is below one hundred thirty percent of the federal poverty line or a higher threshold to be set by the department of commerce and insurance by rule; or

(b) Who is enrolled in a state or federal public assistance program including, but not limited to, Temporary Assistance for Needy Families, the MO HealthNet program, or the Supplemental Nutrition Assistance Program;

(4) "Military families", any active duty service members and their spouses and honorably discharged veterans and their spouses. The term "military families" includes surviving spouses of deceased service members who have not remarried;

(5) "Occupational fee", a fee or tax on professionals or businesses that is charged for the privilege of providing goods or services within a certain jurisdiction;

(6) "Political subdivision", any city, town, village, or county.

2. All state and political subdivision licensing authorities shall waive all occupational fees and any other fees associated with licensing requirements for military families and low-income individuals for a period of two years beginning on the date an application is approved under subsection 3 of this section. Military families and low-income individuals whose applications are approved shall not be required to pay any occupational fees that become due during the two-year period.

3. Any individual seeking a waiver described under subsection 2 of this section shall apply to the appropriate licensing authority in a format prescribed by the licensing authority. The licensing authority shall approve or deny the application within thirty days of receipt.

4. An individual shall be eligible to receive only one waiver under this section from each licensing authority.

5. The waiver described under subsection 2 of this section shall not apply to fees required to obtain business licenses.

6. State licensing authorities and the department of commerce and insurance shall promulgate rules to implement the provisions of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.  
(L. 2018 S.B. 843)

**324.028. Forfeiture of membership on board or council for missing meetings.**

Any member authorized under the provisions of sections 256.459, 324.063, 324.177, 324.203, 324.243, 324.406, 324.478, 326.259, 327.031, 329.015, 330.110, 331.090, 332.021, 333.151, 334.120, 334.430, 334.625, 334.717, 334.749, 334.830, 335.021, 336.130, 337.050, 337.305, 337.535, 337.622, 337.739, 338.110, 339.120, 340.202, 345.080, and 346.120 who misses three consecutive regularly scheduled meetings of the board or council on which he serves shall forfeit his membership on that board or council. A new member shall be appointed to the respective board or council by the governor with the advice and consent of the senate.

(L. 2008 S.B. 788, A.L. 2018 S.B. 975 & 1024 Revision)

**324.046. Suicide assessment, referral, treatment and management training required for health care professional licensure.**

1. For the purposes of this section, the term “health care professional” shall mean a physician, other health care practitioner, or mental health professional licensed, accredited, or certified by the state of Missouri to perform specified health services.

2. Any health care professional in the state of Missouri may annually complete training in the areas of suicide assessment, referral, treatment, and management, which may qualify as part of the continuing education requirements for his or her licensure.

(L. 2018 H.B. 1719)

**324.047. Guidelines for regulation of certain occupations and professions — definitions — limitation on state regulation, requirements — reports.**

1. The purpose of this section is to promote general welfare by establishing guidelines for the regulation of occupations and professions not regulated prior to January 1, 2019, and guidelines for combining any additional occupations or professions under a single license regulated by the state prior to January 1, 2019.

2. For purposes of this section, the following terms mean:

(1) “Applicant group”, any occupational or professional group or organization, any individual, or any other interested party that seeks to be licensed or further regulated or supports any bill that proposes to combine any additional occupations or professions under a single license regulated by the state prior to January 1, 2019;

(2) “Certification”, a program in which the government grants nontransferable recognition to an individual who meets personal qualifications established by a regulatory entity. Upon approval, the individual may use “certified” as a designated title. This term shall not be synonymous with an occupational license;

(3) “Department”, the department of commerce and insurance;

(4) “Director”, the director of the division of professional registration;

(5) “Division”, the division of professional registration;

(6) “General welfare”, the concern of the government for the health, peace, morality, and safety of its residents;

(7) “Lawful occupation”, a course of conduct, pursuit, or profession that includes the sale of goods or services that are not themselves illegal to sell irrespective of whether the individual selling them is subject to an occupational regulation;

(8) “Least restrictive type of occupational regulation”, the regulation that is least restrictive, in which the following list of regulations in order from least to most restrictive is used to make such determination:

(a) Bonding or insurance;

(b) Registration;

(c) Certification;

(d) Occupational license;

(9) “Occupational license”, a nontransferable authorization in law for an individual to perform a lawful occupation for compensation based on meeting personal qualifications established by a regulatory entity and that, if not possessed, prohibits the individual from performing the occupation for compensation;

(10) “Occupational regulation”, a statute, ordinance, rule, practice, policy, or other law requiring an individual to possess certain personal qualifications to work in a lawful occupation;

(11) “Personal qualifications”, criteria related to an individual's personal background, including completion of an approved educational program, satisfactory performance on an examination, work experience, criminal history, and completion of continuing education;

(12) “Practitioner”, an individual who has achieved knowledge and skill by practice and is actively engaged in a specified occupation or profession;

(13) “Registration”, a requirement established by the general assembly in which an individual:

(a) Submits notification to a state agency; and

(b) May use “registered” as a designated title.

Notification may include the individual's name and address, the individual's agent for service of process, the location of the activity to be performed, and a description of the service the individual provides. Registration may include a requirement to post a bond but does not include education or experience requirements. If the requirement of registration is not met, the individual is prohibited from performing the occupation for compensation or using “registered” as a designated title. The term “registration” shall not be synonymous with an occupational license;

(14) “Regulatory entity”, any board, commission, agency, division, or other unit or subunit of state government that regulates one or more professions, occupations, industries, businesses, or other endeavors in this state;

(15) “State agency”, every state office, department, board, commission, regulatory entity, and agency of the

state. The term “state agency” includes, if provided by law, programs and activities involving less than the full responsibility of a state agency;

(16) “Substantial burden”, a requirement in an occupational regulation that imposes significant difficulty or cost on an individual seeking to enter into or continue in a lawful occupation and is more than an incidental burden.

3. All individuals may engage in the occupation of their choice, free from unreasonable government regulation. The state shall not impose a substantial burden on an individual's pursuit of his or her occupation or profession unless there is a reasonable interest for the state to protect the general welfare. If such an interest exists, the regulation adopted by the state shall be the least restrictive type of occupational regulation consistent with the public interest to be protected.

4. All bills introduced in the general assembly to regulate, pursuant to subsection 6 of this section, an occupation or profession shall be reviewed according to the following criteria. An occupation or profession shall be regulated by the state if:

(1) Unregulated practice could cause harm and endanger the general welfare, and the potential for further harm and endangerment is recognizable;

(2) The public can reasonably be expected to benefit from an assurance of personal qualifications; and

(3) The general welfare cannot be sufficiently protected by other means.

5. After evaluating the criteria in subdivision (3) of this subsection and considering governmental, economic, and societal costs and benefits, if the general assembly finds that the state has a reasonable interest in regulating, pursuant to subsection 6 of this section, an occupation or profession not previously regulated by law, the most efficient form of regulation shall be implemented, consistent with this section and with the need to protect the general welfare, as follows:

(1) If the threat to the general welfare resulting from the practitioner's services is easily predictable, the regulation shall implement a system of insurance, bonding, or registration;

(2) If the consumer has challenges accessing credentialing information or possesses significantly less information on how to report abuses such that the practitioner puts the consumer in a disadvantageous position relative to the practitioner to judge the quality of the practitioner's services, the regulation shall implement a system of certification; and

(3) If other regulatory structures, such as bonding, insurance, registration, and certification, insufficiently protect the general welfare from recognizable harm, the regulation shall implement a system of licensing.

6. After January 1, 2019, any relevant regulatory entity shall report, and the department shall make available to the general assembly, upon the filing of a bill that proposes additional regulation of a profession or occupation currently regulated by the regulatory entity, the following factors to the department:

(1) A description of the professional or occupational group proposed for expansion of regulation, including the number of individuals or business entities that would be subject to regulation to the extent that such information is available; the names and addresses of associations, organizations, and other groups representing the practitioners; and an estimate of the number of practitioners in each group;

(2) Whether practice of the profession or occupation proposed for expansion of regulation requires such a specialized skill that the public is not qualified to select a competent practitioner without assurances that minimum qualifications have been met;

(3) The nature and extent of potential harm to the public if the profession or occupation is not regulated as described in the bill, the extent to which there is a threat to the general welfare, and production of evidence of potential harm, including a description of any complaints filed with state law enforcement authorities, courts, departmental agencies, professional or occupational boards, and professional and occupational associations that have been lodged against practitioners of the profession or occupation in this state within the past five years. Notwithstanding the provisions of this section or any other section, the relevant regulatory entity shall provide, and the department shall make available to the general assembly, the information relating to such complaints even if the information is considered a closed record or otherwise confidential; except that, the regulatory entity and the department shall redact names and other personally identifiable information from the information released;

(4) A description of the voluntary efforts made by practitioners of the profession or occupation to protect the public through self-regulation, private certifications, membership in professional or occupational associations, or academic credentials and a statement of why these efforts are inadequate to protect the public;

(5) The extent to which expansion of regulation of the profession or occupation will increase the cost of goods or services provided by practitioners and the overall cost-effectiveness and economic impact of the proposed regulation, including the direct cost to the government and the indirect costs to consumers;

(6) The extent to which expansion of regulation of the profession or occupation would increase or decrease the availability of services to the public;

(7) The extent to which existing legal remedies are inadequate to prevent or redress the kinds of harm

potentially resulting from the lack of the requirements outlined in the bill;

(8) Why bonding and insurance, registration, certification, occupational license to practice, or another type of regulation is being proposed, why that regulatory alternative was chosen, and whether the proposed method of regulation is appropriate;

(9) A list of other states that regulate the profession or occupation, the type of regulation, copies of other states' laws, and available evidence from those states of the effect of regulation on the profession or occupation in terms of a before-and-after analysis;

(10) The details of any previous efforts in this state to implement regulation of the profession or occupation;

(11) Whether the proposed requirements for regulation exceed the national industry standards of minimal competence, if such standards exist, and what those standards are if they exist; and

(12) The method proposed to finance the proposed regulation and financial data pertaining to whether the proposed regulation can be reasonably financed by current or proposed licensees through dedicated revenue mechanisms.

7. If no existing regulatory entity regulates the occupation or profession to be regulated in the bill, the department shall report and make available to the general assembly, upon the filing of a bill after January 1, 2019, that proposes new regulation of a profession or occupation, the following factors:

(1) A description of the professional or occupational group proposed for regulation, including the number of individuals or business entities that would be subject to regulation to the extent that such information is available; the names and addresses of associations, organizations, and other groups representing the practitioners; and an estimate of the number of practitioners in each group;

(2) The nature and extent of potential harm to the public if the profession or occupation is not regulated, the extent to which there is a threat to the general welfare, and production of evidence of potential harm, including a description of any complaints filed with state law enforcement authorities, courts, departmental agencies, professional or occupational boards, and professional and occupational associations that have been lodged against practitioners of the profession or occupation in this state within the past five years. Notwithstanding the provisions of this section or any other section, the department shall release the information relating to such complaints even if the information is considered a closed record or otherwise confidential; except that, the department shall redact names and other personally identifiable information from the information released;

(3) A list of other states that regulate the profession or occupation, the type of regulation, copies of other states' laws, and available evidence from those states of the effect of regulation on the profession or occupation in terms of a before-and-after analysis;

(4) The details of any previous efforts in this state to implement regulation of the profession or occupation; and

(5) Whether the proposed requirements for regulation exceed the national industry standards of minimal competence, if such standards exist, and what those standards are if they exist.

8. After January 1, 2019, applicant groups may report to the department, and the department shall make available to the general assembly, any of the information required in subsection 6 or 7 of this section and whether the profession or occupation plans to apply for mandated benefits.

(L. 2018 H.B. 1500 merged with H.B. 1719)

## **Chapter 383**

### **Malpractice Insurance**

#### **383.133. Reports by hospitals, ambulatory surgical centers and licensing authorities, when, contents, limited use, penalty.**

1. The chief executive office or similarly empowered official of any hospital, ambulatory surgical center, as such terms are defined in chapter 197, temporary nursing staffing agency, nursing home, any nursing facility as such term is defined in chapter 198, or any entity that employs or contracts with licensed health care professionals to provide health care services to individuals shall report to the appropriate health care professional licensing authority any disciplinary action against any health care professional or the voluntary resignation of any health care professional against whom any complaints or reports have been made which might have led to disciplinary action.

2. All reports required by this section shall be submitted within fifteen days of the final disciplinary action and shall contain, but need not be limited to, the following information:

(1) The name, address and telephone number of the person making the report;

(2) The name, address and telephone number of the person who is the subject of the report;

(3) A description of the facts, including as much detail and information as possible, which gave rise to the issuance of the report, including the dates of occurrence deemed to necessitate the filing of the report;

(4) If court action is involved and known to the reporting agent, the identity of the court, including the date of filing and the docket number of the action.

3. Upon request, the licensing authority may furnish a report of any disciplinary action received by it under the provisions of this section to any entity required to report under this section. Such licensing authority may also furnish, upon request, a report of disciplinary action taken by the licensing authority to any other administrative or law enforcement agency acting within the scope of its statutory authority.

4. There shall be no liability on the part of, and no cause of action of any nature shall arise against any health care professional licensing authority or any entity required to report under this section, or any of their agents or employees for any action taken in good faith and without malice in carrying out the provisions of this section.

5. Neither a report required to be filed under subsection 2 of this section nor the record of any proceeding shall be used against a health care professional in any other administrative or judicial proceeding.

6. Violation of any provision of this section is an infraction.

*(L. 1986 S.B. 663 § 2, A.L. 2007 H.B. 780 merged with S.B. 308, A.L. 2010 H.B. 2226, et al.)*

*(2001) Statements made in incident report by hospital to state board of nursing about nurse were not, in absence of actual proceedings pending against that nurse, entitled to absolute immunity from nurse's libel claim. Haynes-Wilkinson v. Barnes-Jewish Hospital, 131 F.Supp.2d 1140 (E.D.Mo.).*

## **Chapter 431**

### **General Provisions as to Contracts**

#### **431.055. Persons competent to contract when eighteen years of age.**

The legal age at which a person becomes competent to contract in Missouri is eighteen years and any rule or provision of the common law to the contrary is hereby abrogated.

*(L. 1974 2d Ex. Sess. S.B. 3 § 2)*

*Effective 1-7-75*

**CROSS REFERENCE:**

*Conveyances by minors binding, when, RSMo 442.080*

*(1979) Covenant not to sue is contract within meaning of term "contract" as to 18 years of age as legal age at which person becomes competent to contract. Holoman v. Harris (A.), 585 S.W.2d 530.*

#### **431.061. Consent to surgical or medical treatment, who may give, when.**

1. In addition to such other persons as may be so authorized and empowered, any one of the following persons if otherwise competent to contract, is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law:

(1) Any adult eighteen years of age or older for himself;

(2) Any parent for his minor child in his legal custody;

(3) Any minor who has been lawfully married and any minor parent or legal custodian of a child for himself, his child and any child in his legal custody;

(4) Any minor for himself in case of:

(a) Pregnancy, but excluding abortions;

(b) Venereal disease;

(c) Drug or substance abuse including those referred to in chapter 195;

(5) Any adult standing in loco parentis, whether serving formally or not, for his minor charge in case of emergency as defined in section 431.063;

(6) Any guardian of the person for his ward;

(7) Any relative caregiver of a minor child as provided for under section 431.058.

2. The provisions of sections 431.061 and 431.063 shall be liberally construed, and all relationships set forth in subsection 1 of this section shall include the adoptive and step-relationship as well as the natural relationship and the relationship by the half blood as well as by the whole blood.

3. A consent by one person so authorized and empowered shall be sufficient notwithstanding that there are other persons so authorized and empowered or that such other persons shall refuse or decline to consent or shall protest against the proposed surgical, medical or other treatment or procedures.

4. Any person acting in good faith and not having been put on notice to the contrary shall be justified in relying on the representations of any person purporting to give such consent, including, but not limited to, his identity, his age,

his marital status, and his relationship to any other person for whom the consent is purportedly given.  
(L. 1971 H.B. 73 § 1, A.L. 1977 S.B. 48, A.L. 2014 S.B. 532)

**CROSS REFERENCES:**

*Consent to immunization may be delegated to relative caregivers, when, 431.058*

*Mandatory insurance coverage of immunizations, exceptions, 376.1215*

*(1985) Section 431.062, RSMo, requires that a parent must expressly agree to pay for any treatment provided under this section, or he is not liable for such payment. Missouri Osteopathic Foundation v. Ott, (A.) 702 S.W.2d 495.*

**431.062. Minor cannot disaffirm contract, when — parents or guardian not liable, exception — disclosure by physician authorized, when.**

Whenever a minor is examined, treated, hospitalized, or receives medical or surgical care under subdivision (4) of subsection 1 of section 431.061:

(1) His consent shall not be subject to disaffirmance or revocation because of minority;

(2) The parent, parents, conservator, or relative caregiver shall not be liable for payment for such care unless the parent, parents, conservator, or relative caregiver has expressly agreed to pay for such care;

(3) A physician or surgeon may, with or without the consent of the minor patient, advise the parent, parents, conservator, or relative caregiver of the examination, treatment, hospitalization, medical and surgical care given or needed if the physician or surgeon has reason to know the whereabouts of the parent, parents, conservator, or relative caregiver. Such notification or disclosure shall not constitute libel or slander, a violation of the right of privacy or a violation of the rule of privileged communication. In the event that the minor is found not to be pregnant or not afflicted with a venereal disease or not suffering from drug or substance abuse, then no information with respect to any appointment, examination, test or other medical procedure shall be given to the parent, parents, conservator, relative caregiver, or any other person.

(L. 1971 H.B. 73 § 2, A.L. 1983 S.B. 44 & 45, A.L. 1987 H.B. 357, A.L. 2014 S.B. 532)

## **Chapter 452**

# **Dissolution of Marriage, Divorce, Alimony and Separate Maintenance**

**452.375. Custody — definitions — factors determining custody — prohibited, when — public policy of state — custody options — findings required, when — parent plan required — access to records — joint custody not to preclude child support — support, how determined — domestic violence or abuse, specific findings.**

1. As used in this chapter, unless the context clearly indicates otherwise:

(1) “Custody” means joint legal custody, sole legal custody, joint physical custody or sole physical custody or any combination thereof;

(2) “Joint legal custody” means that the parents share the decision-making rights, responsibilities, and authority relating to the health, education and welfare of the child, and, unless allocated, apportioned, or decreed, the parents shall confer with one another in the exercise of decision-making rights, responsibilities, and authority;

(3) “Joint physical custody” means an order awarding each of the parents significant, but not necessarily equal, periods of time during which a child resides with or is under the care and supervision of each of the parents. Joint physical custody shall be shared by the parents in such a way as to assure the child of frequent, continuing and meaningful contact with both parents;

(4) “Third-party custody” means a third party designated as a legal and physical custodian pursuant to subdivision (5) of subsection 5 of this section.

2. The court shall determine custody in accordance with the best interests of the child. When the parties have not reached an agreement on all issues related to custody, the court shall consider all relevant factors and enter written findings of fact and conclusions of law, including, but not limited to, the following:

(1) The wishes of the child’s parents as to custody and the proposed parenting plan submitted by both parties;

(2) The needs of the child for a frequent, continuing and meaningful relationship with both parents and the ability and willingness of parents to actively perform their functions as mother and father for the needs of the child;

(3) The interaction and interrelationship of the child with parents, siblings, and any other person who may significantly affect the child’s best interests;

(4) Which parent is more likely to allow the child frequent, continuing and meaningful contact with the other parent;

(5) The child’s adjustment to the child’s home, school, and community;

(6) The mental and physical health of all individuals involved, including any history of abuse of any individuals

involved. If the court finds that a pattern of domestic violence as defined in section 455.010 has occurred, and, if the court also finds that awarding custody to the abusive parent is in the best interest of the child, then the court shall enter written findings of fact and conclusions of law. Custody and visitation rights shall be ordered in a manner that best protects the child and any other child or children for whom the parent has custodial or visitation rights, and the parent or other family or household member who is the victim of domestic violence from any further harm;

(7) The intention of either parent to relocate the principal residence of the child; and

(8) The wishes of a child as to the child's custodian. The fact that a parent sends his or her child or children to a home school, as defined in section 167.031, shall not be the sole factor that a court considers in determining custody of such child or children.

3. (1) In any court proceedings relating to custody of a child, the court shall not award custody or unsupervised visitation of a child to a parent if such parent or any person residing with such parent has been found guilty of, or pled guilty to, any of the following offenses when a child was the victim:

(a) A felony violation of section 566.030, 566.032, 566.031\*, 566.060, 566.062, 566.064, 566.067, 566.068, 566.061\*, 566.083, 566.101\*, 566.100, 566.111, 566.151, 566.203, 566.206, 566.209, 566.211\*\*, or 566.215;

(b) A violation of section 568.020;

(c) A violation of subdivision (2) of subsection 1 of section 568.060;

(d) A violation of section 568.065;

(e) A violation of section 573.200\*\*;

(f) A violation of section 573.205\*\*; or

(g) A violation of section 568.175.

(2) For all other violations of offenses in chapters 566 and 568 not specifically listed in subdivision (1) of this subsection or for a violation of an offense committed in another state when a child is the victim that would be a violation of chapter 566 or 568 if committed in Missouri, the court may exercise its discretion in awarding custody or visitation of a child to a parent if such parent or any person residing with such parent has been found guilty of, or pled guilty to, any such offense.

4. The general assembly finds and declares that it is the public policy of this state that frequent, continuing and meaningful contact with both parents after the parents have separated or dissolved their marriage is in the best interest of the child, except for cases where the court specifically finds that such contact is not in the best interest of the child, and that it is the public policy of this state to encourage parents to participate in decisions affecting the health, education and welfare of their children, and to resolve disputes involving their children amicably through alternative dispute resolution. In order to effectuate these policies, the court shall determine the custody arrangement which will best assure both parents participate in such decisions and have frequent, continuing and meaningful contact with their children so long as it is in the best interests of the child.

5. Prior to awarding the appropriate custody arrangement in the best interest of the child, the court shall consider each of the following as follows:

(1) Joint physical and joint legal custody to both parents, which shall not be denied solely for the reason that one parent opposes a joint physical and joint legal custody award. The residence of one of the parents shall be designated as the address of the child for mailing and educational purposes;

(2) Joint physical custody with one party granted sole legal custody. The residence of one of the parents shall be designated as the address of the child for mailing and educational purposes;

(3) Joint legal custody with one party granted sole physical custody;

(4) Sole custody to either parent; or

(5) Third-party custody or visitation:

(a) When the court finds that each parent is unfit, unsuitable, or unable to be a custodian, or the welfare of the child requires, and it is in the best interests of the child, then custody, temporary custody or visitation may be awarded to any other person or persons deemed by the court to be suitable and able to provide an adequate and stable environment for the child. Before the court awards custody, temporary custody or visitation to a third person under this subdivision, the court shall make that person a party to the action;

(b) Under the provisions of this subsection, any person may petition the court to intervene as a party in interest at any time as provided by supreme court rule.

6. If the parties have not agreed to a custodial arrangement, or the court determines such arrangement is not in the best interest of the child, the court shall include a written finding in the judgment or order based on the public policy in subsection 4 of this section and each of the factors listed in subdivisions (1) to (8) of subsection 2 of this section detailing the specific relevant factors that made a particular arrangement in the best interest of the child. If a proposed custodial arrangement is rejected by the court, the court shall include a written finding in the judgment or order detailing the specific relevant factors resulting in the rejection of such arrangement.

7. Upon a finding by the court that either parent has refused to exchange information with the other parent, which shall include but not be limited to information concerning the health, education and welfare of the child, the court

shall order the parent to comply immediately and to pay the prevailing party a sum equal to the prevailing party's cost associated with obtaining the requested information, which shall include but not be limited to reasonable attorney's fees and court costs.

8. As between the parents of a child, no preference may be given to either parent in the awarding of custody because of that parent's age, sex, or financial status, nor because of the age or sex of the child. The court shall not presume that a parent, solely because of his or her sex, is more qualified than the other parent to act as a joint or sole legal or physical custodian for the child.

9. Any judgment providing for custody shall include a specific written parenting plan setting forth the terms of such parenting plan arrangements specified in subsection 8 of section 452.310. Such plan may be a parenting plan submitted by the parties pursuant to section 452.310 or, in the absence thereof, a plan determined by the court, but in all cases, the custody plan approved and ordered by the court shall be in the court's discretion and shall be in the best interest of the child.

10. After August 28, 2016, every court order establishing or modifying custody or visitation shall include the following language: "In the event of noncompliance with this order, the aggrieved party may file a verified motion for contempt. If custody, visitation, or third-party custody is denied or interfered with by a parent or third party without good cause, the aggrieved person may file a family access motion with the court stating the specific facts that constitute a violation of the custody provisions of the judgment of dissolution, legal separation, or judgment of paternity. The circuit clerk will provide the aggrieved party with an explanation of the procedures for filing a family access motion and a simple form for use in filing the family access motion. A family access motion does not require the assistance of legal counsel to prepare and file."

11. No court shall adopt any local rule, form, or practice requiring a standardized or default parenting plan for interim, temporary, or permanent orders or judgments. Notwithstanding any other provision to the contrary, a court may enter an interim order in a proceeding under this chapter, provided that the interim order shall not contain any provisions about child custody or a parenting schedule or plan without first providing the parties with notice and a hearing, unless the parties otherwise agree.

12. Unless a parent has been denied custody rights pursuant to this section or visitation rights under section 452.400, both parents shall have access to records and information pertaining to a minor child including, but not limited to, medical, dental, and school records. If the parent without custody has been granted restricted or supervised visitation because the court has found that the parent with custody or any child has been the victim of domestic violence, as defined in section 455.010, by the parent without custody, the court may order that the reports and records made available pursuant to this subsection not include the address of the parent with custody or the child. Unless a parent has been denied custody rights pursuant to this section or visitation rights under section 452.400, any judgment of dissolution or other applicable court order shall specifically allow both parents access to such records and reports.

13. Except as otherwise precluded by state or federal law, if any individual, professional, public or private institution or organization denies access or fails to provide or disclose any and all records and information, including, but not limited to, past and present dental, medical and school records pertaining to a minor child, to either parent upon the written request of such parent, the court shall, upon its finding that the individual, professional, public or private institution or organization denied such request without good cause, order that party to comply immediately with such request and to pay to the prevailing party all costs incurred, including, but not limited to, attorney's fees and court costs associated with obtaining the requested information.

14. An award of joint custody does not preclude an award of child support pursuant to section 452.340 and applicable supreme court rules. The court shall consider the factors contained in section 452.340 and applicable supreme court rules in determining an amount reasonable or necessary for the support of the child.

15. If the court finds that domestic violence or abuse as defined in section 455.010 has occurred, the court shall make specific findings of fact to show that the custody or visitation arrangement ordered by the court best protects the child and the parent or other family or household member who is the victim of domestic violence, as defined in section 455.010, and any other children for whom such parent has custodial or visitation rights from any further harm.

*(L. 1973 H.B. 315 § 16, A.L. 1982 S.B. 468, A.L. 1983 S.B. 94, A.L. 1984 H.B. 1513 subsecs. 1 to 5, 7, A.L. 1986 H.B. 1479, A.L. 1988 H.B. 1272, et al., A.L. 1989 H.B. 422, A.L. 1990 H.B. 1370, et al., A.L. 1993 S.B. 180, A.L. 1995 S.B. 174, A.L. 1998 S.B. 910, A.L. 2004 H.B. 1453, A.L. 2005 H.B. 568, A.L. 2011 S.B. 320, A.L. 2016 H.B. 1550)*

*\*The following sections were transferred by H.B. 215, 2013, effective 8-28-13: 566.040 to 566.031 566.070 to 566.061 566.090 to 566.101*

*\*\*The following sections were transferred by S.B. 491, 2014, effective 1-01-17: 566.212 to 566.211 568.080 to 573.200 568.090 to 573.205*

*(1976) The desirability of awarding custody of children of tender years, especially girls, to their mother should not be indulged in to the extent of excluding all other relevant matters. R.G.T. v. Y.G.T. (A.), 543 S.W.2d 330.*

(1976) Child support portion of decree ordering husband to "maintain and provide for the necessities for the two children born of this marriage" held to be indefinite and void. Since it is a judgment for money, decree must specify with certainty the amount for which it is rendered. *Cradic v. Cradic* (A.), 544 S.W.2d 605.

(1977) Held, giving father temporary custody of children five times a year was abuse of discretion when children lived in Maine and father in Missouri. *Taylor v. Taylor* (A.), 548 S.W.2d 866.

(1985) Held that this section does not require agreement between the parties as a prerequisite of joint custody. The court may order joint custody over the objection of a parent. *Goldberg v. Goldberg* (A.), 691 S.W.2d 312.

(1987) Husband was properly awarded the house and custody of the children and wife's visitation rights were properly limited in view of wife's decision to openly practice homosexuality and court was not in error for amending judgment of decree ten days after it had been entered into the record taking the home, custody of the children, maintenance and support away from wife after husband discovered his wife's homosexual relations. *S.E.G. v. R.A.G.*, 735 S.W.2d 164 (Mo.App.E.D.).

(2003) Provision prohibiting sole consideration of home schooling in custody determination applies to issue of whether such a factor constitutes a change in circumstances warranting modification. *Heslop v. Sanderson*, 123 S.W.3d 214 (Mo.App.W.D.).







## Suggestion from KPA for BSRB

Kirk, Sarah Beth <skirk@ku.edu>

Tue 11/10/2020 2:51 PM

To: Steele Jr, Ric G <rsteale@ku.edu>

 1 attachments (18 KB)

Diversity CEU requirement KPA.docx;

Hi Ric,

Dr. Kurylo indicated you chair the psychology advisory committee of BSRB and KPA asked me to pass this letter on to you as a suggestion to the BSRB to require a Diversity CEU for continued licensure. We would welcome consideration of this requirement by BSRB and the psychology advisory committee. In the event this information is not accurate please let me know and we will send it to the more appropriate person to take up for consideration.

Best,

Sarah Kirk

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## **102-1-12. Educational requirements.**

### (a) Definitions.

(1) "Core faculty member" means an individual who is part of the program's teaching staff and who meets the following conditions:

(A) Is an individual whose education, training, and experience are consistent with the individual's role within the program and are consistent with the published description of the goals, philosophy, and educational purpose of the program;

(B) is an individual whose primary professional employment is at the institution in which the program is housed; and

(C) is an individual who is identified with the program and is centrally involved in program development, decision making, and student training as demonstrated by consistent inclusion of the individual's name in public and departmental documents.

(2) "In residence," when used to describe a student, means that the student is present at the physical location of the institution for the purpose of completing coursework during which the student and one or more core faculty members are in physical proximity and face-to-face contact.

(3) "Primary professional employment" means a minimum of 20 hours per week of instruction, research, any other service to the institution in the course of employment, and the related administrative work.

(b) A graduate applicant for psychology licensure shall be deemed to have received a doctoral degree based on a program of studies in content primarily psychological as set forth in K.S.A. 74-5310, and amendments thereto, or the substantial equivalent of this program in both subject matter and extent of training, if at the time the applicant graduated from the program, this doctoral degree program was accredited by the American psychological association. If the applicant began the program after March 10, 2006, the accredited program shall require that at least 24 semester credit hours in the substantive areas identified in paragraph (b)(13)(C), or the equivalent number of quarter or trimester credit hours, be completed while the applicant is in residence. If not so accredited, the doctoral degree program from which the applicant was granted the degree shall meet all of the following criteria:

(1) The doctoral program is offered by an institution of higher education that is regionally accredited by an accrediting agency substantially equivalent to those agencies that accredit the universities in Kansas.

(2) The program offers doctoral education and training in psychology, one goal of which is to prepare students for the practice of psychology.

(3) The program stands as a recognized, coherent organizational entity within a university or college.

(4) There is a clear administrative authority with primary responsibility within the program for the substantive content areas as set forth below in paragraph (b)(13) and for the emphasis areas of psychology.

(5) The program is an established, organized, and comprehensive sequence of study designed by administrators who are responsible for the program to provide an integrated educational experience in psychology.

(6) There is an identifiable, full-time, professional faculty whose members hold earned graduate degrees in psychology, and the person responsible for directing the program is

licensed or academically eligible at the doctoral level to engage in the practice of psychology.

(7) The ratio of students to core faculty members does not exceed 15 students to one core faculty member.

(8) The student's major advisor is a member of the psychology faculty.

(9) The program has an identifiable body of students who are matriculated in the program for a degree.

(10) The program publicly states an explicit philosophy of training by which it intends to prepare students for the practice of psychology. The program's philosophy, educational model, and curriculum plan shall be substantially consistent with the mission and goals of the program's sponsor institution and shall be consistent with the following principles of the discipline:

(A) Psychological practice is based on the science of psychology, which, in turn, is influenced by the professional practice of psychology.

(B) Training for practice is sequential, cumulative, graded in complexity, and designed to prepare students for further organized training.

(11) The program, except for industrial and organizational psychology programs, requires an internship that meets the following requirements:

(A) Consists of at least 1,800 hours over one year of full-time training or two consecutive years of half-time training;

(B) accepts as interns only applicants enrolled in a doctoral program as defined in this subsection or in a program that meets the requirements of paragraph (b)(2) of K.A.R. 102-1-5a;

(C) has a clearly designated doctoral-level staff psychologist who is responsible for the integrity and quality of the training program. This person shall be licensed, certified, or registered in the jurisdiction in which the program exists to engage in the practice of psychology and shall be present at the training facility for a minimum of 20 hours per week;

(D) provides training and supervision in a wide range of professional activities, including diagnosis, remediation techniques, interdisciplinary relationships, and consultation, and provides experience with a population of clients or patients presenting a diverse set of problems and backgrounds;

(E) is taken after the completion of all graduate courses other than those designated for writing the dissertation, including both the required graduate coursework emphasizing the practice of psychology and the preinternship training requirements;

(F) provides the intern or resident with a minimum of four hours of general training supervision for every 40 hours of training experience. At least one hour of individual clinical supervision shall be provided for every 10 hours during which the supervisee has direct patient or client contact;

(G) provides the majority of supervision by licensed, doctoral-level psychologists;

(H) exists as a distinct and organized program that is clearly recognizable within an institution or agency, as well as in pertinent public, official documents issued by the institution or agency, and that is clearly recognizable as a training program for psychologists;

(I) identifies interns as being in training and not as staff members;

(J) has a training staff that consists of at least two doctoral-level psychologists who serve on a full-time basis as individual clinical supervisors and who are licensed, certified, or registered as psychologists in the jurisdiction in which the program exists;

(K) is an integrated and formally organized training experience, not an after-the-fact tabulation of experience; and

(L) provides at least two hours per week in didactic activities, including case conferences, seminars, in-service training, and grand rounds.

(12) Before awarding the doctoral degree, the program requires each student to complete a minimum of three full-time academic years of graduate study, or the equivalent, and to complete an internship that meets the requirements of paragraph (b)(11). At least two of the three academic training years, or the equivalent, shall be completed at the institution from which the doctoral degree is granted, and at least two consecutive semesters, or the equivalent number of quarters or trimesters, shall be completed while the student is in residence at the same institution. The program's coursework shall also include the skill courses appropriate for the applicant's major or area of emphasis.

(13) The program has and implements a clear and coherent curriculum plan that provides the means whereby all students can acquire and demonstrate substantial understanding of and competency in the current body of knowledge in the following three substantive areas:

(A) The breadth of scientific psychology, its history of thought and development, its research methods, and its applications. *Each student shall have completed a one-semester course consisting of three semester credit hours, or the equivalent number of quarter or trimester credit hours, in each of the following six areas:*

(i) Biological aspects of behavior, including clinical neuropsychology and the biological foundations of psychopathology;

(ii) cognitive and affective aspects of behavior, including theories of perception, human learning and memory, cognitive development, and theories and research in human learning;

(iii) social aspects of behavior, including social psychology, advanced social psychology, and social psychology theories, research, and clinical applications;

(iv) the history and systems of psychology, including the history of psychology and theories of personality;

(v) psychological measurement, including an introduction to mathematical methods in psychology, educational measurement methods in psychological research, and research methods in clinical psychology; and

(vi) research methodology and techniques of data analysis, including statistical methods in psychology, research design in education, multivariate analysis, and multivariate statistical methods;

(B) the scientific, methodological, and theoretical foundations of practice. Each student shall have completed a one-semester course consisting of three semester credit hours, or the equivalent number of quarter or trimester credit hours, in each of the following four areas:

(i) Individual differences in behavior, including the basis and nature of individuality, intelligence and cognition, and cross-cultural counseling;

(ii) human development, including advanced child behavior and development, behavioral analysis of child development, the psychology of the adult personality, gerontology, and counseling with adults;

(iii) dysfunctional behavior or psychopathology, including advanced psychopathology; and

(iv) professional, ethical, legal, and quality assurance principles and standards, including professional, legal, and ethical problems in clinical psychology and legal, ethical, and professional issues in counseling; and

(C) the methods of diagnosing or defining problems through psychological assessment and measurement and the strategies and techniques of therapeutic intervention or remediation. A minimum of 24 semester credit hours in this substantive area, or the equivalent number of quarter or trimester credit hours, shall be completed by the student while the student is in residence and shall be distributed between the following two areas:

(i) Nine semester credit hours in assessment, or the equivalent number of quarter or trimester credit hours. Assessment courses shall include theories and methods of assessment and diagnosis, including intelligence testing, behavioral and personality assessment in children, theory and construction of personality tests, and techniques of psychodiagnostic assessment; and

(ii) 15 semester credit hours, or the equivalent number of quarter or trimester credit hours, in techniques of therapeutic interventions and effective therapeutic intervention, consultation, and supervision, including counseling and interviewing skills, theories of group counseling, psychological clinical services, psychotherapy, group therapeutic techniques, and psychotherapy with families.

(14) The program requires at least 90 semester credit hours, or the equivalent number of quarter or trimester credit hours, of formal graduate study in the psychology program. At least 60 of these semester credit hours, or the equivalent number of quarter or trimester credit hours, shall be distributed among the content areas specified in paragraph (b)(13).

(15) At least 60 semester credit hours of the coursework for the doctoral program, or the equivalent number of quarter or trimester hours, are clearly designated on the transcript as graduate-level courses in the program, exclusive of practicum, internship, and dissertation credits. The number of credits received through extension programs shall not exceed 10 semester credit hours or the equivalent number of quarter or trimester credit hours. The number of postdoctoral credit hours from a regionally accredited university or college taken to meet licensure requirements shall not exceed 10 semester credit hours or the equivalent number of quarter or trimester credit hours.

(16) When the program has an applied emphasis, which may include clinical psychology, counseling psychology, or school psychology, the training shall also include a minimum of at least two semesters of a coordinated practicum. The practicum in the application of skills related to the areas of emphasis shall be performed in a setting that is preapproved by the appropriate administrative authorities of the program.

(17) The program advertises in official documents, including course catalogues and announcements, the program standards and descriptions and the admission requirements of the program.

(18) The program has admission requirements that are, in part or in full, based on objective, standardized achievement tests and measures.

(19) The program includes an ongoing, objective review and evaluation of student learning and progress, and the program reports this evaluation in the official transcript.

(20) The program includes a comprehensive examination or an equivalent assessment approved by the board of the applicant's knowledge and progress within the training program, and the program requires that the applicant pass this requirement before awarding the doctoral degree.

(21) As a part of the graduation requirements, each student is required to initiate, prepare, conduct, and report original research or an equivalent project as determined by the program. This original research or equivalent project shall not be substituted for successful completion of the comprehensive examination required under paragraph (b)(20).

(22) The institution offering the graduate program has a library and equipment and resources available that are adequate for the size of the student body and the scope of the program offered, including suitable scientific and practicum facilities.

(Authorized by K.S.A. 2005 Supp. 74-7507; implementing K.S.A. 74-5310; effective May 1, 1982; amended May 1, 1984; amended, T-85-35, Dec. 19, 1984; amended May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended Dec. 18, 1998; amended Oct. 27, 2000; amended March 10, 2006; amended, T-102-4-24-07, April 24, 2007; amended April 11, 2008.)

# Standards of Accreditation for Health Service Psychology

APPROVED FEBRUARY 2015

*and*

# Accreditation Operating Procedures

APPROVED JUNE 2015

**REVISIONS APPROVED AUGUST 2017, JUNE 2018, NOVEMBER 2019**



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

**Commission on Accreditation**

c/o Office of Program Consultation and Accreditation  
Education Directorate

**American Psychological Association**

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For updates on accreditation issues, check the Commission on Accreditation website at [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation) or send email to [apaaccred@apa.org](mailto:apaaccred@apa.org).



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# **Standards of Accreditation for Programs in Health Service Psychology**

**Approved February 2015**

## **I. SCOPE OF ACCREDITATION**

The accreditation process is intended to promote consistent quality and excellence in education and training in health service psychology. Education and training provides tangible benefits for prospective students; the local, national, and international publics that are consumers of psychological services; and the discipline of psychology itself.

For the purposes of accreditation by the APA Commission on Accreditation (CoA) “health service psychology” is defined as the integration of psychological science and practice in order to facilitate human development and functioning. Health service psychology includes the generation and provision of knowledge and practices that encompass a wide range of professional activities relevant to health promotion, prevention, consultation, assessment, and treatment for psychological and other health-related disorders.

Programs that are accredited to provide training in health service psychology prepare individuals to work in diverse settings with diverse populations. Individuals who engage in health service psychology have been appropriately trained to be eligible for licensure as doctoral-level psychologists.

The Commission reviews programs for accreditation at doctoral, internship, and postdoctoral levels.

### **A. Scope of Accreditation for Doctoral Programs**

The CoA reviews doctoral programs in psychology that provide broad and general training in scientific psychology and in the foundations of practice in health service psychology. Practice areas include clinical psychology, counseling psychology, school psychology, and other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

### **B. Scope of Accreditation for Internship Programs**

The CoA reviews internship training programs in practice areas in health service psychology, which may include clinical psychology, counseling psychology, school psychology, and other developed practice areas.

### **C. Scope of Accreditation for Postdoctoral Residency Programs**

The CoA reviews postdoctoral residency programs providing education and training in preparation for health service psychology practice at an advanced level of competency in:

(a) the developed practice areas that have been defined within the scope of accreditation at the doctoral level; (b) a focus area that promotes attainment of advanced competencies in a content within one or more of the developed practice areas that have been defined within the scope of accreditation at the doctoral level; and/or (c) in a recognized specialty practice area in health service psychology.

## II. GUIDING PRINCIPLES OF ACCREDITATION

The accreditation standards and procedures are greatly influenced by the following principles and practical concerns.

### A. The Purpose and Practice of Accreditation

Accreditation is a voluntary, nongovernmental process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education. As such, it serves:

1. General, liberal education;
2. Technical, vocational education and training; and
3. Education and training for the professions.

Accreditation is intended to protect the interests of students, benefit the public, and improve the quality of teaching, learning, research, and practice in health service psychology. Through its standards, the accrediting body is expected to encourage dual attainment of a common level of professional competency, and ongoing improvement of educational institutions and training programs, sound educational experimentation, and constructive innovation.

The accreditation process involves judging the degree to which a program has achieved its educational aims and the standards described in this document, and its students/trainees and graduates have demonstrated adequate mastery of the discipline-specific knowledge and profession-wide competencies. The accreditation body should not explicitly prescribe the processes by which competencies should be reached; rather, it should judge the degree to which a program achieves outcomes consistent with the standards in this document and its training aims.

Thus, accreditation in psychology is intended to “achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom.”<sup>1</sup>

### B. Professional Values

1. There are certain principles and values that are at the core of the profession and impact the way in which the CoA functions and the decisions it makes. The following overarching values govern the policies, standards, and procedures of the CoA.

a. **Quality.** The primary goal of the accreditation process is to ensure quality in the education of psychologists, and to ensure that students/trainees receive the requisite knowledge, skills, attitudes, and values required for competent and safe practice. The focus on quality ensures that those most vulnerable in the educational process, students/trainees and the public to whom students/trainees and future psychologists will provide services, are adequately protected.

b. **Transparency.** As part of its commitment to accountability, the CoA is transparent regarding the policies, standards, and procedures by which it operates. It is open to and values input regarding these from the public, students, faculty and practitioners. The CoA is also committed to transparency regarding its decisions, within the limits imposed by the confidentiality of the information it receives from programs as part of their application process.

c. **Peer Review.** Peer-review is fundamental to the decision making of the CoA. This process ensures that the education students/trainees receive is assessed by peers nominated for their expertise in health service psychology. Peer review, following carefully developed policies, standards, and procedures, further ensures that the program review process will be fair and objective. A goal of the peer-review process is to promote trust and credibility of the process and outcomes of program review.

2. In addition to the principles and values that regulate the functions of the CoA, the following five principles guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.

a. **Commitment to Cultural and Individual Differences and Diversity.** The Commission on Accreditation is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.

b. **Broad and General Preparation for Practice at the Entry Level.** Education in health service psychology resides on a continuum: progressing from broad and general preparation for practice at the entry level at the doctoral and internship levels to advanced preparation at the postdoctoral level in a focus area and/or recognized specialties.

Doctoral and internship education and training in preparation for entry-level practice in health service psychology should be broad and professional in its orientation rather than narrow and technical. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the declared substantive practice area(s) and

<sup>1</sup> The APA Committee on Training in Clinical Psychology (1947). First report of the new accreditation process in psychology. *American Psychologist*, 2, 539-558.

should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

c. **Advanced Preparation for Practice at the Postdoctoral Level in a Focus Area and/or Recognized Specialty.**

Postdoctoral residency education and training in health service psychology reflects advanced and focused knowledge of the science and practice of psychology. It builds upon the breadth of knowledge attained in earlier doctoral and internship education so as to ensure competence in health service psychology and is of sufficient depth and focus to ensure advanced competence in the practice area for which the residents are being prepared. This preparation should be based on the existing and evolving body of knowledge, skills, and competencies that define the practice area(s), and should be well integrated with the broad theoretical and scientific foundations of the discipline and field of psychology in general.

d. **Science and Practice.** The competent practice of psychology requires attention to the empirical basis for all methods involved in psychological practice, including a scientific orientation toward psychological knowledge and methods. Therefore, education and training as a psychologist should be based on the existing and evolving body of general knowledge and methods in the science and practice of psychology, whether in preparation for entry-level practice or in preparation for advanced-level practice in a substantive traditional or specialty practice area. Broad and general knowledge in the discipline of psychology is foundational to and should be well integrated with the specific knowledge, skills, attitudes, and values that define a particular area of interest in health service psychology. The relative emphasis a particular program places on science and practice should be consistent with its training aims and the intended career path of its students/trainees. However, all programs should enable their students to understand the value of science for the practice of psychology and the value of practice for the science of psychology.

e. **Program Aims and Student/Trainee Competencies.**

A program or institution will be evaluated in light of its educational aims and the educational principles described above, the demonstrated competencies of its students/trainees, and the career paths of its graduates. There are certain educational aims that are accepted by the profession as necessary, including adequate mastery by students/trainees of the discipline-specific knowledge in psychology and the profession-wide competencies.

The program should be consistent with the stated aims, its policies, and with the standards of the CoA described herein. Consistent with these parameters, a program should have a clear, coherent, and well-artic-

ulated description of the principles underlying its aims, as well as a clear description of the resources, methods, and processes by which it proposes to attain its desired training outcomes. A program may describe program-specific competencies in addition to profession-wide competencies. Such program-specific competencies should be consistent with the stated aims of the program and with the general requirements of accreditation and should include clear demonstration by students/trainees of attainment of discipline-specific knowledge and profession-wide competencies.

The program's aims and desired training outcomes should be consistent with that of its parent or sponsor institution's mission. The program should also address the validity and consistency of its aims and mission in relation to current professional standards and regional and national needs.

### C. Outcome Oriented Evaluation Focus

The accreditation review process places great emphasis on the outcomes of a program's training efforts. The accreditation process reviews resources and processes to ensure that they are adequate to meet the program's aims and the SoA. However these evaluations are not meant to discourage experimentation, innovation, or modernization with regard to the delivery of education.

Consistent with this outcomes-oriented approach, the accreditation standards do not contain a "checklist" of criteria. Rather, they identify and describe the profession-wide competencies and the discipline-specific knowledge that all programs must address as well as general areas that are considered essential to the success of any training program in health service psychology. Programs are expected to document their record of achievements in these areas (in the case of already accredited programs), or their potential for success (in the case of applicant programs).

It is assumed that, with reasonable guidance about the kind of information needed by the CoA, programs can decide how best to present their aims, competencies, and outcomes.

Similarly, it is assumed that with adequate information from a program, the CoA can reach an informed, fair, and reasonable decision about that program without relying solely on highly restrictive lists of specific criteria.

Protection of the interests of the program and the public will be ensured by the creation of procedures which utilize fair and reasonable evaluative methods to assess:

1. The clarity of program aims and outcomes and their consistency with accreditation standards;
2. The sufficiency of resources and adequacy of processes to support the accomplishment of the program's aims;
3. The effectiveness of a program to achieve its aims and outcomes; and
4. The likelihood that such outcomes can be maintained or improved over time.

#### **D. Function of the CoA: Professional Judgment**

This document reflects shared assumptions about the attributes of high-quality education. It is assumed that the CoA will use these shared assumptions, the collective professional judgment of its members, and the accreditation standards to reach an informed, fair, and reasonable decision about a program's readiness for accreditation review and/or its accreditation.

The CoA, in representing a broad array of constituencies, has the authority to adopt implementing regulations which elucidate, interpret, and operationally define its standards, principles, and procedures. The implementing regulations are meant to convey to programs and the public the criteria used by the CoA in determining a program's compliance with a standard, while recognizing that application of these criteria and standards requires the exercise of professional judgment. The CoA may in its decision-making processes refer to or adopt definitions, aims, practices, and principles developed by certain health service psychology training communities or reference groups. By creating procedures which utilize fair and reasonable evaluative methods designed to assess program compliance with accreditation standards, principles, and areas, the CoA seeks to ensure protection of the interests of the program and the public.

# DOCTORAL

## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

1. **Health Service Psychology.** The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:
  - a. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
  - b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
  - c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.
2. **Practice Area.** Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

### B. Institutional and Administrative Structure

1. **Administrative Structure.** The program's purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.
  - a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary

education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.

- b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

## C. Program Context and Resources

### 1. Program Administration and Structure

- a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be held by more than one individual.
- b. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of Degree and Residency.** The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

- a. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
- b. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
- c. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
  - a. financial support for training and educational activities;
  - b. clerical, technical, and electronic support;
  - c. training materials and equipment;
  - d. physical facilities;
  - e. services to support students with academic, financial, health, and personal issues;
  - f. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

#### D. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
  - a. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.
  - b. degree requirements;
  - c. administrative and financial assistance;
  - d. student performance evaluation, feedback, advisement, retention, and termination decisions;
  - e. due process and grievance procedures;
  - f. student rights, responsibilities, and professional development;
  - g. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.
3. **Availability of Policies and Procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expect-

tations regarding students' performance and continuance in the program and procedures for the termination of students.

4. **Record Keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.
  - a. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.
  - b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

## II. AIMS, COMPETENCIES, CURRICULUM, AND OUTCOMES

### A. Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

### B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession

1. **Discipline-Specific Knowledge and Profession-Wide Competencies.** Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.
  - a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs

may elect to demonstrate discipline-specific knowledge of students by:

- i. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.
  - ii. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.
- b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:
- i. Research
  - ii. Ethical and legal standards
  - iii. Individual and cultural diversity
  - iv. Professional values, attitudes, and behaviors
  - v. Communication and interpersonal skills
  - vi. Assessment
  - vii. Intervention
  - viii. Supervision
  - ix. Consultation and interprofessional/interdisciplinary skills

2. **Learning/Curriculum Elements Related to the Program's Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

3. **Required Practicum Training Elements**

- a. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of

practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.

- b. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.
- c. Supervision must be provided by appropriately trained and credentialed individuals.
- d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

4. **Required Internship Training Elements.** The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

- a. **Accredited Internships.** Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.
- b. **Unaccredited Internships.** When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:
  - i. the nature and appropriateness of the training activities;
  - ii. frequency and quality of supervision;
  - iii. credentials of the supervisors;
  - iv. how the internship evaluates student performance;
  - v. how interns demonstrate competency at the appropriate level;
  - vi. documentation of the evaluation of its students in its student files.

C. **Program-Specific Elements—Degree Type, Competencies, and Related Curriculum**

1. **Degree Type.** All accredited programs in psychology support the development of disciplinary knowledge and core compe-

tencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

## 2. **Program-Specific Competencies and Related Curriculum.**

Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.

- a. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).
- b. Additional competencies must be consistent with the ethics of the profession.

## **D. Evaluation of Students and Program**

### 1. **Evaluation of Students' Competencies**

- a. The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:

- i. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.
  - ii. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.
  - iii. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.
- b. For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.
    - i. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.
    - ii. At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).

### 2. **Evaluation of Program Effectiveness and Quality Improvement Efforts**

- a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfillment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
  - i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
  - ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession

and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.

- iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
- iv. Identifies potential areas for improvement.

3. **Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.** All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

- a. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.
- b. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program's licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

### III. STUDENTS

#### A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who:
  - a. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
  - b. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.

- i. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.

- ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.

- c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.

- i. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.

- ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.

- d. By interest and aptitude, they are prepared to meet the program's aims.

- e. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

#### B. Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

3. To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

### C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).
2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.
3. **Feedback and Remediation.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Such feedback should include:
  - a. timely, written notification of any problems that have been noted and the opportunity to discuss them;
  - b. guidance regarding steps to remediate any problems (if remediable);
  - c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

## IV. FACULTY

### A. Program Leadership, Administration, and Management

1. Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.
2. The program leader(s) together with program core faculty have primary responsibility for the design, implementation,

and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

### B. Faculty Qualifications and Role Modeling

1. **Core Faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:
  - a. function as an integral part of the academic unit of which the program is an element;
  - b. are sufficient in number for their academic and professional responsibilities;
  - c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;
  - d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;
  - e. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.
2. **Additional Core Faculty Professional Characteristics**
  - a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.
  - b. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
  - c. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
  - d. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; teaching in a master's degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.
  - e. Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and

related activities; teaching and related activities in terminal master's or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

3. **Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

#### 4. **Faculty Sufficiency**

- a. Consistent with the program's model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students' research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.
- b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.
- c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.
- d. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/workshops, and supervising the professional work of others.

#### 5. **Cultural and Individual Differences and Diversity**

- a. **Recruitment of Faculty Who Are Diverse.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well

as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

- b. **Retention of Faculty Who Are Diverse.** The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

## V. **COMMUNICATION PRACTICES**

### A. **Public Disclosure**

#### 1. **General Disclosures**

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.
- b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

#### 2. **Communication With Prospective and Current Students**

- a. All communications with potential students should be informative, accurate, and transparent.
- b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.

- i. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students' initial assessed competency at entry to the program, and how the criteria maximize student success.
- ii. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
- d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

3. **Communication Between Doctoral and Doctoral Internship Programs**

- a. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
- b. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

**B. Communication and Relationship With the Accrediting Body**

The program must demonstrate its commitment to the accreditation process through:

- 1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.
  - a. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
  - b. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
  - c. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
- 2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

# DOCTORAL INTERNSHIP

## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

1. **Sponsoring Institution.** The program is sponsored by an institution or agency that provides service to a population sufficient in number and variability to give interns adequate experiential exposure to meet training purposes, aims, and competencies.
2. **Length of Program.** Accredited internships may be structured as full-time or part-time. The program requires interns to have the equivalent of 1 year of full-time training to be completed in no fewer than 12 months (or 10 months for school psychology internships), or the equivalent of half-time training to be completed within 24 months. The sponsoring doctoral program, internship program, and intern must have a clear understanding of the intern's plan if internship time is to be divided among two or more agencies for half-time training.
3. **Programs can be single-site or multiple sites.**

### B. Institutional and Program Setting and Resources

1. Internship program setting descriptions must include:
  - a. a description of the sponsoring institution/agency;
  - b. a description of the training setting and how it is appropriate for the aims/purposes of the training program;
  - c. a description of how the setting functions primarily as a service provider;
  - d. information on required hours.
2. **Administrative Structure.** The program offers internship education and training in psychology that prepares interns for the practice of health service psychology.
  - a. The program is an integral part of the mission of the institution in which it resides.

- b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.

3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain interns and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, interns, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare interns to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

4. **Funding and Budget**

- a. Interns are provided financial support. Financial support should be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site.
- b. The program must have financial support for faculty/staff and sufficient and dependable training

activities for the duration of the year or years of the contract with interns.

- c. Funding for the program should be represented in the institution's operating budget and plans in a manner that enables the program to achieve its training aims.

5. **Training Resources and Support Services.** The program must demonstrate adequacy of its educational and training resources, including:

- a. clerical, technical, and electronic support sufficient to meet the program's needs;
- b. training materials, equipment, and access to the current knowledge base in the profession, including access to appropriate technology and resources to stay current with the scholarly literature;
- c. physical facilities that are appropriate for confidential interactions, including facilities and resources that are compliant with the Americans With Disabilities Act.

C. **Program Policies and Procedures**

1. **Areas of Coverage.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern interns as they enter and complete the program. These must include policies relevant to:

- a. intern recruitment and selection;
- b. any required prior doctoral program preparation and experiences;
- c. administrative and financial assistance;
- d. requirements for successful internship performance (including expected competencies and minimal levels of achievement for completion);
- e. intern performance evaluation, feedback, retention, and termination decisions;
- f. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal;
- g. grievance procedures for interns including due process;
- h. supervision requirements;
- i. maintenance of records;
- j. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies impact the program specifically.

3. **Availability of Policies and Procedures.** At the start of internship, the program must provide interns with written or electronic policies and procedures regarding program and institution requirements and expectations regarding interns' performance and continuance in the program and procedures for the termination of interns.

4. **Record Keeping**

- a. **Intern Performance.** The program must document and permanently maintain accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program as well as for future reference and credentialing purposes. The program should inform interns of its records retention policies.
- b. **Complaints and Grievances.** The program must keep information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

**D. Program Climate**

1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all interns, including interns from diverse and underrepresented communities.

- a. Program climate is reflected in the recruitment, retention, and development of training supervisors and interns, as well as in didactic and experiential training that fosters an understanding of cultural and individual differences and diversity as it relates to professional psychology.
- b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all interns.

2. **Supportive Learning Environment**

- a. The program recognizes the rights of interns and faculty/staff to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff should be collegial and conducted in a manner that reflects the highest standards of the profession. (See the current *APA Ethical Principles of Psychologists and Code of Conduct*.) The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.
- b. Program faculty/staff are accessible to interns and provides them with a level of guidance and supervision that encourages successful completion of the internship. Faculty/staff members serve as appropriate professional role models and engage in actions that promote

interns' acquisition of knowledge, skills, and competencies consistent with the program's training aims.

**II. AIMS, TRAINING, COMPETENCIES, AND OUTCOMES**

**A. Required Profession-Wide Competencies**

- 1. Certain competencies are required for all interns who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their interns to achieve and demonstrate that each required profession-wide competency has been met.
- 2. The role of the internship is to build upon a trainee's competencies in all of the competency areas. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing interns in the competency areas. Interns must demonstrate competence in:
  - a. Research
  - b. Ethical and legal standards
  - c. Individual and cultural diversity
  - d. Professional values, attitudes, and behaviors
  - e. Communication and interpersonal skills
  - f. Assessment
  - g. Intervention
  - h. Supervision
  - i. Consultation and interprofessional/interdisciplinary skills

**B. Program-Specific Aims and Competencies**

- 1. **Specific Aims of the Training Program.** Consistent with profession-wide competencies required of all programs, the program must provide information on the specific aims of the training program. The program's aims should be aligned with the program's training activities and intended outcomes.
- 2. **Program-Specific Competencies.** While internship programs accredited in health service psychology must encompass profession-wide competencies required of all programs, they may also elect to demonstrate program-specific competencies.
  - a. The program must specify if its intended training outcomes will place special emphasis on the development of any competencies in addition to those expected for all psychology interns or to a greater degree of achievement than might be expected for all psychology interns.
  - b. Additional competencies, if any, must be current and consistent with the definition of health service psychology, ethics of the profession, and aims of the program.

## C. Learning Elements to Develop Competencies

1. **Educational Activities.** It is the responsibility of the program to have a clear and coherent plan for educational activities that support interns' achievement of both profession-wide and any program-specific competencies.
2. **Learning Elements**
  - a. The program's primary training method must be experiential (i.e. service delivery in direct contact with service recipients) and include sufficient observation and supervision by psychologists to facilitate interns' readiness to enter into the general practice of psychology on training completion.
  - b. The program must follow a logical training sequence that builds on the skills and competencies acquired during doctoral training.
  - c. Training for practice must be sequential, cumulative, and graded in complexity in a manner consistent with the program's training structure.
  - d. The program must demonstrate that intern service delivery tasks and duties are primarily learning-oriented and training considerations take precedence over service delivery and revenue generation.
3. **Supervision**
  - a. Supervision is regularly scheduled.
  - b. Interns receive at least 4 hours of supervision per week.
  - c. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.
  - d. Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary, and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program. These interactive experiences can be in a group or individual format.
  - e. Interns should have access to consultation and supervision during times they are providing clinical services.
  - f. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.

## D. Outcomes and Program Effectiveness

1. **Evaluation of Interns' Competencies**
  - a. **Current Interns.** As part of its ongoing commitment to ensuring the quality of its graduates, the program must

evaluate intern in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:

- i. specify how it evaluates intern performance;
- ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;
- iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;
- iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern;
- v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.

- b. **Internship Program Alumni.** The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.

## 2. Evaluation of Program Effectiveness and Quality Improvement Efforts

- a. The program must demonstrate ongoing self-evaluation to monitor its performance to ensure competence in health service psychology and contribute to fulfillment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
  - i. involves program stakeholders, including training faculty/staff, interns, program graduates, and others involved in the training program;
  - ii. evaluates its effectiveness in training interns who, by the completion of the internship, demonstrate competencies required by the profession and the program, and who are able to engage in professional activities consistent with health service psychology and with the program's aims;
  - iii. has procedures in place to use proximal and distal data to monitor, make changes in, and improve the program;
  - iv. provides resources and/or opportunities to enhance the quality of its training and supervi-

- v. evaluates the currency and appropriateness of its aims, educational activities, policies and procedures with respect to its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.

### III. INTERNS

#### A. Intern Selection Process and Criteria

1. **Identifiable Body of Interns.** The program has an identifiable body of interns who are qualified to begin doctoral internship training.
  - a. They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.
  - b. Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aims and competencies.
  - c. Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.
2. **Recruitment of Interns Who Are Diverse**
  - a. The program has made and continues to make systematic, coherent, and long-term efforts to attract interns from different ethnic, racial, gender, and personal backgrounds into the program.
  - b. Consistent with such efforts, the program acts to ensure the provision of training opportunities appropriate for the training of diverse individuals. It reviews its success with these efforts and makes changes as appropriate.

#### 3. Intern Sufficiency

The program has at least two interns who:

- a. are provided with opportunities that ensure appropriate peer interaction, support, and socialization;
- b. are provided with opportunities for socialization and interaction with professional colleagues in a manner consistent with the program's training structure;
- c. have an understanding of the program's philosophy, aims, and expected competencies;

- d. have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located and with the sponsoring institution).

#### B. Feedback to Interns

1. Interns receive, at least semiannually and as the need is observed for it, written feedback on the extent to which they are meeting stipulated performance requirements. Feedback is linked to the program's expected minimal levels of achievement for profession-wide competencies and any program-specific competencies.
2. Such feedback should include:
  - a. timely written notification of all problems that have been noted and the opportunity to discuss them;
  - b. guidance regarding steps to remediate all problems (if remediable);
  - c. substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern;
  - d. documentation that the intern evaluation was reviewed and discussed by the intern and the supervisor.

### IV. SUPERVISOR/FACULTY/STAFF LEADERSHIP

#### A. Program Leadership

##### 1. Internship Program Director

- a. The program director is primarily responsible for directing the training program and has administrative authority commensurate with that responsibility.
- b. The director should have appropriate administrative skills to ensure the success of the program and serve as a role model for the interns.
- c. The director must be a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.
- d. The director's credentials and expertise must be consistent with the program's aims and the expected competencies of its interns.

2. **Administrative and Program Leadership Structure.** The program's administrative structure and processes facilitate appropriate review and continuous program improvement to ensure the program achieves its aims and provides the training environment needed for interns to attain all competencies. The program must describe how faculty/staff and interns contribute to the planning and implementation of the training program.

### 3. Intern Training Supervisors

- a. Supervisors function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery.
- b. The program must have a sufficient number of supervisors to accomplish the program's service delivery and to supervise training activities and program aims. An accredited internship program must have a minimum of two doctoral-level psychologists on-site.
- c. Supervisors are doctoral-level psychologists who have primary professional responsibility for the cases for which they provide supervision and are appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located.
  - i. When supervision services are conducted in a context where a state or territory credential is required for practice, the supervisor holds that required credential.
  - ii. When supervision services are conducted in a federal jurisdiction (e.g., the VA or Bureau of Prisons), the credentialing rules pertaining to practice in a federal setting apply.
  - iii. Supervision requirements of school settings are governed by Federal general education and special education laws.
- d. Supervisors are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns.
- e. Supervisors participate actively in the program's planning, implementation, and evaluation and serve as professional role models to the interns consistent with the program's training aims and expected competencies.
- f. Other professionals who are appropriately credentialed can participate in the training program. These individuals may augment and expand interns' training experiences, provided that they are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program.

### B. Faculty/Staff Diversity

The program must demonstrate systematic and long-term efforts to recruit and retain faculty/staff who are from diverse backgrounds.

## V. COMMUNICATION PRACTICES

### A. Public Disclosure

#### 1. General Disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent

it to all relevant publics. At a minimum this includes general program information pertaining to its aims, required training sequence, program-specific competencies, and expected outcomes in terms of its interns' careers.

- b. The program also demonstrates commitment to public disclosure by providing current information on its use of distance education technologies for training and supervision.
- c. The program articulates its commitment to attracting and training diverse interns.
- d. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program's accreditation status.

#### 2. Communication With Prospective and Current Interns

- a. All communications with potential interns should be informative, accurate, and transparent.
- b. The program is described accurately and completely in documents that are available to current interns, prospective interns, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. The program describes its aims; requirements for admission and completion; curriculum; training supervisors, facilities, and other resources; administrative policies and procedures, including vacation, sick leave, maternity and paternity leave policies; the kinds of experiences it provides; anticipated workload requirements; and training outcomes in documents available to current interns, prospective interns, and other publics.
- d. The program provides reasonable notice to its current interns of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its training quality.
- e. The program issues a certificate of completion to all interns who have successfully met all program requirements. The certificate of completion must include a statement about the program's scope of accreditation (e.g., Internship in Health Service Psychology).

#### 3. Communication Between Doctoral and Internship Programs

- a. Throughout the internship year, there should be communication between the doctoral program and the internship program. The nature and frequency of this communication will depend on needs. Communication must take place when problems arise with interns.
- b. The internship should send formal written intern evaluations to the doctoral program at or near the midpoint of the training year and again at internship completion.

## B. Communication and Relationship With Accrediting Body

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program, and the program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
  - a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's policies and procedures.
  - b. **Nonstandard Reporting.** The program submits timely responses to any additional information requests from the accrediting body consistent with its policies and procedures.
  - c. **Fees.** The program is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty changes, and changes in administration.

# POSTDOCTORAL RESIDENCY

## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

1. **Areas of Postdoctoral Accreditation.** Programs providing training in health service psychology (HSP) may be accredited in one or more areas:
  - a. Advanced competencies in the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).

A focus area that promotes attainment of advanced competencies in a context within one or more of the major areas of training in health service psychology that are recognized within the scope of accreditation (i.e., clinical, counseling, school, and other developed practice areas).
  - b. Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:
    - i. The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).
    - ii. The specialty is recognized by and holds membership on the Council of Specialties (CoS).
    - iii. The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.
2. **Length of Program.** Each resident must complete a minimum of 1 year of full-time training in no less than 12 months (10 months for school psychology postdoctoral train-

ing programs), or 2 years of half-time training in no more than 24 months. Specialty practice residencies may require longer training periods, as specified in their respective education and training guidelines.

3. **Direct Service Delivery.** This is an essential element of training that promotes advanced competencies in health service psychology. Programs must allocate sufficient time to various training activities in order to promote the development of advanced competencies (e.g., direct service, didactics, supervision, and research). Programs that require substantial research activities must demonstrate how these research activities are directly related to the program's aims, competencies and outcomes as described in Section II.
4. **Learning.** Learning must take precedence over service delivery. The program must demonstrate that residents' service delivery activities are primarily learning-oriented and that training considerations take precedence over service needs and revenue generation.

## **B. Institutional and Program Setting and Resources**

1. **Training Setting.** The setting must be appropriate for the program's aims and the development of residents' advanced competencies. Resources to support training must be sufficient to meet the program's aims and various expected learning outcomes. The service population must be appropriate and sufficient to meet the direct service activities that foster development of advanced competencies.
2. **Administrative Structure**
  - a. The program's aims are consistent with the mission of the larger institution in which it resides. The program is represented in the institution's operating budget and plans in a manner that enables it to achieve its aims.
  - b. The administrative structure and processes facilitate systematic coordination, control, direction, and organization of the training activity and resources.
  - c. A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or may take the form of a consortium.
3. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain residents and faculty/staff from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum

of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in postdoctoral training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, residents, and faculty/staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

## **4. Funding and Budget Sources**

- a. A program must have stable and sufficient funding to conduct the training necessary to meet its aims.
- b. All postdoctoral residents must be financially supported at a level consistent with comparable doctoral-level professionals training at the same site or in the region.

## **5. Training Resources and Support Services**

- a. The program provides sufficient and appropriate resources to fulfill the aims of the program (e.g., office space, supplies, computers, clerical support, library, and test equipment).
- b. These resources and facilities must be compliant with the Americans with Disabilities Act.

## **C. Program Policies and Procedures**

### **1. Administrative**

#### **a. Resident Recruitment and Selection**

- i. The program has procedures for resident selection that ensure residents are appropriately prepared for the training offered.
- ii. At the initiation of training, residents will have completed doctoral and internship training in programs accredited by an accrediting body rec-

ognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the program accepts residents who attended unaccredited programs, the residency must describe how the program ensures that selected residents are otherwise qualified and appropriately prepared for advanced training in the residency program.

- b. **Program Policies and Procedures.** The program has and adheres to, and makes available to all interested parties, formal written policies and procedures that govern residents as they enter and complete the program. These must include policies relevant to:
- i. resident recruitment and selection;
  - ii. any required prior doctoral program and internship preparation and experiences;
  - iii. administrative and financial assistance;
  - iv. requirements for successful resident performance (including expected competencies and minimal levels of achievement for completion);
  - v. resident performance evaluation, feedback, retention, and termination decisions;
  - vi. identification and remediation of insufficient competence and/or problematic behavior, which shall include necessary due process steps of notice, hearing and appeal
  - vii. grievance procedures for residents including due process;
  - viii. supervision requirements;
  - ix. maintenance of records;
  - x. documentation of non-discrimination policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in post-doctoral training or the profession.

2. **Resident Evaluation.** Residents must receive written feedback on the extent to which they are meeting performance requirements at least semiannually (or more often as the need arises).
3. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to the sponsor institution's regulations and local, state, and federal statutes regarding due process and fair treatment. The program must demonstrate how it incorporates and implements departmental and institutional policies at the program level, whenever such policies specifically impact the program.
4. **Availability of Policies and Procedures.** At the start of residency, the program must provide residents with written or electronic copies of policies and procedures regarding program and institution requirements and expectations regard-

ing residents' performance and continuance in the program and procedures for the termination of residents.

## 5. **Record Keeping**

- a. The program documents and permanently maintains accurate records of the residents' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes.
- b. Each program is responsible for maintaining records of all formal complaints and grievances against the program of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of residents' complaints as part of its periodic review of the program.

## D. **Program Climate**

1. **Cultural and Individual Differences and Diversity.** The program ensures a welcoming, supportive, and encouraging learning environment for all residents, including residents from diverse and underrepresented communities.
  - a. Program climate is reflected in the recruitment, retention, and development of training supervisors and residents, as well as in didactic and experiential training that fosters an understanding of cultural and individual diversity as it relates to professional psychology.
  - b. The program conducts periodic self-assessment of its training climate in regards to diversity and takes steps to maintain an atmosphere that promotes the success of all residents.
2. **Resident/Faculty/Staff Relationship Climate**
  - a. The program recognizes the rights of residents and training supervisors to be treated with courtesy and respect. To maximize the quality and effectiveness of residents' learning experiences, interactions among residents, training supervisors, and program staff should be collegial and conducted in a manner that reflects psychology's ethical principles and professional conduct standards.
  - b. The program provides opportunities for socialization into the profession.
  - c. The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.
  - d. Residents are provided with opportunities for collegial interaction with professionals and/or trainees in other disciplines.

## II. AIMS, COMPETENCIES, TRAINING, AND OUTCOMES

### A. Aims of the Program

The program must describe its aims in residency training (i.e., the overall, long-term expected outcome of the residency program).

### B. Competencies

Postdoctoral programs ensure that residents attain advanced competencies relevant to the program's specialty or area of focus. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence base when training and assessing residents in the competency areas. All programs provide experiences to promote advanced competencies fundamental to health service psychology (Level 1). Additionally, programs ensure that residents attain advanced competencies relevant to the program's aims or area of focus (Level 2), or that are consistent with the program's designated specialty (Level 3).

#### 1. Level 1—Advanced Competency Areas Required of All Programs at the Postdoctoral Level

- a. **Integration of Science and Practice.** This includes the influence of science on practice and of practice on science.
- b. **Individual and Cultural Diversity.** This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
- c. **Ethical and Legal.** This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

#### 2. Level 2—Program-Specific or Area of Focus Competencies

- a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology that is emphasized in training (i.e., residents' expected competencies upon program completion).
- b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

#### 3. Level 3—Specialty Competencies.

To be accredited in a specialty practice area, the program must fulfill the standards for accreditation as well as the training and education guidelines endorsed by the recognized specialty.

### C. Learning Experiences That Promote the Development of Advanced Competencies

1. A formal, goal-directed training plan describing planned training experiences must be developed for each resident. An individualized training plan should include the resident's

level of competence at entry in planning for how he or she will successfully attain the program's exit criteria. The educational activities listed below may occur in an interprofessional context or may make use of existing didactics occurring in the setting if they are appropriate for an advanced level of training.

2. **Educational Activities** (e.g. didactics, clinical conferences, grand rounds, group supervision). The program must demonstrate how structured educational activities complement experiential training and how they are linked to competencies in Levels 1–3 above.

3. **Clinical Activities.** The program must provide supervised service delivery experiences in an appropriate setting that promote the development of the advanced competencies identified in Levels 1–3.

#### 4. Individual Supervision

- a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.
- b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.
- c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.
- d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.

### D. Evaluation

#### 1. Evaluation of Resident Competencies

- a. An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.
- b. Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).
  - i. Proximal data will, at the least, include evaluations of residents by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).

- ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.
  - iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.
  - iv. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).
2. **Quality Improvement of the Program.** The program must demonstrate continuous self-evaluation, ensuring that its aims are met, that the quality of its professional education and training are enhanced, and that it contributes to the fulfillment of its host institution's mission.
- a. The program, with appropriate involvement of its training supervisors, residents, and former residents, engages in a self-study process that addresses:
    - i. its expectations for the quality and quantity of the resident's preparation and performance in the program;
    - ii. its effectiveness in achieving program aims for residents in terms of outcome data (while residents are in the program and after completion), taking into account the residents' views regarding the quality of the training experiences and the program;
    - iii. its procedures to maintain current achievements or to make changes as necessary;
    - iv. its aims and expected outcomes as they relate to local, regional, state/provincial, and national needs, as well as advances in the knowledge base of the profession and the practice area in which the program provides its training;
  - b. The program provides resources and/or opportunities to enhance the quality of its training and supervision staff through continued professional development.
  - c. The program and its host institution value and recognize the importance of resident training and of the supervisors' training and supervisory efforts, and demonstrate this in tangible ways.
  - d. The program demonstrates how it utilizes proximal and distal data to monitor and improve the program.

### III. PROGRAM RESIDENTS

#### A. Resident Selection Processes and Criteria

1. **Resident Selection.** As evidence that residents meet the program's entry requirements, the program ensures that its residents:
  - a. have completed appropriate doctoral education and training in health service psychology or appropriate respecialization, either of which must include the completion of an appropriate internship;
  - b. have interests and abilities that are appropriate for the postdoctoral training program's aims and expected competencies.
2. **Postdoctoral Psychology Residents.** The program has one or more postdoctoral psychology residents who:
  - a. have an understanding of the program's aims and expected competencies;
  - b. have meaningful involvement in those activities and decisions that serve to enhance resident training and education;
  - c. have a title commensurate with the title used in that setting by other professionals in training who have comparable responsibility, education, and training, consistent with the laws of the jurisdiction in which the program is located.
3. **Resident Diversity.** The program has made systematic and sustained efforts to attract residents from diverse backgrounds into the program.
  - a. Consistent with such efforts, it acts to provide a supportive and encouraging learning environment for all residents, including those with diverse backgrounds, and to provide learning opportunities appropriate for the training of diverse individuals.

#### B. Program Activities, Resources, and Processes

These are designed to maximize the likelihood of all residents' success in completing the program. The program must provide professional mentoring to residents in addition to supervision.

### IV. PROGRAM FACULTY/STAFF

#### A. Program Leadership and Faculty/Staff Qualifications

1. **Program Leadership**
  - a. The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training

program, and who has administrative authority commensurate with those responsibilities.

- b. The program director's credentials and expertise must be consistent with the program's aims.
- c. For programs that include a recognized specialty practice area, the individual providing leadership of that area must have appropriate expertise and credentials in that specialty.

2. **Program Leadership Structure.** The program must describe how faculty/staff and residents contribute to the planning and implementation of the training program.

## **B. Faculty/Staff**

1. **Sufficiency.** The formally designated supervisors include at least two psychologists, who:

- a. deliver services in the practice area in which postdoctoral training occurs;
- b. function as an integral part of the program at the site where the program is housed;
- c. have primary professional and clinical responsibility for the cases on which they provide supervision;
- d. are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located;
- e. are of appropriate quality for the program's aims and have appropriate qualifications for advanced training in the focus area or specialty;
- f. participate actively in the program's planning, its implementation, and its evaluation;
- g. serve as professional role models for the residents.

2. **Recruitment and Retention of Diverse Faculty/Staff**

- a. The program makes systematic and sustained efforts to attract and retain faculty/staff from diverse backgrounds into the program.
- b. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment and the provision of continuing educational opportunities appropriate for a broad spectrum of professionals.
- c. The program avoids any actions that would restrict program access on grounds that are irrelevant to a career in health service psychology.

## **C. Ancillary Faculty/Staff**

1. The program may utilize ancillary faculty/staff in achieving its aims and competencies.
2. An accredited program must demonstrate that the ancillary faculty/staff are appropriate and sufficient to achieve the program's aims and ensure appropriate competencies for the residents.

## **V. COMMUNICATION PRACTICES**

### **A. Public Disclosure**

#### **1. General Disclosures**

- a. The program demonstrates its commitment to public disclosure by providing accurate and complete written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, recruitment and selection, implementation of strategies to ensure resident cohorts that are diverse, required training experiences, use of distance education technologies for training and supervision, and expected training outcomes.
- b. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

#### **2. Communication With Prospective and Current Residents**

- a. The program provides current information on training outcomes deemed relevant by the profession.
- b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. The program describes its aims and expected resident competencies; its selection procedures and requirements for completion; its training supervisors, residents, facilities, service recipient populations, training settings, and other resources; its administrative policies and procedures, including the average amount of time per week residents spend in direct service delivery and other educational, training and program activities; and the total time to completion.
- d. The program provides reasonable notice to its current residents of changes to its aims, didactics, program resources, and administrative policies and procedures, as well as any program transitions that may impact training quality.
- e. The program issues a certificate of completion to residents who successfully attain the expected competencies and complete the contracted learning period.

## **B. Communication and Relationship With Accrediting Body**

The program demonstrates its commitment to the accreditation process through:

1. **Adherence.** The program abides by the accrediting body's published policies and procedures as they pertain to its recognition as an accredited program. The program responds in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to questions from the accrediting body.
  - a. **Standard Reporting.** The program responds to regular recurring information requests (e.g., annual reports and narrative reports) as identified by the accrediting body's effected policies and procedures.
  - b. **Nonstandard Reporting.** The program submits timely responses to information requests from the accrediting body consistent with its effected policies and procedures.
  - c. **Fees.** The program remains in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.
2. **Communication.** The program informs the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in sequence of experiential training, faculty/staff changes, or changes in administration.

# Accreditation Operating Procedures of the Commission on Accreditation

Approved 6/12/15

**Revisions Approved 8/1/17, 6/8/18**

# GENERAL OPERATING PROCEDURES

## 1. REAFFIRMATION FOR CONTINUED ACCREDITATION

Accredited programs are reviewed annually by written report and by the data provided annually to the Commission on Accreditation (CoA). Accredited programs are also assessed an annual fee. In addition, each accredited program undergoes a more extensive periodic review that involves a self-study report and a site visit.

Immediately following the site visit, the program is assessed a site visit fee. Instructions for preparing annual reports and the periodic self-study reports are sent to programs by the Office of Program Consultation and Accreditation, in accordance with the CoA directions.

### 1.1 Annual Review (Reaffirmation)

Annual reaffirmation of a program's accredited status is based on the CoA's review of any narrative annual report information requested and the data provided in the Annual Report Online, as well as a signed assurance of the program's continued adherence to the Standards of Accreditation (SoA). If the program does not provide assurance of adherence to the SoA, if the Annual Report Online is incomplete or missing, or if any information provided by the program raises questions about the program's continued consistency with the SoA (including any information or actions that may have been taken by regional accrediting bodies or state agencies regarding the institution's accreditation and/or authority to grant degrees), the CoA may, at any time, request additional information or an invitation for a special site visit. The CoA's request for a special site visit will state the explicit reasons why a site visit is needed, although any subsequent review by the CoA may not be limited to these issues.

### 1.2 Periodic Review

The CoA schedules the year of the next site visit for accredited programs at the time an accreditation decision is made. In preparation for that review, programs are expected to prepare a self-study report demonstrating their continued consistency with the SoA.

Upon receipt of a self-study report in anticipation of the periodic review, the staff will review the self-study report to determine the extent to which the materials include information responsive to the self-study instructions and take one of the following actions:

- a. Authorize a site visit;
- b. Postpone approval for a site visit, pending receipt of additional information from the program; or
- c. Refer to the CoA for full review. Following this review, the CoA may choose among the following decision options:
  1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit); or
  2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials.

Specific information is provided for the review processes at each level of accreditation in the *Accreditation Operating Procedures* by level.

### 1.3 Withdrawal From Accredited Status

A program may request to voluntarily withdraw from accredited status at any time by advising the CoA of its intent in writing in advance of the requested withdrawal date. Programs requesting voluntary withdrawal will be placed on the next CoA agenda for official vote of the program's change in accredited status.

In addition, the CoA has the authority to delete a program from the list of accredited programs when the CoA concludes that the program is no longer in existence. In such instances, the program will receive prior notification of the pending action.

Furthermore, accredited programs assume the responsibility and obligation to provide certain information and payments to the CoA in a timely manner as set forth in the SoA and these *Accreditation Operating Procedures*. An accredited program will be deemed to have decided to voluntarily withdraw from accreditation, thereby terminating its accredited status, if it fails to satisfy any of the following requirements:

- a. Providing a self-study by the designated due date (see Section 8 D; 8 I; and 8 P);
- b. Scheduling a site visit to allow completion of the periodic review before the end of the program's accreditation review cycle as designated by the CoA (see Section 7 D; 7 I; and 7 P);
- c. Submitting its annual report by the designated due date (see Section 1.1);
- d. Submitting payment of its annual fee by the designated due date; or
- e. Failing to submit information requested in the course of program review by the designated due date (see Section 8 D; 8 I; and 8 P).

If delay in meeting these requirements is based on exceptional circumstances beyond the control of the program that preclude the program

from meeting its accreditation responsibilities, the chief executive officer or the president of the institution in which the program is located may apply to the CoA (or its Executive Committee<sup>1</sup> if authorized by the CoA) with supporting evidence for an extension of the deadline.

The CoA will confirm the withdrawal of a program in writing no later than 30 days in advance of the effective date of the program's withdrawal from accreditation. The program will have a final chance to respond to this correspondence. The effective date of withdrawal will be deemed as no more than 60 days after the program has withdrawn from accreditation by failing to meet its obligations as an accredited program. The CoA will notify the public of the change in status. A program that has withdrawn under this provision retains the right to reapply subsequently as an applicant.

## 2. APPEAL OF A DECISION

### 2.1 Appealable Decisions

The Board of Educational Affairs (BEA) of the APA serves as the appeal agent for CoA decisions.

The following decisions may be appealed:

- a. Denial of a site visit upon application for "accredited, on contingency" or initial "full accreditation"
- b. Denial of "accredited, on contingency" status
- c. Denial of "full accreditation"
- d. Accredited, on probation
- e. Revocation of accreditation
- f. Withdrawal, based on lack of adherence to the provisions of Section 1.3

### 2.2 Filing an Appeal

The chief executive officer of a doctoral program's host institution or the responsible administrative officer of an internship or postdoctoral residency program may challenge an appealable decision within 30 days of receipt of written notice of the CoA decision. The written notice must identify the specific grounds upon which the appeal is made, which must be either a procedural violation or substantive errors by the CoA in its review of the program consistency with the SoA. The appeal should be addressed to the president of the APA. A nonrefundable appeal fee will be charged to the appellant program, such fee to be submitted with the program's letter of appeal.

### 2.3 Appointment of Appeal Panel

Within 30 days of receipt of the program's letter of appeal, the APA Board of Educational Affairs will provide the program with a list of six potential appeal panel candidates, none of whom will have had affiliation with the program filing the appeal or with the accreditation process related to the program. The Office of Program

<sup>1</sup> Throughout this document, CoA may refer to the Commission on Accreditation in its entirety, the CoA Executive Committee, or its duly authorized representative(s).

Consultation and Accreditation will determine the willingness of the potential panel members to serve and notify the program to that effect. Within 15 days, the program will select three panel members from this list to serve as its appeal panel, one of whom will be a public member. If the program does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel. Consistent with policies adopted by the Board of Educational Affairs, the program and the CoA will have an opportunity to participate in a *voir dire* of the panel and to challenge any of the designated panelists for due cause (e.g., conflict of interest, bias, or other prejudicial infirmity).

## 2.4 Scope and Conduct of Appeal

An appeal is not a *de novo* hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it.

Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the program's appeal letter. If an issue requires a legal interpretation of the Commission on Accreditation's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials before the CoA at the time of its final decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the program of the CoA decision, the letter of appeal, written briefs submitted by the program, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA. Deliberative and other internal documents prepared for purposes of CoA's review are not part of the record and shall not be considered on appeal.

The program will be provided a final listing of the record before the CoA and a copy of the record at least 30 days before the date of the appeal hearing. If the program objects to the record or wishes to refer to any fact or material not included in that record, it must notify the Office of Program Consultation and Accreditation at least 15 days prior to the hearing so that the issue can be resolved by APA's legal counsel.

The appeal panel will convene a hearing at APA during one of three prescheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more program representatives, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation. Separate legal counsel may also accompany either party, the program, or the CoA.

When legal counsel attends and participates in the hearing, it is with the understanding they recognize the proceedings are not

a judicial forum, but a forum to review the CoA's decision in terms of procedural violations or substantive error.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has responsibility to assure compliance with the *Accreditation Operating Procedures* and may resolve legal or procedural issues or can advise the panel regarding those issues.

## 2.5 Decision and Report of Appeal Panel

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of (a) upholding the CoA decision, (b) amending or reversing the CoA decision, or (c) remanding the matter to the CoA to address specific designated issues before final action.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the president of the APA and sent within 30 days of the hearing. Copies will be provided to the chief executive officer of the doctoral program's host institution or to the responsible administrative officer of an internship or postdoctoral residency program, the chair of the CoA, the chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

## 2.6 Review of Adverse Action Based Solely on Financial Deficiencies

Where an adverse CoA decision is based solely on failure of the program to meet an agency standard pertaining to finances, the program will have one opportunity to seek review of new information by the Commission. The CoA will undertake such a review only where the program can establish, to the CoA's satisfaction, that there is new financial information that (a) was unavailable to the program until after the CoA reached its decision and (b) is significant and bears materially on the financial deficiencies identified by the CoA as the reason for the adverse action. Such a request for review must be received prior to the adverse action becoming final or any appeal hearing, whichever is earlier. A program may seek the review of new financial information as described above only once. Any determination by the CoA made with respect to review requested under this provision does not provide a basis for appeal.

# 3. COMPLAINTS

## 3.1 Complaint Against an Accredited Program

The procedures for handling complaints against accredited programs are intended to deal only with complaints based on purported lack of program consistency with the *Standards of Accreditation for Health Service Psychology* (SoA). It is not a mechanism for adjudication of disputes between individuals and programs. The CoA cannot, for instance, direct a program to change a grade, readmit

a student, or reinstate a faculty member. For resolution of these disputes, complainants are encouraged to follow their institution's due process and grievance procedures.

### 3.1.1 Filing a Complaint

For timely resolution, complainants are encouraged to file their complaints as soon as possible after the alleged noncompliance comes to their attention. When inquiries are received by the Office of Program Consultation and Accreditation, copies of the SoA, *Accreditation Operating Procedures*, and a complaint summary form will be sent to the person making the inquiry. To be processed, all complaints must:

- a. Be written and signed;
- b. Identify the individual, group, or legal entity making the complaint;
- c. Present evidence that the subject program is not consistent with one or more of the SoA's components;
- d. Describe the status of legal action, if any, related to the complaint; and
- e. Grant permission to send the complaint, in its entirety, to the program.

### 3.1.2 Timelines for Filing a Complaint

For students, interns, postdoctoral residents, or individuals complaining on their behalf, complaints must be filed in writing within 18 months of leaving their program (either through withdrawal, termination, or graduation/completion). Complaints filed by individuals not included above must be filed in writing within one year from the time that the alleged noncompliance occurred.

### 3.1.3 Processing of a Complaint

Receipt of a complaint meeting these requirements will be acknowledged in writing by the Office of Program Consultation and Accreditation within 30 days of receipt and sent to the program at the same time that acknowledgment of receipt is forwarded to the complainant. The program will be given 30 days to respond.

Complainants are encouraged to submit all available supporting information at the time the complaint is filed, rather than providing supplemental information at a later date. The program's response must be from the program itself and not from any third party acting for the program. The complainant may be asked to respond to information provided by the program but will not receive a copy of materials provided by the program.

### 3.1.4 CoA Action

The CoA will review the complaint at its first regularly scheduled meeting held after the receipt of the program's response. After review, the CoA may act upon the complaint or defer action pending receipt of additional information. The CoA may act upon the complaint in any of the following ways:

- a. Request an invitation for a special site visit to investigate the complaint;
- b. Request additional information from the program;

- c. Send an informative letter to the program, the complainant, or both;
- d. Notify the program that no action is required by the program; or
- e. Such other action as, in the judgment of the CoA, is appropriate under the circumstances.

The CoA will communicate its action on the complaint, in writing, to the complainant and the program.

## 3.2 Complaint Against Accreditation Site Visitor(s)

The procedures for handling complaints against site visitors are intended to deal with complaints based on purported inappropriate actions of site visitors related to the site visit.

### 3.2.1 Filing a Complaint

The director of training of a program, with notice to the chief executive officer of a doctoral program's host institution or the responsible administrative officer of an internship or postdoctoral residency program, may file a complaint regarding the actions of site visitors.

The director of training must notify the Office of Program Consultation and Accreditation of the institution's or program's intent to file a complaint within 30 days after the completion of the site visit.

Subsequently, the complaint must:

- a. Be written and signed;
- b. Be sent to the Office of Program Consultation and Accreditation before the host institution has received the written report from the site visit team and within 30 days after completion of the site visit;
- c. Provide a clear description of the critical incident(s) in question; and
- d. Grant permission to send the complaint, in its entirety, to the site visit team.

### 3.2.2 Processing of a Complaint

Receipt of a complaint meeting these requirements will be acknowledged by the Office of Program Consultation and Accreditation and held until the site visit team's report is received by the Office. The complaint will be sent to all members of the site visit team with request for comment within 30 days. At the same time, the site visit report will be sent to the program for comment. The program will be asked to explain in its response whether and how the complained of conduct may have influenced the content of the site visit report.

### 3.2.3 CoA Action

In no case will the CoA decision regarding the program's consistency with the SoA be made until the complaint has been disposed of by the CoA. Based upon its review of the complaint and response, the CoA may make the following decisions:

- a. Dismiss the complaint;
- b. Reprimand the site visitor(s), which may include deletion from the list of potential site visitors maintained in the Office of Program Consultation and Accreditation;

- c. Pursue the matter further, either by further inquiry of the parties involved or by means of a special fact-finding subcommittee of the CoA, to provide additional information upon which to base a decision; or
- d. Take other action as, in the judgment of the CoA, is appropriate under the circumstances.

After acting on the complaint, the CoA must then determine whether the critical incident(s) influenced the content of the site visit report. If the incident is determined to have influenced the site visit report, the CoA will void the site visit report and request from the host institution an invitation to revisit at APA expense. If the incident is determined not to have influenced the site visit report, the CoA will proceed with its review of the program.

The CoA will communicate the disposition of the complaint, in writing, to the program and to the site visitors.

### 3.3 Complaint Against the Commission on Accreditation

There may be instances in which a party or parties desire to formally express dissatisfaction with actions of the Commission on Accreditation. These concerns may be expressed through the following avenues where the CoA action at issue is not subject to appeal per Section 2 (Appeal of a Decision):

- a. When the CoA has completed a periodic review, with a resulting decision to deny an initial site visit, deny or revoke accreditation, or grant “accredited, on probation” status, the affected program may formally appeal the decision as set forth in Section 2 of the *Accreditation Operating Procedures*.
- b. Individuals, groups, or programs may wish to make a complaint or to raise issues regarding CoA activities, operations, or policies. This may be accomplished by:
  1. Expressing the concern or issue through APA governance, including the Board of Educational Affairs (BEA), the Board of Directors, and/or the Council of Representatives; or
  2. Written communication with the CoA through the Office of Program Consultation and Accreditation.

If the complaint is directed to the CoA, the CoA will take action on such written communication in the same manner in which it processes complaints against the actions of accredited programs, as specified in Section 3.1 of the *Accreditation Operating Procedures*, to the extent relevant. If the complaint is directed to an APA governance group other than the BEA, the matter will be referred to BEA for handling. The BEA will be responsible for resolving the complaint. BEA will provide CoA an opportunity to respond to the complaint before acting on the complaint, and will seek additional information from the complainant or the CoA.

- c. Parties also have the option of filing third-party testimony with regard to the CoA’s petition for continued recognition by the U.S. Secretary of Education at such time as a petition is reviewed. Those desiring to do so should contact the U.S. Department of Education’s Office of Accreditation and State Liaison.

## 4. THIRD-PARTY COMMENT/TESTIMONY—PROVISION OF THIRD-PARTY TESTIMONY RELATED TO INITIAL OR PERIODIC REVIEW FOR ACCREDITATION

The U.S. Secretary of Education’s criteria for recognition activities states: “In providing public notice that an institution or program subject to its jurisdiction is being considered for accreditation or preaccreditation, the agency must provide an opportunity for third party comment concerning the institution’s or program’s qualifications for accreditation or preaccreditation.” The following section outlines the steps that will be taken by the CoA, consistent with the Secretary’s requirements.

### 4.1 Provision of Third-Party Comment

- a. The CoA will provide public notice of all programs scheduled for initial or periodic review prior to the beginning of each review year.
  1. In the case of programs applying for continued accreditation, such notice will appear in the *APA Monitor on Psychology* and/or on the Commission on Accreditation website and will include a summary of the accreditation guidelines, along with instructions that questions regarding testimony be directed to the Office of Program Consultation and Accreditation. Such notice may also appear on related web pages with information for students/interns/residents.
  2. In the case of programs applying for initial accreditation (whether “full” or “contingent”), the CoA will provide public notice of all programs that have submitted initial application materials. Such notice will appear on the Commission on Accreditation website, and may appear on related web pages with information for students/interns/residents.
- b. Deadlines for receipt of third-party testimony will be given in the notice. The deadlines will be determined according to the following formula: the due date of self-study reports for programs in each review cycle, plus 5 additional working days.
- c. All third-party testimony must state the name of the person(s) or the party(ies) represented by the testimony. Issues addressed in the testimony must be limited to a program’s consistency with the SoA. All testimony must be in writing and is limited to 10 pages.
- d. All third-party testimony made on a program will be incorporated into the preliminary review process, as governed by Sections 6 D, 6 I, and 6 P of the *Accreditation Operating Procedures*. The testimony provided will be forwarded to the program, which will be given the opportunity to comment in writing no later than 1 month prior to the meeting during which the review will occur. Should no comments be received from the program during this time, the CoA will consider the testimony to be undisputed.
- e. The CoA will consider all third-party testimony and program comments part of the record for purposes of program review

and decision. Consideration of the testimony will be governed by Section 4 of the *Accreditation Operating Procedures*.

- f. Third-party testimony is not to be confused with the complaint process. Although both deal with a program's consistency with the SoA, the complaint process differs in many respects:
  1. The process and actions to be taken with the CoA in the review of a complaint are governed by Section 3.1.3 of the *Accreditation Operating Procedures*;
  2. Complaints may be filed only against the operations of an accredited program and not against those reviewed for initial accreditation;
  3. Submission of third-party testimony can be made only in the context of a program's review for initial or continued accreditation, as appropriate;
  4. Third-party testimony may be filed on behalf of a program as well as against it; and
  5. A program has the option of declining to respond to third-party testimony.

Attention will be invited to the existence of the complaint process, with instructions to contact the Office of Program Consultation and Accreditation should questions arise.

#### **4.2 Provision of Third-Party Information for the Identification of Incorrect/Misleading Information Released by an Accredited or Applicant Program**

- a. The CoA provides for the public correction of incorrect or misleading information released by an accredited or applicant program about:
  1. The program's accreditation status;
  2. The contents of reports of site team visitors; and
  3. The CoA's accrediting actions with respect to the program.
- b. The procedure for providing such correction is as follows:
  1. All third-party testimony must state the name of the person(s) or the party(ies) represented by the testimony. Issues addressed in the testimony must identify the incorrect/misleading information alleged to have been provided by the program. All testimony must be in writing and is limited to 10 pages. If the information appeared in print form, a copy of the document in question should accompany the testimony.
  2. The third-party testimony will be forwarded to the program alleged to have supplied the information, and the program will have the opportunity to comment in writing no later than one month from the program's receipt of the CoA's letter. Should no comments be received from the program during this time, the CoA will consider the testimony to be undisputed.
  3. Upon receipt of a response from the program or in the absence of a response, one month after the program's receipt of the CoA's letter, the CoA will review the testimony and any program response. If a misleading instance is verified, the program will be informed by

the CoA, in writing, that the program's actions are not consistent with the SoA. The CoA reserves the right to take further action with regard to the program, consistent with the *Accreditation Operating Procedures*, as may be appropriate under the circumstances.

4. In those instances in which incorrect/misleading information has been verified, the CoA will provide public correction of such information via its website and/or the *APA Monitor on Psychology*. This public announcement will include a summary of the information released by the program, accompanied by the CoA's clarification/correction of the information (subject to its procedures regarding confidentiality and public disclosure of information).

### **5. CONFIDENTIALITY AND PUBLIC DISCLOSURE OF INFORMATION**

An up-to-date listing of all applicant programs will be regularly available on the Office of Program Consultation and Accreditation website. Included in all published materials will be the identity of programs whose accreditation has been denied, or revoked, as well as those voluntarily withdrawing from accredited status. The CoA will make public notice of all accreditation decisions no later than 30 days following the CoA meeting at which the decisions were made. In the case of programs for which appealable decisions have been reached, and appeal has been filed, the CoA will note that the decision is under appeal.

CoA decisions including accreditation actions, deferrals, and adverse actions, and a list of any standards to which a program is required to respond, will be disclosed in the directory of accredited programs on the accreditation website. The CoA will share the accreditation status of programs with regional and specialized accrediting bodies as appropriate. All other information, and the records used in accreditation decisions, will be kept confidential by the CoA.

The Commission will identify and make public, as appropriate, all applicant programs applying for initial review by the CoA for "accredited, on contingency" or "full accreditation" to allow for third-party comment.

The CoA will notify the Department of Education of any accredited program that the CoA has reason to believe is failing to comply with financial aid responsibilities as outlined in Title IV of the Higher Education Act, or any purported fraud and abuse by accredited programs, and its reasons for such concern. The CoA also will take action to correct in a timely manner any incorrect or misleading information released by an accredited program about the accreditation status of the program and the CoA's accrediting actions with respect to the program.

In addition, the Office of Program Consultation and Accreditation will make disclosure as required by the U.S. Department of Education and in those instances when the CoA is legally required to disclose such information.

# DOCTORAL ACCREDITATION OPERATING PROCEDURES

## 6.D DOCTORAL APPLICATION FOR INITIAL ACCREDITATION

### 6.1 D Doctoral Application

**Intent to Apply**—Guidelines for programs seeking acknowledgment of “intent” to obtain accreditation are provided in the Self-Study Instructions available under separate cover from the APA Office of Program Consultation and Accreditation. The review process is initiated by the program that wishes to submit itself for review, and the burden of proof for consistency with the SoA rests with the applicant.

All programs can seek review of “intent to apply” status and “accredited, on contingency” prior to seeking full accreditation. The application for acknowledgment of “intent” includes documentation related to key standards of accreditation. Review for this status is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if a program is approved as “intent” for accreditation, it serves as a notice to the public that the program will be seeking accreditation in the near future.

Doctoral programs seeking “accredited, on contingency” must be reviewed on all aspects of the SoA, which involves submission of a self-study and a site visit. “Accredited, on contingency” is granted to a doctoral program when the program demonstrates initial evidence of educational quality consistent with the SoA and the capacity to meet all accreditation standards in the designated time frame. Review for this status requires matriculation of students, clinical evaluations of students in practicum, evidence of the integration of science and practice, and significant resource allocation. To move from “accredited, on contingency” status to “fully accredited,” the doctoral program must submit a new self-study for a second site visit within 5 years of being granted “contingent” accreditation.

Applicants for initial accreditation begin the process by submitting a self-study report or, in the case of a program seeking public notice of “intent to apply,” the appropriate required sections of the self-study. Instructions for preparing the report are provided by the Office of Program Consultation and Accreditation.

Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

## 6.2 D Review for Initial Site Visit

Upon receipt of an initial application for “intent to apply,” “accredited, on contingency,” or “full accreditation” status, the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For programs seeking public notification of “intent to apply,” the staff will ascertain that the “intent” application has provided the information responsive to the eligibility instructions. Following this review, the staff will forward the “intent” application to the Commission for review.

The accreditation process for “accredited, on contingency” or “full accreditation” begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for “accredited, on contingency” or “full accreditation,” one of the following actions will be taken:

- a. Authorize a site visit after approval by CoA reviewers;
- b. Defer authorization pending receipt of any missing self-study materials;
- c. Refer to the full CoA for review. Following this review, the CoA may choose among the following decision options:
  1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
  2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
  3. Deny a site visit (see Section 2.1).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

## 6.3 D Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

## 7.D DOCTORAL SITE VISIT

Site visits are conducted as part of the review for initial “accredited, on contingency” or initial “full accreditation” of a doctoral program and as part of the periodic review of an accredited program. For

accredited doctoral programs, the CoA will request an invitation to schedule a site visit from the chief executive officer of the institution in which a doctoral program is housed.

For accredited programs, the submission of a self-study serves as the formal invitation to site visit the program and conduct an accreditation review. For applicant programs, the accreditation application serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the calendar year in which they are scheduled for a periodic review by the CoA, accredited doctoral programs will be assigned randomly to one of two review cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

## 7.1 D Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

### 7.1.1 D Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. The special site visit is viewed by the Commission as an opportunity to interact directly with the program. It affords the Commission the opportunity to collect information as to the program’s operation and to address questions that are not fully answered by the record before the Commission. In that regard, special site visits are intended to be beneficial to both the Commission and the program. A special site visit team may include one or more members of the Commission or other individuals selected by the Commission.

## 7.2 D Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will deliver to the Office of Program Consultation and Accreditation a report in a format prescribed by the CoA. The report will address the program’s consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its

discretion, provide the CoA with evaluative comments related to the program's strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however, that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be delivered to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report that are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents that it has received, and after considering all elements of the program review, will accept sole responsibility for the accreditation decision.

## 8.D PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

### 8.1 D Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

- a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;
- b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's stated educational aims and the importance of ensuring that students are adequately prepared for entry into practice.

### 8.2 D Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of a doctoral program:

- a. Public notice of "intent to apply" is not an accredited status. Rather, it designates a doctoral program that has made known its intent to seek accreditation once it has students in place; programs can be listed publicly **once** for up to 3 years.
- b. "Accredited, on contingency" is an accredited status that designates a doctoral program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA in terms of the commitment to a program of study for all students with demonstrated support of the administration, evidence that there is capacity to ensure that all students demonstrate appropriate discipline-based knowledge, and that the program has appropriate and adequate resources for all students to become competent in the profession-wide competencies. Thus, the doctoral program must have a sequence of training and a curriculum map in place, including syllabi for required courses. A doctoral program that is "accredited, on contingency" must provide outcome data for students in the program within 3 years of receiving "accredited, on contingency" status. Failure to do so will lead to the program being deemed to have withdrawn from accreditation. The maximum amount of time a doctoral program can be on "accredited, on contingency" is 5 years in total.
- c. "Accredited" (or "fully accredited") designates a program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up to 10 years.
- d. "Accredited, inactive" designates a doctoral program that has not admitted students for 2 successive academic years or has provided the CoA with notice that it has decided to phase out and close the program.  
Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the academic/training year. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.
- e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its students,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked.

Prior to this decision, the program will be given an opportunity to show cause why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time by which to comply with the issues identified by the CoA in the probation decision. Doctoral programs must provide a response to the issues within four CoA meetings after the probation decision was reached.

- f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.
- g. "Denial of accreditation" is considered by the CoA to be an adverse action. It designates an applicant program which, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.
- h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program that, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

### 8.3 D Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation (either "full" or "contingent"), the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the pro-

gram's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

**Deferral for information:** Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair, prior to final review of the program by the CoA.

**Deferral for cause:** When the CoA has concerns that may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

### 8.4 D Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a request should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

## 8.5 D Communication of Decision to Program

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer of the institution housing a doctoral program or the appropriate administrative officer of the institution housing an internship or postdoctoral residency program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent narrative reports or in the next self-study.

## 8.6 D Effective Date of a Decision

Award of "accreditation" (either "on contingency" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.

## 8.7 D Failure to Meet Accreditation Responsibilities

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

- a. Abiding by the CoA's published policies and procedures; or
- b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.

# INTERNSHIP ACCREDITATION OPERATING PROCEDURES

## 6.I INTERNSHIP APPLICATION FOR INITIAL ACCREDITATION

### 6.1 I Internship Application

Information for programs seeking public notification of their “intent to apply” for accreditation are provided in the Self-Study Instructions available under separate cover from the APA Office of Program Consultation and Accreditation. The accreditation process is initiated by the program that wishes to submit itself for review, and the burden of proof for consistency with the SoA rests with the applicant.

All programs can seek public notification of “intent to apply” and “accredited, on contingency” prior to seeking full accreditation. The application for public notification of intent includes documentation related to key standards of the SoA. This review is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if approved, this serves as public notice of the program’s intent to seek accreditation in the near future.

Internship programs seeking “accredited, on contingency” must be reviewed on all aspects of the SoA. “Accredited, on contingency” is an accredited status and is granted if and only if the program meets all standards except for the inclusion of all required outcome data on interns in the program and after program completion. To move from “accredited, on contingency” status to “fully accredited,” the program must provide the required data by the time two cohorts have completed the program within a 2-year time frame. The program may be granted a second term of “accredited, on contingent” under exceptional circumstances of no more than 2 years.

Applicants for initial accreditation begin the process by submitting a self-study report, or in the case of a program seeking public notification of “intent to apply” the appropriate required sections of the self-study. Instructions for preparing the report are provided by the

Office of Program Consultation and Accreditation. Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

## 6.2 I Review for Initial Site Visit

Upon receipt of an application for public notification of “intent to apply,” “accredited, on contingency,” or “full accreditation,” the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For internship programs seeking public notice of “intent to apply,” the staff will ascertain that the application has provided the information responsive to the instructions. Following this review, the staff will forward the “intent” application to the Commission for review.

The accreditation process for “accredited, on contingency” or “full accreditation” begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for “accredited, on contingency” or “full accreditation,” one of the following actions will be taken:

- a. Authorize a site visit after approval by CoA reviewers;
- b. Defer authorization pending receipt of any missing self-study materials;
- c. Refer to the CoA for review. Following this review, the CoA may choose among the following decision options:
  1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
  2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
  3. Deny a site visit (see Section 2.1).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

## 6.3 I Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

## 7.1 INTERNSHIP SITE VISIT

Site visits are conducted as part of the review for initial “accredited, on contingency” or initial “full accreditation” of an internship program and as part of the periodic review of an accredited program. For accredited internship programs, the CoA will request an invitation to schedule a site visit from the appropriate administrative officer of the agency in which the internship is housed.

For accredited internship programs, the submission of a self-study serves as the formal invitation to site visit the program

and conduct an accreditation review. For applicant programs, the accreditation application serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the year in which they are scheduled for a periodic review by the CoA, accredited internship programs will be assigned randomly to one of two cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

## 7.1 I Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

### 7.1.1 I Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. The special site visit is viewed by the Commission as an opportunity to interact directly with the program. It affords the Commission the opportunity to collect information as to the program’s operation and to address questions that are not fully answered by the record before the Commission. In that regard, special site visits are intended to be beneficial to both the Commission and the program. A special site visit team may include one or more members of the Commission, or other individuals selected by the Commission.

## 7.2 I Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will submit the report to the Office of Program Consultation and Accreditation in a format prescribed by the CoA. The report will address the program’s consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its discretion, provide the CoA with evaluative comments related to the program’s strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however,

that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be submitted to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report which are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents that it has received, and after considering all elements of the program review, will accept sole responsibility for the accreditation decision.

## 8.1 PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

### 8.1 I Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

- a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;
- b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any

third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's stated aims and the importance of ensuring that interns are adequately prepared for entry into practice.

### 8.2 I Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of an internship program:

- a. Public notice of "intent to apply" is not an accredited status. Rather, it designates an internship program that has made known its intent to seek accreditation once it has interns in place; programs can be approved **once** for such listing for up to 2 years.
- b. "Accredited, on contingency" is an accredited status and designates an internship program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA with the exception of the provision of adequate and appropriate proximal and distal outcome data. A program that is "accredited, on contingency" must provide outcome data for trainees in the program and program graduates by the time two cohorts have completed the program. At a maximum this will be 2 years for full-time internship. Failure to do so will lead to the program being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program. Programs that are "accredited, on contingency" may be eligible for a second term of "accredited, on contingency" only under extenuating circumstances.
- c. "Fully accredited" designates a program which, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up to 10 years. Programs that were previously "accredited on contingency" are eligible for 3 years of initial "full accreditation" following receipt of adequate and appropriate outcome data.
- d. "Accredited, inactive" designates a one-year internship program that will not be accepting funded interns for a given training year. In the case of an internship program that takes 2 years to complete, the program may be designated as "accredited, inactive" if the program undergoes a period of 2 successive years with no funded interns.  
  
Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the training year. An internship program is expected to make such a request in writing as soon as it has determined whether it will be accepting interns. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.
- e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its interns,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked. Prior to this decision, the program will be given an opportunity to *show cause* why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time certain in which to come into compliance with the issues identified by the CoA in the probation decision. Internship programs must provide a response to the issues within two CoA meetings after the probation decision was reached. In the case of a school psychology internship program that is 10 months in length, the program must provide a response within one CoA meeting after the probation decision was reached.

- f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.
- g. "Denial of accredited, on contingency" as well as "denial of accreditation" are considered by the CoA to be adverse actions. It designates an applicant program which, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.
- h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program which, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

### 8.3 I Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation, the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will

automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the program's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

**Deferral for information:** Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair, prior to final review of the program by the CoA.

**Deferral for cause:** When the CoA has concerns which may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

### 8.4 I Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated depending upon the program's stage of development and the stability of program outcomes. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a

request should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

### **8.5 | Communication of Decision to Program**

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer of the institution or the appropriate administrative officer of the institution housing an internship program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent reports or in the next self-study.

### **8.6 | Effective Date of a Decision**

Award of "accreditation" (either "contingent" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.

### **8.7 | Failure to Meet Accreditation Responsibilities**

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

- a. Abiding by the CoA's published policies and procedures; or
- b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.

# POSTDOCTORAL RESIDENCY ACCREDITATION OPERATING PROCEDURES

## 6.P POSTDOCTORAL RESIDENCY APPLICATION FOR INITIAL ACCREDITATION

### 6.1 P Postdoctoral Residency Application

Upon receipt of an application for public notification of “intent to apply,” “accredited, on contingency,” or initial “full accreditation,” the Office of Program Consultation and Accreditation will confirm receipt of the required application fee.

For postdoctoral residency programs seeking public notice of “intent to apply,” the staff will ascertain that the application has provided the information responsive to the instructions. Following this review, the staff will forward the “intent to apply” application to the Commission for review.

All programs can seek public notification of “intent to apply” and “accredited, on contingency” prior to seeking “full accreditation.” Review for public notice of “intent to apply” is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather, if it is approved, it serves as a notice to the public that the program will be seeking accreditation in the near future.

Programs seeking “accredited, on contingency” must be reviewed on all aspects of the SoA. “Accredited, on contingency” is an accredited status and is granted if and only if the postdoctoral residency program meets all standards except for the inclusion of all required outcome data on residents in the program and after program completion. To move from “accredited, on contingency” status to “fully accredited,” the program must provide the required data by the time two cohorts have completed the program. At a maximum, this will be 4 years for full-time residency programs that are more than 1 year in duration.

Applicants for initial accreditation begin the process by submitting a self-study report, or in the case of a program seeking notice of “intent to apply” status or “accredited, on contingency” status, the appropriate required sections of the self-study. Instructions for preparing the report are provided by the Office of Program Consultation and Accreditation. Applications may be submitted to the Office of Program Consultation and Accreditation at any time during the year and must be accompanied by a nonrefundable application fee.

## 6.2 P Review for Initial Site Visit

The accreditation process for “accredited, on contingency” or “full accreditation” begins with a review by staff of the application in terms of the extent to which the materials include information responsive to the self-study instructions.

Following review of the application for “accredited, on contingency” or accreditation, one of the following actions will be taken:

- a. Authorize a site visit after approval by CoA reviewers;
- b. Defer authorization pending receipt of any missing self-study materials;
- c. Refer to the CoA for full review. Following this review, the CoA may choose among the following decision options:
  1. Authorize a site visit (questions may be provided to the program and to the site visitors for consideration during the site visit);
  2. Defer authorization pending receipt of additional information and/or clarification of the self-study materials; or
  3. Deny a site visit (see Section 2.1 [f]).

The CoA is solely responsible for selecting among the above actions in response to the review of the application.

## 6.3 P Withdrawal of Application for Accreditation

A program may withdraw its application without prejudice at any time before the CoA makes an accreditation decision.

## 7.P POSTDOCTORAL RESIDENCY SITE VISIT

Site visits are conducted as part of the review for initial “accredited, on contingency” or initial “full accreditation” of a postdoctoral residency program and as part of the periodic review of an accredited program. For accredited postdoctoral residency programs, the CoA will request an invitation to schedule a site visit from the appropriate administrative officer of the agency in which the postdoctoral residency program is housed.

For accredited programs, the submission of the self-study serves as the formal invitation to site visit the program and conduct an accreditation review. For applicant programs, the accreditation application and the signed self-study serves as the formal invitation to site visit the program and conduct an accreditation review.

If a site visit is not arranged within the assigned review cycle and thus precludes the program from meeting its accreditation responsibilities, the program will be deemed to have withdrawn from accredited status at the end of the review cycle (in accordance with Section 1.3).

Within the year in which they are scheduled for a periodic review by the CoA, accredited postdoctoral residencies will be assigned randomly to one of two cycles for their site visits. The specific dates of the site visit within the cycle are chosen by the program. A change of cycle may be requested by the program in writing to the chair of the CoA for exceptional circumstances only.

Programs that have received authorization for an initial accreditation site visit will be assigned to the next available review cycle.

## 7.1 P Site Visit Team

The Office of Program Consultation and Accreditation will maintain a database of potential site visitors appointed by the CoA. The CoA will prepare lists of site visitors from this database. Training will be provided for site visitors, and their performance will be evaluated by the CoA regularly, based on information from programs and other relevant sources.

The CoA is responsible for assigning site visitors, but will give notice to the program and provide an opportunity for the program to communicate its views and any objections regarding site visitor selection.

### 7.1.1 P Special Site Visit

The Commission on Accreditation may vote to conduct a special site visit in lieu of or in addition to a regular site visit to the program in keeping with its mandate to protect the public and maintain program quality. The special site visit is viewed by the Commission as an opportunity to interact directly with the program. It affords the Commission the opportunity to collect information as to the program’s operation and to address questions that are not fully answered by the record before the Commission. In that regard, special site visits are intended to be beneficial to both the Commission and the program. A special site visit team may include one or more members of the Commission, or other individuals selected by the Commission.

## 7.2 P Site Visit Report and Program Response

Within 30 days of the completion of the visit, the site visit team will deliver to the Office of Program Consultation and Accreditation a report in a format prescribed by the CoA. The report will address the program’s consistency with the SoA and address any questions posed by the CoA prior to the visit. The site visit team may, at its discretion, provide the CoA with evaluative comments related to the program’s strengths and weaknesses and overall consistency with the SoA but should not make a specific accreditation recommendation. It should be clear to the program, however, that evaluative comments represent the opinions of the site visitors and do not represent an accreditation decision.

After the site visit report is submitted, any communications between the site visit team and the program regarding the site visit

must be conducted through the Office of Program Consultation and Accreditation rather than directly between the site visit team and the program.

A copy of the site visit report will be provided to the program. The program should confirm that it has received the report. The program may also provide written comment or response to any aspect of the report. Such response must be delivered to the Office of Program Consultation and Accreditation within 30 days of receipt of the report by the program or its host institution. Upon written request by the program, the period for responding may be extended by the chair of the CoA for an additional period not to exceed 30 days. The CoA will proceed with the review of a program once it has received the program's response. In the absence of a response from the program within the allotted time, the CoA will proceed with the review of the program.

In its response to the site visit report, the program should correct any errors of fact and provide evidence to counter anything in the report with which the program does not concur. Any statements of fact in the report that are not challenged in the program's response may be considered by the CoA to be undisputed. The CoA will review the site visit report and all other relevant documents it has received, and after considering all elements of the program review, accept sole responsibility for the accreditation decision.

## 8.P PERIODIC REVIEW BY THE COA

A periodic review by the CoA is one in which a decision may be made about a program's accreditation status. The periodic review follows submission of (a) a self-study report by the program, (b) site visit report, and (c) the program's response to the site visit report. These requirements apply equally to programs making initial application for accreditation and those seeking continuation of accredited status.

### 8.1 P Guiding Principles of the Periodic Review

In all reviews, the CoA will be guided by the following general principles:

- a. Should a member of the CoA be in actual or potential conflict of interest with respect to a program scheduled for review, that member will be recused during discussion and decision making on that program;
- b. A high degree of professional judgment will be exercised by the CoA as to whether the program is fulfilling acceptable, publicly stated objectives, consistent with the SoA.

Before making an accreditation decision, the CoA will review the program's most recent self-study report, the most recent site visit report, the program's response to that report, and any other records of relevance that the program has submitted and any third-party comments and responses to those comments that have been received (consistent with Section 4 of these procedures).

In making a decision, the CoA will also consider the program's outcomes in light of the program's aims and as appropriate, the specialty area guidelines if the program is in a recognized specialty area. Further, the CoA will consider the importance of ensuring that residents are adequately prepared for advanced general or specialty area practice.

### 8.2 P Accreditation Statuses and Decision Options

The following decisions are available to the CoA with respect to the accredited status of a postdoctoral residency program:

- a. Public notice of "intent to apply" is not an accredited status, but rather designates a postdoctoral program that has made known its intent to seek accreditation once it has residents in place; programs can be approved **once** for such listing for up to 2 years.
- b. "Accredited, on contingency" is an accredited status and designates a postdoctoral residency program that, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA with the exception of the provision of adequate and appropriate proximal and distal outcome data. A program that is "accredited, on contingency" must provide outcome data for trainees in the program and program graduates by the time two cohorts have completed the program. At a maximum this will be 2 years for full-time 1-year postdoctoral residency programs and 4 years for full-time residency programs that are more than 1 year in duration. Failure to do so will lead to the program being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program. Programs that are "accredited, on contingency" may be eligible for a second term of "accredited, on contingency" only under extenuating circumstances.
- c. "Fully accredited" designates a program which, in the professional judgment of the CoA, is consistent, substantively and procedurally, with the SoA. Accredited programs are scheduled for periodic review at intervals of up to 10 years. Programs that were previously "accredited on contingency" are eligible for 3 years of initial "full accreditation" following receipt of adequate and appropriate outcome data.
- d. "Accredited, inactive" designates a one-year postdoctoral residency program that will not be accepting funded interns for a given training year. In the case of a postdoctoral residency program that takes 2 years to complete, the program may be designated as "accredited, inactive" if the program undergoes a period of 2 successive years with no funded interns/residents. Requests for inactive status are granted by the CoA for one year at a time. Request for renewal of inactive status must be done prior to the beginning of the academic/training year. Programs not granted renewal of inactive status are given notice that they are no longer compliant with the provisions of accreditation and then may be placed on probation.
- e. "Accredited, on probation" is considered by the CoA to be an adverse action. It serves as notice to the program, its residents,

and the public that in the professional judgment of the CoA, the accredited program is not currently consistent with the SoA and may have its accreditation revoked. Prior to this decision, the program will be given an opportunity to *show cause* why it should not be placed on probation by providing a written response to the issues of concern. The program's show cause response will be reviewed two CoA meetings after the program was provided the show cause notice. Programs that are still not in compliance at the time of the CoA's review are then placed on "accredited, on probation" status.

Following placement on "accredited, on probation" status, the program is given a time certain in which to come into compliance with the issues identified by the CoA in the probation decision. Postdoctoral residency programs must provide a response to the issues within two CoA meetings after the probation decision was reached.

- f. "Revocation of accreditation" is considered by the CoA to be an adverse action. It designates a program that has previously been placed on "accredited, on probation" status and for which the CoA has evidence that the program continues to be substantively inconsistent with the SoA at the time of its review of the program's response to the probation. A decision to revoke a program's accreditation reflects the CoA's determination that the program will not become consistent with the SoA within a reasonable time.
- g. "Denial of accredited, on contingency" as well as "denial of accreditation" are considered by the CoA to be adverse actions. It designates an applicant program that, in the professional judgment of the CoA, is substantively inconsistent with the SoA. Prior to this decision, the program is given an opportunity to show cause why it should not be denied accreditation through a written response to the issues of concern.
- h. "Denial of a site visit" is considered by the CoA to be an adverse action. It designates an applicant program that, in the professional judgment of the CoA, is not ready for a site visit. Prior to this decision, the program is given an opportunity to show cause why it should not be denied a site visit through a written response to the issues of concern.

### 8.3 P Decision Process

A quorum of the CoA, two-thirds of its members, must be present at a scheduled meeting to make an accreditation decision on a program. If a CoA member has recused him/herself from a portion of the meeting because of a conflict or perceived conflict of interest, that person will not be counted in determining a quorum. Accreditation decisions reflect the majority view of CoA members.

In the case of a program initially applying for accreditation, the CoA will determine whether to grant or deny the program accreditation. In the case of an accredited program, the CoA will determine whether to reaffirm the program's present status. When a program's current accredited status is not renewed, it will automatically become a program whose status is "accredited, on probation."

In the case of an accredited program that has been placed on probation, the CoA will determine whether to restore the program's status from "accredited, on probation" to "accredited" or revoke accreditation. A program returned to accredited status will have a self-study due one year after receipt of the decision for a full review and site visit. A program that does not have its status restored to "accredited" will have its accreditation revoked. In extraordinary circumstances, if the CoA determines that the program has made significant progress on most of the probation issues but needs additional time to implement changes, the CoA may vote to continue a program on probation for good cause. The length of the extension will be determined by the CoA depending on the program's circumstances for coming into full compliance, but may not exceed one year. A program may not be continued on probation more than once in a single review cycle.

**Deferral for information:** Whenever it deems appropriate, the CoA may defer making a decision about a program in order to obtain more information. Further, when in the CoA's judgment, significant disparity exists between the site visit report and information provided in the program's response to that report, the CoA will defer making a decision and seek additional information to resolve the difference. Further, the Commission may seek additional information through a request for an invitation to conduct a special site visit. When a decision is deferred for information, the CoA will notify the program in writing and specify what additional information is needed to determine the program's consistency with the SoA. The CoA may also write to the chair of the site visit team to identify issues in need of clarification, and a copy of this correspondence will be provided to the program. The program will be provided the opportunity to respond to any new information provided by the site visit team chair prior to final review of the program by the CoA.

**Deferral for cause:** When the CoA has concerns that may result in a decision to deny a site visit or deny accreditation to an applicant program or place an accredited program on probation, it will defer its final decision, give written notice to the program of its concerns, and thereby provide an opportunity to supplement the record before a decision is made. The CoA will assume that materials and information provided by the program before the final decision is made by the CoA represent the full and complete basis on which the program wishes its accreditation status to be determined.

### 8.4 P Site Visit Interval

At the time of making a decision for "full accreditation," the CoA will also decide the year in which to schedule the program's next periodic review. For all accredited programs, a period of up to 10 years between site visits will be designated depending upon the program's stage of development and the stability of program outcomes. Programs returned to accredited status from probationary status will be given one year from receipt of the decision in which to provide a new self-study in preparation for the next site visit and full review.

An accredited program may always request to submit a self-study and schedule a site visit earlier than scheduled. Such a request

should be provided in writing to the CoA along with the rationale for requesting an earlier review. In addition, the CoA reserves the right to schedule an earlier visit for any accredited program if it has evidence to suggest concerns about the program's consistency with the SoA.

### **8.5 P Communication of Decision to Program**

Within 30 days following any decision, the CoA will give written notice of the outcome of its review to the chief executive officer or the appropriate administrative officer of the institution housing the postdoctoral residency program. The decision will contain a statement of the bases for the decision. The CoA's decision also may alert the program to SoA-related areas of concern, requesting that the program address its attention to these in subsequent reports or in the next self-study.

### **8.6 P Effective Date of a Decision**

Award of "accreditation" (either "contingent" or "full") and other nonappealable accreditation decisions are effective as of the date of adjournment of the CoA meeting in which the decision was made. Appealable decisions (as defined in Section 2.1) that are not appealed by the program are effective 30 days after receipt of the CoA's decision.

If a program elects to appeal a decision of "accredited, on probation," and the decision is upheld, the effective date of probation remains as 30 days after receipt of the CoA's decision, and the program must respond to the issues of probation in the same time frame as indicated in the CoA's decision.

If a program elects to appeal any decision other than probation, and the decision is upheld, the original CoA decision will take effect 30 days after the appeal panel hearing date.

For any appeal in which the decision is amended or reversed by the appeal panel, the new decision will be effective 30 days after the end of the appeal hearing.

### **8.7 P Failure to Meet Accreditation Responsibilities**

Changes in a program's accreditation status by the CoA may result from a program's failure to meet the following responsibilities:

- a. Abiding by the CoA's published policies and procedures; or
- b. Informing the CoA in a timely manner of changes in its environment, plans, resources, or operations that could diminish the program's quality.

Before a change in accreditation status is made for any of these reasons, the program will be notified in writing by the CoA and given 30 days in which to respond. Based on the program's response, the CoA will determine appropriate action.

This section involves the substantive review of program materials and responses in determining whether the CoA should change a program's accredited status, unlike Section 1.3 wherein a program is deemed to have withdrawn by its failure to meet its procedural obligations as an accredited program.





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for [Internship Programs](#)

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### Section C: Doctoral Programs

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<a href="#">Definition of "Developed Practice Areas" for Doctoral Programs and the Process by which Areas May be Identified as Such</a>	C-14	C-2 D	I.A.2
<a href="#">Review of Applications for the Recognition of Developed Practice Areas</a>	C-14(a)	C-3 D	I.A.2
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### **C-1 D. Conduct of Doctoral Reviews**

(formerly C-31; Commission on Accreditation, July 2012; revised November 2015)

A number of programs have sought clarification regarding how the CoA reviews key markers of student progress that are assessed *both* at the time of the full CoA review as reflected in decision letters and during the annual review process based upon data provided by programs in completing the Annual Report Online (ARO). The four key markers of student progress are: IR C-17 D: Internship Placement; IR C-19 D: Licensure; IR C-20 D: Student Selection and Admission; and IR C-22 D: Student Attrition.

For each of these issues, the CoA reviews programs for their quality in a comprehensive manner through the review of the self-study and site visit, as well as monitoring continued adherence to providing educational quality. These two processes - *periodic review* and *annual review* - are discussed below.

***Periodic review*** - In reaching a decision about the accreditation status of a program, the CoA does not have a set number of issues or concerns that automatically leads to an adverse decision; rather the professional judgment of the Commission is based on the overall review of the program's adherence to the accreditation standards - the SoA and related Implementing Regulations. In making an accreditation decision, the CoA looks at the program's entire record to determine whether or not, as a whole, the program achieves an appropriate level of quality to be accredited, and that it meets its own stated aim(s).

The SoA do allow for some flexibility in the professional judgment of the CoA based upon the program's stated aim(s). However, the purpose of the CoA's accreditation review at the doctoral level is to evaluate "preparation for entry-level practice in health service psychology, regardless of the program's aims. At this time, "entrance to the profession" involves the completion of the doctoral program in a timely manner and attainment of licensure. In addition, review of licensure rates is required by the U.S. Department of Education. As a result, for the purposes of evaluating entrance to the profession, the CoA evaluates the proportion of students entering a doctoral program who complete it, the time-to-degree, and the proportion of students completing the doctoral program who attain licensure.

***Annual review*** - In its annual monitoring of accredited doctoral programs (as articulated in Implementing Regulation D 4.7), the CoA has set a series of parameters by which it annually reviews programs' adherence to general quality assurance indicators each year. At this time these include: internship placement; time to degree; annual attrition within the student body; and changes in core faculty as related to total students in the program. The CoA requires programs to provide annual report data each year, and uses these data to monitor program quality indicators during those years the program is not engaged in periodic review. Thus, if a program meets the IR D.4-7 threshold as determined by the Annual Report Online ("ARO") in a given year, it means that the program does not need to provide additional reports on that specific threshold in that year. It is important to understand that meeting these thresholds simply means that the program's reported data will not trigger a fuller review in connection with the annual report. This does not mean that these outcome data will dictate reaccreditation during the periodic review, which is based on a more comprehensive analysis of the program, including a broader review of the data, the program's outcomes, and other factors bearing on the program's consistency with the *Standards of Accreditation*.

## **C-2 D. Definition of “Developed Practice Areas” for Doctoral Programs and the Process by which Areas May be Identified as Such**

(formerly C-14; Commission on Accreditation, October 2006; pursuant to changes in the scope of accreditation approved by the APA Council of Representatives in August 2006; revised November 2015)

### **Scope of Accreditation for Doctoral Programs:**

The Commission on Accreditation reviews doctoral programs in psychology that provide broad and general training in clinical psychology, counseling psychology, school psychology. And other developed practice areas. The CoA also reviews programs that combine two or three of the above-listed practice areas.

### **Definition**

Developed practice areas of psychology have all of the following characteristics:

- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the SoA;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

### **Process**

Steps in the identification process are:

1. Application by the training council will be initially reviewed by the CoA based upon the criteria defined above to determine the eligibility of the area for public comment on its inclusion;
2. If in this initial review, the area meets the criteria for eligibility, the CoA will invite subsequent public comment as well as inviting letters of support or concern from relevant organizations;
3. Final decision by the CoA.
4. In the case of a decision to not include the area in the scope of accreditation, the training council may file an appeal using an appeal process parallel to the current procedures for the appeal of program-level decisions. Specific procedures for that appeal will be developed.

*(See Implementing Regulation B-2 for more information about changes in the scope of accreditation)*

### **C-3 D Review of Applications for the Recognition of Developed Practice Areas**

(formerly C-14(a); Commission on Accreditation, October 2007; revised October 2008, November 2015)

A program cannot be reviewed for accreditation in a developed practice area until that area has been added to the scope of accreditation. An area applying for recognition must first demonstrate training in that area at the doctoral level before programs will be recognized in that area at the internship level.

#### **Application**

Areas seeking to become included in the scope of accreditation must provide all information requested in the application, which is available from the Office of Program Consultation and Accreditation. Applications not following the required format will be returned without review. Staff members of the Office of Program Consultation and Accreditation will confirm receipt of the application and ensure that all required information has been provided. Staff members may request the submission of any missing information, and the application will not be reviewed by the CoA until all required materials have been provided.

Areas may submit their applications at any time. However, in order to be reviewed during a specific CoA meeting, applications must be received at least 2 months prior to that meeting. A list of CoA meeting dates is available at <http://www.apa.org/ed/accreditation/calendar.aspx>. Applications received after that deadline will be reviewed during the next available meeting.

#### **Review**

Upon receipt of the area's completed application materials, the Executive Committee of the CoA will be charged with the review of the application. The Executive Committee maintains the right to seek additional consultation and expertise in the area as necessary. Based upon its review of the record, the Executive Committee will develop a recommendation for action by the full CoA. If the full CoA believes the area meets the criteria outlined in Implementing Regulation C-2 D, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a Developed Practice Area.

After review of any public comments, the CoA will make its final decision on inclusion of the area as a Developed Practice Area. However, if the area wishes to be specified by name as part of the scope of accreditation, then the application and CoA recommendation will be forwarded to the APA Council of Representatives for review.

#### **C-4 D. Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas**

(formerly C-14(b); Board of Educational Affairs, November 2007)

A decision by the CoA not to recommend an area for inclusion in the scope of accreditation as a Developed Practice Area may be appealed to the APA Board of Educational Affairs using the process outlined for appeals of program review decisions (see Implementing Regulations D5-1 and D5-2).

The Chief Executive Officer of the group or training council petitioning for recognition of the area, or the responsible administrative officer of the group may challenge a CoA decision not to recognize a proposed Developed Practice Area. Such an appeal must be received within 30 days of receipt of written notice of the CoA decision. The appeal must specify the grounds on which the appeal is made, which must be either a procedural violation or substantive error by the CoA in its review of the area's consistency with the provisions of Implementing Regulation C-2 D. The appeal should be addressed to the President of the APA. A nonrefundable appeal fee will be charged to the appellant group or training council, such fee to be submitted with the letter of appeal.

#### **Appointment of Appeal Panel**

Within 30 days of receipt of the area's letter of appeal, the APA Board of Educational Affairs will provide the group or training council with a list of six potential appeal panel candidates, no one of whom will have had affiliation with the proposed Developed Practice Area filing the appeal or with the accreditation process related to the non-recognition of the area. The Office of Program Consultation and Accreditation will determine the willingness of the potential panel members to serve, and notify the group or training council to that effect. Within 15 days, the group or training council may select three panel members from this list to serve as its appeal panel. If the group or training council does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel.

#### **Scope and Conduct of Appeal**

An appeal is not a de novo hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the area's appeal letter. If an issue requires a legal interpretation of the CoA's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials that were before the CoA at the time of its decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the group or training council of the CoA's decision, the letter of appeal, written briefs submitted by the group or training council, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA at the time the decision was made.

The appeal panel will convene a hearing at APA during one of three pre-scheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or

more representatives of the group or training council representing the proposed Developed Practice Area, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has the responsibility to assure compliance with the above procedures and may resolve legal or procedural issues or can advise the panel regarding those issues.

### **Decision and Report of Appeal Panel**

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures that would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of: (a) upholding the CoA decision; or (b) returning the matter to the CoA for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the President of the APA and sent within 30 days of the hearing. Copies will be provided to the Chief Executive Officer or to the responsible administrative officer of the group or training council whose appeal was heard, the Chair of the CoA, the Chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

### **C-5 D. Academic Residency for Doctoral Programs**

(formerly C-2; Commission on Accreditation, July 2007; revised November 2015)

The doctorate is the highest degree of educational accomplishment in health service psychology. The level of sophistication in thought and behavior required for the degree is attained in part through full-time study in residence at an institution of doctoral education. To this end, the *Standards of Accreditation* (Standard I.C.2) requires of each student:

- a. *A minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;*
- b. *At least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;*
- c. *At least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.*

Residency has two primary purposes: student development and socialization, and student assessment. With regard to student development, residency allows students (1) to concentrate on course work, professional training and scholarship; (2) to work closely with professors, supervisors and other students; and (3) to acquire the attitudes, values, habits, skills, and insights necessary for attaining a doctoral degree in psychology. Full-time residence provides students other opportunities, including obtaining fluency in the language and vocabulary of psychology as enhanced by frequent and close association with, apprenticing to, and role modeling by faculty members and other students; obtaining valuable experience by attending and participating in both formal and informal seminars; colloquia; discussions led by visiting specialists from other campuses, laboratories, or governmental research and/or practice organizations; and, obtaining support in thesis, dissertation, or doctoral project work through frequent consultations with advisors.

An equally important purpose of the residency requirement is to permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to assess all elements of student competence. Executing these obligations is an essential aspect of assuring quality and protecting the public. These elements include not only student-trainees' knowledge and skills, but also their emotional stability and well-being, interpersonal competence, professional development, and personal fitness for practice. Through such student assessment, accredited programs can ensure—insofar as possible—that their graduates are competent to manage relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. This capacity for managing relationships represents one of the competencies that define professional expertise.

Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all of the purposes of the residency requirement, as articulated above. In evaluating whether the residency requirement is satisfied, the Commission will consider processes and indicators related to the elements of student development and socialization and student assessment detailed in paragraphs 2 and 3 of this Implementing Regulation.

**Note:** *The above statement on the purpose of full-time residency is drawn substantially from the Policy Statement of the Council of Graduate Schools titled "The Doctor of Philosophy Degree" (Council of Graduate Schools, 2005), the statement of the Council of Chairs of Training Councils (December, 2003) titled "Comprehensive Evaluation of Student Competence," and the APA Policy Statement on Evidence-Based Practice in Psychology (August, 2005).*

### **C-6 D. Record of Student Complaints in CoA Periodic Review**

(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard III.B.2 of the *Standards of Accreditation* for doctoral programs addresses the need for accredited programs to recognize the rights of students to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard III.B.2 of the *Standards of Accreditation* for doctoral programs, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

### **C-7 D. Discipline-Specific Knowledge**

(Commission on Accreditation, November 2015; revised, July 2017)

Discipline-specific knowledge serves as a cornerstone of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall demonstrate knowledge in the discipline of psychology, broadly construed. This discipline-specific knowledge base shall include: 1) the history and systems of psychology, 2) basic knowledge in scientific psychology, 3) integrative knowledge in scientific psychology, and 4) methods of inquiry and research.

*Discipline-specific knowledge*, as it is articulated in the Standards of Accreditation (Doctoral Standards, II.B.1.a):

- a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*
  - i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*
  - ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry, but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

For purposes of this Implementing Regulation, there are four categories of discipline-specific knowledge.

#### **Category 1: History and Systems of Psychology**

- **History and Systems of Psychology**, including the origins and development of major ideas in the discipline of psychology.

#### **Category 2: Basic Content Areas in Scientific Psychology.**

- **Affective Aspects of Behavior**, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
- **Biological Aspects of Behavior**, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
- **Cognitive Aspects of Behavior**, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
- **Developmental Aspects of Behavior**, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
- **Social Aspects of Behavior**, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

### **Category 3: *Advanced Integrative Knowledge in Scientific Psychology.***

- **Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas**, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social, or developmental aspects of behavior). Advanced integrative knowledge in Category 2 areas can be acquired in either of two ways: 1) an evaluated educational<sup>1</sup> experience that integrates at least two Category 2 content areas that have been previously covered through other methods; or 2) an evaluated educational experience that provides basic coverage in two or more areas and integration across those areas.

### **Category 4: *Research Methods, Statistical Analysis, and Psychometrics***

- **Research Methods**, including topics such as strengths, limitations, interpretation, and technical aspects of rigorous case study; correlational, experimental, and other quantitative research designs; measurement techniques; sampling; replication; theory testing; qualitative methods; mixed methods; meta-analysis; and quasi-experimentation.
- **Statistical Analysis**, including topics such as quantitative, mathematical modeling and analysis of psychological data, statistical description and inference, univariate and multivariate analysis, null-hypothesis testing and its alternatives, power, and estimation.
- **Psychometrics**, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.

### **Overarching considerations that apply to all aspects of DSK**

Several aspects of this IR are intentionally written broadly in order to allow programs to design curricula that are consistent with their aims, the training needs of their students, and evolutions in the field. The narrative descriptions provided within the bullet points above for each of the discipline-specific content areas are *not* checklists of required topics; rather, they are *examples* of the sorts of topics that may be included. For example, under Category 4, all programs are expected to provide evaluated doctoral-level experience in research methods, statistical analysis, and psychometrics; however, different programs may elect to include customized topics within those broad headings.

### **Considerations specific to Category 1 (*History and Systems*)**

The History and Systems requirement is the only portion of the DSK that may be accomplished entirely prior to matriculation into the doctoral program and/or through undergraduate-level work after matriculation into the doctoral program. Alternatively, programs may choose to cover this domain of knowledge at the graduate rather than the undergraduate level. Refer to the section below entitled *Foundational knowledge attained outside of the doctoral program* for information about evaluation of these types of educational experiences.

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<sup>1</sup> **Evaluated educational experience:** a learning experience (e.g., course, parts of courses, or independent study) the outcome of which is assessed by a person recognized as having current knowledge and expertise in the area of the learning experience.

## Considerations specific to Category 2 (*Basic Content Areas in Scientific Psychology*)

The SoA distinguishes between 1) *foundational knowledge of DSK*, which may be acquired prior to matriculation into the doctoral program, at the undergraduate level after entering the doctoral program, or through graduate-level training, and 2) *graduate-level knowledge of DSK*.

As required by the SoA, programs must demonstrate that students are provided with the opportunity to acquire and be evaluated on Category 2 discipline-specific knowledge at the graduate level. In evaluating whether a program has provided sufficient coverage of the DSK, the CoA will require documentation that, *at program completion*, each of its students has demonstrated sufficient knowledge *in each Category 2 area* to allow 1) *graduate-level* interaction with the scientific literature that draws on these categories and 2) an understanding of the scientific foundations of the Profession-Wide Competencies. Refer to the section below entitled *Graduate-Level Training* for information about how the curriculum will be evaluated by CoA to ensure sufficient graduate-level coverage.

It is understood that accredited programs will vary in the amount of foundational knowledge of the DSK that is expected at program entry; also, within a single program, students may have variable knowledge bases at program entry. For some programs, rigorous entry criteria will result in the need for less emphasis on *foundational* content within the doctoral program and more extensive coverage of graduate-level knowledge of DSK. By establishing foundational knowledge in this manner, trainees will demonstrate considerable depth of knowledge when the entirety of their educational records are considered, despite relatively less emphasis on foundational material during doctoral training. In contrast, for programs that admit students with less undergraduate education in foundational knowledge of the DSK, the entire curriculum (both foundational knowledge and graduate-level knowledge) may be taught during doctoral training.

***It is not consistent with the SoA for the entirety of a student's education in the DSK to occur prior to matriculation into the doctoral program or through undergraduate coursework following matriculation into the doctoral program.***

Coverage of graduate-level discipline-specific knowledge within an accredited program may be provided through coursework (e.g., individual courses or material infused across multiple courses) or through other evaluated educational experiences (e.g., research requirements, qualifying examinations, or other methods). Programs must provide a minimum of one integrative evaluated educational experience (Category 3: Advanced Integrative Knowledge), but it is permissible to achieve multiple required graduate-level competencies in DSK through one or more integrative experiences.

Regardless of the method by which a program chooses to satisfy the discipline-specific knowledge requirement, the program must document how *each* student demonstrates graduate-level knowledge in the relevant content areas. The program must also document procedures for ensuring the curriculum plan in these content areas is developed, provided, and evaluated by faculty who are well qualified in the content areas as specified in IR C-23D.

### *Evaluating graduate-level training*

Graduate-level training must include evidence of graduate students' exposure to knowledge through a curricular experience that utilizes primary source materials (including original empirical work that represents the current state of the area), emphasizes critical thinking and communication at an advanced level, and facilitates integration of discipline-specific knowledge with the program's substantive area(s) of practice.

As programs work to confirm that their graduate-level training and evaluation is sufficient to meet these criteria, they are advised to ensure that students are interacting with current primary source materials and that they are evaluated in part on their ability to communicate critical thinking at an advanced level.

#### *Evaluating foundational knowledge attained outside of the doctoral program*

Programs that permit the attainment of foundational Category 1 and/or Category 2 knowledge through experiences that were not acquired within the accredited program bear a significant responsibility for documenting the quality/rigor, currency, standardization, and fairness of the method for establishing students' knowledge.

If programs permit students to attain foundational knowledge of Category 1 or 2 areas of DSK outside of their doctoral training (i.e., prior to matriculation or through undergraduate coursework they may enroll in while they are also doctoral students), it is incumbent upon programs to develop and implement systematic processes to evaluate *each individual student's foundational knowledge*. The CoA will assess the extent to which these systematic processes are:

- Relevant to the required discipline-specific knowledge areas (i.e., history and systems; affective, biological, cognitive, social, or developmental aspects of behavior).
- Sufficiently rigorous to demonstrate students' substantial understanding of discipline-specific knowledge.
- Appropriate for the program's intended use.
- Free from discrimination on bases irrelevant to success in the doctoral program.
- Based on a substantial educational experience that included evaluation of knowledge contemporaneous with the experience (e.g., a course for which the instructor assigned a grad at course completion, rather than an activity completed in the remote past that was evaluated post hoc by a member of the doctoral faculty).

The SoA lists the GRE subject test as an example of a standardized test; however, the CoA does not mean to imply that this is the only or the preferred method of evaluation. The Major Field Test or other standardized evaluations of knowledge in scientific psychology may also be appropriate, as may evaluations developed at the program level (e.g., tests of knowledge at program entry designed by the doctoral program). In addition, there are several instances in which the GRE subject test may not be an appropriate evaluation method for a program (e.g., if it does not evaluate the required areas of knowledge, is not considered appropriate for the program's use, or discriminates against specific applicants on bases irrelevant to success in the program). The CoA anticipates that assessment methods will evolve as demand for them increases.

At times a program may determine that its evaluation methods or minimum criteria could inadvertently discriminate against an individual student on the basis of issues irrelevant to success in the doctoral program. In this case, the program should utilize alternative methods and corresponding criteria and document this determination process and the specific criteria used.

#### **Considerations specific to Category 3 (*Advanced Integrative Knowledge in Scientific Psychology*)**

The Advanced Integrative Knowledge category must be achieved entirely at the graduate level.

**Considerations specific to Category 4 (*Research Methods, Statistical Analysis, and Psychometrics*)**

The Research Methods, Statistical Analysis, and Psychometrics category of DSK must be achieved entirely at the graduate level. It is not required that coverage of Statistical Analysis or Psychometrics include original source materials.

## C-8 D Profession-Wide Competencies

(Commission on Accreditation, October 2015; draft revised for public comment, November 2016; revised July 2017)

### Introduction

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.
- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.
- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.
- ***Level-appropriate expectations***. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.
- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

### I. Research

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

***Doctoral students:***

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

***Interns:***

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**II. Ethical and legal standards**

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

***Trainees at all levels*** are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

**III. Individual and cultural diversity**

This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

#### **IV. Professional values and attitudes**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

#### **V. Communication and interpersonal skills**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

#### **VI. Assessment**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

## **VII. Intervention**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, an organization, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

## **VIII. Supervision**

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

***Doctoral students:***

- Demonstrate knowledge of supervision models and practices.

***Interns:***

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

**IX. Consultation and interprofessional/interdisciplinary skills**

This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

***Doctoral students and Interns:***

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

***Doctoral students:***

- Demonstrates knowledge of consultation models and practices.

***Interns:***

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

### **C-9 D. Diversity Education and Training**

(formerly C-23; Commission on Accreditation, November 2009; revised March 2013, November 2015)

In accordance with Standard II.B.1.b of the doctoral *Standards of Accreditation* (SoA), a program has and implements a thoughtful and coherent plan to provide students with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and students in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.B.1.b. Consistent with Standard I.B.2, as described in the doctoral program SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train students/interns/residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service. Programs are expected to train students to be competent not only for serving diverse individuals present in their local community and training setting, but also for working with diverse individuals they may encounter when they move to other locations after completion of their training. The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

**C-10 D. Positive Identification of Students Consistent with Higher Education Opportunity Act**  
(formerly C-25; Commission on Accreditation, November 2009; revised 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of students who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a student in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that student. In particular, the program must provide CoA with information about how it ensures that a student who registers or receives credit for a course that uses any form of distance, online, or electronically mediated education is the same student who participates in and completes that course. Whatever methodology is used must clearly protect student privacy. Finally, students must be provided with information at the time of registration or enrollment of any projected additional student charges associated with verification of student identity.

**C-11 D. Distance and Electronically Mediated Education in Doctoral Programs**  
(formerly C-27; Commission on Accreditation, July 2010; revised November 2015)

The APA Commission on Accreditation (CoA) is recognized as an accrediting body by both the U.S. Department of Education and Council of Higher Education Accreditation. The CoA's recognized scope of accreditation does not include distance education. However, the CoA understands that the growth of technology has increased the options for how instruction can be delivered within psychology doctoral programs. Traditional methods of teaching and interaction in the same time and place are no longer the only available approach to instruction. The CoA recognizes that some accredited doctoral programs may elect to utilize distance and electronically mediated delivery formats in a supplemental or adjunctive role within their programs.

The CoA defines distance and electronically mediated education in the following manner, consistent with definitions from the APA Task Force on Distance Education and Training in Professional Psychology (June 2002, page 4) as well as definitions specified by other higher education accreditation organizations.

**Distance education** is defined as a formal educational process in which the majority of the instruction occurs when student and instructor are not in the same place. Instruction may be synchronous (students and instructors present at the same time) or asynchronous (students and instructors access materials on their own schedule). Distance education may employ correspondence study, or audio, video, or computer technologies.

**Electronically mediated education** covers a wide set of electronic applications and processes such as Web-based learning, computer-based learning, virtual classrooms, and digital collaboration. It includes the delivery of content via Internet, intranet/extranet (LAN/WAN), audio and videotape, satellite broadcast, interactive TV, and CD-ROM.

Although the *Standards of Accreditation* (SoA) do not set a pre-determined limit on the extent of distance education that is permitted, a doctoral program delivering education and training substantially or completely by distance education is not compatible with the SoA and could not be accredited. This is because face-to-face, in-person interaction between faculty members and students is necessary to achieve many essential components of the SoA that are critical to education and training in professional psychology, including socialization and peer interaction, faculty role modeling, and the development and assessment of competencies.

The following elements are specifically noted for all accredited and applicant doctoral programs:

- Practicum experiences must be conducted face-to-face, in-person, and cannot be completed through distance education (i.e., virtual clients) or other electronically mediated education;
- Telesupervision of students within practicum experiences is governed through Implementing Regulation C-13 D;
- All programs are expected to follow generally accepted best practices and utilize evidence-based methods in distance education and electronically mediated delivery;
- All programs are expected to clearly describe to the CoA in their self-studies which aspects of their education and training utilize distance or electronically mediated delivery formats; and

- All programs are expected to clearly disclose to the public which aspects of their education and training utilize distance or electronically mediated delivery formats.

Programs delivering any amount of distance education or utilizing any electronically mediated formats are expected to describe to the CoA how they meet all standards of the SoA, as is true of all programs that are accredited or are seeking accreditation. **In their self-studies, such programs are expected to pay particular attention to how distance or electronically mediated delivery is related to ALL parameters of the SoA.**

## **C-12 D. Practicum Guidelines for Doctoral Programs**

(formerly C-26; Commission on Accreditation, January 2010; revised November 2015)

Standard II.B.3 of the *Standards of Accreditation for Health Service Psychology* (SoA) for doctoral graduate programs identifies practicum as a required training element.

In reviewing practicum experiences within doctoral programs, the CoA looks to determine that the program is responsible for identifying how the practicum helps to realize the educational aims identified in the program's curriculum plan. This curriculum plan should

1. Include a clear statement of how practicum training provides opportunities for students to achieve and demonstrate profession-wide competencies, as well as any program-specific competencies for which practicum is a relevant curricular element.
2. Document outcome measures used within practicum to evaluate profession-wide and any relevant program-specific competencies ; and
3. Specify how practicum is clearly integrated with other elements of the program. This includes a description of how academic knowledge is integrated with practical experience through forums led by psychologists for the discussion of the practicum experience, as well as a description of how practicum training is sequential, cumulative and graded in complexity, and designed to prepare students for further organized training.

Further, each accredited doctoral program is expected to have clearly defined administrative policies and procedures in place for both internal and external practicum settings.

The guidelines below clarify the CoA's expectations as to how programs demonstrate and provide documentation of adherence to the required practicum training elements specified in Standard II.B.3 of the SoA during periodic program review (i.e., review of the program since its last self-study).

- The CoA recognizes that practicum training and experiences can include psychological testing, consultation, program development, outreach, and advocacy, as well as the use of evidence-based practice procedures and the ability to identify and use evidence-based procedures. The CoA also recognizes that not all interventions that may occur during practicum meet the definition of "empirically supported."
- When students are not being supervised on site by doctoral level psychologists, the program must provide on-going weekly opportunities for students to discuss their clinical work with a doctoral level psychologist appropriately credentialed for the jurisdiction in which the program is located.
- It is recognized that supervision on site can be provided by doctoral interns or post-doctoral fellows in psychology, under the supervision of a psychologist appropriately credentialed for the jurisdiction.
- The program should document how the program ensures the quality of the practicum sites, including regularly scheduled site reviews.
- The program should document the use of evaluation procedures for practicum experiences, methods for identifying strengths and weaknesses of practicum settings, and how a problem with a site is managed.
- The program should identify the administrative methods used to ensure that practicum placements meet these criteria and discuss how students are matched to these sites.
- The program should demonstrate how training and educational experiences are conducted in ways that integrate science and practice.
- The program's curriculum plan should provide clear evidence that practicum is integrated with other elements of the program.

- The program should discuss how it regularly evaluates the forum for the discussion of the practicum experience.
- The program should include a description of how it uses feedback from the clinical supervisors to address the progress, development, and competencies of the practicum student.
- The program should identify how the minimum acceptable level of achievement is defined and assessed, and identify policies for remediation or dismissal from a practicum site when this level of achievement is not met.
- The program should identify how the required practicum experiences are sufficient to prepare the students for internship.

### **C-13 D. Telesupervision**

(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

The following applies only to the MINIMUM number of required hours of supervision. At the doctoral level, these are the minimal supervision requirements for each practicum site, as defined by the doctoral program. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program. Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation* (SoA). It only clarifies the utilization of telesupervision at the doctoral practicum level.

#### ***Definitions:***

**Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. (See the definition of supervision as noted in the Glossary)

**In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

#### ***Guidelines and Limits:***

- Telesupervision may not account for more than 50% of the total supervision at a given practicum site, and may not be utilized until a student has completed his/her first intervention practicum experience. Furthermore, it is the doctoral program's responsibility to ensure that the student has had sufficient experience and in-person supervision in intervention at the doctoral level and possesses a level of competence to justify this modality of supervision in his/her sequence of training.

Programs that utilize telesupervision are expected to address generally accepted best practices. Furthermore, as with all accredited programs, programs that utilize telesupervision must demonstrate how they meet all standards of the SoA.

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured; and

- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

### **C-14 D. Direct Observation**

(Commission on Accreditation, November 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of the CoA with regard to “direct observation” as described in doctoral *Standards of Accreditation* (SOA) as follows:

#### **Standard II.B.3.d**

*“As part of a program’s ongoing commitment to ensure the quality of its graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).”*

Direct observation provides essential information regarding trainees’ development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. Direct observation allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees’ competency development regarding one or more profession-wide and program-specific (if any) competencies associated with that training experience.

The direct observation requirement described in this IR applies to all training experiences that fall under the program’s application of practicum training in IR C-12 D. At minimum, programs are required to conduct one direct observation per evaluation period as described below. In situations in which students complete an extra, elective, non-required practicum, or placement and this experience is considered in the evaluation of a required competency, the training experience must include a direct observation as a part of the evaluation of the experience.

#### **Definitions and Guidelines:**

Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of direct service contact), live simultaneous audio-video streaming, or audio or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

The supervisor who is evaluating the trainee’s performance must base part of that evaluation on direct observation. Supervisors conducting direct observation must be appropriately trained, credentialed, and prepared in their discipline and in the health service psychology activities being supervised, legally authorized for independent practice in their jurisdiction, and legally responsible for the direct service being provided. Supervisors who perform the direct observation *must be* competent in performing the supervised activity, as well as in providing supervision.

Direct observation is required for each practicum evaluation completed. All accredited programs must verify on the evaluation form that direct observation occurs for each evaluation period as defined by the program. In a given evaluation period, a student may complete more than one practicum experience (e.g., separate rotations within a single-semester practicum; student completing two different practica during the same semester). If a separate evaluation is completed for each rotation or setting, each evaluation must include direct observation. If a single evaluation covers all rotations or settings, then a minimum of one direct observation is required.

Per IR C-12 D, it is recognized that supervision on site can be provided by doctoral interns or postdoctoral residents in health service psychology under the supervision of a psychologist appropriately credentialed in the jurisdiction. In these situations, the direct observation requirement may only be met by having the appropriately credentialed supervisor(s), legally responsible for the direct service being provided, conduct

the observation and evaluation. This does not preclude doctoral interns or postdoctoral residents from contributing to the direct observation or evaluation process.

It is not expected that all of the individual competencies (profession-wide or program-specific) would be directly observed during every practicum experience, but rather that the scope of the direct observation would be sufficient to contribute meaningfully to an evaluation of student performance in competencies relevant to that practicum placement.

**C-15 D. Awarding the Doctoral Degree Prior to Completion of the Internship**  
(formerly C-5; Commission on Accreditation, original date unknown; revised January 2001, November 2015)

All accredited program requirements, including the internship, should be satisfactorily completed prior to awarding the doctoral degree in the student's substantive area of health service psychology. In special instances in which students participate in graduate ceremonies prior to completing the internship, the program should ensure that university certification by transcript, diploma, or other means of the student's having completed the degree requirements for the accredited program in professional psychology does not precede the actual completion of all such program requirements.

Programs in health service psychology that certify the completion of all requirements of that program for the doctoral degree before completion of an internship violate accreditation guidelines. Whether or not a student completes a dissertation prior to an internship is a matter of individual and program discretion.

Internships are designed and funded as training experiences at the doctoral level. The competency level of the training experience is consistent with that designation, and it would be inappropriate simply to rename the training as postdoctoral. If the trainee is a "respecialization" intern, the fact that the trainee has a doctoral degree in another field of the discipline does not change the doctoral level of experience required in the trainee's field of professional respecialization.

### **C-16 D. Affiliated Internship Training Programs**

(formerly C-10; Commission on Accreditation, March 1998; revised October 2007, November 2015)

An **exclusively affiliated** internship is an accredited internship that only admits interns who are students from a specific accredited doctoral program. A **partially affiliated** internship is an accredited internship in which a portion of the interns admitted are students from a specific accredited doctoral program.

The procedures for evaluating and designating the programs are as follows:

1. The internship and the program with which it is affiliated are site visited and accredited separately and in the same manner as other programs and internships. However, as part of their self-study reports, the programs would designate that they are either (a) an affiliated internship or (b) a program that places students at an affiliated internship.
2. The CoA understands that affiliated internships (formerly known as captive internships) involve close integration with the affiliated doctoral programs. However, affiliated internship programs are independently accredited and must be reviewed by the CoA as separate entities and meet all the accreditation requirements expected of a non-affiliated internship program. Affiliated internships must provide the CoA with information specific to the internship program during the course of review. As such, an internship self-study may not simply reference aspects of a doctoral program's self-study to fulfill the internship requirements of the *Standards of Accreditation* (SoA). All relevant program materials must be submitted within the internship self-study, and all information (e.g. policies and procedures, outcome data, etc.) should be specific to the internship training program.
3. Any affiliated internship programs that make use of multiple independently administered entities as training sites will be reviewed as a consortium and will be required to meet all aspects of Standard I.A.3 of the *SoA* for internship programs.
4. The internship clearly states its status as exclusively affiliated or partially affiliated in all descriptive material and representations to the public.

If approved, the affiliated internship will be listed in the *American Psychologist* listing for accredited internships. The listing for the internship agency will state that it is an exclusively affiliated or partially affiliated internship; the name of the accredited doctoral program also will be stated (e.g., X Internship [affiliated with Y University Training Program]).

**C-17 D. Expected Internship Placements for Students in Accredited Doctoral Programs**  
(formerly C-31(c); Commission on Accreditation, July 2012; revised November 2015)

The CoA conducts reviews in accordance with its *Standards of Accreditation* (SoA) and as required by the US Department of Education (USDE) and Higher Education Accreditation (CHEA) regulations (see relevant USDE and CHEA regulations below). Several pieces of the SoA are relevant to this review. Standard I.C.2 states that eligibility for accreditation by the CoA requires completion "...of an *internship prior to receiving the doctoral degree.*" Standard I.A.1.b requires that training for practice is sequential, cumulative and graded in complexity and designed to prepare students for further organized training. Standard II.B.4 states that "...the program must demonstrate that all students complete a one year full-time or two year part-time internship." Therefore, it is clear that placement of students in an organized internship is both an important step in the doctoral training sequence and an important outcome of the graduate doctoral training.

Accredited doctoral programs, or doctoral programs seeking accreditation, must provide to the CoA appropriate data to demonstrate outcomes consistent with the SoA and the program's stated educational aim(s). Because completion of an internship is a required component of training for all accredited doctoral programs, the CoA requires that the doctoral program provide evidence of students' successful completion of an internship program of appropriate quality.

For all other internship placements (including APPIC member, CAPIC member, CDSPP compliant site, etc.), the doctoral program must demonstrate how it ensures the quality of the internship training experience. To that end, an accredited program that sends students to sites that are not accredited must provide information to the CoA regarding its process for monitoring the quality of internship training, including the quality of student achievement and development of competencies at these sites. Information regarding the nature of the training provided must be of sufficient detail to demonstrate the adequacy and quality of these training experiences.

CoA is required to follow these US Department of Education (USDE) and Council of Higher Education Accreditation (CHEA) regulations in its reviews:

*USDE - §602. 16 Accreditation and preaccreditation standards.*

- a. The agency must demonstrate that it has standards "for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits.*
- b. The agency meets this requirement if-*

*(1) The agency's accreditation standards effectively address the quality of the institution or program in the following areas:*

*(i) Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.*

*CHEA -12A 3. 12A. Advances Academic Quality. Advancing academic quality is at the core of voluntary accreditation. "Academic quality" refers to results associated with teaching, learning, research, and service within the framework of institutional mission. To be recognized, the accrediting organization provides evidence that it has:*

*3. standards or policies that include expectations of institutional or program quality, including student achievement, consistent with its mission.*

### **C-18 D. Outcome Data for Doctoral Programs**

(formerly C-32; Commission on Accreditation, October 2012; April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on doctoral programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competences, and program-specific competencies (if any).

As stated in the *Standards of Accreditation (SoA)* and the accompanying Implementing Regulation (IR) for doctoral programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a D and IR C-7 D).

*Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed.*

- a. *Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:*
  - i. *Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.*
  - ii. *Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.*

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific (if any) competencies. As stated in the SoA for doctoral programs relevant to student profession-wide and program-specific competencies (II.D.1):

1. *Evaluation of students' competencies*
  - a. *The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:*
    - i. *Specify how it evaluates student performance and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.*
    - ii. *Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of*

*achievement in each profession-wide competency and in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.*

- iii. *Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.*
- b. *For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.*
  - i. *Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.*
  - ii. *At 5 years postgraduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).*

In addition, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

### **Definitions:**

**Proximal data** are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include evaluations of students' performance by those who are responsible for their training (e.g., by course instructors, thesis/dissertation committees, supervisors).
- Completion of an unevaluated activity (attendance at a class or seminar, completion of a manuscript, completion of practicum hours) is not considered sufficient proximal outcome data. Rather, the program must utilize evaluative data (e.g., course outcomes/grades, supervisor evaluation of practicum performance, dissertation defense outcome, acceptance of a peer-reviewed presentation or publication) that demonstrate the program's success in promoting mastery of profession-wide competencies and program-specific competencies (if any).
- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession-wide competencies and program-specific competencies (if any).

**Distal data** are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.

Distal data must be collected annually on alumni who are 2 years and 5 years post-graduation in that year. Although programs are expected to contact as many of these alumni as possible, it is recognized that not all graduates will be reachable. If response rates are particularly low, the program should explain low response rates and describe efforts to contact its graduates.

### **Level of Specificity**

#### **Discipline-Specific Knowledge**

According to the Standards of Accreditation (Standard II.B.1.a D), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology.

Consistent with IR C-7 D, accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge at the advanced graduate level, to assess all required content areas within each category of discipline-specific knowledge for each student (e.g. history and systems of psychology; affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; advanced integrative knowledge of basic discipline-specific content areas; research methods; quantitative methods; psychometrics), and to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge.

As described in IR C-7 D, programs must demonstrate that students have attained advanced graduate level discipline-specific knowledge in all content areas of each category prior to graduation. This demonstration may include but is not limited to: course grades in graduate-level courses, as described in IR C-7 D, scores on comprehensive exams in discipline-specific knowledge areas, or other evaluated learning experiences. The program must set a minimum level of achievement for demonstration of student attainment of advanced graduate level discipline-specific knowledge in each area. Because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

#### **Profession-Wide Competencies**

According to the Standards of Accreditation (Standard II.B.1.b D), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies (Research, Ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, and Consultation and interprofessional/interdisciplinary skills). Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8D, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number

of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess student performance at the level of the elements using multiple methods and within time frames appropriate for each PWC, give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

### **Program Specific Competencies**

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and the professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements, and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

### **Aggregation of Data**

Aggregated data are compilations of proximal or distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data are used to demonstrate the effectiveness of the program as a whole in accomplishing its Aims and Competencies, rather than the accomplishment of an individual student over time. Overaggregation of data can obscure differences that are important for the program to recognize in evaluating its effectiveness over time. To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., % meeting the minimum level of achievement, N). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for all program competencies (i.e., discipline-specific knowledge, profession wide competencies and any program-specific competencies). The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students have attained these minimal levels of achievement. If data presented indicate that in a particular year or cohort less than 100% of students have reached the minimum level of achievement for a content area, the program should describe how those students who did not meet the minimum level of achievement either did not continue to progress in the program or were able to remediate and later meet the minimum level of achievement.

### **Discipline-Specific Knowledge**

When a program is reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, it is expected that multiple data points from multiple sources may be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, comprehensive exam scores in discipline-specific knowledge areas), should be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each discipline-specific knowledge area, demonstrating its overall outcomes of success in promoting student attainment of substantial knowledge at the graduate-level

- If data are aggregated over a number of years (i.e., not by cohort or year), the program needs to explain how aggregating the data in this alternate way facilitates the program's self-improvement and demonstrates that all students meet the MLAs by the time of graduation.

## **Profession-Wide Competencies and Program Specific Competencies**

When a program is reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), it is expected that multiple data points from multiple sources for multiple elements will be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, clinical competency examination scores, practicum evaluations ratings, alumni ratings of preparation for practice in competencies), will be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each profession-wide competency and program-specific competency (if any), demonstrating its overall outcomes of success in promoting student attainment of competencies.

- Proximal data and distal data should be presented separately. For distal data, the presentation should clearly differentiate between data for those who are 2 years post-graduation and those 5 years post-graduation.
- If data are aggregated over a number of years (i.e., not by cohort or year), the program must explain how aggregating the data in this alternate way facilitates the program's self-improvement.

### **C-19 D. Licensure Rate for Doctoral Programs**

(formerly C-31(d); Commission on Accreditation, July 2012; revised November 2015)

#### **Evaluation of Graduates' Licensure Rates:**

CoA accreditation of doctoral and internship education and training programs is based on "preparation for entry-level practice in health service psychology" (see *Standards of Accreditation* Introduction section II. Guiding Principles of Accreditation - Section B.2.b Broad and General Preparation for Practice at the Entry Level). All doctoral programs, whether seeking accreditation or reaccreditation, are expected to achieve this objective of preparing students for entry level practice in professional psychology. One tangible index of preparation for entry level practice is a program's success in preparing its graduates to be licensed as psychologists.

The CoA interprets the licensure rate of program graduates within the context of: (1) the requirement that *all* accredited doctoral programs prepare students for entry-level practice; (2) each program's own stated educational aim(s); and, (3) statements made by the program to the public. Because specific educational aims in the programs CoA accredits may differ, the CoA does not specify a threshold or minimum number when reviewing a program's licensure rate. Rather, the CoA uses its professional judgment to determine if the program's licensure rate, in combination with other factors such as the attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in professional psychology. This includes determining if program graduates' licensure rates are consistent with the expressed or implied promises the program makes to the public and to CoA with respect to achieving its educational aim(s). In general, the more emphasis a program places on producing graduates who will be practitioners, the higher expectations CoA will have for the proportion of students who matriculate into the program and eventually become licensed. In the process of periodic review, a program needs to discuss its licensure data in terms of its educational aims and provide information to address discrepancies between those aims and the actual licensure of students admitted to the program. All accredited doctoral programs are, however, expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

An accredited doctoral program is also required to provide data on licensure to the public consistent with Implementing Regulation C-26 D.

NOTE: The CoA also has to conduct its reviews in accordance with the regulations of the US Secretary of Education and the Council of Higher Education Accreditation (CHEA) requiring:

*USDE - §602. 16 Accreditation and preaccreditation standards.*

- a. *The agency must demonstrate that it has standards "for accreditation, and preaccreditation, if offered, that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the education or training provided by the institutions or programs it accredits.*
- b. *The agency meets this requirement if-*
  - (1) *The agency's accreditation standards effectively address the quality of the institution or program in the following areas:*
    - (i) *Success with respect to student achievement in relation to the institution's mission, which may include different standards for different institutions or programs, as established by the institution, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates.*

*CHEA -10. Promotes Academic Quality and Advances Student Achievement (parts A and B). Advancement of academic quality is at the core of voluntary accreditation. To be recognized, the accrediting organization provides evidence that it implements and enforces standards, policies or procedures which:*

- A. Articulate the accrediting organization's expectations for academic quality and results associated with institutional or program performance, including student achievement, consistent with institution or program mission.*
- B. Require institutions or programs to establish and make public their expectations for achievement of academic quality and indicators of student success, to implement processes to determine whether students and graduates meet the stated expectations and to make public, in aggregate form, evidence of student success.*

**C-20 D. Selection and Admissions of Students into Accredited Doctoral Programs**  
(formerly C-31(a); Commission on Accreditation, July 2012; revised November 2015)

Standard III.A.1 of the Doctoral section of the *Standards of Accreditation* (SoA) states:

*The program has an identifiable body of students at different levels of matriculation who:*

- a. Are of sufficient number to ensure opportunities for meaningful peer interaction, support, and socialization.*
- b. Are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
- c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.*
- d. By interest and aptitude they are prepared to meet the program's aim(s).*
- e. They reflect through their intellectual and professional development and intended career paths the program's aim(s) and philosophy.*

Preparation for practice in health service psychology is a major educational goal for all accredited programs. Thus, the CoA expects that accredited programs will admit students who are appropriately prepared to succeed in doctoral education and training. CoA expects programs will provide students with appropriate educational and training opportunities enabling admitted students to complete the program. The CoA also expects that students will demonstrate success in achieving the profession-wide and program specific competencies as assessed by the program.

To this end, the CoA expects programs to clearly define their admissions standards and to specify how these standards reflect their educational aims. Further, the program needs to discuss how its admissions and selection standards are adequate and appropriate for its educational aims. In compliance with Standard II.D, the program must demonstrate its effectiveness in meeting its educational aim(s) for students in the program and any program graduates. This effectiveness must be demonstrated relative to the program's stated educational aim(s), and must be consistent with Standard III.C.1, in that "program faculty engage in and document actions and procedures that *actively encourage timely completion of the program and maximize student success*" [emphasis added].

The CoA's review of doctoral student selection policies and procedures necessarily requires the exercise of professional judgment, programs must demonstrate that:

1. They have and abide by written policies and procedures for student selection;
2. Those written policies and procedures are consistent with their educational aims;
3. Those written policies and procedures are developed to ensure that students are well-prepared to succeed and that program graduates are prepared for entry to practice;

As part of CoA's evaluation of a program's student selection policies and procedures, the CoA will also consider the program's outcome data on program graduates, including attrition, time to degree, graduate rate, and licensure data as indices of the program's effectiveness in selecting students who are able to complete a doctoral program and enter into practice.

CoA recognizes that doctoral programs' student selection and admissions practices may be informed by their training aims or by institutional or program missions (e.g., that emphasize providing opportunities for enrollment of nontraditional graduate students, or that enroll students with very diverse prior educational experiences). However, CoA reviews programs based only on educational aims that include broad and

general preparation for entry-level practice, integration of science and practice, and the program's philosophy and mission in relation to current professional standards and regional and national needs. Thus, selection and admissions practices must be consistent with effective training and outcomes in these areas.

## C-21 D. Diversity Recruitment and Retention

(formerly C-22; Commission on Accreditation, November 2009; revised March 2013, November 2015, October 2018)

The Standards of Accreditation (SoA) state that five principles, one of which is a commitment to cultural and individual diversity, “guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.” Furthermore, the Commission “is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status (SoA, p. 3).”

Diversity is essential to science and quality education and training in Health Service Psychology. The goals of diversity recruitment and retention include, but are not limited to, creating and maintaining inclusive environments and improving access to quality education and training. An inclusive environment is one in which the program creates an atmosphere that is welcoming, respectful and affirming of students’, and faculty members’ multiple identities.

In accordance with Standards I.B.2, III.A.1.b.i-ii and IV.B.5 of the Standards of Accreditation (SoA) for doctoral programs, an accredited doctoral program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) and 2) retain diverse students and faculty into the program. In addition, the *program* is responsible for assessing the effectiveness of both its recruitment and retention efforts and identifying areas of improvement. For both recruitment and retention of students and faculty, the *program* must provide *program*-level efforts and activities, in addition to any institutional, departmental, or other unit activities that are used. *Programs* are expected to seek and utilize generally accepted best practices in the field regarding recruitment and retention of diverse individuals.

In planning for the recruitment and retention of diverse individuals, accredited programs should consider the following:

- A program may include institutional-level initiatives addressing diversity, but these, in and of themselves, are not considered sufficient.
- The lack of faculty openings, or having existing faculty with strong representation of diversity, does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- Similarly, having an existing student body with strong representation of diversity does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- The demographic information about faculty and students in the tables of the self-study and annual report is not sufficient to demonstrate a program’s compliance with Standards I.B.2, III.A.1.b.i-ii, and IV.B.5.

### **Recruitment**

The program is expected to document that it has developed and implemented a systematic plan to recruit both students and faculty from diverse backgrounds.

### *Students*

An accredited doctoral program should document and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract students from a range of diverse identities;
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its students;

- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse students, and the steps it has taken to revise/enhance its strategies.

#### *Faculty*

An accredited doctoral program should demonstrate and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract faculty from a range of diverse identities (i.e., when there are faculty openings);
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its faculty;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse faculty, and the steps it has taken to revise/enhance its strategies.

#### **Retention**

The program is expected to document that it has developed and implemented a systematic plan to retain both students and faculty from diverse backgrounds.

#### *Doctoral students*

An accredited doctoral program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its students and ensure a supportive and inclusive environment for all students;
- concrete program-level actions to retain diverse students;
- how these efforts are broadly integrated across key aspects of the program;
- how the program examines the effectiveness of its efforts to retain diverse students, and the steps it has taken as needed to revise and/or enhance its retention strategies.

#### *Faculty*

An accredited doctoral program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty and ensure a supportive and inclusive work environment for its diverse faculty members.
- how the program examines the effectiveness of its efforts to maintain diversity among its faculty, and the steps it has taken to revise/enhance its strategies as needed.

## **C-22 D. Student Attrition Rates for Doctoral Programs**

(formerly C-31(b); Commission on Accreditation, July 2012; revised November 2015)

### **Attrition during Initial or Periodic Review**

In the initial or periodic review of a doctoral program, the CoA looks at a number of indicators of program success. Standard III.A.1 of the SoA states:

*The program has an identifiable body of students at different levels of matriculation who:*

- a. Are of sufficient number to ensure opportunities for meaningful peer interaction, support, and socialization.*
- b. Are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.*
- c. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.*
- d. By interest and aptitude they are prepared to meet the program's aim(s).*
- e. They reflect through their intellectual and professional development and intended career paths the program's aim(s) and philosophy.*

Further, in Standard III.B.1, the SoA states:

*Program faculty are accessible to students and provide them with a level of guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aim(s).*

A doctoral program is expected to prepare students for entry level to practice in health service psychology; an essential part of such preparation is the extent to which students successfully complete the doctoral program. During periodic review of the program, the CoA reviews self-study materials (including the narrative and tabular information) as well as program correspondence. The overall attrition rate seven years preceding the review is considered by the CoA to be an indicator of the effectiveness of the program's student selection criteria, the appropriateness and availability of faculty for mentoring students in the program, and the program's success in training students for entry into practice. Attrition data evaluated during periodic review include the proportion of admitted students who do not complete their degrees. As such, the attrition rate at the time of periodic review may be very different from the attrition rate submitted annually to the CoA within the Annual Report Online, in which students who have already departed the program are no longer included as part of either the numerator or the denominator. In addition to overall attrition rate, the CoA may consider attrition rates within cohorts (i.e., year of entry) and other aspects of the attrition data.

The CoA does not set specific percentages in determining acceptable cohort or overall attrition rates. The importance of contextual issues (i.e., evaluating the attrition rate in the context of the full record of information available about a program) makes it impossible to apply a "one-size-fits-all" metric in determining program quality. Thus, the review of the attrition data requires the professional judgment of the CoA to determine how the seven-year attrition rate (including the overall attrition rate and rates for specific cohorts) reported by a program is appropriate for the profession and for the program to maintain consistency with its public materials.

### **Annual Review Attrition Threshold**

The attrition threshold based on annual review data (i.e., ARO data) is used as a broad indicator of changes in a program based upon the total number of students in the program, and the total number of students who leave the program during a year for any reason. For purposes of the annual review, the CoA uses an empirical metric to identify a level of attrition that leads to additional review, by using the mean of the most recent three years of overall attrition rates, as derived from ARO data provided by all doctoral programs. The specific threshold represents an attrition rate at the 95th percentile for those programs. In other words, the CoA seeks additional information from programs which fall *within the lowest 7% of all programs in overall attrition (i.e., those programs with the least favorable attrition rates) among all accredited doctoral programs*. When a program's attrition rate prompts CoA to ask for additional information during annual reviews, that information is reviewed by the CoA to determine if additional review is necessary.

It is important to note that whether or not a program's three-year data have triggered a request for additional information during the annual review does not determine whether or not attrition will be the subject of more comprehensive analyses during the periodic review.

**C-23 D. Faculty Qualifications**  
(November 2015)

**Faculty qualifications.** Individual faculty may fulfill multiple roles within a program (e.g., teaching, clinical and/or research supervision, administration). In terms of program policy, it is the program's responsibility to specify clearly articulated procedures for ensuring appropriate faculty training, current expertise, and effectiveness for each role they fulfill in the program. If such procedures exist in an administrative unit higher than the program, then the program must demonstrate how it has sufficient input or oversight to ensure training consistent with accreditation standards.

In terms of self-study content, it is *the program's responsibility* to provide clear and specific evidence in the self-study that faculty are appropriately qualified for *each role* that they hold in the program. That evidence should include current and relevant expertise (e.g., board certification, formal or other post-doctoral training, systematic study, ongoing professional development, research productivity, clinical competence, professional credential, academic degree/area of study, respecialization).

### **C-24 D. Program Names, Labels, and Other Public Descriptors**

(formerly C-6(a); Commission on Accreditation, January 2002; revised January 2003, November 2015)

#### **How the program describes itself:**

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

Postdoctoral programs accredited in substantive or specialty areas may offer training in areas of emphasis. Areas of emphasis may be described in all public materials except the certificate of completion. Programs will state clearly that accreditation is specific to the substantive or specialty area only.

Preferred:

- “Doctoral program in clinical psychology”
- “Internship in clinical psychology”
- “Internship in health service psychology”

Examples with accurate accreditation status:

- “Doctoral program in medical psychology, accredited as a program in clinical psychology”
- “Internship in pediatric psychology, accredited as a doctoral internship in health service psychology”
- “Postdoctoral residency with an emphasis in geropsychology, accredited as a postdoctoral residency in clinical psychology”

### **C-25 D. Accreditation Status and CoA Contact Information**

(formerly C-6(b); Commission on Accreditation; November 2010; revised March 2015, November 2015)

Standard V.A.1.b of the *Standards of Accreditation* (SoA) for doctoral programs states that the program must include in its public materials:

*“The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.”*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

#### Accreditation status:

- For doctoral programs the only official accredited statuses are: “Accredited on contingency,” “Accredited,” “Accredited on probation,” and “Accredited inactive,”
- Programs may indicate their appropriate status (see above) by referring to “APA” accredited or accredited “by the Commission on Accreditation of the American Psychological Association,” For example, “APA-accredited,” APA-accredited on contingency,” “accredited by the Commission on Accreditation of the American Psychological Association,” “accredited on contingency by the Commission on Accreditation of the American Psychological Association,” etc.
- Programs should not use the term “APA-approved,” since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-24 D.

#### CoA contact information:

- In ALL public documents, including the program’s website (if applicable), where the program’s accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and direct telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs should clarify that this contact information should be used for questions related to the program’s accreditation status. In doing so, the program should also ensure that its own contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.
- Programs are encouraged to use the following format to provide this information:

*\*Questions related to the program’s accredited status should be directed to the Commission on Accreditation:*

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

## **C-26 D. Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students**

(formerly C-20; Commission on Accreditation, May 2006; revised November 2006, July 2007, July 2010, March 2012, April 2013, March 2014, May 2014, November 2015)

Standard V of the *Standards of Accreditation* (SoA) requires that doctoral graduate programs provide potential students, current students, and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data on education and training outcomes, and be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires accredited programs to update the data tables annually and post the information in its public materials (e.g. website) by October 1 each year. Failure to update the information is as much of a concern as failure to provide the necessary information in the required format. After October 1, the Commission will review programs' compliance with the below requirements and that the data provided are consistent with the program's data from the Annual Report Online (ARO).

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### ***Presentation of Required Information***

To ensure that the required information for each program is available to the public in a consistent fashion, the following provisions are required:

- The information must all be located in a single place and be titled "Student Admissions, Outcomes, and Other Data";
- If the program has a website, the information must be located no more than one-click away from the main/home doctoral landing page; and (see update to this provision below)
- The link from the main/home doctoral landing page to the required information must also be titled "Student Admissions, Outcomes, and Other Data";
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.
- Table cells should not be left blank; instead, please enter a "0" if not applicable except where indicated in table

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Because the information required should include those education and training outcomes that will allow applicants to make informed and comparative decisions, the Commission requires that all doctoral programs minimally provide the following to prospective students in its public materials, **including its website, if it has one**: 1) time to program completion; 2) program costs (tuition and fees) and fellowships and other funding available; 3) internship acceptance rates; 4) student attrition rates; and 5) licensure outcomes. These are defined as follows:

#### 1. Time to Completion

Time to completion must be presented in two ways:

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\*For the purposes of this *Implementing Regulation*, only students that have had their doctoral degrees conferred on their transcripts are considered "graduates". "Time to completion" is the amount of time between the date of entry into the program and the date of program completion on the official transcript.

- First, programs must provide the **mean** and the **median** number of years that students have taken to complete the program from the time of first matriculation. These data should be provided for all graduates\* in each of the past ten (10) years.
- Second, the program should provide the percentage of students completing the program in fewer than five years, five years, six years, seven years, and more than seven years.

In a text box below the table, programs must also note any admissions policies that allow students to enter with credit for prior graduate work and the expected implications for time to completion.

## 2. Program Costs

Programs are expected to make available the total costs per student for the current first year cohort. This information should include full-time student tuition, tuition per credit hour for part-time students, and any fees or costs required of students beyond tuition costs. For example, if a program requires students to travel to attend a mandatory component of the program, the estimated costs of this travel should be included as well. Programs may also provide information regarding current adjustments to tuition including, but not limited to: financial aid, grants, loans, tuition remission, assistantships, and fellowships. Even if program cost information is provided elsewhere on another university or other site, it must be provided in the doctoral program's materials as well.

NOTE: Please enter discrete dollar values in the Program Costs table and not percentages. For instance, if the program covers students' full costs within a category, please enter "\$0" in that cell.

## 3. Internships

Programs are expected to provide data on students' success in obtaining internships. The program is required to report for **each** of the past ten (10) years:

- The total number of students who sought or applied for internships
- The number and percent of total who obtained internships
- The number and percent of total who obtained APA/CPA-accredited internships
- The number and percent of total who obtained APPIC member internships that were not APA/CPA-accredited (*if applicable*)
- The number and percent of total who obtained other membership organization internships (e.g., CAPIC) that were not APA/CPA-accredited (*if applicable*)
- The number and percent of total who obtained internships conforming to CDSPP guidelines (school psychology programs only) that were not APA/CPA-accredited (*if applicable*)
- The number and percent of total who obtained other internships that were not APA/CPA-accredited (*if applicable*)
- The number and percent of total who obtained paid internships
- The number and percent of total who obtained half-time internships (*if applicable*)

NOTES: In calculating the above percentages, the program must base these on the **total number of students** who sought or who applied for internship in each year, including those that withdrew from the application process. To ensure readability and understanding for prospective students, Internship Placement-Table 1 and Internship Placement-Table 2 must be presented separately.

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\*For the purposes of this *Implementing Regulation*, only students that have had their doctoral degrees conferred on their transcripts are considered "graduates". "Time to completion" is the amount of time between the date of entry into the program and the date of program completion on the official transcript.

#### 4. Attrition

Programs must report the number and percentage of students who have failed to complete the program once enrolled. These data should be calculated for each entering cohort by dividing the number of students in that cohort who have left the program for any reason by the total number of students initially enrolled in that same cohort. These data should be provided by cohort for all students who have left the program in the last ten (10) years or for all students who have left since the program became initially accredited, whichever time period is shorter.

#### 5. Licensure

Reporting of program licensure data is an expectation of the US Secretary of Education's National Advisory Committee on Institutional Quality and Integrity for program accreditors, including the APA Commission on Accreditation. As such, programs must report the number and percentage of program graduates\* who have become licensed psychologists within the preceding decade. In calculating the licensure percentage:

- The denominator is the total number of program graduates between 2 and 10 years ago
- The numerator is the number of these graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years
- The licensure percentage, then, is calculated by dividing the number of graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years by the number of graduates during the 8 year span from 2 to 10 years ago. For example, the figures reported by a program for 2017 would be number of graduates from the program between 2007 and 2017 who have achieved licensure in the past 10 years divided by the total number of students graduating from the program between 2007 and 2017

Programs may clarify their licensure rate for the public in light of their training model and program aims.

\*Please refer to footnote on first page of this *Implementing Regulation* for definition of graduates.

**Time to Completion for all students entering the program**

Outcome	Year in which Degrees were Conferred																					
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017		Total	
Total number of students with doctoral degree conferred on transcript																						
Mean number of years to complete the program																						
Median number of years to complete the program																						
<b>Time to Degree Ranges</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Students in less than 5 years	<i>b</i>	<i>g</i>																				
Students in 5 years	<i>c</i>	<i>h</i>																				
Students in 6 years	<i>d</i>	<i>i</i>																				
Students in 7 years	<i>e</i>	<i>j</i>																				
Students in more than 7 years	<i>f</i>	<i>k</i>																				

*Note: (b+c+d+e+f)=a each year; (g+h+i+j+k)=100 each year*

Also, please describe or provide a link to program admissions policies that allow students to enter with credit for prior graduate work, and the expected implications for time to completion. Please indicate NA if not applicable:

**Program Costs**

<b>Description</b>	<b>2017-2018 1st-year Cohort Cost</b>
Tuition for full-time students (in-state)	
Tuition for full-time students (out-of-state)	
Tuition per credit hour for part-time students ( <i>if applicable enter amount; if not applicable enter "NA"</i> )	
University/institution fees or costs	
Additional estimated fees or costs to students (e.g. books, travel, etc.)	

**Internship Placement - Table 1**

Outcome	Year Applied for Internship																			
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students who obtained APA/CPA -accredited internships*	<i>a</i>																			
Students who obtained APPIC member internships that were not APA/CPA-accredited ( <i>if applicable</i> )	<i>b</i>	<i>h</i>																		
Students who obtained other membership organization internships (e.g. CAPIC) that were not APA/CPA-accredited ( <i>if applicable</i> )	<i>c</i>	<i>i</i>																		
Students who obtained internships conforming to CDSPP guidelines that were not APA/CPA-accredited ( <i>if applicable</i> )	<i>d</i>	<i>j</i>																		
Students who obtained other internships that were not APA/CPA-accredited ( <i>if applicable</i> )	<i>e</i>	<i>k</i>																		
Students who obtained any internship	<i>f</i>	<i>l</i>																		
Students who sought or applied for internships including those who withdrew from the application process	<i>g</i>	<i>m</i>																		

\*This includes students that withdrew from the internship application process.

Note:  $h = b/a \times 100$ ;  $(c+d+e+f+g) = b$  each year;  $(i+j+k+l+m) = h$  each year

**Internship Placement - Table 2**

Outcome	Year Applied for Internship																			
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students who sought or applied for internships including those who withdrew from the application process	<i>g</i>																			
Students who obtained paid internships	<i>n</i>	<i>p</i>																		
Students who obtained half-time internships* (if applicable)	<i>o</i>	<i>q</i>																		

\* Cell should only include students who applied for internship and are included in applied cell count from "Internship Placement - Table 1"

**Note:**  $p=n/g \times 100$ ;  $q=o/g \times 100$

**Attrition**

Variable	Year of First Enrollment																			
	2007-2008		2008-2009		2009-2010		2010-2011		2011-2012		2012-2013		2013-2014		2014-2015		2015-2016		2016-2017	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Students for whom this is the year of first enrollment (i.e. new students)	<i>a</i>																			
Students whose doctoral degrees were conferred on their transcripts	<i>b</i>	<i>e</i>																		
Students still enrolled in program	<i>c</i>	<i>f</i>																		
Students no longer enrolled for any reason other than conferral of doctoral degree	<i>d</i>	<i>g</i>																		

**Note:**  $(b+c+d)=a$  each year;  $(e+f+g)=100$  each year

**Licensure**

<b>Outcome</b>	<b>2007-2017</b>
The total number of program graduates (doctoral degrees conferred on transcript) between 2 and 10 years ago	
The number of these graduates (between 2 and 10 years ago) who became licensed psychologists in the past 10 years	
Licensure percentage	

### **C-27 D. Notification of Changes to Accredited Programs**

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 D of the *Accreditation Operating Procedures* (AOP), all accredited programs whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

### **C-28 D. “Intent to Apply”**

(Commission on Accreditation, July 2015; revised October 2016)

*“All programs can seek review of “intent to apply” status and “accredited, on contingency” prior to seeking full accreditation. The application for acknowledgement of “intent” includes documentation related to key standards of accreditation. Review for this status is a document review only. The review is conducted to verify that the essential elements are in place to begin a program and as such is not an accredited status and does not provide the public with a judgment regarding the quality of the program. Rather if a program is approved as “intent” for accreditation, it serves as a notice to the public that the program will be seeking accreditation in the near future.” 6.1 D AOP*

#### **Overview/Logistics:**

A program may seek “intent to apply” declaration at any time, including prior to or after admitting students. The “intent to apply” declaration indicates that once students are in place, the program intends to apply for an APA accredited status (either contingent or full accreditation). A program may be listed as “intent to apply” for a maximum of three years. The “intent to apply” declaration is effective as of the date of the Commission’s decision to acknowledge the declaration. If the program exceeds its three year period it will need to inform its publics and students that it is no longer designated as an “intent to apply” program. Declaration of “intent to apply” is not a requirement for an application for “accredited, on contingency” or “full accreditation.”

Programs are advised to consider the time constraints associated with public notice of “intent to apply” and application for accreditation.

For programs seeking the “intent to apply” declaration, the application process is primarily intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide formative feedback to the program in response to their application for “intent to apply.” Although the intent application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

#### **Process to Apply:**

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development and both of which will be reviewed by the CoA for prospective alignment with the SoA. The program will address:

- Standard I, describing the type of program and degree, the administrative structure of the program, program context, structure, and resources, and its policies and procedures.
- Standard II, describing its aims, its curriculum plan with course descriptions, its plans to measure profession-wide competencies and program-specific competencies, if any, its training elements including plans for practicum and internship, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing selection processes and criteria for admission to the program, its plans to provide a supportive learning environment, and its plans to facilitate student success in the program, providing evaluation, feedback, and remediation, if necessary. A plan for the size of each cohort of students should be included for each year up to full implementation of the curriculum.

- Standard IV, describing the designated leader of the program who is in place, plans for recruitment of qualified faculty of the program, plans for how faculty will contribute to the development of curriculum and training experiences, evaluation of program effectiveness, and its plan for faculty sufficiency as the program develops. A plan for numbers of core faculty in place at each year of the program as it develops to full curriculum implementation should be included.
- Standard V in general disclosure and communication with prospective and current students, and will provide all materials currently available to its publics. The materials must include:
  - An accurate description of the “intent to apply” declaration;
  - A timeline for its intention to apply for “accredited, on contingency,” or “full accreditation” of the program;
  - The date that the declaration expires; and
  - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

**C-29 D. Initial Doctoral Program Accreditation**  
(Commission on Accreditation, July 2015; October 2018)

There are two processes by which an unaccredited doctoral program may apply for initial accreditation: 1) apply first for "accredited, on contingency" status and later for full accreditation or 2) apply directly for full accreditation. Programs that seek accredited on contingency status prior to full accreditation are strongly advised to read this entire Implementing Regulation in detail before initiating their application. Programs that are applying for full accreditation may focus primarily on the Fully Accredited section below.

**Accredited, On Contingency**

*Doctoral programs seeking "accredited, on contingency" must be reviewed on all aspects of the SoA, which involves submission of a self-study and a site visit. "Accredited, on contingency" is granted to a doctoral program when the program demonstrates initial evidence of educational quality consistent with the SoA and the capacity to meet all accreditation standards in the designated time frame." (AOP 6.1D)*

**Initial Application for "Accredited, On Contingency"**

**Timeline:**

Programs that are Accredited, On Contingency are required to be awarded Full Accreditation within a specific timeline that is described below. The Commission cannot grant extensions of this required timeline, and programs that fail to achieve Full Accreditation within the prescribed time frame will lose their accredited status entirely. Therefore, it is critically important that applicant programs refrain from applying for Accredited, On Contingency status until they are certain that they 1) meet all eligibility criteria for on contingency status and 2) will meet all of the requirements to apply for Full Accreditation within the prescribed timeline below. Programs are strongly advised to consult with the Office of Program Consultation and Accreditation prior to applying for "accredited, on contingency" status, in order to ensure that they understand all requirements for this two-part sequence of applications for full accreditation.

As an accrediting body recognized by the U.S. Department of Education, the Commission on Accreditation (CoA) cannot permit a program to hold "accredited, on contingency" status for more than five years [Section 602.16(a)(2) of the Criteria for Recognition by the U.S. Secretary of Education]. By the end of this five-year window, programs that are accredited on contingency must either earn full accreditation or withdraw from accreditation. Therefore, doctoral programs seeking "accreditation, on contingency" status are again advised to carefully consider the complete timeline and eligibility criteria required to achieve both "accredited, on contingency" status and ultimately full accreditation status, as described below.

There are multiple steps in the review of applicant programs for Full Accreditation, as described in the Accreditation Operating Procedures of the Commission on Accreditation, some of which are tied to the Commission's annual calendar of meetings. In order to ensure that applicant programs have the opportunity to obtain full accreditation within 5 years of being placed on contingency status, it is mandatory that the program be ready to apply for full accreditation within 3 years of obtaining the "accredited, on contingency" status. If the application for full accreditation is not submitted within 3 years of the "accredited, on contingency" status being awarded; or if the program is denied full accreditation; or if full accreditation is not granted by CoA within 5 years of the program entering "accredited, on contingency" status, the program will be deemed to have withdrawn from accreditation.

A program that is accredited on contingency is an APA-accredited program, and students whose doctoral graduation date falls during the period that this accreditation status is in place will be deemed to have graduated from an accredited program. Because of the time-limited nature of the "accredited, on

contingency" status, students in the program and the public must be kept informed of any change in the program's timeline that could negatively impact full accreditation. In addition, the program must publish the date of expiration of the "accredited, on contingency" status in its public materials by stating, "The program is accredited, on contingency through the following date: \_\_\_\_\_."

## **Process to Apply:**

### Eligibility

A doctoral program is eligible to submit a self-study to attain "accredited, on contingency" status after it has enrolled a minimum of two student cohorts, one of which must be engaged in practicum training. These two cohorts must be enrolled in two different academic years, rather than in two different semesters or quarters within the same academic year. At a minimum, aggregated proximal evaluation data (described in IR C-18D) for one practicum term must be provided by the time of the site visit. Should the program not have aggregated proximal evaluations for at least one practicum term by the time of the site visit, the program will be ineligible for "accredited, on contingency" status. If these proximal data are presented solely at the time of the site visit, rather than in the original self-study, the program is required to provide a copy of the outcome data to both the site visitors and the CoA. In the event that the program has already collected proximal and distal data for discipline-specific knowledge (DSK), profession-wide competencies, and program-specific competencies, those data must be submitted with the self-study, in accordance with the instruction in Implementing Regulation (IR) C-18 D. See below for more information on the self-study submission.

### The Self-Study

The program applying for "accredited, on contingency" status must submit a self-study that is complete in all ways, with the exception of the proximal and distal outcome data required under Standard II.D.1 and IR C-18 D.

For any outcome data that are not yet available, the self-study must include plans for how the program will collect and evaluate future proximal and distal outcomes required to demonstrate minimum levels of achievement in DSK, profession-wide and program-specific competencies (if any). In summary, the program is to submit all outcome data that are available at the time of the self-study, proximal practicum data (at the site visit or in the self-study), and plans and methods for complete future proximal and distal outcome data collection, as described in IR C-18 D (including samples of data collection tools as well as the methods by which data will be collected).

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans, policies, and procedures to meet the requirements of the SoA. At this stage, the program must submit syllabi for any required courses or evaluated learning experiences, including those that have not yet been offered. In the case of required courses or evaluated learning experiences that have not yet been taught, the instructor may be listed as 'to be determined'; however, the program must provide a plan to demonstrate how it will ensure that a qualified instructor will be identified to teach the given course, consistent with IR C-23 D (Faculty Qualifications). The program must describe faculty sufficiency to effectively administer the program as it exists at time of submission. In addition, the program must describe the plans for ensuring faculty sufficiency as the program grows to include students at all levels of matriculation and to meet the full implementation of the curriculum plan.

Within three years of being granted "accredited, on contingency" status, the program is required to provide an application for full accreditation, as described below, and is required to have at least one program graduate.

## **Fully Accredited**

*Accredited (or “fully accredited”) designates a program that, in the professional judgement of the CoA, is consistent, substantively and procedurally, with the SoA.*

## **Initial Application for Full Accreditation**

### **Timeline:**

#### **Contingent to full**

To be eligible for full accreditation, the program must provide a new self-study, including proximal and distal outcome data, and have a second site visit, so that the Commission has complete materials on which to base an accreditation decision (See AOP Section 6.1 D). Programs accredited on contingency must meet all of the deadlines and criteria described below to apply for full accreditation. As described more fully above, a program that has not 1. applied for full accreditation within three years of being accredited on contingency and 2. been granted full accreditation within five years of being accredited on contingency will be deemed to have withdrawn from accreditation.

#### **Full (without previous “contingency” status)**

A doctoral program may apply for review of its initial application for full accreditation when it meets all basic eligibility requirements below and the self-study is complete in all respects.

### **Process to Apply:**

#### **Eligibility**

Programs applying for initial full accreditation, with or without previous “accreditation, on contingency” status, are required to have an identifiable body of students at all levels of matriculation, including at least one program graduate.

#### **The Self-Study**

The program is required to submit a complete self-study that demonstrates compliance with all aspects of the SoA, including both proximal and distal outcome data (see IR C-18 D). Per the SoA, programs must provide distal evidence of students’ competencies as well as data demonstrating program effectiveness in preparing students on the profession-wide competencies and any applicable program-specific competencies (Standard II.D.1.b). Note that in order to meet this requirement, a program must have at least one program graduate when it applies for full accreditation. Per IR C-18D, accredited programs are required to collect distal data from program graduates when they are 2 years and 5 years post-graduation. Programs are permitted to collect distal data at additional time points if they choose. The use of more immediate distal data for the application for full accreditation does not relieve the program of the responsibility to collect 2-year and 5-year distal data from program graduates once alumni have reached the 2- and 5-year marks. All programs are required to describe the process by which they will collect the required 2- and 5-year data and to provide all evaluation tools by which they will accomplish this data collection. It is permissible for programs to wait until the site visit to provide distal outcome data. If the distal data do not appear in the self-study, the program is responsible for providing these outcome data to both the site visitors and the CoA. If distal outcome data are not provided by the time of the site visit, the program will not be eligible for full accreditation.

**C-30 D. Partnership/Consortium**  
(Commission on Accreditation, October 2016)

A Doctoral Program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) which controls its program resources, or a partnership/consortium, where each administrative entity contributes to partnership/consortium program resources. A partnership/consortium is comprised of 2 or more independently administered entities, which have agreed to share resources and centralized decision-making essential to the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a partnership/consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a partnership/consortial agreement when two or more independent entities meet the above criteria to provide doctoral training. The written agreement must articulate these components (a-g):

- a) The nature and characteristics of the participating entities;
- b) The rationale for the partnership/consortium;
- c) Each partner's commitment to the training/education program and its aim(s);
- d) Each partner's obligations regarding contributions, financial support, and access to resources.
- e) Each partner's agreement to adhere to central control and coordination of the training program by the partnership/consortium's administrative structure;
- f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations; and
- g) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-27 D, any change in components a-g above or in the leadership of the programs in the partnership/consortium, must be communicated to the CoA.

An individual partner (member entity) of an accredited partnership/consortium may not publicize itself as independently accredited unless it also has independently applied for and received accreditation.

### Section C: Internship Programs

<b>IR Name</b>	<b>Old #</b>	<b>New #</b>	<b>SoA location</b>
<a href="#">Completion of an Accredited Internship Program: Issue of Half-Time, Two-Year Internship Programs</a>	C-8	C-1 I	I.A.2
<a href="#">Affiliated Internship Training Programs</a>	C-10	C-2 I	I.B.1.a
<a href="#">Definition of "Developed Practice Areas" for Internship Programs and the Process by which Areas May be Identified as Such</a>	C-14	C-3 I	I.B.1.b
<a href="#">Review of Applications for the Recognition of Developed Practice Areas</a>	C-14(a)	C-4 I	I.B.1.b
<a href="#">Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Areas</a>	C-14(b)	C-5 I	I.B.1.b
<a href="#">Unfunded Internship and Stipend Equity</a>	C-9	C-6 I	I.B.4.a
<a href="#">Record of Student Complaints in CoA Periodic Review</a>	C-3	C-7 I	I.C.4
<a href="#">Profession-Wide Competencies</a>		C-8 I	II.A
<a href="#">Positive Student Identification Consistent with Higher Education Opportunity Act</a>	C-25	C-9 I	II.C
<a href="#">Interns and Use of the Title "Doctor"</a>	C-4	C-10 I	II.C.1
<a href="#">Consistency in Internship Experiences Within a Program</a>	C-17	C-11 I	II.C.2
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<a href="#">"Intent to Apply"</a>		C-25 I	N/A
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<a href="#">Trainee Admissions, Support, and Outcome Data</a>		C-27 I	N/A
<a href="#">Consortium</a>		C-28 I	N/A

**C-1 I. Completion of an Accredited Internship Training Program:  
Issue of Half-Time, Two-Year Internship Programs**

(formerly C-8; Commission on Accreditation, 1987; revised 1998, November 2015)

Accredited internship training sites may host interns on a full-time or a half-time basis. In either case, doctoral training programs in psychology need to ensure that the students' overall internship experience is appropriate in terms of breadth, depth and focus. Internship agencies that accept half-time students also need to ensure the same, whether or not the student plans to be at the same agency for both half years. Thus, if a student plans to divide the total internship experience among two or more agencies, it is important that the sponsoring doctoral program, the intern, and the participating internship agencies have a mutual understanding of the students' overall plan. Students engaged in half-time internship training will complete their programs within 24 months.

In an accredited setting that accepts interns for half-time placement, both years should be completed at that setting for the intern to claim completion of an accredited internship. Internship training agencies must also make clear to the public that practicum students and others who use the setting for training are not completing an accredited internship.

### **C-2 I. Affiliated Internship Training Programs**

(formerly C-10; Commission on Accreditation, March 1998; revised October 2007, November 2015)

An **exclusively affiliated** internship is an accredited internship that only accepts interns who are students from a specific accredited doctoral program. A **partially affiliated** internship is an accredited internship in which a portion of the interns accepted are students from a specific accredited doctoral program.

The procedures for evaluating and designating the programs are as follows:

5. The internship and the doctoral program with which it is affiliated are site visited and accredited separately and in the same manner as other programs and internships. However, as part of their self-study reports, the internship program would designate that it is an affiliated internship.
6. The CoA understands that affiliated internships involve close integration with the affiliated doctoral programs. However, affiliated internship programs are independently accredited and must be reviewed by the CoA as separate entities and meet all the accreditation requirements expected of a non-affiliated internship program. Affiliated internships must provide the CoA with information specific to the internship program during the course of review. As such, an internship self-study may not simply reference aspects of a doctoral program's self-study to fulfill the internship requirements of the *Standards of Accreditation*. All relevant program materials must be submitted within the internship self-study, and all information (e.g. policies and procedures, outcome data, etc.) should be specific to the internship training program.
7. Any affiliated internship programs that make use of multiple independently administered entities as training sites will be reviewed as a consortium and will be required to meet all aspects of Standard I.A.3 of the *Standards of Accreditation* for internship programs.
8. The internship clearly states its status as exclusively affiliated or partially affiliated in all descriptive material and representations to the public.

If approved, the affiliated internship will be listed in the *American Psychologist* listing for accredited internships. The listing for the internship agency will state that it is an exclusively affiliated or partially affiliated internship; the name of the accredited doctoral program also will be stated (e.g., X Internship [affiliated with Y University Training Program]).

### **C-3 I. Definition of “Developed Practice Areas” for Internship Programs and the Process by which Areas May be Identified as Such**

(formerly C-14; Commission on Accreditation, October 2006; pursuant to changes in the scope of accreditation approved by the APA Council of Representatives in August 2006; revised November 2015)

#### **Scope of Accreditation for Internship Programs:**

The CoA reviews applications from internship training programs in practice areas including clinical psychology, counseling psychology, school psychology, and *other developed practice areas* or in health service psychology.

#### **Definition**

Developed practice areas of psychology have all of the following characteristics:

- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the Accreditation SoA;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

#### **Process**

Steps in the identification process are:

5. Application by the training council will be initially reviewed by the CoA based upon the criteria defined above to determine the eligibility of the area for public comment on its inclusion;
6. If in this initial review, the area meets the criteria for eligibility, the CoA will invite subsequent public comment as well as inviting letters of support or concern from relevant organizations;
7. Final decision by the CoA.
8. In the case of a decision to not include the area in the scope of accreditation, the training council may file an appeal using an appeal process parallel to the current procedures for the appeal of program-level decisions. Specific procedures for that appeal will be developed.

*(See Implementing Regulation B-2 for more information about changes in the scope of accreditation)*

#### **C-4 I. Review of Applications for the Recognition of Developed Practice Areas**

(formerly C-14(a); Commission on Accreditation, October 2007; revised October 2008, November 2015)

A program cannot be reviewed for accreditation in a developed practice area until that area has been added to the scope of accreditation. An area applying for recognition must first demonstrate training in that area at the doctoral level before programs will be recognized in that area at the internship level.

##### **Application**

Areas seeking to become included in the scope of accreditation must provide all information requested in the application, which is available from the Office of Program Consultation and Accreditation. Applications not following the required format will be returned without review. Staff members of the Office of Program Consultation and Accreditation will confirm receipt of the application and ensure that all required information has been provided. Staff members may request the submission of any missing information, and the application will not be reviewed by the CoA until all required materials have been provided.

Areas may submit their applications at any time. However, in order to be reviewed during a specific CoA meeting, applications must be received at least 2 months prior to that meeting. A list of CoA meeting dates is available at <http://www.apa.org/ed/accreditation/calendar.aspx>. Applications received after that deadline will be reviewed during the next available meeting.

##### **Review**

Upon receipt of the area's completed application materials, the Executive Committee of the CoA will be charged with the review of the application. The Executive Committee maintains the right to seek additional consultation and expertise in the area as necessary. Based upon its review of the record, the Executive Committee will develop a recommendation for action by the full CoA. If the full CoA believes the area meets the criteria outlined in Implementing Regulation C-3 I, then the CoA will invite public comment on inclusion of the area in the scope of accreditation as a Developed Practice Area.

After review of any public comments, the CoA will make its final decision on inclusion of the area as a Developed Practice Area. However, if the area wishes to be specified by name as part of the scope of accreditation, then the application and CoA recommendation will be forwarded to the APA Council of Representatives for review.

### **C-5 I. Appeal of Decisions for Areas Seeking to be added to the Scope of Accreditation as Developed Practice Areas**

(formerly C-14(b); Board of Educational Affairs, November 2007)

A decision by the CoA not to recommend an area for inclusion in the scope of accreditation as a Developed Practice Area may be appealed to the APA Board of Educational Affairs using the process outlined for appeals of program review decisions (see Implementing Regulations D5-1 and D5-2).

The Chief Executive Officer of the group or training council petitioning for recognition of the area, or the responsible administrative officer of the group may challenge a CoA decision not to recognize a proposed Developed Practice Area. Such an appeal must be received within 30 days of receipt of written notice of the CoA decision. The appeal must specify the grounds on which the appeal is made, which must be either a procedural violation or substantive error by the CoA in its review of the area's consistency with the provisions of Implementing Regulation C-3 I. The appeal should be addressed to the President of the APA. A nonrefundable appeal fee will be charged to the appellant group or training council, such fee to be submitted with the letter of appeal.

#### **Appointment of Appeal Panel**

Within 30 days of receipt of the area's letter of appeal, the APA Board of Educational Affairs will provide the group or training council with a list of six potential appeal panel candidates, no one of whom will have had affiliation with the proposed Developed Practice Area filing the appeal or with the accreditation process related to the non-recognition of the area. The Office of Program Consultation and Accreditation will determine the willingness of the potential panel members to serve, and notify the group or training council to that effect. Within 15 days, the group or training council may select three panel members from this list to serve as its appeal panel. If the group or training council does not notify the Office of Program Consultation and Accreditation of its selection within 15 days, the Board of Educational Affairs will designate three members to serve on the appeal panel.

#### **Scope and Conduct of Appeal**

An appeal is not a de novo hearing, but a challenge of the decision of the CoA based on the evidence before the CoA at the time of its decision. The CoA's decision should not be reversed by the appeal panel without sufficient evidence that the CoA's decision was plainly wrong or without evidence to support it. Accordingly, the appeal panel should not substitute its judgment for that of the CoA merely because it would have reached a different decision had it heard the matter originally.

The procedural and substantive issues addressed by the appeal panel will be limited to those stated in the area's appeal letter. If an issue requires a legal interpretation of the CoA's procedures or otherwise raises a legal issue, the issue may be resolved by APA legal counsel instead of the appeal panel.

Only the facts or materials that were before the CoA at the time of its decision may be considered by the panel. The panel will be provided with only those documents reviewed by the CoA in making its decision, the letter that notified the group or training council of the CoA's decision, the letter of appeal, written briefs submitted by the group or training council, and reply briefs submitted by the CoA. The letter of appeal and written briefs shall not refer to facts or materials that were not before the CoA at the time the decision was made.

The appeal panel will convene a hearing at APA during one of three pre-scheduled appeal panel hearing dates. In addition to the three members of the appeal panel, the appeal hearing will be attended by one or more representatives of the group or training council representing the proposed Developed Practice Area, one or more representatives of the CoA, and staff of the Office of Program Consultation and Accreditation.

APA's legal counsel will also attend the hearing. In addition to advising APA, counsel has the responsibility to assure compliance with the above procedures and may resolve legal or procedural issues or can advise the panel regarding those issues.

### **Decision and Report of Appeal Panel**

The CoA's decision should be affirmed unless (a) there was a procedural error and adherence to the proper procedures that would dictate a different decision; or (b) based on the record before it, the CoA's decision was plainly wrong or without evidence to support it. The appeal panel has the options of: (a) upholding the CoA decision; or (b) returning the matter to the CoA for reconsideration of its decision in light of the panel's ruling regarding procedural violations or substantive errors.

The report of the appeal panel will state its decision and the basis of that decision based on the record before the panel. The report of the panel will be addressed to the President of the APA and sent within 30 days of the hearing. Copies will be provided to the Chief Executive Officer or to the responsible administrative officer of the group or training council whose appeal was heard, the Chair of the CoA, the Chair of the Board of Educational Affairs, and the Office of Program Consultation and Accreditation.

## **C-6 I. Intern Funding**

(formerly C-9; Commission on Accreditation, October 1981; revised March 1992, November 2001, July 2011, November 2015)

This Implementing Regulation clarifies the CoA's interpretation of Standard I.B.4.a of the *Standards for Accreditation* (SoA) for internship programs regarding: unfunded internships, the sufficiency of intern stipends, and the equity of stipends.

### **Unfunded Internships**

The Commission on Accreditation (CoA) strongly discourages the use of unfunded internship positions. The CoA understands, however, the **rare** or **unusual** circumstance in which the award of an additional unfunded internship would serve to alleviate unavoidable hardship for the potential unfunded intern candidate (e.g., remaining geographically close to an ailing family member) Examples of less clearly defensible rationales would be elective geographic preference or the specific theoretical persuasion of a desired internship program or supervisor.

The CoA is in full support of internship positions being equitably funded; however, it will consider exceptional program and individual circumstances in which a program can offer quality training despite a lack of funding. In such cases, the "burden of evidence" lies with the program to demonstrate that the lack of funding does not adversely affect morale or quality of training.

In circumstances in which the case for an unfunded internship would seem to be compelling, the responsibility for documenting and the accountability for articulating the rationale for the placement rest with the doctoral and internship programs, jointly. The APA Office of Program Consultation and Accreditation staff are always available for consultation, but the decision to accept unfunded interns rests with the program alone. The awarding of such positions should be documented fully in both the doctoral and internship programs' annual reports to the CoA, and the program should anticipate that site visitors may make focused inquiry into the case circumstances resulting in the *ad hoc* creation of an unfunded internship position.

Under virtually all "exceptional" circumstances, it would be the CoA's expectancy that single or individual cases would be the source of such unfunded internships, but events can occur (e.g., closure of a nearby internship) that might constitute the kind of extraordinary circumstance necessitating the creation of more than one unfunded position in a given training year. However, in the view of the CoA, the routine or regular granting of one or more unfunded internship positions would not adhere to the spirit of the present CoA policy.

Programs also are enjoined to avoid the explicit or implicit communication to applicants or potential applicants that unfunded internship placements might be negotiable during recruitment at any point during the recruitment cycle. Again, maneuvers by a program and student to create the appearance of a special need after the recruiting season has ended will not be seen as consonant with the spirit of the policy.

### **Sufficiency of Funding**

The payment of a stipend is a concrete acknowledgement that an intern in the agency is valued and emphasizes that there is a significant training component in addition to experiential learning. While recognizing that internship stipends will not rise to the level of salaries for permanent staff psychologists, it should also be clear that compensation needs to be sufficient so as to avoid imposing an undue hardship upon the intern in terms of basic living needs.

Internship training should be funded so as to: (1) lend tangible value to the intern's service contribution; (2) communicate a valid and dignified standing with professional/trainee community; and (3) be set at a level that is representative and fair in relationship to both the geographic location and clinical setting of the training site. Stipends should be reasonable in comparison to other accredited internship programs in the local area. Wherever possible, basic support for health/medical insurance should be in place to protect the welfare of interns and their families.

Internship programs should communicate to CoA any intentions to substantially decrease interns' stipends, in accordance with Implementing Regulation C-24 I.

### **Stipend Equity**

The CoA continues to encourage uniform stipends across positions within internship programs, including consortia or otherwise. Consistent with the SoA, the CoA recognizes that, unless there are exceptional circumstances, the resources of a consortium are expected to be pooled, including compensation for interns. In certain exceptional cases, the CoA recognizes that resource inequities might exist. In these cases, the CoA expects programs to make these inequities clear in their public materials and encourages the programs to identify how resources might be pooled across consortium participants in such a way that comparable intern compensation can be achieved

### **C-7 I. Record of Student Complaints in CoA Periodic Review**

(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard I.C.4 of the *Standards for Accreditation* for internship programs addresses the need for accredited programs to recognize the rights of interns to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that interns are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard I.C.4 of the internship *Standards of Accreditation*, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

**C-8 I. Profession-Wide Competencies**  
(Commission on Accreditation, October 2015; revised July 2017)

**Introduction**

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.
- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.
- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.
- ***Level-appropriate expectations***. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.
- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

## **I. Research**

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

### ***Doctoral students:***

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

### ***Interns:***

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

## **II. Ethical and legal standards**

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

***Trainees at all levels*** are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

### **III. Individual and cultural diversity**

This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

#### **IV. Professional values and attitudes**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

#### **V. Communication and interpersonal skills**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

#### **VI. Assessment**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### **VII. Intervention**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking,
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

### **VIII. Supervision**

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development

of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

***Doctoral students:***

- Demonstrate knowledge of supervision models and practices.

***Interns:***

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

**IX. Consultation and interprofessional/interdisciplinary skills**

This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

***Doctoral students and Interns:***

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

***Doctoral students:***

- Demonstrates knowledge of consultation models and practices.

***Interns:***

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

**C-9 I. Positive Identification of Interns Consistent with Higher Education Opportunity Act**  
(formerly C-25; Commission on Accreditation, November 2009; revised November 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of interns who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a trainee in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that trainee. In particular, the program must provide CoA with information about how it ensures that an intern who registers or receives credit for a course/seminar/didactic that uses any form of distance, online, or electronically mediated education is the same intern who participates in and completes that course. Whatever methodology is used must clearly protect intern privacy. Finally, interns must be provided with information at the time of registration or enrollment of any projected additional intern charges associated with verification of intern identity.

**C-10 I. Interns and the Use of the Title “Doctor”**

(formerly C-4; Commission on Accreditation, date unknown; revised November 2015)

The use of the title “doctor” orally and/or in writing in the absence of an earned doctorate is a violation of the “Ethical Principles of Psychologists.” All training directors of accredited internship programs should remind their faculties/staffs and their interns of the ethical principle involved in this issue, and that a violation of the same is inconsistent with the APA guidelines.

**C-11 I. Consistency in Internship Experiences Within a Program**

(formerly C-17; Commission on Accreditation, January 2003; revised November 2015)

The Commission recognizes that internship programs may provide training tracks or rotations that constitute different training experiences for interns. In these cases, programs must demonstrate how each track/rotation promotes the program's overall aim(s), profession wide competencies, and program-specific competencies (if applicable) and is consistent with the *Standards of Accreditation for Health Service Psychology*.

### **C-12 I. Internship Didactics**

(formerly C-29; Commission on Accreditation, July 2010; revised November 2015)

The purpose of this IR is to define the types of information required from internship programs about their didactic activities. Didactic activities are defined as planned sessions of instruction that are included within the internship training curriculum. When didactic activities are used to meet or support training related to any of the program's aim(s) or required profession wide competencies, it is the program's responsibility to include adequate information on those didactics within the self-study to convey their nature and content. A title alone would not be sufficient; descriptions shall include an abstract/brief description of the content, learning objectives, or other additional information necessary (e.g., bibliography, readings) to demonstrate the material covered.

### **C-13 I. Jurisdiction of Licensure for Supervisors**

(formerly C-15; Commission on Accreditation, November 2001; revised November 2003, November 2015)

Standard II.C.3.c of the *Standards of Accreditation for Health Service Psychology* for internship programs states that supervisors, “are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided.”

In interpreting this provision for internship programs, the CoA looks to determine appropriate credentialing of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised, provided the credential is generic in legally qualifying the holder for the independent practice of health service psychology.

For example:

- When the services for which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.
- When services for which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.
- For those interns providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the intern service that is being supervised would determine the appropriate supervisor credential.
- When the services for which supervision is being provided are conducted in a context where a state or province requires a credential in a specific substantive area (e.g., school psychology certification), the generic credential in health service psychology and the specific substantive area credential are both required.

### **C-14 I. Required Supervision in Internship Training Programs**

(formerly C-15(b); Commission on Accreditation, January 2007; revised November 2009, November 2015)

Standard II.C.3.b-c of the *Standards of Accreditation* (SoA) for internship programs states that:

- b. Interns receive at least 4 hours of supervision per week.*
- c. One or more doctoral level psychologists, who are appropriately training and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.*

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The purpose of this Implementing Regulation is to clarify the supervision required for interns. **Supervision** is characterized as an interactive educational experience between the intern and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard & Goodyear, 2009).

Two weekly hours of individual supervision must be conducted by a doctoral-level licensed psychologist who is involved in an ongoing supervisory relationship with the intern and has primary professional clinical responsibility for the cases on which he/she provides supervision. An intern may have different primary supervisors engaged in providing individual supervision during the course of the training year. Supervisory hours beyond the two hours of individual supervision must be supervised by professionals who are appropriately credentialed for their role/contribution to the program. These 2 additional hours of supervision should be consistent with the definition of supervision provided above. These interactive experiences can be in a group or individual format and must be provided by appropriately credentialed health care providers. The primary doctoral-level licensed psychologist supervisor maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice.

## C-15 I. Telesupervision

(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation for Health Service Psychology* (SoA). It only clarifies the utilization of telesupervision at the internship level.

### *Definitions:*

**Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical location as the trainee. (See the definition of supervision as noted in the Glossary)

**In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

### *Guidelines and Limits:*

- Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the SoA) two weekly hours of individual supervision, and two hours (50%) of the minimum required (as defined in the SoA) four total weekly hours of supervision.
- Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program.

Programs that utilize telesupervision are expected to address generally accepted best practices. Furthermore, as with all accredited programs, programs that utilize telesupervision must demonstrate how they meet all standards of the SoA. As part of accomplishing this, programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including as a minimum:

- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured; and
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

## **C-16 I. Outcome Data for Internships Programs**

(formerly C-30; Commission on Accreditation, July 2011; revised April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on internship programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession wide competences and program-specific competencies (if any). As stated in the *Standards of Accreditation* (SoA) for internships (II.D.1):

### *2. Evaluation of Interns' Competencies*

- a. Current Interns. As part of its ongoing commitment to ensuring the quality of its graduates, the program must evaluate interns in both profession-defined and program-defined competencies. By the end of the internship, each intern must demonstrate achievement of both the profession-wide competencies and any additional competencies required by the program. For each competency, the program must:*
  - i. specify how it evaluates intern performance;*
  - ii. identify the minimum level of achievement or performance required of the intern to demonstrate competency;*
  - iii. provide outcome data that clearly demonstrate all interns successfully completing the program have attained the minimal level of achievement of both the profession-wide and any program-specific competencies;*
  - iv. base each intern evaluation in part on direct observation (either live or electronic) of the intern;*
  - v. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.*
- b. Internship Program Alumni. The program must evaluate the functioning of alumni in terms of their career paths in health service psychology. Each program must provide data on how well the program prepared interns in each of the profession-wide and any program-specific competencies. The program must also provide data on interns' job placement and licensure status.*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews intern achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster intern development of required profession-wide competencies and program specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession wide competencies and program-specific competencies (if any).

## Definitions:

**Proximal data** are defined as outcomes on interns as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include the evaluations of interns by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies and program-specific competencies (if any). It is expected that these data would at least include the semi-annual feedback provided to interns as required by Standard III.B of the SoA.
- While intern *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies and program-specific competencies (if any).

**Distal data** are defined as outcomes on interns after they have completed the program, which are tied to the profession-wide competencies and program specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former interns' perceived assessments of the degree to which the program promoted mastery of profession wide competencies and program specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former interns' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

## Profession Wide Competencies--Level of Specificity:

According to the Standards of Accreditation (Standard II.A), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies. Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8I, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the PWC.

**Aggregated data** are compilations of proximal data and compilations of distal data across interns, which may be broken down by cohort or years. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual intern over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of

achievement for required profession wide competencies and program-specific competencies (if any).

- If data are aggregated over a number of years (i.e., not broken down by cohort or year), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

### **Program Specific Competencies—Level of Specificity:**

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess intern performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that interns reach expected levels of performance.

Similar to the expectations for Profession Wide Competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess intern performance at the level of the elements, give feedback to interns at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well interns are performing in relation to defined minimal levels of achievement.

### **C-17 I. Direct Observation**

(Commission on Accreditation, July 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of CoA with regard to “direct observation” as described in internship Standards of Accreditation (SOA) as follows:

Standard II.D.1.a.iv.

*“base each intern evaluation in part on direct observation (either live or electronic) of the intern;”*

Standard II.D.1.a.v.

*“While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with professionally accepted practices in intern competencies evaluation.”*

#### **Definitions and Guidelines:**

Direct observation provides essential information regarding trainees’ development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. This allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees’ competency development regarding one or more profession-wide and program-specific competencies (if any) associated with that training experience.

Direct observation includes in-person observation (e.g., in room or one-way mirror observation of client contact during an intake or test feedback session), live synchronous audio-video streaming, or audio or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

To these ends, all accredited programs must verify on the evaluation form that direct observation is conducted by the immediate supervisor responsible for the activity or experience being evaluated.

As indicated in the SoA (Standard III.B.1), at a minimum an internship must provide written feedback on a semiannual basis. Each of these written evaluations must be based in part on an instance of direct observation. When an intern completes multiple rotations within a training year, each is considered a unique and separate training experience and requires direct observation as part of the intern evaluation process for that rotation.

### **C-18 I. Selection of Interns**

(formerly C-7; Commission on Accreditation, October 1983; revised 1998, November 2015)

As stated in Internship Standard III.A of the *Standards of Accreditation*:

1. *Identifiable Body of Interns. The program has an identifiable body of interns who are qualified to begin doctoral internship training.*
  - a. *They are currently enrolled in a doctoral program accredited by an accrediting body recognized by the U.S. Secretary of Education or by the Canadian Psychological Association. If the internship accepts an intern from an unaccredited program, the program must discuss how the intern is appropriate for the internship program.*
  - b. *Interns have interests, aptitudes, and prior academic and practicum experiences that are appropriate for the internship's training aim(s) and competencies.*
  - c. *Adequate and appropriate supervised practicum training for the internship program must include face-to-face delivery of health service psychological services.*

Only those students accepted to an internship training program under the preceding conditions would be properly referred to as “interns.” It is entirely possible, however, that an internship agency might afford instructional opportunity for a psychologist or graduate student in developmental psychology, social psychology, neuropsychology, or some other academic/science area of psychology, in the course of which they may be introduced, under proper supervision, to psychological assessment and intervention/techniques. However, such experience would not properly be considered internship training, and certification of having completed an accredited internship would not be appropriate.

In instances in which the program accepts interns from programs other than those in health service psychology, the CoA may raise questions similar to the following of the accredited internship training agency:

- How many of such persons are involved in any way with the accredited internship training program?
- What requirement, if any, do they impose for the time of internship training staff or other resources of the internship training program?
- How are those persons referred to while participating with the program? Is it clear to everyone what their role is, and what their purpose is in association with the program?
- Is there any certification of their participation, and if so, what is its nature?

## **C-19 I. Diversity Recruitment and Retention**

(formerly C-22; Commission on Accreditation, November 2009; revised March 2013; October 2018)

The Standards of Accreditation (SoA) state that that five principles, one of which is a commitment to cultural and individual diversity, “guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.” Furthermore, the Commission “is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status (SoA, p. 3).”

Diversity is essential to science and quality education in Health Service Psychology. The goals of diversity recruitment and retention include, but are not limited to, creating and maintaining inclusive environments and improving access to quality education and training. An inclusive environment is one in which the program creates an atmosphere that is welcoming, respectful and affirming of interns’ and faculty/staff members’ multiple identities.

In accordance with Standards I.B.3, III.A.2.a and IV.B. of the Standards of Accreditation (SoA) for internship programs, an accredited internship program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) diverse interns and faculty/staff as well as, 2) retain diverse faculty/staff into the program. In addition, the *program* is responsible for assessing the effectiveness of both its recruitment and retention efforts and identifying areas of improvement. For both recruitment and retention, the *program* must provide *program*-level efforts and activities, in addition to any institutional, departmental, or other unit activities that are used. *Programs* are expected to seek and utilize generally accepted best practices in the field regarding recruitment and retention of diverse individuals.

In planning for the recruitment and retention of diverse individuals, accredited programs should consider the following:

- A program may include institutional-level initiatives addressing diversity, but these, in and of themselves, are not considered sufficient.
- The lack of faculty/staff openings or having existing faculty/staff with strong representation of diversity, does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- Similarly, having an existing intern group with strong representation of diversity does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- The demographic information about faculty/staff and interns in the tables of the self-study and annual report is not sufficient to demonstrate a program’s compliance with Standards I.B.3., III.A.2.a and IV.B.

### **Recruitment**

The program is expected to document that it has developed and implemented a systematic plan to recruit both interns and faculty/staff from diverse backgrounds.

### *Interns*

An accredited internship program should document and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract interns from a range of diverse identities;
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its interns;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;

- how it examines the effectiveness of its efforts to attract diverse interns, and the steps it has taken to revise/enhance its strategies.

#### *Faculty/Staff*

An accredited internship program should demonstrate and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract faculty/staff from a range of diverse identities (i.e., when there are faculty/staff openings);
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its faculty/staff;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse faculty/staff, and the steps it has taken to revise/enhance its strategies.

#### **Retention**

The program is expected to document that it has developed and implemented a systematic plan to retain faculty/staff from diverse backgrounds.

#### *Faculty/Staff*

An accredited internship program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty/staff and ensure a supportive and inclusive work environment for its diverse faculty/staff members.
- how the program examines the effectiveness of its efforts to maintain diversity among its faculty/staff, and the steps it has taken to revise/enhance its strategies as needed.

### **C-20 I. Diversity Education and Training**

(formerly C-23; Commission on Accreditation, November 2009; revised March 2013, November 2015)

In accordance with Standard II.A.2.c for internship programs of the *Standards of Accreditation* (SoA), a program has and implements a thoughtful and coherent plan to provide interns with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and interns in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.A.2.c. Consistent with Standard I.B.3, as described in the internship SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train interns to respect diversity and be competent in addressing diversity in all professional activities including research, training, supervision/consultation, and service.

The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

### **C-21 I. Position Titles of Psychology Interns**

(formerly C-6; Commission on Accreditation, original date unknown; revised 1998; November 2015)

According to Standard V.A of the *Standard of Accreditation* (SoA), an internship program will have an “identifiable body of interns who have a training status at the site that is officially recognized in the form of a title or designation such as "psychology intern" (consistent with the licensing laws of the jurisdiction in which the internship is located.” The CoA recognizes that this may encompass a number of titles to which interns at training sites are referred. However, consistent with Standard V of the SoA, all accredited internship programs should be clear and consistent in their public materials about the training they offer, regardless of their agency’s local terminology in reference to interns/trainees. The internship program’s public materials should make clear that the fact that it is an accredited internship training program.

## **C-22 I. Program Names, Labels, and Other Public Descriptors**

(formerly C-6(a); Commission on Accreditation, January 2002; revised January 2003, November 2015)

### **What the internship program is called:**

Because accreditation is available to both doctoral internships and postdoctoral residencies, programs must portray themselves in a manner that does not misrepresent their level of training. Thus, in general, doctoral internship programs should not describe themselves as “residencies,” and postdoctoral residency programs should not describe themselves as “internships.” It is recognized, however, that agencies and institutions providing training at either or both of these levels may have local or state regulations about, or restrictions on, the terms used to portray programs that prepare individuals for practice. In the event that it is not possible to use the term “internship” for doctoral internship training programs, and “residency” for postdoctoral residency training programs, the program in question should include in all public documents (e.g., brochures, materials, web sites, certificates of completion) a statement about the program’s accredited status. Programs are to avoid reference to themselves as “pre-doctoral” internships in all public materials, including certificate of completion. “Internship” or “doctoral internship” are acceptable.

Preferred:

- “Internship in Clinical Psychology”
- “Internship in Health Service Psychology”
- “Doctoral internship in Counseling Psychology”

Example with accurate accreditation status:

- “Residency in Clinical Psychology, accredited as a doctoral internship in health service psychology”

### **How the program describes itself:**

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

Preferred:

- “Doctoral program in clinical psychology”
- “Internship in clinical psychology”
- “Internship in health service psychology”

Examples with accurate accreditation status:

- “Doctoral program in medical psychology, accredited as a program in clinical psychology”
- “Internship in pediatric psychology, accredited as a doctoral internship in health service psychology”

### **Certificate of completion of internships:**

The certificate of completion for doctoral internships should reflect the program's substantive area of professional psychology, or indicate that the program is an internship in "health service psychology.”

Examples:

- “X has successfully completed a doctoral internship in clinical psychology”
- “Y has successfully completed a doctoral internship in health service psychology”

### **C-23 I. Accreditation Status and CoA Contact Information**

(formerly C-6(b); Commission on Accreditation; November 2010; revised March 2015, November 2015)

Standard V.A.1.d of the *Standards of Accreditation for Health Service Psychology* (SoA) for internship programs states that the program must include in its public materials:

*“d. The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials that pertain to the program’s accreditation status.”*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited in public materials. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

#### Accreditation status:

- The only official accredited statuses are: “Accredited on contingency,” “Accredited,” “Accredited on probation,” and “Accredited inactive,”
- Programs may indicate their appropriate status (see above) by referring to “APA” accredited or accredited “by the Commission on Accreditation of the American Psychological Association.” For example, “APA-accredited,” “APA-accredited on contingency,” “accredited by the Commission on Accreditation of the American Psychological Association,” “accredited on contingency by the Commission on Accreditation of the American Psychological Association,” etc.
- Programs should not use the term “APA-approved,” since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-22 I.

#### CoA contact information:

- In ALL public documents, including the program’s website (if applicable), where the program’s accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and direct telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs are to clarify that this contact information should be used for questions related to the program’s accreditation status. In doing so, the program should also ensure that its own contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.

- Programs are encouraged to use the following format to provide this information:

*\*Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

### **C-24 I. Notification of Changes to Accredited Programs**

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 I of the *Accreditation Operating Procedures* (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in policies/procedures, administrative structure, staff resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation experiences or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership or major change in training focus), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

## **C-25 I. “Intent to Apply”**

(Commission on Accreditation, October 2015; revised October 2016)

All programs can seek public notification of “intent to apply” prior to seeking accreditation. The application for intent to apply includes documentation related to key standards of the SoA. This review is a document review only and does not include a site visit. The review is conducted to verify that the essential elements are adequately described. “Intent to apply” is a declaration and is not an accredited status. This declaration does not constitute a judgment by the CoA regarding the quality of the program. Rather, this serves as public notice of the program’s intent to seek accreditation in the near future.

### **Overview/Logistics:**

A program may seek “intent to apply” declaration at any time, including prior to or after admitting interns. The “intent to apply” declaration indicates that once interns are in place, the program intends to apply for an APA accredited status (either “on contingency” or full accreditation). A program may be listed as “intent to apply” for a maximum of two years. The “intent to apply” declaration is effective as of the date of the Commission’s decision to acknowledge the declaration. If the program exceeds its two year period it will need to inform its publics and interns that it is no longer designated as an “intent to apply” program. Declaration of “intent to apply” is not a requirement for an application for “accredited, on contingency” or “full accreditation.”

For programs seeking the “intent to apply” declaration, the application process is intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide feedback to the program in response to their application for “intent to apply.” Although the application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

### **Process to Apply:**

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA.

The program must address the following:

- Standard I, describing the type of program, institutional and program setting and resources, program policies and procedures, and program climate.
- Standard II, describing its aim(s), required profession-wide competencies, its program-specific competencies (if any), its specialty competencies (for residency programs, if applicable), its learning elements to develop competencies, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing its plan for intern selection processes and criteria, including a plan for recruitment of interns who are diverse, and its plan for providing evaluation, feedback, and remediation, if necessary, to trainees.
- Standard IV, describing the designated director of the program who is in place, plans for providing a sufficient number of appropriately qualified supervisors to accomplish the program’s aim(s), and plans for the recruitment and retention of supervisors/staff who are from diverse backgrounds.
- Standard V in the areas of general disclosure and communication with prospective and current trainees, and its plan for communicating with the doctoral program (in the case of internship

programs). Additionally, the program will provide all materials currently available to its publics. These materials must include:

- The program's timeline to apply for "accredited, on contingency," or "full accreditation;"
- The date that the declaration expires; and
- The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

**C-26 I. “Accredited, on Contingency”**  
(Commission on Accreditation, October 2015)

"Accredited, on contingency" is an accredited status that reflects a program's adherence to the Standards of Accreditation (SoA). Programs seeking "accredited, on contingency" will be reviewed for adherence with all aspects of the SoA. Programs will be granted this status if the internship program sufficiently meets all standards with the exception of outcome data on interns while they are in the program and after program completion.

**Process to Apply:**

Programs may apply for "accredited, on contingency" status prior to the arrival of interns on site provided that interns will be on site by the time of the site visit. Programs applying for "accredited, on contingency" status are not required to provide outcome data at the time of application, though they must submit any proximal and distal data collected to date. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The internship program will submit a self-study detailing all SoA components except a complete set of outcome data. However, the self-study must include plans for how the program will evaluate proximal and distal outcomes required to demonstrate minimum levels of achievement in profession-wide competencies and program-specific competencies (if any).

**Components of the self-study submission for “accredited, on contingency”:**

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans and policies to meet the requirements of the SoA. The program must submit its evaluation plans and forms to evaluate intern outcomes and, when possible, provide existing outcome data.

**Term of accredited, on contingency status:**

The maximum amount of time an internship program can be "accredited, on contingency" is two years for a program lasting one year, or four years for a program that is half-time for two years in duration. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide aggregated proximal and distal data.

Interns in the program as well as the public must be kept informed of any change in the program's timeline that could negatively impact accreditation. Such notice must include current information in all the program's public documents (e.g., website, brochure, APPIC Directory listing). Additionally, the program's public documents must refer all interested parties to the CoA website, on which is maintained a current listing of accredited program statuses.

The program must publish the date that the outcome data are due to move from "accredited, on contingency" to full accreditation, as well as the consequences of not submitting data at that time in its public materials.

In the event that a program does not provide required proximal and distal data at the end of two years (four years for 2-year, half-time programs), the program will be considered to have voluntarily withdrawn from accreditation. Consistent with 8.2(b)I of the AOP, "failure to do so (provide outcome data) will lead to the program's being deemed to have withdrawn from accreditation, following completion of the program by the interns currently on-site at the program." That is, if the program is deemed to have voluntarily withdrawn from accreditation, interns in the program at the time will have completed an accredited program. Programs that submit proximal and distal data will be eligible for an additional three years as a "fully accredited" program.

**C-27 I Trainee Admissions, Support, and Outcome Data**  
(Commission on Accreditation, April 2016)

Standard V.A. of the Standards of Accreditation for Internship Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to interns, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and must be updated annually. This information will be reviewed by the CoA as part of periodic program review.

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Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than September 1.

- The information must all be located in a single place and be titled "Internship Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program. For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.
- While consortium programs are expected to pool resources and thus provide equivalent financial and other benefit support across sites, the CoA recognizes that there are instances in which this is not possible. In those instances, consortium sites must replicate the table titled "Financial and Other Benefit Support for Upcoming Training Year" for each site as necessary to ensure accurate representation of support available.

**INTERNSHIP PROGRAM TABLES**

**Date Program Tables are updated: \_\_\_\_\_**

**Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	Y	Amount
Total Direct Contact Assessment Hours	N	Y	Amount

Describe any other required minimum criteria used to screen applicants:

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns

Annual Stipend/Salary for Half-time Interns

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Program provides access to medical insurance for intern?	Yes	No
--	-----	----

If access to medical insurance is provided

Trainee contribution to cost required?	Yes	No
--	-----	----

Coverage of family member(s) available?	Yes	No
---	-----	----

Coverage of legally married partner available?	Yes	No
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Coverage of domestic partner available?	Yes	No
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Hours of Annual Paid Personal Time Off (PTO and/or Vacation)

Hours of Annual Paid Sick Leave

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
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Other Benefits (please describe)

\* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

**Initial Post-Internship Positions**  
 (Provide an Aggregated Tally for the Preceding 3 Cohorts)

**2012-2015**

Total # of interns who were in the 3 cohorts		
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## **IR C-28 I. Consortium**

(Commission on Accreditation, October 2016; February 2019)

### **I. Development of Consortium**

An internship training program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) that controls all program resources, or within a consortium, where more than one administrative entity contributes to the consortium program resources. A consortium is, therefore, comprised of 2 or more independently administered entities, that have agreed to share resources and have developed centralized decision-making for the establishment, implementation, and maintenance of a training program. The CoA seeks to understand the stability of a consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a consortial agreement when two or more independent entities meet the above criteria to provide internship training. The written consortial agreement must include and articulate these components (a-h):

- a) The nature and characteristics of the participating entities;
- b) The rationale for the consortial partnership;
- c) Each partner's commitment to the training/education program and its aim(s);
- d) Each partner's obligations regarding contributions, financial support (see IR C-6 I), and access to resources.
- e) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
- f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations;
- g) Each partner's commitment to ensure continuation of training for interns in the consortium, particularly if at least one partner leaves the consortium; and
- h) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-24 I, any change in components a-g above and/or in the leadership of the programs in the consortium, must be communicated to the CoA.

An individual consortial partner (member entity) of an accredited consortium is not and may not publicize itself as independently accredited unless it also has independently applied for and received accreditation as an independently accredited program.

### **II. General Information for a Currently Accredited Consortium Undergoing Dissolution or the Development of New Consortium When One or More Member Entities is Currently Accredited**

Given the differences in consortium programs, transition processes are complex. An accredited program that is seeking to form or dissolve a consortium is strongly advised to consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-24 I, the CoA must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.

Per Accreditation Operating Procedures and IR D.4-6, the CoA's responsibility for accreditation extends to programs and not individuals completing programs; therefore, the accreditation status of a program on the final day of the internship year is the status that is to be designated on internship completion certificates.

Consistent with Standard V of the Standards of Accreditation, programs must be accurately and completely described in documents that are available to current interns, applicants, and the public. It is especially important for all accredited programs (independent or consortium) to communicate clearly in public materials to current and prospective interns. Such communication should include the current accreditation status of the program, the accreditation status for which the member entity is applying, and the specific training experiences of each program. In addition, communication of the program's decision to dissolve or develop a consortium during the training year and how these changes may impact accreditation status is to be included.

The general procedures and guidelines for reviewing applications are outlined in the Accreditation Operating Procedures. An expedited review process for any transition application for member entities in a consortium cannot be guaranteed.

### **III. Specific Information Related to the Dissolution of an Accredited Consortium**

Member entities that comprise an existing accredited consortium may wish to separate and become independently accredited. Transitioning from being a member entity of an accredited consortium to becoming an independently accredited internship program requires each independent member entity to apply for accreditation as a separate program. When the member entity decides to separate from the consortium it may choose to: Option 1) separate entirely from the consortium and then apply for contingent or full accreditation status or: Option 2) remain in the accredited consortium while concurrently applying as an individually accredited program. In making the decision regarding which option to choose, the member entity must consider the impact of such changes on the current and/or incoming intern cohort(s). If the member entity chooses Option 1, the following applies:

- a) The member entity may decide to apply through two mechanisms available to all applicants: 1) "accredited, on contingency" status or 2) full accreditation. During the time that the program has separated from the consortium and has not yet been independently accredited, the program is not accredited. A member entity may also seek to declare intent to apply, consistent with IR C-25 I.
- b) If the member entity applies for "accredited, on contingency" status then it must meet all requirements in IR C-26 I.
- c) If the member entity applies for full accreditation it is expected to provide proximal and distal outcome data, consistent with IR C-16 I. These data must be specific to the independent site applying for accreditation. In certain cases, when consortium program data is easily attributed to the program that is seeking independent accreditation, data that has been collected during the consortium time period may be used as part of that included in an application for full accreditation. Programs seeking to do this should consult with the Office of Program Consultation and Accreditation.

If the member entity chooses option 2, the following will occur:

- a) The member entity must simultaneously meet all Standards of Accreditation as the consortium member entity AND the requirements for one of the other applicant options: "accredited, on contingency", as outlined in IR C-26 I or full accreditation.
- b) Consistent with IR C-24 I, the consortium must communicate to the CoA how it will be able to meet the Standards of Accreditation without the components that the withdrawing member entity was contributing to the consortium.
- c) The consortium agreement must be maintained during the transition period.

In the situation of a two-member consortium, if one-member entity withdraws from the consortium, then neither program is accredited as a consortium or as an individual program at the time of separation unless independent accreditation has already been attained by the separating entity(ies). Each member entity may decide to apply for accreditation as outlined in IR C-26 I for “accredited, on contingency” or for full accreditation. If they have separated, neither of the member entities may advertise themselves as independently accredited programs until the CoA has reviewed and approved the accreditation for each independent program.

#### **IV. Specific Information Related to Development of a New Consortium if One or More Member Entity(ies) is Currently Independently Accredited**

*The following parameters do not apply to programs that are already accredited as a consortium and wish to add member entities into the existing accredited consortium. The addition of a consortium member to an accredited consortium should be communicated to CoA as a substantive change, consistent with IR C-24 I.*

In the event that two or more independent programs (at least one of which is already independently accredited) wish to enter into a newly developed consortial agreement, they may decide to apply through two mechanisms available to all applicants: 1) accredited on contingency status or 2) full accreditation. Two or more independent programs may also seek to declare the intent to apply as a consortium consistent with IR C-25 I. The accreditation status of one independently accredited program does not transfer to any other unaccredited member entity(ies) when programs join together; the unaccredited program is not and may not advertise as an accredited program or member of an accredited consortium until the consortium has applied for and received accreditation.

If the independently accredited program chooses to maintain independent accreditation while concurrently applying for an accreditation status as a consortium program, then the independent program must meet all Standards of Accreditation as an independently accredited program AND as a consortium member entity. At a minimum, the basic integrity of the independent program and the training aim(s), profession-wide and any program-specific competencies must be maintained during the transition period. Since more than one already independently accredited program may be transitioning to a consortium, it follows that each program may have additional or more refined aims and program-specific competencies that must be clarified. In addition, the program must clarify the resources (i.e., supervision, space, clerical support) available to the consortium entity and to the independently accredited program. These resources may overlap as long as both programs remain in compliance with the Standards of Accreditation, but there must be sufficient resources to maintain the programs. During the transition period, the independently accredited program and the accredited consortium may not advertise that the independent program is a member entity until the accreditation status for the consortium program has been approved by the CoA.

### Section C: Postdoctoral Programs

<b>IR Name</b>	<b>Old #</b>	<b>New #</b>	<b>SoA location</b>
<a href="#">Accreditation Process for Postdoctoral Residencies</a>	C-11(a)	C-2 P	I
<a href="#">Postdoctoral Residency Program Transitions</a>	C-11(c)	C-3 P	I
<a href="#">Focus areas within Major Area of Training Postdoctoral Residency Programs</a>	C-11(d)	C-4 P	I.A.1
<a href="#">Postdoctoral Residency Specialty Practice Areas</a>	C-11(b)	C-5 P	I.A.1.b
<a href="#">Diversity Recruitment and Retention</a>	C-22	C-6 P	I.C.1.a
<a href="#">Record of Resident Complaints in CoA Periodic Review</a>	C-3	C-7 P	I.C.5
<a href="#">Statement on Number of Supervisors in Postdoctoral Residencies</a>	C-13	C-8 P	II.C.4
<a href="#">Profession-Wide Competencies</a>		C-9 P	II.B.1
<a href="#">Diversity Education and Training</a>	C-23	C-10 P	II.B.1.b
<a href="#">Postdoctoral Residency Didactics</a>	C-29	C-11 P	II.C.1
<a href="#">Positive Resident Identification Consistent with Higher Education Opportunity Act</a>	C-25	C-12 P	II.C.2
<a href="#">Jurisdiction of Licensure for Supervisors in Postdoctoral Residencies</a>	C-15(a)	C-13 P	II.C.4
<a href="#">Required Supervision in Internship and Postdoctoral Programs</a>	C-15(b)	C-14 P	II.C.4
<a href="#">Telesupervision</a>	C-28	C-15 P	II.C.4
<a href="#">Outcome Data for Internships and Postdoctoral Residency Programs</a>	C-30	C-16 P	II.D.1
<a href="#">Direct Observation</a>		C-17 P	II.D.1.b.ii
<a href="#">Program Names, Labels, and other Public Descriptors</a>	C-6(a)	C-18 P	V.A
<a href="#">Accreditation Status and CoA Contact Information</a>	C-6(b)	C-19 P	V.A.1.b
<a href="#">Notification of Changes to Accredited Programs</a>	C-19	C-20 P	V.B.2
<a href="#">“Intent to Apply”</a>		C-21 P	N/A
<a href="#">“Accredited, on Contingency”</a>		C-22 P	N/A
<a href="#">Trainee Admissions, Support, and Outcome Data</a>		C-23 P	N/A
<a href="#">Consortium</a>		C-24 P	N/A

## **C-2 P. Accreditation Process for Postdoctoral Residencies**

(formerly C-11(a); Commission on Accreditation, January 2000; revised January 2003; October 2004; July 2010; November 2015)

### **Principles:**

1. Postdoctoral residencies may be accredited as programs preparing individuals for practice at an advanced level in a major area of training or in a specialty practice area.
2. Accreditable specialty practice areas include only those recognized by broad professional endorsement, as defined in Implementing Regulation C-5 P.
3. All postdoctoral residency review processes will include a preliminary review according to the *Standards of Accreditation for Health Service Psychology (SoA)*.
4. Certificates of completion provided to residents that provide information about practice areas for which the program prepares residents must reflect the practice areas (major area of training or specialty) in which it was reviewed for accreditation.
5. The cost of the site visit to a postdoctoral residency program is linked to the number of visitors to the program.
6. The cost of the application and annual fee for all postdoctoral residency programs is the same for all programs as outlined below under Formats 1, 2, and 3.
7. In its self-study, the postdoctoral residency program is asked to indicate the Format (1, 2 or 3) it will follow.

### **Format #1 – Major Area of Training Programs**

*Postdoctoral Residency Training in a Major Area of Training:* Programs using this self-study format are those in Clinical, Counseling, School Psychology and other developed practice areas that provide greater depth of training than that which occurs during the internship training year. These programs articulate aim(s), Level 1 competencies required of all postdoctoral fellowship programs, and any Level 2 competencies integral to achieving the program's aim(s), that apply to all postdoctoral residents. In the program, residents may have a greater exposure to focused emphases within the major area of training. These focused emphases can occur through rotations. Examples of such areas include, but are not limited to, substance abuse, PTSD, etc. Training programs in traditional practice areas that receive approval for a site visit will be visited by two site visitors who represent the major area of training. Certificates of completion from programs using this format describe only the major area of training.

### **Format #2 – Specialty Practice Programs**

*Postdoctoral Residency Training in Specialty Practice Areas:* Programs using this self-study format have as a major goal the training of residents in a recognized specialty. Specialties are limited to those meeting the definition contained within CoA's Implementing Regulation C-5 P. Programs applying for accreditation as a specialty indicate how they adhere to the SoA and to the education and training guidelines of the designated specialty. Aim(s), and "Level 3 Competencies" within the training program must be consistent with those of the designated specialty area (see SoA Standard II.A.3). Training programs in specialty practice areas that receive approval for a site visit will be visited by two site visitors, one of whom has

expertise in the specialty practice area. Certificates of completion for programs using this format describe only the specialty practice area of training.

### Format #3 – Multiple Practice Programs

*Postdoctoral Residency Training in Multiple Practice Areas:* Programs using this format include combinations of two or more major area(s) of training and/or specialty practice programs organized within the same training agency or institution that conform to the definition provided in IR C-5 P. Training agencies and institutions applying with multiple practice programs indicate how they adhere to the SoA and to the postdoctoral training guidelines of the designated specialty practice areas. For example, multiple practice area postdoctoral residency programs that provide training in Clinical Psychology and in Clinical Neuropsychology, where the field follows a two-year training sequence, would need to adhere to the specialty area guidelines in that specialty. The multiple practice program will define its aim(s), how it provides training in the required Level 1 competencies, and define appropriate Level 2 (if any) and Level 3 competencies for Clinical Neuropsychology.

The number of site visitors to a multiple practice program will be determined by the number of major area(s) of training and/or specialty practice residencies within the program. Certificates of completion for programs using this format indicate the major area of training or specialty practice training program completed by each resident. Multiple practice postdoctoral programs under Format #3 pay only a single application and annual fee in the same fashion as programs representing Formats #1 or #2. When there is a discrepancy across programs in the year at which the next site visit is due (e.g., a Clinical Psychology residency is accredited for 10 years and a Clinical Health Psychology residency is accredited for 3 years), the programs may request a single reaccreditation site visit in 3 years or independent visits in 3 and again in 10 years.

Applicant and accredited multiple practice postdoctoral residency programs are encouraged to consult with the Office of Program Consultation and Accreditation for the purpose of maximizing the clarity and comprehensiveness of the self-study that is submitted to the Commission on Accreditation.

### **C-3 P. Postdoctoral Residency Program Transitions**

(formerly C-11(c); Commission on Accreditation, July 2010; revised November 2015)

Consistent with Implementing Regulation C-1 P, an agency or institution with an existing postdoctoral residency training program in a major area of training (Clinical, Counseling, School Psychology, or other developed practice area) may wish to develop and seek accreditation in one or more specialty practice areas. For example, an institution or consortium with an accredited postdoctoral program in Clinical Psychology may develop an associated postdoctoral program in Clinical Health Psychology and seek accreditation as a multiple practice program, consistent with Format #3 described in IR C-1 P.

Alternatively, an existing accredited major area of training program with multiple emphasis areas may wish to develop all emphasis areas into separately accredited specialty programs. For example, an agency or institution with an accredited residency program in Clinical Psychology may develop specialty practice programs in Clinical Child Psychology and Clinical Neuropsychology, with the intention of eventually discontinuing the Clinical Psychology program. In taking this action, the program will want to ensure that the transition from a single program to multiple specialty programs does not jeopardize accreditation of the existing program.

Accredited postdoctoral programs planning to add new specialty practice postdoctoral programs, or to transition from a traditional practice program into one or more specialty practice program should consider the following factors in making the transition:

- Programs considering a transition must consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-20 P, the Commission on Accreditation must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.
- For a program to maintain accreditation as a major area of training program while developing specialty training with the intent of seeking accreditation in one or more specialty practice programs as a multiple practice program, the existing traditional practice program must continue to maintain compliance with the SoA. At a minimum, the basic integrity of the major area of training program's training aim(s) must be maintained. Since all or part of the program would be transitioning to a specialty program, it follows that the program may have additional or more refined aims and competencies.
- Transitioning from an accredited program in a major area of training program to a specialty program or multiple practice programs is a complex process. The CoA makes accreditation decisions individually for each program within multiple practice programs. It is therefore possible for an existing accredited program to be reaccredited and a newly developed applicant program to fail to receive accreditation. In order to avoid jeopardizing existing accreditation, host agencies or institutions are advised to continue administering their existing accredited program throughout the new program accreditation process.
- Specialty practice programs seeking accreditation within an agency or institution should clearly distinguish themselves from the major area of training programs already accredited within the same agency or institution. Consequently, as part of their own self-study, applicant specialty programs are advised to address Standards II, III, and IV for the existing program as well as Standards II, III, and IV for each of the specialty programs seeking accreditation. During the transition, postdoctoral residents can be considered part of the existing accredited program and the applicant specialty program.

- Consistent with Standard V, programs should be accurately and completely described in documents that are available to current residents, applicants, and the public. Training experiences within an existing, accredited program must be clearly distinguished from training experiences that are not part of the accredited program. It is especially important for programs to clearly communicate to current and prospective residents the accreditation status of the program.

**C-4 P. Focus areas within Major Area of Training Postdoctoral Residency Programs**  
(formerly C-11(d); Commission on Accreditation, April 2011; revised November 2015)

The CoA recognizes that postdoctoral residency programs accredited in a major area of training may offer one or more focus areas within a program. However, such programs may lack key elements required of a single accredited major area of training program, and instead may resemble multiple specialty programs. For example, a traditional practice program in Clinical Psychology with focus areas in neuropsychology and health psychology may lack key features that distinguish it from two separate specialty practice programs in Clinical Neuropsychology and Clinical Health Psychology. This Implementing Regulation is intended to clarify the key features that differentiate a single major area of training program with focus areas, from multiple practice programs, each of which should be individually accredited.

Key elements that define a **program** regardless of focus area(s):

- A set of competencies [Standard II.B] emanating from a program aims [Standard II.A]; \*
- Some shared educational and training experiences across all residents in the program (e.g., didactics, seminars) [Standard II.C];
- Shared minimal levels of achievement across all residents in the program [Standard II.D];
- A designated director responsible for overall program oversight and management [Standard IV.A.1];
- Its rationale for the duration of training within the program is consistent with its unitary training model (if the length is greater than one year) [Standard I.A.2];
- Demonstration through proximal and distal outcome data that the program meets the program aim(s) and competencies [Standard II.D].

A major area of training program (e.g., Clinical Psychology) that offers concentrated training (e.g., focus area) must demonstrate during the program review process that it is indeed a single program, is sufficiently broad, accurately reflects the major area of training [IR C-5 P] and provides public information consistent with the above [Standard V and IR C-18 P]. This applies both to programs that offer concentrated training in an area where specialty accreditation by the CoA is recognized (e.g., Clinical Neuropsychology or Clinical Health Psychology) as well as unrecognized areas.

**Relevant IRs:**

- C-1 P. Statement on Postdoctoral Residency Accreditation
- C-2 P. Accreditation Process for Postdoctoral Residencies
- C-3 P. Postdoctoral Residency Program Transitions
- C-5 P. Postdoctoral Residency Specialty Practice Areas
- C-18 P. Program Names, Labels, and Other Public Descriptors

\* CoA acknowledges that a program may choose (but is not required) to have some competencies that are specific to tracks, rotations, or areas of emphasis within the program.

### **C-5 P. Postdoctoral Residency Specialty Practice Areas**

(formerly C-11(b); Commission on Accreditation, July 2001; revised February 2005; April 2010; July 2013; November 2015)

The *Standards of Accreditation for Health Service Psychology* (SoA) include provisions for accreditation of postdoctoral residency training programs providing education and training in preparation for entering professional practice at an advanced level of competency in one of the substantive major areas of training (clinical, counseling school psychology, or other developed practice area) or in a specialty practice area. In defining the meaning of “specialty practice areas” for the purposes of the accreditation of **postdoctoral residency training programs only**, the Commission on Accreditation employs the criteria that follow.

The substantive specialty practice area is one that has been endorsed as follows:

- a. *Specialty practice areas in health service psychology. If accreditation is sought in a recognized specialty practice area, the specialty practice area must meet at least two of the following requirements:*
  - i. *The specialty is recognized by the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association or by the American Board of Professional Psychology (ABPP).*
  - ii. *The specialty is recognized by and holds membership on the Council of Specialties (CoS).*
  - iii. *The specialty has provided the Commission on Accreditation with specialty-specific postdoctoral educational and training guidelines endorsed by the Council of Specialties.*

The following areas currently meet the provisions above:

- Behavioral and Cognitive Psychology
- Clinical Child Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Family Psychology
- Forensic Psychology
- Geropsychology
- Rehabilitation Psychology

The above list will be updated as new areas meeting the criteria are added.

NOTE: The CoA reviews and makes accreditation decisions about programs that have identified specialty practice areas based on the program’s compliance with the SoA.

## **C-6 P. Diversity Recruitment and Retention**

(formerly C-22; Commission on Accreditation, November 2009; revised March 2013; November 2015, October 2018)

The Standards of Accreditation (SoA) state that that five principles, one of which is a commitment to cultural and individual diversity, “guide accreditation decisions, such that programs whose policies and procedures violate them would not be accredited.” Furthermore, the Commission “is committed to a broad definition of cultural and individual differences and diversity that includes, but is not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status (SoA, p. 3).”

Diversity is essential to science and quality education in Health Service Psychology. The goals of diversity recruitment and retention include, but are not limited to, creating and maintaining inclusive environments and improving access to quality education and training. An inclusive environment is one in which the program creates an atmosphere that is welcoming, respectful and affirming of residents’ and faculty/staff members’ multiple identities.

In accordance with Standards I.B.3, III.A.3 and IV.B.2 of the Standards of Accreditation (SoA) for postdoctoral programs, an accredited postdoctoral program is responsible for making systematic, coherent, and long-term efforts to 1) attract (i.e., recruit) as well as, 2) retain diverse residents and faculty/staff into the program. In addition, the *program* is responsible for assessing the effectiveness of both its recruitment and retention efforts and identifying areas of improvement. For both recruitment and retention, the *program* must provide *program*-level efforts and activities, in addition to any institutional, departmental, or other unit activities that are used. *Programs* are expected to seek and utilize generally accepted best practices in the field regarding recruitment and retention of diverse individuals.

In planning for the recruitment and retention of diverse individuals, accredited programs should consider the following:

- A program may include institutional-level initiatives addressing diversity, but these, in and of themselves, are not considered sufficient.
- The lack of faculty/staff openings or having existing faculty/staff with strong representation of diversity, does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- Similarly, having an existing resident group with strong representation of diversity does not exempt the program from the responsibility of having a systematic, multi-year plan in place.
- The demographic information about faculty/staff and residents in the tables of the self-study and annual report is not sufficient to demonstrate a program’s compliance with Standards I.B.3., III.A.3 and IV.B.2.

### **Recruitment**

The program is expected to document that it has developed and implemented a systematic plan to recruit both residents and faculty/staff from diverse backgrounds.

### *Residents*

An accredited postdoctoral program should document and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract residents from a range of diverse identities;
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its residents;

- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse residents, and the steps it has taken to revise/enhance its strategies.

#### *Faculty/Staff*

An accredited postdoctoral program should demonstrate and report in its self-study:

- that it has developed a systematic, multi-year, and multiple effort plan, implemented and sustained over time, to attract faculty/staff from a range of diverse identities (i.e., when there are faculty/staff openings);
- the concrete and specific program-level activities, approaches, and initiatives it implements to increase diversity among its faculty/staff;
- the areas of diversity recruitment in which it has had success, as well as the areas of diversity recruitment it is working to improve, recognizing the broad definition of diversity, and;
- how it examines the effectiveness of its efforts to attract diverse faculty/staff, and the steps it has taken to revise/enhance its strategies.

#### **Retention**

The program is expected to document that it has developed and implemented a systematic plan to retain residents and faculty/staff from diverse backgrounds.

#### *Residents*

An accredited postdoctoral program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its residents and ensure a supportive and inclusive environment for all residents;
- concrete program-level actions to retain diverse residents;
- how these efforts are broadly integrated across key aspects of the program;
- how the program examines the effectiveness of its efforts to retain diverse residents, and the steps it has taken as needed to revise and/or enhance its retention strategies.

#### *Faculty/Staff*

An accredited postdoctoral program is expected to describe in its self-study:

- the specific activities, approaches, and initiatives it implements to maintain diversity among its faculty/staff and ensure a supportive and inclusive work environment for its diverse faculty/staff members.
- how the program examines the effectiveness of its efforts to maintain diversity among its faculty/staff, and the steps it has taken to revise/enhance its strategies as needed.

### **C-7 P. Record of Resident Complaints in CoA Periodic Review**

(formerly C-3; Commission on Accreditation, October 1998; revised November 2015)

Standard I.D.2 of the SoA addresses the need for accredited programs to recognize the rights of residents to be treated with courtesy and respect, to inform them of the principles outlining ethical conduct of psychologists, and to ensure that they are aware of avenues of recourse should problems with regard to these principles arise.

In accordance with Standard I.D.2 of the *Standards of Accreditation* for postdoctoral residency programs, a program is responsible for keeping information and records of all formal complaints and grievances, of which it is aware, filed against the program and/or against individuals associated with the program since its last accreditation site visit. These records will be reviewed by the Commission on Accreditation (CoA) as part of its periodic review of programs.

The CoA expects a program to keep all materials pertaining to each of the complaints/grievances filed against it during the aforementioned time period. The site visitors shall review the full record of program materials on any or all of the filed complaints/grievances.

### **C-8 P. Statement on Number of Postdoctoral Residents**

(formerly C-13; Commission on Accreditation, October 2000; revised November 2015)

Standard I.D.2 of the *Standards of Accreditation* for postdoctoral residency programs states that, “The program encourages peer interaction, and residents are provided with opportunities for appropriate peer interaction, support, and learning.” The Commission on Accreditation recognizes that the nature of the postdoctoral residency leads to a different socialization process and definition of “peers” than would be the case in an internship or doctoral program. For this reason, the Commission believes that some postdoctoral residency programs may be able to achieve meaningful interaction, support, and socialization without having more than one resident. Regardless of the number of residents in any given program, however, it is incumbent upon each program to demonstrate how it encourages peer interaction and provides its residents with opportunities for appropriate interaction, support, and learning.

## **C-9 P. Profession-Wide Competencies**

(Commission on Accreditation, October 2015; revised July 2017)

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs. The CoA acknowledges that programs may use a variety of methods to ensure trainee competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with SoA Introduction, Section II.B.2.a.
- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.
- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral and internship levels will provide broad and general preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b) Training at the postdoctoral level will provide advanced preparation for practice (SoA Introduction, Section II.B.2.c). For postdoctoral programs that are accredited in a specialty area rather than a developed practice area of HSP, the program will provide advanced preparation for practice within the specialty.
- ***Level-appropriate expectations***. The CoA expects that programs will require trainee demonstrations of profession-wide competencies that differ according to the level of training provided (i.e., doctoral, internship, post-doctoral). In general, trainees are expected to demonstrate each profession-wide competency with increasing levels of independence and complexity as they progress across levels of training.
- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence in each required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

### **I. Research**

This competency is required at the doctoral and internship levels. Demonstration of the integration of science and practice, but not the demonstration of research competency per se, is required at the post-doctoral level

The CoA recognizes science as the foundation of HSP. Individuals who successfully complete programs accredited in HSP must demonstrate knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. Trainees are expected to:

***Doctoral students:***

- Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Conduct research or other scholarly activities.
- Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.

***Interns:***

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

**II. Ethical and legal standards**

This competency is required at the doctoral, internship, and post-doctoral levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

***Trainees at all levels*** are expected to demonstrate competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

**III. Individual and cultural diversity**

This competency is required at the doctoral, internship, and post-doctoral levels.

Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness,

sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible.

*Trainees at all levels* are expected to demonstrate:

- an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
- the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Trainees are expected to:

*Doctoral students:*

- Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.

*Interns:*

- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.

*Post-doctoral residents:*

- Demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program's aim(s).

#### **IV. Professional values and attitudes**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

*Doctoral students and Interns* are expected to:

- behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- actively seek and demonstrate openness and responsiveness to feedback and supervision.
- respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

#### **V. Communication and interpersonal skills**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

The CoA views communication and interpersonal skills as foundational to education, training, and practice in health service psychology. These skills are essential for any service delivery/activity/interaction, and are evident across the program's expected competencies.

*Doctoral students and interns* are expected to:

- develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- demonstrate effective interpersonal skills and the ability to manage difficult communication well.

#### **VI. Assessment**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology.

*Doctoral students and Interns* are expected to:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### **VII. Intervention**

This competency is required at the doctoral and internship levels. Trainees are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training.

Trainees demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems.

*Doctoral students and Interns* are expected to demonstrate the ability to:

- establish and maintain effective relationships with the recipients of psychological services.
- develop evidence-based intervention plans specific to the service delivery goals.
- implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- demonstrate the ability to apply the relevant research literature to clinical decision making.
- modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

### **VIII. Supervision**

This competency is required at the doctoral and internship level.

The CoA views supervision as grounded in science and integral to the activities of health service psychology. Supervision involves the mentoring and monitoring of trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Supervisors act as role models and maintain responsibility for the activities they oversee. Trainees are expected to:

*Doctoral students:*

- Demonstrate knowledge of supervision models and practices.

*Interns:*

- Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

### **IX. Consultation and interprofessional/interdisciplinary skills**

This competency is required at the doctoral and internship level.

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. Trainees are expected to:

#### ***Doctoral students and Interns:***

- Demonstrate knowledge and respect for the roles and perspectives of other professions.

#### ***Doctoral students:***

- Demonstrates knowledge of consultation models and practices.

#### ***Interns:***

- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:

- role-played consultation with others.
- peer consultation, provision of consultation to other trainees.

### **C-10 P. Diversity Education and Training**

(formerly C-23; Commission on Accreditation, November 2009; revised March 2013; November 2015)

In accordance with Standard II.B.1.b of the *Standards of Accreditation* (SoA) for postdoctoral programs, a program has and implements a thoughtful and coherent plan to provide residents with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. Although the Commission asks for demographic information about faculty/staff and residents in the tables of the self-study and annual report, the information requested is limited to the data collected in federal reports, which is not sufficient in demonstrating a program's compliance with Standard II.B.1.b. Consistent with Standard I.B.3, as described in the postdoctoral program SoA, cultural and individual diversity includes but is not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

An accredited program is expected to articulate and implement a specific plan for integrating diversity into its didactic and experiential training. This training should be based on the multicultural conceptual and theoretical frameworks of worldview, identity, and acculturation, rooted in the diverse social, cultural, and political contexts of society, and integrated into the science and practice of psychology. Programs are expected to train residents to respect diversity and be competent in addressing diversity in all professional activities including research, training, and service.

The program should demonstrate that it examines the effectiveness of its education and training efforts in this area. Steps to revise/enhance its strategies as needed should be documented.

### **C-11 P. Residency Didactics**

(formerly C-29; Commission on Accreditation, July 2010; revised November 2015)

The purpose of this IR is to clarify the type of information required from postdoctoral residency programs about their didactic activities. Didactic activities are defined as planned sessions of instruction that are included within the postdoctoral residency training curriculum. When didactic activities are used to meet or partially meet any of the program's aim(s) or required curriculum areas, it is the program's responsibility to include adequate information on those didactics within the self-study to convey their nature and content. A title alone would not be sufficient; descriptions may include an abstract/description of the content, learning objectives, or any other additional material necessary (e.g., bibliography, readings) to demonstrate the material covered.

**C-12 P. Positive Identification of Students Consistent with Higher Education Opportunity Act**  
(formerly C-25; Commission on Accreditation, November 2009; revised November 2015)

Consistent with the 2008 Higher Education Opportunity Act, all accrediting agencies recognized by the U.S. Department of Education are required by federal law to engage in a review of the methods used by its accredited programs for positive identification of residents who are enrolled in any form of distance/online/electronically mediated education.

As such, the APA Commission on Accreditation (CoA) requires that if a student in an APA-accredited program is engaged in any form of distance, online, or electronically mediated education for any part of their educational sequence (doctoral, internship, residency), the program must provide CoA with information in its self-study regarding the methods it and its host institution use to identify that resident. In particular, the program must provide CoA with information about how it ensures that a student who registers or receives credit for a course that uses any form of distance, online, or electronically mediated education is the same student who participates in and completes that course. Whatever methodology is used must clearly protect resident privacy. Finally, residents must be provided with information at the time of registration or enrollment of any projected additional student charges associated with verification of resident identity.

**C-13 P. Jurisdiction of Licensure for Supervisors in Postdoctoral Residencies**  
(formerly C-15(a); Commission on Accreditation, January 2002; revised November 2003; November 2015)

Standard II.C.4.c of the *Standards of Accreditation* (SoA) for postdoctoral residency programs states that:

*“A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.”*

Standard IV.A.1.a states that:

*“The program has a designated director who is a psychologist, appropriately trained and credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located, who is primarily responsible for directing the training program, and who has administrative authority commensurate with those responsibilities.”*

Standard IV.B.1.d states that formally designated supervising psychologists:

*“Are appropriately trained and credentialed (i.e. licensed, registered, or certified) to practice psychology in the jurisdiction in which the program is located.”*

In interpreting this provision for postdoctoral residency programs, the CoA looks to determine appropriate licensure of the supervisor on the basis of jurisdiction governing the practice or service that is being supervised.

For example:

- 1) When the services on which supervision is being provided are conducted in a context where a state or provincial credential is required for practice, then the appropriate credential would be that provided by the state or province.
- 2) When services on which supervision is being provided are being conducted in a federal jurisdiction (e.g., the VA, Bureau of Prisons), then the credentialing rules pertaining to practice in a federal setting would apply.
- 3) For those residents providing services in multiple jurisdictions (such as a Bureau of Prisons internship that has an external community rotation), the jurisdiction governing the resident’s service that is being supervised would determine the appropriate supervisor credential.

### **C-14 P. Required Supervision in Postdoctoral Training Programs**

(formerly C-15(b); Commission on Accreditation, January 2007; November 2009; November 2015)

Standard II.C.4 of the *Standards of Accreditation* (SoA) for postdoctoral residency programs states that:

- a. At least two hours per week of individual supervision focused on resident professional activities must be conducted by an appropriately trained and licensed doctoral-level psychologist.*
  - b. Supervisors must maintain an ongoing supervisory relationship with the resident and have primary professional clinical responsibility for the cases for which they provide supervision.*
  - c. A postdoctoral resident must have an appropriately trained and licensed doctoral-level psychologist serving as primary supervisor in order to ensure continuity of the training plan.*
  - d. The primary supervisor must maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other health professionals.*
- 

The purpose of this Implementing Regulation is to clarify the supervision required for postdoctoral residents. **Supervision** is characterized as an interactive educational experience between the resident and the supervisor. This relationship: a) is evaluative and hierarchical, b) extends over time, and c) has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession (Bernard and Goodyear, 2009).

Two weekly hours of individual supervision must be conducted by a doctoral-level licensed psychologist who is involved in an ongoing supervisory relationship with the resident and has primary professional clinical responsibility for the cases on which he/she provides supervision. A postdoctoral resident must have a minimum of two doctoral level licensed psychologist supervisors, at least one of whom serves as the resident's primary supervisor. Supervisory hours beyond the two hours of individual supervision must be supervised by professionals who are appropriately credentialed for their role/contribution to the program. The primary doctoral-level licensed psychologist supervisor maintains overall responsibility for all supervision, including oversight and integration of supervision provided by other mental health professionals with psychological research and practice.

## **C-15 P. Telesupervision**

(formerly C-28; Commission on Accreditation, July 2010; revised November 2015, July 2017)

The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to, creating opportunities for especially flexible professional socialization and assessment of trainee competence as well as for enhancing recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.

The following applies only to the MINIMUM number of required hours of supervision. Supervision beyond the minimum number of required hours may utilize methods or modalities that are deemed appropriate by the accredited program. Nothing in this Implementing Regulation contravenes other requirements in the *Standards of Accreditation for Health Service Psychology (SoA)*. It only clarifies the utilization of telesupervision at the postdoctoral level.

### ***Definitions:***

**Telesupervision** is supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee. (See the definition of supervision as noted in the Glossary)

**In-person supervision** is supervision of psychological services where the supervisor is physically in the same room as the trainee. (See the definition of supervision as noted in the Glossary)

### ***Guidelines and Limits:***

Telesupervision may not account for more than one hour (50%) of the minimum required (as defined in the SoA) two weekly hours of face-to-face supervision.

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision;
- How telesupervision is consistent with their overall aims and training outcomes;
- How and when telesupervision is utilized in clinical training;
- How it is determined which trainees can participate in telesupervision;
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience;
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed;
- How privacy and confidentiality of the client and trainees are assured;
- The technology and quality requirements
- Contingency plan for technology failures or unanticipated lack of availability; and
- Education in the use of this technology that is required by either trainee or supervisor.

**C-16 P. Outcome Data for Postdoctoral Residency Programs**  
(formerly C-30; Commission on Accreditation, July 2011; revised April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on postdoctoral residency programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s), required profession-wide competences; program specific competencies (if any); and specialty area competencies (as appropriate). As stated in the *Standards of Accreditation (SoA)* for postdoctoral residency programs (II.D.1):

*a) An evaluation is made of the resident's progress toward satisfactory attainment of the program's expected competencies, as reflected in the completion of the program's stated minimum levels of achievement and other program requirements.*

*b) Data on residents' competencies must include competency-based assessments of residents as they progress through, and at completion of, the program (proximal data), as well as information regarding their attainment of competencies after they complete the program (distal data).*

*i. Proximal data will, at the least include evaluations of residency by knowledgeable others (i.e., supervisors or trainers). The evaluation process and assessment forms must parallel the program's expected competencies. These evaluations include the feedback provided to residents as required in Standard I.C.1(d).*

*ii. At each evaluation interval, the evaluation must be based in part on direct observation of the competencies evaluated.*

*iii. Distal data reflect the program's effectiveness in achieving its aims, as reflected by resident attainment of program-defined competencies.*

*iv. Distal data typically include information obtained from alumni surveys assessing former residents' perceptions of the degree to which the program achieved its aims by preparing them in the competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).*

Also, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews resident achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster resident development of required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). Expected minimal levels of achievements must be specified for all profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

## **Definitions:**

**Proximal data** are defined as outcomes on residents as they progress through and complete the program, which are tied to the required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Proximal data at a minimum must include the evaluations of residents by others responsible for their training (e.g., by supervisors/trainers), including mid-point and end-of-year evaluations. This is most easily accomplished when the evaluation mechanisms parallel the profession wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate). It is expected that these data would at least include the semi-annual feedback provided to residents as required by Standard I.C.2 of the SoA.
- While resident *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession wide competencies ; program specific competencies (if any); and specialty area competencies (as appropriate).

**Distal data** are defined as outcomes on residents after they have completed the program, which are tied to the profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).

- Distal data typically include information obtained from alumni surveys addressing former residents' perceived assessments of the degree to which the program promoted mastery of profession wide competencies, program specific competencies (if any), and specialty area competencies (as appropriate).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former residents' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.
- Although CoA does not specify the interval at which distal data should be collected, the interval should be appropriate to allow the program to evaluate its success in promoting expected competencies to determine if changes need to be made, consistent with Standard II.

## **Level of Specificity:**

### **Profession-Wide Competencies**

According to the Standards of Accreditation (cite appropriate section), accredited programs are required to provide a training/educational curriculum that fosters the development of three advanced competencies, two of which are profession-wide competencies. Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description all advanced competencies (including the two profession-wide competencies as defined in IR C-8P, including the bulleted content), and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

**Aggregated data** are compilations of proximal data and compilations of distal data across residents, which may be broken down by cohort or years. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual resident over time.

- To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that allow for evaluation of whether all trainees are acquiring competencies in relation to its defined minimal levels of achievement for required profession-wide competencies; program specific competencies (if any); and specialty area competencies (as appropriate).
- If data are aggregated over a number of years (i.e., not broken down by cohort or years), the program needs to demonstrate how aggregating the data in this way facilitates the program's self-improvement.

### **Program Specific Competencies**

Accredited programs may choose to include program specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and professional standards and practices of Health Service Psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession wide competencies, programs that choose to have program-specific competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

### **Specialty Competencies**

Programs accredited in a recognized specialty practice area must include competencies specific to the specialty area as part of their educational curriculum. These must be consistent with the program's aim(s) and with the education and training guidelines of the recognized speciality. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess resident performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that residents reach expected levels of performance.

Similar to the expectations for profession-wide competencies and program specific competencies, programs that have specialty competencies are expected have multiple elements for each of those competencies, assess resident performance at the level of the elements, give feedback to residents at the level of elements, but then report to CoA at the level of the superordinate competency.

Aggregated data must be presented in a manner that demonstrates the success of the program as a whole while allowing for an assessment of how well residents are performing in relation to defined minimal levels of achievement.

## **C-17 P. Direct Observation**

(Commission on Accreditation, July 2015; revised February 2017)

This Implementing Regulation is intended to clarify the expectations of CoA with regard to “direct observation” as described in the *Standards of Accreditation* (SoA) for postdoctoral residency programs as follows:

### **Standard II.D.1.b.ii.**

*“At each evaluation interval, the evaluation must be based in part on direct observation (either live or electronically) of the competencies evaluated.”*

### **Definitions and Guidelines:**

Direct observation provides essential information regarding trainees’ development of competencies, as well as the quality of the services provided, that cannot be obtained through other methods. This allows supervisors to provide a more accurate assessment and evaluation of observable aspects of trainees’ competency development regarding one or more profession-wide and program-specific competencies (if any) associated with that training experience.

Direct observation includes in-person observation (e.g., in room or one-way mirror observation of client contact an intake or test feedback session,), live synchronous audio-video streaming, or audio or video recording. A training site that does not permit live observation, audio or video recording by policy is not a sufficiently unique circumstance to circumvent this requirement.

To these ends, all accredited programs must verify on the evaluation form that direct observation is conducted by the immediate supervisor responsible for the activity or experience being evaluated.

As indicated in the SoA (Standard I.C.2), at a minimum a residency must provide written feedback on a semiannual basis. Each of these written evaluations must be based in part on at least one instance of direct observation. In the case that a resident completes multiple rotations within a training year, each is considered a unique and separate training experience and requires direct observation as part of the resident evaluation process for that rotation.

## **C-18 P. Program Names, Labels, and Other Public Descriptors**

(formerly C-6(a); Commission on Accreditation, January 2002; revised January 2003; November 2015)

### **What the postdoctoral residency program is called:**

Because accreditation is available to both doctoral internships and postdoctoral residencies, programs must portray themselves in a manner that does not misrepresent their level of training. Thus, in general, doctoral internship programs should not describe themselves as “residencies,” and postdoctoral residency programs should not describe themselves as “internships.” It is recognized, however, that agencies and institutions providing training at either or both of these levels may have local or state regulations about, or restrictions on, the terms used to portray programs that prepare individuals for practice. In the event that it is not possible to use the term “internship” for doctoral internship training programs, and “residency” for postdoctoral residency training programs, the program in question should include in all public documents (e.g., brochures, materials, web sites, certificates of completion) a statement about the program’s accredited status.

Preferred:

- “Postdoctoral residency in Clinical Psychology”
- “Postdoctoral residency in Health Service Psychology”

### **How the program describes itself:**

It is recognized that programs have many possible reasons why they choose the self-descriptors or labels that they do. Some are bound by state law, others by institutional regulation, and others simply seek to assign a label to their program to describe their focus to the public. Given that these self-descriptors do not necessarily coincide with recognized areas of accreditation, any program whose label does not reflect the specific area in which it received accreditation must portray its accredited status in a manner consistent with the SoA.

Postdoctoral programs accredited in substantive or specialty areas may offer training in areas of emphasis. Areas of emphasis may be described in all public materials except the certificate of completion. Programs will state clearly that accreditation is specific to the substantive or specialty area only.

Preferred:

- “Postdoctoral residency in Clinical Psychology”
- “Postdoctoral residency in health service psychology”

Example with accurate accreditation status:

- “Postdoctoral residency with an emphasis in geropsychology, accredited as a postdoctoral residency in clinical psychology”

### **What trainees are called:**

For postdoctoral residencies, trainees (per the SoA) have a title commensurate with the title carried in that setting by other professionals in training who have comparable responsibility and comparable education and training, consistent with the laws of the jurisdiction in which the program is located.

The title assigned to the trainee should not mislead the public about their level of training.

### **Certificate of completion of residencies:**

Certificates of completion for postdoctoral residencies reflect only the major area of training in Health Service Psychology (clinical, counseling, or school) or the recognized specialty practice areas in which the program has been accredited. Areas of emphasis may not be identified on the certificate.

Examples:

- “completed a postdoctoral residency in clinical psychology”
- “completed a postdoctoral residency in clinical health psychology”

### **C-19 P. Accreditation Status and CoA Contact Information**

(formerly C-6(b); Commission on Accreditation, November 2010; March 2015; November 2015)

Standard V.A.1.b of the *Standards of Accreditation for Health Service Psychology* (SoA) for postdoctoral residency programs states that the program must include in its public materials:

*The program provides its status with regard to accreditation, including the specific training program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program makes available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.*

Programs that are accredited by agencies recognized by the U.S. Department of Education (e.g., CoA) are required to provide the contact information for the accrediting body when the accreditation status is cited. The intent of this Implementing Regulation is to clarify how this information should be presented in order to ensure consistency across programs as well as provide useful information to the public.

#### Accreditation status:

- The only official accredited statuses are: “Accredited on contingency,” “Accredited,” “Accredited on probation,” and “Accredited inactive,”
- Programs may indicate their appropriate status (see above) by referring to “APA” accredited or accredited “by the Commission on Accreditation of the American Psychological Association,” For example, “APA-accredited,” APA-accredited on contingency,” “accredited by the Commission on Accreditation of the American Psychological Association,” “accredited on contingency by the Commission on Accreditation of the American Psychological Association,” etc.
- Programs should not use the term “APA-approved,” since at APA this term is used to denote approved sponsors of continuing education rather than accreditation of academic/training programs.
- If there are multiple programs in the same department, institution, or agency, it should be clearly indicated in public materials which programs are APA-accredited. Multiple accredited programs should refer to their accredited status individually and in accordance with IR C-18 P.

#### CoA contact information:

- In ALL public documents, including the program’s website (if applicable), where the program’s accreditation status is cited as above, the name and contact information for the CoA must be provided.
- Information must include the address and direct telephone number for the APA Office of Program Consultation and Accreditation. Other information (i.e., website, e-mail address) may also be included.
- Programs should clarify that this contact information should be used for questions related to the program’s accreditation status. In doing so, the program should also ensure that its own contact information is clearly indicated in its materials so that the public knows how to contact the program directly with any other questions.
- Programs are encouraged to use the following format to provide this information:

*\*Questions related to the program’s accredited status should be directed to the Commission on Accreditation:*

*Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)*

### **C-20 P. Notification of Changes to Accredited Programs**

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006; November 2015)

In accordance with Standard V.B.2 of the *Standards of Accreditation* (SoA) and Section 8.7 P of the *Accreditation Operating Procedures* (AOP), all accredited programs (doctoral, internship and postdoctoral residencies) whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. This includes new, additional, or eliminated rotation or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites. It also includes requests for changes in accreditation status (e.g., request to transition from inactive back to active status prior to recruitment).

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the SoA. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

The only exception to the policy of informing the Commission *in advance* is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.

## **C-21 P. “Intent to Apply”**

(Commission on Accreditation, October 2015; revised October 2016)

All programs can seek public notification of “intent to apply” prior to seeking accreditation. The application for intent to apply includes documentation related to key standards of the SoA. This review is a document review only and does not include a site visit. The review is conducted to verify that the essential elements are adequately described. “Intent to apply” is a declaration and is not an accredited status. This declaration does not constitute a judgment by the CoA regarding the quality of the program. Rather, this serves as public notice of the program’s intent to seek accreditation in the near future.

### **Overview/Logistics:**

A program may seek “intent to apply” declaration at any time, including prior to or after admitting residents. The “intent to apply” declaration indicates that once residents are in place, the program intends to apply for an APA accredited status (either “on contingency” or full accreditation). A program may be listed as “intent to apply” for a maximum of two years. The “intent to apply” declaration is effective as of the date of the Commission’s decision to acknowledge the declaration. If the program exceeds its two year period for full-time 1-year programs and four years for full-time programs that are more than 1-year, it will need to inform its publics and residents that it is no longer designated as an “intent to apply” program. Declaration of “intent to apply” is not a requirement for an application for “accredited, on contingency” or “full accreditation.”

For programs seeking the “intent to apply” declaration, the application process is intended to provide the program an opportunity to systematically describe the infrastructure upon which it will be building a program consistent with the Standards of Accreditation (SoA). The Commission on Accreditation will provide feedback to the program in response to their application for “intent to apply.” Although the application includes completion and review of only certain sections of Standards I-V of the SoA, the program clearly intends to seek an accreditation status and be in compliance with all aspects of the SoA.

### **Process to Apply:**

To apply for this declaration, programs are asked to submit documentation in accordance with the self-study instructions with the provisions listed below. It is recognized that a program will have elements in place and others in development, both of which will be reviewed by the CoA for prospective alignment with the SoA.

The program must address the following:

- Standard I, describing the type of program, institutional and program setting and resources, program policies and procedures, and program climate.
- Standard II, describing its aim(s), required Level 1: advanced competency areas, Level 2: program-specific or area-of-focus competencies (if any), Level 3: specialty competencies (if applicable), its learning elements to develop competencies, its plans to measure proximal and distal outcomes, and its plan to review outcome measures to evaluate and improve the program.
- Standard III, describing its plan for resident selection processes and criteria, including a plan for recruitment of residents who are diverse, and its plan for providing evaluation, feedback, and remediation, if necessary, to trainees.
- Standard IV, describing the designated director of the program who is in place, plans for providing a sufficient number of appropriately qualified supervisors to accomplish the program’s aim(s), and plans for the recruitment and retention of faculty/staff who are from diverse backgrounds.

- Standard V in the areas of general disclosure and communication with prospective and current trainees, and its plan for communicating with the doctoral program (in the case of internship programs). Additionally, the program will provide all materials currently available to its publics. These materials must include:
  - The program’s timeline to apply for “accredited, on contingency,” or “full accreditation;”
  - The date that the declaration expires; and
  - The contact information for the APA CoA.

The program is advised to consider its timeline in light of the requirements for application for accreditation status.

**C-22 P. “Accredited, on Contingency”**  
(Commission on Accreditation, October 2015)

"Accredited, on contingency" is an accredited status, which reflects a program's adherence to the Standards of Accreditation (SoA). Programs seeking "accredited, on contingency" will be reviewed for adherence with all aspects of the SoA. Programs will be granted this status if the postdoctoral residency program sufficiently meets all standards with the exception of outcome data on residents while they are in the program and after program completion.

**Process to Apply:**

Programs may apply for "accredited, on contingency" status prior to the arrival of residents on site provided that residents will be on site by the time of the site visit. Programs applying for "accredited, on contingency" status are not required to provide outcome data at the time of application, though they must submit any proximal and distal data collected to date. If data are presented at the time of the site visit, the program must send a copy of these data to the CoA.

The postdoctoral program will submit a self-study detailing all SoA components except a complete set of outcome data. However, the self-study must include plans for how the program will evaluate proximal and distal outcomes required to demonstrate minimum levels of achievement in profession-wide competencies, program-specific competencies (if any), and specialty competencies (if applicable).

**Components of the self-study submission for “accredited, on contingency”:**

With the exception of the provision of complete outcome data (Standard II), each standard will be addressed with respect to the program's plans and policies to meet the requirements of the SoA. The program must submit its evaluation plans and forms to evaluate resident outcomes and when possible, provide existing outcome data.

**Term of accredited, on contingency status:**

The maximum amount of time a postdoctoral program can be "accredited, on contingency" is two years for a program lasting one year, or four years for a program that is more than one year in duration. The program is advised to consider its timeline in light of requirements to apply for full accreditation status. To apply for full accreditation, programs must provide aggregated proximal and distal data.

Residents in the program as well as the public must be kept informed of any change in the program's timeline that could negatively impact accreditation. Such notice must include current information on in all the program's public documents (e.g., brochure, APPIC Directory listing). Additionally, the program's public documents must refer all interested parties to the CoA website, on which is maintained a current listing of accredited program statuses.

The program must publish the date of expiration of the status in its public materials.

In the event that a program does not provide required proximal and distal data at the end of two years, the program will be considered to have voluntarily withdrawn from accreditation. Consistent with 8.2(b)P of the AOP, "failure to do so (provide outcome data) will lead to the program's being deemed to have withdrawn from accreditation, following completion of the program by the residents currently on-site at the program." That is, if the program is deemed to have voluntarily withdrawn from accreditation, residents in the program at the time will have completed an accredited program. Programs that submit proximal and distal data will be eligible for an additional three years as a "fully accredited" program.

**C-23 P. Trainees Admissions, Support, and Outcome Data**  
(Commission on Accreditation, April 2016)

Standard V.A. of the Standards of Accreditation for Postdoctoral Programs requires that programs provide potential and current trainees and the public with accurate information on the program and on program expectations. This information is meant to describe the program accurately and completely, using the most up-to-date data about important admissions, support, and outcome variables, and must be presented in a manner that allows applicants to make informed decisions about entering the program.

The CoA requires each accredited program to provide information in its public materials regarding program admissions expectations, program support provided to residents, and initial post-training placement in a standardized way. This information is required to be posted in the program's public material(s) (e.g., website, brochure), and should be updated annually. This information will be reviewed by the CoA as part of periodic program review.

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Presentation of Required Information

To ensure that the required information for each program is available to the public in a consistent fashion, programs are required to update information annually, no later than December 1.

- The information must all be located in a single place and be titled "Postdoctoral Residency Admissions, Support, and Initial Placement Data";
- If the program has a website, the information must be located no more than one click away from the main/home program landing page (e.g., within the program's online brochure);
- If the program has more than one source of public materials (e.g., website and brochure), the information must be included in the primary recruiting document used to educate potential applicants about the program. For instance, if a brief brochure is provided and then applicants are directed to a website, then the information would be located on the website. Alternatively, if a program has a website "introductory page" and then applicants are instructed to download an extensive brochure, the information can be contained in the brochure;
- Table cells must not be left blank; instead, please enter "NA" if not applicable;
- The data must be presented in tables consistent with those listed at the end of this regulation. Programs may choose to provide other data to supplement the requirements of this regulation, but these tables must be provided. If the program chooses to provide supplemental information, it should be provided below the corresponding required tables.

**POST-DOCTORAL RESIDENCY PROGRAM TABLES**

**Date Program Tables are updated: \_\_\_\_\_**

**Postdoctoral Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:
Describe any other required minimum criteria used to screen applicants:

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Residents	
Annual Stipend/Salary for Half-time Residents	
Program provides access to medical insurance for resident?	Yes No
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes No
Coverage of family member(s) available?	Yes No
Coverage of legally married partner available?	Yes No
Coverage of domestic partner available?	Yes No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	
Hours of Annual Paid Sick Leave	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes No
Other Benefits (please describe)	

\* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

**Initial Post-Residency Positions**  
(Provide An Aggregated Tally for the Preceding 3 cohorts)

	<b>2012-15</b>	
Total # of residents who were in the 3 cohorts		
Total # of residents who remain in training in the residency program		
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note. "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## **IR C-24 P. Consortium**

(Commission on Accreditation, October 2016; February 2019)

### **I. Development of Consortium**

A postdoctoral training program may consist of, or be located under, a single administrative entity (e.g. institution, agency, school, department) that controls all program resources, or within a consortium, where more than one administrative entity contributes to the consortium program resources. A consortium is, therefore, comprised of 2 or more independently administered entities, that have agreed to share resources and have developed centralized decision-making for the establishment, implementation, and maintenance of a residency program. The CoA seeks to understand the stability of a consortium's shared resources through this Implementing Regulation which specifically details the components that must be in place and described via a consortial agreement when two or more independent entities meet the above criteria to provide postdoctoral training. The written consortial agreement must include and articulate these components (a-h):

- a) The nature and characteristics of the participating entities;
- b) The rationale for the consortial partnership;
- c) Each partner's commitment to the training/education program and its aim(s);
- d) Each partner's obligations regarding contributions, financial support, and access to resources.
- e) Each partner's agreement to adhere to central control and coordination of the training program by the consortium's administrative structure;
- f) Each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee admission, training resource access, potential performance expectations, and evaluations;
- g) Each partner's commitment to ensure continuation of training for residents in the consortium, particularly if at least one partner leaves the consortium; and
- h) Approval by each entity's administrative authority (with authority to sign contracts for the entity) to honor this agreement including signature and date.

Consistent with IR C-20 P, any change in components a-g above and/or in the leadership of the programs in the consortium, must be communicated to the CoA.

An individual consortial partner (member entity) of an accredited consortium is not and may not publicize itself as independently accredited unless it also has independently applied for and received accreditation as an independently accredited program.

### **II. General Information for a Currently Accredited Consortium Undergoing Dissolution or the Development of New Consortium When One or More Member Entities is Currently Accredited**

Given the differences in consortium programs, transition processes are complex. An accredited program that is seeking to form or dissolve a consortium is strongly advised to consult with the Office of Program Consultation and Accreditation early in the planning process. Further, consistent with IR C-20 P, the CoA must be informed in advance of such major program changes as well as the intended timeframe of the planned transition.

Per Accreditation Operating Procedures and IR D.4-6, the CoA's responsibility for accreditation extends to programs and not individuals completing programs; therefore, the accreditation status of a program on the final day of the residency year is the status that is to be designated on program completion certificates.

Consistent with Standard V of the Standards of Accreditation, programs must be accurately and completely described in documents that are available to current residents, applicants, and the public. It is especially important for all accredited programs (independent or consortium) to communicate clearly in public materials to current and prospective residents. Such communication should include the current accreditation status of the program, the accreditation status for which the member entity is applying, and the specific training experiences of each program. In addition, communication of the program's decision to dissolve or develop a consortium during the training year and how these changes may impact accreditation status is to be included.

The general procedures and guidelines for reviewing applications are outlined in the Accreditation Operating Procedures. An expedited review process for any transition application for member entities in a consortium cannot be guaranteed.

### **III. Specific Information Related to the Dissolution of an Accredited Consortium**

Member entities that comprise an existing accredited consortium may wish to separate and become independently accredited. Transitioning from being a member entity of an accredited consortium to becoming an independently accredited postdoctoral program requires each independent member entity to apply for accreditation as a separate program. When the member entity decides to separate from the consortium it may choose to: Option 1) separate entirely from the consortium and then apply for contingent or full accreditation status or: Option 2) remain in the accredited consortium while concurrently applying as an individually accredited program. In making the decision regarding which option to choose, the member entity must consider the impact of such changes on the current and/or incoming resident cohort(s). If the member entity chooses Option 1, the following applies

- a) The member entity may decide to apply through two mechanisms available to all applicants: 1) "accredited, on contingency" status or 2) full accreditation. During the time that the program has separated from the consortium and has not yet been independently accredited, the program is not accredited. A member entity may also seek to declare intent to apply, consistent with IR C-21 P.
- b) If the member entity applies for "accredited, on contingency" status then it must meet all requirements in IR C-22 P.
- c) If the member entity applies for full accreditation it is expected to provide proximal and distal outcome data, consistent with IR C-16 P. These data must be specific to the independent site applying for accreditation. In certain cases, when consortium program data is easily attributed to the program that is seeking independent accreditation, data that has been collected during the consortium time period may be used as part of that included in an application for full accreditation. Programs seeking to do this should consult with the Office of Program Consultation and Accreditation.

If the member entity chooses option 2, the following will occur:

- a) The member entity must simultaneously meet all Standards of Accreditation as the consortium member entity AND the requirements for one of the other applicant options: "accredited, on contingency", as outlined in IR C-22 P or full accreditation.
- b) Consistent with IR C-20 P, the consortium must communicate to the CoA how it will be able to meet the Standards of Accreditation without the components that the withdrawing member entity was contributing to the consortium.
- c) The consortium agreement must be maintained during the transition period.

In the situation of a two-member consortium, if one-member entity withdraws from the consortium, then neither program is accredited as a consortium or as an individual program at the time of separation unless independent accreditation has already been attained by the separating entity(ies). Each member entity may decide to apply for accreditation as outlined in IR C-22 P for “accredited, on contingency” or for full accreditation. If they have separated, neither of the member entities may advertise themselves as independently accredited programs until the CoA has reviewed and approved the accreditation for each independent program.

#### **IV. Specific Information Related to Development of a New Consortium if One or More Member Entity(ies) is Currently Independently Accredited**

*The following parameters do not apply to programs that are already accredited as a consortium and wish to add member entities into the existing accredited consortium. The addition of a consortium member to an accredited consortium should be communicated to CoA as a substantive change, consistent with IR C-20 P.*

In the event that two or more independent programs (at least one of which is already independently accredited) wish to enter into a newly developed consortial agreement, they may decide to apply through two mechanisms available to all applicants: 1) accredited on contingency status or 2) full accreditation. Two or more independent programs may also seek to declare the intent to apply as a consortium consistent with IR C-22 P. The accreditation status of one independently accredited program does not transfer to any other unaccredited member entity(ies) when programs join together; the unaccredited program is not and may not advertise as an accredited program or member of an accredited consortium until the consortium has applied for and received accreditation.

If the independently accredited program chooses to maintain independent accreditation while concurrently applying for an accreditation status as a consortium program, then the independent program must meet all Standards of Accreditation as an independently accredited program AND as a consortium member entity. At a minimum, the basic integrity of the independent program and the training aim(s) and Level 1, 2, and 3 competencies (as appropriate) must be maintained during the transition period. Since more than one already independently accredited program may be transitioning to a consortium, it follows that each program may have additional or more refined aims and program-specific competencies that must be clarified. In addition, the program must clarify the resources (i.e., supervision, space, clerical support) available to the consortium entity and to the independently accredited program. These resources may overlap as long as both programs remain in compliance with the Standards of Accreditation, but there must be sufficient resources to maintain the programs. During the transition period, the independently accredited program and the accredited consortium may not advertise that the independent program is a member entity until the accreditation status for the consortium program has been approved by the CoA.

**Updated:  
10/08/2020**



*Texas Behavioral Health  
Executive Council and Texas State  
Board of Examiners of Psychologists*  
***Rules***

# **TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL NEW, AMENDED, REPEALED RULES**

The following is a list of the rules which have been added, amended, or repealed since the last update to these rules.

## **Online Act and Rules of the Council – September 2020**

Note: While every effort is made to keep this information as accurate and current as possible, the reader should bear in mind that statutes may be amended, subsequent legislation may be enacted and judicial determinations may be rendered that affect the impact of statutes and rules reported herein.

For any official listing of a rule, a licensee, applicant, or member of the public may consult the Texas Administrative Code on the Secretary of State's website: <http://www.sos.state.tx.us/tac/>. When accessing this website: (1) click on the TAC viewer, (2) scroll down and click on Title 22 Examining Boards, (3) scroll down and click on Part 21, Texas State Board of Examiners of Psychologists. To view rules that have been proposed but not finally adopted by the Board, access the following website: <https://texreg.state.tx.us/public/regviewctx>

## **TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS NEW, AMENDED, REPEALED RULES**

The following is a list of the rules which have been added, amended, or repealed since the last update to these rules.

### **Online Act and Rules of the Council – October 2020**

Note: While every effort is made to keep this information as accurate and current as possible, the reader should bear in mind that statutes may be amended, subsequent legislation may be enacted and judicial determinations may be rendered that affect the impact of statutes and rules reported herein.

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# **TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL RULES**

## **GENERAL PROVISIONS**

### **Subchapter A. General Provisions.**

**881.1. Authority.** This chapter is promulgated under the authority of Occupations Code, Chapter 507, and applies to each member board.

*Adopted to be effective: September 1, 2020*

**881.2. Definitions.**

- (a) The following definitions are generally applicable throughout the agency's rules and policies:
  - (1) The term "ALJ" as used herein shall refer to an administrative law judge employed by SOAH.
  - (2) The terms "Chapter 501," "Chapter 502," "Chapter 503," "Chapter 505," and "Chapter 507" as used herein shall refer to the corresponding chapter in the Occupations Code.
  - (3) The term "Executive Council" or "Council" as used herein shall refer to the Texas Behavioral Health Executive Council (BHEC).
  - (4) The term "member board" as used herein shall refer to:
    - (A) The Texas State Board of Examiners of Marriage and Family Therapists (TSBEMFT);
    - (B) The Texas State Board of Examiners of Professional Counselors (TSBEPC);
    - (C) The Texas State Board of Examiners of Psychologists (TSBEP); or
    - (D) The Texas State Board of Social Worker Examiners (TSBSWE).
  - (5) The term "PFD" as used herein shall refer to a proposal for decision issued by an ALJ.
  - (6) The terms "professional development" and "continuing education" as used herein have the same meaning.
  - (7) The term "SOAH" as used herein shall refer to the State Office of Administrative Hearings.

- (8) The term "TAC" as used herein shall refer to the Texas Administrative Code.
- (b) The following definitions apply only to those rules specific to the regulation of the practice of marriage and family therapy:
  - (1) "LMFT" refers to a licensed marriage and family therapist and has the same meaning as assigned by §502.002 of the Occupations Code.
  - (2) "LMFT Associate" refers to a licensed marriage and family therapist associate and has the same meaning as assigned by §502.002 of the Occupations Code.
- (c) The following definitions apply only to those rules specific to the regulation of the practice of professional counseling:
  - (1) "LPC" refers to a licensed professional counselor and has the same meaning as assigned by §503.002 of the Occupations Code.
  - (2) "LPC Associate" refers to an individual licensed as a professional counselor associate under §503.308 of the Occupations Code.
- (d) The following definitions apply only to those rules specific to the regulation of the practice of psychology:
  - (1) "LPA" or "Psychological Associate" refers to an individual licensed as a psychological associate under §501.259 of the Occupations Code.
  - (2) "LSSP" refers to an individual licensed as a specialist in school psychology under §501.260 of the Occupations Code.
  - (3) "Provisionally licensed psychologist" or "provisional licensee" means an individual licensed as a psychologist with provisional status under §501.253 of the Occupations Code.
  - (4) "PSYPACT" refers to the Psychology Interjurisdictional Compact found in Chapter 501, Subchapter L of the Occupations Code.
- (e) The following definitions apply only to those rules specific to the regulation of the practice of social work:
  - (1) "LBSW" refers to a licensed baccalaureate social worker and has the same meaning as assigned by §505.002 of the Occupations Code.
  - (2) "LCSW" refers to a licensed clinical social worker and has the same meaning as assigned by §505.002 of the Occupations Code.
  - (3) "LMSW" refers to a licensed master social worker and has the same meaning as assigned by §505.002 of the Occupations Code.

- (4) "LMSW-AP" refers to an individual licensed as a master social worker with the advanced practitioner specialty recognition.

*Adopted to be effective: September 1, 2020*

**881.3. Council and Board Meetings.**

- (a) Every regular, special, or called meeting of the Council or a member board shall be open to the public as provided by the Government Code, Chapter 551 ("the Open Meetings Act").
- (b) A quorum for the Council or a member board shall consist of a majority of all the respective members as designated by statute. When a quorum is present, a motion before the body is carried by an affirmative vote of the majority of the members present and participating in the vote.
- (c) The presiding officers of the Council and member boards may make and second motions, as well as vote on any matter brought before their respective body without the necessity of relinquishing the chair.
- (d) The Council and each member board shall provide the public with a reasonable opportunity to appear before the respective body and offer public comment on any issue under the Council's or member board's jurisdiction. Persons wishing to offer public comment must sign in at the beginning of the meeting and may speak during the public comment portion of the meeting. The presiding officer shall maintain decorum and orderly proceedings, and may limit the time allowed for each individual providing public comment.

*Adopted to be effective: September 1, 2020*

**881.4. Council Member Terms.**

- (a) The terms for the Council members selected by the Texas State Board of Examiners of Psychologists and the Texas State Board of Social Worker Examiners shall expire as follows:
  - (1) for professional members, on February 1st of odd years; and
  - (2) for public members, on February 1st of even years.
- (b) The terms for the Council members selected by the Texas State Board of Examiners of Professional Counselors and the Texas State Board of Examiners of Marriage and Family Therapists shall expire as follows:
  - (1) for professional members, on February 1st of even years; and
  - (2) for public members, on February 1st of odd years.
- (c) Member boards may reappoint members to serve on the Council without limitation as to the number of terms served.

- (d) A member selected to fill a vacancy on the Council holds office for the unexpired portion of the term.

*Adopted to be effective: September 1, 2020*

**881.5. Conflicts of Interest and Recusals.**

- (a) A Council or board member who has any personal or professional interest that might reasonably tend to influence the discharge of the member's duties in a matter pending before the agency, shall disclose that conflict in an open meeting called and held in compliance with Chapter 551 of the Government Code. Should the required disclosure relate to a matter to be considered during a closed meeting, the member shall disclose the conflict during the closed meeting. A Council or board member may neither vote nor otherwise participate in any discussion or decision on a pending matter where the member's personal or professional interest might reasonably tend to influence the discharge of the member's duties. Any conflict disclosed by a board member shall be entered in the minutes or certified agenda of the meeting.
- (b) An individual who has any personal or professional interest that might reasonably tend to influence the discharge of the individual's duties while serving on a committee, temporary suspension or disciplinary review panel, or workgroup, shall disclose that conflict to the committee, panel, or workgroup, as well as to the Executive Director. The individual may neither vote nor otherwise participate in any discussion or decision on a pending matter where the individual's personal or professional interest might reasonably tend to influence the discharge of the individual's duties. Any conflict shall be entered in any minutes or notes kept by the committee, panel, or workgroup.
- (c) A Council or board member may not vote or otherwise participate in any discussion or decision conducted during a meeting held in compliance with Chapter 551 of the Government Code regarding a complaint or eligibility proceeding previously heard by the member while serving on a temporary suspension panel or disciplinary review panel. A Council or board member who is disqualified under this subsection shall be recused from any voting or discussions on the matter, and the recusal shall be entered in the minutes or certified agenda of the meeting.
- (d) Any individual who is required to make a disclosure or is recused or restricted from voting or participating in some manner under this rule, shall refrain from influencing or attempting to influence the discussion or decision on a

matter in which the individual is prohibited from participating. The presiding officer or Executive Director may take reasonable steps to enforce this requirement, including requesting that the individual leave the room before beginning or continuing with a meeting, hearing, discussion, or vote.

- (e) A disclosure required by this rule must be made as soon as possible once an individual becomes aware of facts giving rise to a duty to take action under this rule. Any information received by a Council or board member or agency staff that might reasonably lead one to believe that an individual has a duty to take action under this rule must be sent to the Executive Director, who shall then forward the information to the individual.
- (f) Except as provided for in subsection (c) of this section, this rule shall not operate to preclude a Council member from voting or otherwise participating in any discussion or decision due solely to a member's service on an underlying member board.
- (g) It is presumed that the judgment of a reasonable person subject to this rule would not be materially affected because the individual holds a license issued by this agency or one of its member boards.
- (h) A person does not have an interest which is in conflict with the proper discharge of duties contemplated under this rule if any benefit or detriment accrues to the person, or any individual or group with whom the person is associated, to no greater extent than any other similarly situated person.

*Adopted to be effective: September 1, 2020*

**881.6. Limited Delegation of Executive Council Authority to Board Members.** By rule, policy, or custom, the Council may delegate to a member board any responsibility or authority not exclusively reserved to the Council in statute. The Council retains responsibility and oversight for any decisions or actions undertaken by a member board under this grant of authority. The Council may reverse, modify, or refer any decisions or actions taken by a member board under the authority of this rule back to that member board for further action or consideration.

*Adopted to be effective: September 1, 2020*

**881.7. Unofficial Statements and Decisions.** Statements and decisions made by an individual Council or board member, an advisory committee member, or a member of the agency staff are not binding on the Council, or its member boards, when conducting agency business, unless otherwise stated in these rules.

*Adopted to be effective: September 1, 2020*

**881.8. Former Council or Board Members.**

- (a) A Council or board member whose term has expired and who has ceased to serve will not be employed or utilized to represent the Council or one of its member boards for two years after the member's service has ended.
- (b) A former Council or board member may not represent that the member is an official or unofficial representative of the Council or one of its member boards. Any such representations are not binding in any way.
- (c) A former Council or board member may not disclose confidential or privileged information obtained during the member's service on the Council or board. Such disclosure is deemed unprofessional conduct and is grounds for disciplinary action.

*Adopted to be effective: September 1, 2020*

**881.9. Prohibition Against Dual Office Holding.**

- (a) The Executive Director and appointed members of the agency (i.e., Council and board members) may not accept an offer to serve in another non-elective office unless they first obtain from the Council or their respective member board, a finding that the member has satisfied Article XVI, §40, of the Texas Constitution.
- (b) The Council or board must make a written record of any finding under subsection (a) of this section. The finding must include any compensation that the member or Executive Director receives from holding the additional office, including salary, bonus, or per diem payment.

*Adopted to be effective: September 1, 2020*

**881.10. Conflict Between Other Laws and Council.**

- (a) In the event of a conflict between a Council rule and the state or federal constitution, a state or federal statute, or a rule, guideline, or requirement promulgated by a federal office or agency, the state or federal law, guideline, or requirement shall control.
- (b) In the event of a conflict between a rule in 22 TAC Part 41 and Parts 21, 30, 34, and 35; the rules in Part 41 shall prevail.

*Adopted to be effective: September 1, 2020*

**881.11. Access to Agency Records by Appointed Members.**

- (a) Each member of the Council is entitled to access all information and records written, produced, collected,

assembled, or maintained by the Council or a member board, including confidential information. The access granted under this subsection is limited to official agency business only.

- (b) Each member of an underlying board is entitled to access all information and records written, produced, collected, assembled, or maintained by the member's respective board, including confidential information. The access granted under this subsection is limited to official agency business only.
- (c) A request for access to information or records by a Council or board member must be directed to the Executive Director. If the request for access relates to the Executive Director, the request may be directed to the presiding officer for the Council and the General Counsel.
- (d) Notwithstanding the foregoing, a Council or board member may not access any confidential, non-public, or proprietary examination materials if the member intends to apply for or is a current applicant for licensure with this agency.

*Adopted to be effective: September 1, 2020*

**881.12. Statutory or Rule References.** Unless expressly provided otherwise, a reference to any portion of a statute or rule applies to all reenactments, revisions, or amendments of the statute or rule.

*Adopted to be effective: September 1, 2020*

**881.13. Conduct and Decorum.**

- (a) Persons having business with or interacting with the Council, member boards, or agency staff shall conduct themselves with proper dignity, courtesy, and respect. Disorderly or disruptive conduct will not be tolerated.
- (b) The presiding officers for the Council and member boards may, in their own discretion, exclude from a meeting or proceeding, a person who, with intent to prevent or disrupt an agency meeting or proceeding, obstructs or interferes with the meeting or proceeding by physical action or verbal utterance. A person excluded under this rule may be excluded for the remainder of the meeting or proceeding or for a shorter period of time as is deemed just and reasonable by the presiding officer.
- (c) Conduct or language directed at agency officials or staff by applicants or licensees that a reasonable person would find abusive or threatening is considered unprofessional conduct and may serve as grounds for a Council-initiated complaint and disciplinary action.

*Adopted to be effective: September 1, 2020*

## **Subchapter B. Rulemaking.**

### **881.20. Rulemaking by the Executive Council.**

- (a) The Council shall adopt rules necessary to perform its duties and implement Title 3, Subtitle I, Chapter 507 of the Occupations Code. When carrying out its rulemaking functions, the Council shall abide by the requirements of the Administrative Procedure Act found in Chapter 2001 of the Government Code.
- (b) The Council shall have exclusive rulemaking authority for the agency, including rules governing general agency operations, administration of licensure, investigation of complaints, and sanction procedures. In connection with this rulemaking authority, the Council must also review draft rules proposed by each member board for anti-competitive impacts, administrative consistency, and good governance concerns.
- (c) The Council may propose and adopt a rule governing those matters set forth in §507.153(a) of the Occupations Code if a draft rule has been proposed by the member board for the profession. Member boards may not propose new draft rules or changes to rules except as authorized by §507.153(a).
- (d) Member boards must submit a new draft rule or rule change to the Council for consideration by submitting a draft of the rule with any deletions crossed through and additions underlined. The draft must also contain each of the notice components required in a preamble (e.g., §2001.024 of the Government Code) when proposing a new rule or changes to an existing rule. When submitting a new draft rule or rule change to the Council, member boards must also submit any information or comments received from the public in connection with the proposed rule.
- (e) When reviewing a draft rule proposed by a member board, the Council may:
  - (1) Request additional information relevant to the rule from the member board;
  - (2) Require the member board to conduct new or additional analysis of possible implications of the rule;
  - (3) Solicit public comment or hold public hearings, or alternatively, request the member board do so; and
  - (4) Make non-substantive, editorial changes to the rule as necessary.
- (f) Following the review of a draft rule submitted by a member board, the Council shall either accept the draft rule as proposed and initiate formal rulemaking proceedings or

return the draft rule to the member board for revision. When returning a rule for revision, the Council must include an explanation of the decision to reject the rule as proposed, and may recommend changes that would make the rule acceptable to the Council.

- (g) The Council shall, with regard to rules proposed pursuant to §507.153(a) of the Occupations Code, share with the appropriate member board any public comments received following publication of a proposed rule in the *Texas Register*. Following publication of a proposed rule and review of any public comments received, a member board shall suggest any changes needed to the proposed rule or vote to recommend adoption, tabling, or withdrawal of the rule and advise the Council of such. Thereafter, the Council may adopt the rule as proposed, withdraw or table the rule in accordance with the member board's recommendation, or return the rule to the member board for further revision. When returning a rule for revision, the Council must include an explanation of the decision to not adopt the rule as proposed, and may recommend any changes that would make the rule acceptable to the Council.
- (h) The Council may make non-substantive, editorial changes to a draft rule as necessary.
- (i) The Council shall consider each of the following factors when reviewing a draft rule submitted by a member board:
  - (1) Whether the proposed rule promotes a clearly articulated and affirmatively expressed policy as established by the legislature to displace competition with government action, or whether the proposed rule reflects the exercise of discretion or implied authority by a member board;
  - (2) Whether absence of the proposed rule poses a significant risk of harm or danger to the public health, safety, or welfare of the residents of the state that is easily recognizable and not remote or dependent on tenuous argument;
  - (3) Whether the proposed rule seeks to regulate activities or services requiring specialized skill or training and whether the public clearly needs and will benefit from the proposed rule;
  - (4) Whether the proposed rule would have the effect of directly or indirectly increasing the cost of mental health services and, if so, whether the increase would be more harmful to the public than the harm that might result from the absence of the proposed rule;

- (5) Whether the proposed rule would significantly reduce market participation or competition in the state and, if so, whether the reduction would be more harmful to the public than the harm that might result from the absence of the proposed rule; and
- (6) Whether the residents of the state are or may be effectively protected by other means

*Adopted to be effective: September 1, 2020*

**881.21. Petition for Rulemaking.**

- (a) Any interested person may petition for rulemaking in accordance with §2001.021 of the Government Code by submitting to the Council a written request for the adoption of a rule or rule change. The written request must contain a return mailing address for the agency's response.
- (b) The written request must, at a minimum, set forth or identify the rule the petitioner wants the Council to adopt or change, reasons why the petitioner believes the requested rulemaking is necessary, and include a copy of the proposed rule or any proposed changes with deletions crossed through and additions underlined. Additionally, the written request must affirmatively show that the requestor qualifies as an interested person under this rule. Requests which do not affirmatively show that the requestor qualifies as an interested person under this rule may be denied.
- (c) The written request should also address the economic cost to persons required to comply with the rule, the effects of the rule on small or micro-businesses or rural communities, and the impact the rule would have on local employment or economies, if such information can be derived from available sources without undue cost or burden.
- (d) The Council will respond to a written request for adoption of a rule from an interested person in accordance with §2001.021 of the Government Code.
- (e) The term "interested person" as used in this rule, shall have the same meaning as that assigned by §2001.021(d) of the Government Code. Additionally, a person who submits a petition under this rule must affirm that they qualify as an interested person in the petition. Petitions which do not contain such an affirmation may be denied.

*Adopted to be effective: September 1, 2020*

## **Subchapter C. Personnel.**

### **881.30. Executive Director.**

- (a) The Council shall determine qualifications for and employ an Executive Director who shall be the Chief Executive Officer of the agency.
- (b) The duties of the Executive Director shall be to administer and enforce the applicable law, to assist in conducting Council meetings, and to carry out other responsibilities as assigned by the Council.
- (c) The Executive Director shall have the authority and responsibility for the operations and administration of the agency and such additional powers and duties as prescribed by the Council. As chief executive of the agency, the Executive Director shall be responsible for the management of all aspects of administration of the agency to include personnel, financial and other resources in support of the applicable law, rules, policies, mission and strategic plan of the agency. The Executive Director may delegate any responsibility or authority to an employee of the Council. Responsibility or authority granted to the Executive Director shall include an employee designated by the Executive Director, yet accountability to the Council for all management and activity rests with the Executive Director.
- (d) The Executive Director may implement any emergency orders or proclamations issued by the Governor to suspend or amend existing statutes and rules. The Executive Director will notify the Council of the actions taken to comply with the Governor's emergency orders or proclamations.

*Adopted to be effective: September 1, 2020*

### **881.31. Agency Staff Training and Education.**

- (a) In accordance with the State Employee Training Act found at Government Code, Chapter 656, Subchapter C, agency staff may be permitted or required to attend training or education programs if those programs relate to the employee's duties or prospective duties, materially aid effective administration of the agency's functions, and serve an important public purpose.
- (b) The Council's Executive Director shall be eligible to attend training and education programs, and shall determine which other employees will be permitted or required to attend training.
- (c) Employees who receive training must utilize the training opportunity to prepare for technological and legal

developments facing the agency, or to increase professional capabilities or competence directly related to the work of the agency.

- (d) An employee, prior to receiving training for three or more months, during which the employee does not perform the employee's regular duties, must enter into a written agreement with the Council to comply with the requirements of §656.103(a) of the Government Code. Employees who fail or refuse to enter into such an agreement shall not be permitted to attend training lasting three or more months.
- (e) The Council shall pay the costs and expenses related to approved training in accordance with the State Employee Training Act, the Comptroller's rules and regulations, and the Council's own policies relating to employee reimbursement.

*Adopted to be effective: September 1, 2020*

**881.32. Sick Leave Pool.**

- (a) The Council hereby establishes a sick leave pool to assist employees and their immediate families in dealing with catastrophic illness or injury that forces them to exhaust all accrued sick leave.
- (b) The Council's sick leave pool shall be administered by the Executive Director in accordance with Chapter 661 of the Government Code, the rules and regulations of the Employees Retirement System of Texas, and the Texas Human Resources Statutes Inventory manual published by the Texas State Auditor's Office.
- (c) The Executive Director shall develop and prescribe procedures for the operation of the sick leave pool, and include such procedures in the Council's personnel manual.

*Adopted to be effective: September 1, 2020*

## **Subchapter D. Contracts and Procurement.**

**881.40. Agency Contracts and Purchasing.**

- (a) In accordance with §2155.076 of the Government Code, the Council adopts by reference the rules of the Comptroller of Public Accounts regarding purchasing protest procedures set forth in 34 TAC, Part 1, Chapter 20, Subchapter F, Division 3. All vendor protests under this rule must be submitted to the Council's Chief Financial Officer, who shall initiate a review of the protest. Any appeal to a determination of a protest by the Chief Financial Officer shall be to the Executive Director, who may elect to submit the appeal to

the Council for final determination. The Council shall maintain all documentation on the purchasing process that is the subject of a protest or appeal in accordance with the Council's retention schedule.

- (b) In accordance with §2156.005 of the Government Code, the Council adopts by reference the rules of the Comptroller of Public Accounts regarding bid opening and tabulation set forth in 34 TAC, Part 1, Chapter 20, Subchapter C, Division 2.
- (c) In accordance with §2260.052 of the Government Code, the Council adopts by reference the rules of the Office of the Attorney General in 1 TAC Part 3, Chapter 68 (relating to Negotiation and Mediation of Certain Contract Disputes). The rules set forth a process to permit parties to structure a negotiation or mediation in a manner that is most appropriate for a particular dispute regardless of the contract's complexity, subject matter, dollar amount, or method and time of performance.
- (d) In accordance with §2261.202 of the Government Code, the Executive Director shall be responsible for monitoring agency contracts and for monitoring agency compliance with all applicable laws governing agency contracting. The Executive Director may delegate those duties necessary to carry out this responsibility to other agency staff who report directly to the Executive Director.

*Adopted to be effective: September 1, 2020*

**881.41. Use of Historically Underutilized Businesses (HUBS).** In accordance with §2161.003 of the Government Code, the Council adopts by reference the rules of the Comptroller of Public Accounts in 34 TAC Part 1, Chapter 20, Subchapter D, Division 1.

*Adopted to be effective: September 1, 2020*

# APPLICATIONS AND EXAMINATIONS

## Subchapter A. License Applications.

- 882.1. Application Process.** Applications for licensure are processed in the following manner:
- (1) Applicants must submit for review an official application form, the corresponding application fee, and all information required by law to the Council. The responsibility for submitting a complete application resides solely with the applicant. An application submitted with the incorrect fee amount will be returned to the applicant.
  - (2) Applications are reviewed in the order in which they are received, unless the applicant qualifies for expedited processing under §55.005 of the Occupations Code. Applicants who qualify for expedited processing will have their applications processed as soon as practicable. The Council will notify applicants of any deficiency in their application.
  - (3) Applications for licensure under Chapters 502, 503, and 505 of the Occupations Code which are incomplete will be held open for one year from the date of receipt, after which, if still incomplete, they will expire. Applications for licensure under Chapter 501 of the Occupations Code which are incomplete will be held open for 90 days from the date of receipt, after which, if still incomplete, they will expire. If licensure is sought after an application has expired, a new application and filing fee must be submitted.
  - (4) Applications containing a substantive problem with an applicant's qualifications that cannot be resolved by reviewing staff shall proceed through the following chain of review until such matter is resolved to the agency's satisfaction:
    - (A) Reviewing staff's immediate supervisor;
    - (B) Licensing Manager;
    - (C) Executive Director;
    - (D) Committee established by the member board for the profession charged with addressing application or licensing matters; and
    - (E) Full member board for the profession
  - (5) Once an application is complete, the applicant is either approved or denied to sit for any required examinations, or approved or denied licensure. Agency

staff will send out a letter reflecting the agency's determination and instructions for the next steps needed, if any.

*Adopted to be effective: September 1, 2020*

**882.2. General Application File Requirements.**

- (a) To be complete, an application file must contain all information needed to determine an applicant's eligibility to sit for the required examinations, or the information and examination results needed to determine an applicant's eligibility for licensure. At a minimum, all applications for licensure must contain:
- (1) An application in the form prescribed by the Council based on member board rules and corresponding fee(s);
  - (2) An official transcript from a properly accredited institution indicating the date the degree required for licensure was awarded or conferred. Transcripts must be received by the Council directly from the awarding institution, a transcript or credential delivery service, or a credentials bank that utilizes primary source verification;
  - (3) A fingerprint based criminal history record check through the Texas Department of Public Safety and the Federal Bureau of Investigation;
  - (4) A self-query report from the National Practitioner Data Bank (NPDB) reflecting any disciplinary history or legal actions taken against the applicant. A self-query report must be submitted to the agency in the sealed envelope in which it was received from the NPDB;
  - (5) Verification of the citizenship and immigration status information of non-citizen, naturalized, or derived U.S. citizen applicants through the DHS-USCIS Systematic Alien Verification for Entitlements Program (SAVE). Applicants must submit the documentation and information required by the SAVE program to the Council;
  - (6) Examination results for any required examinations taken prior to applying for licensure;
  - (7) Documentation of any required supervised experience, supervision plans, and agreements with supervisors; and
  - (8) Any other information or supportive documentation deemed relevant by the Council and specified in its application materials.

- (b) The Council will accept examination results and other documentation required or requested as part of the application process from a credentials bank that utilizes primary source verification.

*Adopted to be effective: September 1, 2020*

**882.3. Review and Appeal of License Denials.**

- (a) If an application for licensure is denied at the staff or committee level, the applicant will have 30 days from the date of denial as shown on the letter to submit a written request to the Council for review by the member board. The written request must be received on or before the 30th day following the date of denial for the request to be timely. If a timely written request for review is not made, the denial is final.
- (b) If an application for licensure is denied by a member board, the applicant will have 30 days from the date of denial as shown on the letter to submit a written request to the Council for a hearing at SOAH. The Council must receive the written request on or before the 30th day following the date of denial for the request to be timely. If a timely request is made, the Council shall refer the contested case to SOAH for a hearing. If a timely written request is not made, the denial is final.
- (c) The Council shall render a final decision on an application for licensure based upon the record following an appeal at SOAH. The final decision shall be in writing and shall be signed by the presiding officer for the Council or the Executive Director.

*Adopted to be effective: September 1, 2020*

**882.4. Assistance in Licensing Determinations.**

- (a) Each member board shall be responsible for reviewing any licensing matters and questions raised or brought to it by agency staff regarding an application or renewal. The member boards may utilize committees to address application or licensing matters, and shall provide the Council with a recommendation as to any licensing matters or questions raised or brought to it by agency staff regarding an application or renewal.
- (b) The Council shall review all licensing matters for anti-competitive impacts, administrative consistency, and good governance concerns. The Council may not substitute its judgment in licensing determinations for that of a member board where, in its sole determination, none of the aforementioned concerns are present.

- (c) The Council shall solicit input from and request the assistance of a member board when considering an application for issuance or renewal of a license if there are concerns about an applicant related to the standard of care or professional qualifications. The Council may specify the format of the input and assistance requested to satisfy the requirements of this rule.

*Adopted to be effective: September 1, 2020*

**882.5. Jurisprudence Examination Requirements.** Applicants must take and pass the jurisprudence examination no more than 6 months prior to submitting an application for licensure to the Council

*Adopted to be effective: September 1, 2020*

**882.6. Limitations on Number of Examination Attempts.**

- (a) An applicant may take an examination administered or required by the Council no more than three times. Failure to pass an examination subject to this rule within three attempts, will result in an automatic denial of an application.
- (b) Notwithstanding subsection (a) of this section, an applicant whose application is denied under this rule may reapply for licensure, but will not be allowed or approved to sit for the exam again until the applicant has submitted a detailed study plan designed to address the known or suspected areas of deficiency. The study plan must be approved by the relevant member board before authorization will be given to retake the examination.
- (c) Examinations which do not require pre-authorization by the Council to take, are not subject to this rule.

*Adopted to be effective: September 1, 2020*

**882.7. Reasonable Accommodations for Persons with Disabilities and Dyslexia.**

- (a) The Council shall comply with applicable provisions of the Americans with Disabilities Act (ADA) in its applications procedures by providing reasonable accommodations that do not violate or undermine the agency's mission or state law.
- (b) It is the responsibility of the individual applicant to inform the Council in advance of any reasonable accommodations needed during the application process, including any examinations conducted by the agency. Only requests which give the Council sufficient notice and opportunity to provide reasonable accommodations without disrupting the normal business of the agency will be considered.

- (c) Requests for reasonable accommodations under this rule must contain each of the following:
  - (1) a written description of the disability, as well as the functional limitations resulting from the disability;
  - (2) the specific accommodations requested;
  - (3) a description of any accommodations received in the past for the disability; and
  - (4) a formal medical or mental health diagnosis made or confirmed within the last five years by a licensed professional qualified to make the diagnosis describing the need for specific accommodations. The diagnosis must have been made or confirmed within the last 12 months for psychiatric disabilities. This requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature.
- (d) The Council will provide reasonable examination accommodations to an applicant who has been diagnosed as having dyslexia, as defined in §51.970 of the Education Code. When requesting reasonable examination accommodations under this subsection, the applicant must comply with subsection (c) of this section.

*Adopted to be effective: September 1, 2020*

**882.8. Rescheduling of Examination Due to Religious Holy Day.**

- (a) Applicants wishing to observe a religious holy day on which their religious beliefs prevent them from taking an examination scheduled by the Council on that religious holy day will be allowed to take the examination on an alternate date.
- (b) Applicants wishing to take an examination, scheduled on a religious holy day, on an alternate date must submit a written request to take the examination on an alternate date and state the religious holy day they wish to observe. Applicants must submit their written request prior to being scheduled for an examination.
- (c) The Council may extend any time periods for completing an examination, as needed when scheduling an alternate examination date.

*Adopted to be effective: September 1, 2020*

**882.9. Established Application Processing Times.**

- (a) The Council shall publish the minimum, maximum, and median times for processing applications during the preceding 12-month period on its website, together with a justification for each of these periods. These figures will be updated on an annual basis.

- (b) Applicants whose application processing time exceeds 90 days or the maximum processing time published on the agency's website, whichever is greater, may submit a written complaint to the Executive Director requesting a timely resolution of any dispute arising from the delay.
- (c) The Executive Director shall, upon receipt of a proper complaint, review the matter to determine whether the agency has good cause, as that term is defined in §2005.004 of the Government Code, for exceeding the maximum application processing time. If the maximum application processing time was exceeded and good cause is not found, the Council shall refund any application fee paid in connection with the delayed application.
- (d) There is no appeal of the determination made by the Executive Director under this rule. A complaint is waived if not filed within 30 days of licensure.

*Adopted to be effective: September 1, 2020*

**882.10. Applicants with Pending Complaints.** The Council may hold an application in abeyance up to 180 days if there is a complaint pending against the applicant concerning an alleged violation listed in §507.301 of the Occupations Code. A final decision on the application may not be rendered until the Council has made a final determination on the pending complaint. The applicant will be permitted to take all required exams while the complaint is pending, but will not be licensed unless approved by the Council.

*Adopted to be effective: September 1, 2020*

**882.11. Applicants with Foreign Degrees**

- (a) An applicant with a foreign degree must submit an official transcript and certified translation when applying for licensure. The official transcript must be translated to English by the issuing institution, a translator that is certified by the American Translators Association, a reputable foreign translator or translation service, or a U.S. college or university official.
- (b) An applicant with a foreign degree must have the degree evaluated to determine if it is comparable to the degree required for the particular license sought. Foreign degree evaluations must be sent directly to the Council from the evaluation service, submitted by the applicant in the sealed envelope in which they are received from the evaluation service, or be submitted as directed by agency staff.
- (c) Foreign degree evaluations must be conducted by a foreign degree evaluation service that is a member of the National Association of Credential Evaluation Services (NACES).

Alternatively, the Council will accept foreign degree evaluations from the National Register of Health Service Psychologists for persons applying under Chapter 501 of the Occupations Code and the International Social Work Degree Recognition and Evaluation Service for persons applying under Chapter 505 of the Occupations Code.

- (d) The Council retains the exclusive authority to determine whether a foreign degree is comparable to the degree required for licensure

*Adopted to be effective: September 1, 2020*

**882.12. Refusal to Issue License for Failure to Pay Child Support.**

- (a) The Council shall, in accordance with §232.0135 of the Family Code, refuse to issue a license to an individual if the Council receives notice from a child support agency that the applicant has failed to pay child support under a support order for six months or more and the child support agency requests the Council to deny issuance of a license.
- (b) Following receipt of notice from a child support agency, the Council may not issue a license until the child support agency has notified the Council that the applicant has met one or more of the requirements set out in §232.0135(b) of the Family Code.
- (c) The Council may charge the applicant a fee equal to the application fee for a refusal under this rule.

*Adopted to be effective: September 1, 2020*

**882.13. Protections Based on Affiliation with Religious Organizations.**

In accordance with Chapter 2400 of the Government Code, the Council may not deny an application or renewal of a license based wholly or partly on a person's membership in, affiliation with, or contribution, donation, or other support provided to a religious organization.

*Adopted to be effective: September 1, 2020*

## **Subchapter B. License.**

**882.20. Form of License.**

- (a) Each member board shall be responsible for the content and design of its licenses, subject to the approval of the Council. A license issued by the Council shall prominently reflect the member board for the profession and reference the board being a member of the Council.

- (b) A license shall include the full legal name of the license holder at the time of licensure and the unique license number assigned to the license.

*Adopted to be effective: September 1, 2020*

**882.21. License Statuses.**

- (a) Active Status. Any licensee with a license on active status may practice pursuant to that license, subject to any restrictions imposed by the Council. Active status is the only status under which a licensee may engage in the practice of the licensee's respective profession.
- (b) Inactive Status.
  - (1) A licensee with an unrestricted active license may elect inactive status through the Council's online licensing system. A licensee who elects inactive status must return the licensee's current renewal certificate for the license to the Council, and pay the associated fee.
  - (2) A licensee with an inactive license is not required to comply with continuing education requirements while the license is inactive.
  - (3) The inactive status period for a license shall coincide with the license renewal period. At the end of the renewal period, if the inactive status has not been renewed or the license returned to active status, the license will expire.
  - (4) In order to continue on inactive status, an inactive licensee must renew the inactive status each renewal period. Licensees may renew their inactive status through the Council's online licensing system by completing the online renewal requirements and paying the associated fee.
  - (5) A licensee with a pending complaint may not place a license on inactive status. If disciplinary action is taken against a licensee's inactive license, the licensee must reactivate the license until the terms of the disciplinary action or restricted status have been terminated. Failure to reactivate a license when required by this paragraph shall constitute grounds for further disciplinary action.
  - (6) An inactive license may be reactivated at any time by submitting a written request to return to active status to the Council's office. When reactivating a license, a licensee must pay the renewal fee associated with the license. A license that has been reactivated is subject to the standard renewal schedule and requirements, including renewal and late fees. Notwithstanding the

foregoing, a license that is reactivated within 60 days of its renewal date will be considered as having met all renewal requirements and will be renewed for the next renewal period.

- (7) Any licensee reactivating a license from inactive status must provide proof of completion of the continuing education requirements for renewal of that particular license before reactivation will occur.
- (8) A licensee wishing to reactivate a license that has been on inactive status for four years or more must take and pass the relevant jurisprudence exam with the minimum acceptable score, unless the licensee holds another license on active status within the same profession.
- (c) Delinquent Status. A licensee who fails to renew a license for any reason when required is considered to be on delinquent status. Any license delinquent for more than 12 consecutive months shall expire. A licensee may not engage in the practice of the licensee's respective profession under a delinquent license. The Council may sanction a delinquent licensee for violations of its rules.
- (d) Restricted Status. Any license that is currently suspended, on probated suspension, or is currently required to fulfill some requirements in an agency order is a restricted license.
- (e) Retirement Status. A licensee who is on active or inactive status may retire the license by notifying the Council in writing prior to the renewal date for the license. A licensee with a delinquent status may also retire the license by notifying the Council in writing prior to the license expiring. However, a licensee with a pending complaint or restricted license may not retire the license. A licensee who retires a license shall be reported to have retired in good standing.
- (f) Resignation Status. A licensee may resign only upon express agreement with the Council.
- (g) Expired Status. A license that has been delinquent for more than 12 consecutive months or any inactive license that is not renewed or reactivated is considered to be expired.
- (h) Revoked Status. A revoked status results from a license being revoked pursuant to an agency order.

*Adopted to be effective: September 1, 2020*

**882.22. Reinstatement of a License.**

- (a) A person whose license has expired or been retired, revoked, or resigned, may apply for reinstatement of the license. A person seeking re-licensure must apply for reinstatement, rather than applying for a new license.

- (b) An application for reinstatement shall be in writing and in the form prescribed by the Council.
- (c) In the case of revocation or resignation, application for reinstatement shall not be made prior to one year after the effective date of the revocation or resignation or prior to any time period specified in the order of revocation or resignation. A person whose license was revoked under §108.053 may apply for reinstatement of the license if the person meets the requirements of §108.055 of the Occupations Code.
- (d) A person seeking reinstatement of a license shall appear before the Council or member board to answer any questions or address any concerns raised by the person's application if requested by a council or board member or the Executive Director. Failure to comply with this paragraph shall constitute grounds for denial of the application for reinstatement.
- (e) The Council may approve or deny an application for reinstatement, and in the case of a denial, the Council may also set a reasonable period that must elapse before another application may be filed. The Council may also impose reasonable terms and conditions that an applicant must satisfy before reinstatement of an unrestricted license.
- (f) An application for reinstatement of an expired, retired, revoked, or resigned license may be granted upon proof of each of the following:
  - (1) payment of the application fee;
  - (2) submission of a self-query report from the National Practitioner Data Bank (NPDB) reflecting any disciplinary history or legal actions taken against the applicant. A self-query report must be submitted to the agency in the sealed envelope in which it was received from the NPDB;
  - (3) a fingerprint based criminal history check which reflects no disqualifying criminal history;
  - (4) passage of any examinations required by a member board;
  - (5) documentation of any continuing education required by a member board; and
  - (6) submission of any other documentation or information requested in the application or which the Council or a member board may deem necessary in order to ensure the public's safety.
- (g) The Council will evaluate each of the following criteria when considering reinstatement of an expired, revoked, or resigned license:

- (1) circumstances surrounding the expiration, revocation, or resignation of the license;
  - (2) conduct of the applicant subsequent to the expiration, revocation, or resignation of the license;
  - (3) lapse of time since the expiration, revocation, or resignation of the license;
  - (4) compliance with all terms and conditions imposed by the Council or a member board in any previous order; and
  - (5) applicant's present qualification to practice the regulated profession based upon the history of related employment, service, education, or training, as well as the applicant's continuing education since the expiration, revocation, or resignation of the license.
- (h) Notwithstanding time limits on original applications and examinations found elsewhere in these rules, an applicant seeking reinstatement of a license must submit all required documentation and information, and successfully pass all required examinations within the period specified by the Council. Failure to do so shall result in the application for reinstatement expiring.

*Adopted to be effective: September 1, 2020*

**882.23. License Required to Practice.**

- (a) A person may not engage in or represent that the person is engaged in the practice of marriage and family therapy, professional counseling, psychology, or social work within this state, unless the person is licensed or otherwise authorized to practice by law.
- (b) A person is engaged in the practice of marriage and family therapy within this state if any of the criteria set out in §502.002(6) of the Occupations Code occurs either in whole or in part in this state.
- (c) A person is engaged in the practice of professional counseling within this state if any of the criteria set out in §503.003(a) of the Occupations Code occurs either in whole or in part in this state.
- (d) A person is engaged in the practice of psychology within this state if any of the criteria set out in §501.003(b) of the Occupations Code occurs either in whole or in part in this state.
- (e) A person is engaged in the practice of social work within this state if any of the criteria set out in §505.0025 of the Occupations Code occurs either in whole or in part in this state.

*Adopted to be effective: September 1, 2020*

**882.24. Authorized Practice of Marriage and Family Therapy Without a License.** Notwithstanding Rule §882.23 of this chapter, the activities or services described in §502.004 of the Licensed Marriage and Family Therapist Act are exempt from the Council's jurisdiction and do not require a license.

*Adopted to be effective: September 1, 2020*

**882.25. Authorized Practice of Professional Counseling Without a License.** Notwithstanding Rule §882.23 of this chapter, the activities or services described in Subchapter B of the Licensed Professional Counselor Act, together with the use of titles and descriptions of persons as contemplated therein, are exempt from the Council's jurisdiction and do not require a license.

*Adopted to be effective: September 1, 2020*

**882.26. Authorized Practice of Psychology Without a License.**

- (a) Notwithstanding Rule §882.23 of the chapter, the activities or services described in §501.004 of the Psychologists' Licensing Act are exempt from the Council's jurisdiction and do not require a license.
- (b) The activity or service of a post-doctoral fellow or resident in psychology is exempt from the Council's jurisdiction pursuant to §501.004(a)(2) of the Psychologists' Licensing Act if all of the following criteria are met:
  - (1) The person is enrolled in a formal post-doctoral program that is:
    - (A) accredited by the American Psychological Association (APA) or is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC); or
    - (B) substantially equivalent to a program described in subparagraph (A) of this paragraph;
  - (2) The activities or services take place under qualified supervision and are part of the formal post-doctoral program; and
  - (3) The person is designated as a psychological intern or trainee, or by another title that clearly indicates the person's training status.
- (c) A formal post-doctoral program which meets the following criteria will be considered substantially equivalent to an APA accredited or APPIC member program:
  - (1) An organized experience with a planned and programmed sequence of supervised training experiences.

- (2) A designated psychologist responsible for the program who possesses expertise or competence in the program's area.
- (3) Two or more licensed psychologists on staff, at least one designated as supervisor with expertise in area of practice.
- (4) A minimum of 2 hours per week of face-to-face supervision.
- (5) A minimum of 2 additional hours per week of learning activities.
- (6) A minimum of 25% of the fellow's time is spent providing professional psychological services.
- (7) Admission requirements that require the applicant to complete all professional degree requirements and a pre-doc internship, which at a minimum meets Council requirements.
- (8) A requirement that participants use titles such as intern, resident, fellow, or trainee.
- (9) Documentation describing the goals, content, organization, entrance requirements, staff, mechanisms for a minimum of 2 evaluations per year, and a statement that the program meets Texas' licensure requirements.
- (10) At a minimum, an informal due process procedure regarding deficiencies and grievances.
- (11) A written requirement for at least 1500 hours to be completed in not less than 9 months and not more than 24 months.

*Adopted to be effective: September 1, 2020*

**882.27. Authorized Practice of Social Work Without a License.**

Notwithstanding Rule §882.23, the activities or services described in §505.003 of the Social Work Practice Act are exempt from the Council's jurisdiction and do not require a license.

*Adopted to be effective: September 1, 2020*

**Subchapter C. Duties and Responsibilities.**

**882.30. Display of License.**

- (a) A licensee must display an official copy of the holder's license in a prominent place in the office, building, complex, or facility where services are delivered. An official copy of a license is the original or a copy issued by the Council bearing the state agency's seal.

- (b) In lieu of subsection (a) of this section, a person licensed under Chapter 501 or 505 may provide to a patient or client written notification of the holder's license number accompanied by instructions for verification of same.

*Adopted to be effective: September 1, 2020*

**882.31. Advertising Restriction.** Licensees may not authorize, use, or make any public statements or advertisements that are false, deceptive, misleading or fraudulent, either because of what they state, convey or suggest or what they omit concerning their own training, experience, supervision status, abilities or competence; their academic degrees; their credentials; their institutional or association affiliations; or their publications or research.

*Adopted to be effective: September 1, 2020*

**882.32. Duty to Update Name and Address.**

- (a) Applicants and licensees must update their name, main address, business address, email address, and phone number in the Council's online licensing system within 30 days of a change. The main address entered by an applicant or licensee must be capable of receiving mail addressed to the applicant or licensee from the agency. It is the responsibility of the individual to ensure the agency has the correct contact information for that individual.
- (b) Official agency correspondence will be sent to an applicant's or licensee's main address, unless otherwise required by law. The street address portion of an applicant's or licensee's main address will not be displayed in results returned from the online licensee search function, but will continue to be publicly available via the Public Information Act. Applicants and licensees may also enter a business address in the agency's online licensing system which will be displayed, without redaction, in public search results.
- (c) A name change request must be accompanied by a copy of a current driver's license, social security card, marriage license, divorce decree or court order reflecting the change of name.

*Adopted to be effective: September 1, 2020*

**882.33. Disclosure of Proprietary Examination Materials of Information Prohibited.** It is considered unprofessional conduct and grounds for disciplinary action, including denial of licensure or renewal, for any applicant or licensee to disclose the contents or any proprietary materials or information from the examinations utilized by the Council.

**882.34. Filing a False or Misleading Information with the Council.**

- (a) Applicants. Applicants are prohibited from providing false or misleading statements, information, or omissions in their applications, documents, and communications with the Council or member boards. For an infraction of this type, the Council may agree to process an application or other document pursuant to an eligibility order. For a serious infraction of this type that could lead to licensure of an unqualified person, the Council may deny licensure.
- (b) Licensees. The Council will open a complaint against a licensee for false or misleading statements, information, or omissions made in connection with an application, renewal, document, or other communication with the Council. For an infraction that led to the licensure or renewal of an unqualified person or a change in license status, the Council may revoke the license or deny any future renewal of the license.

*Adopted to be effective: September 1, 2020*

**882.35. Required Profile Information.** Pursuant to §2054.2606 of the Government Code, all licensed psychologists must establish and maintain a public profile within the profile system maintained by the Council. The licensee's profile must contain all of the following information:

- (1) the name of the license holder and the address and telephone number of the license holder's primary practice location;
- (2) whether the license holder's patient, client, user, customer, or consumer service areas, as applicable, are accessible to disabled persons, as defined by federal law;
- (3) the type of language translating services, including translating services for a person with impairment of hearing, that the license holder provides for patients, clients, users, customers, or consumers, as applicable;
- (4) if applicable, insurance information, including whether the license holder participates in the state child health plan under Chapter 62, Health and Safety Code, or the Medicaid program;
- (5) the education and training received by the license holder, as required by the licensing entity;
- (6) any specialty certification held by the license holder;
- (7) the number of years the person has practiced as a license holder; and

- (8) if applicable, any hospital affiliation of the license holder.

*Adopted to be effective: September 1, 2020*

**882.36. Compliance with State and Federal Law.** Licensees comply with all applicable state and federal laws affecting the practice of marriage and family therapy, professional counseling, psychology, or social work including, but not limited to:

- (1) Health and Safety Code, Chapter 611, Mental Health Records;
- (2) Family Code:
  - (A) Chapter 32, Consent to Medical, Dental, Psychological and Surgical Treatment,
  - (B) Chapter 153, Rights to Parents and Other Conservators to Consent to Treatment and Access to Child's Records, and
  - (C) Chapter 261, Duty to Report Child Abuse and Neglect;
- (3) Human Resource Code, Chapter 48, Duty to Report Elder Abuse and Neglect;
- (4) Civil Practice and Remedy Code, Chapter 81, Duty to Report Sexual Exploitation of a Patient by a Mental Health Services Provider;
- (5) Insurance Code as it relates to submission of billing and third-party payments for mental health services provided by a licensee;
- (6) Code of Criminal Procedure, Chapter 46B, Incompetency to Stand Trial, and Chapter 46C, Insanity Defense;
- (7) Occupations Code, Chapter 102, Solicitation of Patients; Chapter 104, Healing Art Practitioners; Chapter 105, Unprofessional Conduct; and Chapter 113, Mental Health Telemedicine and Telehealth Services;
- (8) Education Code, Chapter 51, Duty to Report Sexual Harassment and Assault, Dating Violence, and Stalking; and
- (9) 18 United States Code §1347 Health Care Fraud.

*Adopted to be effective: September 1, 2020*

## **Subchapter D. Criminal History and License Eligibility.**

**882.40. Criminal History Background Checks.**

- (a) Before the Council will issue a license, an applicant must undergo a fingerprint-based criminal history record check.

- (b) The Council may require a licensee to obtain an updated fingerprint-based criminal history record check at any time.
- (c) A licensee who was not required to undergo a fingerprint based criminal history record check as a condition of licensure, must undergo a fingerprint based criminal history check if directed by the Council as a condition for renewal of a license. A licensee may fulfill all other renewal requirements, but a report must be received by the Council from the Texas Department of Public Safety and the Federal Bureau of Investigation before a license will be renewed.
- (d) Applicants and licensees who hold a license issued by the Council or one of its member boards, and who underwent a fingerprint-based criminal history record check as part of the licensing process for that license, do not need to undergo another checks.

*Adopted to be effective: September 1, 2020*

**882.41. Criminal History Evaluation.**

- (a) In compliance with Chapter 53 of the Occupations Code, the Council will provide criminal history evaluation letters.
- (b) A person may request the Council provide a criminal history evaluation letter if the person is planning to enroll or is enrolled in an educational program that prepares the person for a license with this agency and the person has reason to believe that the person may be ineligible for licensure due to a conviction or deferred adjudication for a felony or misdemeanor offense.
- (c) The requestor must submit to the Council a completed application form requesting an evaluation letter, the required fee, and certified copies of court documentation about all convictions, deferred adjudications, or other final dispositions which may form the basis for the person's ineligibility.
- (d) Requestors must obtain a fingerprint criminal history record check after they have submitted an application for a criminal history evaluation letter.
- (e) The Council has the authority to investigate a request for a criminal history evaluation letter and may require the requestor to provide additional information about the convictions and other dispositions.
- (f) The Council will provide a written response to the requestor within 90 days of receipt of the request, unless a more extensive investigation is required or the requestor fails to comply with the Council's investigation.
- (g) In the absence of new evidence known to but not disclosed by the requestor or not reasonably available to the licensing

authority at the time the letter is issued, the Council's ruling on the request determines the requestor's eligibility with respect to the grounds for potential ineligibility set out in the letter.

*Adopted to be effective: September 1, 2020*

**882.42. Ineligibility Due to Criminal History.**

- (a) The Council may revoke or suspend a license, disqualify a person from receiving or renewing a license, or deny a person the opportunity to be examined for a license due to a felony or misdemeanor conviction, or a plea of guilty or nolo contendere followed by deferred adjudication, if the offense:
  - (1) is listed in Article 42A.054 of the Code of Criminal Procedure;
  - (2) was a sexually violent offense, as defined by Article 62.001 of the Code of Criminal Procedure; or
  - (3) directly relates to the duties and responsibilities of a licensee.
- (b) In determining whether a criminal conviction directly relates to the duties and responsibilities of a licensee, the agency shall consider the factors listed in §53.022 of the Occupations Code. Each member board shall determine which crimes are directly related to the duties and responsibilities of its licensees.
- (c) If the agency determines that a criminal conviction directly relates to the duties and responsibilities of a licensee, the agency must consider the factors listed in §53.023 of the Occupations Code when determining whether to suspend or revoke a license, disqualify a person from receiving a license, or deny a person the opportunity to take a licensing examination. It shall be the responsibility of the applicant or licensee to provide documentation or explanations concerning each of the factors listed in the law. Any documentation or explanations received will be considered by the agency when deciding whether to suspend or revoke a license, disqualify a person from receiving a license, or deny a person the opportunity to take a licensing examination.
- (d) Notwithstanding any schedule of sanctions adopted by the Council or a member board, the Council shall:
  - (1) revoke a license due to a felony conviction under §35A.02 of the Penal Code, concerning Medicaid fraud, in accordance with §36.132 of the Human Resources Code;
  - (2) revoke or suspend a license for unprofessional conduct in accordance with §105.002 of the Occupations Code; and

- (3) revoke a license due to a license holder's imprisonment following a felony conviction, felony community supervision revocation, revocation of parole, or revocation of mandatory supervision.
- (e) In accordance with Chapter 108 of the Occupations Code, an application for licensure as a psychologist or social worker will be denied if the applicant:
  - (1) is required to register as a sex offender under Chapter 62 of the Code of Criminal Procedure;
  - (2) has been previously convicted of or placed on deferred adjudication for the commission of a felony offense involving the use or threat of force; or
  - (3) has been previously convicted of or placed on deferred adjudication for the commission of an offense:
    - (A) under §§22.011, 22.02, 22.021 or 22.04 of the Penal Code, or an offense under the laws of another state or federal law that is equivalent to an offense under one of those sections;
    - (B) during the course of providing services as a health care professional; and
    - (C) in which the victim of the offense was a patient.
- (f) A person whose application was denied under subsection (e) of this section may reapply for licensure if the person meets the requirements of §108.054 of the Occupations Code.
- (g) In accordance with §108.053 of the Occupations Code, the Council shall revoke the license of a psychologist or social worker if the licensee is:
  - (1) convicted or placed on deferred adjudication for an offense described by subsection (e)(2) or (3) of this section; or
  - (2) required to register as a sex offender under Chapter 62 of the Code of Criminal Procedure.
- (h) The Council will provide notice to a person whose application has been denied due to criminal history as required by §53.0231 and §53.051 of the Occupations Code.

*Adopted to be effective: September 1, 2020*

## **Subchapter E. Continuing Education.**

### **882.50. Continuing Education and Audits.**

- (a) All persons issued a license by the Council are obligated to continue their professional education by completing a minimum amount of continuing education during each renewal period that they hold a license from this agency. The

specific continuing education requirements for a license holder will be determined by the member board authorized to set those requirements.

- (b) The Council conducts two types of audits regarding continuing education. Licensees shall comply with all agency requests for documentation and information concerning compliance with continuing education requirements.
  - (1) Random audits. Each month, 10% of the licensees will be selected by an automated process for an audit of the licensee's compliance with the agency's continuing education requirements. The agency will notify a licensee of the audit. Upon receipt of an audit notification, a licensee must submit continuing education documentation through the agency's online licensing system, or by fax, email, or regular mail before a license will be renewed.
  - (2) Individualized audits. The Council may also conduct audits of a specific licensee's compliance with its continuing education requirements at any time the agency determines there are grounds to believe that a licensee has not complied with the requirements of this rule. Upon receipt of notification of an individualized audit, the licensee must submit all requested documentation within the time period specified in the notification.

*Adopted to be effective: September 1, 2020*

## **Subchapter F. Licensing Provisions Related To Military Service Members, Veterans, and Military Spouses.**

### **882.60. Special Provisions Applying to Military Service Members, Veterans, and Spouses.**

- (a) The Council adopts by reference the definitions set forth in Chapter 55 of the Occupations Code.
- (b) A license may be issued to a military service member, military veteran, or military spouse upon proof of one of the following:
  - (1) the applicant holds a current license in another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for the license sought in this state; or
  - (2) within the five years preceding the application date, the applicant held the license sought in this state.

- (c) An applicant applying as a military spouse must submit proof of marriage to a military service member.
- (d) Each member board shall develop and maintain a method for determining substantial equivalency under subsection (b) of this section.
- (e) As part of the application process, the Executive Director may waive any prerequisite for obtaining a license, other than the requirements in subsection (b) of this section, the jurisprudence examination, and the fingerprint criminal history background check, if it is determined that the applicant's education, training, and experience provide reasonable assurance that the applicant has the knowledge and skills necessary for entry-level practice under the license sought. When making this determination, the Executive Director must consult with the relevant member board or its designated application or licensing committee and consider the board's or committee's input and recommendations. In the event the Executive Director does not follow a recommendation of the board or committee, the Executive Director must submit a written explanation to the board or committee explaining why its recommendation was not followed. No waiver may be granted where a military service member or military veteran holds a license issued by another jurisdiction that has been restricted, or where the applicant has a disqualifying criminal history.
- (f) Each member board may develop and maintain alternate methods for a military service member, military veteran, or military spouse to demonstrate competency in meeting the requirements for obtaining a license.
- (g) Each member board shall develop and maintain a method for applying credit toward license eligibility requirements for applicants who are military service members or military veterans with verifiable military service, training, or education. An applicant may not receive credit toward licensing requirements under this subsection if the applicant holds another license that has been restricted, or the applicant has a disqualifying criminal history.
- (h) The initial renewal date for a license issued pursuant to this rule shall be set in accordance with the agency's rule governing initial renewal dates.

*Adopted to be effective: September 1, 2020*

**882.61. Special Licensing Provisions for Military Spouses.**

- (a) A military spouse shall be issued a license to marriage and family therapy, professional counseling, practice psychology,

or social work if the person meets each of the following requirements:

- (1) the spouse notifies the Council on an agency approved form, of the spouse's intent to practice a particular profession in this state;
  - (2) the spouse provides verification of licensure in good standing in another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for licensure in this state;
  - (3) the spouse submits a copy of the law reflecting the current licensing standards for the relevant profession in the state where the spouse is licensed, with the relevant portions highlighted for easy reference;
  - (4) the spouse submits proof of residency in this state and a copy of the spouse's military identification card; and
  - (5) the Council provides confirmation to the spouse that it has verified the spouse's license in the other jurisdiction and that the spouse is authorized to practice a particular profession.
- (b) The Council shall determine substantial equivalency based upon the determinations made by the member boards under subsection §882.60(d) of this chapter.
- (c) The Council may rely upon the following when verifying licensure under this subsection: official verification received directly from the other jurisdiction, a government website reflecting active licensure and good standing, or verbal or email verification directly from the other jurisdiction.
- (d) A military spouse issued a license under this rule is subject to all laws and regulations in the same manner as a regularly licensed provider.
- (e) A license issued under this rule is valid while the holder's spouse is stationed at a military installation in this state or for three years from the date of issuance, whichever is less. A license issued under this rule cannot be renewed or extended.

*Adopted to be effective: September 1, 2020*

## **Subchapter G. Emergency Temporary License.**

### **882.70. Emergency Temporary License.**

- (a) The Council shall issue an emergency temporary license to practice marriage and family therapy, professional counseling, psychology, or social work if:
- (1) the Governor declares a disaster under §418.014 and issues a proclamation in accordance with Government

- Code §418.016 suspending regulatory statutes and rules which would prevent, hinder, or delay necessary action in coping with the declared disaster;
- (2) the Executive Director determines that enacting these emergency licensing provisions are necessary in that disaster area; and
  - (3) the applicant meets the requirements set forth herein below.
- (b) An emergency temporary license issued pursuant to this rule will expire thirty (30) days after issuance or upon termination of the state of disaster, whichever occurs first.
  - (c) An emergency temporary license issued pursuant to this rule is valid only for the practice of marriage and family therapy, professional counseling, psychology, or social work within the disaster area designated by the governor.
  - (d) To be eligible for an emergency temporary license, an applicant must:
    - (1) submit an application in the form prescribed by the Council; and
    - (2) submit written verification that the applicant is actively licensed, certified, or registered to practice, marriage and family therapy, professional counseling, psychology, or social work in another jurisdiction and that the licensure, certification, or registration is in good standing.
  - (e) For purposes of subsection (d) of this section, the term "good standing" means there is not current disciplinary action on the out-of-state license, certification, or registration.
  - (f) An emergency temporary license may be renewed in thirty (30) day increments if the disaster declaration has not expired or been terminated. To renew a license, an individual must submit a renewal application on a board-approved form on or before the license expiration date.
  - (g) An individual practicing under an emergency temporary license must:
    - (1) display a copy of the emergency temporary license in a conspicuous location when delivering services, or provide written notification of the license number and instructions on how to verify the status of a license when initiating services with a patient or client;
    - (2) provide notification to the public and the patient or client regarding how a complaint may be filed with the Council; and
    - (3) comply with all other applicable Council rules.
  - (h) There is no fee associated with the application, issuance, or renewal of an emergency temporary license.

*Adopted to be effective: September 1, 2020*

# RENEWALS

## Subchapter A. General Provisions.

### 883.1. **Renewal of a License.**

- (a) All licenses subject to the jurisdiction of the Council are renewable on a biennial basis and must be renewed online.
- (b) Renewals are due on the last day of the license holder's birth month, but may be completed up to 60 days in advance.
- (c) Licensees must pay all applicable renewal and late fees, indicate compliance with any continuing education requirements, and comply with any other requests for information or requirements contained within the online renewal system as a prerequisite for renewal of a license.
- (d) In addition to the requirements of subsection (c) of this section, licensees must also show compliance with each of the following as a condition of renewal:
  - (1) provide or update the standardized set of information about their training and practices required by §105.003 of the Health and Safety Code; and
  - (2) affirm or demonstrate successful completion of a training course on human trafficking prevention described by §116.002 of the Occupations Code.
- (e) Licensed psychologists must update their online profile information when renewing their license.
- (f) A license may not be renewed until a licensee has complied with the requirements of this rule.
- (g) A licensee who falsely reports compliance with continuing education requirements on his or her renewal form or who practices with a license renewed under false pretenses will be subject to disciplinary action.
- (h) Licensees will be sent notification of their approaching renewal date at least 30 days before their renewal date. This notification will be sent to the licensee's main address via first class mail. Responsibility for renewing a license rests exclusively with the licensee, and the failure of the licensee to receive the reminder notification from the Council shall not operate to excuse a licensee's failure to timely renew a license or any unlawful practice with a subsequent delinquent license.

*Adopted to be effective: September 1, 2020*

**883.2. Initial License Renewal Dates.**

- (a) The license expiration date for a license issued by this agency is the last day of the licensee's birth month.
- (b) The initial renewal date for a license issued or reinstated by this agency shall be set as follows:
  - (1) A license issued or reinstated within 180 days prior to the last day of a licensee's birth month shall be set for renewal on the next expiration date following a period of two years from the date of issuance or reinstatement.
  - (2) A license issued or reinstated more than 180 days prior to the last day of a licensee's birth month shall be set for renewal on the next expiration date following a period of one year from the date of issuance or reinstatement.
- (c) Following the initial renewal dates set forth in subsection (b) of this section, a license shall become subject to the standard renewal schedule and requirements.
- (d) Notwithstanding subsection (b) of this section, for individuals with more than one license from a member board, the initial renewal date for a newly issued or reinstated license shall coincide with the individual's existing license renewal date.

*Adopted to be effective: September 1, 2020*

**883.3. Nonrenewal for Failure to Pay Child Support.**

- (a) The Council shall, in accordance with §232.0135 of the Family Code, refuse to renew a license if the Council receives notice from a child support agency that the licensee has failed to pay child support under a support order for six months or more and the child support agency requests the Council to deny the renewal of an existing license.
- (b) Following receipt of notice from a child support agency, the Council may not renew a license until the child support agency has notified the Council that the licensee has met one or more of the requirements set out in §232.0135(b) of the Family Code.
- (c) The Council may charge the licensee a fee equal to the renewal fee for a denial under this rule.

*Adopted to be effective: September 1, 2020*

## **Subchapter B. Renewal Provisions For Military Personnel.**

### **883.10. Renewal Terms for Military Personnel on Active Duty.**

- (a) Licensees serving on active duty, as defined by §55.001 of the Occupations Code, may request a waiver from the continuing education requirements and renewal fees associated with the renewal of their license. Licensees who submit a written request to the Council prior to their renewal date each renewal period, and provide the Council with official verification of active duty status during their renewal period, will be granted a waiver from the continuing education requirements and renewal fees associated with the renewal of their license for that renewal period.
- (b) Licensees with an expired or delinquent license may request their license be reinstated or returned to active status if they would have been eligible for a waiver under subsection (a) of this section prior to their license expiring or becoming delinquent. Licensees seeking relief under this subsection must do so within two years of their license becoming delinquent.

*Adopted to be effective: September 1, 2020*

# COMPLAINTS AND ENFORCEMENT

## Subchapter A. Filing A Complaint.

### 884.1. **Timeliness of Complaints.**

- (a) A complaint not involving sexual misconduct will be considered timely if brought within five years of the date of the termination of professional services.
- (b) A complaint alleging sexual misconduct will be considered timely if brought within seven years after the date of termination of services or within five years of the patient, client or recipient of services reaching the age of majority, whichever is greater.
- (c) A complaint arising out of a matter required to be reported to the Council pursuant to rule §884.32 of this chapter, will be considered timely if brought within five years of the date the matter is reported to the Council. Limitations shall not begin to run for any such complaint until the matter is reported in accordance with Council rules.

*Adopted to be effective: September 1, 2020*

### 884.2. **Standardized Complaint Form.** All complaints must be submitted on the Council-approved complaint form. The complaint form shall be obtained free of charge from the Council's website or by requesting a copy from the Council.

*Adopted to be effective: September 1, 2020*

### 884.3. **Special Requirements for Complaints Alleging Violations Related to Court Ordered Evaluations.**

- (a) A person who seeks to file a complaint alleging a statutory or rule violation arising out of or related to a court ordered evaluation (e.g. child custody evaluation, adoption evaluation, competency or insanity evaluation, psychological evaluation) must, in addition to submitting a Council-approved complaint form, comply with the requirements of this rule when filing a complaint. This rule does not apply to evaluations conducted in administrative proceedings before a state or federal agency.
- (b) A complaint subject to this rule may not be filed prior to entry of judgment or final order by the trial court, or alternatively, prior to dismissal of the case. A complaint received by the Council prior to these specified events will be dismissed by staff as premature. A complaint dismissed as

premature may be resubmitted as a new complaint upon the occurrence of one of these events.

- (c) A complaint subject to this rule will be considered timely filed if brought within the time period specified by the general rule governing timeliness of complaints or within one year of the relevant event specified in subsection (b) of this section, whichever is greater.
- (d) A complaint subject to this rule must include the following documentation or information:
  - (1) A copy of the court order appointing the licensee to conduct the evaluation, or alternatively, a transcript or excerpt therefrom or written statement from an attorney-of-record in the case reflecting the licensee's appointment;
  - (2) A copy of the licensee's expert report, or a statement that no such report was produced or provided;
  - (3) A copy of any judgment, final order, or dismissal entered by the trial court; and
  - (4) A copy of any documents provided by the licensee describing the costs of services, the nature of the services provided, as well as any limitations associated with those services, or a statement that no such documents were provided.
- (e) A complaint that does not substantially comply with subsection (d) of this section shall be dismissed by agency staff. A complaint may be held open for no more than 30 days following notice to the complainant regarding any such deficiency, after which, agency staff shall dismiss the complaint if the deficiency is not cured.
- (f) A complaint subject to this rule shall be dismissed unless the complainant can show:
  - (1) The licensee was disqualified or struck as an expert witness by the trial court;
  - (2) The licensee's opinion or inferences (i.e. testimony or report) complained of were ruled inadmissible by the trial court;
  - (3) A curriculum vitae and written report by an expert that provides a fair summary of the expert's opinions regarding the applicable law governing the licensee's expert opinion or report (i.e. standard of care) and the manner in which the licensee failed to meet the requirements of the applicable law. The report must come from an expert qualified to render an expert opinion under Texas law on the relevant subject;
  - (4) A letter from an attorney licensed to practice law in Texas setting forth the applicable law governing the

- licensee's expert opinion or report and reflecting an opinion as to the manner in which the licensee failed to meet the requirements of the applicable law; or
- (5) The agency would be likely to prevail at a hearing before SOAH based upon the information provided.

*Adopted to be effective: September 1, 2020*

**884.5. Complaints Alleging Violation of Court Orders or Education Law.**

- (a) A person who seeks to file a complaint alleging a violation of a court order in connection with the delivery of services by a licensee must, in addition to submitting a Council-approved complaint form, submit a certified copy of the court order violated and a certified copy of the judgment, order, or minutes of the court reflecting a finding of violation by the licensee. A complaint subject to this rule not in strict compliance with this requirement will be dismissed by agency staff.
- (b) Complaints Involving Standard of Care Issues in Schools:
  - (1) An individual wishing to file a complaint against a licensee for any matter relating to the identification, evaluation, or educational placement of or the provision of a free appropriate public education to a student, must first exhaust all administrative remedies available to that individual under 19 TAC §89.1150 of the Commissioner's Rules Concerning Special Education Services, Texas Education Agency. An individual that has gone through a due process hearing with the Texas Education Agency will be considered to have exhausted all administrative remedies.
  - (2) For purposes of this rule, limitations shall not begin to run until all of the administrative remedies referenced in paragraph (1) of this subsection have been exhausted.
  - (3) Notwithstanding paragraph (1) of this subsection, an individual employed or contracted by the same public or private school as the licensee may file a complaint covered by paragraph (1) of this subsection regardless of whether any administrative remedies available under state or federal education law are utilized by the parent or legal guardian of a student. A complaint brought under this provision shall be subject to the rule of limitations.
  - (4) This rule shall not operate to preclude any individual from filing a complaint against a licensee for any

matter other than those described in paragraph (1) of this subsection, nor shall it operate to limit the Council's ability to bring a complaint for any matter within the agency's jurisdiction.

*Adopted to be effective: September 1, 2020*

**884.6. Protections Based on Affiliation with Religious Organizations.**

In accordance with Chapter 2400 of the Government Code, the Council and member boards may not initiate or take disciplinary action, including eligibility proceedings, against applicants or licensees based wholly or partly on the person's membership in, affiliation with, or contribution, donation, or other support provided to a religious organization.

*Adopted to be effective: September 1, 2020*

## **Subchapter B. Investigations and Disposition of Complaints.**

**884.10. Investigation of Complaints.**

- (a) The following priority rating system shall serve to distinguish between categories of complaints. The priority rating system is as follows:
  - (1) cases involving a probability of imminent physical harm to the public or a member of the public;
  - (2) cases involving sexual misconduct;
  - (3) cases involving applicants for licensure; and
  - (4) cases involving all other violations of state or federal law.
- (b) The Enforcement Division shall investigate all complaints in a timely manner. A schedule shall be established for conducting each phase of a complaint that is under the control of the Council not later than the 30th day after the date the complaint is received. The schedule shall be kept in the information file of the complaint, and all parties shall be notified of the projected time requirements for pursuing the complaint. A change in the schedule must be noted in the complaint information file, and all parties to the complaint must be notified in writing not later than the seventh day after the date the change is made.
- (c) The Council may accept, but is not obligated to investigate, a complaint that lacks sufficient information to identify the source or the name of the person who filed the complaint.
- (d) A complainant may explain the allegations made in the complaint by attaching or including with the complaint any

evidence the complainant believes is relevant to a determination of the allegations, including written statements or communications, medical or mental health records, recordings, photographs, or other documentary evidence.

- (e) A review will be conducted upon receipt of a complaint to determine if the Council has jurisdiction over the complaint, and if so, whether the complaint states an allegation which, if true, would constitute a violation of the Council's rules or other law within the jurisdiction of the Council.
- (f) Complaints that do not state a violation of a law within the jurisdiction of the Council shall be dismissed. If the complaint alleges a violation of a law within the jurisdiction of another agency, the complaint will be referred to that agency as required or allowed by law.
- (g) Complaints that state a violation of a law within the jurisdiction of the Council shall be investigated by an investigator assigned by the Enforcement Division.
- (h) Licensees will receive written notice of any alleged complaint(s), including specific information regarding any violation(s) encountered. Notice to a licensee is effective and service is complete when sent by registered or certified mail to the licensee's address of record at the time of the mailing.
- (i) Following completion of the investigation, an investigation report shall be drafted. This report shall include a recommendation as to whether the investigation has produced sufficient evidence to establish probable cause that a violation has occurred.
- (j) The Enforcement Division Manager (or the manager's designee) and legal counsel shall review the investigation report to determine if there is probable cause that a violation occurred.
- (k) A complaint for which the staff determines probable cause exists shall be referred for an informal conference by agency staff or a member board's Disciplinary Review Panel. Agency staff shall send the respondent notice of the date and time of the informal conference.
- (l) A complaint for which staff or a Disciplinary Review Panel determines that probable cause does not exist shall be referred for dismissal.
- (m) The services of a private investigator shall be retained only in the event that staff investigator positions are vacant or inadequate to provide essential investigative services. The services of a private investigative agency shall be obtained in accordance with the state's procurement procedures.

- (n) If a complainant or respondent are represented by an attorney, any notice or service required by law shall be made upon the attorney at the attorney's last known address.

*Adopted to be effective: September 1, 2020*

**884.11. Informal Conferences.**

- (a) The purpose of an informal conference shall be to provide the complainant with an opportunity to be heard, the respondent with an opportunity to show compliance with the law, and for the agency staff or Disciplinary Review Panel to make a recommendation regarding the informal disposition of the complaint. An informal disposition may be made of any complaint by stipulation, conditional letter of agreement, agreed or consent order, or dismissal.
- (b) Agency staff may conduct an informal conference if counsel for the agency reasonably believes that expert testimony is not required to prove a violation of a standard of care or the scope of practice for the profession. Agency staff shall exercise reasonable control over the mode and order of the appearance by the parties, the presentation of witnesses and evidence, and the overall order and decorum during the proceedings. Complainants and respondents will be provided an opportunity to be heard by staff, at a time separate and apart from the other.
- (c) A Disciplinary Review Panel shall consist of not more than three board members selected by the member board. The panel shall confer with each other and select a chair for the informal conference. The panel chair shall exercise reasonable control over the mode and order of the appearance by the parties, the presentation of witnesses and evidence, and the overall order and decorum during the proceedings. Complainants and respondents will be provided an opportunity to be heard by the panel, at a time separate and apart from the other.
- (d) Complainants and respondents may appear with legal counsel at informal conferences and shall be provided with an opportunity to present witnesses and any evidence they believe is relevant to a determination of the allegations, including written statements or communications, medical or mental health records, recordings, photographs, or other documentary evidence.
- (e) Complainants and respondents are encouraged to attend informal conferences, but attendance is voluntary.
  - (1) Failure by a respondent to attend an informal conference does not constitute professional misconduct or failure to cooperate with a Council

investigation, but a respondent is not entitled to a new or additional informal conference if agency staff or the panel makes a disciplinary recommendation regarding the licensee in absentia.

- (2) Failure by a complainant to attend an informal conference may result in a recommendation for dismissal of the complaint.
- (f) A complaint which is not dismissed or resolved by agreement following an informal conference, shall be filed as a contested case with the State Office of Administrative Hearings.
- (g) An attorney for the agency must be present at all informal conferences.
- (h) Informal conferences are not open meetings subject to Chapter 551 of the Government Code and no formal record of the proceedings shall be made or maintained.
- (i) The Council finds and declares that informal conferences are part of the confidential complaint and investigation process, and as such, the Disciplinary Review Panel and agency staff shall take any and all steps necessary to ensure the confidentiality of informal conferences in accordance with §507.205 of the Occupations Code.

*Adopted to be effective: September 1, 2020*

**884.12. Complaint Disposition.**

- (a) The Council must approve and enter all final orders following a contested case before SOAH or where no agreement exists between the agency and the respondent regarding the disposition of a contested enforcement related matter. However, each member board shall be responsible for reviewing complaints involving the standard of care, ethical guidelines, or scope of practice following a contested case before SOAH and making a recommendation to the Council regarding the final disposition. A recommendation from a member board must include any recommended modifications to the findings of fact and conclusions of law in the PFD, as well as the recommended sanction. A proposed final order reflecting a member board's recommendations shall satisfy the requirements of this rule.
- (b) The Council shall review recommendations from member boards for anti-competitive impacts, administrative consistency, and good governance concerns. The Council may not substitute its judgment in contested enforcement matters for that of a member board where, in the Council's determination, none of the aforementioned concerns are present.

- (c) The Council may solicit input from and request the assistance of a member board when considering a contested enforcement matter if there are concerns about the standard of care or ethical practice shown by a licensee. The Council may specify the format of the input and assistance requested to satisfy the requirements of this rule.
- (d) Each member board is authorized to dismiss complaints and approve and enter agreed final orders and informal dispositions; Council ratification is not required. The Executive Director shall report the number of dismissals and agreed orders entered under this rule at Council meetings.
- (e) Disposition by the Executive Director.
  - (1) The Executive Director is authorized to:
    - (A) dismiss a complaint if the investigator and legal counsel agree that a violation did not occur or that the agency lacks jurisdiction over the complaint;
    - (B) dismiss a complaint recommended for dismissal by a Disciplinary Review Panel;
    - (C) dismiss a complaint following a contested case hearing before SOAH where the ALJ finds no violation of the law has occurred;
    - (D) accept the voluntary resignation of a license;
    - (E) offer, approve, and enter agreed orders if the disciplinary sanction imposed complies with the disciplinary guidelines and relevant schedule of sanctions; and
    - (F) enter an order suspending a license upon receipt of an order suspending a license issued under Chapter 232 of the Family Code. Council ratification is not required.
  - (2) The Executive Director shall report the number of agreed orders, dismissals, resignations, and suspensions ordered, along with a brief summary of the basis for each, to the Council and relevant member board at the next regular meeting.
  - (3) The Executive Director must, when offering an agreed order or resignation order prior to an informal conference, advise the respondent of the right to an informal conference and that the matter will be set for an informal conference if requested or if an informal disposition cannot be agreed upon.
- (f) Any person who files a complaint will be notified of the disposition of the complaint. A person who filed a complaint that is dismissed will be notified of the dismissal by letter and the letter will reflect the legal basis or reason for the

dismissal. A person who filed a complaint resulting in disciplinary action will be sent a copy of the Council's final order.

*Adopted to be effective: September 1, 2020*

## **Subchapter C. Disciplinary Guidelines and Schedule of Sanctions.**

### **884.20. Disciplinary Guidelines and General Schedule of Sanctions.**

- (a) Purpose. These disciplinary sanction guidelines are designed to provide guidance in assessing sanctions for violations of the Occupations Code, Chapter 507, and the Council's rules. The purpose of disciplinary sanctions is to protect the public, deter future violations, offer opportunities for rehabilitation if appropriate, punish violators, and deter others from violations. These guidelines are intended to promote consistent sanctions for similar violations, facilitate timely resolution of cases, and encourage settlements.
- (1) Single Violation. The standard disciplinary sanctions outlined in the applicable schedule of sanctions shall apply to cases involving a single violation, and in which there are no aggravating or mitigating factors.
  - (2) Multiple Violations. The Council may impose more severe or restrictive sanctions for multiple violations.
  - (3) Aggravating and Mitigating Factors. The Council may impose more or less severe or restrictive sanctions, based on any aggravating and/or mitigating factors that are found to apply in a particular case.
  - (4) The standard and minimum disciplinary sanctions outlined below are applicable to persons who are being sanctioned for the first time. The Council may consider more severe or restrictive sanctions if the persons have had sanctioned assessed against them previously.
  - (5) The maximum disciplinary sanction in all cases is revocation of the license, which may be accompanied by an administrative penalty of up to \$5,000 per violation. In accordance with §507.352 of the Occupations Code, each day the violation continues or occurs is a separate violation.
  - (6) Each violation constitutes a separate offense, even if arising out of a single act.
  - (7) Failure to list a specific violation or Council rule in this rule does not prevent the Council from taking disciplinary action for such a violation.

- (8) If a sanction for a violation of state or federal law is not listed in this rule, or specifically stated elsewhere, the sanction shall be a reprimand and administrative penalty.
- (9) Notwithstanding paragraph (8) of this subsection, the Council will evaluate and determine the appropriate sanction for a licensee with a qualifying criminal conviction in accordance with §53.021 of the Occupations Code.
- (10) The Council may combine an administrative penalty with another standard disciplinary sanction to protect the public or deter future violations.
- (b) Standard Disciplinary Sanctions. The Council may impose the following disciplinary sanctions which are listed in descending order of severity:
- (1) Revocation;
  - (2) Suspension for a definite period of time;
  - (3) Suspension plus probation of any or all of the suspension period;
  - (4) Probation of the license for a definite period of time;
  - (5) Reprimand; and
  - (6) Administrative penalty.
- (c) The following standard disciplinary sanctions shall apply to violations of:

<b><u>Council Rule or Violation</u></b>	<b><u>Revocation</u></b>	<b><u>Suspension</u></b>	<b><u>Probated Suspension</u></b>	<b><u>Reprimand</u></b>	<b><u>Administrative Penalty</u></b>
§882.30 Display of License					X
§882.31 Advertising Restrictions				X	
§882.32 Duty to Update Name and Address					X
§882.33 Disclosure of Proprietary Examination Materials or Information Prohibited		X			
§882.34 Filing of False or Misleading Information with the Council		X			
§884.30 Cooperation with Council Investigations		X			
§884.31 Notice to the Public of Complaint Process					X
§884.32 Reportable Legal Action and Discipline					X

- (d) Additional Conditions. The Council may impose additional conditions or restrictions upon a license deemed necessary to facilitate the rehabilitation and education of the licensee and to protect the public, including but not limited to:

- (1) Consultation with the licensee on matters of ethics rules, laws and standards of practice by a licensed professional approved by the Council;
  - (2) Restrictions on the licensee's ability to provide certain types of services or to provide services to certain classes of patients;
  - (3) Restrictions on the licensee's supervision of others in a particular area of practice;
  - (4) Completion of a specified number of continuing education hours on specified topics approved in advance by the Council in addition to any minimum number required of all licensees as a condition of licensure;
  - (5) Taking and passing with the minimum required score of any examination required by the Council of a licensee; and
  - (6) Undergoing a psychological or medical evaluation by a qualified professional approved in advance by the Council and undergoing any treatment recommended pursuant to the evaluation.
- (e) Aggravating Factors. Aggravating factors are those which may increase the severity of unprofessional conduct, justifying the imposition of a more severe penalty. Such factors include, but are not limited to the following:
- (1) Physical or emotional harm and the type and severity thereof;
  - (2) Economic harm to any individual or entity and the severity thereof;
  - (3) Increased potential for harm to the public;
  - (4) Attempted concealment of misconduct;
  - (5) Premeditated conduct;
  - (6) Intentional misconduct;
  - (7) Prior written warnings or written admonishments from any supervisor or governmental agency or official regarding statutes or regulations pertaining to the licensee's practice;
  - (8) Prior misconduct of a similar or related nature;
  - (9) Disciplinary history;
  - (10) Likelihood of future misconduct of a similar nature;
  - (11) Violation of a Council order;
  - (12) Failure to implement remedial measures to correct or alleviate harm arising from the misconduct;
  - (13) Lack of rehabilitative effort or potential; and
  - (14) Improper or inappropriate motive.

- (f) Mitigating Factors. Mitigating factors are those which may reduce the severity of unprofessional conduct. Such factors include, but are not limited to the following:
  - (1) Acceptance of responsibility;
  - (2) Self-reporting of unprofessional conduct;
  - (3) Implementation of remedial measures to correct or mitigate harm arising from the unprofessional conduct;
  - (4) Good-faith motive;
  - (5) Rehabilitative efforts or potential; and
  - (6) Prior community service.

*Adopted to be effective: September 1, 2020*

**884.21. Assessment of Sanction.** The Council, subject to §507.306 of the Occupations Code, has the exclusive authority to assess sanctions against licensees who are found to have violated a law within its jurisdiction. While the Council will consider an ALJ's recommendations as to the sanctions to be imposed, it is not bound by such recommendations. The appropriate sanction is not a proper finding of fact or conclusion of law, and the determination of the appropriate sanction is reserved to the Council based upon the relevant schedule of sanctions and record in a contested case.

*Adopted to be effective: September 1, 2020*

## **Subchapter D. Duties and Responsibilities.**

**884.30. Cooperation with Council Investigations.** Licensees must cooperate with and respond to Council investigations. Failure to cooperate or respond may serve as grounds for a Council-initiated complaint and disciplinary action.

*Adopted to be effective: September 1, 2020*

**884.31. Notice to the Public of Complaint Process.**

- (a) Licensees shall provide notice to the public (e.g., patients, clients) that complaints can be filed with the Council by any of the following methods:
  - (1) on a registration form, application, written contract for services, or other intake paperwork required by licensees prior to delivering services;
  - (2) on a sign prominently displayed in the licensee's place of business or location where services are delivered. The sign must be printed on paper of no less than 8-1/2 inches by 11 inches in size;
  - (3) in a prominent and easily accessible location on the licensee's website; or

- (4) in a bill for services.
- (b) The notice required by this rule must include the Council's name, mailing address, and telephone number, as well as the following statement:

### **NOTICE TO CLIENTS**

The Texas Behavioral Health Executive Council investigates and prosecutes professional misconduct committed by marriage and family therapists, professional counselors, psychologists, psychological associates, social workers, and licensed specialists in school psychology.

Although not every complaint against or dispute with a licensee involves professional misconduct, the Executive Council will provide you with information about how to file a complaint.

Please call 1-800-821-3205 for more information.

*Adopted to be effective: September 1, 2020*

#### **884.32. Reportable Legal Action and Discipline.**

- (a) Licensees are required to report legal actions as follows:
  - (1) Any conviction, sentence, dispositive agreement, or order placing the licensee on community supervision or pretrial diversion, must be reported in writing to the Council within thirty days of the underlying event. A report must include the case number, court, and county where the matter is filed, together with a description of the matter being reported. A licensee shall provide copies of court documents upon request from agency staff.
  - (2) Any lawsuit brought by or against a licensee concerning or related to the delivery of services regulated by this agency or billing practices by the licensee. A report must include a copy of the initial pleading filed by or served upon the licensee, and must be submitted to the Council within thirty days of either filing by or service upon the licensee.
  - (3) Any administrative or disciplinary action initiated against a licensee by another health regulatory agency in this state or any other jurisdiction, or any agency or office within the federal government, must be reported to the Council by sending notification of the action within thirty days of the licensee receiving notice of the action. A report must include a copy of any complaint, notice of violation, or other documentation received by the licensee from the initiating entity which describes

the factual basis for the action. A licensee must also supplement this report to the Council with a copy of any order, letter, or determination setting forth the final disposition of the matter within thirty days following the final disposition.

- (b) A complaint shall be opened if a reported criminal action constitutes grounds for disciplinary action under applicable state or federal law. A complaint may be opened if a reported civil action constitutes grounds for disciplinary action under Council rules.
- (c) Reciprocal Discipline:
  - (1) A complaint may be opened upon receipt of a report of discipline against a licensee by another health licensing agency in this state or any other jurisdiction.
  - (2) The Council may impose disciplinary action on a licensee according to its own schedule of sanctions for the conduct forming the basis of the other health licensing agency's disciplinary action.
  - (3) A voluntary surrender of a license in lieu of disciplinary action or during an investigation by another health licensing agency constitutes disciplinary action under this rule.

*Adopted to be effective: September 1, 2020*

## **Subchapter E. License Suspension.**

### **884.40. Temporary Suspension of a License.**

- (a) In accordance with §507.302 of the Occupations Code, a license shall be temporarily suspended when the Council or an executive committee of the Council determines that the continued practice by a licensee (respondent) would constitute a continuing and imminent threat to the public welfare.
- (b) An executive committee of the Council shall convene as follows:
  - (1) For each temporary suspension proceeding, the Council shall appoint a three-member executive committee, called a "suspension panel," to consider the information and evidence presented by agency staff. The suspension panel must have at least one member from the same profession as the respondent and a majority of members from the respondent's member board. The suspension panel shall confer with each other and name a chair of the suspension panel.

- (2) In the event of the recusal of a suspension panel member or the inability of a suspension panel member to attend a temporary suspension proceeding, the presiding officer for the Council may appoint an alternate council member to serve on the suspension panel.
  - (3) The suspension panel may convene in-person or via telephone, video conference, or other electronic means.
- (c) Temporary Suspension Hearing. The meeting at which the suspension panel considers a temporary suspension is a temporary suspension hearing. At the temporary suspension hearing, agency staff shall present evidence and information to the suspension panel that the continued practice by a person licensed by the Council would constitute a continuing and imminent threat to the public welfare. Notice of the temporary suspension hearing shall be sent to the respondent no less than 10 days before the hearing by personal service or by registered or certified mail.
- (d) Order of Temporary Suspension. If a majority of the suspension panel votes to temporarily suspend a license, the suspension shall have immediate effect, and the chair of the suspension panel will sign an Order of Temporary Suspension. The Order of Temporary Suspension shall include a factual and legal basis establishing imminent peril to the public health, safety, or welfare, as required by §2001.054(c-1) of the Government Code. The Order shall be sent to the respondent by first-class mail or email.
- (e) Temporary Suspension Without Notice. In accordance with §507.302(b) of the Occupations Code, a license may be suspended without notice to the respondent if at the time of the suspension, agency staff request a hearing before SOAH to be held as soon as practicable but no later than 14 days after the date of the temporary suspension. The hearing is referred to as the "probable cause hearing."
- (f) Notice, Continuance, and Waiver of Probable Cause Hearing. Agency staff shall serve notice of the probable cause hearing upon the respondent in accordance with SOAH's rules. The respondent may request a continuance or waiver of the probable cause hearing. If the ALJ grants the continuance request or the respondent waives the probable cause hearing, the suspension remains in effect until the suspension is considered by SOAH at the continued probable cause hearing or at the final hearing. If the probable cause hearing is not held within 14 days and the respondent did not request a continuance or waive the probable cause hearing, the suspended license is reinstated.

- (g) Probable Cause Hearing. At the probable cause hearing, an ALJ shall determine whether there is probable cause to continue the temporary suspension of the license and issue an order on that determination.
- (h) Final Hearing. The State Office of Administrative Hearings shall hold a hearing no later than 61 days from the date of the temporary suspension. At this hearing, agency staff shall present evidence supporting the continued suspension of the license and may present evidence of any additional violations related to the licensee. This hearing is referred to as the "final hearing."
- (i) Notice and Continuance of Final Hearing. Agency staff shall send notice of the final hearing in accordance with SOAH's rules. The respondent may request a continuance or waive the final hearing. If a final hearing is not held within 61 days of the date of the temporary suspension and the respondent did not request a continuance or waive the final hearing, the license is reinstated.
- (j) Proposal for Decision. Following the final hearing, the ALJ shall issue a PFD on the suspension. The PFD may also address any other additional violations related to the licensee.
- (k) A temporary suspension takes effect immediately and shall remain in effect until:
  - (1) a final or superseding order of the Council is entered;
  - (2) the ALJ issues an order determining that there is no probable cause to continue the temporary suspension of the license; or
  - (3) a SOAH hearing is not timely held.

*Adopted to be effective: September 1, 2020*

**884.41. Suspension of License for Failure to Pay Child Support.**

- (a) On receipt of a final court order or order from a Title IV-D agency (e.g. the Texas Attorney General) suspending a license due to failure to pay child support, the Executive Director shall immediately determine if the Council has issued a license to the obligor named on the order, and, if a license has been issued:
  - (1) enter an order of suspension of the license;
  - (2) report the suspension as appropriate; and
  - (3) demand surrender of the suspended license.
- (b) The Council shall implement the terms of an order suspending a license without additional review or hearing. The Council will provide notice of suspension as appropriate to the licensee and others concerned with the license.

- (c) The Council may not modify, remand, reverse, vacate, or stay an order suspending a license issued under Chapter 232 of the Family Code and may not review, vacate, or reconsider the terms of a final order suspending the license.
- (d) A licensee who is the subject of a court order or order from a Title IV-D agency suspending the individual's license is not entitled to a refund for any fee paid to the Council.
- (e) If a suspension overlaps a license renewal period, an individual with a license suspended under this section shall comply with the normal renewal procedures.
- (f) An individual who continues to engage in the practice of marriage and family therapy, professional counseling, psychology, or social work after the implementation of the order suspending the individual's license is liable for the same civil and criminal penalties provided for engaging in the licensed activity without a license or while a license is suspended.
- (g) On receipt of a court order or order from a Title IV-D agency vacating or staying an order suspending a license, the Executive Director shall promptly issue the affected license to the individual if the individual is otherwise qualified for the license.
- (h) The individual must pay a reinstatement fee in an amount equal to the renewal fee for the license prior to issuance of the license.

*Adopted to be effective: September 1, 2020*

## **Subchapter F. Special Provisions For Persons Licensed To Practice Psychology.**

### **884.50. Competency Evaluations under Chapter 501 of the Occupations Code.**

- (a) In accordance with §501.158 of the Occupations Code, based upon the Council's reasonable belief that an applicant or person licensed under Chapter 501 is not physically or mentally competent to provide psychological services with reasonable skill and safety to patients or has a physical or mental disease or condition that would impair the person's competency to provide psychological services, the Council may request the person submit to:
  - (1) a physical examination by a physician approved by the Council; or
  - (2) a mental examination by a physician or psychologist approved by the Council.

- (b) The Council may carry out its functions under this rule by and through an executive committee of the Council, which may convene as follows:
- (1) For each competency evaluation proceeding, the Council may appoint a three-member executive committee, called a "competency evaluation panel," to issue requests for physical or mental examinations, conduct show cause hearings, and issue orders determining whether a person's failure to submit to an examination was justified or unjustified. The competency evaluation panel must consist of a majority from TSBEP with at least one member holding the same license as the respondent. The competency evaluation panel shall confer with each other and name a chair for the panel.
  - (2) In the event of the recusal of a competency evaluation panel member or the inability of a panel member to attend a competency evaluation proceeding, the presiding officer for the Council may appoint an alternate council member to serve on the competency evaluation panel.
  - (3) The competency evaluation panel may convene in-person or via telephone, video conference, or other electronic means.
- (c) If the person should refuse, ignore, or fail to comply with the Council's request, the Council shall issue an order requiring the person to show cause for the person's refusal at a hearing on the order scheduled for not later than the thirtieth (30) day after the date the notice is served on the person. Notice shall be provided by either personal service or by registered mail, return receipt requested. The meeting at which the Council considers a person's failure to comply with an examination request is a "show cause hearing." At the show cause hearing, agency staff may present evidence and information to the Council that demonstrates the reasonable belief that an examination is necessary and may also present evidence of any additional violations related to the person. The person may appear, at the show cause hearing, in person and by counsel and present evidence to justify the person's refusal to submit to examination as well as respond to any additional violations.
- (d) After the show cause hearing, if a majority of the Council votes that the person's failure to comply with the request was unjustified then the Council shall issue an order requiring the person to submit to the examination. If a majority of the Council votes that the person's failure to

- comply with the request was justified, then the Council shall issue an order withdrawing the request for the examination.
- (e) If the person fails to comply with the order issued after the show cause hearing requiring the person to submit to a physical or mental examination, the Council may take disciplinary action against the person by docketing the matter at SOAH.
  - (f) Following a SOAH hearing, the ALJ shall issue a PFD on whether the person's failure to comply with the Council's order and request was justified. The PFD shall also address any other additional violations related to the person.
  - (g) The Council shall review the PFD at a regularly scheduled meeting after the PFD is issued and the Council shall issue a final order in the matter.
  - (h) An appeal from the Council's order under this section is governed by Chapter 2001 of the Government Code.

*Adopted to be effective: September 1, 2020*

**884.51. Remedial Plans under Chapter 501 of the Occupations Code.**

- (a) In accordance with §501.411 of the Occupations Code, the Council may issue and establish the terms of a non-disciplinary remedial plan to resolve the investigation of a complaint against a person licensed under Chapter 501.
- (b) A remedial plan may not contain a provision that:
  - (1) revokes, suspends, limits, or restricts a person's license or other authorization to practice psychology; or
  - (2) assesses an administrative penalty against a person.
- (c) A remedial plan may not be imposed to resolve a complaint:
  - (1) concerning significant patient harm; or
  - (2) in which the appropriate resolution may involve a restriction or limitation on the manner in which a license holder practices psychology or the suspension or revocation of a license.
- (d) The Council may not issue a remedial plan to resolve a complaint against a license holder if the license holder has previously entered into a remedial plan with the Council for the resolution of a different complaint.
- (e) The Council may issue a remedial plan to resolve a complaint against a license holder in which the appropriate resolution involves a reprimand, administrative penalty, or a combination thereof under the appropriate schedule of sanctions.
- (f) The Council may assess a fee against a license holder participating in a remedial plan in an amount necessary to recover the costs of administering the plan.

- (g) In accordance with §507.205 of the Occupations Code, a remedial plan is confidential complaint information and not subject to public disclosure.

*Adopted to be effective: September 1, 2020*

## **Subchapter G. Compliance.**

- 884.55. Monitoring Compliance with Disciplinary Orders.** Each member board shall coordinate with agency staff and be responsible for monitoring its applicants and licensees who are ordered by the Council to take or undergo certain corrective, preventative, or rehabilitative steps within a disciplinary or eligibility order. The member boards shall ascertain whether its applicants and licensees are performing the required acts within the designated time period, and make appropriate recommendations to the Council for modification of the terms of an order or for further enforcement proceedings based upon noncompliance.

*Adopted to be effective: September 1, 2020*

## **Subchapter H. Contested Cases.**

**884.60. Witness Fees.**

- (a) A witness or deponent who is not a party and who is subpoenaed or otherwise compelled to attend a hearing or deposition pursuant to §507.206 of the Occupations Code, in connection with a complaint, shall be entitled to reimbursement of expenses as set forth in §2001.103 of the Government Code.
- (b) The party or agency at whose request a witness appears or the deposition is taken shall be responsible for payment of the expenses required by this rule.

*Adopted to be effective: September 1, 2020*

**884.61. Contested Case Hearing Costs.**

- (a) Costs associated with a contested case hearing before SOAH shall be determined according to the rules in 1 TAC §155.423 unless determined in accordance with subsection (b) of this section.
- (b) On the written request by a party to a case or on request of the ALJ, a written transcript of all or part of the proceedings shall be prepared. The cost of the transcript is borne by the requesting party. This section does not preclude the parties

from agreeing to share the costs associated with the preparation of a transcript. If only the ALJ requests a transcript, costs will be assessed to the respondent(s) or applicant(s), as appropriate.

*Adopted to be effective: September 1, 2020*

**884.62. Final Decision and Order.**

- (a) A final decision or order following a contested case at SOAH shall be in writing and shall be signed by the presiding officer for the Council.
- (b) A party who appeals a final agency decision or order must pay all costs for the preparation of the original or a certified copy of the record of the agency proceeding that is required to be transmitted to the reviewing court.

*Adopted to be effective: September 1, 2020*

**884.63. Motion for Rehearing.**

- (a) A motion for rehearing is a prerequisite to appeal from a Council's final decision or order in a contested case. A motion for rehearing shall be filed and handled in accordance with Government Code, Chapter 2001, Subchapter F.
- (b) The Executive Director is authorized to grant or deny requests to extend the deadline for filing a motion for rehearing in accordance with Government Code, Chapter 2001, Subchapter F.
- (c) In the event of an extension, the motion for rehearing may be overruled by operation of law in accordance with Government Code, Chapter 2001, Subchapter F.

*Adopted to be effective: September 1, 2020*

**884.65. Corrected Final Decision and Order.** The Executive Director may enter a corrected order to correct a clerical mistake in an order of the Council.

*Adopted to be effective: September 1, 2020*

# FEES

## 885.1. Executive Council Fees.

- (a) General provisions.
- (1) All fees are nonrefundable and cannot be waived except as otherwise permitted by law.
  - (2) Fees required to be submitted online to the Council must be paid by debit or credit card. All other fees paid to the Council must be in the form of a personal check, cashier's check, or money order.
  - (3) For applications and renewals the Council is required to collect fees to fund the Office of Patient Protection (OPP) in accordance with Texas Occupations Code §101.307, relating to the Health Professions Council.
  - (4) For applications, examinations, and renewals the Council is required to collect subscription or convenience fees to recover costs associated with processing through Texas.gov.
  - (5) All examination fees are to be paid to the Council's designee.
- (b) The Executive Council adopts the following chart of fees:

<u>Fees</u>	<u>Total Fee</u>	<u>Base</u>	<u>Texas.gov</u>	<u>OPP</u>	<u>eStrategy</u>
<b>APPLICATION FEES</b>					
<b>Social Workers</b>					
LBSW or LMSW Application	\$ 109.00	\$ 100.00	\$ 4.00	\$ 5.00	
LCSW Application (LMSW-AP applications no longer accepted)	\$ 129.00	\$ 120.00	\$ 4.00	\$ 5.00	
Upgrade from LBSW to LMSW	\$ 20.00	\$ 20.00			
Upgrade from LMSW to LMSW-AP/LCSW	\$ 20.00	\$ 20.00			
Independent Practice Recognition	\$ 20.00	\$ 20.00			
Supervisor Status Application	\$ 50.00	\$ 50.00			
Temporary License Application	\$ 30.00	\$ 30.00			
<b>Marriage and Family Therapists</b>					
Initial LMFT Associate Application	\$ 69.00	\$ 60.00	\$ 4.00	\$ 5.00	
Upgrade from LMFT Associate to LMFT	\$ 90.00	\$ 90.00			
LMFT by Endorsement Application	\$ 161.00	\$ 150.00	\$ 6.00	\$ 5.00	
Supervisor Status Application	\$ 50.00	\$ 50.00			
<b>Professional Counselors</b>					
LPC Associate/LPC/Provisional License Application	\$ 221.00	\$ 210.00	\$ 6.00	\$ 5.00	

Supervisor Status Application	\$ 50.00	\$ 50.00			
Art Therapy Designation	\$ 20.00	\$ 20.00			
<b>Psychologists/Psychological Associates/Specialists in School Psychology</b>					
LPA Application	\$ 325.00	\$ 320.00		\$ 5.00	
LP Application	\$ 450.00	\$ 445.00		\$ 5.00	
LP License Issuance Fee	\$ 381.00	\$ 381.00			
LSSP Application	\$ 280.00	\$ 275.00		\$ 5.00	
Temporary License Application	\$ 100.00	\$ 100.00			
<b>RENEWAL FEES</b>					
<b>Social Workers</b>					
LBSW/LMSW Renewal	\$ 141.00	\$ 135.00	\$ 4.00	\$ 2.00	
LMSW-AP/LCSW Renewal	\$ 163.00	\$ 155.00	\$ 6.00	\$ 2.00	
Additional Renewal Fee for Independent Practice Recognition	\$ 20.00	\$ 20.00			
Additional Renewal Fee for Supervisor Status	\$ 50.00	\$ 50.00			
<b>Marriage and Family Therapists</b>					
LMFT/LMFT Associate Renewal	\$ 141.00	\$ 135.00	\$ 4.00	\$ 2.00	
Additional Renewal Fee for Supervisor Status	\$ 50.00	\$ 50.00			
LMFT Associate Extension	\$ 136.00	\$ 135.00	\$ 4.00	\$ 2.00	
<b>Professional Counselors</b>					
LPC Renewal	\$ 141.00	\$ 135.00	\$ 4.00	\$ 2.00	
Additional Renewal Fee for Supervisor Status	\$ 50.00	\$ 50.00			
<b>Psychologists/Psychological Associates/Specialists in School Psychology</b>					
LPA Renewal	\$ 238.00	\$ 230.00	\$ 6.00	\$ 2.00	
LP Renewal	\$ 424.00	\$ 412.00	\$ 10.00	\$ 2.00	
LSSP Renewal	\$ 141.00	\$ 135.00	\$ 4.00	\$ 2.00	
Over 70 Renewal - Applicable only to licensees who turned 70 by 8/31/2020	\$ 26.00	\$ 20.00	\$ 4.00	\$ 2.00	
Additional Renewal Fee for HSP Designation	\$ 40.00	\$ 40.00			
<b>EXAMINATION FEES</b>					
<b>Social Workers</b>					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
<b>Marriage and Family Therapists</b>					

Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
<b>Professional Counselors</b>					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
<b>Psychologists/Psychological Associates/Specialists in School Psychology</b>					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
<b>MISCELLANEOUS FEES</b>					
Duplicate Renewal Permit or License	\$ 10.00				
Written Verification of Licensure	\$ 10.00				
Written State to State Verification of Licensure	\$ 50.00				
Mailing List	\$ 10.00				
Returned Check Fee	\$ 25.00				
Criminal History Evaluation	\$ 150.00				
Reinstatement of License	\$ 500.00				
Request for Inactive Status	\$ 106.00	\$ 100.00	\$ 4.00	\$ 2.00	
Inactive Status Renewal (biennial)	\$ 106.00	\$ 100.00	\$ 4.00	\$ 2.00	
Request to Reactivate License from Inactive Status		equal to current renewal fee			
Late fee for license expired 90 days or less		equal to 1.5 times the base renewal fee			
Late fee for license expired more than 90 days, but less than one year		equal to 2 times the base renewal fee			

(c) Late fees.

- (1) If the person's license has been expired for 90 days or less, the person may renew the license by paying to the Council a fee in an amount equal to one and one-half times the base renewal fee.
- (2) If the person's license has been expired for more than 90 days but less than one year, the person may renew the license by paying to the Council a fee in an amount equal to two times the base renewal fee.

- (3) If the person's license has been expired for one year or more, the person may not renew the license; however, the person may apply for reinstatement of the license.
- (d) Open Records Fees. In accordance with §552.262 of the Government Code, the Council adopts by reference the rules developed by the Office of the Attorney General in 1 TAC Part 3, Chapter 70 (relating to Cost of Copies of Public Information) for use by each governmental body in determining charges under Government Code, Chapter 552 (Public Information) Subchapter F (Charges for Providing Copies of Public Information).
- (e) Military Exemption for Fees. All licensing and examination base rate fees payable to the Council are waived for the following individuals:
  - (1) military service members and military veterans, as those terms are defined by Chapter 55, Occupations Code, whose military service, training, or education substantially meets all licensure requirements; and
  - (2) military service members, military veterans, and military spouses, as those terms are defined by Chapter 55, Occupations Code, who hold a current license issued by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements of this state.

*Adopted to be effective: September 1, 2020*

# **TEXAS STATE BOARD OF EXAMINERS** **OF PSYCHOLOGISTS**

## **APPLICATIONS AND EXAMINATIONS**

### **Subchapter A. Applications and Licensing.**

**463.1. Regionally Accredited Educational Institutions.** Degrees required for licensure under Occupations Code, Chapter 501 must have been awarded or conferred by an institution of higher education accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation, the Texas Higher Education Coordinating Board, or the United States Department of Education.

*Adopted to be effective: October 7, 2020*

**463.2. Reciprocity Agreements with Other Jurisdictions.** The Council may enter into reciprocal licensing agreements with other jurisdictions pursuant to §501.262 of the Psychologists' Licensing Act. In determining whether the requirements for licensure, certification, or registration in other jurisdictions are substantially equal to those prescribed by the Psychologists' Licensing Act, for the granting of licensure by reciprocity, the Council shall consider the following:

- (1) whether the jurisdiction's qualifications for licensure are substantially equal to the requirements for a comparable license under the Psychologists' Licensing Act;
- (2) whether a jurisdiction will license an applicant who would be ineligible for licensure in Texas due to a criminal history;
- (3) whether the jurisdiction's cut-off score on a mutually required examination meets or exceeds the Texas cut-off score; and
- (4) whether the jurisdiction's supervised experience requirements for a particular license provide a measure of public protection, which at a minimum is substantially equal to the supervised experience requirements for a comparable license under the Psychologists' Licensing Act.

*Adopted to be effective: October 7, 2020*

**463.3. Use of Other Mental Health License During Supervised Experience.**

- (a) An individual who holds a mental health license, other than one issued under Chapter 501, may not obtain the required practicum, internship, or supervised experience required for a license under Chapter 501 while practicing under that license.
- (b) An individual subject to subsection (a) of this section must comply with the Psychologists' Licensing Act and all applicable Council rules regarding the use of appropriate titles.

*Adopted to be effective: October 7, 2020*

**Subchapter B. Licensing Requirements.**

**463.8. Licensed Psychological Associate.**

- (a) Licensure Requirements. An applicant for licensure as a psychological associate must:
  - (1) hold a graduate degree in psychology from a regionally accredited institution of higher education;
  - (2) provide documentation of at least six (6) semester credit hours of practicum, internship or other structured experience within the applicant's graduate degree program under the supervision of a licensed psychologist;
  - (3) pass all examinations required by the Council and meet each of the criteria listed in §501.2525(a)(2)-(9) of the Occupations Code; and
  - (4) demonstrate graduate level coursework in each of the following areas:
    - (A) Psychological Foundations:
      - (i) the biological bases of behavior;
      - (ii) the acquired or learned bases of behavior, including learning, thinking, memory, motivation and emotion;
      - (iii) the social, cultural, and systemic bases of behavior;
      - (iv) the individual or unique bases of behavior, including personality theory, human development, and abnormal behavior;
    - (B) Research and Statistics:
      - (i) the methodology used to investigate questions and acquire knowledge in the practice of psychology;

- (ii) coursework in research design and methodology, statistics, critical thinking, and scientific inquiry;
  - (C) Applied Psychology:
    - (i) the history, theory, and application of psychological principles;
    - (ii) the application of psychological theories to individuals, families, and groups;
  - (D) Assessment:
    - (i) intellectual, personality, cognitive, physical, and emotional abilities, skills, interests, and aptitudes;
    - (ii) socio-economic, including behavioral, adaptive, and cultural assessment;
  - (E) Interventions:
    - (i) the application of therapeutic techniques;
    - (ii) behavior management;
    - (iii) consultation; and
  - (F) Scientific and Professional, Legal, and Ethical Issues.
- (b) Degree Requirements.
  - (1) For purposes of this rule:
    - (A) a graduate degree in psychology means the name of the candidate's major or program of studies contains the term "psychology;"
    - (B) a specialist degree shall be treated as a graduate degree; and
    - (C) one semester credit hour equals one and one-half quarter credit hours.
  - (2) A degree utilized to meet the requirements of this rule must consist of at least sixty (60) semester credit hours, with no more than twelve (12) semester credit hours of practicum, internship, or structured experience being counted toward the total degree hour requirement.
  - (3) Applicants must demonstrate proof of the graduate level coursework required in subsection (a)(4) of this section by identifying which courses or training listed on their transcripts satisfy the required areas of study. Applicants may be required to provide the Council with an official course catalogue or description from their university or training program to verify whether a course meets the requirements of this rule.
- (c) Supervision Requirements.

- (1) A licensed psychological associate must practice under the supervision of a licensed psychologist and may not practice independently.
  - (2) Notwithstanding paragraph (1) of this subsection and subject to the limitations set out in paragraph (3) of this subsection, a licensed psychological associate may practice independently if:
    - (A) the licensee can demonstrate at least 3,000 hours of post-graduate degree experience in the delivery of psychological services under the supervision of one or more licensed psychologists;
    - (B) the supervised experience was obtained in not less than 24 consecutive months, but not more than 48 consecutive months, and in not more than three placements; and
    - (C) the licensee submits an application for independent practice evidencing proof of the required supervised experience.
  - (3) A licensed psychological associate meeting the requirements of paragraph (2) of this subsection shall be approved for independent practice, but remains subject to all Council rules, including Council §465.9 (relating to Competency).
  - (4) Applicants shall not utilize any supervised experience obtained from a psychologist with a restricted license or to whom they are related within the second degree of affinity or consanguinity to satisfy the requirements of this rule.
  - (5) Applicants licensed as specialists in school psychology may utilize experience acquired under that license if the experience was supervised by a licensed psychologist.
- (d) Notwithstanding subsection (c)(3) of this section, an application for independent practice may be denied if a gap of more than two years exists between the completion of the supervised experience required for independent practice and the date of application for independent practice. The rules governing the waiver of gaps related to supervised experience found in Council rule §463.11 shall govern any request for a waiver under this rule.
  - (e) The correct title for a person licensed under this rule shall be "licensed psychological associate" or "psychological associate."
  - (f) A licensed psychological associate authorized to practice independently under this rule must inform all patients and

clients as part of the informed consent process, whether the licensee holds a master's, specialist or doctoral degree, and provide the patient with a current copy of any informational pamphlet or brochure published by the Council describing the differences between the levels of training and education received in master's, specialist, and doctoral degree programs. In lieu of providing each patient or client with a copy of the required pamphlet or brochure, licensees may publish in a conspicuous manner, the pamphlet or brochure on their website or provide a link to the pamphlet or brochure on the Council's website.

- (g) Continuation of Prior Law.
- (1) Notwithstanding subsection (b)(1)(A) of this section, a person who begins a graduate program leading to a degree required by subsection (a)(1) of this section before August 31, 2019, shall be considered to have met the requirements of that subsection if the individual's degree is primarily psychological in nature. This subsection expires on August 31, 2021.
  - (2) Notwithstanding subsection (b)(2) of this section, a person who begins a graduate program leading to a degree required by subsection (a)(1) of this section before August 31, 2019, shall be considered to have met the requirements of that subsection if the individual has completed 42 semester credit hours with at least 27 of those hours in psychology. Applicants with degrees consisting of less than 42 semester credit hours may utilize a maximum of 12 semester credit hours from another graduate degree program in psychology to achieve the total of 42 semester credit hours. This subsection expires on August 31, 2021.

*Adopted to be effective: October 7, 2020*

**463.9. Licensed Specialist in School Psychology.**

- (a) License Requirements. An applicant for licensure as a specialist in school psychology must:
  - (1) hold an appropriate graduate degree;
  - (2) provide proof of specific graduate level coursework
  - (3) provide proof of an acceptable internship;
  - (4) provide proof of passage of all examinations required by the Council; and
  - (5) meet the requirements imposed under §501.2525(a)(3)(9) of the Occupations Code.
- (b) Applicants who hold active certification as a Nationally Certified School Psychologist (NCSP) are considered to have

met all requirements for licensure under this rule except for passage of the Jurisprudence Examination. Applicants relying upon this subsection must provide the Council with their NCSP certification number.

- (c) Applicants who graduated from a training program approved by the National Association of School Psychologists or accredited in School Psychology by the American Psychological Association are considered to have met all training and internship requirements for licensure under this rule. Applicants relying upon this subsection must submit an official transcript indicating the degree and date the degree was awarded or conferred.
- (d) Applicants who do not hold active NCSP certification, or who did not graduate from a training program approved by the National Association of School Psychologists or accredited in School Psychology by the American Psychological Association, must have completed a graduate degree in psychology from a regionally accredited institution of higher education. Applicants applying under this subsection must have completed, either as part of their graduate degree program or after conferral of their graduate degree, at least 60 graduate level semester credit hours from a regionally accredited institution of higher education. A maximum of 12 internship hours may be counted toward this requirement. For purposes of this rule, a graduate degree in psychology means the name of the candidate's major or program of studies is titled psychology.
- (e) Applicants applying under subsection (d) of this section must submit evidence of graduate level coursework as follows:
  - (1) Psychological Foundations, including:
    - (A) biological bases of behavior;
    - (B) human learning;
    - (C) social bases of behavior;
    - (D) multi-cultural bases of behavior;
    - (E) child or adolescent development;
    - (F) psychopathology or exceptionalities;
  - (2) Research and Statistics;
  - (3) Educational Foundations, including any of the following:
    - (A) instructional design;
    - (B) organization and operation of schools;
    - (C) classroom management; or
    - (D) educational administration;
  - (4) Assessment, including:
    - (A) psychoeducational assessment;

- (B) socio-emotional, including behavioral and cultural, assessment;
  - (5) Interventions, including:
    - (A) counseling;
    - (B) behavior management;
    - (C) consultation;
  - (6) Professional, Legal and Ethical Issues; and
  - (7) A Practicum.
- (f) Applicants applying under subsection (d) of this section must have completed an internship with a minimum of 1200 hours and that meets the following criteria:
- (1) At least 600 of the internship hours must have been completed in a public school.
  - (2) The internship must be provided through a formal course of supervised study from a regionally accredited institution of higher education in which the applicant was enrolled; or the internship must have been obtained in accordance with Council §463.11(d)(1) and (d)(2)(C) of this section.
  - (3) Any portion of an internship completed within a public school must be supervised by a Licensed Specialist in School Psychology, and any portion of an internship not completed within a public school must be supervised by a Licensed Psychologist.
  - (4) No experience which is obtained from a supervisor who is related within the second degree of affinity or consanguinity to the supervisee may be utilized.
  - (5) Unless authorized by the Council, supervised experience received from a supervisor practicing with a restricted license may not be utilized to satisfy the requirements of this rule.
  - (6) Internship hours must be obtained in not more than two placements. A school district, consortium, and educational co-op are each considered one placement.
  - (7) Internship hours must be obtained in not less than one or more than two academic years.
  - (8) An individual completing an internship under this rule must be designated as an intern.
  - (9) Interns must receive no less than two hours of supervision per week, with no more than half being group supervision. The amount of weekly supervision may be reduced, on a proportional basis, for interns working less than full-time.
  - (10) The internship must include direct intern application of assessment, intervention, behavior management,

and consultation, for children representing a range of ages, populations and needs.

- (g) Trainee Status.
  - (1) An applicant for the specialist in school psychology license who has not yet passed the Jurisprudence Examination, but who otherwise meets all licensing requirements under this rule, may practice in the public schools under the supervision of a Licensed Specialist in School Psychology, as a trainee for not more than one year.
  - (2) A trainee status letter shall be issued to an applicant upon proof of licensing eligibility, save and except proof of passage of the Jurisprudence Examination.
  - (3) An individual with trainee status is subject to all applicable laws governing the practice of psychology.
  - (4) A trainee's status may be suspended or revoked upon a showing of a violation of the Council's rules or any law pertaining to the practice of psychology, and the individual may be made the subject of an eligibility proceeding. The one-year period for trainee status shall not be tolled by any suspension of the trainee status.
  - (5) Following official notification from the Council upon passage of the Jurisprudence Examination or the expiration of one year, whichever occurs first, an individual's trainee status shall terminate.
  - (6) An individual practicing under trainee status must be designated as a trainee.
- (h) Provision of psychological services in the public schools by unlicensed individuals.
  - (1) An unlicensed individual may provide psychological services under supervision in the public schools if:
    - (A) the individual is enrolled in an internship, practicum or other site based training in a psychology program in a regionally accredited institution of higher education;
    - (B) the individual has completed an internship that meets the requirements of this rule, and has submitted an application for licensure as a Licensed Specialist in School Psychology to the Council that has not been denied or returned; or
    - (C) the individual has been issued a trainee status letter.
  - (2) An unlicensed individual may not provide psychological services in a private school setting unless the activities or

services provided are exempt under §501.004 of the Psychologists' Licensing Act.

- (3) An unlicensed individual may not engage in the practice of psychology under paragraph (1)(B) of this subsection for more than forty-five days following receipt of the application by the Council.
- (4) The authority to practice referenced in paragraph (1)(B) and (C) of this subsection is limited to the first or initial application filed by an individual under this rule, but is not applicable to any subsequent applications filed under this rule. The Council will not issue more than one trainee status letter to an individual, regardless of the number of applications filed.

*Adopted to be effective: October 7, 2020*

#### **463.10. Licensed Psychologists.**

- (a) Licensure Requirements. An applicant for licensure as a psychologist must:
  - (1) hold a doctoral degree in psychology from a college or university accredited by a regional accrediting organization;
  - (2) pass all examinations required by the agency;
  - (3) submit documentation of supervised experience from a licensed psychologist which satisfies the requirements of Council rule 463.11; and
  - (4) meet all other requirements of §501.2525 of the Occupations Code.
- (b) Degree Requirements.
  - (1) For those applicants with a doctoral degree conferred on or after January 1, 1979, the transcript must state that the applicant has a doctoral degree that designates a major in psychology.
  - (2) For those applicants with a doctoral degree conferred prior to January 1, 1979, the transcript must reflect a doctoral degree that designates a major in psychology or the substantial equivalent of a doctoral degree in psychology in both subject matter and extent of training. A doctoral degree will be considered the substantial equivalent to a doctoral degree in psychology if the training program meets the following criteria:
    - (A) Post-baccalaureate program in a regionally accredited institution of higher learning. The program must have a minimum of 90 semester hours, not more than 12 of which are credit for

- doctoral dissertation and not more than six of which are credit for master's thesis.
- (B) The program, wherever it may be administratively housed, must be clearly identified and labeled. Such a program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists.
  - (C) The program must stand as a recognizable, coherent organizational entity within the institution. A program may be within a larger administrative unit, e.g., department, area, or school.
  - (D) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines. The program must have identifiable faculty and administrative heads who are psychologists responsible for the graduate program. Psychology faculty are individuals who are licensed or certified psychologists, or specialists of the American Board of Professional Psychology (ABPP), or hold a doctoral degree in psychology from a regionally accredited institution.
  - (E) The program must be an integrated, organized sequence of studies, e.g., there must be identifiable curriculum tracks wherein course sequences are outlined for students.
  - (F) The program must have an identifiable body of students who matriculated in the program.
  - (G) The program must include supervised practicum, internship, field or laboratory training appropriate to the practice of psychology. The supervised field work or internship must have been a minimum of 1,500 supervised hours, obtained in not less than a 12 month period nor more than a 24 month period. Further, this requirement cannot have been obtained in more than two placements or agencies.
  - (H) The curriculum shall encompass a minimum of two academic years of full-time graduate studies for those persons have enrolled in the doctoral degree program after completing the requirements for a master's degree. The

curriculum shall encompass a minimum of four academic years of full-time graduate studies for those persons who have entered a doctoral program following the completion of a baccalaureate degree and prior to the awarding of a master's degree. It is recognized that educational institutions vary in their definitions of full-time graduate studies. It is also recognized that institutions vary in their definitions of residency requirements for the doctoral degree.

- (I) The following curricular requirements must be met and demonstrated through appropriate course work:
  - (i) Scientific and professional ethics related to the field of psychology.
  - (ii) Research design and methodology, statistics.
  - (iii) The applicant must demonstrate competence in each of the following substantive areas. The competence standard will be met by satisfactory completion at the B level of a minimum of six graduate semester hours in each of the four content areas. It is recognized that some doctoral programs have developed special competency examinations in lieu of requiring students to complete course work in all core areas. Graduates of such programs who have not completed the necessary semester hours in these core areas must submit to the Council evidence of competency in each of the four core areas.
    - (I) Biological basis of behavior: physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.
    - (II) Cognitive-affective basis of behavior: learning, thinking, motivation, emotion.

- (III) Social basis of behavior: social psychology, group processes, organizational and system theory.
  - (IV) Individual differences: personality theory, human development, abnormal psychology.
- (J) All educational programs which train persons who wish to be identified as psychologists will include course requirements in specialty areas. The applicant must demonstrate a minimum of 24 hours in his/her designated specialty area.
- (3) Any person intending to apply for licensure under the substantial equivalence clause must file with the Council an affidavit showing:
  - (A) Courses meeting each of the requirements noted in paragraph (2) of this subsection verified by official transcripts;
  - (B) Information regarding each of the instructors in the courses submitted as substantially equivalent;
  - (C) Appropriate, published information from the university awarding the degree, demonstrating that the requirements noted in paragraph (2) of this subsection have been met.
- (c) An applicant who holds an active Certificate of Professional Qualification in Psychology (CPQ) is considered to have met all requirements for licensure under this rule except for passage of the Jurisprudence Examination. Applicants relying upon this subsection must request that documentation of their certification be sent directly to the Council from the Association of State and Provincial Psychology Boards (ASPPB), be submitted to the Council in the sealed envelope in which it was received by the applicant from ASPPB, or be submitted to the Council as directed by agency staff.
- (d) An applicant who holds an active specialist certification with the American Board of Professional Psychology (ABPP) is considered to have met all requirements for licensure under this rule except for passage of the EPPP and Jurisprudence Examination. Applicants relying upon this subsection must request that documentation of their specialist certification be sent directly to the Council from ABPP, be submitted to the Council in the sealed envelope in which it was received by the applicant from ABPP, or be submitted to the Council as directed by agency staff.

- (e) The requirement for documentation of supervised experience under this rule is waived for an applicant who is actively licensed as a doctoral-level psychologist in good standing and has been practicing psychology in another jurisdiction for at least five years or can affirm that the applicant has received at least 3,000 hours of supervised experience from a licensed psychologist in the jurisdiction where the supervision took place. At least half of those hours (a minimum of 1,500 hours) must have been completed within a formal internship, and the remaining one-half (a minimum of 1,500 hours) must have been completed after the doctoral degree was conferred. Applicants relying upon this subsection must request that verification of their out-of-state licensure be sent directly to the Council from the other jurisdiction, be submitted to the Council in the sealed envelope in which it was received by the applicant from the other jurisdiction, or be submitted to the Council as directed by agency staff.
- (f) Provisional License.
  - (1) An applicant who has not yet passed the required examinations or is seeking to acquire the supervised experience required under Council rule 463.11 may practice under the supervision of a licensed psychologist as a provisionally licensed psychologist for not more than two years if the applicant meets all other licensing requirements.
  - (2) A provisional license will be issued to an applicant upon proof of provisional license eligibility. However, a provisional license will not be issued to an applicant who was issued a provisional license in connection with a prior application.
  - (3) A provisionally licensed psychologist is subject to all applicable laws governing the practice of psychology.
  - (4) A provisionally licensed psychologist may be made the subject of an eligibility or disciplinary proceeding. The two-year period for provisional licensure shall not be tolled by any suspension of the provisional license.
  - (5) A provisional license will expire after two years if the person does not qualify for licensure as a psychologist.

*Adopted to be effective: October 7, 2020*

**463.11. Supervised Experience Required for Licensure as a Psychologist.**

- (a) Required Supervised Experience. In order to qualify for licensure, an applicant must submit proof of a minimum of 3,500 hours of supervised experience, at least 1,750 of

which must have been obtained through a formal internship that occurred within the applicant's doctoral degree program and at least 1,750 of which must have been received as a provisionally licensed psychologist (or under provisional trainee status under prior versions of this rule).

- (1) A formal internship completed after the doctoral degree was conferred, but otherwise meeting the requirements of this rule, will be accepted for an applicant whose doctoral degree was conferred prior to September 1, 2017.
- (2) The formal internship must be documented by the Director of Internship Training. Alternatively, if the Director of Internship Training is unavailable, the formal internship may be documented by a licensed psychologist with knowledge of the internship program and the applicant's participation in the internship program.
- (3) Following conferral of a doctoral degree, 1,750 hours obtained or completed while employed in the delivery of psychological services in an exempt setting, while licensed or authorized to practice in another jurisdiction, or while practicing as a psychological associate or specialist in school psychology in this state may be substituted for the minimum of 1,750 hours of supervised experience required as a provisionally licensed psychologist if the experience was obtained or completed under the supervision of a licensed psychologist. Post-doctoral supervised experience obtained without a provisional license or trainee status prior to September 1, 2016, may also be used to satisfy, either in whole or in part, the post-doctoral supervised experience required by this rule if the experience was obtained under the supervision of a licensed psychologist.

(b) Satisfaction of Post-doctoral Supervised Experience with Doctoral Program Hours.

- (1) Applicants who received their doctoral degree from a degree program accredited by the American Psychological Association (APA), the Canadian Psychological Association (CPA), or a substantially equivalent degree program, may count the following hours of supervised experience completed as part of their degree program toward the required post-doctoral supervised experience:
  - (A) hours in excess of 1,750 completed as part of the applicant's formal internship; and

- (B) practicum hours certified by the doctoral program training director (or the director's designee) as meeting the following criteria:
- (i) the practicum training is overseen by the graduate training program and is an organized, sequential series of supervised experiences of increasing complexity, serving to prepare the student for internship and ultimately licensure;
  - (ii) the practicum training is governed by a written training plan between the student, the practicum training site, and the graduate training program. The training plan must describe how the trainee's time is allotted and assure the quality, breadth, and depth of the training experience through specification of the goals and objectives of the practicum, the methods of evaluation of the trainee's performance, and reference to jurisdictional regulations governing the supervisory experience. The plan must also include the nature of supervision, the identities of the supervisors, and the form and frequency of feedback from the agency supervisor to the training faculty. A copy of the plan must be provided to the Council upon request;
  - (iii) the supervising psychologist must be a member of the staff at the site where the practicum experience takes place;
  - (iv) at least 50% of the practicum hours must be in service-related activities, defined as treatment or intervention, assessment, interviews, report-writing, case presentations, and consultations;
  - (v) individual face-to-face supervision shall consist of no less than 25% of the time spent in service-related activities;
  - (vi) at least 25% of the practicum hours must be devoted to face-to-face patient or client contact;
  - (vii) no more than 25% of the time spent in supervision may be provided by a licensed allied mental health professional or a

- psychology intern or post-doctoral fellow;  
and
- (viii) the practicum must consist of a minimum of 15 hours of experience per week.
- (2) Applicants applying for licensure under the substantial equivalence clause must submit an affidavit or unsworn declaration from the program's training director or other designated leader familiar with the degree program, demonstrating the substantial equivalence of the applicant's degree program to an APA or CPA accredited program at the time of the conferral of applicant's degree.
- (3) An applicant and the affiant or declarant shall appear before the agency in person to answer any questions, produce supporting documentation, or address any concerns raised by the application if requested by a council or board member or the Executive Director. Failure to comply with this paragraph shall constitute grounds for denial of substantial equivalency under this rule.
- (c) General Requirements for Supervised Experience. All supervised experience for licensure as a psychologist, including the formal internship, must meet the following requirements:
  - (1) Each period of supervised experience must be obtained in not more than two placements, and in not more than 24 consecutive months.
  - (2) Gaps Related to Supervised Experience.
    - (A) Unless a waiver is granted by the Council, an application for a psychologist's license will be denied if a gap of more than seven years exists between the date an applicant's doctoral degree was officially conferred and the date of the application.
    - (B) The Council shall grant a waiver upon a showing of good cause by the applicant. Good cause shall include, but is not limited to:
      - (i) proof of continued employment in the delivery of psychological services in an exempt setting as described in §501.004 of the Psychologists' Licensing Act, during any gap period;
      - (ii) proof of professional development, which at a minimum meets the Council's professional development requirements, during any gap period;

- (iii) proof of enrollment in a course of study in a regionally accredited institution or training facility designed to prepare the individual for the profession of psychology during any gap period; or
  - (iv) proof of licensure as a psychologist and continued employment in the delivery of psychological services in another jurisdiction.
- (3) A formal internship with rotations, or one that is part of a consortium within a doctoral program, is considered to be one placement. A consortium is composed of multiple placements that have entered into a written agreement setting forth the responsibilities and financial commitments of each participating member, for the purpose of offering a well-rounded, unified psychology training program whereby trainees work at multiple sites, but obtain training from one primary site with some experience at or exposure to aspects of the other sites that the primary site does not offer.
- (4) The supervised experience required by this rule must be obtained after official enrollment in a doctoral program.
- (5) All supervised experience must be received from a psychologist licensed at the time supervision is received.
- (6) The supervising psychologist must be trained in the area of supervision provided to the supervisee.
- (7) Experience obtained from a psychologist who is related within the second degree of affinity or consanguinity to the supervisee may not be utilized to satisfy the requirements of this rule.
- (8) All supervised experience obtained for the purpose of licensure must be conducted in accordance with all applicable Council rules.
- (9) Unless authorized by the Council, supervised experience received from a psychologist practicing with a restricted license may not be utilized to satisfy the requirements of this rule.
- (10) The supervisee shall be designated by a title that clearly indicates a supervisory licensing status such as "intern," "resident," "trainee," or "fellow." An individual who is a Provisionally Licensed Psychologist or a Licensed Psychological Associate may use that title so long as those receiving psychological services are

clearly informed that the individual is under the supervision of a licensed psychologist. An individual who is a Licensed Specialist in School Psychology may use that title so long as the supervised experience takes place within a school, and those receiving psychological services are clearly informed that the individual is under the supervision of an individual who is licensed as a psychologist and specialist in school psychology. Use of a different job title is permitted only if authorized under §501.004 of the Psychologists' Licensing Act, or another Council rule.

- (d) Formal Internship Requirements. The formal internship hours must be satisfied by one of the following types of formal internships:
- (1) The successful completion of an internship program accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA), or which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC); or
  - (2) The successful completion of an organized internship meeting all of the following criteria:
    - (A) It must constitute an organized training program which is designed to provide the intern with a planned, programmed sequence of training experiences. The primary focus and purpose of the program must be to assure breadth and quality of training.
    - (B) The internship agency must have a clearly designated staff psychologist who is responsible for the integrity and quality of the training program and who is actively licensed/certified by the licensing board of the jurisdiction in which the internship takes place and who is present at the training facility for a minimum of 20 hours a week.
    - (C) The internship agency must have two or more full-time licensed psychologists on the staff as primary supervisors.
    - (D) Internship supervision must be provided by a staff member of the internship agency or by an affiliate of that agency who carries clinical responsibility for the cases being supervised.
    - (E) The internship must provide training in a range of assessment and intervention activities conducted directly with patients/clients.

- (F) At least 25% of trainee's time must be in direct patient/client contact.
  - (G) The internship must include a minimum of two hours per week of regularly scheduled formal, face-to-face individual supervision. There must also be at least four additional hours per week in learning activities such as: case conferences involving a case in which the intern was actively involved; seminars dealing with psychology issues; co-therapy with a staff person including discussion; group supervision; additional individual supervision.
  - (H) Training must be post-clerkship, post-practicum and post-externship level.
  - (I) The internship agency must have a minimum of two full-time equivalent interns at the internship level of training during applicant's training period.
  - (J) The internship agency must inform prospective interns about the goals and content of the internship, as well as the expectations for quantity and quality of trainee's work, including expected competencies; or
- (3) The successful completion of an organized internship program in a school district meeting the following criteria:
- (A) The internship experience must be provided at or near the end of the formal training period.
  - (B) The internship experience must require a minimum of 35 hours per week over a period of one academic year, or a minimum of 20 hours per week over a period of two consecutive academic years.
  - (C) The internship experience must be consistent with a written plan and must meet the specific training objectives of the program.
  - (D) The internship experience must occur in a setting appropriate to the specific training objectives of the program.
  - (E) At least 600 clock hours of the internship experience must occur in a school setting and must provide a balanced exposure to regular and special educational programs.
  - (F) The internship experience must occur under conditions of appropriate supervision. Field-based internship supervisors, for the purpose of

the internship that takes place in a school setting, must be licensed as a psychologist and, if a separate credential is required to practice school psychology, must have a valid credential to provide psychology in the public schools. The portion of the internship which appropriately may take place in a non-school setting must be supervised by a psychologist.

- (G) Field-based internship supervisors must be responsible for no more than two interns at any given time. University internship supervisors shall be responsible for no more than twelve interns at any given time.
  - (H) Field-based internship supervisors must provide at least two hours per week of direct supervision for each intern. University internship supervisors must maintain an ongoing relationship with field-based internship supervisors and shall provide at least one field-based contact per semester with each intern.
  - (I) The internship site shall inform interns concerning the period of the internship and the training objectives of the program.
  - (J) The internship experience must be systematically evaluated in a manner consistent with the specific training objectives of the program.
  - (K) The internship experience must be conducted in a manner consistent with the current legal-ethical standards of the profession.
  - (L) The internship agency must have a minimum of two full-time equivalent interns at the internship level during the applicant's training period.
  - (M) The internship agency must have the availability of at least two full-time equivalent psychologists as primary supervisors, at least one of whom is employed full time at the agency and is a school psychologist.
- (e) Industrial/Organizational Requirements. Individuals from an Industrial/Organizational doctoral degree program are exempt from the formal internship requirement but must complete a minimum of 3,500 hours of supervised experience, at least 1,750 of which must have taken place after conferral of the doctoral degree and in accordance with subsection (a) of this section. Individuals who do not undergo a formal internship pursuant to this paragraph

should note that Council rules prohibit a psychologist from practicing in an area in which they do not have sufficient training and experience, of which a formal internship is considered to be an integral requirement.

- (f) Licensure Following Respecialization.
- (1) In order to qualify for licensure after undergoing respecialization, an applicant must demonstrate the following:
    - (A) conferral of a doctoral degree in psychology from a regionally accredited institution of higher education prior to undergoing respecialization;
    - (B) completion of a formal post-doctoral respecialization program in psychology which included at least 1,750 hours in a formal internship;
    - (C) completion of respecialization within the two year period preceding the date of application for licensure under this rule; and
    - (D) upon completion of the respecialization program, at least 1,750 hours of supervised experience obtained as a provisionally licensed psychologist (or under provisional trainee status under prior versions of this rule).
  - (2) An applicant meeting the requirements of this subsection is considered to have met the requirements for supervised experience under this rule.
  - (3) The rules governing the waiver of gaps related to supervised experience shall also govern any request for waiver of a gap following respecialization.

*Adopted to be effective: October 7, 2020*

**463.12. Temporary License.**

- (a) A temporary license may be issued to an applicant seeking to practice in this state for a limited time and purpose. To be eligible for temporary licensure, an applicant must:
  - (1) submit a completed application for temporary licensure, setting forth a brief description of the type of psychological services to be provided;
  - (2) pay the application fee;
  - (3) submit proof that the applicant is actively licensed, certified, or registered as a psychologist or psychological associate by another jurisdiction having requirements substantially equal to those prescribed by the Psychologists' Licensing Act;

- (4) submit documentation directly from the jurisdiction in which the applicant is licensed indicating that the applicant is in good standing with that jurisdiction;
  - (5) be supervised (sponsorship) by a psychologist licensed in this state; and
  - (6) provide documentation that the applicant has passed the Examination for Professional Practice of Psychology at the Texas cut-off for the type of temporary license sought.
- (b) Substantial equivalency of another jurisdiction's requirements may be documented by the applicant providing a copy of the other jurisdiction's regulations with the pertinent sections highlighted to indicate training and exam requirements for a particular type of license. The material is then reviewed for substantial equivalency by the Council. An applicant need not demonstrate substantial equivalency if the applicant is licensed in a jurisdiction with which the Council has reciprocity.
  - (c) Applicants for temporary licensure who hold a current Certificate of Professional Qualification in Psychology, status as a National Health Service Provider, or designation as a specialist from the American Board of Professional Psychology may have documentation from the credentialing entity sent directly to the Council as compliance with and in lieu of subsection (a)(3) and (6) of this section.
  - (d) For a psychologist practicing under a temporary license issued pursuant to this rule, the supervision required by subsection (a)(5) of this section shall consist of sponsorship by a psychologist licensed in this state. The sponsoring psychologist must be available for consultation with the temporary licensee, but otherwise has no supervisory responsibility for the temporary license holder or the services provided under the temporary license.
  - (e) Applicants meeting the requirements for temporary licensure shall be granted a temporary license authorizing the delivery of psychological services for no more than thirty days. Upon utilization of the full thirty days, or the expiration of one year from the date of licensure, whichever occurs first, the temporary license shall expire.
  - (f) A temporary licensee must submit written notification to the Council of the dates the licensee intends to deliver psychological services in this state, at least 24 hours prior to the delivery of those services. Psychological services may not be provided in this state under a temporary license on any date not approved by the Council.

- (g) Temporary licensees are subject to all applicable laws governing the practice of psychology in this state, including the Psychologists' Licensing Act and Council rules.
- (h) An applicant for permanent licensure in this state is not eligible for temporary licensure. Upon receipt of an application for permanent licensure by a temporary license holder, any temporary license held by an applicant shall expire without further action or notice by the Council.
- (i) A temporary license holder may not receive another temporary license until the expiration of one year from the date of issuance of their last temporary license, regardless of whether that license is active or expired.

*Adopted to be effective: October 7, 2020*

**463.13. Licensure by Reciprocity.** An individual applying for licensure by reciprocity with this agency must meet each of the following criteria to be eligible for licensure by reciprocity:

- (1) Submit an application in the form prescribed by the Council and corresponding fee;
- (2) Submit verification that the applicant is actively licensed, certified, or registered in good standing in a jurisdiction with which Texas shares reciprocity;
- (3) Pass the jurisprudence examination; and
- (4) Submit any other documentation or information requested in the application or which the Council may deem necessary in order to ensure the public's safety when processing the application.

*Adopted to be effective: October 7, 2020*

**463.14. Remedy for Incomplete License Requirements.**

- (a) An applicant who does not meet all of the prerequisites for a particular license under Chapter 501, may petition the Council for a waiver or modification of the prerequisite(s). An applicant may not petition for the waiver or modification of the degree required for the particular license sought or passage of the requisite examinations.
- (b) The Council may waive or modify a prerequisite for obtaining a license under Chapter 501, subject to subsection (a) of this section, if:
  - (1) the prerequisite is not mandated by federal law, the state constitution or statute, or 22 TAC Part 41; and
  - (2) the failure or inability to meet the prerequisite was due to a disaster declared under Chapter 418 of the Government Code or under similar authority in another jurisdiction.

- (c) The Council may approve or deny a petition under this rule, and in the case of approval, may condition the approval on reasonable terms and conditions designed to ensure the applicant's education, training, and experience provide reasonable assurance that the applicant has the knowledge and skills necessary for entry-level practice under the license sought.

*Adopted to be effective: October 7, 2020*

## **Subchapter C. Licensing Provisions Related to Military Service Members, Veterans, and Military Spouses.**

### **463.20. Special Provisions Applying to Military Service Members, Veterans and Spouses.**

- (a) Substantial Equivalency Determination. In accordance with §55.004 of the Occupations Code, the licensing requirements for a license to practice psychology in another jurisdiction will be considered substantially equivalent to Texas' requirements if the other jurisdiction's requirements meet or exceed the following criteria:
  - (1) Licensed Specialist in School Psychology.
    - (A) The completion of a training program in school psychology that has been approved or accredited by the American Psychological Association or the National Association of School Psychologists, or completion of a master's degree in psychology with specific course work similar to the coursework required in the Council's rules; and
    - (B) Passage of the School Psychology Examination.
  - (2) Licensed Psychological Associate.
    - (A) A graduate degree that is primarily psychological in nature and consisting of at least 42 semester credit hours in total with at least 27 semester credit hours in psychology courses;
    - (B) Passage of the EPPP at the Texas cut-off score; and
    - (C) A minimum of 6 semester credit hours of practicum, internship, or experience in psychology, under the supervision of a licensed psychologist.
  - (3) Licensed Psychologist.
    - (A) A doctoral degree in psychology;

- (B) Passage of the EPPP at the Texas cut-off score; and
  - (C) A minimum of two years or 3,000 hours of supervised experience under a licensed psychologist.
- (b) In accordance with §55.007 of the Occupations Code, an applicant who is a military service member or military veteran, as defined by Chapter 55, Occupations Code, shall receive credit toward the following licensing requirements for verified military service, training, or education:
- (1) Licensed Specialist in School Psychology. A military service member or military veteran who has delivered psychological services within the military for at least one year is considered to have met the following requirements for this type of license: a practicum and 600 internship hours.
  - (2) Licensed Psychological Associate. A military service member or military veteran who has delivered psychological services within the military for at least one year is considered to have met the following requirements for this type of license: 6 semester credit hours of supervised experience.
  - (3) Licensed Psychologist. A military service member or military veteran who has delivered psychological services within the military for at least one year, following conferral of a doctoral degree, is considered to have met the following requirements for this type of license: one year or 1,750 hours of supervised experience.
- (c) A military service member or military veteran may not receive credit toward licensing requirements due to military service, training, or education if they hold a license issued by another jurisdiction that has been restricted, or they have a disqualifying criminal history.

*Adopted to be effective: October 7, 2020*

## **Subchapter D. Specialty Certifications.**

### **463.25. Health Service Psychologist Specialty Certification.**

- (a) Health Service Psychologist (HSP) is a specialty certification from the Council available to Texas licensed psychologists who are listed in the National Register of Health Service Psychologists.

- (b) The Council will issue the HSP specialty certification to actively licensed psychologists upon receipt of proof from the National Register that the licensee currently holds the HSP credential from the National Register.
- (c) The HSP specialty certification by the Council must be renewed in connection with the person's license. Renewal of the HSP specialty certification requires payment of the renewal fee established by the Council.

*Adopted to be effective: October 7, 2020*

## **Subchapter E. Examinations.**

### **463.30. Examinations Required for Licensure.**

- (a) Jurisprudence Examination. All applicants for licensure are required to pass the Jurisprudence Examination prior to the Council granting a license.
- (b) School Psychology Examination. Applicants for licensure as a specialist in school psychology shall take the School Psychology Examination administered by the Educational Testing Service before applying for licensure as a specialist in school psychology.
- (c) Examination for Professional Practice in Psychology (EPPP). All applicants for licensure as a psychological associate or psychologist are required to pass the EPPP prior to the Council granting a license. An applicant who has taken the EPPP either in the past or in another jurisdiction will not be required to retake the exam provided the applicant's score satisfies the Council's current minimum acceptable score for licensure.

*Adopted to be effective: October 7, 2020*

### **463.31. Minimum Passing Scores for Examinations.**

- (a) Cut-off Scores for the Examination for Professional Practice in Psychology. The minimum acceptable score for the Examination for Professional Practice in Psychology is 500 for computer based examinations and seventy percent (70%) for paper based versions of the test.
- (b) Cut-off Scores for the School Psychology Examination. The minimum acceptable score for the School Psychology Examination is the same as the current cut-off score for the Nationally Certified School Psychologist credential.

- (c) Cut-off Scores for the Jurisprudence Examination. The minimum acceptable score for the Jurisprudence Examination for all applicants is ninety percent (90%).

*Adopted to be effective: October 7, 2020*

## **Subchapter F. Professional Development.**

### **463.35. Professional Development.**

- (a) Persons licensed under Chapter 501 are obligated to continue their professional education by completing a minimum of 40 hours of professional development during each renewal period they hold a license. At least 6 of these hours shall be in ethics, the Council's rules, or professional responsibility, and another 6 or more hours shall be in cultural diversity. Acceptable cultural diversity hours include, but are not limited to professional development regarding age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic status.
- (b) Relevancy. All professional development hours shall be directly related to the practice of psychology. The Council shall make the determination as to whether the activity or publication claimed by the licensee is directly related to the practice of psychology. In order to establish relevancy to the practice of psychology, the Council may require a licensee to produce course descriptions, conference catalogs and syllabi, or other material as warranted by the circumstances. A person may not claim professional development credit for personal psychotherapy, workshops for personal growth, the provision of services to professional associations by a licensee, foreign language courses, or computer training classes.
- (c) At least half of the professional development hours required by this rule shall be obtained from or endorsed by a provider listed in subsection (f)(1) of this section.
- (d) The Council shall not pre-approve professional development credit.
- (e) Approved Professional Development Activities. The Council shall accept professional development hours obtained by participating in one or more of the following activities, provided that the specific activity may not be used for credit in more than one renewal period:

- (1) attendance or participation in a formal professional development activity for which professional development hours have been pre-assigned by a provider;
  - (2) teaching or attendance as an officially enrolled student in a graduate level course in psychology at a regionally accredited institution of higher education;
  - (3) presentation of a program or workshop; and
  - (4) authoring or editing publications.
- (f) Approved Professional Development Providers. The Council shall accept professional development hours from the following providers:
- (1) national, regional, state, or local psychological associations; public school districts; regional service centers for public school districts; state or federal agencies; or psychology programs, or counseling centers which host accredited psychology training programs, at regionally accredited institutions of higher education; and
  - (2) other formally organized groups providing professional development that is directly related to the practice of psychology. Examples of such providers include: public or private institutions, professional associations, and training institutes devoted to the study or practice of particular areas or fields of psychology; and professional associations relating to other mental health professions such as psychiatry, counseling, or social work.
- (g) Credit for professional development shall be provided as follows:
- (1) For attendance at formal professional development activities, the number of hours pre-assigned by the provider.
  - (2) For teaching or attendance of a graduate level psychology course, 4 hours per credit hour. A particular course may not be taught or attended by a licensee for professional development credit more than once.
  - (3) For presentations of workshops or programs, 3 hours for each hour actually presented, for a maximum of 6 hours per year.
  - (4) For publications, 8 hours for authoring or co-authoring a book; 6 hours for editing a book; 4 hours for authoring a published article or book chapter. A maximum credit of 8 hours for publication is permitted for any one year.

- (h) Professional development hours shall have been obtained during the renewal period for which they are submitted and may not be utilized to fulfill the requirements for more than one renewal period. However, if the hours were obtained during the license renewal month and are not needed for compliance for that renewal period, they may be submitted the following renewal period to meet that period's professional development requirements.
- (i) The Council shall accept as documentation of professional development:
  - (1) for hours received from attendance or participation in formal professional development activities, a certificate or other document containing the name of the sponsoring organization, the title of the activity, the number of pre-assigned professional development hours for the activity, and the name of the licensee claiming the hours;
  - (2) for hours received from attending college or university courses, official grade slips or transcripts issued by the institution of higher education;
  - (3) for hours received for teaching college or university courses, documentation demonstrating that the licensee taught the course;
  - (4) for presenters of professional development workshops or programs, copies of the official program announcement naming the licensee as a presenter and an outline or syllabus of the contents of the program or workshop;
  - (5) for authors or editors of publications, a copy of the article or table of contents or title page bearing the name of licensee as the author or editor;
  - (6) for online or self-study courses, a copy of the certificate of completion containing the name of the sponsoring organization, the title of the course, the number of pre-assigned professional development hours for the course, and stating the licensee passed the examination given with the course.
- (j) It is the responsibility of each licensee to maintain documentation of all professional development hours claimed under this rule and to provide this documentation upon request by the Council. Licensees shall maintain documentation of all professional development hours for 5 years following the renewal period in which those hours were utilized.

*Adopted to be effective: October 7, 2020*

## **Subchapter G. Criminal History and License Eligibility.**

**463.40. Ineligibility Due to Criminal History.** Those crimes which TSBEP considers directly related to the duties and responsibilities of a licensee are:

- (1) offenses listed in Article 42A.054 of the Code of Criminal Procedure;
- (2) any felony offense wherein the judgment reflects an affirmative finding regarding the use or exhibition of a deadly weapon;
- (3) any criminal violation of the Psychologists' Licensing Act;
- (4) any criminal violation of Chapter 35 (Insurance Fraud) or Chapter 35A (Medicaid Fraud) of the Penal Code;
- (5) any criminal violation of Chapter 32, Subchapter B (Forgery) of the Penal Code;
- (6) any criminal violation of §32.42 (Deceptive Business Practices), §32.43 (Commercial Bribery), §32.45 (Misapplication of Fiduciary Property), §32.46 (Securing Execution of Document by Deception), §32.50 (Deceptive Preparation and Marketing of Academic Product), §32.51 (Fraudulent Use or Possession of Identifying Information), §32.52 (Fraudulent, Substandard, or Fictitious Degree), or §32.53 (Exploitation of Child, Elderly or Disabled Individual) of the Penal Code;
- (7) any criminal violation of Chapter 37 (Perjury and Other Falsification) of the Penal Code;
- (8) any offense involving the failure to report abuse;
- (9) any criminal violation of §38.12 (Barratry and Solicitation of Professional Employment) of the Penal Code;
- (10) any criminal violation involving a federal health care program, including 42 USC §1320a-7b (Criminal penalties for acts involving Federal health care programs);
- (11) any state or federal offense not otherwise listed herein, committed by a licensee while engaged in the practice of psychology; and
- (12) any attempt, solicitation, or conspiracy to commit an offense listed herein.

*Adopted to be effective: October 7, 2020*

# RULES

- 465.1. Definitions.** The following terms have the following meanings:
- (1) "Adoption evaluation" has the same meaning as assigned by §107.151 of the Family Code.
  - (2) "Child custody evaluation" has the same meaning as assigned by §107.101 of the Family Code.
  - (3) "Client" means a party other than a patient seeking or obtaining psychological services, as defined in §501.003 of the Occupations Code, for a third-party with the goal of assisting or caring for that third-party or answering a referral question through the use of forensic psychological services.
  - (4) "Dual Relationship" means a situation where a licensee and another individual have both a professional relationship and a non-professional relationship. Dual relationships include, but are not limited to, personal friendships, business or financial interactions, mutual club or social group activities, family or marital ties, or sexual relationships.
  - (5) "Forensic evaluation" is an evaluation conducted, not for the purpose of providing mental health treatment, but rather at the request of a court, a federal, state, or local governmental entity, an attorney, or an administrative body including federal and private disability benefits providers to assist in addressing a forensic referral question.
  - (6) "Forensic psychological services" are services involving courts, legal claims, or the legal system. The provision of forensic psychological services includes any and all preliminary and exploratory services, testing, assessments, evaluations, interviews, examinations, depositions, oral or written reports, live or recorded testimony, or any psychological service provided by a licensee concerning a current or potential legal case at the request of a party or potential party, an attorney for a party, or a court, or any other individual or entity, regardless of whether the licensee ultimately provides a report or testimony that is utilized in a legal proceeding. However, forensic psychological services do not include evaluations, proceedings, or hearings under the Individuals with Disabilities Education Improvement Act (IDEIA).
  - (7) "Informed Consent" means the written documented consent of the patient, client and other recipients of

psychological services only after the patient, client or other recipient has been made aware of the purpose and nature of the services to be provided, including but not limited to: the specific goals of the services; the procedures to be utilized to deliver the services; possible side effects of the services, if applicable; alternate choices to the services, if applicable; the possible duration of the services; the confidentiality of and relevant limits thereto; all financial policies, including the cost and methods of payment; and any provisions for cancellation of and payments for missed appointments; and right of access of the patient, client or other recipient to the records of the services.

- (8) "Licensee" means a licensed psychologist, provisionally licensed psychologist, licensed psychological associate, licensed specialist in school psychology, applicants, and any other individual subject to the regulatory authority of the Council.
- (9) "Patient" means a person who receives psychological services, as defined in §501.003 of the Occupations Code, regardless of whether the patient or a third-party pays for the services. The term "patient" shall include a client if the client is a person listed in §611.004(a)(4) or (5) of the Health and Safety Code who is acting on a patient's behalf. A person who is the subject of a forensic evaluation is not considered to be a patient under these rules.
- (10) "Private school" has the same meaning as assigned by §5.001 of the Texas Education Code, but does not include a parent or legal guardian who chooses to homeschool a child.
- (11) "Professional relationship" means a fiduciary relationship between a licensee and a patient or client involving communications and records deemed confidential under §611.002 of the Health and Safety Code. A professional relationship also exists where licensees are appointed by a court or other governmental body to answer a referral question through the use of forensic psychological services.
- (12) "Professional standards" are determined by the Council through its rules.
- (13) "Provision of psychological services" means any use by a licensee of education or training in psychology in the context of a professional relationship. Psychological services include, but are not limited to, therapy, diagnosis, testing, assessments, evaluation, treatment,

counseling, supervision, consultation, providing forensic opinions, rendering a professional opinion, or performing research, or teaching to an individual, group, or organization.

- (14) "Public school" means any state agency, regional education service center, diploma program, school district, or charter school established or authorized under Title 2 of the Texas Education Code and supported in whole or in part by state tax funds.
- (15) "Recognized member of the clergy," as used in §501.004(a)(4) of the Occupations Code, means a member in good standing of and accountable to a denomination, church, sect or religious organization recognized under the Internal Revenue Code, §501(c)(3).
- (16) "Records" are any information, regardless of the format in which it is maintained, that can be used to document the delivery, progress or results of any psychological services including, but not limited to, data identifying a recipient of services, dates of services, types of services, informed consents, fees and fee schedules, assessments, treatment plans, consultations, session notes, reports, release forms obtained from a client or patient or any other individual or entity, and records concerning a patient or client obtained by the licensee from other sources.
- (17) "Report" includes any written or oral assessment, recommendation, psychological diagnostic or evaluative statement containing the professional judgment or opinion of a licensee.
- (18) "Supervision" refers to direct, systematic professional oversight of individuals who provide psychological services under the authority of a supervising licensee, whereby the supervisor has the responsibility and ability to monitor and control the psychological services provided to ensure the patient's or client's best interests are met and that the public is protected. In the context of psychological training and education, "supervision" also refers to the formal provision of systematic education and training for purposes of licensure or competency that serves to assist individuals with gaining experience and developing the skills necessary for licensure or competent practice in a particular practice area. However, the term "supervision" does not apply to the supervision of purely administrative or employment matters.

- (19) "Test data" refers to a patient's specific answers to test materials, whether spoken or written, generated in drawings, or recorded by computers or other lab devices.
- (20) "Test materials" refers to test booklets, forms, manuals, instruments, protocols, software, as well as test questions, and stimuli protected by federal copyright law and used in psychological testing to generate test results and test reports.

*Adopted to be effective: October 7, 2020*

**465.2. Supervision.**

- (a) Supervision in General. The following rules apply to all supervisory relationships.
  - (1) Licensee is responsible for the supervision of all individuals that the licensee employs or utilizes to provide psychological services of any kind.
  - (2) Licensees shall ensure that their supervisees have legal authority to provide psychological services.
  - (3) Licensees may delegate only those responsibilities that supervisees may legally and competently perform.
  - (4) All individuals who receive psychological services requiring informed consent from an individual under supervision must be informed in writing of the supervisory status of the individual and how the patient or client may contact the supervising licensee directly.
  - (5) All materials relating to the practice of psychology, upon which the supervisee's name or signature appears, must indicate the supervisory status of the supervisee. Supervisory status must be indicated by one of the following:
    - (A) Supervised by (name of supervising licensee);
    - (B) Under the supervision of (name of supervising licensee);
    - (C) The following persons are under the supervision of (name of supervising licensee); or
    - (D) Supervisee of (name of supervising licensee).
  - (6) Licensees shall provide an adequate level of supervision to all individuals under their supervision according to accepted professional standards given the experience, skill and training of the supervisee, the availability of other qualified licensees for consultation, and the type of psychological services being provided.
  - (7) Licensees shall utilize methods of supervision that enable the licensee to monitor all delegated services for

legal, competent, and ethical performance. Methods of supervision may include synchronous remote or electronic means.

- (8) Licensees must be competent to perform any psychological services being provided under their supervision.
  - (9) Licensees shall document their supervision activities in writing, including any remote or electronic supervision provided. Documentation shall include the dates, times, and length of supervision.
  - (10) Licensees may only supervise the number of supervisees for which they can provide adequate supervision.
- (b) Supervision of Students, Interns, Residents, Fellows, and Trainees. The following rules apply to all supervisory relationships involving students, interns, residents, fellows, and trainees.
- (1) Unlicensed individuals providing psychological services pursuant to §§501.004(a)(2), 501.2525(a)(2)(A), or 501.260(b)(3) of the Occupations Code must be under the supervision of a qualified supervising licensee at all times.
  - (2) Supervision must be provided by a qualified supervising licensee before it will be accepted for licensure purposes.
  - (3) A licensee practicing under a restricted status license is not qualified to, and shall not provide supervision for a person seeking to fulfill internship or practicum requirements or a person seeking licensure under the Psychologists' Licensing Act, regardless of the setting in which the supervision takes place, unless authorized to do so by the Council. A licensee shall inform all supervisees of any disciplinary order restricting the licensee's license and assist the supervisees with finding appropriate alternate supervision.
  - (4) A supervisor must document in writing a supervisee's performance during a practicum, internship, or period of supervised experience required for licensure. The supervisor must provide this documentation to the supervisee.
  - (5) A supervisor may allow a supervisee, as part of a required practicum, internship, or period of supervised experience required for licensure under Chapter 501, to supervise others in the delivery of psychological services.

- (6) Licensees may not supervise an individual to whom they are related within the second degree of affinity or consanguinity.
- (c) Supervision of Provisionally Licensed Psychologists and Licensed Psychological Associates. The following rules apply to all supervisory relationships involving Provisionally Licensed Psychologists and Licensed Psychological Associates.
  - (1) Provisionally Licensed Psychologists must be under the supervision of a Licensed Psychologist and may not engage in independent practice unless the provisional licensee is licensed in another state to independently practice psychology and is in good standing in that state.
  - (2) A Provisionally Licensed Psychologist may, as part of a period of supervised experience required for licensure as a psychologist, supervise others in the delivery of psychological services.
  - (3) A supervisor must provide at least one hour of individual supervision per week. A supervisor may reduce the amount of weekly supervision on a proportional basis for supervisees working less than full-time.
- (d) Supervision of Licensed Specialists in School Psychology interns and trainees. The following rules apply to all supervisory relationships involving Licensed Specialists in School Psychology, as well as all interns and trainees working toward licensure as a specialist in school psychology.
  - (1) A supervisor must provide an LSSP trainee with at least one hour of supervision per week, with no more than half being group supervision. A supervisor may reduce the amount of weekly supervision on a proportional basis for trainees working less than full-time.
  - (2) Supervision within the public schools may only be provided by a Licensed Specialist in School Psychology who has a minimum of 3 years of experience providing psychological services within the public school system without supervision. To qualify, a licensee must be able to show proof of their license, credential, or authority to provide unsupervised school psychological services in the jurisdiction where those services were provided, along with documentation from the public school(s) evidencing delivery of those services.

- (3) Supervisors must sign educational documents completed for students by the supervisee, including student evaluation reports, or similar professional reports to consumers, other professionals, or other audiences. It is not a violation of this rule if supervisors do not sign documents completed by a committee reflecting the deliberations of an educational meeting for an individual student which the supervisee attended and participated in as part of the legal proceedings required by federal and state education laws, unless the supervisor also attended and participated in such meeting.
  - (4) Supervisors shall document all supervision sessions. This documentation must include information about the duration of sessions, as well as the focus of discussion or training. The documentation must also include information regarding:
    - (A) any contracts or service agreements between the public school district and university school psychology training program;
    - (B) any contracts or service agreements between the public school district and the supervisee;
    - (C) the supervisee's professional liability insurance coverage, if any;
    - (D) any training logs required by the school psychology training program; and
    - (E) the supervisee's trainee or licensure status.
  - (5) Supervisors must ensure that each individual completing any portion of the internship required for licensure as an LSSP, is provided with a written agreement that includes a clear statement of the expectations, duties, and responsibilities of each party, including the total hours to be performed by the intern, benefits and support to be provided by the supervisor, and the process by which the intern will be supervised and evaluated.
  - (6) Supervisors must ensure that supervisees have access to a process for addressing serious concerns regarding a supervisee's performance. The process must protect the rights of clients to receive quality services, assure adequate feedback and opportunities for improvement to the supervisee, and ensure due process protection in cases of possible termination of the supervisory relationship.
- (e) The various parts of this rule should be construed, if possible, so that effect is given to each part. However, where

a general provision conflicts with a more specific provision, the specific provision shall control.

*Adopted to be effective: October 7, 2020*

**465.4. Employment of Individuals Not Licensed by the Council.**

- (a) Individuals Licensed in Another Profession. Psychologists may employ or utilize individuals who are licensed members of another profession to provide only activities or services permitted by the applicable license or licenses held by that individual. In addition, a person licensed under Chapter 501 may supervise a licensed member of another profession to the extent permissible by the other profession's statute and regulations. Any service provided by the licensed member of another profession may not be described or represented to the patient or client as psychological services, and the individual must be clearly identified to the patient or client as a licensee of the applicable profession who is providing services pursuant to that individual's own license.
- (b) Unlicensed Individuals. Psychologists may employ unlicensed individuals only to perform services which do not constitute the practice of psychology or the activities and services of another licensed profession. Permissible duties include:
  - (1) Secretarial and clerical duties such as scheduling appointments or processing insurance forms;
  - (2) Data gathering, such as administering, proctoring, or scoring non-projective tests, obtaining histories or obtaining documentation for record keeping purposes, provided that it does not require psychological education or involve the provision of psychological services; and
  - (3) Technical, educational, or other duties that are adjunctive to and incorporated into the provision of psychological services such as providing educational information or assisting a client's work with a computer, special equipment or special materials, provided that the duties do not require psychological education or involve the provision of psychological services or the services or activities of another licensed profession.

*Adopted to be effective: October 7, 2020*

**465.6. Solicitation, Use of Titles, and Business Names.**

- (a) Solicitation of Testimonials and/or Patients.

- (1) Licensees do not solicit testimonials from current clients or patients or from other persons who are vulnerable to undue influence.
  - (2) Licensees do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential patients or clients.
- (b) Use of Titles.
- (1) An individual may not use the title of "Licensed Psychologist" unless the individual is licensed as such by this agency.
  - (2) An individual may not use the title of "Psychologist" when engaged in the practice of psychology, unless the individual is licensed as such by this agency.
  - (3) A licensed psychologist may not use a specialty title unless one or more of the following criteria have been met:
    - (A) the individual holds a doctorate in the area of specialization;
    - (B) the individual has undergone retraining under the American Psychological Association retraining guidelines in effect at the time of specialization;
    - (C) the individual has completed a two-year postdoctoral fellowship in the area of specialization;
    - (D) for individuals who matriculated from a doctoral program in psychology prior to 1978, documentation of academic coursework and relevant applied experience, as well as proof that the title has been used for at least five years; or
    - (E) documentation of certification, approval, or specialist status granted by a professional, refereed board, provided that the licensee indicates the name of the board which granted the title and that the individual's status with the specialty board is current and in good standing. Use of the term "Board Certified" or "Board Approved" or any similar words or phrases calculated to convey the same meaning shall constitute misleading or deceptive advertising, unless the licensee discloses the complete name of the specialty board that conferred the aforementioned specialty title, certification, approval or specialist status.
- (c) Assumed Names and Legal Entities. Licensees engaged in the practice of psychology under an assumed name or

through a legal entity must comply with the name and notification requirements set out in the Assumed Business and Professional Name Act found in Chapter 71 of the Texas Business and Commerce Code and §5.060 of the Texas Business Organizations Code.

*Adopted to be effective: October 7, 2020*

**465.8. Psychological Services Are Provided within a Defined Relationship.** Licensees provide psychological services only in the context of a defined professional relationship.

*Adopted to be effective: October 7, 2020*

**465.9. Competency.**

- (a) Licensees provide only services for which they have the education, skills, and training to perform competently.
- (b) Competency includes the ability to provide services concerning a specific individual that takes into account characteristics of that individual including age, gender, ethnicity, national origin, disability, language, and socio-economic status.
- (c) Licensees maintain current knowledge of scientific and professional information that ensures competency in every area in which they provide services.
- (d) Licensees provide services in an unfamiliar area or involving new techniques only after first undertaking appropriate study and training, including supervision, and/or consultation from a professional competent to provide such services.
- (e) In emerging areas in which generally recognized standards for preparatory training do not exist, licensees take reasonable steps to ensure the competence of their work and to protect patients, clients, research participants, and other affected individuals from the potential for harm.
- (f) Licensees are responsible for ensuring that all individuals practicing under their supervision are competent to perform those services.
- (g) Licensees who delegate performance of certain services such as test scoring are responsible for ensuring that the entity to whom the delegation is made is competent to perform those services.
- (h) Licensees who lack the competency to provide particular psychological services to a specific individual must withdraw and refer the individual to an appropriate service provider.
- (i) Emergency Situations. In emergencies, when licensees are asked to provide services to individuals for whom appropriate mental health services are not available and for

which the licensee has not obtained the necessary competence, licensees may provide such services until the emergency has abated or to the extent necessary to ensure that services are not denied. If ongoing services are provided, licensees must comply with subsection (d) of this section, as soon as practicable or refer the patient to an appropriate service provider.

- (j) Licensees refrain from initiating or continuing to undertake an activity when they know or should know that there is a substantial likelihood that personal problems or conflicts will prevent them from performing their work-related activities or producing a psychological report in a competent and timely manner. When licensees become aware of such conflicts, they must immediately take appropriate measures, such as obtaining professional consultation or assistance in order to determine whether they should limit, suspend, or terminate the engagement in accordance with §465.21 of this title (relating to Termination of Services).

*Adopted to be effective: October 7, 2020*

**465.10. Basis for Scientific and Professional Judgments.** Licensees rely on scientifically and professionally derived knowledge when making professional judgments.

*Adopted to be effective: October 7, 2020*

**465.11. Informed Consent.**

- (a) Except in an inpatient setting where a general consent has been signed, licensees must obtain and document in writing informed consent concerning all services they intend to provide to the patient, client or other recipient(s) of the psychological services prior to initiating the services, using language that is reasonably understandable to the recipients unless consent is precluded by applicable federal or state law.
- (b) Licensees provide appropriate information as needed during the course of the services about changes in the nature of the services to the patient client or other recipient(s) of the services using language that is reasonably understandable to the recipient to ensure informed consent.
- (c) Licensees provide appropriate information as needed, during the course of the services to the patient client and other recipient(s) and afterward if requested, to explain the results and conclusions reached concerning the services using language that is reasonably understandable to the recipient(s).

- (d) When a licensee agrees to provide services to a person, group or organization at the request of a third party, the licensee clarifies to all of the parties the nature of the relationship between the licensee and each party at the outset of the service and at any time during the services that the circumstances change. This clarification includes the role of the licensee with each party, the probable uses of the services and the results of the services, and all potential limits to the confidentiality between the recipient(s) of the services and the licensee.
- (e) When a licensee agrees to provide services to several persons who have a relationship, such as spouses, couples, parents and children, or in group therapy, the licensee clarifies at the outset the professional relationship between the licensee and each of the individuals involved, including the probable use of the services and information obtained, confidentiality, expectations of each participant, and the access of each participant to records generated in the course of the services.
- (f) At any time that a licensee knows or should know that the licensee may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the licensee explains the potential conflict to all affected parties and adjusts or withdraws from all professional services in accordance with Council rules and applicable state and federal law. Further, licensees who encounter personal problems or conflicts as described in rule §465.9(j) of this title (relating to Competency) that will prevent them from performing their work-related activities in a competent and timely manner must inform their clients of the personal problem or conflict and discuss appropriate termination and referral to insure that the services are completed in a timely manner.
- (g) When persons are legally incapable of giving informed consent, licensees obtain informed consent from any individual legally designated to provide substitute consent.
- (h) When informed consent is precluded by law, the licensee describes the nature and purpose of all services, as well as the confidentiality of the services and all applicable limits thereto, that the licensee intends to provide to the patient, client, or other recipient(s) of the psychological services prior to initiating the services using language that is reasonably understandable to the recipient(s).

*Adopted to be effective: October 7, 2020*

**465.12. Privacy and Confidentiality.**

- (a) Licensees utilize business practices and provide services in a manner that safeguards the privacy and confidentiality of patients and clients.
- (b) Licensees must inform their patients or clients about confidentiality and foreseeable limitations on confidentiality created by existing and reasonably foreseeable circumstances prior to the commencement of services as part of the informed consent process.
- (c) Licensees keep patients and clients informed of all changes in circumstances affecting confidentiality as they arise.
- (d) Licensees comply with Chapter 611 of the Texas Health and Safety Code and all other state and federal law applicable to patient or client confidentiality.
- (e) Licensees disclose confidential information without the consent of a patient or client only in compliance with applicable state and federal law.
- (f) Licensees who release confidential records relating to a patient or client that also contain confidential information relating to a second patient or client that the licensee obtained through the provision of services to that second individual, and who lack consent or other legal authority to disclose the second individual's identity or records, must remove all identifying and confidential information relating to the second individual before releasing the records.
- (g) Licensees may share information for consultation purposes without a consent only to the extent necessary to achieve the purposes of the consultation. Licenses shall exclude information that could lead to the identification of the patient or client.
- (h) Licensees shall not require a patient or client to waive a legal right to confidentiality as a condition of providing services.
- (i) Licensees include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

*Adopted to be effective: October 7, 2020*

**465.13. Personal Problems, Conflicts and Dual Relationship.**

- (a) In General.
  - (1) Licensees refrain from providing services when they know or should know that their personal problems or a lack of objectivity are likely to impair their competency or harm a patient, client, colleague, student, supervisee, research participant, or other person with whom they have a professional relationship.

- (2) Licensees seek professional assistance for any personal problems, including alcohol or substance abuse likely to impair their competency.
  - (3) Licensees do not exploit persons over whom they have supervisory evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients.
  - (4) Licensees refrain from entering into or withdraw from any professional relationship that conflicts with their ability to comply with all Council rules applicable to other existing professional relationships.
- (b) Dual Relationships.
- (1) A licensee must refrain from entering into a dual relationship with a client, patient, supervisee, student, group, organization, or any other party if such a relationship is likely to impair the licensee's objectivity, prevent the licensee from providing competent psychological services, or exploit or otherwise cause harm to the other party.
  - (2) A licensee must refrain from entering into or withdraw from a professional relationship where personal, financial, or other relationships are likely to impair the licensee's objectivity or pose an unreasonable risk of harm to a patient or client.
  - (3) A licensee who is considering or involved in a professional or non-professional relationship that could result in a violation of this rule must take appropriate measures, such as obtaining professional consultation or assistance, to determine whether the licensee's relationships, both existing and contemplated, are likely to impair the licensee's objectivity or cause harm to the other party.
  - (4) Licensees do not provide psychological services to a person with whom they have had a sexual relationship.
  - (5) Licensees do not terminate psychological services with a person in order to have a sexual relationship with that person. Licensees do not terminate psychological services with a person in order to have a sexual relationship with individuals who the licensee knows to be the parents, guardians, spouses, significant others, children, or siblings of the client.

*Adopted to be effective: October 7, 2020*

**465.14. Misuse of Licensee Services.**

- (a) Licensees decline to offer services when limitations or conditions are placed on their work by the patient, client, or third parties which could foreseeably cause the licensee to violate a Council rule.
- (b) If licensees become aware of misuse or misrepresentation of their services or the results of their services, they take reasonable steps to correct or minimize the misuse or misrepresentation.

*Adopted to be effective: October 7, 2020*

**465.15. Fees and Financial Arrangements.**

- (a) General Requirements.
  - (1) Before the provision of any services, the licensee and the recipient of psychological services reach an agreement specifying the compensation and billing arrangements.
  - (2) If services are not paid for as agreed, the licensee shall not utilize a collection agency or legal measures to collect any unpaid fees unless the licensee has provided the affected party with at least 30 days written notice, separate and apart from any notice provided as part of the informed consent process, that such measures will be taken and the party has been provided with a reasonable opportunity to make prompt payment.
  - (3) Licensees shall not withhold records solely because payment has not been received unless specifically permitted by law.
  - (4) In reporting their services to third-party payers, licensees accurately state the nature, date and fees for the services provided.
- (b) Ethical and Legal Requirements.
  - (1) Licensees do not engage in fraudulent billing.
  - (2) Licensees do not misrepresent their fees.
  - (3) Licensees do not overcharge or otherwise exploit recipients of services or payers with respect to fees.
  - (4) Licensees do not receive payments from or divide fees with another health care provider in exchange for professional referrals.
  - (5) A licensee does not participate in bartering if it is clinically contra-indicated or if bartering has the potential to create an exploitative or harmful dual relationship.

*Adopted to be effective: October 7, 2020*

**465.16. Evaluation, Assessment, Testing, and Reports.**

- (a) Scope and Purpose.
  - (1) Licensees clearly describe the scope and purpose of evaluation, assessment, and testing to patients before they provide these psychological services.
  - (2) Licensees produce reports that clearly state and accurately reflect the scope and purpose of evaluation, assessment, and testing.
- (b) Reliability and Validity.
  - (1) Licensees verify, by signature and date, that every evaluation, assessment, test result, report, recommendation, or psychological diagnostic or evaluative statement produced is based on information and techniques sufficient to provide appropriate substantiation for its findings.
  - (2) Licensees administer, score, interpret or use assessment techniques or tests only if they are familiar with the reliability, validation and related standardization or outcome studies of, and proper applications and use of, the techniques they use.
  - (3) Licensees who administer, score, interpret or utilize psychological assessment techniques, tests or instruments do so in a manner and for purposes for which there are professional or scientific bases.
  - (4) Licensees do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
  - (5) Licensees do not base decisions or recommendations on tests and measures that are obsolete or not useful for the current purpose.
- (c) Limitations.
  - (1) Licensees include all information that provides the basis for their findings in any report in which they make findings or diagnoses about an individual.
  - (2) Licensees identify limits to the certainty with which diagnoses, judgments, or predictions can be made about individuals.
  - (3) Licensees identify various test factors and characteristics of the person being assessed that might affect their professional judgment or reduce the accuracy of their interpretations when interpreting assessment results, including automated interpretations.
  - (4) Licensees include any significant reservations they have about the accuracy or limitations of their interpretations or findings in any report they produce.

- (5) Licensees provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When such an examination is not practical, licensees document the efforts they made to obtain such an examination and clarify the probable impact of their limited information to the reliability and validity of their conclusions.
- (6) Licensees must meet any education, training, or licensure requirements established by a test publisher for the purchase or use of its test materials. It is presumed that a licensee meets any such requirements if a test publisher or other authorized vendor, sells test materials to a licensee. Any false or misleading representation by a licensee regarding the individual's qualifications will negate this presumption.
- (d) Test Security and Validity. Licensees conduct testing and maintain and release test protocols and data in a secure manner that does not compromise the validity of the test.
- (e) Production of Reports.
  - (1) Licensees shall provide the patient, client, or subject of the evaluation with an estimate of the time needed to produce a report prior to conducting any evaluation, assessment, or testing.
  - (2) Licensees shall produce a report within a reasonable time period following completion of the evaluation, assessment, or testing needed to substantiate the report.
  - (3) Licensees shall notify a patient, client, or subject of the evaluation if a report cannot be produced within the original estimated time period and provide a new production date together with a reasonable explanation for why the report will be delayed.

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**465.17. Therapy and Counseling.**

- (a) Imbalances of Power.
  - (1) Licensees who engage in therapy or counseling recognize the actual or perceived power or undue influence they hold over current and former patients and clients.
  - (2) Licensees are presumed to have power and influence over former therapy or counseling patients or clients.

- (3) Licensees do not engage in sexual relationships with, employ, enter into business with or otherwise exploit any former patient or client over whom they have actual or perceived power or undue influence created through a therapeutic relationship.
- (b) Treatment plans.
- (1) Licensees create specific written treatment plans that include, at a minimum, agreed upon goals of the treatment, the techniques to be used, and the tentative duration of the treatment for any therapy or counseling that they provide.
  - (2) Licensees explain the treatment plan to all recipients of the therapy or counseling before commencing the services.
  - (3) Licensees alter and document the alteration in the treatment plan when clinically indicated.
  - (4) Licensees confer with and obtain consent from the patient, client, or other recipient(s) of services concerning significant alterations in the treatment plan.

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**465.18. Forensic Services.**

- (a) In General.
- (1) A licensee who provides services concerning a matter which the licensee knows or should know will be utilized in a legal proceeding, such as a divorce, child custody determination, fitness for duty evaluation for high risk personnel, disability claim, or risk assessment evaluations of employees, must comply with all applicable Council rules concerning forensic services regardless of whether the licensee is acting as a factual witness or an expert.
  - (2) Licensees who engage in forensic services must have demonstrated appropriate knowledge of and competence in all underlying areas of psychology about which they provide such services.
  - (3) All forensic opinions, reports, assessments, and recommendations rendered by a licensee must be based on information and techniques sufficient to provide appropriate substantiation for each finding.
  - (4) When appointed or designated in writing by a court to provide psychological services, a licensee shall obtain and keep a copy of the court order.
  - (5) When providing forensic psychological services to a minor who is the subject of a court order or the ward

of guardianship, a licensee shall obtain and keep a copy of the relevant portions of any court order, divorce decree, or letters of guardianship authorizing the individual to provide substitute consent on behalf of the minor or ward.

- (b) Limitation on Services.
- (1) A licensee who is asked to provide an opinion concerning an area or matter about which the licensee does not have the appropriate knowledge and competency to render a professional opinion shall decline to render that opinion.
  - (2) A licensee who is asked to provide an opinion concerning a specific matter for which the licensee lacks sufficient information to render a professional opinion shall decline to render that opinion unless the required information is provided.
  - (3) A licensee shall not render a written or oral opinion about the psychological characteristics of an individual without conducting an examination of the individual unless the opinion contains a statement that the licensee did not conduct an examination of the individual.
  - (4) A written or oral opinion about the psychological characteristics of an individual rendered by a licensee who did not conduct an examination of that individual must contain clarification of the extent to which this limits the reliability and validity of the opinion and the conclusions and recommendations of the licensee.
  - (5) When seeking or receiving court appointment or designation as an expert for a forensic evaluation a licensee specifically avoids accepting appointment or engagement for both evaluation and therapeutic intervention for the same case. A licensee provides services in one but not both capacities in the same case.
- (c) Describing the Nature of Services. A licensee must document in writing that subject(s) of forensic evaluations or their parents or legal representative have been informed of the following:
- (1) The nature of the anticipated services (procedures);
  - (2) The specific purpose and scope of the evaluation;
  - (3) The identity of the party who requested the psychologist's services;
  - (4) The identity of the party who will pay the psychologist's fees and if any portion of the fees is to

- be paid by the subject, the estimated amount of the fees;
- (5) The type of information sought and the uses for information gathered;
  - (6) The people or entities to whom psychological records will be distributed;
  - (7) The approximate length of time required to produce any reports or written results;
  - (8) Applicable limits on confidentiality and access to psychological records;
  - (9) Whether the psychologist has been or may be engaged to provide testimony based on the report or written results of forensic psychological services in a legal proceeding; and
  - (10) The licensee's name as it appears in their professional file with the Council prior to initiating services.
- (d) **Certain Testimony Prohibited.**
- (1) A licensee may not offer an expert opinion or recommendation relating to the conservatorship of or possession of or access to a child unless the licensee has conducted a child custody evaluation.
  - (2) In a contested suit, a licensee may provide other relevant information and opinions, other than those prohibited by paragraph (1) of this subsection, relating to any party that the licensee has personally evaluated or treated.
  - (3) This subsection does not apply to a suit in which the Department of Family and Protective Services is a party.
- (e) **Child Custody Evaluations.**
- (1) The role of the child custody evaluator is one of professional expert. A licensee serving as a child custody evaluator shall not function as an advocate, but must remain impartial and objective. Licensees conducting child custody evaluations, including those licensees appointed by a court, are subject to the Council's jurisdiction and must follow all applicable Council rules.
  - (2) The term "supervision" as used in this subsection shall have the meaning assigned by §107.101 of the Family Code. However, the term shall not encompass the restrictions and requirements set forth in §465.2 of this title (relating to Supervision) nor shall a licensee providing supervision under this subsection have supervisory responsibility under that same rule.
  - (3) **Minimum Qualifications of Child Custody Evaluator.**

- (A) A licensee must be qualified to conduct a child custody evaluation pursuant to §107.104 of the Family Code before the licensee may conduct an evaluation. Licensees qualified to conduct evaluations under §107.104(b)(2) must conduct evaluations under supervision in accordance with that section.
- (B) Notwithstanding any other grounds for qualification, the Council has determined that a licensed psychologist is qualified to conduct child custody evaluations if the licensee:
  - (i) has obtained a minimum of 8 professional development hours directly related to the performance of child custody evaluations since becoming a licensed psychologist, and is board certified in forensic psychology by the American Board of Professional Psychology (ABPP); or
  - (ii) has obtained a minimum of 40 professional development hours directly related to the performance of child custody evaluations since becoming a licensed psychologist, and has conducted at least three child custody evaluations under the supervision of a qualified licensee.
- (C) A licensee who does not meet the minimum qualification requirements set forth in §107.104 of the Family Code, may nevertheless conduct a child custody evaluation if:
  - (i) appointed to do so pursuant to §107.106 of the Family Code. A licensee appointed under §107.106 must comply with the provisions of Subchapter D of the Family Code and this rule; or
  - (ii) the individual is licensed as a psychologist, and has completed at least ten social studies or other child custody evaluations ordered by a court in suits affecting the parent-child relationship prior to September 1, 2015.
- (D) If requested by a court, a licensee selected to conduct or who is conducting a child custody evaluation must demonstrate appropriate knowledge and competence in child custody evaluation services consistent with professional models, standards, and guidelines.

- (E) In addition to the minimum qualifications set forth by this rule, an individual must complete at least eight hours of family violence dynamics training provided by a family violence service provider to be qualified to conduct child custody evaluations.
- (4) Disclosure of Conflicts and Bias.
  - (A) Licensees shall comply with all disclosure requirements set forth in §107.107 of the Family Code.
  - (B) Following any disclosure required by §107.107(c), a licensee must resign as child custody evaluator, unless:
    - (i) the court finds that no conflict of interest exists and that any previous knowledge of a party or child who is the subject of the suit is not relevant; or
    - (ii) the parties and any attorney for a child who is the subject of the suit agree in writing to the licensee's continued appointment as the child custody evaluator.
  - (C) Except as authorized by §107.107(f), licensees may not accept appointment as a child custody evaluator if they have worked in a professional capacity with a party, a child who is the subject of the suit, or a member of the party's or child's family. The term "family" as used in this subpart has the meaning assigned by §71.003 of the Family Code.
- (5) Elements of Child Custody Evaluation.
  - (A) Licensees shall comply with §§107.108, 107.109, and 107.1101 of the Family Code when conducting child custody evaluations.
  - (B) Licensees may conduct psychometric testing as part of a child custody evaluation in accordance with §107.110 of the Family Code.
- (6) Communications and Recordkeeping of Child Custody Evaluator.
  - (A) Licensees shall comply with the requirements of §107.112 of the Family Code regarding:
    - (i) the disclosure of communications between evaluation participants;
    - (ii) the creation and retention of records relevant to the evaluation; and
    - (iii) access to evaluation records.

- (B) Licensees conducting child custody evaluations shall maintain the confidentiality of records obtained from the Department of Family and Protective Services pursuant to §107.111 of the Family Code, as well as any records obtained pursuant to §107.1111. Licensees may not disclose any information obtained from the records except as required or allowed by law. Failure to maintain confidentiality as required by law will result in disciplinary action against a licensee.
- (7) Evaluation Report.
  - (A) A licensee who conducts a child custody evaluation shall prepare and file a report in accordance with §107.113 of the Family Code.
  - (B) A licensee shall provide a copy of any report filed with the Court in accordance with §107.114 of the Family Code.
- (f) Adoption Evaluations.
  - (1) The role of the adoption evaluator is one of professional expert. A licensee serving as an adoption evaluator shall not function as an advocate, but must remain impartial and objective. Licensees conducting adoption evaluations, including those licensees appointed by a court, are subject to the Council's jurisdiction and must follow all applicable Council rules.
  - (2) Minimum Qualifications of Adoption Evaluator.
    - (A) A licensee must be qualified to conduct an adoption evaluation pursuant to §107.154 of the Family Code before the licensee may conduct an evaluation.
    - (B) Licensees qualified to conduct a child custody evaluations are also qualified to conduct adoption evaluations.
    - (C) A licensee who does not meet the minimum qualification requirements set forth in §107.154, may nevertheless conduct an adoption evaluation if:
      - (i) appointed to do so pursuant to §107.155 of the Family Code. A licensee appointed under §107.155 must comply with the provisions of Subchapter E of the Texas Family Code and this rule; or
      - (ii) the individual is licensed as a psychologist, and has completed at least

ten social studies or other child custody evaluations ordered by a court in suits affecting the parent-child relationship prior to September 1, 2015.

- (3) Disclosure of Conflicts and Bias.
  - (A) Licensees shall comply with all disclosure requirements set forth in §107.156 of the Family Code.
  - (B) Following any disclosure required by §107.156(c), a licensee must resign as adoption evaluator, unless:
    - (i) the court finds that no conflict of interest exists and that any previous knowledge of a party or child who is the subject of the suit is not relevant; or
    - (ii) the parties and any attorney for a child who is the subject of the suit agree in writing to the licensee's continued appointment as the adoption evaluator.
  - (C) Except as authorized by §107.156(e) of the Family Code, licensees may not accept appointment as an adoption evaluator if they have worked in a professional capacity with a party, a child who is the subject of the suit, or a member of the party's or child's family. The term "family" as used in this subpart has the meaning assigned by §71.003 of the Family Code.
- (4) A licensee shall report to the Department of Family and Protective Services any adoptive placement that appears to have been made by someone other than a licensed child-placing agency or a child's parent or managing conservator.
- (5) Licensees shall comply with §§107.158, 107.159, and 107.160 of the Family Code when conducting adoption evaluations.
- (6) Licensees conducting adoption evaluations shall maintain the confidentiality of records obtained from the Department of Family and Protective Services pursuant to §107.163 of the Family Code. Licensees may not disclose any information obtained from the records except as required or allowed by law. Failure to maintain confidentiality as required by §107.163 of the Family Code will result in disciplinary action against a licensee.
- (g) Duty to Report Complaints. Licensees must report any complaint filed against them that alleges facts tending to

show a violation of this rule in connection with a child custody or adoption evaluation. The report must be made to the court that ordered the evaluation within 30 days of receiving notice of the complaint from the Council. Only those complaints for which a licensee receives notice from the Council need to be reported.

(h) Parenting Facilitators.

- (1) The title "parenting facilitator" is defined in §153.601 of the Family Code.
- (2) The Council's jurisdiction over licensees who also accept engagements as parenting facilitators is limited to its enforcement of Council rules. The Family Code sets forth procedures for the qualifications, duties, appointment and removal, reporting, record retention, and compensation of parenting facilitators. The Family Code also provides procedures for disclosure of conflicts of interest by parenting facilitators.
- (3) A parenting facilitator who is also a licensed psychologist in Texas is a provider of forensic psychological services and must comply with all applicable Council rules.
- (4) Participants in parenting facilitation are not patients as defined in these rules and in Texas Health and Safety Code §611.001. Records created during parenting facilitation are not confidential.
- (5) Parenting facilitators must comply with §§153.6061 and 153.6101 of the Family Code as to duties and qualifications, and with the "Guidelines for Parenting Coordination" published by the Association of Family and Conciliation Courts.
- (6) The following psychologist-parenting facilitator practice standards are set forth consistent with §153.6101 of the Family Code:
  - (A) Parenting facilitators licensed by the Council shall comply with the standard of care applicable to the license to practice psychology in Texas.
  - (B) Psychologist-parenting facilitators meet all requirements of §153.6101 of the Family Code, including active licensure to practice as a psychologist in Texas; completion of 8 hours of family violence dynamics training provided by a family violence service provider; 40 classroom hours of training in dispute resolution techniques in a course conducted by an alternative dispute resolution system or other

dispute resolution organization approved by the court; 24 classroom hours of training in the fields of family dynamics, child development, and family law; and 16 hours of training in the laws governing parenting coordination and parenting facilitation and the multiple styles and procedures used in different models of service.

*Adopted to be effective: October 7, 2020*

**465.20. Research.**

- (a) Conducting Research.
  - (1) Licensees who conduct research involving human research participants must obtain informed consent which includes risks, discomfort, adverse effects, limitations on confidentiality including anticipated sharing or use of personally identifiable research data and of the possibility of unanticipated future uses, as well as any aspects about which the prospective participants inquire.
  - (2) Licensees shall conduct all research involving animals in a humane manner which minimizes the discomfort, infection, illness and pain of animal subjects. A procedure subjecting animals to pain, stress or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, education or applied value.
- (b) Research results.
  - (1) Psychologists do not fabricate data or falsify results in their publications.
  - (2) Licensees who discover significant errors in their published data take all reasonable steps to correct such errors.
  - (3) Licensees do not present substantial portions or elements of another individual's research work or data as their own.
  - (4) Licensees take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.

*Adopted to be effective: October 7, 2020*

**465.21. Termination of Services.**

- (a) Licensees do not abandon patients or clients.
- (b) Withdrawal from a professional relationship in compliance with Council rules to avoid a prohibited dual relationship is not abandonment of a patient or client.

- (c) Licensees terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting or is being harmed by continued service.
- (d) Prior to termination of a professional relationship for any reason, the licensee takes all reasonable steps to facilitate transfer of responsibility for the patient or client to a qualified service provider if necessary to prevent physical or emotional harm and, if not precluded by the patient or client's conduct, provides appropriate pre-termination counseling and referrals.
- (e) Licensees who are required to interrupt services of a professional relationship for any reason shall make arrangements for provision of any services to all patients or clients required during the interruption.
- (f) Termination of employment with agencies or organizations.
  - (1) When entering into employment or contractual relationships, licensees provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.
  - (2) Licensees who are employed by an organization or agency to provide psychological services must, upon termination of that employment, work with the employer to facilitate access to records of all services provided by the licensee to patients or clients as otherwise required by Council rules and applicable law.
  - (3) Licensees who are employed by an organization or agency to provide psychological services must, upon termination of that employment, work with the employer to facilitate transfer of clients or patients who are continuing to receive services from the agency or organization to another qualified service provider.
- (g) Termination of employment with public schools.
  - (1) A LSSP who is under contract as an employee of a public school to provide school psychological services must deliver to such public school a written resignation before terminating services or employment without cause. The resignation must be filed with the public school's board of trustees or designee not later than the 45th day before the first day of instruction of the following school year. A written resignation mailed by prepaid certified or registered mail to the president

of the public school's board of trustees or designee at the post office address of the public school is considered delivered at the time of mailing.

- (2) A LSSP who is under contract as an employee of a public school may resign at any time if given written consent by the public school's board of trustees or designee or if such resignation is for cause.

*Adopted to be effective: October 7, 2020*

**465.22. Psychological Records, Test Data and Test Materials.**

- (a) General Requirements.
  - (1) All licensees shall create and maintain accurate, current, and pertinent records of all psychological services rendered by or under the supervision of the licensee.
  - (2) All records shall be sufficient to permit planning for continuity in the event that another care provider takes over delivery of services to a patient or client for any reason, including the death, disability or retirement of the licensee and to permit adequate regulatory and administrative review of the psychological service.
  - (3) All licensees shall identify impressions and tentative conclusions as such in patient or client records.
  - (4) All records and record entries shall be created in as timely a manner as possible after the delivery of the specific services being recorded.
  - (5) Records shall be maintained and stored in a way that permits review and duplication.
  - (6) Licensees working in public school settings shall comply with all federal and state laws relative to the content, maintenance, control, access, retention and destruction of psychological and educational records, test data and test protocols.
  - (7) Licensees are prohibited from falsifying, altering, fabricating, or back-dating records and reports.
- (b) Maintenance and Control of Records.
  - (1) Licensees shall maintain records in a manner that protects the confidentiality of all services delivered by the licensee.
  - (2) Licensees are responsible for the contents of, as well as the access, retention, control, maintenance, and destruction of all records unless stated otherwise by law.
  - (3) Licensees shall make all reasonable efforts to protect against the misuse of any record.

- (4) Licensees shall maintain control over records to the extent necessary to ensure compliance with all applicable state and federal laws.
  - (5) In situations where it becomes impossible for a licensee to maintain control over records as required by state or federal law, the licensee shall make all necessary arrangements for transfer of the licensee's records to another licensee who will ensure compliance with state and federal laws concerning records.
  - (6) The possession, access, retention, control, maintenance, and destruction of records of psychological services rendered by a licensee as an employee of or contractor for an agency or organization remain the responsibility of that agency or organization upon termination of the licensee's employment or contract unless otherwise required by state or federal law or legal agreement.
- (c) Access to Records.
- (1) Records shall be entered, organized and maintained in a manner that facilitates their use by all authorized persons.
  - (2) Records may be maintained in any media that ensure confidentiality and durability.
  - (3) A licensee shall release information about a patient or client only upon written authorization from the patient or client, or as otherwise permitted or required under state or federal law.
  - (4) Test materials are not part of a patient's or client's record and may not be copied or distributed unless otherwise permitted or required under state or federal law.
  - (5) Test data are part of a patient's records and must be released to the patient as part of the patient's records. In the event test data are commingled with test materials, licensees may inquire whether the patient will accept a summary or narrative of the test data in lieu of having to either redact the test materials or extract the test data from test materials in order to comply with the request for records.
  - (6) Licensees cooperate in the continuity of care of patients and clients by providing appropriate information to succeeding qualified service providers as permitted by applicable Council rule and state and federal law.
  - (7) Licensees who are temporarily or permanently unable to practice psychology shall implement a system that

enables their records to be accessed in compliance with applicable Council rules and state and federal law.

- (8) Access to records may not be withheld due to an outstanding balance owed by a client for psychological services provided prior to the patient's request for records. However, licensees may impose a reasonable fee for review and/or reproduction of records and are not required to permit examination until such fee is paid, unless there is a medical emergency or the records are to be used in support of an application for disability benefits.
  - (9) No later than 15 days after receiving a written request from a patient to examine or copy all or part of the patient's mental health records, a psychologist shall:
    - (A) make the information available for examination during regular business hours and provide a copy to the patient, if requested; or
    - (B) inform the patient in writing that the information does not exist or cannot be found; or
    - (C) when withholding information, provide the patient with a signed and dated statement reflecting the licensee's determination, based upon the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person. The written statement must specify the portion of the record being withheld, the reason for denial and the duration of the denial.
  - (10) A licensee may, but is not required to provide a patient with access to psychotherapy notes, as that term is specifically defined in 45 C.F.R. §164.501, maintained by the licensee concerning the patient.
- (d) Retention of Records.
- (1) Licensees shall comply with all applicable laws, rules and regulations concerning record retention.
  - (2) In the absence of applicable state and federal laws, rules and regulations, records and test data shall be maintained for a minimum of seven years after the date of termination of services with the patient, client, or subject of evaluation, or five years after a patient or subject of evaluation reaches the age of majority, whichever is greater.

- (3) All records shall be maintained in a manner which permits timely retrieval and production.
- (e) Outdated Records.
  - (1) Licensees take reasonable steps when disclosing records to note information that is outdated.
  - (2) Disposal of records shall be done in an appropriate manner that ensures confidentiality of the records in compliance with applicable Council rules and state and federal laws.

*Adopted to be effective: October 7, 2020*

**465.32. Disposition and Assumption of the Practice of a Mental Health Professional.**

- (a) In General.
  - (1) A licensee has the right to sell or otherwise dispose of the licensee's practice to another licensed psychologist.
  - (2) A licensee has the right to assume the practice of a licensee.
  - (3) Arrangements regarding accounts receivable and other financial and tangible assets and liabilities of the practice being transferred must be resolved by the selling and assuming licensees prior to the transfer of any patient or client records.
- (b) Notice and Referral of Patients and Clients.
  - (1) A licensee who intends to sell, retire, or otherwise dispose of a practice must make reasonable efforts to notify current and former patients or clients that on a given date the practice is being sold and that patient or client records will be transferred to the buyer unless the patient or client provides the name of an alternative mental health care provider to receive the records. This notice must provide a reasonable time to the patients and clients to make suitable responses and arrangements.
  - (2) A licensee who assumes the practice of another mental health service provider may state a willingness to provide services to all patients or clients the licensee is competent to treat.
  - (3) A licensee who assumes a practice must provide an appropriate referral to a qualified mental health services provider to any patient or client who notifies the licensee that they do not want to receive services from the licensee or to a patient or client to whom the licensee declines to offer services.

- (4) If the patient or client accepts a referral, the referring licensee must forward the patient or client's records to that mental health professional.

*Adopted to be effective: October 7, 2020*

**465.33. Improper Sexual Conduct.**

- (a) "Sexual Harassment" means sexual advances, requests for sexual favors, or other verbal or physical conduct or contact of a sexual nature that has the purpose or effect of creating an intimidating, hostile, or offensive environment and that occurs within a professional relationship. The determination of whether conduct or comments rise to the level of sexual harassment must be made based upon the totality of the circumstances, and from the viewpoint of a reasonable person. Sexual harassment does not include simple teasing, offhand comments, or isolated incidents that are not serious in nature.
- (b) "Sexual Impropriety" is deliberate or repeated comments, gestures, or physical acts of a sexual nature that include, but are not limited to:
  - (1) Behavior, gestures, or expressions which may reasonably be interpreted as inappropriately seductive or sexually demeaning;
  - (2) Making inappropriate comments about an individual's body;
  - (3) Making sexually demeaning comments to an individual;
  - (4) Making comments about an individual's potential sexual performance, except when the examination or consultation is pertinent to the issue of sexual function or dysfunction in therapy/counseling;
  - (5) Requesting details of a patient or client's sexual history when not clinically indicated for the type of consultation;
  - (6) Requesting a date;
  - (7) Initiating conversation regarding the sexual problems, preferences, or fantasies of either party; or
  - (8) Kissing of a sexual nature.
- (c) A sexual relationship is the engaging in any conduct that is sexual or may be reasonably interpreted as sexual in nature including, but not limited to:
  - (1) Sexual intercourse;
  - (2) Genital contact;
  - (3) Oral to genital contact;
  - (4) Genital to anal contact;
  - (5) Oral to anal contact;

- (6) Touching breasts or genitals;
  - (7) Encouraging another to masturbate in one's presence;
  - (8) Masturbation in another's presence; or
  - (9) Exposure of sexual organs, breasts or buttocks.
- (d) A dating relationship is a relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature, but does not include a casual acquaintanceship or ordinary fraternization in a business or social context. The existence of such a relationship shall be determined based on consideration of:
- (1) The length of the relationship;
  - (2) The nature of the relationship; and
  - (3) The frequency and type of interaction between the persons involved in the relationship.
- (e) A licensee may not engage in sexual harassment, sexual impropriety, or a sexual relationship with a current patient or client; a former patient or client over whom the licensee has influence due to a therapeutic relationship; current students or trainees of the licensee; individuals who the licensee knows to be the parents, guardians, spouses, significant others, children, or siblings of current patients or a supervisee over whom the licensee has administrative or clinical responsibility. A licensee may not engage in a sexual relationship with individuals who the licensee knows to be the parents, guardians, spouses, significant others, children, or siblings of former patients for at least two years after termination of services.
- (f) A licensee may not engage in a dating relationship with a current client or former client over whom the licensee has influence due to therapeutic relationship; current students or trainees of the licensee; individuals who the licensee knows to be the parents, guardians, spouses, significant others, children, or siblings of current clients, or a supervisee over whom the licensee has administrative or clinical responsibility. A licensee may not engage in a dating relationship with individuals who the licensee knows to be the parents, guardians, spouses, significant others, children, or siblings of former clients, for at least two years after termination of services. A licensee may never engage in a dating relationship when there is potential for harm to any of these individuals.
- (g) Licensees do not accept as patients individuals with whom they have engaged in sexual relationships.

*Adopted to be effective: October 7, 2020*

**465.34. Providing Mental Health Services to Those Served by Others.**

Licensees do not knowingly provide psychological services to clients receiving mental health services elsewhere without first discussing consequent treatment issues with the client. Licensees shall consult with the other service providers after appropriate consent has been obtained.

*Adopted to be effective: October 7, 2020*

**465.35. Duty to Report Rule Violations.**

- (a) A licensee that becomes aware of another licensee violating a state or federal law within the jurisdiction of the Council, may attempt to resolve the violation informally with the other licensee if the violation does not involve actual or likely harm to an individual or the public. Any unresolved violations must be reported to the Council.
- (b) A licensee that becomes aware of another licensee violating a state or federal law within the jurisdiction of the Council involving actual or likely harm to an individual or the public, must report the violation of the Council.

*Adopted to be effective: October 7, 2020*

**465.38. Psychological Services for Schools.**

- (a) This rule acknowledges the unique difference in the delivery of school psychological services in public and private schools from psychological services in the private sector. The Council recognizes the purview of the State Board of Education and the Texas Education Agency in safeguarding the rights of school children in Texas. The mandated multidisciplinary team decision making, hierarchy of supervision, regulatory provisions, and past traditions of school psychological service delivery both nationally and in Texas, among other factors, allow for rules of practice in public and private schools which reflect these occupational distinctions from the private practice of psychology.
- (b) Scope of Practice.
  - (1) An LSSP is a person who is trained to address psychological and behavioral problems manifested in and associated with educational systems by utilizing psychological concepts and methods in programs or actions which attempt to improve the learning, adjustment and behavior of students. Such activities include, but are not limited to, addressing special education eligibility, conducting manifestation determinations, and assisting with the development and implementation of individual educational programs, conducting behavioral assessments, and

- designing and implementing behavioral interventions and supports.
- (2) The assessment of emotional or behavioral disturbance, solely for educational purposes, using psychological techniques and procedures is considered the practice of school psychology.
  - (3) The delivery of school psychological services in the public schools of this state shall be consistent with nationally recognized standards for the practice of school psychology. Licensees providing school psychological services in a private school should comply with those same nationally recognized standards where possible, but at a minimum, must comply with all applicable Council rules, including those related to informed consent, notification of the right to file a complaint, competency, forensic services, and misuse of services.
- (c) The specialist in school psychology license permits the licensee to provide school psychological services only in public and private schools. A person utilizing this license may not provide psychological services in any context or capacity outside of a public or private school.
  - (d) The correct title for an individual holding a specialist in school psychology license is Licensed Specialist in School Psychology or LSSP. An LSSP who has achieved certification as a Nationally Certified School Psychologist (NCSP) may use this credential along with the license title of LSSP.
  - (e) Providers of Psychological Services Within the Public Schools.
    - (1) School psychological services may be provided in Texas public schools only by individuals authorized by this Council to provide such services. Individuals who may provide such school psychological services include:
      - (A) LSSPs;
      - (B) Those individuals listed in §463.11; and
      - (C) Individuals seeking to fulfill the licensing requirements of §463.10 of this title (relating to Licensed Psychological Associate) or §463.12 of this title (relating to Licensed Psychologist).
    - (2) Licensees who do not hold the specialist in school psychology license may contract for specific types of psychological services, such as clinical psychology, counseling psychology, neuropsychology, and family therapy, but any such contracting may not involve the

broad range of school psychological services listed in subsection (b)(1) of this section.

- (3) An LSSP who contracts with a school to provide school psychological services must notify the school of any intent or plan to subcontract or assign those services to another provider prior to entering into the agreement. An LSSP subject to this provision shall be responsible for ensuring the school psychological services delivered comply with subsection (b)(3) of this section.
- (f) Compliance with Applicable Education Laws. LSSPs shall comply with all applicable state and federal laws affecting the practice of school psychology, including, but not limited to:
- (1) Texas Education Code;
  - (2) Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g;
  - (3) Individuals with Disabilities Education Improvement Act (IDEIA), 20 U.S.C. §1400 et seq.;
  - (4) Texas Public Information Act, Texas Government Code, Chapter 552;
  - (5) Section 504 of the Rehabilitation Act of 1973;
  - (6) Americans with Disabilities Act (ADA) 42 U.S.C. §12101; and
  - (7) HIPAA when practicing in a private school.
- (g) Informed Consent in a Public School. Informed consent for a Licensed Specialist in School Psychology must be obtained in accordance with the Individuals with Disabilities Education Improvement Act (IDEIA) and the U.S. Department of Education's rules governing parental consent when delivering school psychological services in the public schools, and is considered to meet the requirements for informed consent under Board rules. No additional informed consent, specific to any Council rules, is necessary in this context. Licensees providing psychological services under subsection (e)(2) of this section, or in a private school however, must obtain informed consent as otherwise required by the Council rules.

*Adopted to be effective: October 7, 2020*

## SCHEDULE OF SANCTIONS

**470.1. Schedule of Sanctions.** The following standard sanctions shall apply to violations of Chapter 501 and 22 TAC Part 21.

<u>Board Rule</u>	<u>Revocation</u>	<u>Suspension</u>	<u>Probated Suspension</u>	<u>Reprimand</u>	<u>Administrative Penalty</u>
465.2				X	
465.4				X	
465.6(a) & (b)				X	
465.6(c)					X
465.8			X		
465.9(a), (d), (e), & (f)			X		
465.9(b)-(c) & (g)-(j)				X	
465.10			X		
465.11				X	
465.12(a) & (d)-(i)			X		
465.12(b) & (c)				X	
465.13(a)(1)-(2) & (b)(4)		X			
465.13(a)(4) & (b)(1)-(3)			X		
465.13(a)(3) & (b)(5)	X				
465.14				X	
465.15(a) & (b)(2)-(5)				X	
465.15(b)(1)	X				
465.16(a)				X	
465.16(b)-(e)			X		
465.17(a)(1)-(2)			X		
465.17(a)(3)	X				
465.17(b)				X	
465.18(a)-(c) & (e)-(h)			X		
465.18(d)				X	
465.20				X	
465.21			X		
465.22(a)(1)-(6) & (b)-(e)				X	
465.22(a)(7)		X			
465.32					X
465.33(e) as it relates to sexual harassment and sexual impropriety			X		
465.33(e) as it relates to a sexual relationships and (g)	X				

465.33(f)		X			
465.34				X	
465.35(a) & (b)				X	
465.38				X	

**OTHER LAWS**

Council rule 882.36 requires that licensees comply with all applicable state and federal statutes. Please note, this is not an all-inclusive list of state statutes which are pertinent to the practice of behavioral health in Texas. Additionally, the text of Texas Health and Safety Code, Chapter 611, Mental Health Records, is provided.

# **TEXAS HEALTH AND SAFETY CODE**

## **Chapter 611. Mental Health Records**

### **§611.001. Definitions.** In this chapter:

- (1) "Patient" means a person who consults or is interviewed by a professional for diagnosis, evaluation, or treatment of any mental or emotional condition or disorder, including alcoholism or drug addiction.
- (2) "Professional" means:
  - (A) a person authorized to practice medicine in any state or nation;
  - (B) a person licensed or certified by this state to diagnose, evaluate, or treat any mental or emotional condition or disorder; or
  - (C) a person the patient reasonably believes is authorized, licensed, or certified as provided by this subsection.

### **§611.002. Confidentiality of Information and Prohibition Against Disclosure.**

- (a) Communications between a patient and a professional, and records of the identity, diagnosis, evaluation, or treatment of a patient that are created or maintained by a professional, are confidential.
- (b) Confidential communications or records may not be disclosed except as provided by Section 611.004 or 611.0045.
- (c) This section applies regardless of when the patient received services from a professional.

### **§611.003. Persons Who May Claim Privilege of Confidentiality.**

- (a) The privilege of confidentiality may be claimed by:
  - (1) the patient;
  - (2) a person listed in Section 611.004(a)(4) or (a)(5) who is acting on the patient's behalf; or
  - (3) the professional, but only on behalf of the patient.
- (b) The authority of a professional to claim the privilege of confidentiality on behalf of the patient is presumed in the absence of evidence to the contrary.

**§611.004. Authorized Disclosure on Confidential Information Other Than in Judicial or Administrative Proceeding.**

- (a) A professional may disclose confidential information only:
- (1) to a governmental agency if the disclosure is required or authorized by law;
  - (2) to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;
  - (3) to qualified personnel for management audits, financial audits, program evaluations, or research, in accordance with Subsection (b);
  - (4) to a person who has the written consent of the patient, or a parent if the patient is a minor, or a guardian if the patient has been adjudicated as incompetent to manage the patient's personal affairs;
  - (5) to the patient's personal representative if the patient is deceased;
  - (6) to individuals, corporations, or governmental agencies involved in paying or collecting fees for mental or emotional health services provided by a professional;
  - (7) to other professionals and personnel under the professionals' direction who participate in the diagnosis, evaluation, or treatment of the patient;
  - (8) in an official legislative inquiry relating to a state hospital or state school as provided by Subsection (c);
  - (9) to designated persons or personnel of a correctional facility in which a person is detained if the disclosure is for the sole purpose of providing treatment and health care to the person in custody;
  - (10) to an employee or agent of the professional who requires mental health care information to provide mental health care services or in complying with statutory, licensing, or accreditation requirements, if the professional has taken appropriate action to ensure that the employee or agent:
    - (A) will not use or disclose the information for any other purposes; and
    - (B) will take appropriate steps to protect the information; or
  - (11) to satisfy a request for medical records of a deceased or incompetent person pursuant to Section 74.051(e), Civil Practice and Remedies Code.

- (b) Personnel who receive confidential information under Subsection (a)(3) may not directly or indirectly identify or otherwise disclose the identity of a patient in a report or in any other manner.
- (c) The exception in Subsection (a)(8) applies only to records created by the state hospital or state school or by the employees of the hospital or school. Information or records that identify a patient may be released only with the patient's proper consent.
- (d) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information. This subsection does not apply to a person listed in Subsection (a)(4) or (a)(5) who is acting on the patient's behalf.

**611.0041. Required Disclosure of Confidential Information Other Than in Judicial or Administrative Proceeding.**

- (a) In this Section:
  - (1) "Patient" has the meaning assigned by §552.0011.
  - (2) "State hospital" has the meaning assigned by §552.0011.
- (b) To the extent permitted by federal law, a professional shall disclose confidential information to the descendant of a patient of a state hospital if:
  - (1) the patient has been deceased for at least 50 years; and
  - (2) the professional does not have information indicating that releasing the medical record is inconsistent with any prior expressed preference of the deceased patient or personal representatives of the deceased patient's estate.
- (c) A person who receives information from confidential communications or records may not disclose the information except to the extent that disclosure is consistent with the authorized purposes for which the person first obtained the information.

**§611.0045. Right to Mental Health Record.**

- (a) Except as otherwise provided by this section, a patient is entitled to have access to the content of a confidential record made about the patient.

- (b) The professional may deny access to any portion of a record if the professional determines that release of that portion would be harmful to the patient's physical, mental, or emotional health.
- (c) If the professional denies access to any portion of a record, the professional shall give the patient a signed and dated written statement that having access to the record would be harmful to the patient's physical, mental, or emotional health and shall include a copy of the written statement in the patient's records. The statement must specify the portion of the record to which access is denied, the reason for denial, and the duration of the denial.
- (d) The professional who denies access to a portion of a record under this section shall redetermine the necessity for the denial at each time a request for the denied portion is made. If the professional again denies access, the professional shall notify the patient of the denial and document the denial as prescribed by Subsection (c).
- (e) If a professional denies access to a portion of a confidential record, the professional shall allow examination and copying of the record by another professional if the patient selects the professional to treat the patient for the same or a related condition as the professional denying access.
- (f) The content of a confidential record shall be made available to a person listed by Section 611.004(a)(4) or (5) who is acting on the patient's behalf.
- (g) A professional shall delete confidential information about another person who has not consented to the release, but may not delete information relating to the patient that another person has provided, the identity of the person responsible for that information, or the identity of any person who provided information that resulted in the patient's commitment.
- (h) If a summary or narrative of a confidential record is requested by the patient or other person requesting release under this section, the professional shall prepare the summary or narrative.
- (i) The professional or other entity that has possession or control of the record shall grant access to any portion of the record to which access is not specifically denied under this section within a reasonable time and may charge a reasonable fee.
- (j) Notwithstanding Section 159.002, Occupations Code, this section applies to the release of a confidential record created or maintained by a professional, including a physician, that relates to the diagnosis, evaluation, or treatment of a mental

or emotional condition or disorder, including alcoholism or drug addiction.

- (k) The denial of a patient's access to any portion of a record by the professional or other entity that has possession or control of the record suspends, until the release of that portion of the record, the running of an applicable statute of limitations on a cause of action in which evidence relevant to the cause of action is in that portion of the record.

**§611.005. Legal Remedies for Improper Disclosure or Failure to Disclose.**

- (a) A person aggrieved by the improper disclosure of or failure to disclose confidential communications or records in violation of this chapter may petition the district court of the county in which the person resides for appropriate relief, including injunctive relief. The person may petition a district court of Travis County if the person is not a resident of this state.
- (b) In a suit contesting the denial of access under Section 611.0045, the burden of proving that the denial was proper is on the professional who denied the access.
- (c) The aggrieved person also has a civil cause of action for damages.

**§611.006. Authorized Disclosure of Confidential Information in Judicial or Administrative Proceeding.**

- (a) A professional may disclose confidential information in:
  - (1) a judicial or administrative proceeding brought by the patient or the patient's legally authorized representative against a professional, including malpractice proceedings;
  - (2) a license revocation proceeding in which the patient is a complaining witness and in which disclosure is relevant to the claim or defense of a professional;
  - (3) a judicial or administrative proceeding in which the patient waives the patient's right in writing to the privilege of confidentiality of information or when a representative of the patient acting on the patient's behalf submits a written waiver to the confidentiality privilege;
  - (4) a judicial or administrative proceeding to substantiate and collect on a claim for mental or emotional health services rendered to the patient;
  - (5) a judicial proceeding if the judge finds that the patient, after having been informed that communications would not be privileged, has made communications to

- a professional in the course of a court-ordered examination relating to the patient's mental or emotional condition or disorder, except that those communications may be disclosed only with respect to issues involving the patient's mental or emotional health;
- (6) a judicial proceeding affecting the parent-child relationship;
  - (7) any criminal proceeding, as otherwise provided by law;
  - (8) a judicial or administrative proceeding regarding the abuse or neglect, or the cause of abuse or neglect, of a resident of an institution, as that term is defined by Chapter 242;
  - (9) a judicial proceeding relating to a will if the patient's physical or mental condition is relevant to the execution of the will;
  - (10) an involuntary commitment proceeding for court-ordered treatment or for a probable cause hearing under:
    - (A) Chapter 462;
    - (B) Chapter 574; or
    - (C) Chapter 593; or
  - (11) a judicial or administrative proceeding where the court or agency has issued an order or subpoena.
- (b) On granting an order under Subsection (a)(5), the court, in determining the extent to which disclosure of all or any part of a communication is necessary, shall impose appropriate safeguards against unauthorized disclosure.

**§611.007. Revocation of Consent.**

- (a) Except as provided by Subsection (b), a patient or a patient's legally authorized representative may revoke a disclosure consent to a professional at any time. A revocation is valid only if it is written, dated, and signed by the patient or legally authorized representative.
- (b) A patient may not revoke a disclosure that is required for purposes of making payment to the professional for mental health care services provided to the patient.
- (c) A patient may not maintain an action against a professional for a disclosure made by the professional in good faith reliance on an authorization if the professional did not have notice of the revocation of the consent.

**§611.008. Request by Patient.**

- (a) On receipt of a written request from a patient to examine or copy all or part of the patient's recorded mental health care information, a professional, as promptly as required under the circumstances but not later than the 15th day after the date of receiving the request, shall:
  - (1) make the information available for examination during regular business hours and provide a copy to the patient, if requested; or
  - (2) inform the patient if the information does not exist or cannot be found.
- (b) Unless provided for by other state law, the professional may charge a reasonable fee for retrieving or copying mental health care information and is not required to permit examination or copying until the fee is paid unless there is a medical emergency.
- (c) A professional may not charge a fee for copying mental health care information under Subsection (b) to the extent the fee is prohibited under Subchapter M, Chapter 161.

**Texas Family Code:**

- Chapter 32, Consent to Medical, Dental, Psychological and Surgical Treatment
- Chapter 153, Rights of Parents and Other Conservators to Consent to Treatment of Child and Access to Child's Records
- Chapter 107, Special Appointments, Child Custody Evaluations and Adoption Evaluations
- Chapter 261, Duty to Report Child Abuse and Neglect

**Texas Human Resource Code:**

- Chapter 48, Duty to Report Abuse of Elderly or Disabled Person

**Texas Civil Practice and Remedies Code:**

- Chapter 81, Duty to Report Sexual Exploitation of a Patient by a Mental Health Services Provider

**Texas Occupations Code:**

- Chapter 116, Training Course on Human Trafficking Prevention