

**BEHAVIORAL SCIENCES REGULATORY BOARD
LICENSED PSYCHOLOGY ADVISORY COMMITTEE
APRIL 12, 2022**

Due to COVID-19, the Board office is practicing social distancing. The office space does not allow for a meeting while practicing social distancing, therefore, the meeting will be conducted virtually on the Zoom platform.

You may view the meeting here: https://youtu.be/274_k1VaoO0

**To join the meeting by conference call: 877-278-8686
The pin: 327072**

If there are any technical issues during the meeting, you may call the Board office at, 785-296-3240.

The Behavioral Sciences Regulatory Board may take items out of order as necessary to accommodate the time restrictions of Board members and visitors. All times and items are subject to change

Tuesday, April 12, 2022, 6pm

- I. Call to order and Roll Call**
- II. Agenda Approval**
- III. Minutes Approval for Previous Meeting on February 8, 2022**
- IV. Executive Director's Report**
- V. Old Business**
 - A. Update on PSYPACT Commission**
- VI. New Business**
 - A. Unprofessional Conduct Regulations**
 - B. Possible Requirements for Assessments or Services to be Performed In-Person**
 - C. Pre-Approved Providers for Continuing Education**
- VII. Topics for Future Advisory Committee Meetings**
 - A. Discussion on Accreditation Standards**
- VIII. Next Meeting on Tuesday, June 14, 6pm?**
- IX. Adjournment**

**Behavioral Sciences Regulatory Board
Licensed Psychology Advisory Committee Meeting
February 8, 2022**

Draft Minutes

- I. Call to Order** - Ric Steele, Chair of the Advisory Committee, called the meeting to order at 6 p.m.
- Advisory Committee Members in Attendance** - Ric Steele, Johnna Norton, Doug Wright, Carol Crane, Abby Callis, Jessica Hamilton, Tiffany Johnson, Janine Kesterson, Rodney McNeal, and Zachary Parrett were present by Zoom.
- BSRB Staff in Attendance** - David Fye and Leslie Allen were present by Zoom.
- II. Review and Approval of the Agenda** - Doug Wright moved to approve the agenda. Jessica Hamilton seconded the motion. The motion passed.
- III. Review and Approval of Minutes from Meeting on October 12, 2021** - Jessica Hamilton moved to approve the minutes from the Advisory Committee meeting on October 12, 2021. Abby Callis seconded the motion. The motion passed.
- IV. Executive Director Report** - David Fye, Executive Director for the Behavioral Sciences Regulatory (BSRB), reported on the following items:
- A. BSRB Staff Update** - As of January 4, 2022, all BSRB licensing staff is back in the office full-time. Investigators are using a hybrid model, working in the office three days each week and utilizing the BSRB Telework Pilot two days each week. The BSRB filled an open Administrative Assistant position at the end of December. The BSRB was closed Wednesday, February 2, 2022, due to inclement weather, but most staff were still able to work remotely due to current technology.
- B. January Board Meeting** - The Executive Director provided updates from the Board meeting on January 10, 2022. The previous Board Governance Policy was last modified in 2011. In the fall, the Board recommended significant changes and the document has been replaced by two new documents: (1) an Expectations of Board Members Policy and (2) an Advisory Committee Policy. The Board discussed whether to pursue statutory changes to allow persons with more than one license to be able to renew their license at the same time. The Board was supportive of allowing syncing of the expiration date of multiple licenses, but not to make it a requirement. The BSRB will be working on proposed language to make this change.
- C. 2022 Legislative Session** - On January 11, 2022, the Governor provided the State of the State address. Legislation was requested on behalf of BSRB in the Senate Committee on Public Health and Welfare. The bill including the recommendations of the Board of the BSRB is Senate Bill 387. An announcement about the bill is on the BSRB website. The Executive Director provided a summary of the three items in the bill. The bill hearing will be in the Senate Public Health and Welfare Committee on Wednesday, February 9, 2022.

D. Budget Update - The Governor's recommendation for the agency's budget was the same amount as the BSRB's revised estimates in FY 2022 and FY 2023. The budget for the BSRB was approved by the House Budget Committee and was reported out of House Appropriations Committee favorably with no changes. The agency's budget will be heard by the Senate Transparency and Ethics Committee on Wednesday, February 9, 2022, and is scheduled to be reported out of the Senate Ways and Means Committee on Friday, February 11, 2022.

E. FARB Conference - The Executive Director was invited to speak at the Federal Association of Regulatory Boards (FARB) annual conference in Fort Worth, Texas, on the topic of Public Protection Through Creative Access to Information.

V. Old Business

A. PSYPACT Update - The Executive Director noted that, as of January 1, 2022, Kansas is officially a member of the multi-state Compact for Licensed Psychologists named PSYPACT. As of that date, Licensed Psychologists with a Kansas license who list Kansas as their home state are able to apply to the PSYPACT Commission for permission to practice telehealth services in other Compact states. The BSRB has included information on PSYPACT on the agency's website, including links to information on PSYPACT as well as a link to check whether an out-of-state practitioner is authorized to practice under the Compact. As of January 31, 2022, 19 BSRB practitioners with Kansas as their home state have applied and all of those individuals have been approved to provide telehealth services under the Compact and one practitioner has applied and has been approved to provide limited in-state services under the Compact. PSYPACT will host a mid-year meeting in July 2022 and will host an annual meeting in November 2022. The Executive Director summarized recent news items related to PSYPACT in the quarterly PSYPACT newsletter. Advisory Committee members asked whether participation in PSYPACT has led to changes in malpractice insurance rates. The Executive Director stated that he has not heard any information on this topic from the PSYPACT Commission. Advisory Committee members noted concern that members of the public may not know practitioners are practicing under PSYPACT. The Advisory Committee noted its intention to discuss methods for practitioners to inform clients that a practitioner is practicing under PSYPACT. Advisory Committee members asked whether the BSRB has specific statutes or regulations requiring certain assessments or services to be performed in-person, rather than by tele-service. The Executive Director did not believe there were statutes or regulations requiring an in-person requirement. The Advisory Committee noted it would continue discussion on this point in the future.

B. Recommendations for Continuing Education - The Executive Director noted that the bill requested by the Board (SB 387) includes the Advisory Committee recommendation requiring 3 hours of continuing education in Diversity, Equity, and Inclusion (DEI) for Licensed Psychologists each two-year renewal cycle and allowing these hours to double-count within existing continuing education requirements of 3 hours of ethics or 6 hours in diagnosis and treatment. The Executive Director briefly summarized the testimony he plans to present to the Senate Public Health and Welfare Committee on February 9, 2022.

VI. New Business

A. Training for Board Members – The Executive Director provided training to Board members and Advisory Committee members serving on the Advisory Committee, including

an overview of the Expectations of Board Members Policy, the Advisory Committee Policy, Guidelines for Public Attendees of Meetings, and a summary of Board Member and Advisory Committee Orientation prepared by Assistant Attorney General Janet Arndt.

- B. Discussion on Unprofessional Conduct Regulations** - The Executive Director noted Advisory Committee members received a copy of the unprofessional conduct regulations for the profession and asked members to review the regulations to be able to discuss whether any changes are needed at the next Advisory Committee meeting. The Executive Director noted the importance of Advisory Committees reviewing the statutes and regulations for the professions to make sure those documents do not contain outdated terminology and take into consideration changes in technology, such as social media and telehealth.
- C. Discussion on Committee Work for the Upcoming Year** - The Chair noted the importance of members of the Advisory Committee reviewing the statutes and regulations for potential changes.

Next Advisory Committee Meeting Date: Tuesday April 12, 2022, 6 p.m.

Adjournment: Abby Callis moved to Adjourn. Carol Crane seconded. The motion carried.

April 2022
Volume 3, Issue 1

Reducing regulatory barriers. Increasing access to mental healthcare.

A Message from the Chair Don Meck

Hopefully we will begin to experience normality again. Even with the pandemic, we have increased our membership by four this legislative session; Idaho, Indiana, Washington and Wisconsin. We have active legislation in 6 states as well as the Commonwealth of the Northern Mariana Islands. We are now 31 member states strong and providing needed psychological services to the citizens we represent. Qualified psychologists, through PSYPACT, are able to provide these services to enhance the psychological well-being of others and provide continuity of care. What was a good idea has become a real solution. Let's have another productive year and continue to grow. Thanks for your continued involvement with PSYPACT.

Donald S. Meck, Ph.D., J.D., ABPP
Chair, PSYPACT Commission

Upcoming Meetings

- April 25, 2022 - PSYPACT Compliance Committee
- May 3, 2022 - PSYPACT Finance Committee
- May 12, 2022 - PSYPACT Rules Committee
- May 17, 2022 - PSYPACT Requirements Review Committee
- May 23, 2022 - PSYPACT Training and Public Relations Committee
- June 17, 2022 - PSYPACT Executive Board
- July 14, 2022 - PSYPACT Commission Mid-Year Meeting
- November 17, 2022 - PSYPACT Commission Annual Meeting

PSYPACT Commissioners

Lori Rall <i>Alabama</i>	Kris Chiles <i>Nebraska</i>
Heidi Paakkonen <i>Arizona</i>	Gary Lenkeit <i>Nevada</i>
Lisa Fitzgibbons <i>Arkansas</i>	Deborah Warner <i>New Hampshire</i>
Nate Brown <i>Colorado</i>	To Be Named <i>New Jersey</i>
Shauna Slaughter <i>Delaware</i>	Susan Hurt <i>North Carolina</i>
LaTrice Herndon <i>District of Columbia</i>	Ronald Ross <i>Ohio</i>
Don Meck <i>Georgia</i>	Teanne Rose <i>Oklahoma</i>
To Be Named <i>Idaho (*Effective July 1, 2022)</i>	Christina Stuckey <i>Pennsylvania</i>
Cecilia Abundis <i>Illinois</i>	Mark Fleming <i>Tennessee</i>
To Be Named <i>Idaho (*Effective July 1, 2022)</i>	Patrick Hyde <i>Texas</i>
To Be Named <i>Indiana (*Effective July 1, 2022)</i>	Jennifer Falkenrath <i>Utah</i>
David Fye <i>Kansas</i>	Jaime Hoyle <i>Virginia</i>
Brenda Nash <i>Kentucky</i>	To Be Named <i>Washington (*Effective date to be determined by Washington Dept. of Health)</i>
Jayne Boulos <i>Maine</i>	Scott Fields <i>West Virginia</i>
Lorraine Smith <i>Maryland</i>	Mariann Burnett-Atwell <i>ASPPB</i>
Robin McLeod <i>Minnesota</i>	
Pam Groose <i>Missouri</i>	



IMPORTANT ANNOUNCEMENT

The PSYPACT Commission is now active on social media sites.



We invite you to follow us on our Facebook, Twitter and LinkedIn pages. Please click the links to be taken to our pages. We look forward to connecting with you!



Updates from the Committees

Finance Committee: The Finance Committee met on January 13, 2022 and finalized the budget and 2021 year end review. The Finance Committee will meet again on May 3, 2022 at 12 PM EST.

Rules Committee: The Rules Committee met on January 19, 2022 and presented the Executive Board with recommendations for consideration and referral to the full Commission. The Rules Committee will meet again on May 12, 2022 at 11 AM EST.

Requirements Review Committee: The Requirements Review Committee met on January 25, 2022 to discuss correspondence that has been received and made recommendations to report to the Executive Board. The next meeting of this committee is set for May 17, 2022 at 3 PM EST.

Training and Public Relations Committee: The Training and Public Relations Committee met January 6 and 20, 2022. Within these meetings the Committee discussed making updates and finalized information to be added to the PSYPACT website. The next PSYPACT Training and Public Relations Committee meeting is scheduled for May 23, 2022 at 11 AM EST.

Executive Board: A meeting for the PSYPACT Executive Board was held on February 2, 2022. During the meeting minutes from the October 7, 2022 meeting were approved and are available on the PSYPACT website. Additionally, PSYPACT Executive Director, Janet Orwig provided updates to the Executive Board. The PSYPACT Executive Board also motioned to approve reports from the Finance Committee, Rules Committee, Requirements Review Committee and the Training and Public Relations Committee. The next PSYPACT Commission Executive Board meeting will be held on June 17, 2022 at 10 AM EST.

2022 PSYPACT Executive Board

Chair	Don Meck
Vice Chair	Pam Groose
Treasurer	Teanne Rose
Member at Large	Gary Lenkeit
Member at Large	Patrick Hyde
Ex Officio Member	Mariann Burnetti-Atwell

Committee Members

Rules Committee	Finance Committee
Don Meck	Teanne Rose
Pam Groose	Jaime Hoyle
Deborah Warner	Heidi Paakkonen
Patrick Hyde	
Susan Hurt	Requirements Review Committee
Training and Public Relations Committee	Gary Lenkeit
Heidi Paakkonen	Christina Stuckey
Lori Rall	Ron Ross
Mariann Burnetti-Atwell	Compliance Committee
	Scott Fields
	Lisa Fitzgibbons
	Jaime Hoyle

New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Ms. Brenda Nash as the newly appointed commissioner for the state of Kentucky.

Verification of PSYPACT Credentials

Available at www.verifypsypact.org, users of the site can search for all licensed psychologists who currently hold an active APIT or TAP.

Executive Director's Report

Janet Orwig

Happy Spring! I want to welcome our newest Commissioner, Brenda Nash (Kentucky). We all look forward to working with you! As can be seen in the Legislative Activity section of this newsletter, we have had a busy 2022 legislative year so far. We have seen bills pass in Idaho, Indiana, Washington and Wisconsin. Unfortunately, we saw legislation in Florida after passing the House fail to move forward in the Senate but are hopeful for next year!

Thank you to all who have graciously volunteered to serve on Committees. We have set up our second quarter committee meetings. The complete list of upcoming meetings can be found on the PSYPACT website at <https://psypact.site-ym.com/page/Meetings>.

As always, I cannot thank you enough for all you do for PSYPACT. We are off to a good start in 2022!

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

Communications Update



Interest in PSYPACT continues to grow! We hear daily from psychologists interested in learning more about the compact and how they can participate and use an email listserv to provide periodic updates about important application updates and information as new states introduce and enact PSYPACT legislation. To date, we have over 5,700 participants in the PSYPACT listserv. To sign up, email us at info@psypact.org or visit <https://psypact.org/page/Listserv>.

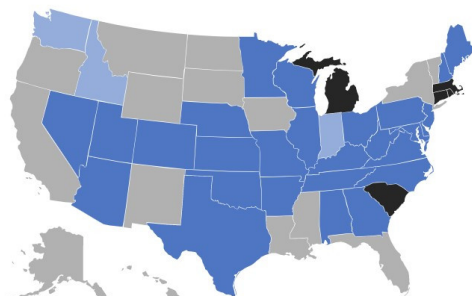


Did you know?

PSYPACT is available to host webinars and provide presentations for psychologists in your state to learn more about PSYPACT and how it works. If you are interested, contact us at info@psypact.org. Additional training materials can also be found on the PSYPACT website at www.psypact.org.

Legislative Activity

2022 Legislative Session Update



CNMI
DC
Guam
Puerto Rico
U.S. Virgin Islands

Currently, 31 states participate in PSYPACT including Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kansas, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Idaho (effective July 1, 2022), Indiana (effective July 1, 2022) and Washington (Effective Date to TBD by Washington Department of Health). As the 2022 legislative sessions began we saw legislation introduced in 6 states. We currently have legislation introduced in Connecticut as CT H 5046, Rhode Island as RI H 7501 and RI S 2605, Commonwealth of the Northern Mariana Islands as CNMI HB 22-80. We also have carryover legislation in Massachusetts as MA S 2542, Michigan as MI H 5489 and South Carolina as SC H 3833.

Staff Contact Information

Janet Orwig
PSYPACT Executive Director
jorwig@asppb.org

Jessica Cheaves
PSYPACT Coordinator
jcheaves@asppb.org

Magan Spearing
PSYPACT Specialist
mspearing@asppb.org

PSYPACT by the Numbers

TELEPSYCHOLOGY

6150 5608

ASPPB
E. Passports
Issued

PSYPACT
APITs
Issued

TEMPORARY PRACTICE

347 230

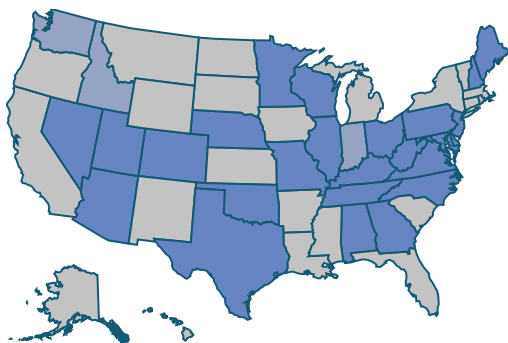
ASPPB
IPCs Issued

PSYPACT
TAPs Issued

STATE LEVEL BREAKDOWN

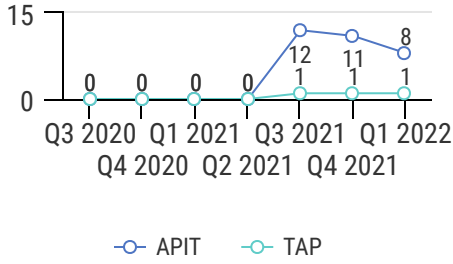
State	APITs	TAPs	State	APITs	TAPs
ALABAMA	31	3	NEBRASKA	45	1
ARIZONA	181	8	NEVADA	80	3
ARKANSAS	4	0	NEW HAMPSHIRE	76	5
COLORADO	318	6	NEW JERSEY	231	4
DELAWARE	98	1	NORTH CAROLINA	251	5
DISTRICT OF COLUMBIA	208	6	OHIO	200	4
GEORGIA	276	9	OKLAHOMA	44	1
ILLINOIS	526	14	PENNSYLVANIA	613	7
KANSAS	39	4	TENNESSEE	83	4
KENTUCKY	33	0	TEXAS	588	27
MAINE	27	0	UTAH	125	6
MARYLAND	514	9	VIRGINIA	446	9
MINNESOTA	118	0	WEST VIRGINIA	7	1
MISSOURI	195	6	WISCONSIN	8	0

Numbers current as of 03/31/2022

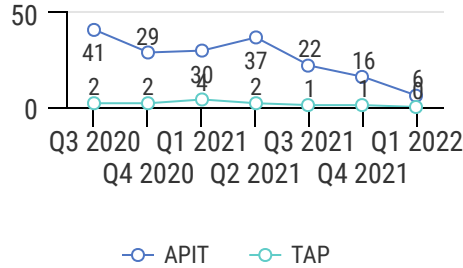


Looking at PSYPACT State Trends

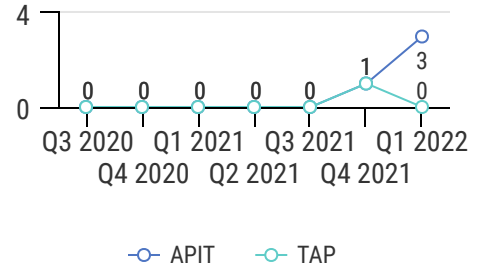
Alabama



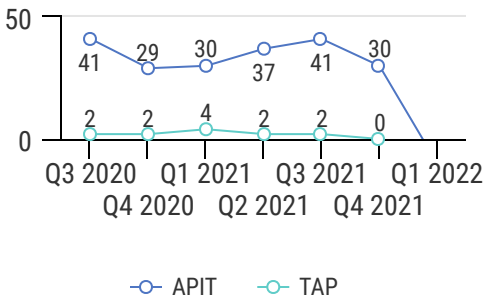
Arizona



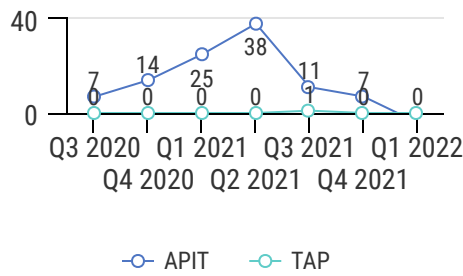
Arkansas



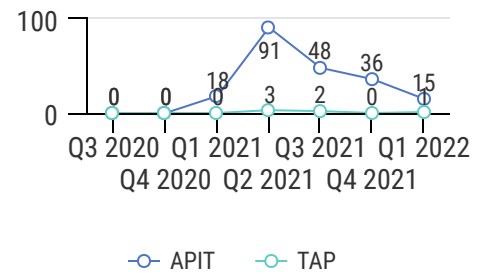
Colorado



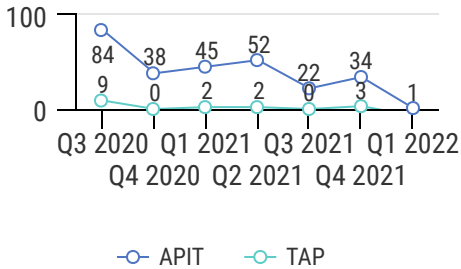
Delaware



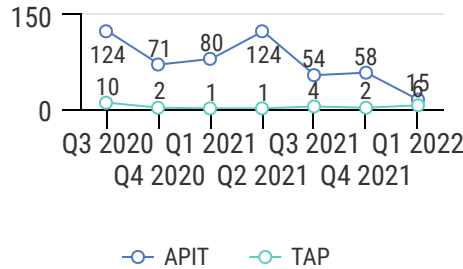
District of Columbia



Georgia



Illinois



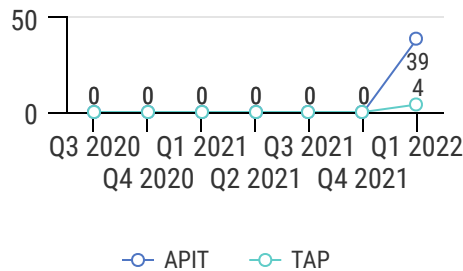
Idaho

N/A

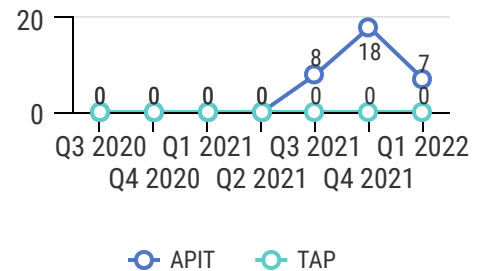
Indiana

N/A

Kansas

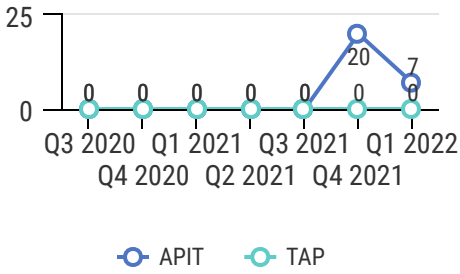


Kentucky

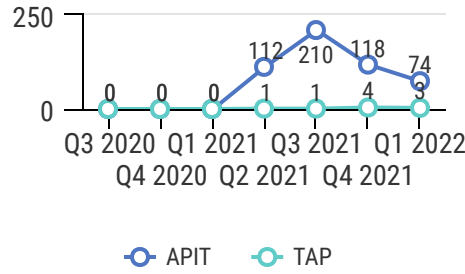


Looking at PSYPACT State Trends

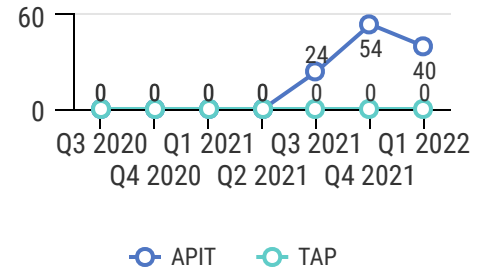
Maine



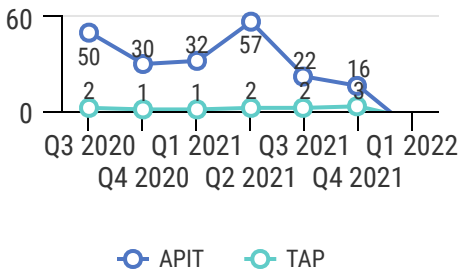
Maryland



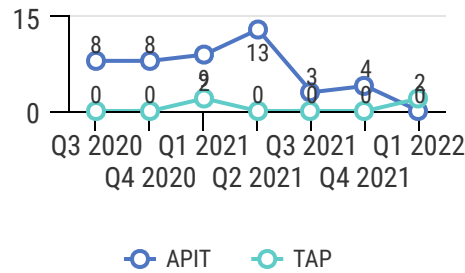
Minnesota



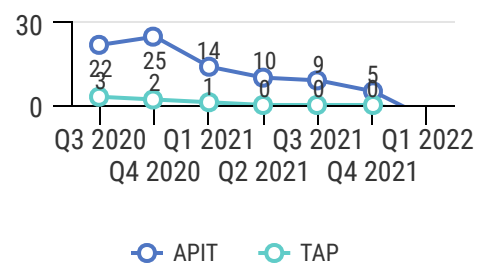
Missouri



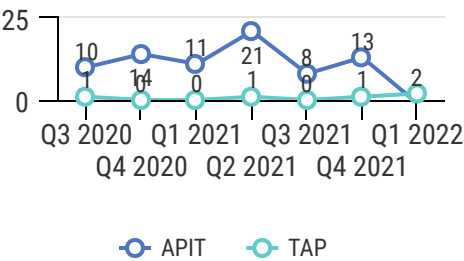
Nebraska



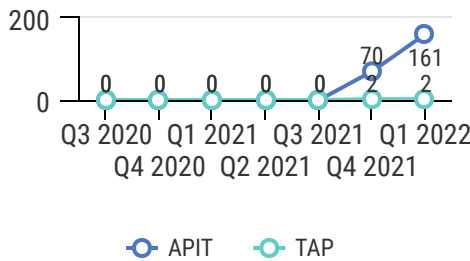
Nevada



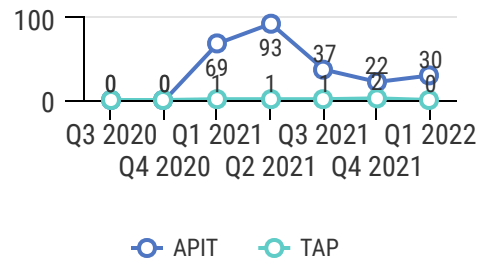
New Hampshire



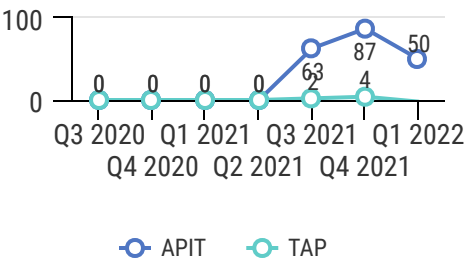
New Jersey



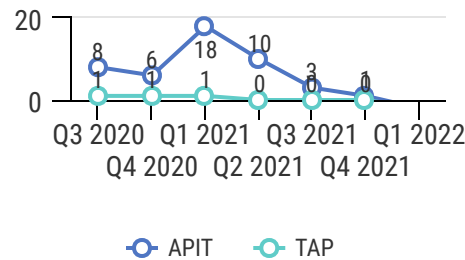
North Carolina



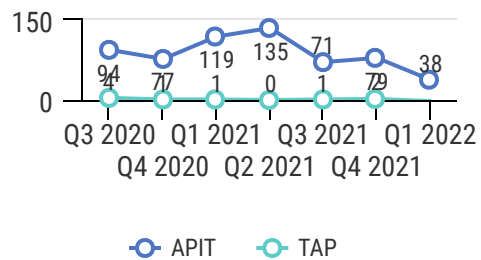
Ohio



Oklahoma

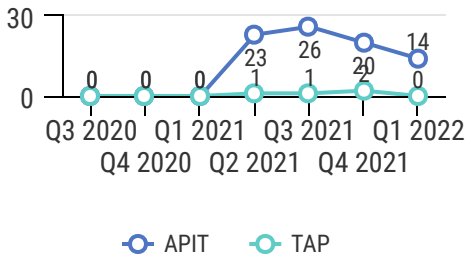


Pennsylvania

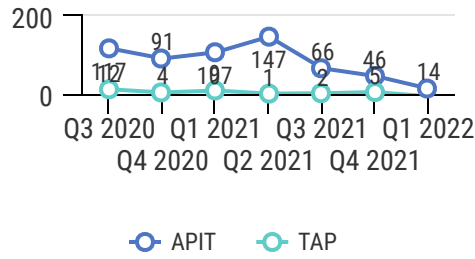


Looking at PSYPACT State Trends

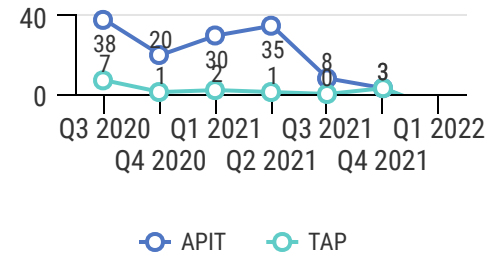
Tennessee



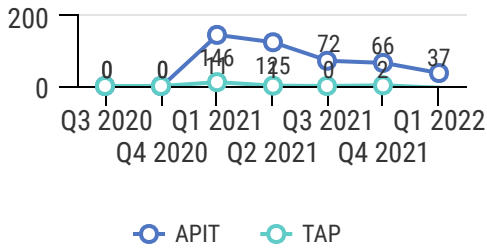
Texas



Utah



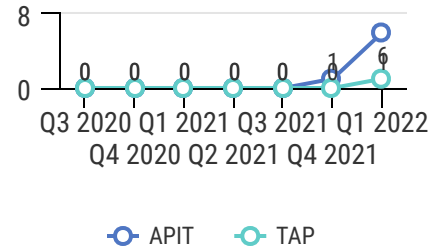
Virginia



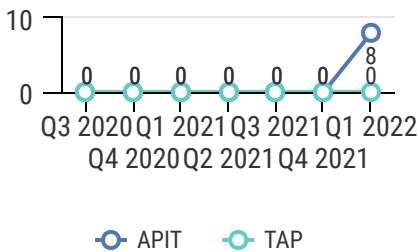
Washington

N/A

West Virginia



Wisconsin



102-1-10a. Unprofessional conduct.

Each of the following shall be considered unprofessional conduct:

(a) Practicing psychology in an incompetent manner, which shall include the following acts:

(1) Misrepresenting professional competency by offering to perform services that are inconsistent with the licensee's education, training, or experience;

(2) performing professional services that are inconsistent with the licensee's education, training, or experience; and

(3) without just cause, failing to provide psychological services that the licensee is required to provide under the terms of a contract;

(b) practicing with impaired judgment or objectivity, which shall include the following acts:

(1) Using alcohol or other substances to the extent that it impairs the psychologist's ability to competently engage in the practice of psychology; and

(2) failing to recognize, seek intervention, and make arrangements for the care of clients if one's own personal problems, emotional distress, or mental health difficulties interfere with or negatively impact professional judgment, professional performance and functioning, or the ability to act in the client's best interests;

(c) engaging in harmful dual relationships, which shall include the following acts:

(1) Making sexual advances toward or engaging in physical intimacies or sexual activities with either of the following:

(A) Any person who is a client; or

(B) any person that the licensee knows who has a significant relationship with the client, supervisee, or student;

(2) failing to inform the client or patient of any financial interests that might accrue to the licensed psychologist for referral to any other service or for the sale, promotion, or use of any tests, books, electronic media, or apparatus; and

(3) exercising undue influence over any client;

(d) making sexual advances toward or engaging in physical intimacies or sexual activities with, or exercising undue influence over any person who, within the past 24 months, has been a client;

(e) failing to obtain informed consent, which shall include the following acts:

(1) Failing to obtain and document, in a timely manner, informed consent from the client or legally authorized representative for clinical psychological services before the provision of any of these services except in an emergency situation. This informed consent shall include a description of the possible effects of treatment or procedures when there are known risks to the client or patient;

(2) failing to provide clients or patients with a description of what the client or patient may expect in the way of tests, consultation, reports, fees, billing, and collection; and

(3) failing to inform clients or patients when a proposed treatment or procedure is experimental;

(f) ignoring client welfare, which shall include the following acts:

(1) Failing to provide copies of reports or records to a licensed healthcare provider authorized by the client following the licensee's receipt of a formal written request, unless the release of that information is restricted or exempted by law or by these regulations, or the disclosure of the information would be injurious to the welfare of the client;

(2) failing to inform the client or patient that the client or patient is entitled to the same services from a public agency if the licensed psychologist is employed by that public agency and also offers services privately;

(3) engaging in behavior that is abusive or demeaning to a client, student, or supervisee;

(4) soliciting or agreeing to provide services to prospective clients or patients who are already receiving mental health services elsewhere without openly discussing issues of disruption of continuity of care with the prospective client or patient, or with other legally authorized persons who represent the client or patient, and when appropriate, consulting with the other service provider about the likely effect of a change of providers on the client's general welfare;

(5) failing to take each of the following steps before termination for whatever reason, unless precluded by the patient's or client's relocation or noncompliance with the treatment regimen:

(A) Discuss the patient's or client's views and needs;

(B) provide appropriate pretermination counseling;

(C) suggest alternative service providers, as appropriate; and

(D) take other reasonable steps to facilitate the transfer of responsibility to another provider if the patient or client needs one immediately;

(6) failing to arrange for another psychologist or other appropriately trained mental health professional to be available to handle clinical emergencies if the psychologist anticipates being unavailable for a significant amount of time;

(7) failing to be available for the timely handling of clinical emergencies after having agreed to provide coverage for another psychologist;

(8) failing to terminate a professional relationship if it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting from continued service, or is being harmed by continued service;

(9) failing to delegate to employees, supervisees, and research assistants only those responsibilities that these persons can reasonably be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided;

(10) failing to provide training and supervision to employees or supervisees and to take reasonable steps to see that these persons perform services responsibly, competently, and ethically; and

(11) continuing to use or order tests, procedures, or treatment, or to use treatment facilities or services not warranted by the client's or patient's condition;

(g) failing to protect confidentiality, which shall include the following acts:

(1) Failing to inform each client, supervisee, or student of the limits of client confidentiality, the purposes for which the information may be obtained, and the manner in which it may be used;

(2) revealing any information regarding a client or failing to protect information contained in a client's records, unless at least one of these conditions is met:

(A) Disclosure is required or permitted by law;

(B) failure to disclose the information presents a clear and present danger to the health and safety of an individual or the public;

(C) the psychologist is a party to a civil, criminal, or disciplinary investigation or action arising from the practice of psychology, in which case disclosure shall be limited to that action; or

(D) the patient has signed a written release that authorizes the psychologist to release information to a specific person or persons identified in the release; and

(3) failing to obtain written, informed consent from each client or the client's legal representative or representatives or from any other participant before performing either of the following actions:

(A) Electronically recording sessions with the client, or other participants, including audio and video recordings; or

(B) permitting third-party observation of the activities of the client or participant;

(h) misrepresenting the services offered or provided, which shall include the following acts:

(1) Failing to inform a client if services are provided or delivered under supervision;

(2) making claims of professional superiority that cannot be substantiated;

(3) guaranteeing that satisfaction or a cure will result from the performance of professional services;

(4) knowingly engaging in fraudulent or misleading advertising; and

(5) taking credit for work not personally performed;

(i) engaging in improprieties with respect to fees and billing statements, which shall include the following acts:

(1) Exploiting clients or payers with respect to fees;

(2) misrepresenting one's fees;

(3) failing to inform a patient or client who fails to pay for services as agreed that collection procedures may be implemented, including the possibility that a collection agency may be used or legal measures may be taken; and

(4) filing claims for services that were not rendered;

(j) improperly using assessment procedures, which shall include the following acts:

(1) Basing assessment, intervention, or recommendations on test results and instruments that are inappropriate to the current purpose or to the patient characteristics;

(2) failing to identify situations in which particular assessment techniques or norms may not be applicable or failing to make adjustments in administration or interpretation because of relevant factors, including gender, age, race, and other pertinent factors;

(3) failing to indicate significant limitations to the accuracy of the assessment findings;

(4) failing to inform individuals or groups at the outset of an assessment that the psychologist is precluded by law or by organizational role from providing information about results and conclusions of the assessment;

(5) endorsing, filing, or submitting psychological assessments, recommendations, reports, or diagnostic statements on the basis of information and techniques that are insufficient to substantiate those findings;

(6) releasing raw test results or raw data either to persons who are not qualified by virtue of education, training, or supervision to use that information or in a manner that is inappropriate to the needs of the patient or client; and

(7) allowing, endorsing, or supporting persons who are not qualified by virtue of education, training, or supervision to administer or interpret psychological assessment techniques;

(k) violating applicable law, which shall include the following acts:

(1) Impersonating another person holding a license issued by this or any other board;
(2) claiming or using any method of treatment or diagnostic technique that the licensed psychologist refuses to divulge to the board;

(3) refusing to cooperate in a timely manner with the board's investigation of complaints lodged against an applicant or a psychologist licensed by the board. Any psychologist taking longer than 30 days to provide requested information shall have the burden of demonstrating that the psychologist has acted in a timely manner; and

(4) being convicted of a crime resulting from or relating to the licensee's professional practice of psychology;

(1) aiding an illegal practice, which shall include the following acts:

(1) Knowingly allowing another person to use one's license;

(2) knowingly aiding or abetting anyone who is not credentialed by the board to represent that individual as a person credentialed by the board;

(3) furthering the licensure or registration application of another person who is known or reasonably believed to be unqualified in respect to character, education, or other relevant eligibility requirements;

(4) making a materially false statement or failing to disclose a material fact in an application for licensure or renewal of licensure; and

(5) failing to notify the board, within a reasonable period of time, that any of the following conditions apply to the psychologist or that the psychologist has knowledge, not obtained in the context of confidentiality, that any of the following conditions apply to another professional regulated by the board:

(A) A licensee has had a license, certificate, permit, registration, or other certificate, registration, or license in psychology or in the field of behavioral sciences, granted by any state or jurisdiction, that has been limited, restricted, suspended, or revoked;

(B) a licensee has been subject to disciplinary action by a licensing or certifying authority or professional association;

(C) a licensee has been terminated or suspended from employment for some form of misfeasance, malfeasance, or nonfeasance;

(D) a licensee has been convicted of a felony; or

(E) a licensee has practiced in violation of the laws or regulations regulating the profession;

A psychologist taking longer than 30 days to notify the board shall have the burden of demonstrating that the psychologist acted within a reasonable period of time;

(m) failing to maintain and retain records as outlined in K.A.R. 102-1-20;

(n) improperly engaging in research with human subjects, which shall include the following acts:

(1) Failing to consider carefully the possible consequences for human beings participating in the research;

(2) failing to protect each participant from unwarranted physical and mental harm;

(3) failing to ascertain that the consent of the participant is voluntary and informed; and

(4) failing to preserve the privacy and protect the anonymity of the subjects within the terms of informed consent;

(o) engaging in improprieties with respect to forensic practice, which shall include the following acts:

(1) When conducting a forensic examination, failing to inform the examinee of the purpose of the examination and the difference between a forensic examination and a therapeutic relationship;

(2) in the course of giving expert testimony in a legal proceeding, performing a psychological assessment in a biased, nonobjective, or unfair manner or without adequate substantiation of the findings;

(3) failing to conduct forensic examinations in conformance with established scientific and professional standards; and

(4) if a prior professional relationship with a party to legal proceeding precludes objectivity, failing to report this prior relationship and to clarify in both written report and actual testimony the possible impact of this prior relationship on the resulting conclusions and recommendations; and

(p) engaging in improprieties with respect to supervision, which shall include the following acts:

(1) Failing to provide supervision in compliance with subsection (d) of K.A.R. 102-1-5a;

(2) failing to provide supervision to a person working towards licensure as a clinical psychotherapist in compliance with KAR 102-4-7a; and

(3) failing to provide regular, periodic, written supervisory feedback to the supervisee. (Authorized by and implementing K.S.A. 2000 74-7507 and K.S.A. 74-5324; effective Jan. 4, 2002; amended Jan. 9, 2004.)

102-1-20. Unprofessional conduct regarding recordkeeping.

(a) Failure of a psychologist to comply with the recordkeeping requirements established in this regulation shall constitute unprofessional conduct.

(b) Content of psychological records. Each licensed psychologist shall maintain a record for each client or patient that accurately reflects the licensee's contact with the client or patient and the results of the psychological service provided. Each licensee shall have ultimate responsibility for the content of the licensee's records and the records of those persons under the licensee's supervision. The record may be maintained in a variety of media, if reasonable steps are taken to maintain confidentiality, accessibility, and durability. Each record shall be completed in a timely manner and shall include the following information for each client or patient who is a recipient of clinical

psychological services:

- (1) Adequate identifying data;
- (2) the date or dates of services the licensee or the licensee's supervisee provided;
- (3) the type or types of services the licensee or the licensee's supervisee provided;
- (4) initial assessment, conclusions, and recommendations;
- (5) a plan for service delivery or case disposition;
- (6) clinical notes of each session; and
- (7) sufficient detail to permit planning for continuity that would enable another psychologist to take over the delivery of services.

(c) Retention of records. If a licensee is the owner or custodian of client or patient records, the licensee shall retain a complete record for the following time periods, unless otherwise provided by law:

- (1) At least five years after the date of termination of one or more contacts with an adult; and
- (2) for a client or patient who is a minor on the date of termination of the contact or contacts, at least until the later of the following two dates:
 - (A) Two years past the age of majority; or
 - (B) five years after the date of termination of the contact or contacts with the minor.

(Authorized by and implementing K.S.A. 74-5324 and K.S.A. 2000 Supp. 74-7507; effective Jan. 4, 2002.)

102-2-4b. Continuing education approval for sponsors.

(a) Each application to become an approved provider as defined in K.A.R. 102-2-1a (a), or a single-program provider as defined in K.A.R. 102-2-1a(x) shall be submitted on forms provided by the board and shall include the nonrefundable fee prescribed in K.A.R. 102-2-3.

(b) Approved providers.

(1) Each applicant for approved provider status shall submit the application form and application fee for approved-provider status at least three months prior to the first scheduled program.

(2) Each applicant for approved-provider status shall submit an organizational plan that includes a written statement of purpose documenting that social work practice, values, skills, and knowledge are the bases for the provider's educational goals and objectives and administrative procedures.

(3) Each approved provider shall designate a person who meets the educational requirements for licensure to be responsible for the development of the program.

(4) Each approved provider shall develop these systems:

(A) a system for maintaining records for a period of at least three years; and

(B) a system for selection and evaluation of instructors, participant performance requirements, and provision of accessible and adequate space.

(5) Each approved provider shall maintain a summary of each individual program offered for a period of at least three years a summary of each individual program offered that documents the following information:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the dates the program was given.

(6) Upon board approval of the application and payment of the initial application fee, a provider shall be provisionally approved for one year;

(7) At least 60 days before the end of the year of provisional approved-provider status and at least 60 days before the end of each succeeding three-year period of approved-provider status, each approved provider seeking renewal shall submit an application to the board. Each application for renewal of approved-provider status shall include the documentation required in paragraph (b)(5) for each program offered during that period of approved-provider status. Upon determination by the board that the approved provider has provided sufficient documentation as specified in paragraph (b)(5) and upon payment of the approved-provider renewal fee established in K.A.R. 102-2-3, approved-provider status shall be granted for a new three-year period.

(8) Any approved providers may be evaluated and monitored by the board by random contact of social work participants attending programs sponsored by the approved provider.

(9) Approved-provider status may be withdrawn by the board if the provider violates this regulation or if quality programs are not maintained to the board's satisfaction.

(c) Single-program providers.

(1) Each applicant for single-program provider status shall submit a separate single-program provider application form and fee for each continuing education activity or each continuing education activity date for which single-program provider status is requested.

(2) The applicant shall submit each application for single-program provider status on a board-approved form that includes a description of the following items:

(A) the relationship of the program to the enhancement of social work practice, values, skills, or knowledge;

(B) the learning objectives for the program and the relationship between the program content and the objectives;

(C) the licensing levels for which the program is designed and any program prerequisites;

(D) the relationship of the format and presentation methods to the learning objectives and the content, and the size and composition of the participant group;

(E) the qualifications of the instructor in the subject matter;

(F) the means of program evaluation;

(G) the program agenda. The agenda shall clearly indicate all coffee and lunch breaks; and

(H) the date or dates the program is to be given.

(3) Each applicant shall submit the required application fee with the completed single-program provider application. If the completed single-program provider application form is not received in the board office at least 30 days prior to the scheduled continuing education activity, the application may not be processed or approved by the board.

(4) Single-program provider status may be withdrawn by the board if the provider violates this regulation or if the quality of the program is not satisfactory to the board.

(d) Each single-program provider and approved provider shall maintain a record of each social worker's attendance for a period of at least three years.

(e) Each single-program provider and approved provider shall provide each social work participant with verification of the participant's attendance. This verification shall be on forms approved by the board.

(Authorized by and implementing K.S.A. 2000 Supp. 74-7507, as amended by L. 1996, Ch. 153, Sec. 43 and K.S.A. 65-6314, as amended by L. 1996, Ch. 153, Sec. 15; effective, T-85-36, Dec. 19, 1984; effective May 1, 1985; amended May 1, 1986; amended May 1, 1988; amended Oct. 24, 1997, amended March 8, 2002)