

**BEHAVIORAL SCIENCES REGULATORY BOARD
LICENSED PSYCHOLOGY ADVISORY COMMITTEE
AGENDA
October 11, 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/ck6dbvY6cMY>

**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, October 11, 2022, 6:00 p.m.

- I. Call to order and Roll Call**
- II. Agenda Approval**
- III. Review and Approval of Minutes from Advisory Committee Meetings on June 14, 2022, and August 2, 2022**
- IV. Executive Director's Report**
- V. Old Business**
 - A. Update on PSYPACT Commission**
 - B. Continued Discussion on Unprofessional Conduct Regulations**
 - C. Follow up Discussion on Accreditation Standards**
- VI. New Business**
 - A. None**
- VII. Next Meeting: Tuesday, December 13, 6:00 p.m.?**
- VIII. Adjournment**

**Behavioral Sciences Regulatory Board
Licensed Psychology Advisory Committee Meeting
June 14, 2022**

Draft Minutes

- I. Call to Order.** Ric Steele, Chair of the Advisory Committee, called the meeting to order at 6 p.m.
- Committee Members.** Ric Steele, Carol Crane, Jessica Hamilton, Tiffany Johnson, Rodney McNeal, and Zachary Parrett were present by Zoom.
- BSRB Staff.** David Fye and Leslie Allen were present by Zoom.
- II. Review and Approval of the Agenda.** Jessica Hamilton moved to approve the agenda. Rodney McNeal seconded the motion. The motion passed.
- III. Review and Approval of Minutes from Meeting on April 12, 2022.** Jessica Hamilton moved to approve the minutes from the Advisory Committee meeting on April 12, 2022. Carol Crane 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. Agency Updates.** The BSRB is still under the Governor’s direction to avoid in-person meetings. The Executive Director noted he will update the Advisory Committee when that direction is changed. Until the limitation is lifted, the BSRB will continue to hold most Board and Advisory Committee meetings virtually. The Executive Director provided an update on the BSRB Fee Fund, which has a balance of about \$2.0 million. As part of the yearly performance evaluation process from the Department of Administration, all state employees should have a mid-year check-in to allow supervisors to provide feedback on their performance, allow questions from staff, and consider changes to work responsibilities. The Executive Director noted that the BSRB will provide mid-year check-in meetings for all employees later this month.
- B. Board Meeting on May 9.** The Board discussed the pre-approval of continuing education (CE) hours and the pre-approval of CE providers. All Advisory Committees were asked to discuss whether their profession would want pre-approved CEs, as currently only the social work profession has pre-approved CE providers and pre-approved CE classes. At the Board meeting, there was a split as some Advisory Committees requested this change while other Advisory Committees did not. Also at the Board meeting, 15 Advisory Committee members were reappointed to new two-year terms and those terms will start in July, as the state fiscal year begins on July 1. The Board recognized three Advisory Committee members that had served the maximum number of years of service on the Advisory Committees. The Board passed

a delegation motion allowing for alternate presiding officer in the event that Chair and the Vice-Chair of the Board are unavailable for a meeting; reviewed draft language for regulations discussed at past meetings; and considered a model from Minnesota to provide a temporary license to students who graduate from schools that are in candidacy for Council for Social Work Education (CSWE) accreditation. The Board received a report from the Executive Director with potential changes to the Board's Investigation Policy and creation of subcommittees were requested by the Professional Counselor Advisory Committee (unprofessional conduct regulation review) and the Marriage and Family Therapy Advisory Committee (creation of a supervision manual similar to the existing manual for the social work profession).

C. Other Meetings and Events. The Executive Director attended an Educator meeting for the Association of Social Work Boards (ASWB) and the Mid-Year Meeting from the Association of State and the Provincial Psychology Boards (ASPPB). The Executive Director provided a summary of items discussed at these meetings, including an announcement from the American Psychology Association (APA) that the body is working on accreditation standards for Master's Level Psychology programs and hopes to have these standards available for comment in the fall of 2023. The executive director will be attending a conference on August 3, 2022, hosted by the National Board of certified counselors in Philadelphia. The Executive Director note he attended a townhall meeting by ASPPB on the EPPP-2.

V. Old Business

A. PSYPACT Update. The Executive Director provided an update on the Psychology Interjurisdictional Compact (PSYPACT), noting there were 50 Licensed Psychologists in Kansas who identify Kansas as their home-state and who were practicing teletherapy under the compact and there were four Licensed Psychologists in Kansas providing limited in-person services in other compact states under PSYPACT authority. The Executive Director noted he attended a PSYPACT training for member-boards on Jun 14, 2022. Last year the Board selected the Executive Director as Kansas' PSYPACT Commissioner to represent during the Board at meetings. More information on PSYPACT is available on the Board's website. The Executive Director noted all Licensed Psychologists in Kansas must renew their licenses by June 30 of even numbered years, so he will report back at the next Advisory Committee meeting if a decrease in licensees attributable to PSYPACT can be calculated after the renewal deadline.

B. Continued Discussion on Unprofessional Conduct Regulations. In the last meeting, the Advisory Committee began working on review of the unprofessional conduct regulations for the profession through item "e." Advisory Committee requested past versions of the unprofessional conduct regulations to see changes over time and asked for clarification why the unprofessional conduct regulation on recordkeeping was in a separate regulation. The Executive Director noted he researched these topics and provided the Advisory Committee members with the past

versions of the unprofessional conduct regulation K.A.R. 102-1-10a. There were two versions, the first took place in 2000 with an effective date of 2002 and the second was put into place in 2002 with an effective date of 2004. The current regulation on unprofessional conduct related to recordkeeping, K.A.R. 102-1-20, is the only version of this regulation and the Executive Director discovered no reason that it was included in a separate regulation. The Advisory Committee expressed support for combining the recordkeeping unprofessional conduct regulation within the main unprofessional conduct regulation, when the Advisory Committee considers recommendations to forward to the Board.

The Advisory Committee reviewed the unprofessional conduct regulations, beginning with item “f.” The Advisory Committee expressed support for requiring practitioners to be responsible for identify a custodian of records if they should pass away unexpectedly or their records become abandoned, under client welfare responsibility. Support was also expressed for adding a question on this topic to the license renewal application. It was noted that language could be added to the recordkeeping regulation, section “c,” requiring the next custodian of records be named, then other language could be included in the unprofessional conduct regulation noting that it would be unprofessional conduct to fail to fulfill that requirement. The Advisory Committee proposed considering adding the following language to item (12) “failing to identify a repository for client records, should the psychologist become incapacitated or unable to access their records.” The Advisory Committee considered this language, but did not vote on the language during the meeting. Advisory Committee members discussed whether there would be a benefit for a regulation on this topic, if a practitioner abandoned their records and their license, and potentially was no longer under the Board’s jurisdiction. The Executive Director noted that even if it was found that the practitioner was no longer under the Board’s jurisdiction, it would be helpful to have this regulation in place, if the practitioner sought to have their license reinstated, these matters would need to be resolved.

Advisory Committee members discussed that the language in item “g,” specially 3A, may need to be revised, as current telehealth involves electronic devices, but does not necessarily include recording of these sessions. It was noted that these regulations include language protecting confidentiality, but it was discussed whether additional language should be added concerning privacy. Advisory Committee members expressed support for having language that practitioner should protect a client’s confidentiality and privacy. It was noted that this language might change if more specific telehealth standards were adopted by the professions. It was noted that the American Psychological Association (APA) had developed telehealth and the Chair would provide those guidelines to the Executive Director for distribution to the Advisory Committee members at the next meeting. Support was noted, under item 3a, to include whether the session was being recorded.

Advisory Committee members discussed whether language should be included concerning using testing in an inappropriate manner, such as providing a test to a client of the wrong age or using assessments or procedures inconsistent with validated

assessment procedures. The Advisory Committee ended the discussion with item “j” and planned to continue the review of these regulations at the next meeting.

VI. New Business

A. Comments on ASPPB Draft Resource on Regulation of Practicum Experience for Licensure. The Executive Director sent draft materials to the Advisory Committee members from ASPPB on regulation of practicum experience for licensure and it was noted that this draft guidance document was open for public comment. The Advisory Committee made no official comment at the meeting.

VII. Next Advisory Committee Meeting Date. Due to conflicts, members were unable to select a date for the next Advisory Committee meeting. The Executive Director stated he would poll the Advisory Committee members availability after the meeting and would send a date for the August meeting when it was determined.

VIII. Adjournment. The meeting was adjourned.

**BEHAVIORAL SCIENCES REGULATORY BOARD
LICENSED PSYCHOLOGY ADVISORY COMMITTEE MEETING
AUGUST 02, 2022**

Draft Minutes

- I. Call to Order.** Ric Steele, Chair of the Advisory Committee, called the meeting to order at 6 p.m.
- Committee Members.** Ric Steele, Abby Callis, Tiffany Johnson, Janine Kesterson, and Doug Wright were present by Zoom.
- BSRB Staff.** David Fye and Leslie Allen were present by Zoom.
- II. Agenda Approval.** The Advisory Committee lacked quorum, so no changes were made to the agenda.
- III. Review and Approval of Minutes from Previous Advisory Committee Meeting on June 14, 2022.** The Advisory Committee lacked quorum to take official actions, so review and approval of the minutes from the previous meeting was deferred to the following Advisory Committee meeting.
- IV. Executive Director Report.** David Fye, Executive Director for the Behavioral Sciences Regulatory (BSRB), reported on the following items:
- A. Agency Updates.** BSRB is still under the direction of the governor's covid restrictions and will continue to hold meeting virtually until there are updates. The BSRB hired a part-time licensing specialist to cross-train on other areas in the office to add coverage for vacations and out-of-office staff to decrease delays in the licensing process. On September 15, 2022, the BSRB will be submitting a revised budget estimate for fiscal year (FY) 2023, as well as a new budget request for FY 2024 and FY 2025. The BSRB is currently scheduling meetings with some of the vendors for IT services, administrative services, and legal services to determine the costs to the agency moving forward for the next two years.
 - B. Board Meeting on July 11.** The Board elected Mary Jones as the new Chair and David Anderson as the Vice Chair. The Governor appointed Cynthia Schendel (social work) and Richard Nobles (licensed psychology) as new professional Board members. The Governor appointed Jim Kilmartin as the new public member, beginning on July 12, 2022. At the Board meeting, the Board reviewed and made additional changes to the investigation policy. The Board will be holding an annual all-day planning meeting in Olathe, KS, on Oct 24, 2022.
 - C. Other Meetings and Events.** The Executive Director will be attending a meeting held by the National Board for Certified Counselors (NBCC) from August 3 to

August 6 in Philadelphia, PA, and will be a speaker on the topic of innovations in licensing.

V. Old Business

A. PSYPACT Update. The Executive Director provided an update on the Psychology Interjurisdictional Compact (PSYPACT). There are currently over 50 licensed Psychologists in Kansas practicing in other states under PSYPACT authority. At the PSYPACT mid-year meeting, two new rules were approved for public comment. Information on this public comment period is on the BSRB website. The proposed rules include authorization by PSYPACT to charge renewal fees for individuals practicing under PSYPACT.

B. Continued Discussion on Unprofessional Conduct Regulations. Discussion on the remaining unprofessional conduct regulations was deferred to a future meeting.

VI. New Business

A. Discussion on Accreditation Standards. The Chair of the Advisory Committee discussed current accreditation standards, historical accreditation standards through the American Psychological Association (APA), and an alternative accrediting body, the Psychological Clinical Science Accreditation System (PCSAS). It was noted that many psychology programs have become both APA and PCSAS accredited. However, it was noted that it is expected that many of the top programs may choose to drop their APA accreditation, and instead maintain the PCSAS accreditation. Currently, the BSRB recognizes the APA as the national accrediting body for the profession. The regulations for the BSRB specify alternative educational standards in regulation if an applicant attended a school that was not APA accredited, but those standards are based off APA accreditation standards prior to changes implemented by APA in 2016. Advisory Committee members spoke in favor of reviewing and considering changes to regulatory standards to make the standards more consistent with current standards. The Chair of the Advisory Committee highlighted language adopted by Texas to address some of these issues. The Advisory Committee expressed comments favorable to working on addressing these issues in the spring 2023.

VII. Next Advisory Committee Meeting Date. The next meeting will be on Tuesday, October 11, 2022, at 6 p.m.

VIII. Adjournment. The meeting was adjourned.

October 2022
Volume 3, Issue 3

Reducing regulatory barriers. Increasing access to mental healthcare.

A Message from the Chair Don Meck

Welcome to Idaho and Indiana, both became effective PSYPACT participating states in July of this year. 2022 has been an active year for us since both Washington and Wisconsin joined towards the first of the year and Connecticut will join us in October. That is five new members and Rhode Island will join us in 2023. I look forward to meeting with all the new and old members of PSYPACT at the November 17, 2022 Commission Annual Meeting. Enjoy the newsletter.

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

Upcoming Meetings

- October 4, 2022 - PSYPACT Requirements Review Committee
- October 20, 2022 - PSYPACT Rules Committee
- November 1, 2022 - PSYPACT Elections Committee
- November 2, 2022 - PSYPACT Executive Board
- November 17, 2022 - PSYPACT Commission Annual Meeting
- November 28, 2022 - PSYPACT Finance Committee
- December 21, 2022 - PSYPACT Training and Public Relations Committee

PSYPACT Commissioners

Lori Rall <i>Alabama</i>	Gary Lenkeit <i>Nevada</i>
Heidi Paakkonen <i>Arizona</i>	Deborah Warner <i>New Hampshire</i>
Lisa Fitzgibbons <i>Arkansas</i>	To Be Named <i>New Jersey</i>
Nate Brown <i>Colorado</i>	Susan Hurt <i>North Carolina</i>
To Be Named <i>Connecticut (*effective 10/1/2022)</i>	Ronald Ross <i>Ohio</i>
Shauna Slaughter <i>Delaware</i>	Teanne Rose <i>Oklahoma</i>
LaTrice Herndon <i>District of Columbia</i>	Christina Stuckey <i>Pennsylvania</i>
Don Meck <i>Georgia</i>	To Be Named <i>Rhode Island (*effective date tentatively 1/1/2023)</i>
Katie Stuart <i>Idaho</i>	Mark Fleming <i>Tennessee</i>
Cecilia Abundis <i>Illinois</i>	Patrick Hyde <i>Texas</i>
Stephen Ross <i>Indiana</i>	Jennifer Falkenrath <i>Utah</i>
David Fye <i>Kansas</i>	Jaime Hoyle <i>Virginia</i>
Brenda Nash <i>Kentucky</i>	Leslie Cohn <i>Washington</i>
Jayne Boulos <i>Maine</i>	Scott Fields <i>West Virginia</i>
Lorraine Smith <i>Maryland</i>	Daniel Schroeder <i>Wisconsin</i>
Robin McLeod <i>Minnesota</i>	Mariann Burnetti-Atwell <i>ASPPB</i>
Pam Goose <i>Missouri</i>	
Kris Chiles <i>Nebraska</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!



New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Dr. Stephen Ross as the newly appointed commissioner for the state of Indiana.

Updates from the Committees

Elections Committee: The Elections Committee met on July 25, 2022 and reviewed the elections process for the upcoming PSYPACT Executive Board elections at the November 2022 Annual Meeting. The Elections Committee will meet again on November 1, 2022.

Requirements Review Committee: The Requirements Review Committee met on August 5, 2022 and reviewed correspondence received as well as updates to the PSYPACT Bylaws. The Requirements Review Committee will meet again on October 4, 2022.

Finance Committee: The Finance Committee met on August 15, 2022 and reviewed the 2022 2nd Quarter Financials along with other updates for the Executive Board. The Finance Committee will meet again on November 28, 2022.

Rules Committee: The Rules Committee met on August 17, 2022 and presented the Executive Board with recommendations for consideration. The Rules Committee will meet again on October 20, 2022.

Training and Public Relations Committee: The Training and Public Relations Committee met August 24, 2022. The committee reviewed and approved a PSYPACT State Board Contact page to be posted on the PSYPACT website. The Training and Public Relations Committee also began working on items for the PSYPACT Annual Report. The next PSYPACT Training and Public Relations Committee meeting is scheduled for December 21, 2022.

Compliance Committee: The Compliance Committee met on August 29, 2022 in a closed session meeting. The Committee made recommendations to report to the Executive Board. This committee will meet on an as needed basis.

Executive Board: A meeting for the PSYPACT Executive Board was held on September 8, 2022. During the meeting, minutes from the June 17, 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 approved reports from the Elections Committee, Requirements Review Committee, Finance Committee, Rules Committee, Training and Public Relations Committee and the Compliance Committee. The next PSYPACT Commission Executive Board meeting will be held on November 2, 2022.

PSYPACT Commission Mid Year Meeting July 14, 2022

A meeting for the PSYPACT Commission was held on July 14, 2022. During the meeting, minutes from the November 2021 PSYPACT Commission meeting were approved and are available on the PSYPACT website at www.psyfact.org. Additionally, PSYPACT Executive Director Janet Orwig provided updates to the PSYPACT Commission. The PSYPACT Commission was presented with reports from the Compliance Committee, Finance Committee, Rules Committee, Requirements Review Committee and Training and Public Relations Committee. The PSYPACT Commission proposed rules which went out for public comment, the Commission will be voting on the adoption of these rules at the annual meeting in November. The PSYPACT Commission annual meeting will be held on November 17, 2022.

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

Patrick Hyde
Pam Groose
Deborah Warner
Lorraine Smith
Susan Hurt

Finance Committee

Teanne Rose
Jaime Hoyle
Heidi Paakkonen

Training and Public Relations Committee

Lori Rall
Heidi Paakkonen
Mariann Burnetti-Atwell

Requirements Review Committee

Gary Lenkeit
Christina Stuckey
Ron Ross

Elections Committee

Daniel Schroeder
Jayne Boulos
Jaime Hoyle

Compliance Committee

Jaime Hoyle
Scott Fields
Lisa Fitzgibbons

Verification of PSYPACT Credentials

Available at www.verifypsyfact.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

Hello to Autumn although here in Georgia it still feels like summer. I hope you all had a nice summer! I am so excited to announce that all the PSYPACT committees are now operational and are conducting quarterly meetings. You will be able to hear more about the work of each committee at the November Commission meeting.

Since you will be receiving information from the PSYPACT Compliance Committee prior to the Commission meeting, I wanted to update you on their work now. The committee has reviewed all PSYPACT governing documents and created the PSYPACT Quarterly Compliance Report. Early in October, your jurisdiction will receive the first report for the 3rd quarter of 2022. These quarterly reports serve as a "report card" for how your jurisdiction is doing regarding the fulfillment with the elements of PSYPACT. For those that have some elements outside of compliance, we will be scheduling meetings to provide assistance.

More detailed information regarding the 3rd quarter reports will be provided at the Commission meeting.

As always, I cannot thank you enough for all you do for PSYPACT.

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 6,000 participants in the PSYPACT listserv. To sign up, email us at info@psypact.org or visit <https://psypact.org/page/Listserv>.

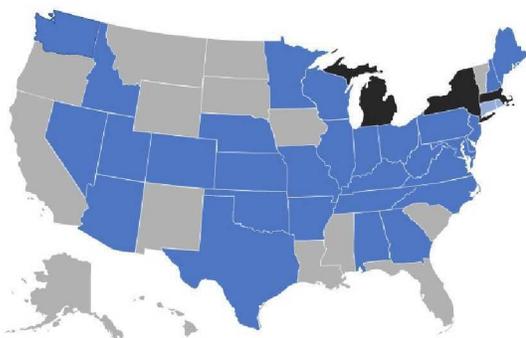


Did you know?

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



As we began the 3rd Quarter, Idaho and Indiana became effective PSYPACT participating states, making 31 effective PSYPACT participating states. The current PSYPACT participating states include: Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Connecticut (effective October 1, 2022) and Rhode Island (effective tentatively January 1, 2023). As the 2022 legislative sessions began, we saw legislation introduced in 7 states, we had carryover legislation in 5 states and enacted legislation in 6 states. We currently have legislation introduced in New York as NY S 9234 and NY A 10609. We also have carryover legislation in Massachusetts as MA S 2542 and Michigan as MI H 5489. Due to changes in the enacted South Carolina bill (SC H 3833), the PSYPACT Executive Board voted at its September meeting to not accept South Carolina as a participating state due to those changes. It is hoped that a new bill will be introduced in 2023 to correct this issue.

Staff Contact Information

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PSYPACT Specialist
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PSYPACT by the Numbers

TELEPSYCHOLOGY

7682

ASPPB
E. Passports
Issued

7074

PSYPACT
APITs
Issued

TEMPORARY PRACTICE

446

ASPPB
IPCs Issued

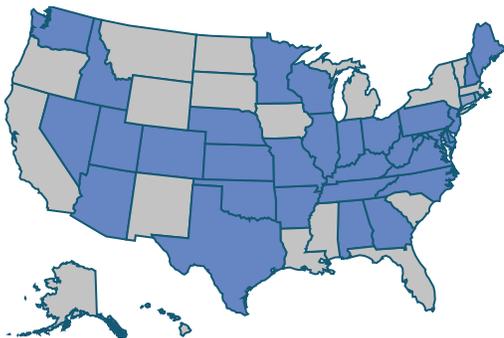
315

PSYPACT
TAPs Issued

STATE LEVEL BREAKDOWN

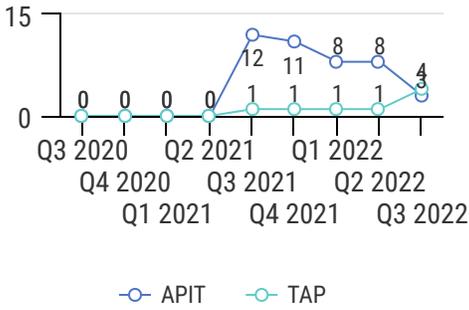
State	APITs	TAPs	State	APITs	TAPs
ALABAMA	42	8	NEVADA	97	7
ARIZONA	230	18	NEW HAMPSHIRE	95	5
ARKANSAS	14	3	NEW JERSEY	386	7
COLORADO	403	16	NORTH CAROLINA	326	8
CONNECTICUT	N/A	N/A	OHIO	279	10
DELAWARE	108	1	OKLAHOMA	58	3
DISTRICT OF COLUMBIA	235	7	PENNSYLVANIA	761	22
GEORGIA	345	18	RHODE ISLAND	N/A	N/A
IDAHO	10	1	TENNESSEE	117	5
ILLINOIS	695	27	TEXAS	715	46
INDIANA	38	1	UTAH	155	20
KANSAS	68	7	VIRGINIA	547	26
KENTUCKY	52	3	WASHINGTON	99	3
MAINE	42	1	WEST VIRGINIA	25	2
MARYLAND	643	17	WISCONSIN	34	2
MINNESOTA	163	5			
MISSOURI	235	13			
NEBRASKA	57	3			

Numbers current as of 09/30/2022



Looking at PSYPACT State Trends

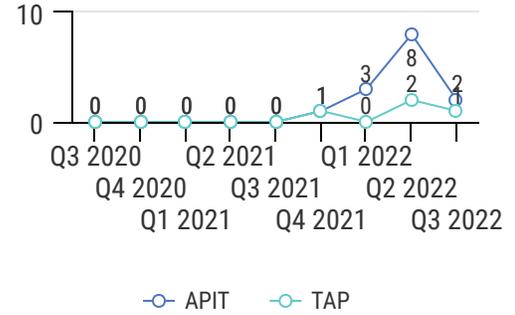
Alabama



Arizona



Arkansas



Colorado



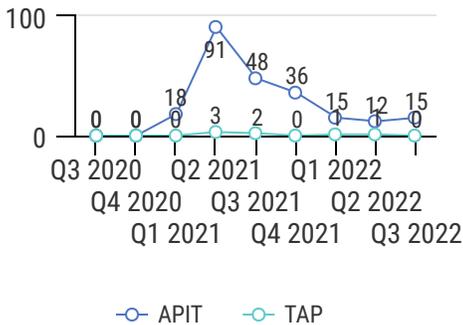
Connecticut

N/A

Delaware



District of Columbia



Georgia



Idaho



Illinois



Indiana



Kansas

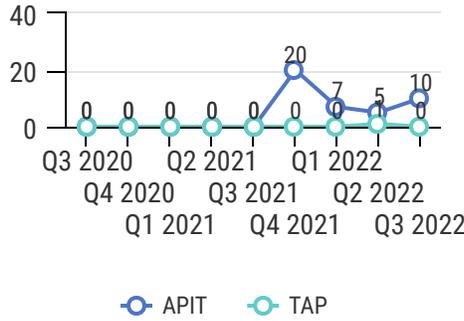


Looking at PSYPACT State Trends

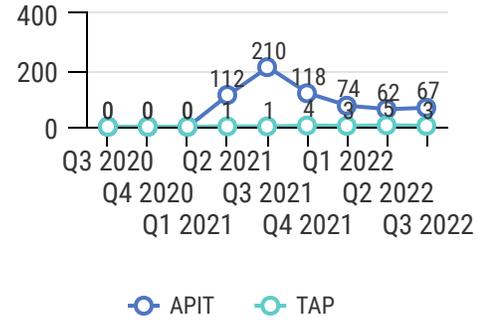
Kentucky



Maine



Maryland



Minnesota



Missouri



Nebraska



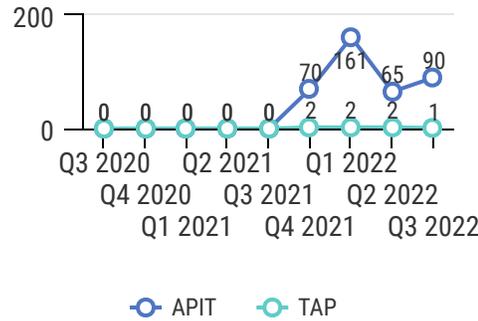
Nevada



New Hampshire



New Jersey



North Carolina



Ohio



Oklahoma



Looking at PSYPACT State Trends

Pennsylvania



Rhode Island

N/A

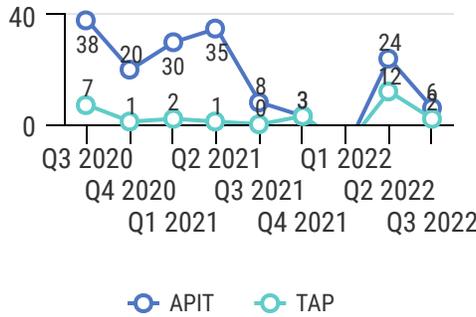
Tennessee



Texas



Utah



Virginia



Washington



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.)

Guidelines for the Practice of Telepsychology

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. *Telepsychology* is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies, as expounded in the Definition of Telepsychology section of these guidelines. The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations, and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide them.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the “Ethical Principles of Psychologists and Code of Conduct” (“APA Ethics Code”; APA, 2002a, 2010) and the “Record Keeping Guidelines” (APA, 2007). In addition, the assumptions and principles that guide APA’s “Guidelines on Multicultural Training, Research, Practice, and Organizational Change for Psychologists” (APA, 2003) are infused throughout the *Rationale* and *Application* subsections describing each of the guidelines. Therefore, these guidelines are informed by professional theories, evidence-based practices, and definitions in an effort to offer the best guidance in the practice of telepsychology.

The use of the term *guidelines* within this document refers to statements that suggest or recommend specific professional behaviors, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help ensure a high level of professional practice by psychologists. “Guidelines are created to educate and to inform the practice of psychologists. They are also intended to stimulate debate and research. Guidelines are not to be promulgated as a means of establishing the identity of a particular group or specialty area of psychology; likewise, they are not to be created with the purpose of excluding any psychologist from practicing in a particular area” (APA, 2002b, p. 1048). “Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional or clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists” (APA, 2002b, p. 1050). These guidelines are meant to assist psychologists as they apply current standards of professional practice when utilizing telecommunication technologies as a means of delivering their professional

services. They are not intended to change any scope of practice or define the practice of any group of psychologists.

The practice of telepsychology involves consideration of legal requirements, ethical standards, telecommunication technologies, intra- and interagency policies, and other external constraints, as well as the demands of the particular professional context. In some situations, one set of considerations may suggest a different course of action than another, and it is the responsibility of the psychologist to balance them appropriately. These guidelines aim to assist psychologists in making such decisions. In addition, it will be important for psychologists to be cognizant of and compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders. This is particularly true when providing telepsychology services. Where a psychologist is providing services from one jurisdiction to a client/patient located in another jurisdiction, the law and regulations may differ between the two jurisdictions. Also, it is the responsibility of the psychologists who practice telepsychology to maintain and enhance their level of understanding of the concepts related to the delivery of services via telecommunication technologies. Nothing in these guidelines is intended to contravene any limitations set on psychologists’ activities based on ethical standards, federal or jurisdictional statutes or regulations, or for those psychologists who work in agencies and public settings. As in all other circumstances, psychologists must be aware of the stan-

The “Guidelines for the Practice of Telepsychology” were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists established by the following three entities: the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust (APAIT). The “Guidelines for the Practice of Telepsychology” were approved as APA policy by the APA Council of Representatives on July 31, 2013. The co-chairs of the joint task force were Linda Campbell and Fred Millán. Additional members of the task force included the following psychologists: Margo Adams Larsen, Sara Smucker Barnwell, Bruce E. Crow, Terry S. Gock, Eric A. Harris, Jana N. Martin, Thomas W. Miller, and Joseph S. Rallo. APA staff (Ronald S. Palomares, Deborah Baker, Joan Freund, and Jessica Davis) and ASPPB staff (Stephen DeMers, Alex M. Siegel, and Janet Pippin Orwig) provided direct support to the joint task force.

These guidelines are scheduled to expire as APA policy 10 years from July 31, 2013 (the date of their adoption by the APA Council of Representatives). After this date, users are encouraged to contact the APA Practice Directorate to determine whether this document remains in effect.

Correspondence concerning these guidelines should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

dards of practice for the jurisdiction or setting in which they function and are expected to comply with those standards. Recommendations related to the guidelines are consistent with broad ethical principles (APA Ethics Code, APA, 2002a, 2010), and it continues to be the responsibility of the psychologist to apply all current legal and ethical standards of practice when providing telepsychology services.

It should be noted that APA policy generally requires substantial review of the relevant empirical literature as a basis for establishing the need for guidelines and for providing justification for the guidelines' statements themselves (APA, 2002b, p. 1050). The literature supporting the work of the Joint Task Force on the Development of Telepsychology Guidelines for Psychologists (i.e., the Telepsychology Task Force) and the guidelines statements themselves reflect seminal, relevant, and recent publications. The supporting references in the literature review emphasize studies from approximately the past 15 years plus classic studies that provide empirical support and relevant examples for the guidelines. The literature review, however, is not intended to be exhaustive or to serve as a comprehensive systematic review of the literature that is customary when developing professional practice guidelines for psychologists.

Definition of Telepsychology

Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies. Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, e-mail, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing or include images, sounds, or other data. These communications may be synchronous, with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone), or asynchronous (e.g., e-mail, online bulletin boards, storing and forwarding of information). Technologies may augment traditional in-person services (e.g., psychoeducational materials posted online after an in-person therapy session) or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services. For example, videoconferencing and telephone may also be utilized for direct service, while e-mail and text are used for nondirect services (e.g., scheduling). Regardless of the purpose, psychologists strive to be aware of the potential benefits and limitations in their choices of technologies for particular clients in particular situations.

Operational Definitions

The Telepsychology Task Force has agreed upon the following operational definitions for terms used in this document. In addition, these and other terms used throughout the document have a basis in definitions developed by the following U.S. agencies: the Committee on National Security Systems (2010), the U.S. Department of Health and Human Services, Health Resources and Services Administration (2010), and the U. S. Department of Commerce, National Institute of Standards and Technology (2008, 2011). Last, the terminology and definitions that describe technologies and their uses are constantly evolving, and therefore psychologists are encouraged to consult glossaries and publications prepared by agencies such as the Committee on National Security Systems and the National Institute of Standards and Technology, which represent definitive sources responsible for developing terminology and definitions related to technology and its uses.

The term *client/patient* refers to the recipient of psychological services, whether psychological services are delivered in the context of health care, corporate, supervision, and/or consulting services. The term *in-person*, which is used in combination with the provision of services, refers to interactions in which the psychologist and the client/patient are in the same physical space and does not include interactions that may occur through the use of technologies. The term *remote*, which is also used in combination with the provision of services utilizing telecommunication technologies, refers to the provision of a service that is received at a different site from where the psychologist is physically located. The term *remote* includes no consideration related to distance and may refer to a site in a location that is in the office next door to the psychologist or thousands of miles from the psychologist. The terms *jurisdictions* and *jurisdictional* are used when referring to the governing bodies at states, territories, and provincial governments.

Finally, there are terms within these guidelines related to confidentiality and security. *Confidentiality* means the principle that data or information is not made available or disclosed to unauthorized persons or processes. The terms *security* and *security measures* are terms that encompass all of the administrative, physical, and technical safeguards in an information system. The term *information system* is an interconnected set of information resources within a system and includes hardware, software, information, data, applications, communications, and people.

Need for the Guidelines

The expanding role of telecommunication technologies in the provision of services and the continuous development of new technologies that may be useful in the practice of psychology support the need for the development of guidelines for practice in this area. Technology offers the opportunity to increase client/patient access to psychological services. Service recipients limited by geographic location, medical condition, psychiatric diagnosis, financial constraint, or other barriers may gain access to high-quality psychological services through the use of technology.

Technology also facilitates the delivery of psychological services by new methods (e.g., online psychoeducation, therapy delivered over interactive videoconferencing) and augments traditional in-person psychological services. The increased use of technology for the delivery of some types of services by psychologists who are health service providers is suggested by recent survey data collected by the APA Center for Workforce Studies (2008) and by the increasing discussion of telepsychology in the professional literature (Baker & Bufka, 2011). Together with the increasing use and payment for the provision of telehealth services by Medicare and private industry, the development of national guidelines for the practice of telepsychology is timely and needed. Furthermore, state and international psychological associations have developed or are beginning to develop guidelines for the provision of psychological services (Canadian Psychological Association, 2006; New Zealand Psychologists Board, 2011; Ohio Psychological Association, 2010).

Development of the Guidelines

These guidelines were developed by the Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (Telepsychology Task Force) established by the following three entities: the American Psychological Association (APA), the Association of State and Provincial Psychology Boards (ASPPB), and the APA Insurance Trust (APAIT). These entities provided input, expertise, and guidance to the Telepsychology Task Force on many aspects of the profession, including those related to its ethical, regulatory, and legal principles and practices. The Telepsychology Task Force members represented a diverse range of interests and expertise that are characteristic of the profession of psychology, including knowledge of the issues relevant to the use of technology, ethical considerations, licensure and mobility, and scope of practice, to name only a few.

The Telepsychology Task Force recognized that telecommunications technologies provide both opportunities and challenges for psychologists. Telepsychology not only enhances a psychologist's ability to provide services to clients/patients but also greatly expands access to psychological services that, without telecommunication technologies, would not be available. Throughout the development of these guidelines, the Telepsychology Task Force devoted numerous hours to reflecting on and discussing the need for guidance for psychologists in this area of practice; the myriad, complex issues related to the practice of telepsychology; and the experiences that they and other practitioners address each day in the use of technology. There was a concerted focus on identifying the unique aspects that telecommunication technologies bring to the provision of psychological services, as distinct from those present during in-person provision of services. Two important components were identified:

(1) the psychologist's knowledge of and competence in the use of the telecommunication technologies being utilized; and

(2) the need to ensure that the client/patient has a full understanding of the increased risks for loss of security and confidentiality when using telecommunication technologies.

Therefore, two of the most salient issues that the Telepsychology Task Force members focused on when creating this document were the psychologist's own knowledge of and competence in the provision of telepsychology and the need to ensure that the client/patient has a full understanding of the potentially increased risks for loss of security and confidentiality when using technologies.

An additional key issue discussed by the task force members was interjurisdictional practice. The guidelines encourage psychologists to be familiar with and comply with all relevant laws and regulations when providing psychological services across jurisdictional and international borders. The guidelines do not promote a specific mechanism to guide the development and regulation of interjurisdictional practice. However, the Telepsychology Task Force noted that while the profession of psychology does not currently have a mechanism to regulate the delivery of psychological services across jurisdictional and international borders, it is anticipated that the profession will develop a mechanism to allow interjurisdictional practice given the rapidity with which technology is evolving and the increasing use of telepsychology by psychologists working in U.S. federal environments such as the U.S. Department of Defense and the Department of Veterans Affairs.

Competence of the Psychologist

Guideline 1. Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees, or other professionals.

Rationale. Psychologists have a primary ethical obligation to provide professional services only within the boundaries of their competence based on their education, training, supervised experience, consultation, study, or professional experience. As with all new and emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists utilizing telepsychology aspire to apply the same standards in developing their competence in this area. Psychologists who use telepsychology in their practices assume the responsibility for assessing and continuously evaluating their competencies, training, consultation, experience, and risk management practices required for competent practice.

Application. Psychologists assume responsibility to continually assess both their professional and technical competence when providing telepsychology services. Psychologists who utilize or intend to utilize telecommunication technologies when delivering services to clients/patients strive to obtain relevant professional training to develop their requisite knowledge and skills. Acquiring

competence may require pursuing additional educational experiences and training, including but not limited to a review of the relevant literature, attendance at existing training programs (e.g., professional and technical), and continuing education specific to the delivery of services utilizing telecommunication technologies. Psychologists are encouraged to seek appropriate skilled consultation from colleagues and other resources.

Psychologists are encouraged to examine the available evidence to determine whether specific telecommunication technologies are suitable for a client/patient, based on the current literature available, current outcomes research, best practice guidance, and client/patient preference. Research may not be available in the use of some specific technologies, and clients/patients should be made aware of those telecommunication technologies that have no evidence of effectiveness. However, this, in and of itself, may not be grounds to deny providing the service to the client/patient. Lack of current available evidence in a new area of practice does not necessarily indicate that a service is ineffective. Additionally, psychologists are encouraged to document their consideration and choices regarding the use of telecommunication technologies used in service delivery.

Psychologists understand the need to consider their competence in utilizing telepsychology as well as their client's/patient's ability to engage in and fully understand the risks and benefits of the proposed intervention utilizing specific technologies. Psychologists make reasonable efforts to understand the manner in which cultural, linguistic, socioeconomic, and other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences), in addition to organizational cultures, may impact effective use of telecommunication technologies in service delivery.

Psychologists who are trained to handle emergency situations in providing traditional in-person clinical services are generally familiar with the resources available in their local community to assist clients/patients with crisis intervention. At the onset of the delivery of telepsychology services, psychologists make reasonable efforts to identify and learn how to access relevant and appropriate emergency resources in the client's/patient's local area, such as emergency response contacts (e.g., emergency telephone numbers, hospital admissions, local referral resources, clinical champion at a partner clinic where services are delivered, a support person in the client's/patient's life when available). Psychologists prepare a plan to address any lack of appropriate resources, particularly those necessary in an emergency, and other relevant factors that may impact the efficacy and safety of said service. Psychologists make reasonable efforts to discuss with and provide all clients/patients with clear written instructions as to what to do in an emergency (e.g., where there is a suicide risk). As part of emergency planning, psychologists are encouraged to acquire knowledge of the laws and rules of the jurisdiction in which the client/patient resides and of the differences of those laws from those in the psychologist's jurisdiction, as well as to document all their emergency planning efforts.

In addition, as applicable, psychologists are mindful of the array of potential discharge plans for clients/patients for whom telepsychology services are no longer necessary and/or desirable. If a client/patient recurrently experiences crises/emergencies, which suggests that in-person services may be appropriate, psychologists take reasonable steps to refer a client/patient to a local mental health resource or begin providing in-person services.

Psychologists using telepsychology to provide supervision or consultation remotely to individuals or organizations are encouraged to consult others who are knowledgeable about the unique issues telecommunication technologies pose for supervision or consultation. Psychologists providing telepsychology services strive to be familiar with professional literature regarding the delivery of services via telecommunication technologies, as well as to be competent with the use of the technological modality itself. In providing supervision and/or consultation via telepsychology, psychologists make reasonable efforts to be proficient in the professional services being offered, the telecommunication modality via which the services are being offered by the supervisee/consultee, and the technology medium being used to provide the supervision or consultation. In addition, since the development of basic professional competencies for supervisees is often conducted in person, psychologists who use telepsychology for supervision are encouraged to consider and ensure that a sufficient amount of in-person supervision time is included so that the supervisees can attain the required competencies or supervised experiences.

Standards of Care in the Delivery of Telepsychology Services

Guideline 2. Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide.

Rationale. Psychologists delivering telepsychology services apply the same ethical and professional standards of care and professional practice that are required when providing in-person psychological services. The use of telecommunication technologies in the delivery of psychological services is a relatively new and rapidly evolving area, and therefore psychologists are encouraged to take particular care to evaluate and assess the appropriateness of utilizing these technologies prior to engaging in, and throughout the duration of, telepsychology practice to determine if the modality of service is appropriate, efficacious, and safe.

Telepsychology encompasses a breadth of different psychological services using a variety of technologies (e.g., interactive videoconferencing, telephone, text, e-mail, Web services, and mobile applications). The burgeoning research in telepsychology suggests that certain types of interactive telepsychological interventions are equal in effectiveness to their in-person counterparts (specific therapies delivered over videoteleconferencing and telephone).

Therefore, before psychologists engage in providing telepsychology services, they are urged to conduct an initial assessment to determine the appropriateness of the telepsychology service to be provided for the client/patient. Such an assessment may include the examination of the potential risks and benefits of providing telepsychology services for the client's/patient's particular needs, the multicultural and ethical issues that may arise, and a review of the most appropriate medium (video teleconference, text, e-mail, etc.) or best options available for the service delivery. It may also include considering whether comparable in-person services are available and why services delivered via telepsychology are equivalent or preferable to such services. In addition, it is incumbent on the psychologist to engage in a continual assessment of the appropriateness of providing telepsychology services throughout the duration of the service delivery.

Application. When providing telepsychology services, considering client/patient preferences for such services is important. However, it may not be solely determinative in the assessment of their appropriateness. Psychologists are encouraged to carefully examine the unique benefits of delivering telepsychology services (e.g., access to care, access to consulting services, client convenience, accommodating client special needs, etc.) relative to the unique risks (e.g., information security, emergency management, etc.) when determining whether or not to offer telepsychology services. Moreover, psychologists are aware of such other factors as geographic location, organizational culture, technological competence (both that of the psychologist and that of the client/patient), and, as appropriate, medical conditions, mental status and stability, psychiatric diagnosis, current or historic use of substances, treatment history, and therapeutic needs that may be relevant to assessing the appropriateness of the telepsychology services being offered. Furthermore, psychologists are encouraged to communicate any risks and benefits of the telepsychology services to be offered to the client/patient and to document such communication. In addition, psychologists may consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or to conduct the initial assessment.

As in the provision of traditional services, psychologists endeavor to follow the best practice of service delivery described in the empirical literature and professional standards (including multicultural considerations) that are relevant to the telepsychological service modality being offered. In addition, they consider the client's/patient's familiarity with and competency for using the specific technologies involved in providing the particular telepsychology service. Moreover, psychologists are encouraged to reflect on multicultural considerations and how best to manage any emergency that may arise during the provision of telepsychology services.

Psychologists are encouraged to assess carefully the remote environment in which services will be provided to determine what impact, if any, there might be on the efficacy, privacy, and/or safety of the proposed intervention offered via telepsychology. Such an assessment of the

remote environment may include a discussion of the client's/patient's situation within the home or within an organizational context, the availability of emergency or technical personnel or supports, the risk of distractions, the potential for privacy breaches, or any other impediments that may impact the effective delivery of telepsychology services. Along this line, psychologists are encouraged to discuss fully with the clients/patients their role in ensuring that sessions are not interrupted and that the setting is comfortable and conducive to making progress in order to maximize the impact of the service provided, since the psychologist will not be able to control those factors remotely.

Psychologists are urged to monitor and assess regularly the progress of their client/patient when offering telepsychology services in order to determine if the provision of telepsychology services is still appropriate and beneficial to the client/patient. If there is a significant change in the client/patient or in the therapeutic interaction that causes concern, psychologists make reasonable efforts to take appropriate steps to adjust and reassess the appropriateness of the services delivered via telepsychology. Where it is believed that continuing to provide remote services is no longer beneficial or presents a risk to a client's/patient's emotional or physical well-being, psychologists are encouraged to thoroughly discuss these concerns with the client/patient, appropriately terminate their remote services with adequate notice, and refer or offer any needed alternative services to the client/patient.

Informed Consent

Guideline 3. Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements, that govern informed consent in this area.

Rationale. The process of explaining and obtaining informed consent, by whatever means, sets the stage for the relationship between the psychologist and the client/patient. Psychologists make reasonable efforts to offer a complete and clear description of the telepsychology services they provide, and they seek to obtain and document informed consent when providing professional services (APA Ethics Code, Standard 3.10). In addition, they attempt to develop and share the policies and procedures that will explain to their clients/patients how they will interact with them using the specific telecommunication technologies involved. It may be more difficult to obtain and document informed consent in situations where psychologists provide telepsychology services to their clients/patients who are not in the same physical location or with whom they do not have in-person interactions. Moreover, there may be differences with respect to informed consent between the laws and regulations in the jurisdictions where a

psychologist who is providing telepsychology services is located and those in the jurisdiction in which this psychologist's client/patient resides. Furthermore, psychologists may need to be aware of the manner in which cultural, linguistic, and socioeconomic characteristics and organizational considerations may impact a client's/patient's understanding of, and the special considerations required for, obtaining informed consent (such as when securing informed consent remotely from a parent/guardian when providing telepsychology services to a minor).

Telepsychology services may require different considerations for and safeguards against potential risks to confidentiality, information security, and comparability of traditional in-person services. Psychologists are thus encouraged to consider appropriate policies and procedures to address the potential threats to the security of client/patient data and information when using specific telecommunication technologies and to appropriately inform their clients/patients about them. For example, psychologists who provide telepsychology services should consider addressing with their clients/patients what client/patient data and information will be stored, how the data and information will be stored, how it will be accessed, how secure the information communicated using a given technology is, and any technology-related vulnerability to their confidentiality and security that is incurred by creating and storing electronic client/patient data and information.

Application. Prior to providing telepsychology services, psychologists are aware of the importance of obtaining and documenting written informed consent from their clients/patients that specifically addresses the unique concerns relevant to those services that will be offered. When developing such informed consent, psychologists make reasonable efforts to use language that is reasonably understandable by their clients/patients, in addition to evaluating the need to address cultural, linguistic, and organizational considerations and other issues that may have an impact on a client's/patient's understanding of the informed consent agreement. When considering for inclusion in informed consent those unique concerns that may be involved in providing telepsychology services, psychologists may include the manner in which they and their clients/patients will use the particular telecommunication technologies, the boundaries they will establish and observe, and the procedures for responding to electronic communications from clients/patients. Moreover, psychologists are cognizant of pertinent laws and regulations with respect to informed consent in both the jurisdiction where they offer their services and the jurisdiction where their clients/patients reside (see Guideline 8 on Interjurisdictional Practice for more detail).

Besides those unique concerns described above, psychologists are encouraged to discuss with their clients/patients those issues surrounding confidentiality and the security conditions when particular modes of telecommunication technologies are utilized. Along this line, psychologists are cognizant of some of the inherent risks a given telecommunication technology may pose in both the equipment (hardware, software, other equipment components)

and the processes used for providing telepsychology services, and they strive to provide their clients/patients with adequate information to give informed consent for proceeding with receiving the professional services offered via telepsychology. Some of these risks may include those associated with technological problems and those service limitations that may arise because the continuity, availability, and appropriateness of specific telepsychology services (e.g., testing, assessment, and therapy) may be hindered as a result of those services being offered remotely. In addition, psychologists may consider developing agreements with their clients/patients to assume some role in protecting the data and information they receive from them (e.g., by not forwarding e-mails from the psychologist to others).

Another unique aspect of providing telepsychology services is that of billing documentation. As part of informed consent, psychologists are mindful of the need to discuss with their clients/patients prior to the onset of service provision what the billing documentation will include. Billing documentation may reflect the type of telecommunication technology used, the type of telepsychology services provided, and the fee structure for each relevant telepsychology service (e.g., video chat, texting fees, telephone services, chat room group fees, emergency scheduling, etc.). It may also include discussion about the charges incurred for any service interruptions or failures encountered, responsibility for overage charges on data plans, fee reductions for technology failures, and any other costs associated with the telepsychology services that will be provided.

Confidentiality of Data and Information

Guideline 4. Psychologists who provide telepsychology services make reasonable efforts to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks of loss of confidentiality inherent in the use of the telecommunication technologies, if any.

Rationale. The use of telecommunications technologies and the rapid advances in technology present unique challenges for psychologists in protecting the confidentiality of clients/patients. Psychologists who provide telepsychology learn about the potential risks to confidentiality before utilizing such technologies. When necessary, psychologists obtain the appropriate consultation with technology experts to augment their knowledge of telecommunication technologies in order to apply security measures in their practices that will protect and maintain the confidentiality of data and information related to their clients/patients.

Some of the potential risks to confidentiality include considerations related to uses of search engines and participation in social networking sites. Other challenges in this area may include protecting confidential data and information from inappropriate and/or inadvertent breaches to es-

tablished security methods the psychologist has in place, as well as boundary issues that may arise as a result of a psychologist's use of search engines and participation on social networking sites. In addition, any Internet participation by psychologists has the potential of being discovered by their clients/patients and others and thereby potentially compromising a professional relationship.

Application. Psychologists both understand and inform their clients/patients of the limits to confidentiality and the risks of possible access to or disclosure of confidential data and information that may occur during service delivery, including the risks of others gaining access to electronic communications (e.g., telephone, e-mail) between the psychologist and client/patient. Also, psychologists are cognizant of the ethical and practical implications of proactively researching online personal information about their clients/patients. They carefully consider the advisability of discussing such research activities with their clients/patients and how information gained from such searches would be utilized and recorded, as documenting this information may introduce risks to the boundaries of appropriate conduct for a psychologist. In addition, psychologists are encouraged to weigh the risks and benefits of dual relationships that may develop with their clients/patients, due to the use of telecommunication technologies, before engaging in such relationships (APA Practice Organization, 2012).

Psychologists who use social networking sites for both professional and personal purposes are encouraged to review and educate themselves about the potential risks to privacy and confidentiality and to consider utilizing all available privacy settings to reduce these risks. They are also mindful of the possibility that any electronic communication can have a high risk of public discovery. They therefore mitigate such risks by following the appropriate laws, regulations, and the APA Ethics Code (APA, 2002a, 2010) to avoid disclosing confidential data or information related to clients/patients.

Security and Transmission of Data and Information

Guideline 5. Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure.

Rationale. The use of telecommunication technologies in the provision of psychological services presents unique potential threats to the security and transmission of client/patient data and information. These potential threats to the integrity of data and information may include computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, failure of security systems, flawed software, ease of accessibility to unsecured electronic files, and malfunctioning or outdated technology. Other threats may include policies and practices of technology companies and vendors, such as tailored mar-

keting derived from e-mail communications. Psychologists are encouraged to be mindful of these potential threats and to take reasonable steps to ensure that security measures are in place for protecting and controlling access to client/patient data within an information system. In addition, they are cognizant of relevant jurisdictional and federal laws and regulations that govern electronic storage and transmission of client/patient data and information, and they develop appropriate policies and procedures to comply with such directives. When developing policies and procedures to ensure the security of client/patient data and information, psychologists may include considering the unique concerns and impacts posed by both intended and unintended use of public and private technology devices, active and inactive therapeutic relationships, and the different safeguards required for different physical environments, different staffs (e.g., professional vs. administrative staff), and different telecommunication technologies.

Application. Psychologists are encouraged to conduct an analysis of the risks to their practice settings, telecommunication technologies, and administrative staff in order to ensure that client/patient data and information are accessible only to appropriate and authorized individuals. Psychologists strive to obtain appropriate training or consultation from relevant experts when additional knowledge is needed to conduct an analysis of the risks.

Psychologists strive to ensure that policies and procedures are in place to secure and control access to client/patient information and data within information systems. Along this line, they may encrypt confidential client/patient data for storage or transmission and utilize such other secure methods as safe hardware and software and robust passwords to protect electronically stored or transmitted data and information. If there is a breach of unencrypted electronically communicated or maintained data, psychologists are urged to notify their clients/patients and other appropriate individuals/organizations as soon as possible. In addition, they are encouraged to make their best efforts to ensure that electronic data and information remain accessible despite problems with hardware, software, and/or storage devices by keeping a secure back-up version of such data.

When documenting the security measures to protect client/patient data and information from unintended access or disclosure, psychologists are encouraged to clearly address what types of telecommunication technologies are used (e.g., e-mail, telephone, video teleconferencing, text), how they are used, and whether the telepsychology services used are the primary method of contact or augment in-person contact. When keeping records of e-mail, online messaging, and other work using telecommunication technologies, psychologists are cognizant that preserving the actual communication may be preferable to summarization in some cases depending on the type of technology used.

Disposal of Data and Information and Technologies

Guideline 6. Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal.

Rationale. Consistent with the APA “Record Keeping Guidelines” (APA, 2007), psychologists are encouraged to create policies and procedures for the secure destruction of data and information and the technologies used to create, store, and transmit the data and information. The use of telecommunication technologies in the provision of psychological services poses new challenges for psychologists when they consider the disposal methods to utilize in order to maximally preserve client confidentiality and privacy. Psychologists are therefore urged to consider conducting an analysis of the risks to the information systems within their practices in an effort to ensure full and complete disposal of electronic data and information, plus the technologies that created, stored, and transmitted the data and information.

Application. Psychologists are encouraged to develop policies and procedures for the destruction of data and information related to clients/patients. They also strive to securely dispose of software and hardware used in the provision of telepsychology services in a manner that ensures that the confidentiality and security of any patient/client information is not compromised. When doing so, psychologists carefully clean all the data and images in the storage media before reuse or disposal, consistent with federal, state, provincial, territorial, and other organizational regulations and guidelines. Psychologists are aware of and understand the unique storage implications related to telecommunication technologies inherent in available systems.

Psychologists are encouraged to document the methods and procedures used when disposing of the data and information and the technologies used to create, store, or transmit the data and information, as well as any other technology utilized in the disposal of data and hardware. They also strive to be aware of malware, cookies, and so forth and to dispose of them routinely on an ongoing basis when telecommunication technologies are used.

Testing and Assessment

Guideline 7. Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services.

Rationale. Psychological testing and other assessment procedures are an area of professional practice in which psychologists have been trained, and they are

uniquely qualified to conduct such tests. While some symptom screening instruments are already frequently being administered online, most psychological test instruments and other assessment procedures currently in use were designed and developed originally for in-person administration. Psychologists are thus encouraged to be knowledgeable about, and account for, the unique impacts of such tests, their suitability for diverse populations, and the limitations on test administration and on test and other data interpretations when these psychological tests and other assessment procedures are considered for and conducted via telepsychology. Psychologists also strive to maintain the integrity of the application of the testing and assessment process and procedures when using telecommunication technologies. In addition, they are cognizant of the accommodations for diverse populations that may be required for test administration via telepsychology. These guidelines are consistent with the standards articulated in the most recent edition of *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, and the Council on Measurement in Education, 1999).

Application. When a psychological test or other assessment procedure is conducted via telepsychology, psychologists are encouraged to ensure that the integrity of the psychometric properties of the test or assessment procedure (e.g., reliability and validity) and the conditions of administration indicated in the test manual are preserved when adapted for use with such technologies. They are encouraged to consider whether modifications to the testing environment or conditions are necessary to accomplish this preservation. For example, a test taker’s access to a cell phone, the Internet, or other persons during an assessment could interfere with the reliability or validity of the instrument or its administration. Further, if the individual being assessed receives coaching or has access to such information as potential test responses or the scoring and interpretation of specific assessment instruments because they are available on the Internet, the test results may be compromised. Psychologists are also encouraged to consider other possible forms of distraction which could affect performance during an assessment and which may not be obvious or visible (e.g., sight, sound, and smell) when utilizing telecommunication technologies.

Psychologists are encouraged to be cognizant of the specific issues that may arise with diverse populations when providing telepsychology and to make appropriate arrangements to address those concerns (e.g., language or cultural issues, cognitive, physical, or sensory skills or impairments, or age may impact assessment). In addition, psychologists may consider the use of a trained assistant (e.g., a proctor) to be on the premises at the remote location in an effort to help verify the identity of the client/patient, provide needed on-site support to administer certain tests or subtests, and protect the security of the psychological testing and/or assessment process.

When administering psychological tests and other assessment procedures when providing telepsychology services, psychologists are encouraged to consider the quality

of those technologies that are being used and the hardware requirements that are needed in order to conduct the specific psychological test or assessment. They also strive to account for and be prepared to explain the potential difference between the results obtained when a particular psychological test is conducted via telepsychology and when it is administered in person. In addition, when documenting findings from evaluation and assessment procedures, psychologists are encouraged to specify that a particular test or assessment procedure has been administered via telepsychology and to describe any accommodations or modifications that have been made.

Psychologists strive to use test norms derived from telecommunication technologies administration if such are available. Psychologists are encouraged to recognize the potential limitations of all assessment processes conducted via telepsychology and to be ready to address the limitations and potential impact of those procedures.

Interjurisdictional Practice

Guideline 8. Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders.

Rationale. With the rapid advances in telecommunication technologies, the intentional or unintentional provision of psychological services across jurisdictional and international borders is becoming more of a reality for psychologists. Such service provision may range from the psychologists or clients/patients being temporarily out of state (including split residence across states) to psychologists offering their services across jurisdictional borders as a practice modality to take advantage of new telecommunication technologies. Psychological service delivery systems within such institutions as the U.S. Department of Defense and the Department of Veterans Affairs have already established internal policies and procedures for providing services within their systems that cross jurisdictional and international borders. However, the laws and regulations that govern service delivery by psychologists outside of those systems vary by state, province, territory, and country (APA Practice Organization, 2010). Psychologists should make reasonable efforts to be familiar with and, as appropriate, to address the laws and regulations that govern telepsychology service delivery within the jurisdictions in which they are situated and the jurisdictions where their clients/patients are located.

Application. It is important for psychologists to be aware of the relevant laws and regulations that specifically address the delivery of professional services by psychologists via telecommunication technologies within and between jurisdictions. Psychologists are encouraged to understand what services the laws and regulations of a jurisdiction consider as telehealth or telepsychology. In addition, psychologists are encouraged to review the relevant jurisdictions' professional licensure requirements, the ser-

vices and telecommunication modalities covered, and the information required to be included in providing informed consent. It is important to note that each jurisdiction may or may not have specific laws that impose special requirements for providing psychological services via telecommunication technologies. The APA Practice Organization (2010) has found that there are variations in whether psychologists are specified as a single type of provider or covered as part of a more diverse group of providers. In addition, there is wide diversity in the types of services and the telecommunication technologies that are covered by these laws.

At the present time, there are a number of jurisdictions without specific laws that govern the provision of psychological services utilizing telecommunication technologies. When providing telepsychology services in these jurisdictions, psychologists are encouraged to be aware of any opinions or declaratory statements issued by the relevant regulatory bodies and/or other practitioner licensing boards that may help inform them of the legal and regulatory requirements involved when delivering telepsychology services within those jurisdictions.

Moreover, because of the rapid growth in the utilization of telecommunication technologies, psychologists strive to keep abreast of developments and changes in the licensure and other interjurisdictional practice requirements that may be pertinent to their delivery of telepsychology services across jurisdictional boundaries. Given the direction of various health professions, and current federal priorities to resolve problems created by requirements of multijurisdictional licensure (e.g., the Federal Communications Commission's 2010 National Broadband Plan, the Canadian government's 1995 Agreement on Internal Trade), the development of a telepsychology credential required by psychology boards for interjurisdictional practice is a probable outcome. For example, nursing has developed a credential that is accepted by many U.S. jurisdictions that allows nurses licensed in any participating jurisdiction to practice in person or remotely in all participating jurisdictions. In addition, an ASPPB task force has drafted a set of recommendations for such a credential.

Conclusion

It is important to note that it is not the intent of these guidelines to prescribe specific actions, but rather, to offer the best guidance available at present when incorporating telecommunication technologies in the provision of psychological services. Because technology and its applicability to the profession of psychology constitute a dynamic area with many changes likely ahead, these guidelines also are not inclusive of all other considerations and are not intended to take precedence over the judgment of psychologists or applicable laws and regulations that guide the profession and practice of psychology. It is hoped that the framework presented will guide psychologists as the field evolves.

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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.

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PSYCHOLOGICAL
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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.”¹

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

¹ 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 Committee¹ 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

¹ 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 | 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 | 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.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

**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.

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.sos.state.tx.us/public/regviewctx>

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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:

<u>Council Rule or Violation</u>	<u>Revocation</u>	<u>Suspension</u>	<u>Probated Suspension</u>	<u>Reprimand</u>	<u>Administrative Penalty</u>
§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.

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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>
APPLICATION FEES					
Social Workers					
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			
Marriage and Family Therapists					
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			
Professional Counselors					
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			
Psychologists/Psychological Associates/Specialists in School Psychology					
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			
RENEWAL FEES					
Social Workers					
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			
Marriage and Family Therapists					
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	
Professional Counselors					
LPC Renewal	\$ 141.00	\$ 135.00	\$ 4.00	\$ 2.00	
Additional Renewal Fee for Supervisor Status	\$ 50.00	\$ 50.00			
Psychologists/Psychological Associates/Specialists in School Psychology					
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			
EXAMINATION FEES					
Social Workers					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
Marriage and Family Therapists					

Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
Professional Counselors					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
Psychologists/Psychological Associates/Specialists in School Psychology					
Jurisprudence Exam	\$ 39.00		\$ 5.00		\$ 34.00
MISCELLANEOUS FEES					
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.

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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.

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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%).

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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.

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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.

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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.

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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.

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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.

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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.

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465.8. Psychological Services Are Provided within a Defined Relationship. Licensees provide psychological services only in the context of a defined professional relationship.

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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).

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465.10. Basis for Scientific and Professional Judgments. Licensees rely on scientifically and professionally derived knowledge when making professional judgments.

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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).

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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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

Overview: K.A.R. 102-1-12 requires specific numbers of hours of coursework in a variety of “broad and general” domains of psychological science. This regulation was consistent with the Guidelines and Principles (G&P) of the *old* APA Accreditation System, which was replaced in 2016 with the new *Standards of Accreditation*. Both the new *APA Standards of Accreditation* (SoA) and the new *Psychological Clinical Science Accreditation System* (PCSAS) have abandoned specific course requirements (e.g., they no longer require “three semester credit hours” of biological aspects, social aspects, cognitive and affective aspects of behavior), nor do they require specific numbers of courses in assessment, treatment, ethics, psychometrics, etc., as specified in KAR 102-1-12. Rather, both APA and PCSAS require “*evaluated educational experiences*” that expose students to appropriate material across these domains. So, a program could require a *set of readings* in biological foundations of behavior that culminate in an evaluated paper. That could fulfill a program’s *Accreditation* requirement to provide training in biological foundations of behavior... but would not meet the K.A.R. requirement of “three semester credit hours” (or equivalent) in a specific course. Demonstration of *Profession-Wide Competencies* (SoA language) is similar—a student need not take a class in Ethics... as long as the program demonstrates an acceptable means of training ethical behavior and an acceptable means of assessing the competency of “Ethical and Legal Standards.”

Additional note: Here is a list of programs that are currently accredited by PCSAS: <https://www.pcsas.org/accreditation/accredited-programs/>. Please note that if you cross reference the clinical doctoral programs on this list with the *US News and World Report* list of the top 25 programs in the country... You will find that **23 of the 25 “top” Clinical programs** in the country (*with the exception of the Clinical Child Psychology Program at the University of Kansas and the University of Colorado, Boulder*) are PCSAS accredited. All of these (I believe) also maintain APA accreditation... but I understand that some excellent programs (e.g., Cal-Berkeley, University of North Carolina, Arizona State University) are planning to drop APA accreditation and maintain only PCSAS accreditation. As long as I am director of the Clinical Child Psychology program at KU, we will not seek PCSAS accreditation (I believe that APA accreditation is sufficient). However, I am only director for 141 more days, and the incoming director has signaled that he plans on pursuing PCSAS accreditation and perhaps dropping APA accreditation.

Impact: If the intent of K.A.R. 102-1-12 was to mirror accreditation standards (and I believe it was), we should examine whether changes are needed to maintain that mirroring. Further, there will come a day when a person applies for licensure from a PCSAS-only program. In that case, a person could be denied licensure because they might not have had specific coursework in all 102-1-12 mandated areas. The kicker is that a person who graduated from an APA accredited program (under the new SoA) might not have had those classes either. This could set up a legal challenge should the applicant from the PCSAS system choose to fight the decision, since neither APA nor PCSAS have educational requirements that are functionally equivalent to what is encoded in K.A.R. 102-1-12.

Bottom Line: There are no longer any APA or PCSAS Accreditation requirements for specific numbers of credit hours in the classes listed in K.A.R. 102-1-12. Rather, Accredited programs (APA and PCSAS) have considerable flexibility in how they provide the knowledge and skills noted in our educational requirements regulation. As long as programs provide “*evaluated educational experiences*” in all required areas, they can be accredited. These evaluated educational experiences may or may not show up on students’ transcripts. In Regulation Section 486.10, Texas provides a model for how K.A.R. 102-1-12 could be modified to address the changes in SoA and PCSAS without sacrificing content.

Below, please find a short description of each attached document.

- **PWC Requirements**—This document outlines the specific **Profession Wide Competencies** that APA requires Doctoral Programs to train and assess. Note that the Standards of Accreditation no longer require specific coursework in any area. Rather, the program must document its method of training and its method of assessment, and document the development of these competencies in all students. For example, instead of requiring a course on ethics of behavior, and APA accredited program (and a PCSAS accredited program) might incorporate ethics readings and discussions into several classes or experiences, and then give a comprehensive exam that specifically covers ethics and professionalism. APA and PCSAS would consider this an acceptable alternative to having a three-hour ethics class.
- **DSK Requirements**—This document outlines the specific domains of **Discipline Specific Knowledge** that APA requires Doctoral Program to train and assess. Note that the Standards of Accreditation no longer require specific coursework in any area. Rather, the program must have a way to assess and document discipline specific knowledge in all substantive areas. For example, instead of requiring a three hour course on Human Development, a program can demonstrate that students acquire that specific domain of DSK through other coursework or other evaluated educational experiences. As long as the program has a means of training, assessing, and documenting the DSK, no class is required.
- **PCSAS Review Criteria Summary**—The attached document outlines the specific requirements that the PCSAS requires of all Doctoral Programs. It includes discussion of how broad and general knowledge and professional competencies can be trained and assessed. See Item #5 (regarding required coursework) and Exemplars of Evaluation Criteria (pages 3-4). See page 4 for requirements for minimum numbers of practicum hours. This information is also available at <https://www.pcsas.org/accreditation/review-criteria/>.
- **PCSAS FAQ**—Just like it says... these are common questions about PCSAS accreditation and the PCSAS leadership's answers. **See especially question #8** (regarding required course work), #9 regarding accreditation status (CHEA, not DOE).
- **Texas Rules and Regs for Psychologists** (See, in particular educational requirements that are substantially equivalent to ours; **Section 463.10, pp. 84-86**). In particular, please note that Texas allows programs to cover the substantive areas (i.e., Bio Foundations, Cog-Affective, Social Bases, Individual diffs) through coursework **or** through other evaluated educational experiences. Specifically, they note that *"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."* (p. 86)
- **K.A.R. 101-1-12**. Here is a copy of our educational reg with some notes about how and where our reg diverges from APA accreditation requirements.

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