

**Call to Order – James Werth, Jr., Ph.D, Board Chair**

- Welcome and Introductions /Roll Call
- Mission of the Board-----Page 3
- Emergency Egress Procedures

**Adoption of Agenda**

**Public Comment**

*The Board will receive public comment related to agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.*

**Approval of Minutes**

- Board Meeting – March 15, 2022\*-----Page 4
- Informal Conferences – June 17, 2022 (For Informational Purposes Only)-----Page 27

**Agency Director Report (Verbal Report)– David E. Brown, D.C.**

**Chair Report (Verbal Report) – Dr. Werth**

**Legislation and Regulatory Actions – Erin Barrett, DHP Sr. Policy Analyst**

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  - Adoption of Final Rules for PSYPACT\* -----Page 29

**Committee Reports**

**Regulatory Committee Report – J.D. Ball, Ph.D, LCP./Erin Barrett**

- Consideration of PCSAS as an Accrediting Body\*
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  - Comments.....Page 46
  - FAQs.....Page 64
  - Manual.....Page 74
  - Application Template.....Page 134
  - Questions based on POPP Manual.....Page 141
  - Consideration of Guidance Document 125-1\*.....Page 145
- Consideration of Guidance Documents\*
  - GD: 125-2 Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Psychology.....Page 147

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- GD: 125-3.1 Submission of Evidence of Completion of Graduate Work .....Page 157
- GD: 125-3.2 Official Beginning of Residency.....Page 160
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**Board of Health Professions Report – Susan Wallace, Ph.D-----Page 171**

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**Staff Reports**

**Discipline Report – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work-----Page 174**

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**Licensing Report – Charlotte Lenart, Deputy Executive Director of Licensing for the Boards of Counseling, Psychology, and Social Work-----Page 176**

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**Executive Director’s Report – Jaime Hoyle, JD, Executive Director for the Boards of Counseling, Psychology and Social Work (Verbal Report)**

- Financials -----Page 179
- ASPPB Update
- PSYPACT Commission Report
- Appointments and Elections

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**Next Meeting – September 27, 2022**

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**Adjournment**

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\*Requires a Board Vote

\*\*When listing this agenda items the presenters noticed an error in the UVA Provost’s letter—when listing the states that now grant licensure to PCSAS graduates, Virginia was accidentally listed in place of New Mexico. The presenters apologize for the error.\*\*

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to Virginia Code Section 2.2-3708(D).



Virginia Department of  
**Health Professions**  
Board of Psychology

## **MISSION STATEMENT**

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Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public.



**Virginia Board of Psychology**  
**Quarterly Full Board Meeting Minutes**  
**Tuesday, March 15, 2022 at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 3**

**CALL TO ORDER:** Dr. Werth welcomed the Board members and the public. Dr. Werth called the meeting to order at 10:15 a.m.

**PRESIDING OFFICER:** James Werth, Jr. Ph.D., ABPP, Chair

**BOARD MEMBERS PRESENT:** J.D. Ball, Ph.D., ABPP, Vice-Chair  
 Aliya Chapman, Ph.D., Board Member  
 Norma Murdoch-Kitt, Ph.D., Board Member  
 Christine Payne, BSN, MBA, Citizen Member  
 Peter Sheras, Ph.D., ABPP, Board Member  
 Susan Brown Wallace, Ph.D., Board Member  
 Kathryn Zeanah, Ph.D., Board Member

**BOARD MEMBERS ABSENT:** Stephanie Valentine, Citizen Member

**BOARD STAFF PRESENT:** Deborah Harris, Licensing Manager, Board of Psychology  
 Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology, and Social Work  
 Charlotte Lenart, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work  
 Jared McDonough, Administrative Assistant, Boards of Counseling, Psychology, and Social Work  
 Leoni Wells, Executive Assistant, Boards of Counseling, Psychology, and Social Work

**DHP STAFF PRESENT:** Erin Barrett, JD, Sr. Policy Analyst  
 David Brown, DC, Director  
 Elaine Yeatts, Sr. Policy Analyst

**MISSION STATEMENT/** Ms. Hoyle read the mission of the Board and emergency egress instructions.

**QUORUM:** Ms. Hoyle indicated that with eight members present a quorum was established.

**ADOPTION OF AGENDA:** The agenda was adopted as presented.

**PUBLIC ATTENDEES:** Dr. Jennifer Morgan  
 Dr. Bethany Teachman  
 Dr. Alex Werntz  
 Jeremy Eberle

**PUBLIC COMMENT:** Dr. Morgan, Clinical Psychologist, Virginia Academy of Clinical Psychologists (VACP), reminded the Board about the upcoming VACP Board Conversation Hour at the VACP Spring Conference on April 1 – April 2, 2022 in Staunton, Virginia.

**APPROVAL OF MINUTES:**

Dr. Sheras moved to approve the August 31, 2021 Quarterly Board Meeting minutes with non-substantive, line edits. The motion was seconded and carried unanimously.

**AGENCY DIRECTOR REPORT:** Dr. Brown advised the Board that Dr. Allison-Bryant retired from the agency.

Dr. Brown also indicated that there is no longer a mask mandate for the building as data shows continued improvements related to COVID-19. Additionally, Dr. Brown stated that staff would return to the office on April 4, 2022. DHP will allow staff to telework up to three days a week based upon their job duties and their supervisor's approval. Dr. Brown commended the Behavioral Science Boards for leading the way in effective teleworking.

Dr. Brown indicated that the conference center and additional security upgrades would occur in the near future.

**PRESENTATION:****Psychological Clinical Science Accreditation System (PCSAS) Discussion**

Dr. Bethany Teachman, Professor and Director of Clinical Training at the University of Virginia provided a presentation to request the Board to recognize PCSAS as an accreditor of doctoral programs whose graduates are eligible for licensure as Clinical Psychologists in the Commonwealth of Virginia. The agenda packet included Frequently Asked Questions (FAQ) and letters from the Council of University Directors of Clinical Psychology (CUDCP), George Mason University, Virginia Tech, and the University of Virginia. (*See Attachment A for the presentation*)

Dr. Brown commented that because of the limited workforce he would like the Board to consider PCSAS. Additionally, he asked how this would affect licensees applying for PSYPACT.

Dr. Werth responded to Dr. Brown that PSYPACT currently only allows licensees from APA accredited schools.

Board members asked thoughtful questions about PCSAS requirements.

Ms. Barrett stated Regulation 18VAC125-20-54 allows the Board to recognize other accrediting bodies as an accrediting body acceptable by the Board. The Board would not be required to change regulatory language. If the Board chooses to accept PCSAS as an accredited body, the Board could revisit at any time in the future especially when the Board starts to receive applications from applicants who attended PCSAS-only accredited programs.

Dr. Werth and Ms. Barrett clarified that the current regulations allow a pathway to licensure for individuals who graduate from a PCSAS-only program until June 23, 2028.

**Action Item:**

After discussion, to facilitate the process in the event that the Board decides to proceed, the Board asked staff to develop a guidance document to inform the public that the Board has added PCSAS as an accredited body. The PCSAS proposal will be discussed at the next Regulatory Committee meeting. Dr. Werth stated that he will look at the PCSAS accreditation material on the website and review PCSAS

internship requirements and asked other Board members to do the same. This may be a proposed action item at the next meeting in June, depending on what happens in the Regulatory Committee meeting. Dr. Werth noted that no official decision has been made yet regarding PCSAS' status, so no one should make assumptions about what the Board will decide.

**BOARD CHAIR REPORT:**

Dr. Werth provided more information on the Board's plan for the Conversation Hour at the VACP Conference next month. Dr. Werth, Dr. Ball, Dr. Sheras, Ms. Hoyle, and other Board members who attend and want to be on the panel will present general information, statistics, regulatory changes, and disciplinary issues during the presentation.

Dr. Werth also announced the ASPPB Mid-Year Conference is in New Orleans, LA from April 21-24, 2022. He stated Ms. Hoyle and Dr. Wallace would attend the meeting if approved by the Agency. Dr. Werth participated in a Board Chair call with ASPPB. He indicated that the themes on the call mirrored the Board's regulatory issues currently under consideration.

Dr. Stewart, former Board member and Board Chair, is now the President-Elect for the ASPPB.

RECESS: The meeting recessed at 12:00p.m.

RECONVENTION: The meeting reconvened at 12:30p.m.

**PRESENTATION:****Assessment of Virginia's Licensed Behavioral Health Workforce**

This presentation will be moved to the next Board meeting in June.

**LEGISLATION AND  
REGULATORY ACTIONS:****Chart on Regulatory Actions**

Ms. Barrett updated the Board on the current regulatory actions that were included in the agenda packet.

**General Assembly Report**

Ms. Barrett discussed the Report of the 2022 General Assembly with the Board. A copy of the report was provided in the agenda packet.

**NEW BUSINESS:****Consideration of Changes to Bylaws**

Ms. Hoyle discussed the Board's need for a professional disciplinary review coordinator to evaluate probable cause cases. The Board currently has over 100 probable cause cases to be reviewed. In order for a discipline coordinator to review the cases, the Board needs to amend the Bylaws to allow such reviewer. The agenda packet includes a version of the Bylaws with the proposed changes.

Motion: Dr. Ball moved to adopt the changes to Article IV of the Bylaws as presented. The motion was seconded and carried unanimously.

**Adoption of Policy on Electronic Meetings**

Ms. Yeatts provided information on the proposed policy on electronic meetings, which she included in the agenda packet.

Motion: Dr. Sheras moved to adopt the policy on electronic meetings as presented. The motion was seconded and carried unanimously.

**COMMITTEE REPORTS:****Regulatory Committee Reports****Guidance Document on Psychologists' Use of Social Media**

Dr. Ball discussed the updated guidance documents on the use of social media (*See Attachment B*). The Board briefly discussed the document.

Motion: Dr. Wallace moved to adopt the Guidance Document on Psychologists Use of Social Media as presented. The motion was seconded and carried unanimously.

**ASPPB Development of the EPPP-Part 2/Skills Examination**

Dr. Ball reviewed the Committee's discussion points related to the EPPP-Part 2. The Committee has no recommendations at this time but took an action step to continue discussing the possibility of requiring EPPP-Part 2.

**Master's Level Psychology License**

Dr. Ball provided a summary of the Committee's discussion on the possibility of considering a master's level psychology license. The Committee has no recommendations at this time but will be working toward developing a practice act. The Committee and staff will continue to research a tiered model master's level psychology license by gathering more information from at least our neighboring states and staff will contact DMAS to start a conversation on this issue. Ms. Hoyle stated that she would do more research and provide detailed information at the next meeting on how other states license people with master's degrees in psychology.

Dr. Sheras stated the APA is working on a practice act for master's level licensing and starting to draft accreditation standards.

Dr. Wallace called to the attention of the Board that most states do not have separate clinical and school psychologist licenses. She would like the Board to take this into account when looking at the master's level license issue.

**Consideration of Petition for Rulemaking**

Petitioner submitted a request for the Board to amend the requirements for residency in school psychology to accept five years of experience working as a school-psychologist limited in lieu of 1,500 hours of a supervised residency.

Motion: After a lengthy discussion, Dr. Zeanah moved to take no action on this petition. The motion was seconded and carried unanimously.

This decision was based on the variety of experience School Psychologists Limited obtain and the inability to provide a general acceptance of all School Psychologists Limited experience as equivalent to residency training. The Board, however, intends to review this issue and related training and residency requirements issues at a later meeting.

The Board had a long discussion on the need to re-evaluate how the Board licenses doctoral level school psychologists.

**Email on Model Policies for the Treatment of Transgender Students in Virginia's Public Schools**

The Board discussed the email received from a psychologist regarding the Virginia Department of Education policy. The Committee concluded that the Board has no role or response on this subject. The Board expects all their licensees to practice within the scope of their license(s).

**Board of Health Professions Report:**

Dr. Wallace stated she was unable to attend the last Board of Health Professions meeting. A draft of the minutes from the last Board of Health Professions meeting was provided in the agenda packet.

**STAFF REPORTS:**

**Discipline Report:**

Ms. Lang’s report on disciplinary statistics for the Board from August 2021 to February 2022 was included in the agenda packet.

**Licensing Report:**

Ms. Lenart reported on the licensure statistics for the Board from August 2021 to January 2022 and the satisfaction survey results. A copy of the report given was included in the agenda packet.

**Executive Director Report:**

Ms. Hoyle introduced Executive Assistant Leoni Wells to the Board.

Ms. Hoyle submitted requests for Dr. Wallace and herself to attend the ASPPB meeting next month in New Orleans.

Ms. Hoyle indicated that she is a committee member of the ASPPB Model Act Committee, the PSYPACT Commission Committee, PSYPACT Finance Committee and PSYPACT Compliance Committee. Ms. Hoyle provided a report on PSYPACT which was also included in the agenda packet.

Dr. Zeanah asked Ms. Hoyle to ask PSYPACT if they are going to build a public facing search data base. The public is unable to search the website without a specific name of a psychologist and cannot look up by locale.

Ms. Hoyle recognized Ms. Yeatts for her time and dedication to the Board and to DHP.

**NEXT MEETING DATES:**

The next Quarterly Full Board meeting is scheduled for June 28, 2022.

**ADJOURNMENT:**

Dr. Werth adjourned the March 15, 2022 Board meeting at 2:46 p.m.

\_\_\_\_\_  
James Werth, Jr. Ph.D., ABPP, Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jaime Hoyle, JD, Executive Director

\_\_\_\_\_  
Date



## Attachment A

Request to recognize PCSAS as an accreditor of doctoral programs whose graduates are eligible for licensure as clinical psychologists in the Commonwealth of Virginia

March 15, 2022

# Introductions

## University of Virginia

- Bethany Teachman, PhD (Professor & Director of Clinical Training, Give an Hour provider, clinical supervisor, licensed psychologist)
- Alexandra Werntz, PhD (Postdoctoral fellow, UVA alum, private practice, licensed psychologist)
- Jeremy Eberle (Graduate student & PCSAS student rep)
- Lee Llewellyn, PhD (Professor & Director of UVA's Mary D. Ainsworth Psychological Clinic, provider, clinical supervisor, licensed psychologist)

## Virginia Tech

- Lee Cooper, PhD (Professor & former Director of Clinical Training, Director of VA Tech Psychological Services Center, licensed psychologist)
- Angela Scarpa-Friedman, PhD (Professor & Director of Clinical Training, licensed psychologist)

# Background Materials

## 1) Letters of support:

- a. UVA Provost
- b. VA Tech Office of the Dean & Chair
- c. UVA & VA Tech students
- d. GMU faculty, DCT & Chair
- e. Virginia Association for Psychological Science
- f. UVA faculty & DCT
- g. VCU DCT & Chair
- h. Council of University Directors of Clinical Psychology

## 2) Frequently Asked Questions about PCSAS

# Goal

- Prioritize science as the foundation for research training, clinical training, and their integration
- Increase options for accreditation & path to licensure for well-qualified students, alumni, faculty, and clinical training programs
- NOT proposing any change to the state regulations that dictate the educational requirements for clinical psychologists
- NOT proposing any change to recognition of American Psychological Association as an accrediting body

# PCSAS Milestones

- PCSAS incorporated in 2007 (following 1992 Summit Meeting on *The Future of Accreditation*)
- Started accrediting programs in 2009 (currently accredits 46 clinical psychology Ph.D. programs)
- Council on Higher Education Accreditation (CHEA) recognized PCSAS as an accrediting system in 2012
- VA allows PCSAS-only graduates to complete internship and be hired as psychologists in 2016
- Association of Psychology Postdoctoral and Internship Centers (APPIC) allows PCSAS-only graduates to compete in the internship match in 2018
- U.S. Public Health Service in the Office of the Surgeon General allows PCSAS graduates to be hired in 2021
- 8 states now grant licensure to PCSAS graduates, including Arizona, Michigan, New Mexico, California, Missouri, Delaware, New York, and Illinois (sorry about mistake in UVA Provost's letter!) + 2 more state boards (Pennsylvania, Minnesota) have given preliminary approval

# Can we trust the quality of PCSAS Programs?

- All 20 of the *U.S. News & World Report's* 20 top ranked clinical psychology programs are PCSAS accredited
- PCSAS graduates score higher on average on licensing exams (98% of PCSAS graduates who take their licensing exams pass it)
- PCSAS graduates have a higher match rate for internship (>90%)
- Licensed PCSAS graduates are less likely to have any ethical complaints filed against them

Flexibility? Yes

Lacking standards? Absolutely not

- Every PCSAS accredited program mandates knowledge in psychopathology, assessment, diagnosis, intervention and treatment, supervision, and statistics. Every program concentrates on ethics, research methods, data analysis, and on issues of individual differences and diversity.
- Supervised clinical experiences via both internal and external practica are required

# Do PCSAS programs & students care about clinical training?

- Clinical practicum and internship are required of all students
- 73% of PCSAS graduates engage in clinical service delivery post-graduation
- *ALL* students must show mastery of evidence-based assessments and treatments
- Site review includes interviews with every clinical faculty and multiple external practica supervisors
- CHEA site visitors called PCSAS the “poster child” for outcome-based accreditation

# Review Criteria

A. Pre-submission

B. Eligibility standards:

C. General Accreditation Standards

D. Exemplars of Evaluation Criteria

Because the Review Committee evaluates applications only from programs that explicitly assert they fit within the defined scope of PCSAS accreditation and that they satisfy PCSAS's standards, the Review Committee's task essentially is one of evaluating each program's integrity and quality. To accomplish this the Review Committee rigorously and objectively examines the evidence from each program's application materials and its site visit report to assess how well the program matches PCSAS standards. Also included is whether the program's public declarations, such as its program handbook, website statements, etc., are in keeping with a PCSAS clinical science model. The Review Committee makes qualitative evaluations of each program in seven general areas:

**1) Conceptual foundations:** To be eligible for review, each applicant program will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. Because a hallmark of PCSAS accreditation is flexibility, programs are given leeway to develop their own distinctive and innovative approaches to translating these core concepts into practical, effective, real-world doctoral programs because PCSAS believes that the field and the public benefit from diversity in how clinical science training is accomplished. This diversity may reflect taking advantage of particular local resources and opportunities, as well as pursuing efforts to move the field forward with well-conceived training innovations.

**2) Design, operation, and resources:** The Review Committee examines: (a) the quality, logic, soundness, and coherence of each program's overall operation; (b) its stability; educational plan and pedagogical approach; (c) its content and curriculum; administration; and (d) the availability and use of resources. The Review Committee also evaluates how effectively the program's design and resources are channeled toward achieving the program's goals.

**3) Quality of the science training:** The Review Committee evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education; i.e., how well the program embodies the very best, cutting-edge science of the discipline).

**4) Quality of the application training:** The Review Committee evaluates the extent to which clinical training is based on science/application integration that prepares program graduates to function as independent providers of clinical services and assume responsibility for patient care by making clinical decisions based on the best available scientific evidence.

**5) Curriculum and related program responsibilities:** PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship, research, and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they will ensure that students have achieved these goals. In

<https://www.pcsas.org/accreditation/review-criteria/>



# Review Criteria

A. Pre-submission

B. Eligibility standards:

C. General Accreditation Standards

D. Exemplars of Evaluation Criteria

The following are the types of information considered by the Review Committee in its evaluation of a program's performance in the seven areas outlined in **C. General Accreditation Standards**. These examples are only for purposes of illustration, and should not be construed as a checklist of the criteria by which a program would be assured of accreditation. Quality of execution is crucial in satisfying these criteria. Moreover, because PCSAS does not take a "one-size-fits-all" approach to accreditation, it is conceivable that an innovative program might not match all of these criteria in conventional ways, yet still be evaluated favorably by the Review Committee. The key point is that the burden of proof regarding the merits of a program rests on the applicant. Each program must demonstrate convincingly that it has a successful record of offering high-quality doctoral education and clinical training in psychological clinical science.

## 1) Conceptual foundations:

- a) Does the program offer a clear, rational explication of its mission, goals, philosophy, and epistemology?
- b) Are the program's conceptual foundations logically coherent, internally consistent, and compatible with PCSAS standards?
- c) Do the program's conceptual foundations have clear implications for the program's design, operation, climate, and outcomes?
- d) Does the program's mission statement permit a reasonable assessment of the program's success at achieving its mission?
- e) Do the program's goal statements include proximal and distal objectives that can be translated into observable, measurable outcomes?
- f) Are the program's philosophy and epistemology clearly related to the program's design and operation? Are they consistent with PCSAS's mission and standards?
- g) Are the activities of the faculty, students, and graduates consistent with the program's conceptual foundations?

**2) Design, operation, and resources:** The program's design, operation, and use of resources should contribute to the program's realization of its mission and goals. The following topics illustrate the information of particular interest to the Review Committee:

- a) Student recruitment, selection, and mentoring:

d) Clinical application training: Because psychological clinical science is an applied science, it requires that doctoral students acquire a deep and thorough understanding of the clinical phenomena that will be the central focus of their scientific careers. Graduates must be able to function as independent clinical scientists, able to assume clinical responsibility for patients with problems in their areas of expertise. Thus, they must be trained to a high level of professional competence in the most cost-effective, efficient, empirically supported procedures for the clinical assessment and treatment of specific populations and problems, and also must be capable of training and supervising others in these clinical procedures, where appropriate. Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences. Innovative approaches to the design and implementation of the applied training are encouraged, with the aim of improving the effectiveness and efficiency of the clinical training; however, programs are expected to provide evidence that such innovations achieve or exceed the intended results. Clinical science training in applications should be

# Why now?

- Science needs to be prioritized  
...COVID, suicide rates, opioid crisis, burden of mental illness
- Quality training should be valued
- We live in a dual accreditation world
- Flexibility is needed to address needs (e.g., rural mental health)
- We need to keep our graduates in Virginia & attract new providers!

# Virginia data: Access to mental health care

## Access Ranking (2020)

- access to insurance
- access to treatment
- quality and cost of insurance
- access to special education
- workforce availability

Virginia ranked 39<sup>th</sup>  
among states

Mental Health America Screening from January to  
September 2020: <https://mhanational.org/issues/state-mental-health-america>

- Student Perspective: Jeremy Eberle
- Alum in private practice: Alexandra Werntz, PhD

# Attachment B

Guidance Document: 125-11

Adopted: March 15, 2022

Effective: May 12, 2022

## VIRGINIA BOARD OF PSYCHOLOGY

### GUIDANCE DOCUMENT ON PSYCHOLOGISTS' USE OF SOCIAL MEDIA

This document was developed to guide Virginia's licensed psychologists and members of the Virginia Board of Psychology regarding psychologists' social media use in the context of interpreting and implementing the Board's standards of practice. Please also see the Board's *Guidance Document on Electronic Communication and Telepsychology* wherein specific further information may be found regarding telephone text messaging, email, and other direct electronic communications between providers and patients, including direct service delivery via internet communications. As is explained further in this document, social media use is most apt to intersect with standards of practice that are described in the Board's regulations in 18VAC 125-20-150 and 18VAC 125-20-160.

#### Introductory Considerations

For the purposes of this document, "social media" refers to digitally mediated technologies that facilitate creating and exchanging information between people via virtual communities or networks, typically on interactive web-based platforms. The nature of content shared through social media may include one's own or others' text, photos, audio and/or video material, and such various other informational formats as graphic and tabular data displays. Social media content is user-posted, but it is not necessarily user-generated. Social media users post and access content through digital connections to the web, typically through popular apps that connect individuals or groups.

A psychologist's social media use is an extension of their professional work and therefore requires the psychologist to adhere to the Board's standards of practice while using social media. Because social media content may be modified or selectively edited or reposted by others, end users may be uncertain of its accuracy and authorship, and original authors may be uncertain of all end users. These characteristics of social media present a challenge to psychologists seeking to represent themselves and their work accurately, protect client confidentiality, operate within the bounds of their competence (including technological competence), and minimize harm. Thus, the purpose of this Guidance Document is to address the psychologist's use of social media platforms, outline potential benefits to a social media policy, and offer specific suggestions for managing the complex interface between social media use and the Board's standards of practice.

#### Professional and Personal Use of Social Media

Social media apps make no requirements for users to separate professional and personal activities on social media. However, there are clear advantages to psychologists doing so by using distinctly separate professional and personal user profiles and email addresses. This separation helps minimize potential for problems by (a) avoiding self-disclosures that can complicate service relationships and (b) limiting the potential for inadvertent disclosures of confidential information on a psychologist's social media pages.

*Professional social media activities* involve direct attempts to exchange unidirectional information (i.e., posts from the psychologist to others) with current or prospective clients, students, research participants, referral sources, colleagues, and other professional contacts, perhaps including the public. Examples are posts of various educational activities, marketing efforts, and on-line file exchanges. Psychologists should consider taking precautions against the risks of bidirectional communications (i.e., posts from others to the psychologist) such as when friends, family, or clients make personal posts on the psychologist's social media page, which can blur an attempted distinction or risk a confidentiality breach.

*Personal social media activities* involve shared exchanges of information with family, friends, social contacts, and personal interest groups. Although users can establish different privacy preferences for their professional and personal social media profiles, personal profiles may be recognizable to current, past, or prospective clients who may find their way to them despite a psychologist's efforts to separate professional and personal social media accounts. In this regard, psychologists may wish to caution friends or family about the possibility of social media requests from unknown people.

### **Benefits of a Social Media Policy**

The use of social media among prospective clients/recipients of psychological services relates directly to the Board's concern about informed consent for recipients of psychological services and minimizing risks for harm. Psychologists should consider preparing and disseminating to prospective and current clients a written social media policy that evolves with the rapid changes in societal uses of social media technology. Important elements of this policy might include a description of how the psychologist will interact with clients and the public professionally on the internet and encouragement to clients to ask questions about matters that may remain unclear. Such a policy may include describing how the psychologist intends to use email and texting (see also the Board's *Guidance Document on Electronic Communications and Telepsychology*). Examples of specific topics that may be covered in a social media policy include the following:

- The purpose, type of content, and intended practices on any professional social media page that is maintained by the psychologist;
- A disinclination to accept clients as fans because this might be interpreted as a client list and threaten confidentiality or professional relationship boundaries;
- A disinclination to conduct an internet search on the client, given risks of misinformation and potential harm to the client and/or the therapeutic relationship;
- That stringent efforts to protect client confidentiality prevent the psychologist from responding even with "likes" to postings from others;
- Instructions to current or prospective clients to avoid the use of insecure social media texting or messaging to contact the psychologist;
- Whether, and if so, when, the psychologist will respond to social media posts from clients and the implications for client safety; and
- Preferred means of contacting the psychologist in an emergency.

## The Complex Interface Between Social Media Use and Standards of Practice

As detailed in the Board's *Guidance Document on Electronic Communications and Telepsychology*, the Board of Psychology's Standards of Practice apply directly to the psychologist's social media behaviors. Specific examples follow:

- Preserving confidentiality makes it advisable to
  - Become familiar with and use all available privacy settings on social media platforms;
  - Use trusted and secure networks to access social media accounts;
  - Use encryption if sending protected and private information over social media;
  - Train all staff with any responsibility for assistance in managing a social media account;
  - Consider the potential for an enormously wide audience in all aspects of internet usage; and
  - Not share personal devices, or if devices are shared, ensure that no family member can access any Protected/Personal Health Information (PHI) stored on your device.
- Providing informed consent makes it advisable to
  - Explain benefits (immediate, ever-present, large audience) and risks (disguised identities, miscommunication, misinformation) associated with social media use; and
  - Inform clients about location-tracking apps that could notify others that the client is at the psychologist's office.
- Avoiding multiple relationships makes it advisable to
  - Avoid conflicts of interest in social media use;
  - Manage responsibility for who may access accounts; and
  - Keep personal and professional accounts separate.
- Assuring professional competence makes it advisable to
  - Maintain current knowledge of privacy settings for any social media page on which you post; and
  - Keep abreast of ever-changing technological and practice risks associated with social media use.
- Honest and accurate professional representation to the public makes it advisable to
  - Clarify on social media sites the jurisdiction(s) in which you are licensed or intending to practice through PSYPACT.
  - Represent yourself accurately on the internet and through social media in Virginia and in any other jurisdiction into which you may practice; and
  - Assure that all information regarding credentials, published research findings, curriculum vitae, and other professional representations are neither fraudulent nor misleading.

### Further Considerations in the Use of Social Media



Extensive literature exists on the proper use of social media, and psychologists are best advised to consult the references at the end of this document and a great deal of other relevant professional information for more detail than it is practical to provide here. Key considerations from that literature include the following:

- Use only trusted and secure WiFi networks to access practice-related websites;
- Conduct a regularly scheduled risk analysis and ongoing evaluation of data and platform security, maintain website information accuracy, use strong password and data encryption updates, vet of third-party services, and assure client de-identification;
- Maintain adequate technology training for self and all employees;
- Take precautions to prevent damage, theft, or loss of equipment that contains sensitive information;
- Encrypt and frequently back up all stored sensitive information; and
- Use virus protection.

### References

- American Counseling Association (2014). ACA Code of Ethics. Retrieved at <https://www.counseling.org/resources/aca-code-of-ethics.pdf>
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**VIRGINIA BOARD OF PSYCHOLOGY  
SPECIAL CONFERENCE COMMITTEE  
INFORMAL CONFERENCE MINUTES – JUNE 17, 2022**

**CALL TO ORDER:** A Special Conference Committee (“Committee”) of the Board of Psychology (“Board”) convened on June 17, 2022 at 10:05 a.m., at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Richmond, Virginia, Board Room 1.

**MEMBERS PRESENT:** Aliya Chapman, Ph.D., LCP, Chairperson  
Susan Brown Wallace, Ph.D., LCP, LSP

**STAFF PRESENT:** Jennifer Lang, Deputy Executive Director, Board of Psychology  
Christine Corey, Adjudication Specialist, Administrative Proceedings Division

**RESPONDENT:** **Jennifer Shaw, Applicant to practice as a resident in psychology**  
Case No.: 208968, 212628  
Attorney: Jonathan Joseph, Esquire

**DISCUSSION:** Jennifer Shaw appeared in person before the Committee, with legal counsel, and fully discussed the allegations contained in the Notice dated May 9, 2022.

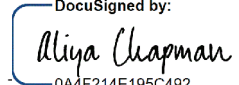
**CLOSED MEETING:** Upon a motion by Dr. Wallace, and duly seconded by Dr. Chapman, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Jennifer Shaw, Applicant to practice as a resident in psychology. Additionally, she moved that Jennifer Lang attend the closed meeting because her presence would aid the Committee in its deliberations.

**RECONVENE:** Having certified that the matters discussed in the preceding closed session met the requirements of § 2.2-3712 of the *Code of Virginia*, the Committee reconvened in open session and announced its decision.

**DECISION:** Upon a motion by Dr. Wallace, and duly seconded by Dr. Chapman, the Committee voted to deny Jennifer Shaw's application to practice as a resident in psychology. The motion carried.

**ADJOURN:** With all business concluded, the Committee adjourned at 1:50 p.m.

*As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the respondent, unless the respondent makes a written request to the Board within such time for a formal hearing on the allegations made. If service of the Order is made by mail, three (3) additional days shall be added to that period. Upon such timely request for a formal hearing, the decision of the Special Conference Committee shall be vacated.*

DocuSigned by:  
  
0A4F214E195C492...  
Aliya Chapman, Ph.D., LCP, Chairperson  
Special Conference Committee of the Board of Psychology

6/21/2022  
\_\_\_\_\_  
Date

DocuSigned by:  
  
C8E34441252749E...  
Jennifer Lang, Deputy Executive Director  
Virginia Board of Psychology

6/21/2022  
\_\_\_\_\_  
Date

**Board of Psychology**  
**Current Regulatory Actions**

<b>Chapter</b>	<b>Action</b>	<b>Stage</b>	<b>Duration</b>
Regulations Governing the Practice of Psychology 18VAC125-20	Implementation of the Psychology Interstate Compact	Publication date of proposed regulations: 1/3/2022  Comment period ended: 3/4/2022  Before the Board for adoption of final regulations	

**Agenda Item: Adoption of final regulations for implementation of the Psychology Interstate Compact**

**Included in your agenda package are:**

- Town Hall summary page showing no comments on the proposed stage
- Draft final regulations

**Action needed:**

- Motion to adopt final regulations



**Agency** Department of Health Professions

**Board** Board of Psychology

**Chapter** Regulations Governing the Practice of Psychology [[18 VAC 125 - 20](#)]

**Action:** Implementation of Psychology Interstate Compact

**Proposed Stage** ▶

Action 5567 / Stage 9249

● [Edit Stage](#) ● [Withdraw Stage](#) ● [Go to RIS Project](#)

Documents		
● <a href="#">Proposed Text</a>	4/22/2021 5:07 pm	<a href="#">Sync Text with RIS</a>
📎 <a href="#">Agency Background Document</a>	4/22/2021 (modified 5/4/2021)	<a href="#">Upload / Replace</a>
📎 <a href="#">Attorney General Certification</a>	6/23/2021	
📎 <a href="#">DPB Economic Impact Analysis</a>	8/6/2021	
📎 <a href="#">Agency Response to EIA</a>	8/18/2021	<a href="#">Upload / Replace</a>
● <a href="#">Governor's Review Memo</a>	12/2/2021	
● <a href="#">Registrar Transmittal</a>	12/10/2021	

Status	
<b>Changes to Text</b>	The proposed text for this stage is identical to the emergency regulation.
<b>Incorporation by Reference</b>	No
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>Attorney General Review</b>	Submitted to OAG: 4/22/2021 Review Completed: 6/23/2021 Result: Certified
<b>DPB Review</b>	Submitted on 6/23/2021 Economist: <a href="#">Larry Getzler</a> Policy Analyst: <a href="#">Melanie West</a> Review Completed: 8/6/2021
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 10/10/2021
<b>Governor's Review</b>	Review Completed: 12/2/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/10/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/3/2022 📎 <a href="#">Volume: 38 Issue: 10</a>
<b>Public Hearings</b>	<a href="#">02/17/2022 10:00 AM</a>

<b>Comment Period</b>	Ended 3/4/2022 0 comments
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Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Henrico, VA 23233
<b>Email Address:</b>	<a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a>
<b>Telephone:</b>	(804)367-4406 FAX: (804)327-4435 TDD: (-)

*This person is the primary contact for this board.*

*This stage was created by [Elaine J. Yeatts](#) on 04/22/2021 at 5:06pm*

*This stage was last edited by [Elaine J. Yeatts](#) on 04/22/2021 at 5:06pm*

**Project 6421 - Proposed**

**Board of Psychology**

**Implementation of Psychology Interstate Compact**

**18VAC125-20-10. Definitions.**

The following words and terms, in addition to the words and terms defined in § ~~54~~ 54.1-3600 and 54.1-3606.2 of the Code of Virginia, when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"APA" means the American Psychological Association.

"APPIC" means the Association of Psychology Postdoctoral and Internship Centers.

"ASPPB" means the Association of State and Provincial Psychology Boards.

"Board" means the Virginia Board of Psychology.

"CAEP" means Council for the Accreditation of Educator Preparation.

"Compact" means the Psychology Interjurisdictional Compact.

"Conversion therapy" means any practice or treatment as defined in § 54.1-2409.5 A of the Code of Virginia.

"CPA" means Canadian Psychological Association.

"Demonstrable areas of competence" means those therapeutic and assessment methods and techniques for the populations served and for which one can document adequate graduate training, workshops, or appropriate supervised experience.

"E.Passport" means a certificate issued by ASPPB that authorizes telepsychology services in a compact state.

"Face-to-face" means in person.



"Intern" means an individual who is enrolled in a professional psychology program internship.

"Internship" means an ongoing, supervised, and organized practical experience obtained in an integrated training program identified as a psychology internship. Other supervised experience or on-the-job training does not constitute an internship.

"IPC" means an interjurisdictional practice certificate issued by ASPPB that grants temporary authority to practice in a compact state.

"NASP" means the National Association of School Psychologists.

"Practicum" means the pre-internship clinical experience that is part of a graduate educational program.

"Practicum student" means an individual who is enrolled in a professional psychology program and is receiving pre-internship training and seeing clients.

"Professional psychology program" means an integrated program of doctoral study in clinical or counseling psychology or a master's degree or higher program in school psychology designed to train professional psychologists to deliver services in psychology.

"Regional accrediting agency" means one of the six regional accrediting agencies recognized by the U.S. Secretary of Education established to accredit senior institutions of higher education.

"Residency" means a post-internship, post-terminal degree, supervised experience approved by the board.

"Resident" means an individual who has received a doctoral degree in a clinical or counseling psychology program or a master's degree or higher in school psychology and is completing a board-approved residency.

"School psychologist-limited" means a person licensed pursuant to § 54.1-3606 of the Code of Virginia to provide school psychology services solely in public school divisions.

"Supervision" means the ongoing process performed by a supervisor who monitors the performance of the person supervised and provides regular, documented individual consultation, guidance, and instruction with respect to the skills and competencies of the person supervised.

"Supervisor" means an individual who assumes responsibility for the education and training activities of a person under supervision and for the care of such person's clients and who provides supervision consistent with the training and experience of both the supervisor and the person under supervision and with the type of services being provided.

**18VAC125-20-150. Standards of practice.**

A. The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. Psychologists respect the rights, dignity, and worth of all people and are mindful of individual differences. Regardless of the delivery method, whether face-to-face or by use of technology, these standards shall apply to the practice of psychology.

B. Persons regulated by the board and persons practicing in Virginia with an E.Passport or an IPC shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by education, training, and appropriate experience;
2. Delegate to persons under their supervision only those responsibilities such persons can be expected to perform competently by education, training, and experience;

3. Maintain current competency in the areas of practices through continuing education, consultation, or other procedures consistent with current standards of scientific and professional knowledge;
4. Accurately represent their areas of competence, education, training, experience, professional affiliations, credentials, and published findings to ensure that such statements are neither fraudulent nor misleading;
5. Neither accept nor give commissions, rebates, or other forms of remuneration for referral of clients for professional services. Make appropriate consultations and referrals consistent with the law and based on the interest of patients or clients;
6. Refrain from undertaking any activity in which their personal problems are likely to lead to inadequate or harmful services;
7. Avoid harming, exploiting, misusing influence, or misleading patients or clients, research participants, students, and others for whom they provide professional services and minimize harm when it is foreseeable and unavoidable;
8. Not engage in, direct, or facilitate torture, which is defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that causes harm;
9. Withdraw from, avoid, adjust, or clarify conflicting roles with due regard for the best interest of the affected party and maximal compliance with these standards;
10. Make arrangements for another professional to deal with emergency needs of clients during periods of foreseeable absences from professional availability and provide for continuity of care when services must be terminated;
11. Conduct financial responsibilities to clients in an ethical and honest manner by:

- a. Informing clients of fees for professional services and billing arrangements as soon as is feasible;
  - b. Informing clients prior to the use of collection agencies or legal measures to collect fees and provide opportunity for prompt payment;
  - c. Obtaining written consent for fees that deviate from the practitioner's usual and customary fees for services;
  - d. Participating in bartering only if it is not clinically contraindicated and is not exploitative; and
  - e. Not obtaining, attempting to obtain, or cooperating with others in obtaining payment for services by misrepresenting services provided, dates of service, or status of treatment;
12. Be able to justify all services rendered to clients as necessary for diagnostic or therapeutic purposes;
  13. Construct, maintain, administer, interpret, and report testing and diagnostic services in a manner and for purposes that are current and appropriate;
  14. Design, conduct, and report research in accordance with recognized standards of scientific competence and research ethics. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as participants in human research, with the exception of retrospective chart reviews;
  15. Report to the board known or suspected violations of the laws and regulations governing the practice of psychology;

16. Accurately inform a client or a client's legally authorized representative of the client's diagnoses, prognosis, and intended treatment or plan of care. A psychologist shall present information about the risks and benefits of the recommended treatments in understandable terms and encourage participation in the decisions regarding the patient's care. When obtaining informed consent treatment for which generally recognized techniques and procedures have not been established, a psychologist shall inform clients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation;

17. Clearly document at the outset of service delivery what party the psychologist considers to be the client and what, if any, responsibilities the psychologist has to all related parties;

18. Determine whether a client is receiving services from another mental health service provider, and if so, document efforts to coordinate care;

19. Document the reasons for and steps taken if it becomes necessary to terminate a therapeutic relationship (e.g., when it becomes clear that the client is not benefiting from the relationship or when the psychologist feels endangered). Document assistance provided in making arrangements for the continuation of treatment for clients, if necessary, following termination of a therapeutic relationship; and

20. Not engage in conversion therapy with any person younger than 18 years of age.

C. In regard to confidentiality, persons regulated by the board shall:

1. Keep confidential their professional relationships with patients or clients and disclose client information to others only with written consent except as required or permitted by law. Psychologists shall inform clients of legal limits to confidentiality;

2. Protect the confidentiality in the usage of client information and clinical materials by obtaining informed consent from the client or the client's legally authorized representative before (i) videotaping, (ii) audio recording, (iii) permitting third party observation, or (iv) using clinical information in teaching, writing, or public presentations; and

3. Not willfully or negligently breach the confidentiality between a practitioner and a client. A disclosure that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

D. In regard to client records, persons regulated by the board shall:

1. Maintain timely, accurate, legible, and complete written or electronic records for each client. For a psychologist practicing in an institutional setting, the recordkeeping shall follow the policies of the institution or public facility. For a psychologist practicing in a noninstitutional setting, the record shall include:

- a. The name of the client and other identifying information;
- b. The presenting problem, purpose, or diagnosis;
- c. Documentation of the fee arrangement;
- d. The date and clinical summary of each service provided;
- e. Any test results, including raw data, or other evaluative results obtained;
- f. Notation and results of formal consults with other providers; and
- g. Any releases by the client;

2. Maintain client records securely, inform all employees of the requirements of confidentiality and dispose of written, electronic, and other records in such a manner as to ensure their confidentiality; and

3. Maintain client records for a minimum of five years or as otherwise required by law from the last date of service, with the following exceptions:

a. At minimum, records of a minor child shall be maintained for five years after attaining 18 years of age;

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time; or

c. Records that have been transferred pursuant to § 54.1-2405 of the Code of Virginia pertaining to closure, sale, or change of location of one's practice.

E. In regard to dual relationships, persons regulated by the board shall:

1. Not engage in a dual relationship with a person under supervision that could impair professional judgment or increase the risk of exploitation or harm. Psychologists shall take appropriate professional precautions when a dual relationship cannot be avoided, such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs;

2. Not engage in sexual intimacies or a romantic relationship with a student, supervisee, resident, intern, therapy patient, client, or those included in collateral therapeutic services (such as a parent, spouse, or significant other of the client) while providing professional services. For at least five years after cessation or termination of professional services, not engage in sexual intimacies or a romantic relationship with a therapy patient, client, or those included in collateral therapeutic services. Consent to, initiation of, or participation in sexual behavior or romantic involvement with a psychologist does not change the exploitative nature of the conduct nor lift the prohibition. Because sexual or romantic relationships are potentially exploitative, psychologists shall bear the burden of demonstrating that there has been no

exploitation, based on factors such as duration of therapy, amount of time since therapy, termination circumstances, client's personal history and mental status, and adverse impact on the client;

3. Not engage in a personal relationship with a former client in which there is a risk of exploitation or potential harm or if the former client continues to relate to the psychologist in his professional capacity; and

4. Recognize conflicts of interest and inform all parties of the nature and directions of loyalties and responsibilities involved.

F. Upon learning of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct as defined in statute or regulation, persons licensed by the board shall advise their clients of their right to report such misconduct to the Department of Health Professions in accordance with § 54.1-2400.4 of the Code of Virginia.

**18VAC125-20-160. Grounds for disciplinary action or denial of licensure.**

The board may take disciplinary action or deny a license or registration or authorization to practice in Virginia with an E.Passport or an IPC for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude (i.e., relating to lying, cheating, or stealing);

2. Procuring or attempting to procure or maintaining a license or registration by fraud or misrepresentation;

3. Conducting practice in such a manner so as to make it a danger to the health and welfare of clients or to the public;



4. Engaging in intentional or negligent conduct that causes or is likely to cause injury to a client;
5. Performing functions outside areas of competency;
6. Demonstrating an inability to practice psychology with reasonable skill and safety to clients by reason of illness or substance misuse, or as a result of any mental, emotional, or physical condition;
7. Failing to comply with the continuing education requirements set forth in this chapter;
8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession, including § 32.1-127.1:03 of the Code of Virginia relating to health records;
9. Knowingly allowing persons under supervision to jeopardize client safety or provide care to clients outside of such person's scope of practice or area of responsibility;
10. Performing an act or making statements that are likely to deceive, defraud, or harm the public;
11. Having a disciplinary action taken against a health or mental health license, certification, registration, or application in Virginia or other jurisdiction or surrendering such a license, certification, or registration in lieu of disciplinary action;
12. Failing to cooperate with an employee of the Department of Health Professions in the conduct of an investigation;
13. Failing to report evidence of child abuse or neglect as required in § 63.2-1509 of the Code of Virginia, or abuse of aged and incapacitated adults as required in § 63.2-1606 of the Code of Virginia; or

14. Violating any provisions of this chapter, including practice standards set forth in 18VAC125-20-150.



# COMMONWEALTH OF VIRGINIA

## Board of Psychology

9960 Mayland Drive, Suite 300  
 Richmond, Virginia 23233-1463

(804) 367-4697 (Tel)  
 (804) 527-4435 (Fax)

### Petition for Rule-making

*The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition.*

<b>Please provide the information requested below. (Print or Type)</b>		
Petitioner's full name (Last, First, Middle initial, Suffix.) Cooper, Lee, D		
Street Address Virginia Tech, Psychological Services Center, 3110 Prices Ford Road		Area Code and Telephone Number 540-231-7709
City Blacksburg	State Virginia	Zip Code 24061-0355
Email Address (optional) ldcooper@vt.edu		Fax (optional)

**Respond to the following questions:**

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

Regulation 18VAC125-20-54. Education requirements for clinical psychologists. Sections A. The applicant shall hold a doctorate from a professional psychology program in a regionally accredited university, which was accredited by APA in clinical or counseling psychology within four after the applicant graduated from the program, or shall meet the requirements of subsection B of this section.

We would like the board to consider amending "accredited by APA in clinical . ." to "accredited by APA or PCSAS (Psychological Clinical Science Accreditation System) in clinical . . ."

Hence, we are proposing that PCSAS be recognized as an additional accreditor of doctoral programs in psychology in the licensure regulations in regulation 18VAC125-20-54.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

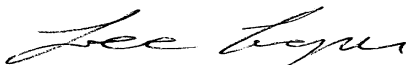
I am representing the faculty of the Clinical Science Ph.D. program at Virginia Polytechnic Institute and State University (Virginia Tech) as we are proposing that the Virginia Board of Psychology *add* the Psychological Clinical Science Accreditation System (PCSAS) as an additional accreditor of doctoral degrees in psychology to the education requirements regulations for licensure. PCSAS is an independent accreditation system that aims to provide science-centered training in clinical psychology and that requires all graduates to be competent both to conduct scientific research and to be independent providers of psychological services. The Council on Higher Education Accreditation (CHEA) recognized PCSAS as an accrediting system in 2012, and the U. S. Department of Veterans Affairs (VA) has recently recognized PCSAS as a sole eligibility requirement for VA internships and staff positions. Currently, the Clinical Science Ph.D. program at Virginia Tech is one of 35 PCSAS-accredited programs in major universities in the US and Canada. All programs in the U.S. are among the top 50 in US News & World Report and ranked highly by the National Academy of Sciences, in part, by their graduates' scores on state licensing exams (94.9% passed the EPPP, with national average at around 76%).

With almost 50% of Americans expected to have a diagnosed mental illness sometime in their lives and with delays between diagnosis and the application of appropriate treatments, there is a pressing need to train psychologists who can develop new, effective, manageable treatments and to find better ways to get these treatments into the hands of practitioners so that they can best help patients. PCSAS programs train clinical psychologists for just this purpose and provides graduates with the most up-to-date training in science-informed treatments for their own practice. As such, license eligibility is critical for graduates of PCSAS-accredited programs, given their engagement in practice, supervision, and research activities with clinical populations. We also assume the state of Virginia would want to retain and attract as many high-quality clinical psychologists as possible given the mental health needs of its underserved populations and regions. Five states to date have changed laws, regulations, or have offered rulings to provide PCSAS parity with APA – Illinois, Delaware, California, New Mexico, and New York.

If needed, I can provide additional information regarding the purpose and mission of PCSAS, including the prioritization of rigorous clinical training within PCSAS-accredited programs. I can also provide letters of support from Government Relations of Virginia Tech, the Clinical Psychology Ph.D. programs at University of Virginia and George Mason University. If I can provide any additional information, please feel free to contact me. We appreciate your consideration of our proposal and I will make myself available for any discussion with you on this matter.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

54.1-2400 of the Code of Virginia, #1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.



Signature:

Date: 5/18/2018



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**Agency**

Department of Health Professions

**Board**

Board of Psychology

**Chapter**

**Regulations Governing the Practice of Psychology [18 VAC 125 - 20]**

**All comments for this forum**

[Back to List of Comments](#)

6/25/18 12:26 pm

**Commenter:** Lee Cooper, Virginia Tech

### **Acceptance of the Psychological Clinical Science Accreditation System**

I am the Director of Clinical Training for the doctoral degree (PhD) clinical science program in the Department of Psychology at Virginia Tech. With the full support of the clinical faculty and Virginia Tech Government Relations, I wrote and submitted the petition to support the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility. To be clear, we support parity for both the American Psychological Association (APA) and PCSAS accreditation

systems. And as the petitioner, I want to use this comment opportunity to provide some background, data, and context to the petition.

It would be beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as clinical practitioners and researchers. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus on the production of scientific knowledge and the delivery of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral, internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public's mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

PCSAS is an independent, non-profit corporation that aims to provide science-centered training in clinical psychology. It requires that all graduates be competent both to conduct research and to be independent providers of psychological services. This agency is recognized by the Council on Higher Education Accreditation (CHEA), which is the same body that recognizes and authorizes APA accreditation. The U. S. Department of Veterans Affairs (VA) recognizes PCSAS as a sole eligibility requirement for VA internships and staff positions. The Association of Psychology Postdoctoral and Internship Centers (APPIC) recently revised their policy to include PCSAS as an eligible accrediting organization. PCSAS has the strong backing from a number of respected psychological organizations including the Academy of Psychological Clinical Science (APCS), the Association for Psychological Science (APS), the Society for a Science of Clinical Psychology (SSCP), the Association for Behavioral & Cognitive Therapies (ABCT), and the Society for Research in Psychopathology (SRP). Five states to date have changed laws, regulations, or have offered rulings to provide PCSAS parity with APA – Illinois, Delaware, California, New Mexico, and New York (Missouri is expected to be soon).

At present, the following doctoral programs in Virginia support parity for both accreditation systems (and have provided letters of support): Virginia Tech, University of Virginia, George Mason University, and Virginia Commonwealth University. In sum, we want to advocate for clear documentation that students graduating from programs accredited either by APA or PCSAS be eligible for licensure in Virginia.

PCSAS arose in response to growing concerns about the nation's mental health. Almost 50% of Americans are expected to have a diagnosed mental illness sometime in their lives, and long delays between diagnosis and the provision of appropriate treatments are common. There is a pressing need to train scientists who can develop new, effective, and affordable treatments that are useful in real-world situations with diverse populations and who can find better ways to get these treatments to practitioners so that they can best help their patients.

PCSAS began accrediting programs in 2009, and to date, PCSAS has accredited 37 programs in the U.S. and Canada (see <http://www.pcsas.org/accreditation/accredited-programs/> ). All programs in the U.S. are among the top 50 in US News & World Report, and have internship (required for graduation) match rates of around 98% (national average around 80%) and EPPP pass rates of at least 93% (national average around 76%). Students who graduate from PCSAS accredited programs have careers that focus on producing scientific knowledge, and importantly, on using and disseminating evidence-based assessment and intervention techniques.

6/26/18 11:55 am

**Commenter:** James Ingram

**RE: Petition for rulemaking**

I would have been in full support for the petition for rulemaking  
?However, I would like to point out the following and would hope the board of psychology would address this

?This is just a small tangent

<https://www.npr.org/templates/story/story.php?storyId=121092295>

<http://www.washingtonpost.com/wp-dyn/content/article/2009/11/13/AR2009111302221.html>

<http://scienceline.org/2010/01/getting-scientific-with-psychotherapy/>

?See this opinion of: <http://www.apa.org/science/about/psa/2009/11/edcol.aspx>

?Also another opinion: <https://www.psychologicalscience.org/observer/update-on-the-psychological-clinical-science-accreditation-system>

?Most PCSAS accreditation for universities is taking place after 201\_ no?

Like this: <https://psychology.unc.edu/2017/01/30/clinical-psychology-program-accredited-by-pcsas/>

**Virginia-licensed psychologists** have an annual license renewal deadline around the end of June every year

?Let us take a look at the requirements

**CE Required:** 14 hours per year

**Online CE Allowed:** 8 hours (6 hours must be interactive)

**License Expiration:** 6/30, annually

**National Accreditation Accepted:** APA

**Notes:** 1.5 hrs in ethics, standards of practice or **laws** governing the profession of psychology

The American Psychology Association doesn't accredit any wholly online programs, The APA only accredits doctoral (PHD) programs and requires students to spend two or three years on campus (clinical) and complete a full-time residency

Regarding psychology, some doctoral programs around the U.S. do not require in-person interviews or campus visits (see online courses<sup>1</sup>) so applicants must meet the other requirements

after applying online....

Doctoral programs typically require 4 or 5 years of postgraduate work in order to obtain a Ph.D

For transfers up to a certain number of (credit) hours of equivalent graduate coursework can be transferred for either a psychology doctoral program or a psychology master's program dependent on what the college/department requirements are...

The APA is typically used for in order to find equivalent course requirements

?Does PCSAS have the same rigorous standards as APA when it comes to online courses and or transfer course equivalency?

<https://www.psychologytraining.va.gov/eligibility.asp>

When PCSAS Accreditation was recognized by Veterans Health Administration in September 2016 I was slightly concerned

At this time I do not support the petition for rulemaking

1.) <https://www.fhsu.edu/virtualcollege/degrees/bachelors/psychology/>

6/26/18 2:13 pm

**Commenter:** Angela Scarpa, Virginia Tech

### **Psychological Clinical Science Accreditation System**

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.



6/26/18 3:13 pm

**Commenter:** Brenna Maddox, University of Pennsylvania

### **PCSAS licensure in Virginia**

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech from 2010-2015. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. My primary starting point for practice training was a comprehensive evidence-based assessment including conceptualization and diagnosis for psychological disorders, as well as problems in living and relationships. With a working formulation and diagnosis, an empirically supported treatment was the starting point for developing a treatment plan with clear goals and initiating an agreed-upon intervention. Progress on treatment goals were continually measured through a variety of standardized routine outcome measures. The VT clinical science program emphasized evidence-based assessment and intervention through in-residence coursework in adult psychopathology and intervention, child psychopathology and intervention, psychological clinical assessment for adults and youth, and ethics.

The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years (and a total of three out of the four year in-residence program) of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from didactics, role playing, observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. The externship involved a placement at the Children's Hospital of Philadelphia in 2012. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and

experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinic(s) experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment centers had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

I was able to obtain a predoctoral internship (program requirement) at the Children's Hospital of Philadelphia, and I am currently a postdoctoral fellow at the University of Pennsylvania. I was able to get licensed as a clinical psychologist including successfully passing the EPPP and the PA state exam. Throughout these experiences that included other students or alumni from other highly regarding training programs, I was able to see that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

6/26/18 7:54 pm

**Commenter:** Rosalie Corona, VCU

### **PCSAS and licensure**

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

6/27/18 12:24 am

**Commenter:** Bethany Teachman

### **Support for PCSAS as an accreditor of doctoral degrees in psychology**

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

6/27/18 1:43 am

**Commenter:** Andrew J Smith, University of Utah School of Medicine

### **Support for licensure associated with graduation from PCSAS accredited programs**

I write this letter to support Virginia state licensure eligibility among students who graduate from programs accredited by the Psychological Clinical Science Accreditation System (PCSAS). I attended Virginia Tech (a PCSAS accredited program) as a PhD student from 2011 until 2016 in the Department of Psychology, Clinical Science Area.

The structure and functions of the Virginia Tech clinical training model is a helpful place to begin. The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from coursework, didactics, role playing, observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. My externship involved a placement at the Salem Veterans Affairs Medical Center in 2013. I gained an additional practicum placement in neuropsychology at Lewis-Gale Medical Center in Salem, Virginia working under close supervision of a board certified clinical neuropsychologist. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

My training at Virginia Tech balanced both depth expertise development (through targeted training experiences in trauma and neuropsychology), as well as breadth to achieve core-competencies in other areas that are integral to being a well-rounded clinician (e.g., child psychology; family systems; interpersonal processes). Regardless of the practicum supervisor, the consistent thread across all training experiences was that clinical work should be strongly informed and guided by evidence. I have absorbed this core ethos, demonstrated by the manner in which the clinic that I am now developing at the University of Utah is organized: (1) clinical care begins with thorough assessment using standardized measures and evidence-based clinical interviews, which (2) provides the foundation for accurate diagnosis, conceptualization, and treatment planning that is further informed consultation and supervision within a team context, which (3) provides the foundation for effective delivery of evidence-based interventions. Further, outcome tracking through session-by-session assessment is an integral part of my practice, a model that I have brought with me from my training at Virginia Tech.

My training as both a clinician and researcher has formed the foundation for my capacity to play an influential role in the healthcare system. Following PhD training, I was able to obtain an APA Accredited internship at the VA Salt Lake City Healthcare System, followed by my current postdoctoral fellowship in neuropsychology and neuroscience at the University of Utah School of Medicine, Department of Psychiatry. In September of 2018, I will transition to a tenure-track faculty appointment in the U of Utah School of Medicine Department of Psychiatry. As part of

my new position, I will direct the Occupational Trauma Program, a program that I am building from the ground-up to serve the mental health needs of first responders (e.g., fire departments, law enforcement agencies) in the Salt Lake City area through education, consultation, clinical services, and research. Additionally, in September of 2018 I will begin my joint appointment as a staff psychologist in the VA Salt Lake City Healthcare System, providing clinical services to veterans in the Primary Care Mental Health Integration area. My ability to provide efficacious evidence-based assessment and treatment approaches—the foundation of which were formed at Virginia Tech— make me a valuable asset to patients and healthcare systems alike.

Finally, my transition from Virginia Tech to internship and postdoc has demonstrated how incredibly well prepared I am as a clinician, a position that I have come to understand through feedback from internship and postdoc supervisors and observations of the consequences of training from other APA accredited doctoral programs around the country attended by my fellow trainees. In November of 2017, I passed the EPPP exam and Utah state licensure exams on my first attempt, and currently hold an active license as a clinical psychologist in the state of Utah. Moreover, I am quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. There is no doubt that PCSAS accredited programs such as Virginia Tech more than adequately prepares its students to be effective and valuable clinical psychologists.

Please feel free to contact me with any further questions or if I can be of any assistance.

6/27/18 10:30 am

**Commenter:** Amie Newins, University of Central Florida

### **Support of PCSAS Accreditation for Licensure**

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. My primary starting point for practice training was a comprehensive evidence-based assessment including conceptualization and diagnosis for psychological disorders, as well as problems in living and relationships. With a working formulation and diagnosis, an empirically supported treatment was the starting point for developing a treatment plan with clear goals and initiating an agreed-upon intervention. Progress on treatment goals were continually measured through a variety of standardized routine outcome measures. The VT clinical science program emphasized evidence-based assessment and intervention through in-residence coursework in adult psychopathology and intervention, child psychopathology and intervention, psychological clinical assessment for adults and youth, and ethics.

The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. My first two years (and a total of three out of the four year program) of practicum experience was in the Psychological Services Center (PSC), the program's in-house, community-based training clinic. Throughout the first two years, I was under the direct, live, and close supervision of a faculty supervisor and an advanced practicum student. The practicum experiences themselves were graded in complexity, moving from didactics, role playing, observation of advanced students, and/or co-therapy to one highly supervised case with a client, and then to multiple assessment and/or treatment cases. A third level of professional functioning was with the external 'externship' practicum. The externship involved a placement at the University of Central Florida Anxiety Disorders Clinic under the supervision of Dr. Deborah Beidel and a placement at Catawba Hospital under the supervision of Dr. Yoon Jung. In my fourth year, I returned to the PSC to obtain additional psychotherapy training experiences and obtain supervisory experience working with less advanced practicum students.

In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinics experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum disorders, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment center had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

I was able to obtain an internship (program requirement) at the Durham VA Medical Center, postdoctoral position at the VA VISN 6 Mental Illness Research, Education, and Clinical Center (MIRECC) and the Durham VA Medical Center, and currently an appointment as an assistant professor of psychology at the University of Central Florida. I was able to get licensed as a psychologist including successfully passing the EPPP. Throughout these experiences that included other students or alumni from other highly regarding training programs, I was able to see that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel quite prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

6/27/18 10:32 am

**Commenter:** Dr. James A. Coan Jr, University of Virginia

**Support for PCSAS as an accreditor of doctoral degrees in psychology**

I am writing to express full support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

Thank you,

Dr. James Coan

6/27/18 11:08 am

**Commenter:** Joseph Allen, Professor, University of Virginia

**Support for PCSAS as accreditor of doctoral degrees in Psychology**

fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral, internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public's mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

6/28/18 4:19 pm

**Commenter:** Jill Lorenzi, Duke University

### **PCSAS licensure in Virginia**

I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

I had the privilege of attending the Clinical Science Ph.D. training program in the Department of Psychology at Virginia Tech from 2009 until graduating in 2015. The clinical practice aspect of the training program provided me with a foundational and broad skill set such that I am able to provide research-supported assessment and intervention services. The practicum training sequence utilized a set of developmentally-based competencies in the general areas of professional conduct, ethical conduct, assessment, interviewing, relationship skills, case conceptualization skills, intervention and treatment skills, supervision, and consultation, along with individual and cultural differences. Throughout training, I was provided group and individual supervision. In addition to the standard clinical core courses and practicum sequence, I was able to gain further supervised experience with evidence-based assessment measures and protocols through several specialized assessment clinics. In this capacity, I received extensive training and experience in diagnostic formulation, case conceptualization, comprehensive and integrated report writing, feedback to clients and/or parents, and consultative procedures. My assessment clinic experiences focused on childhood disorders including anxiety, externalizing, and autism spectrum, or adult disorders particularly attentional, learning, anxiety, depression, and/or personality problems. Each assessment center had a dedicated clinical faculty member responsible for its mission, operations, and supervision.

For my final year of graduate training, I obtained a predoctoral clinical internship (program requirement) at Marcus Autism Center/Children's Healthcare of Atlanta. Following graduation, I obtained a postdoctoral position at Duke University Medical Center, and am currently a medical instructor at Duke University Medical Center in the Department of Psychiatry and Behavioral Sciences. I became licensed as a clinical psychologist in 2016 including successfully passing the EPPP. Throughout these experiences that included other students or alumni from other highly regarded training programs, I saw that I was extremely well trained and prepared to gain advanced clinical training, become licensed, and to practice psychology. In addition, given my extensive training in research, along with gaining experience in supervision and teaching, I feel very prepared to contribute to the advancement of science in practice, the development and dissemination evidence-based practices, and the training of future clinical psychologists. In sum, I strongly believe that a PCSAS accredited program, such as Virginia Tech, more than adequately prepares its students to be effective clinical psychologists.

6/29/18 9:45 am

**Commenter:** Sarah Kelleher, Duke University Medical Center

### **PCSAS licensure in Virginia**

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

7/2/18 12:19 pm

**Commenter:** L. Alan Eby, Virginia Association for Psychological Science

### **Support for PCSAS Accreditation for Licensure**

The Virginia Association for Psychological Science (VAPS) supports the petition for including Psychological Clinical Science Accreditation System (PCSAS) as an additional accreditor of doctoral degrees in psychology to the education requirements and regulations for licensure as a clinical psychologist in Virginia.

Clinical psychologists have routinely been recognized as the most highly trained mental health professionals. Adding PCSAS recognizes and further demonstrates the high quality mental health training.

The ongoing public efforts in expanding health-care coverage - with attention to containing costs and improving services - requires increased training in science-informed assessment and treatment. PCSAS is well-positioned to provide this training.

The public trust in clinical psychology is increased with a reliance on science-informed treatment. Utilizing the best data-supported methods in clinical psychology assure the public of high quality mental and behavioral health care.

Virginia has a long history as a home to branches of the armed forces and US Department of Veterans Affairs facilities. The US Department of Veterans Affairs has already recognized PCSAS as a worthy and valuable accreditation program for clinical psychologists.

PCSAS enhances and strengthens the training of clinical psychologists. Virginia has demonstrated a history of exceedingly high standards for training and credentialing clinical psychologists. Other states with such high standards have already approved PCSAS (Illinois, Delaware, California, New Mexico, and New York). Recognizing PCSAS would demonstrate Virginia being on the forefront of continued high standards for clinical psychology training.

Finally, two of the prominent training programs for clinical psychologists in Virginia (University of Virginia- Psychology and Virginia Tech) have already met the stringent standards for PCSAS accreditation. Recognizing PCSAS will support future highly trained clinical psychologists remaining in the state and serving the public.



As an organization that supports and promotes psychological science in all forms, the Virginia Association for Psychological Science supports the petition to provide PCSAS parity with APA accreditation for clinical psychology licensure in Virginia.

L. Alan Eby, Psy.D. VAPS Immediate Past-President Licensed Clinical Psychologist

Signed on behalf of VAPS Executive Committee: Greg Koop, Ph.D. (President) Marilyn Gadamksi, Ph.D. (President-Elect) Virginia Mackintosh, Ph.D. (Treasurer) Craig Jackson, Ph.D. (Secretary)

7/3/18 7:20 am

**Commenter:** Sally C. Morton, Virginia Tech

### **PCSAS licensure in Virginia**

The College of Science at Virginia Tech supports allowing students who have graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

Sally C. Morton, Dean, College of Science, Virginia Tech

7/3/18 3:50 pm

**Commenter:** Department of Psychology at the University of Virginia, Clinical faculty

### **Support for PCSAS from Department of Psychology at the University of Virginia**

The clinical faculty in the Department of Psychology at the University of Virginia fully supports allowing students who have graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia. We support parity for both the American Psychological Association and PCSAS accreditation systems.

Bethany Teachman, Ph.D.

Professor and Director of Clinical Training

7/6/18 10:32 am

**Commenter:** James Ingram

**For consideration**

I am now indifferent to the petition for rulemaking. After looking up continuing education for psychologists, I saw that Virginia changed the carry-over hours of continuing education. <https://leg1.state.va.us/cgi-bin/legp504.exe?151+sum+HB2243>  
<https://www.richmondsunlight.com/bill/2015/hb2243/> {previously the American Psychological Society} is The Association for Psychological Science (APS). Annual Convention offers typically 11 hours of continuing education. <https://www.psychologicalscience.org/conventions/annual/continuing-education> I do not see the Psychological Clinical Science Accreditation System offering such for equivalent for continuing education. <http://clinicalpsychgradschool.org/accre.php>  
<http://www.pcsas.org/accreditation/accredited-programs/>  
<https://vtnews.vt.edu/articles/2015/07/073115-science-pcsasaccreditation.html>  
<https://forums.studentdoctor.net/threads/pcsas-recognized-by-va.1210559/>  
<https://vtnews.vt.edu/articles/2015/07/073115-science-pcsasaccreditation.html>  
<http://www.pcsas.org/accreditation/accredited-programs/>  
<https://forums.studentdoctor.net/threads/pcsas-recognized-by-va.1210559/>

7/6/18 10:42 am

**Commenter:** Keith Richardson

**Quick question / general statement**

<https://www.psyc.vt.edu/graduate/clinical/accreditation>

Psychological Clinical Science Accreditation System (PCSAS)  
accreditation is good for ten years right

7/11/18 2:59 pm

**Commenter:** Lee Cooper, Virginia Tech

**Quick Question-Answer**

PCSAS accreditation is for ten (10) years.

7/11/18 3:39 pm

**Commenter:** Susan White, Virginia Tech

### **Support**

As a faculty member of the Virginia Tech Department of Psychology, I fully support the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54.

Graduates from PCSAS accredited programs demonstrate a high caliber of professional and scientific knowledge, and are adequately prepared to seek licensure.

7/12/18 1:52 pm

**Commenter:** Bradley White

### **Support for PCSAS parity**

I am writing in support of the petition for the addition of Psychological Clinical Science Accreditation System (PCSAS) as an accreditor of doctoral degrees in psychology to educational qualifications for licensure eligibility: Regulation 18VAC125-20-54

7/16/18 11:25 am

**Commenter:** Thomas Ollendick

### **PCSAS eligible for licensure**

I believe it would be extremely beneficial to the Commonwealth of Virginia for the graduates from PCSAS accredited programs to be eligible for licensure in Virginia. Graduates from PCSAS accredited programs are extremely well trained, both as research scientists and as clinical practitioners. They attend highly regarded internship programs, have high passing rates on the EPPP, and pursue careers that focus both on the production of scientific knowledge and the delivery and dissemination of evidence-based assessment and intervention techniques. Their expertise makes them exceptionally qualified and competent health service providers. Given the need for quality psychological services in Virginia, allowing the graduates from these programs to be licensed in Virginia would be a major service to the residents of Virginia. In addition, given their engagement in practice, supervision, and research, granting license eligibility to graduates from PCSAS accredited programs – a portion of whom go on to be faculty in doctoral,

internship, and postdoctoral training programs – would be a major benefit to the future generations of clinical psychologists, to the field, and ultimately to the public’s mental health. Essentially, allowing graduates from PCSAS accredited programs to be eligible for licensure in Virginia is in the interest of both the public and future generations of psychologists.

7/20/18 12:30 pm

**Commenter:** James Ingram

**Question regarding PCSAS requirements / predoctoral clinical training internship for psychology**

Is PCSAS as stringent in its requirements when it comes to internship programs for college and universities?

Some universities when pursuing PCSAS accreditation seek it as a replacement for APA.

The PCSAS information on its website do not say anything about working in tandem with fellowships, program matching, mentorship etcera

Community (local) based experience in regards to earning a doctorate is a must.  
As the University of Minnesota points out

**<https://psychology.sas.upenn.edu/training-programs/clinical-training-program>**  
**[https://www.indianapolis.va.gov/services/Psychology\\_Training.asp](https://www.indianapolis.va.gov/services/Psychology_Training.asp)**

**<http://www.umass.edu/counseling/training-opportunities/doctoral-internship-psychology>**

**<http://news.georgiasouthern.edu/2017/09/01/doctoral-internship-in-professional-health-service-psychology-granted-full-accreditation-by-apa/>**

<https://clinical.gmu.edu/student-training-research>

**<https://www.brown.edu/academics/medical/about/departments/psychiatry-and-human-behavior/training/clinical/clinical-psychology-internship-training-program>**

**<https://psychiatry.unm.edu/education/clinicalpsych/index.html>**

**<https://eoss.asu.edu/counseling/services/program/predocotrinal>**

**<https://www.roosevelt.edu/academics/programs/doctorate-in-clinical-psychology-psyd>**

**<https://www.uky.edu/counselingcenter/apa-accredited-psychology-internship-program>**

**<https://psyc.umd.edu/graduate/clinical-psychology>**

<http://www.pcsas.org/faq/>

<https://gs.howard.edu/graduate-programs/clinical-psychology>

<http://www.baypines.va.gov/BAYPINES/clinemp/PsychologyCareer/PreD/seminars.asp>

**<http://news.psu.edu/story/450277/2017/02/10/penn-state-clinical-psychology-program-receives-noteworthy-accreditation>**

**<https://forums.studentdoctor.net/threads/pcsas-programs-app-process.985439/>**

<http://psychzone.com/>

<https://psychcentral.com/blog/is-psychology-rotten-to-the-core/2/>

<https://www.psychologytoday.com/us/blog/theory-knowledge/201312/the-battle-the-identity-clinical-psychology>

[https://www.acadpsychclinicalscience.org/cmss\\_files/attachmentlibrary/PCSAS-FAQ-McFall.pdf](https://www.acadpsychclinicalscience.org/cmss_files/attachmentlibrary/PCSAS-FAQ-McFall.pdf)

<https://forums.studentdoctor.net/threads/second-doctorate.1279791/>

<http://www.marcus.org/About-Us/Training/Psychology/Predocutorial-Psych-Internship>

<http://www.apa.org/apags/resources/internships.aspx>

and enter your comments here. You are limited to approximately 3000 words.

7/23/18 3:00 pm

**Commenter:** Jonathan Waldron

### **PCSAS licensure in Virginia**

I fully support having students who graduated from clinical psychology doctoral programs that have received accreditation from the Psychological Clinical Science Accreditation System (PCSAS) to be eligible for licensure in Virginia.

7/23/18 4:51 pm

**Commenter:** Adrienne Means-Christensen, private practice

### **Support for PCSAS/APA Parity**

I fully support the petition to add accreditation by the Psychological Clinical Science Accreditation System (PCSAS) to the educational qualifications for licensure: Regulation 18VAC125-20-54. There should clear documentation that students graduating from programs accredited by *either* American Psychological Association (APA) *or* Psychological Clinical Science Accreditation System (PCSAS) be eligible for licensure in Virginia. In other words, I support parity for both the APA and PCSAS accreditation systems. The need for clinical scientists to be eligible for licensure is clear and graduates from PCSAS-accredited programs receive excellent training as both research scientists and clinical practitioners. These

professionals will serve the field by both developing and providing effective, empirically-supported treatments.

7/23/18 5:49 pm

**Commenter:** Christianne Esposito-Smythers, George Mason University

### **Support for PCSAS licensure in VA**

The faculty of the Clinical Psychology Ph.D. program at George Mason University (GMU) is in full support of having students who graduated from Clinical Psychology Ph.D. programs accredited by the Psychological Clinical Science Accreditation System (PCSAS) be eligible for licensure in Virginia. We support a change in the licensing guidelines (at whatever level of administration is necessary) to specifically reflect that students graduating from programs accredited by either APA -OR- PCSAS be eligible for licensure in Virginia. In other words, we support parity for both accreditation systems.



## **Frequently Asked Questions (FAQs) about the Psychological Clinical Science Accreditation System (PCSAS) and Psychological Clinical Science**

### **1. PCSAS Basics.**

The Psychological Clinical Science Accreditation System (PCSAS) is an independent, non-profit organization providing rigorous, objective, and empirically-based accreditation of Ph.D. programs that adhere to a *clinical science* training model -- one that increases the quality and quantity of clinical scientists contributing to all aspects of public health and extends the science base for mental health care.

The impetus for this new approach dates to a 1992 Summit Meeting on [The Future of Accreditation](#) sponsored by the National Institute of Mental Health (NIMH), the \$2.2 billion federal agency within the National Institutes of Health that funds a major portion of psychology's mental health training; by the Council of Graduate Departments of Psychology (COGDOP), the umbrella group for some 250 Chairs of Psychology Departments; and by the Association for Psychological Science (APS), the 35,000 member organization supporting the science of psychology.

That 3-day meeting brought together 140 delegates who either were Chairs of Psychology Departments or Directors of Clinical Training. Agreement emerged from the Summit on "the need for urgent reform of the [then-sole] accreditation system in psychology."

Following years of ultimately unsuccessful efforts working for reform within the then-sole accreditation system, the specifics of a separate system began with additional discussion in 1995 and was formally established as an independent entity in 2007 by the [Academy of Psychological Clinical Science](#) (Academy), PCSAS's parent organization. The Academy also was founded following the 92 Summit. The Academy's 80 members are doctoral training programs or internship programs that share a commitment to the primacy of science in the education and training of clinical psychologists.

PCSAS accredited its first program in late 2009. To date PCSAS has accredited 46 programs in the United States and Canada, with many others in various stages of the application process (See [Accredited Programs](#)).

PCSAS programs are among the most highly regarded in the field. For example, all 20 of the *U.S. News & World Report's* 20 top-ranked clinical psychology



programs are PCSAS accredited. Forty PCSAS programs in the U.S. are in the top 50. (*U.S. News* only ranks U.S. programs.) And all 46 PCSAS programs are ranked highly by the National Academy of Sciences, have graduates who score higher on average than those in non-PCSAS programs on state licensing exams, have students who "match" at a higher rate in internship placements, and are distinguished by the publication records of PCSAS faculty.

PCSAS is recognized by the Council for Higher Education Accreditation (CHEA), the body of 3,000 colleges and universities that is the gold standard for evaluating accreditors ("primary national voice for quality assurance to the U.S. Congress, U.S. Department of Education, the general public, opinion leaders, students, and families"). CHEA's sole purpose is quality assurance of higher education through accreditation. In this role, CHEA provided PCSAS its "seal of approval" for meeting standards that are indicators of quality to the government. ("CHEA recognition affirms that the standards, structures and practices of accrediting organizations promote academic quality, improvement, accountability and needed flexibility and innovation in the institutions they accredit.")

## **2. Why now for PCSAS?**

Science plays a part in all clinical training programs, but it is preeminent in PCSAS programs -- in research training, clinical training, and, importantly, in their integration. This commitment to scientific perspectives in all aspects of clinical psychology plus growing concerns that the nation's pressing and growing mental health needs are too often not being met – witness the surging suicide rate in the U.S. - gave rise to PCSAS as an accreditation system specifically designed to promote science-centered doctoral training. The creation of PCSAS rests on the desire to spark training innovations that will lessen the burden of mental illness.

PCSAS fosters clinical scientists who will improve public health by disseminating the existing science on what mental health treatments work, delivering empirically-based clinical services, and expanding scientific knowledge in clinical psychology through their research.

Want proof of both the service delivery and research capabilities of those trained in PCSAS programs? In a comprehensive analysis of PCSAS graduates, 73% reported engaging in clinical service delivery in their current positions and 33% reported being investigators on federal research grants between 5-10 years after graduating. Many report doing both.

All this has been accomplished while PCSAS is still young. PCSAS accredited its first program in late 2009. In 2012, PCSAS was formally recognized by the Council of Higher Education Accreditation, the "institutional voice for promoting academic quality through accreditation." Ten years later, with [46 world-class programs accredited](#) and with increased recognition from many sectors in mental

and behavioral health, including from the U.S. government, PCSAS is seen as promoting the highest standards in the training of clinical psychologists. Our goal is to provide the public with new and better mental health treatment that are safe, that work, and that are cost-effective.

### **3. What is “clinical science?”**

Clinical science is the modern extension of the highest aspirations of what started as the Scientist-Practitioner (Boulder) model. The Boulder model was created in 1948-49 in response to the Veterans Administration's (VA) request to identify clinical psychologists whose training enabled them to effectively address the mental health of returning veterans and their families. Today, science is paramount within the more modern clinical science model, and science training for clinical practice and for conducting research are fully integrated and reciprocal. Research informs all aspects of clinical practice and clinical practice continuously informs research. As one indication of the acceptance of this model, PCSAS is fully recognized by the VA today to fill its needs for mental health treatment.

For a fuller description of the PCSAS model, see [Current Status and Future Prospects of Clinical Psychology](#).

### **4. What is the relationship between PCSAS and APA?**

PCSAS is completely separate from the American Psychological Association and its accreditation (APA). Both organizations accredit clinical psychology education and training programs. However, the PCSAS mission is to accredit those doctoral programs that adhere to a clinical science training model, and APA accredits a broader range of programs. PCSAS now stands at [46 accredited programs](#); APA is at over 400.

### **5. As a newer accreditation system, is PCSAS taking hold?**

Yes, and gaining traction with each new accomplishment. PCSAS became an independent accrediting body in 2007; accredited its first program in 2009; and in 2012, as soon as it was eligible, was recognized by the Council for Higher Education Accreditation (CHEA), the national body that certifies accrediting organizations. CHEA affirmed PCSAS standards and processes as meeting and exceeding CHEA's high standards for “quality, improvement, and accountability.”

Today, PCSAS accredits [46 clinical science programs](#) in the United States and Canada, programs that are among the highest regarded in the field. For example, 40 of 45 PCSAS programs in the U.S are listed among the top 50 in *U.S. News & World Report*, including all 20 of the top 20. (*U.S. News* ranks only U.S. programs.) Similarly, all PCSAS programs are ranked highly by the National

Academy of Sciences; have graduates who score higher on average than non-PCSAS graduates on state licensing exams and students who “match” at a higher rate than others in internship placements; and are distinguished by the publication records of PCSAS faculty.

In addition, PCSAS has been:

- **Recognized by the U.S. Department of Veterans Affairs (VA)**, by far the largest trainer and employer of clinical psychologists in the world, as the sole eligibility requirement for VA internships and employment.
- **Recognized by the National Institutes of Health (NIH)**, with the Director of the \$2.2 billion National Institute of Mental Health (NIMH) stating, "At NIMH, we thought of PCSAS at the cutting edge of where training should be in clinical psychological science, and as the model for how rigorous accreditation might have an influence even beyond psychology."
- **Recognized by multiple psychological and mental health organizations** including the Association for Psychological Science; the Academy of Psychological Clinical Science; the Association for Behavioral and Cognitive Therapies; the Society for a Science of Clinical Psychology; the Society for Research in Psychopathology; and by the Boards of Directors of both the Council of Graduate Departments of Psychology (COGDOP) and the Council of University Directors of Clinical Psychology (CUDCP).
- **Recognized in a 2018 policy change by the Association of Psychology Postdoctoral and Internship Centers (APPIC)**, the organization that runs psychology’s internship placement service. Students from PCSAS programs are fully eligible for the APPIC Match.
- **Recognized in the laws and regulations of states representing over 30 percent of the U.S. population** including the large population states of California, New York, and Illinois. Others are Delaware, Michigan, Missouri, New Mexico, and Arizona, which is the most recent state to recognize PCSAS. Two more states are pending - Minnesota and Pennsylvania, which would bring the total U.S. population recognized to 35 percent - as evidence increasingly demonstrates that PCSAS programs exceed state eligibility requirements for graduates seeking to be licensed psychologists.
- **Recognized for support in the U.S. Congress over multiple years**, most recently in Department of Defense Appropriations for 2022. DoD’s funding legislation orders DoD to “brief the House and Senate Appropriations Committees not later than 180 days after the enactment of this Act... [T]he assessment should include a review of related regulations to determine what impact a change in regulations to allow the employment of clinical psychologists who graduate from schools accredited by the Psychological Clinical Science Accreditation System may have on the Military Health System.

## **6. Are students from PCSAS programs qualified for a clinical internship?**

Yes. All students from PCSAS-accredited programs must be fully prepared for the clinical internship that we require of all students. The PCSAS [review criteria](#) state specifically that:

“Students must acquire clinical competence through direct application training, including well organized and monitored science-based practicum and internship experiences.”

And that:

“Clinical science training in application should be characterized by:

- (a) A clear scientific evidence base for the assessments and interventions taught;
- (b) An integrated focus on consistent evidence-based principles and processes across both research and applied activities; and
- (c) A meaningful assessment of skill acquisition in specific research-supported procedures for specific problems.”

See the [Training for Clinical Practice](#) page of the PCSAS website for additional information.

## **7. I have heard that PCSAS only considers research in accrediting programs. Is that true?**

No. PCSAS goes to great lengths to review a program’s applied clinical training (e.g., in treatment and assessment). Yes, all PCSAS programs include high-quality research, but research is never the sole focus of the programs that are accredited by PCSAS. In fact, evaluating a program’s clinical training takes up the most time and effort for each PCSAS site visit team and in every Review Committee discussion.

Further, PCSAS site visitors look at how each program ensures that *all* graduates are clinically competent. We would not accredit a program that couldn’t demonstrate this to our satisfaction. That is, a program must convince us that *all* students show mastery of Empirically-Based Assessments and Empirically Based Treatments. This is one reason why we look carefully at both clinical training experiences that typically are offered within the program (e.g., early assessment and therapy training) and supervisor evaluations for advanced practica experiences that often are offered outside the program, and by seasoned clinicians in real-world settings.

More generally, PCSAS accredits programs that educate and train students in clinical science in the broadest sense of that term. This means preparing PCSAS

students to work in treatment settings, an outcome that is widely recognized. As just one example, the U.S. Public Health Service in the Office of the Surgeon General created regulations to allow PCSAS graduates to be hired under either a Health Services (for treatment) or Science (for research) category.

Want more proof of both the practice and research capabilities of those trained in PCSAS programs? In a comprehensive analysis of over ten years of PCSAS graduates, 73% reported engaging in clinical service delivery in their current positions (more evidence for the clinical competency of PCSAS graduates) and, 5-10 years post Ph.D., 33% reported being investigators on federal research grants. Many are involved in both.

### **8. One hallmark of PCSAS is program flexibility, but does this mean PCSAS lacks a core curriculum?**

No. PCSAS requires the curriculum of each accredited program to have a full spectrum of courses and requirements to deliver the core knowledge necessary to excel in the field of clinical psychology. But PCSAS does not require each school to meet this requirement with the same exact list of courses.

Every PCSAS accredited program mandates knowledge in psychopathology, assessment, diagnosis, intervention and treatment, supervision, and statistics. Every program concentrates on ethics, research methods, data analysis, and on issues of individual differences and diversity. Every program also mandates applied experiences - supervised clinical experiences both within their programs and via external practica; and one-year clinical internships post coursework.

Our bottom line is that our students must know the core of our field. The PCSAS Review Committee would not approve a program if they did not nor would a state licensing board admit such a PCSAS graduate to practice. (We are proud that 98% of PCSAS graduates pass their state licensing exams.) This knowledge is mandated because it is the foundation that makes for a clinical psychologist. A PCSAS graduate cannot function as a clinical psychologist without knowing it. That core is built into all our programs.

At the same time, PCSAS emphasizes program flexibility to take advantage of the specific expertise and resources in an individual clinical training program. There are multiple ways to get to a common endpoint of mastery in clinical psychological science. But it also is true that within this expert pool of faculty and unique clinical experiences, students must gain core knowledge.

**9. If programs are accredited by both APA and PCSAS, might they one day choose to be accredited by only one of these organizations?**

This will be up to programs. Some may hold dual accreditation; others may maintain only PCSAS accreditation. Both are appropriate outcomes for PCSAS.

To date, [eighteen PCSAS programs have declared intentions they may be solely PCSAS-accredited in the future](#) - University of California-Berkeley, UCLA, University of Illinois, Stony Brook University, University of Delaware, Indiana University, University at Buffalo, University of Wisconsin, University of South Florida, Washington University at St. Louis, University of Arizona, University of Pennsylvania, Emory University, the University of Washington, and Yale University. University of California-Berkeley, Stony Brook University, Wash U at St. Louis, and University of Arizona have already begun admitting students that will be solely PCSAS-accredited. Finally, one of two PCSAS accredited programs at Ohio State University has never been APA-accredited.

**10. If programs drop APA accreditation and remain accredited solely by PCSAS, will these programs stop training students in applications?**

No. Treatment and the clinical assessment of mental disorders are fundamental to PCSAS accreditation. First, most of a PCSAS site visit is devoted to evaluating applied education and clinical training. Second, if a program did not seek APA renewal but wanted to keep its PCSAS accreditation, we would approve that program only if it still maintained excellence in applied clinical science education and training. (See [Training for Clinical Practice](#).) Third, PCSAS's own recognition by the Council of Higher Education Accreditation (CHEA) is dependent on PCSAS programs providing quality clinical training. CHEA recognition of PCSAS would be forfeited if clinical training did not occur. Finally, in a comprehensive analysis of over ten years of PCSAS graduates, 73% report engaging in clinical service delivery in their current positions. Our graduates practice! They need and would demand clinical training for their future employment. Students wouldn't apply to PCSAS programs if we did not deliver on our promise to train them to provide effective treatments to those suffering with mental disorders.

**11. I have heard that PCSAS is not recognized by the Department of Education (DOE). Is that a problem?**

No. DOE recognition of an accrediting body mainly is for Title IV of The Higher Education Act for student federal financial aid -- for loans, grants, and work-study. PCSAS students have access to this aid already because the universities that house PCSAS programs are DOE-recognized. That is, PCSAS universities are federally recognized.

We were advised by the Department that because our universities already are DOE-recognized, we may not be eligible for additional DOE recognition under the

newer DOE principle of PCSAS having no “unique federal purpose.” This from the Department of Education’s accreditation website:

“An accreditor seeking recognition from the Secretary of Education must... have a link to a federal program (e.g., federal student aid).” And “Some criteria for recognition, such as the criterion requiring a link to Federal [aid] programs have no bearing on the quality of an accreditor; however, they do have the effect of making some accreditors ineligible for [DOE] recognition for reasons other than quality.”

Further, a trend for all accrediting bodies either is not to seek DOE recognition in the first place or to discontinue DOE recognition. The trend includes: Behavioral Analysis; School Psychology; Marriage and Family Therapy; Social Work; Counseling and Related Education Programs; Psychology and Counselors; Masters Programs; Physician Assistants; Medical Physics; Audiology; Respiratory Care; Health Informatics; Nuclear Medicine; Healthcare Management; Forensic Science; and Educator and Teacher Preparation.

All these professions and PCSAS are recognized by the Council for Higher Education Accreditation (CHEA), which has as its sole purpose “to assure and improve the academic quality of programs” through accreditation. None are DOE recognized. Some have dropped DOE recognition; not one has dropped CHEA.

Teacher Education provides a striking example. Two DOE-recognized accreditation systems merged to form the Council for the Accreditation of Education Preparation (CAEP), with over 800 programs. But CAEP, the largest and most influential education group of its type, elected not to be DOE-recognized. We repeat. *The largest education group of its type chose not to be recognized by the U.S. Department of Education! Why?* Its programs already are housed in DOE-recognized universities, just like PCSAS programs. Of course, CAEP is CHEA-recognized. In its role, CHEA provides a “seal of approval” in meeting standards that are indicators of quality, including to the federal government.

The trend is not limited to health and education programs. The largest accreditor of Engineering and Computing Sciences, with over 3,700 programs, also dropped DOE recognition while maintaining CHEA recognition.

But make no mistake, PCSAS is federally recognized -- by the U.S. Public Health Service, various grant awarding programs at the U.S. Department of Health and Human Services, and by the Department of Veterans Affairs (VA), by far the largest provider of mental and behavioral health services in the world. These recognitions are substantially more focused on the quality of health and mental health training than would be had from DOE. In recognizing PCSAS, the VA said they hold CHEA as the “gold standard” for determining quality. In fact, it is our

recognition by the VA that makes PCSAS students fully eligible for year-long internships organized by the Association of Psychology Internships and Postdoctoral Centers (APPIC). (See 12, below)

## **12. What about internships and licensing for PCSAS students?**

The pipeline from enrollment in a doctoral program to licensure as an independent professional involves several key steps.

1. All graduates from PCSAS-accredited programs complete a clinical internship. A match system for internships is organized by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC). APPIC policy had been that only students from programs accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) were eligible for the APPIC Match. However, APPIC's policy changed and now states that students from PCSAS accredited programs are fully eligible to participate. This from [APPIC's Revised Policy](#) webpage: "As of May 2018, the eligible accrediting organizations are American Psychological Association's Commission on Accreditation (APA), the Canadian Psychological Association (CPA), and the Psychological Clinical Science Accreditation System (PCSAS)."
2. APA requires that APA-accredited internships accept students from APA- or CPA-accredited doctoral programs. There is a provision for interns who come from non-APA/CPA programs that "the program must discuss how the intern is appropriate for the internship program."
3. In many states, the requirements for licensure include taking the licensing exam that is administered by the Association of State and Provincial Psychology Boards (ASPBB). ASPBB is currently advocating for a revised version of this exam. PCSAS is closely monitoring this process and will be advocating for full eligibility for students from PCSAS-only programs to take this exam, which now appears to be the case. (And see the second paragraph of 13, below, for how PCSAS graduates fare when taking the current ASPPB exam.)
4. Eight states to date, either through recently passed legislation, newly revised regulations, or interpretations of existing regulations as communicated to us, currently allow for PCSAS graduates to be licensed. They are: Arizona, California, New York, Illinois, Delaware, Missouri, Michigan, and New Mexico. They represent over 30 percent of the U.S. population. Other states are in the process of changing laws/regulations. The Minnesota and the Pennsylvania licensing boards voted to recognize PCSAS, which starts the regulatory change process in both states. We



expect a steady flow over the next several years. Additional states have no need to change anything since they do not link accreditation to licensing. So PCSAS graduates already can be licensed in many states.

### **13. One important final note.**

PCSAS has not nor will we ever ask for special privileges for PCSAS graduates. We only ask that our students be allowed to compete on a level playing field in psychology. If PCSAS students don't measure up, so be it. They won't have earned the right to a license or to practice.

But the truth is our graduates do measure up. According to the [Association of State and Provincial Psychology Boards \(ASPPB\)](#), 98% of PCSAS graduates pass the national licensing exam wherever it is given. The comparable figure for the entire population of students who are either accredited by the American Psychological Association or the Canadian Psychological Association; or designated by ASPPB is 81%. Similarly, PCSAS graduates do better on every subtest of the national exam.

Also, according to the [most recent 8-year data on internship placements](#), PCSAS students have an internship "match" rate of well over 90% - up to 98% depending on definitional terms – compared to under 80% for non-PCSAS students.

We believe PCSAS graduates will make an important contribution toward fulfilling our promise to provide the public with an increased supply of clinical scientists who have received advanced clinical and research education and training with the ultimate goal of reducing the nation's burden of mental illness by providing services that are safe, that work and that are cost-effective.



**Psychological Clinical Science Accreditation System**  
**Purpose, Organization, Policies, and Procedures**

**POPP Manual**

**March 2022**

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**Updated Periodically as Needed**  
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# **Psychological Clinical Science Accreditation System**

## **Purpose, Organization, Policies, and Procedures**

**POPP Manual – May 2021**

### **I. Purpose**

#### **A. Overview**

The Psychological Clinical Science Accreditation System, Inc. (PCSAS) is an independent, non-profit, non-governmental body established to provide rigorous, objective, and empirically-based accreditation of Ph.D. programs in psychological clinical science. PCSAS's ultimate purpose is to serve the public by using accreditation to promote high-quality science-centered education and training in clinical psychology, to increase the quality and quantity of clinical scientists contributing to the advancement of all aspects of public health, and to extend the scientific knowledge base for mental health care.

Psychological clinical science is an applied science dedicated to generating new knowledge regarding the nature of psychological problems, and translating that and current knowledge into applications that improve the human condition. PCSAS's focus on promoting training that integrates research and application is predicated on the assumption that public health will be served best by clinical psychologists who are trained as scientists - in the broad sense of that term, who use their knowledge and skills to advance basic knowledge as well as to develop, evaluate, disseminate, and deliver the most effective and cost-efficient interventions, assessments, and prevention strategies.

PCSAS accreditation is awarded in only one domain: to doctoral training programs that grant Ph.D. degrees in psychology with a core focus on the specialty of psychological clinical science. PCSAS accreditation is limited to programs housed in departments of psychology (or their equivalent) within accredited, non-profit, research-intensive universities legally authorized to operate in the U.S. and Canada. PCSAS accreditation is not intended for programs with a chief mission of training psychologists for specialized careers in applied clinical work, as important as those programs might be. To be accredited by PCSAS, a doctoral program must demonstrate that it provides students with high-quality, science-centered education and training in both application and research, and that it has established a clear record of producing graduates who have demonstrated that they are competent (a) to conduct research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) to use science-based methods and evidence to design, develop, select, evaluate, deliver, supervise, and disseminate empirically-based assessments, interventions, and prevention strategies. The program's commitment to integrative training in research and application must be evident and coherent in its curriculum and operation, apparent in the accomplishments of its faculty and graduates, and explicit in its documents, public disclosures, and website.

This is not to say in any way that PCSAS graduates will be limited to research. Just the opposite. A commitment to a psychological clinical science model means that PCSAS-accredited programs will prepare their graduates to assume independent responsibility for the delivery of mental and behavioral health care of the highest quality—whether the graduates themselves are delivering the care or they are overseeing its delivery by others. The structure of tomorrow's health care system—who delivers which services to whom—should be based on the best scientific evidence available. Clinical psychologists trained in PCSAS-accredited programs will be well-qualified to play leading roles in designing, building, overseeing, evaluating, disseminating and delivering the science-driven health-care system of tomorrow.

PCSAS accreditation is voluntary. Its positive influence stems from the trust and authority accorded to it by applicants, and from the value of the information it provides to the public. Because PCSAS awards its distinctive imprimatur only to high-quality, science-centered clinical programs that arm their graduates with the essential skills and knowledge to be productive and competent psychological scientists, the PCSAS “brand” provides prospective students, health-care consumers, policy makers, and the public at large with the information they need to discriminate among the diverse and often confusing array of clinical psychology and other mental health programs, graduates, and services. If a clinical program lacks PCSAS accreditation, this certainly does not mean that it offers low-quality training. Many excellent programs that concentrate on training health service providers will not be eligible for PCSAS accreditation and many others may not apply for PCSAS accreditation. However, the public can rest assured that every PCSAS-accredited program has been evaluated thoroughly and has a proven record of providing high-quality, science-centered doctoral training in clinical psychology.

Two hallmarks of the PCSAS system are: (a) an emphasis on proximal and distal outcome evidence to evaluate a program's quality and success; and (b) flexibility in evaluating how programs structure their training to produce psychological scientists who effectively integrate research and application, a core PCSAS training objective. The flexibility hallmark reflects that different programs may employ different pedagogical strategies and methods to achieve similar positive results. However, just as other review panels typically find when evaluating diverse proposals, PCSAS expects successful accreditation applicants to have key characteristics in common—namely, clearly articulated goals, coherent plans for achieving the goals, and records of achievement that augur well for continued success. The burden of proof regarding the success of a program's pedagogical approach rests with the program.

## **B. PCSAS Mission Statement**

The PCSAS mission is to advance public health by using the leverage of accreditation to promote science-centered education and training in clinical psychology. This means PCSAS accredits only doctoral programs that graduate psychological clinical scientists who generate new knowledge relating to mental and behavioral health problems, and who actively use this and current knowledge to ensure the best mental and behavioral health services to advance public health. PCSAS's mission is supported by five inter-related sub-goals:

1. To advance the field of scientific clinical psychology by promoting the highest standards of education and training in psychological clinical science. Although PCSAS accreditation is limited to Ph.D. programs, it is expected to have a ripple effect, fostering science-centered education in clinical psychology and other mental health disciplines across the spectrum of educational institutions, levels, and programs.
2. To increase the number of well-trained psychological clinical scientists who actively contribute to (a) the advancement of knowledge and methods related to the origins, nature, diagnosis, amelioration, and prevention of mental and behavioral health problems; and (b) the delivery of the most effective and appropriate assessments and interventions for such problems.
3. To produce a new cadre of integrative and trans-disciplinary psychological clinical scientists who, in their research and application, employ scientific methods and theories from across a broad range of scientific perspectives and disciplines to help advance our knowledge about important public health problems; and to develop, deliver, and evaluate cost-effective solutions for such problems.
4. To promote education and training aimed at enhancing the quality, availability, and reliability of up-to-date, empirically supported, cost-effective, efficient, and safe services in mental and behavioral health care.
5. To contribute to the dissemination of knowledge and cost-effective services that will help reduce the incidence of mental and behavioral health problems; promote adaptive functioning; improve the quality, availability, safety, and impact of mental and behavioral health-care delivery; and improve the public's general health and well-being.

### **C. PCSAS Functions**

The primary functions and activities of PCSAS are these:

1. To formulate and implement accreditation policies, procedures, and criteria in support of PCSAS's stated accreditation mission and goals, and to adapt and refine these activities through a process of continuous quality improvement.
2. To review and evaluate the performance records and overall quality of the education and training provided by the doctoral programs in psychological clinical science that apply for initial or renewed PCSAS accreditation.
3. To coordinate site visits to applicant doctoral programs as an integral part of the review and evaluation process.
4. To appoint leading psychological clinical scientists and science educators to the PCSAS Board and Review Committee, and to take responsibility for the accreditation decisions

rendered by the Review Committee, based on the collective expert judgments of its members.

5. To provide applicant programs and the public with timely and informative summaries of the Review Committee's evaluations and accreditation decisions.
6. To obtain and maintain annual reports from PCSAS-accredited programs; analyze and evaluate the data in these reports; and provide programs and the public with useful summaries of the information gleaned from these reports.
7. To engage in self-study and self-evaluation of PCSAS operations for the purpose of enhancing the performance and assuring the quality of PCSAS accreditation, and to provide the public with summaries of these self-studies.
8. To sponsor science-centered educational activities, such as conferences, workshops, publications, continuing education programs, or research, for the purpose of improving the quality and impact of educational activities, methods, and services in scientific clinical psychology.
9. To maintain active communications with relevant stakeholders regarding PCSAS accreditation and shared interests in scientific, educational, and public health issues.
10. To build and maintain a sound fiscal foundation and business plan that will help to ensure PCSAS's viability and performance over time.

#### **D. Guiding Principles**

Four principles serve as the cornerstones for the PCSAS organization:

Transparency: For PCSAS accreditation to achieve its mission, the public must have timely access to the organization's purposes, operations, policies, and procedures, as well as its criteria, evaluations, and actions. Thus, PCSAS is committed to operating with maximum transparency and openness, even as it balances this commitment with the need to protect the privacy rights of individuals and institutions and to ensure the confidentiality that is essential to safeguarding the integrity of the accreditation review process itself.

Clarity: PCSAS is committed to the principle of clear and efficient communications. Thus, PCSAS pledges to represent itself as clearly and fully as possible. PCSAS's most public voice is its website ([pcsas.org](https://pcsas.org)), which provides an accessible overview of the organization's purposes, operations, policies, and procedures, as well as its achievements. The website is updated regularly and provides links to relevant supplementary information. The official spokespersons for PCSAS—the Executive Director (ED) and the President of the PCSAS Board of Directors—strive to respond promptly and fully to inquiries and requests for information. This manual offers the most comprehensive and detailed summary of PCSAS.

Integrity: PCSAS is committed to the principle of integrity. Thus, PCSAS pledges to represent itself accurately to the public, to fulfill its promises, to behave ethically, and to be held accountable for its actions and results.

Responsibility: PCSAS is committed to the principle that PCSAS, as an accreditation agency, is a public trust. PCSAS pledges to promote the highest standards of doctoral education, to base its actions and decisions on the best empirical evidence available, and to serve the public's interests above all others.

## **II. Corporate Organization**

### **A. Legal**

1. PCSAS is represented by Mary Graham of Wilmington, DE.
2. PCSAS was incorporated in the State of Delaware on December 26, 2007.
3. PCSAS's Federal Employer Identification Number (EIN) is #26-3018654.
4. PCSAS's bylaws, drafted and filed in the incorporation process, were approved by the PCSAS Board of Directors at its inaugural meeting in January of 2008. The Board amended the bylaws in March of 2010, September 2011, and August 2018, and is empowered under the Certificate of Incorporation to amend further as it deems appropriate.
5. The IRS granted PCSAS tax-exempt status as a non-profit 501(c)(3) corporation on April 3, 2010, effective retroactively to December 26, 2007, making contributions to PCSAS from that date forward tax-deductible. The organization's public charity status is 170(b)(1)(A)(vi).
6. The organization's fiscal year ends June 30. PCSAS currently files annual reports in Delaware, where it is incorporated and where it also is recognized as a tax-exempt corporation. PCSAS also files as required with the IRS, with accounting and auditing support from Salti and Associates, LLC, Washington, DC.
7. PCSAS maintains Professional Liability Insurance coverage intended to protect the corporation and its directors, officers, employees, agents, and others related to the corporation against any expense, liability or loss.
8. From December 2007 to August 2010, PCSAS offices were at 1133 15<sup>th</sup> Street, NW Suite 1000, Washington, DC 20005 USA. In August 2010, the offices were moved to the Indiana University Psychology Building, Bloomington, IN 47405 USA. In August 2016, the offices were moved to 1800 Massachusetts Ave NW · Suite 402, Washington, DC 20036-1218 USA, in space provided by the Association for Psychological Science. In February



2022, the offices were moved to the Department of Psychological & Brain Sciences at Indiana University, Bloomington, IN 47405 USA.

## **B. Structure & Personnel**

1. Academy: PCSAS was founded by the Academy of Psychological Clinical Science (the “Academy”), an organization of science-centered doctoral training programs and internship programs in clinical psychology. PCSAS bylaws stipulate that the Academy’s Executive Committee, which is elected by the Academy’s member programs, is responsible for appointing the members of the PCSAS Board of Directors. To ensure the independence of PCSAS and to safeguard the objectivity and integrity of PCSAS accreditation, the bylaws provide that: no current Academy Executive Committee member may serve on the PCSAS Board of Directors; the Academy has no direct control over PCSAS’s operations, policies, procedures, or accreditation decisions, with such powers and the overall authority to direct and manage the business and affairs of PCSAS vested in the Board of Directors, including the authority to appoint its own officers, appoint members of the Review Committee and retain professional staff; and the Board of Directors is expressly empowered to adopt, amend or repeal the bylaws.

2. Board: PCSAS is governed by a nine-member Board of Directors (the “Board”). Board members serve staggered, three-year, renewable terms. Board members serve without compensation, although their Board-related expenses may be reimbursed. Five Board seats are filled by psychological clinical scientists affiliated with Academy doctoral programs. The remaining seats are filled by one representative from each of four other stakeholder groups: (a) a current or recent clinical science doctoral student from an Academy program; (b) a non-clinical psychological scientist from a department with an Academy program; (c) a current or former chair of a Psychology Department with an Academy program; and (d) a public member with credentials in a field other than psychology. No more than one Board member affiliated with a given university or institution may serve on the Board at any one time. A Board member may be terminated prematurely only for “due cause,” as defined in the bylaws, and only by the procedures specified in the bylaws. The Board is self-organizing, electing a President from among its members, and filling other positions as the Board sees fit (e.g., recording secretary; finance committee). Except when appointed to fill a vacancy, a new Board member’s term begins following the Board’s annual May meeting. The Board members as of March 2022, their seats, affiliations, and terms, are as follows (see <http://www.pcsas.org/personnel/> for any updates):

### Clinical Scientists:

Joanne Davila (Sec.), Stony Brook University (2021-2024)  
Michelle G. Craske, University of California-Los Angeles (2019-2022)  
Sherryl H. Goodman, Emory University (2019-2022)  
Robert W. Levenson (Pres.), University of California-Berkeley (2020-2023)  
Robert F. Simons, University of Delaware (2021-2024)

Clinical Science Current or Recent Graduate Student:

Tiffany Jenzer, University at Buffalo (2021-2024)

Non-Clinical Psychological Scientist:

Roberta Klatzky, Carnegie Mellon University (2020-2023)

Current or Former Psychology Department Chair:

William Hetrick, Indiana University (2020-2023)

Non-Psychologist Public Member:

Sarah Brookhart (2019-2022)

3. Review Committee: Applications for PCSAS accreditation are evaluated by the nine-member Review Committee (RC)—a standing committee defined in the PCSAS bylaws. RC members are appointed by the PCSAS Board to serve staggered, three-year, renewable terms. Board members are eligible to serve on the RC. RC members serve without compensation, although their committee-related expenses may be reimbursed. Except when appointed to fill a vacancy, a new RC member's term begins February 1<sup>st</sup>, which allows participation in the review process leading up to the May RC meeting. RC members are selected based on their scientific qualifications; areas of expertise; and educational, professional, and administrative credentials. In keeping with the policies of PCSAS and the Council for Higher Education Accreditation (CHEA) regarding equal opportunities to serve on governing bodies, RC members are selected without regard to their race, gender, ethnicity, sexual orientation, affiliations, or other factors not directly relevant to their qualifications for this service. RC members are selected to represent the cutting edge in psychological clinical science, with the collective breadth and expertise to evaluate the quality of applicants' doctoral programs. An RC member may be terminated prematurely only for "due cause," as defined in the bylaws, and by the procedures specified in the bylaws. The RC is self-organizing, electing a Chair from among its members, and filling other positions as the committee sees fit. With Board approval, the RC may be assisted by *ad hoc* reviewers, who may attend the review sessions and contribute to discussions as advisory, non-voting participants. Current RC members and their terms are as follows:

Robert F. Simons (Chair), University of Delaware (2020-23)

DeMond Grant, Oklahoma State University (2021-24)

Andreana Haley, University of Texas at Austin (2021-24)

Jill M. Hooley, Harvard University (2018-2022)

Daniel N. Klein, Stony Brook University (2019-22)

Jason Moser, Michigan State University (2020-23)

Thomas Rodebaugh, Washington University in St. Louis (2022-25)

José Soto, Pennsylvania State University (2021-24)

Teresa A. Treat, University of Iowa (2021-24)

Elizabeth Yeater, University of New Mexico (2022-25)

Current *ad hoc* reviewers are: Dianne Chambless, University of Pennsylvania; Gregory Miller, University of California, Los Angeles.

4. Executive Director: The on-going business affairs and accrediting operations of PCSAS are managed by an Executive Director (ED). The ED serves at the Board's pleasure

and under its direction. The ED and Board President are the official spokespersons for PCSAS. The ED is custodian of the corporation's finances, records, and other corporate business. The ED deals with government officials as necessary to maintain the corporation's non-profit status; manages PCSAS's relationships with "recognition" agencies (e.g., CHEA, U.S. Department of Veterans' Affairs, U.S. Department of Defense, Licensing Boards); oversees the website; coordinates Board meetings (in consultation with the Board President); attends Board meetings as an ex-officio member; serves as staff to the Review Committee; organizes all committee activities (in consultation with the Review Committee Chair); attends committee meetings as a non-voting participant; and manages the corporation's correspondence with applicants, organizations, governmental agencies, and the public. PCSAS bylaws state that the Board should attempt to select an ED "with a Ph.D. in psychological clinical science (e.g., clinical psychology), experience in training doctoral students in clinical psychology for research careers, a record of scientific contributions, and a commitment to advancing the cause of psychological clinical science." The current Executive Director is Joseph Steinmetz, former Chancellor of the University of Arkansas.

5. The ED may employ administrative support, interns, additional staff, etc. as is needed and approved by the Board.

6. As noted previously, the primary attorney to PCSAS is Mary B. Graham of Wilmington, DE.

7. The PCSAS Board has sought the support and council of distinguished clinical scientists on a variety of important matters, ranging from funding, to organizational issues, to educational and scientific issues. To formalize this advisory role, the Board created the Advisory Council. The following distinguished scientists have agreed to serve on the Council without compensation for open-ended terms.

David Barlow, Boston University  
Aaron Beck, University of Pennsylvania  
Edna Foa, University of Pennsylvania  
Peter Lang, University of Florida  
Peter Salovey, Yale University  
Claude Steele, Stanford University

### **C. Finances**

1. Expenses: The audited PCSAS operating budget for the July 2020 through June 2021 fiscal year was \$222,023. Major expense categories included: (a) Personnel & Professional Services (e.g., Accounting, Legal): \$199,850; (b) Corporate Indemnity Insurance: \$10,245; (c) Office Expenses: \$5,919.

2. Income: PCSAS is intended to be self-supporting. Its ability to do this depends in part on the number of applicants and accredited programs that pay annual revenues used to cover operations. However, since its creation, PCSAS also has been successful in raising

revenues from additional resources. The audited PCSAS income for the July 2020 through June 2021 fiscal year was \$325,226. All sources of revenue currently include:

(a) *Applicant Fees and Annual Fees from Accredited Programs.* After being recognized by the Council for Higher Education Accreditation (CHEA) in September, 2012, PCSAS's non-refundable application fee for PCSAS accreditation was set at \$10,000. Potential applicants must submit a Letter of Intent to establish that they satisfy PCSAS's eligibility criteria; applications are accepted only from programs deemed eligible to apply. The Application Fee of \$10,000 is due with the program's full application. Annual fees are \$2,500 for accredited programs that are not members of the Founders' Circle. Founders' Circle members pay no dues for their first five years, if accredited. Audited PCSAS Applicant and Annual fees for the July 2020 through June 2021 fiscal year was \$151,250.

(b) *Founders' Circle Fund: For Universities.* Universities and other institutions sympathetic to the PCSAS mission are urged to underwrite PCSAS by contributing to the Founders' Circle Fund. To join the Founders' Circle, universities pledge to contribute \$15,000 per year for five years. Other Founder's Circle organizations pledge differing amounts. To date, 17 pioneering universities and three organizations have joined the Founders' Circle and several have renewed their membership after five years (see [www.pcsas.com](http://www.pcsas.com) for updates on memberships):

Duke University  
Harvard University  
Indiana University  
Northwestern University  
Purdue University  
Stony Brook University  
The Ohio State University  
University of Arizona  
University of California, Los Angeles  
University of Delaware  
University of Illinois—U/C  
University of Kentucky  
University of Missouri  
University of Pennsylvania  
University of Southern California  
University of Wisconsin  
Washington University in St. Louis

Academy of Psychological Clinical Science  
Association for Psychological Science  
Society for Research in Psychopathology

Audited PCSAS Founders' Circle contributions for the July 2020 through June 2021 fiscal year were \$173,000.

Founders' Circle contributions have no influence on the PCSAS Review Committee's evaluations of applications; all applicant programs are held to the same high standards. However, if Founders' Circle members wish, they may move to the head of the review queue when applying for accreditation. When they apply, all of their application fees are waived. If accredited, they pay no dues for their first five years. They also are recognized publicly for their pioneering support. Above all, they may take pride in knowing that they helped advance public health through their support of science-centered doctoral education in clinical psychology.

(c) *Patrons' Fund: For Private Individuals and Estates.* Individuals who support PCSAS's mission may donate to the Patrons' Fund, contributing whatever their circumstances permit. These donations are tax-deductible, within the limits of the current tax code. Donors may remain anonymous if they wish; otherwise, PCSAS gratefully acknowledges donors on its website. Donors may channel their contributions either toward underwriting PCSAS's annual expenses or toward building PCSAS's Endowment Fund. Audited contributions by individuals were \$8,000 for the July 2020 through June 2021 fiscal year.

(d) *Grant Funds:* PCSAS may also seek grant funds from Federal agencies, private foundations, and other sources of grant support as it grows.

### III. Operational Policies & Procedures

#### A. Board of Directors

1. Powers & Responsibilities. The Board is responsible for directing and overseeing the business affairs and accrediting functions of PCSAS, and may exercise all such powers and take all actions it deems necessary or appropriate to fulfill these responsibilities — except as proscribed by law or as might jeopardize the corporation's tax-exempt status. The Board has the authority to revise the corporation's aims, organization, principles, guidelines, policies, and procedures. This includes adopting, amending or repealing the corporate bylaws, which requires an affirmative vote of at least six Board members. The Board will inform accredited programs, CHEA, interested organizations, and the public of such changes and their purposes.

2. Board Meetings. PCSAS bylaws require the Board to meet—in person, by phone, or by other electronic means—at least once each year. Remote participation constitutes “presence at the meeting.” Special meetings may be called, either by one-third of the members or by the President, at a specified place, date, and time. These also may be attended in person, by phone, or by electronic means. Each member of the Board must be given notice of the arrangements for regular and special meetings, including the business to be transacted, at least seven days in advance if given in writing, or at least five days in advance if transmitted by electronic means. The ED, in consultation with the President, coordinates plans for Board meetings. Board business is conducted in the order and

manner set by the Board President. The participation of six Board members is required to constitute a quorum for all purposes. In the absence of a quorum, the majority of those present may adjourn the meeting to another place, date, or time, without further notice. All matters are decided by the affirmative vote of at least five Board members in attendance. Board matters may be decided without a meeting, if all members of the Board consent in writing, and the written consent is filed with the minutes of the proceedings of the Board. Requirements for advance notice of a Board meeting may be waived if no member objects.

The Board has held an annual in-person or virtual meeting each May, plus other meetings as needed to conduct other business as necessary via e-mail exchanges or as teleconference or virtual meetings.

3. Accreditation Role. The Board holds the legal responsibility for the operation of the accreditation system, and for safeguarding the integrity of the accreditation process and its decisions. However, the Board neither reviews applications nor makes specific accreditation decisions. To insulate the accreditation process from outside influences and to protect the independence, objectivity, and validity of PCSAS's accreditation decisions, the Board delegates the authority for all reviews and case decisions to the independent Review Committee (RC) of selected experts in psychological clinical science research, application, and education. The Board appoints Review Committee members; establishes the policies, procedures, standards, and criteria governing the Review Committee's operation; and monitors the Review Committee's performance to ensure compliance with the Board's guidelines. However, the Board may not interfere with the RC's reviews of individual cases; nor may it overrule or alter the RC's accreditation decisions. The RC's decisions must be ratified by the Board; once ratified, however, they are not open to review by the Board or any other entity, except in the rare case of a factual or procedural error (see below), or a legitimate appeal by an applicant (see below).

Before the Review Committee's decisions become official, the RC must provide the Board with a written or oral report of its procedures and actions, including a brief summary of its evaluation and accreditation decision for each application. This report must be ratified by the Board. The Board's ratification is a formal declaration that the Board found the RC's review procedures and decisions to be in compliance with PCSAS's established policies, procedures, standards, and criteria. The Board's ratification decision applies to the entire RC report, and requires an affirmative vote by five Board members present. The ratification step serves two functions. First, it helps the Board exercise its quality control responsibility by highlighting aspects of the review process that might need improvement. Second, in the unlikely event the Board deems the Review Committee's actions to be in serious non-compliance, the Board may fail to ratify the report. The RC then would be required to correct the non-compliant parts of its review process—for *all* applications in the reported group, except where the fault pertained to particular site visits—and report again to the Board.

## **B. Review Committee**

1. Review Committee Meetings. The two functions of the Review Committee (RC)

are (a) to review and evaluate applications for accreditation and (b) to decide which applicant programs merit PCSAS accreditation. RC members normally meet twice each year in person to review applications and make accreditation decisions—usually in late May and in late November/early December. This past year the RC met virtually. The Executive Director, in consultation with RC members, schedules meetings and coordinates all arrangements. If RC members are unable to attend an in-person meeting, they may participate by telephone or virtually. Each year, the RC also reviews required annual reports from accredited programs. At every meeting, RC members discuss their experiences with the review system and consider making quality improvements.

RC members must do a significant amount of homework to prepare for meetings. They read the application materials from each program under review; write and submit draft reviews of the programs for which they are assigned as Primary or Secondary Reviewer; read other RC members' draft reviews of the applications; and, if appointed to a Site Visit team, conduct the visit and co-author the team's report. Essentially, RC members do the heavy lifting in the PCSAS accreditation system. If the RC's workload requires, *ad hoc* reviewers approved by the Board may be enlisted to help with reviews or site visits. *Ad hoc* reviewers are expected to participate in the discussion of any program they reviewed, but they do not have a vote.

Site visits are a critical and required part of all accreditation reviews. Each site visit is conducted by a two-person team appointed by the Review Committee Chair, in consultation with the Executive Director. All current RC members have the experience and training to qualify as PCSAS site visitors. New RC members and *ad hoc* site visitors will receive training, if necessary, by studying sample reviews and/or by serving as the secondary member of a site visit team, paired with a veteran team leader. The special role and focus of PCSAS site visits is summarized in the "preface" of PCSAS site visit reports. (See Appendix A.)

The Review Committee has sole responsibility for all PCSAS accreditation reviews and decisions, so protecting the integrity of the review process is essential. To isolate the RC reviews and decisions from outside influences that might undermine their objectivity and independence, RC meetings are not open to the public, and the proceedings are not recorded. Votes on all accreditation decisions are by secret ballot. The identities of the Primary and Secondary reviewers for each program are confidential to the program. All participants are required to keep the proceedings and votes of RC meetings confidential. Upon appointment to the RC, each new member must read and sign the PCSAS *Conflict of Interest Policy* (see Appendix B). Prior to each RC meeting, RC members also must sign two other forms: (a) the *RC Confidentiality & Communications Policies* (see Appendix C), in which they pledge to maintain the confidentiality of the proceedings; and (b) the *RC Conflict of Interest Policy* (see Appendix D), on which they must inform the RC Chair of any potential conflicts of interest they may have in relation to each of the specific programs under review. Some cases are clear-cut, such as when a committee member is on the faculty of an applicant program; in such a case, the person must be absent during the review of that program. Individuals may recuse themselves for any other reason if they feel it appropriate. The RC Chair may decide whether a potential conflict warrants action. If the

Chair is uncertain, the issue will be decided by a simple majority vote of the unaffected RC participants via a secret ballot. The committee has two options: (a) the individual may be required to recuse herself/himself and, if appropriate, to be absent during the review of the affected application; (b) the individual may be judged to have no significant conflict, and be allowed to participate fully in the committee's review and decision.

The ED, in consultation with the Chair, coordinates plans for the RC meetings. RC reviews are conducted in the order and manner set by the Committee's Chair. The review process is similar to that of a grant review panel at NIH or NSF. Applications are considered one at a time, and are judged against absolute standards. The Primary Reviewer starts by summarizing a written report; next the Secondary Reviewer offers a briefer summary covering additional information or offering other perspectives; then the Site Visit team presents its report, emphasizing on-site information that might shed light on questions or concerns raised by the first two reviewers. Following the three reviews, the full committee discusses the case. Committee members vote on the application only after they feel satisfied that the program has been examined thoroughly and fairly.

2. Review Committee Decisions. All official RC decisions and actions require a quorum of at least six (6) members participating. A favorable accreditation decision requires the approval of at least five (5) RC members. Only those RC members present throughout the entire review of a given application are eligible to vote. Participants cast secret ballots, voting for one of two decision options: either "Accredit" or "Deny." If participants feel that they do not have sufficient information to decide a case with confidence in the validity of their decision, they have the "procedural option" of voting to Defer a final decision pending further information or discussion.

Accredit: The majority of the committee may vote in favor of accreditation. PCSAS confers only one level of accreditation status: *fully accredited*. Barring significant negative changes in a program, accreditation is for a period of ten years. However, the RC monitors accredited programs by requiring an *Annual Report* each fall (see Appendix E). If the information in the annual report raises questions about a program's stability or quality, the committee may ask for a more extensive interim report. Based on the new information, the committee may decide to (a) take no action, (b) require remedial steps, or (c) terminate the program's accreditation.

Deny: The majority of the committee may vote to deny accreditation. In that case, the program may "revise and resubmit" its application in a future review cycle without prejudice. The revised application will be treated as a new submission.

Defer: The majority of the committee may vote to defer final action on an application pending further clarification or receipt of additional information. The committee will explain in detail the basis for its deferral, the nature of the concerns, and the conditions—including a timetable—the applicant must meet. Once the program has satisfied these conditions, the committee will resume its review and decide to Accredit or Deny accreditation.



Reconsideration of Accreditation Decisions: There are three conditions under which an accreditation decision may be reconsidered. First, the Review Committee may initiate reconsideration. If at least three participating members of the Review Committee believe that a procedural or factual error may have materially affected the Committee's decision to deny or terminate a program's accreditation, these Committee members may initiate reconsideration by voting to require that the Committee re-review the affected cases and correct any such errors. Second, if the majority of the Board of Directors believes that significant procedural or factual errors may have materially affected the decisions and recommendations in the Review Committee's report to the Board, the Board may initiate reconsideration by voting against ratification of the Review Committee's report, and by instructing the Review Committee to reconsider its recommendations, correct specific errors, and return with a new report. Finally, if an applicant or accredited program believes that the Review Committee's decision to deny accreditation or to terminate accreditation was due to factual or procedural errors, it may appeal the decision on specific grounds, and by specific procedures, as outlined below in PCSAS's formal Appeal Policy.

3. Appeal Policy. Applicants denied accreditation or programs whose accreditation has been terminated may file an appeal of the decision within 20 days of receiving written notice of the decision. Grounds for an appeal are: (1) that PCSAS's denial or termination was arbitrary and capricious (i.e., its underlying findings, based on the evidence of record, have no reasonable basis); or (2) that PCSAS failed to follow its governing procedures in a way that may have materially affected the outcome. All appeals must be in writing, and must specify in detail the grounds for the appeal. The appeal must be submitted to the Executive Director, who will forward it to the Board of Directors for consideration and action.

The Board of Directors has the sole responsibility for deciding whether a program's written appeal deserves further consideration. The Board also is responsible for deciding the final outcome of all appeals. Any Board member who served on the Review Committee that made the initial recommendation for denial or removal of a program's accreditation may not vote on Board motions related to decisions and actions regarding the written appeal; however, any such non-voting Board members may participate in the Board's discussion of the appeal.

If a majority of the Board's voting members concludes that an appeal has potential merit, the Board will forward the appeal to the Review Committee for reconsideration and possible action. However, if a majority concludes that the appeal has no potential merit, the Board will not forward the appeal to the Review Committee for consideration and possible action, thereby ending the appeal process. The program will be notified of this decision in writing.

If the Board forwards an appeal to the Review Committee, the committee is charged with the responsibility of considering the written appeal, with re-reviewing the program's materials and correcting any errors in its original review process, and with reporting its

findings and recommendation to the Board. When the Review Committee reconsiders an appealed case, the key roles of Primary and Secondary Reviewers will be assigned to committee members who did not fill either of these roles in the program's appealed review.

The Review Committee will reconsider the program's appealed decision based solely on the original materials and record, with a specific focus on assessing whether PCSAS's denial or termination was arbitrary and capricious (i.e., its underlying findings, based on the evidence of record, have no reasonable basis); or whether PCSAS failed to follow its governing procedures in a way that may have materially affected the outcome. A new site visit is not required in the reconsideration process, unless the stated grounds for the appeal specifically include purported errors in the original site visit, and the committee finds support for the claim. The rules governing the Review Committee's reconsideration decisions are the same as apply to all normal reviews. The Review Committee's recommended action on the appeal, along with the basis for its recommendation, will be forwarded to the Board of Directors for ratification. The committee may recommend either that the original decision be upheld or that it be overturned, with the program being granted accreditation. The Board will notify the program in writing of its final decision. If the initial decision to deny or terminate accreditation is upheld, there is no further appeal.

In the case of a program appealing notification that its accreditation has been terminated, the program's accreditation status will be continued until the Board's final decision on the appeal has been rendered, and the program has been notified in writing. Because appeals procedures are intended to correct procedural errors, they carry no separate costs to these programs. (Revised Appeal Policy Adopted by the PCSAS Board of Directors, May 24, 2012.)

4. Feedback. Only the ED is empowered to communicate with applicant programs on behalf of PCSAS regarding the review process, evaluations, and outcomes. These communications must be presented in a manner that protects the confidentiality and integrity of the process. Following each RC meeting, the ED prepares a report that summarizes for each applicant program the RC's evaluations and decisions regarding its application. The RC Chair reviews and approves the accuracy of these summaries before they are sent to the programs. To promote continuous quality improvement, PCSAS invites feedback from all applicants regarding their experiences with the accreditation process.

5. Public Information. Accredited programs are expected to publicize their PCSAS accreditation on their websites. The PCSAS website publicizes the names of programs that have been deemed eligible to apply for accreditation and that have been accredited. PCSAS does not wish to stigmatize unsuccessful applicants; on the contrary, PCSAS hopes its positive focus on the outstanding achievements of the high-quality accredited programs will inspire all programs to strive for excellence. To this end, PCSAS vigorously promotes its accreditation mission, "brand," and activities through a variety of outreach and public relations efforts. (e.g., the [Publications and Links](#) page of the PCSAS website; presentations and workshops at various professional meetings.)

## C. Application Process

1. *Inquiry.* Programs interested in applying for PCSAS accreditation will contact the ED ([JSteinmetz@pcsas.org](mailto:JSteinmetz@pcsas.org)), who will send them an *Initiation* Packet, which explains the application process, the associated fees, and the requirements for programs to be deemed eligible to apply. The Initiation Packet includes instructions and a template for the *Letter of Intent* plus a legal *PCSAS Applicant Agreement*, which is a waiver of applicants' rights to sue PCSAS over its accreditation decisions. (See Appendix F for the *Initiation Packet* and accompanying *Template for Letter of Intent*. See Appendix G for the *Applicant Agreement*.)

2. *Initiation.* Interested programs must submit a three-page (maximum) Letter of Intent. In the Letter of Intent, programs must declare their intent to apply, must explain how the program satisfies PCSAS's eligibility requirements, and must agree that if deemed eligible for PCSAS accreditation, they will (a) conduct a detailed self-study prior to preparing their application and provide an accurate summary of our self-study results in their application materials; (b) provide the PCSAS Review Committee with all the information it requires; (c) arrange a site visit of their program; (d) pay the application fee (except Founders' Circle programs); and (e) accept and abide by the Review Committee's eventual accreditation decision.

3. *Eligibility Criteria.* To be eligible to apply for PCSAS accreditation, the program must be a doctoral training program that grants the Ph.D. degree in psychology with a core focus on the specialty of psychological clinical science. The program and its home institution must have the legal authority to confer Ph.D. degrees. The program must be housed in a department of psychology (or the equivalent) within an accredited, non-profit, research-intensive university legally authorized to operate in the U.S. or Canada. It must be able to document its record of successfully training graduates who pursue careers as psychological clinical scientists. Its application must have the signed endorsement of the program's home department and appropriate institutional administrative authorities. Programs are not required to be members of the Academy of Psychological Clinical Science as a condition of eligibility to apply for accreditation by PCSAS.

4. *Eligibility Decision.* Each Letter of Intent is read by two reviewers who independently judge whether the program meets PCSAS's eligibility requirements. If the reviewers disagree, the Letter is read by a third reviewer. Questionable cases may be evaluated by the full RC. When a decision is reached, the ED notifies the program of the decision and, if the program is deemed eligible, provides the program with a template for submission of the full application. (See Appendix H for the *Application Template*.)

5. *Submission.* After being deemed eligible, the program must prepare an application, pay an application fee, sign and return the PCSAS Applicant Agreement, and arrange a site visit prior to having their application reviewed. Applications are due February 1, for May review, and September 1, for November/December review. The Application Fee is \$10,000. Application materials are submitted electronically. Each eligible program is assigned a user name and password, allowing it access to a secure, reserved space in the "applicants' portal" of PCSAS's website. When the program is ready

to submit the application materials, it simply uploads them to the website as PDF files and toggles a button to indicate when the upload is complete. All applications should include the following: (a) a cover page signed by the relevant institutional officials; (b) a one-page abstract summarizing the program's aims and achievements; (c) faculty pages, listing all active program faculty members and providing CVs/bio-sheets for each; (d) a 20-page (maximum) narrative describing the program in detail; (e) and several appendices. The appendices should provide information for all admitted and current students, and for all program graduates over the past ten years. This information should include the up-to-date CVs/resumes of all graduates over the past ten years. The program faculty should write a brief narrative describing each graduate's career trajectory and clinical science contributions. The faculty also should evaluate each graduate's career outcome as a "clinical scientist," describe the criteria for these ratings, and explain the basis for their rating of each graduate. The information for each graduate should be sufficiently detailed to allow the RC to make independent evaluations of each graduate's achievements in clinical science and its application. One appendix should provide a table (without providing names) of every student who entered and/or graduated from the program over the past ten years, showing each individual's year of entry, undergraduate institution and GPA, and GRE scores. Finally, one appendix should list, describe, and provide the schedule and syllabi for all core and required courses.

6. *Site Visits.* After submitting its application materials and prior to the RC's meeting to review the application, the program must arrange an official site visit. The two-person Site Visit team is appointed by the RC Chair, in consultation with the ED; one visitor is designated as the team leader. Applicants have no choice regarding these appointed visitors, although applicants may inform PCSAS if they believe a visitor has a conflict of interest. The Chair and ED would evaluate any such concerns, rule on the question, and make changes if necessary. The team leader is responsible for working with the program's spokesperson to schedule the visit and make all necessary arrangements. Following the visit, in-person or virtual, and prior to the RC meeting, the team drafts its report and sends it (without its recommendation) to the program with an invitation to correct any factual errors.

7. *On-line Reviews.* RC reviewers have easy access to the application materials the programs have uploaded to the secure PCSAS website; they simply enter their user names and passwords. Reviewers also are able to upload their reviews to the secure website, where only the other RC reviewers and website administrators can access them. To promote independent reviews, reviewers for a given program should not access the other reviews for the same program until after they have uploaded their own reviews.

8. *Application Evaluations.* The RC makes qualitative evaluations of each program's application in seven general content categories: (1) conceptual foundations; (2) design, operations and resources; (3) quality of the science training; (4) quality of the application training; (5) curriculum and related program responsibilities, including ethics and diversity; (6) quality improvement; and (7) outcomes. (See Appendix I.) The RC gives the greatest weight to the program's record of successful outcomes—essentially asking, "To what extent do the activities and accomplishments of the program's faculty, students, and

graduates exemplify the kinds of outcomes one expects of programs that successfully educate high-quality, productive psychological clinical scientists?” ([Exemplars of each of the six content categories](#) are presented on the PCSAS website.)

PCSAS relies most heavily on explicit outcome criteria—i.e., the career records established by the program’s graduates—to evaluate the quality of education achieved by applicant programs. The *sine qua non* of PCSAS accreditation criteria is clear evidence that the majority of a program’s graduates over the past ten years have been successful in pursuing careers as *clinical scientists*. Each of the RC members independently examines, integrates, and evaluates the evidence across these seven areas and arrives at a qualitative judgment regarding whether the program deserves to be awarded the distinctive recognition of PCSAS accreditation. To be accredited, a program must satisfy the criteria in all seven areas. The decision to accredit a program requires an affirmative vote at least five RC members.

9. *Feedback*. The ED normally will inform applicant programs in writing of the RC’s decision within one month following the meeting with a detailed cover letter and copies of the committee’s reviews. Copies of the ED’s cover letter are sent, as well, to the program’s department chair and to designated university administrators. The names of newly accredited programs are posted on the PCSAS website once the programs have been notified. In each and every case, the basis for a positive decision is that the program has satisfied all of the accreditation criteria. A negative decision means that the program has failed to satisfy one or more of the accreditation criteria; the decision and its basis will be posted on the PCSAS website.

10. *Annual Report*. Accredited programs must submit annual reports each fall. The RC reviews these reports at its November/December meeting. (See Appendix E.)

11. *Renewal*. To maintain accreditation without interruption, accredited programs must apply for renewal no later than the regular deadline, either February 1 or September 1, before their ten-year anniversary of accreditation. Currently accredited programs in good standing automatically are deemed eligible to reapply. Under extenuating circumstances to be determined by the Review Committee Chair, a program’s accreditation may be temporarily extended. Such circumstances may include unforeseen scheduling issues, PCSAS accreditation reviews that overlap with another accrediting body, and additional unanticipated events that would interfere with the PCSAS review process.

12. *Archives*. After the RC completes its business for a given review cycle, all of the application files and RC reviews uploaded to the website for that review cycle are removed and placed in archival storage on the secure PCSAS server. Annual reports are similarly archived.

13. *Scope*. The processes, practices, standards, criteria and requirements described above or elsewhere in this Manual apply to all PCSAS applicants and accredited programs regardless of their home institution geographic location in the U.S. or Canada.

## **D. Policies on Accountability & Responsibilities, including Complaint Policy**

The ultimate purpose of PCSAS accreditation is to serve the public's interests and welfare. Thus, PCSAS regards its accreditation responsibility as a public trust. PCSAS uses the leverage of accreditation to promote science-centered education and training in clinical psychology, thereby increasing the quality and quantity of clinical scientists advancing scientific knowledge regarding mental and behavioral health problems and actively applying this knowledge to improving the public's access to the most cost-effective mental and behavioral health care. As a public trust, PCSAS and the Ph.D. programs it accredits must be held accountable for adhering to the highest standards of public responsibility and integrity.

Specifically, each PCSAS-accredited program is expected to fulfill these responsibilities:

(a) Inform the public of its accredited status, the standards and significance of PCSAS accreditation, and the intended public benefits; regularly provide the public with reliable and accurate information on its website regarding the performance, achievements and contributions of the program's students, graduates, and faculty; and provide data on the number of applicants and acceptances, entering class size, average years to degree, level of student support, graduation rates, internship placements, publications, and job placements.

(b) Inform the public that the PCSAS accreditation is specific to this program, and does not extend to other programs at the same institution not accredited by PCSAS.

(c) Maintain a clear and accurate public record of the institution's graduates who were students in the program and who met all of the program's requirements and standards.

(d) File the required annual report with PCSAS.

(e) Be accountable for maintaining the high quality of the accredited program, reporting any changes affecting the program's quality, and voluntarily relinquishing the program's accreditation status if its quality falls below PCSAS standards.

(f) Strive continuously for quality enhancement of the program, rather than resting on its laurels as a PCSAS-accredited program.

As an accrediting organization, PCSAS is expected to fulfill these responsibilities:

(a) Provide the public with clear and accurate information about the PCSAS accreditation system—its purpose, organization, policies, procedures, criteria, and actions.

(b) See that its accreditation standards and policies apply only to the institutions or programs seeking accreditation and do not extend to other offerings.

(c) Provide the public with clear, accurate, and consistent information about the academic quality and student achievements of PCSAS-accredited programs.

(d) See that PCSAS-accredited programs fulfill their responsibilities to the public.

(e) Include representatives of the public in the organization's decision making and policy setting.

(f) Respond in a substantive and timely manner to legitimate public questions, concerns, and complaints. (*PCSAS's explicit policy on this issue, adopted by the PCSAS Board*)

*of Directors, April 25, 2012, is presented immediately below in a separate section.)*

(g) Consult as appropriate with relevant entities to resolve concerns regarding possible conflicts between PCSAS accreditation standards and state or local laws governing the institutions or programs seeking PCSAS accreditation.

(h) Communicate and consult with the governmental and non-governmental entities responsible for accreditation and quality assurance in the U.S. and Canada.

(i) Strive continuously for quality enhancement of PCSAS, its operation, and results.

### **PCSAS Policy on Questions, Concerns, and Complaints:**

PCSAS will respond to questions, concerns, and complaints from the public as follows:

*Submissions.* Questions, concerns, and complaints should be submitted in writing, by e-mail or U.S. Mail, to the President of the PCSAS Board of Directors or PCSAS Executive Director (ED). The policy for handling such submissions and relevant contact information are provided in the *POPP Manual* and are cited on the PCSAS website.

#### *Initial Handling of Submissions.*

(a) *Initial Review and Response.* Upon receipt of a written question, concern, or complaint, the ED and Board President (or their designated surrogates) will determine how the matter raised should be addressed. In particular, they will determine whether the matter raised is properly within the purview of PCSAS and, if so, whether the matter can be addressed without additional investigation or action, or, if not, what additional investigation or action by PCSAS might be required. Submitters will be informed in writing of this initial response to their submission or the results thereof within 21 days of receipt of the submission, where practicable.

If the ED and President conclude that a submission is directed to a matter not within the purview of PCSAS, the submitter will be so informed. If they conclude that a matter is within the purview of PCSAS and if PCSAS is able to respond without further investigation or action, PCSAS will do so. For example, in most instances, questions about PCSAS's purpose, operation, policies, or procedures will be handled in this fashion.

Submissions that require further investigation or action by PCSAS will be directed by the ED and Board President to the Board of Directors, Review Committee, legal counsel, or other appropriate PCSAS resources.

(b) *The Scope of Complaints within PCSAS's Purview.* Without intending to limit the matters that PCSAS may address, PCSAS will deem written complaints as potentially within its purview if they fall into either of two categories: (a) complaints against PCSAS or its representatives for allegedly engaging in specific actions inconsistent with, or in violation of, PCSAS's official policies and procedures; or (b) complaints against a doctoral program accredited by PCSAS or a program seeking PCSAS accreditation for allegedly engaging in specific actions that violate PCSAS's accreditation standards.

Not all complaints against programs are within the purview of PCSAS. For example, PCSAS will not involve itself in complaints against individual members of accredited programs, or in disputes between individuals within programs, departments, or universities. PCSAS allows programs to handle such matters within their local grievance procedures. PCSAS also does not act as a mediator of disputes between individuals, between individuals and programs, or between organizations. Nor does PCSAS investigate or adjudicate charges of illegal behavior. Persons submitting complaints alleging unlawful conduct should contact appropriate law enforcement authorities.

(c) *Further Handling of Complaints within the Purview of PCSAS.*

(1) *Complaints against PCSAS.* Complaints against PCSAS or its representatives will be forwarded to the Board of Directors for consideration and possible action. The Board will be responsible for coordinating an appropriate fact finding investigation, evaluating the complaint, and deciding what corrective actions, if any, are required. If individual representatives of PCSAS are identified in a complaint, they will be notified in writing and given 30 days to respond in writing.

(2) *Procedures for Complaints against Programs.* Complaints against programs will be investigated, evaluated, and decided by the PCSAS Board of Directors. The Board's first step will be to notify the target program of the complaint in writing and ask for a written response within 30 days. The Board's subsequent actions will depend upon its evaluation of the program's response.

Some complaints may be handled simply. If the program acknowledges the problem and proposes a suitable and prompt remedial action, the Board may accept the program's proposal, monitor the program's actions, and notify the program in writing once the problem has been resolved. For example, if a complaint accuses an accredited program of providing inaccurate or misleading information on its website, the program's Director, upon being notified of this complaint, might acknowledge the problem, provide an explanation, and correct the website.

If a program disputes the complaint, the Board is empowered to engage in a full investigation and to take whatever remedial actions it deems appropriate to resolve the matter. For example, if a complaint accuses an accredited program of violating PCSAS standards, the Board may instruct the Review Committee to investigate the accusation, evaluate the program's compliance, reevaluate the program's accreditation status, and report its findings and recommended actions to the Board within a specified time frame. The Board's final decision may range from exonerating the program of all allegations to terminating the program's accreditation status.

If the PCSAS Board of Directors elects to terminate a program's accreditation status, that program has the right to appeal the decision, as outlined under PCSAS's Appeal Policy.



## **E. Fiscal Policies & Procedures**

1. The PCSAS Board has the ultimate responsibility for establishing and overseeing the organization's fiscal policies and procedures. The ED, in turn, is responsible for managing the organization's ongoing fiscal affairs, as directed by the Board.

2. The Board must approve the annual budget and any significant changes in it. The Board President, in consultation with the Board's finance committee, is responsible for providing budgetary oversight and for resolving budgetary issues.

3. PCSAS funds will be deposited in a checking account in an amount sufficient to cover pending obligations. The balance may be placed in one or more savings accounts, CDs, or money market accounts where it will draw a guaranteed rate of interest. PCSAS funds may not be invested in any other form of account without prior Board approval. Money may be deposited in multiple banks to avoid exceeding the limits on FDIC insurance. The ED, and Board President will have the designated authority for signature access to PCSAS's accounts for purposes of depositing or withdrawing funds.

4. The ED may give prior signature authorization for all financial transactions handled by support staff, including (but not limited to) the writing of reimbursement checks to Board and RC members for their reported travel expenses to PCSAS-related meetings or site visits, the payment of bills and invoices, and the purchase of services and equipment. However, the ED may not authorize expenditures in excess of \$1,000 for unbudgeted items without prior Board approval.

5. All financial transactions should be accompanied by invoices, requisitions, or similar documentation. In the rare instances where transactions lack such documentation, detailed written and signed explanations are required. All financial transactions, with their supporting documentation, will be entered in the corporate records in a timely manner.

6. The ED will provide the Board with regular financial and operational reports, as well as reports on corporate achievements, difficulties, or unsettled issues. Board members may request access to the corporation's financial records at any time.

7. An independent auditor will examine the corporation's financial records and fiscal procedures periodically. The auditor's report will be transmitted to the Board and made available upon request to the Academy, PCSAS contributors, and relevant parties.

## **IV. Self-Assessment & Quality Improvement**

PCSAS is committed to achieving continuous quality improvement through on-going self-assessments and system refinements. The assessments include regular data collection; outcome monitoring; solicitation of input and feedback; and periodic operational reviews by the Board, RC, and external agencies. Refinements arise from participants' experiences with the system and are fostered by a corporate climate that encourages innovation,

creative problem solving, and the pursuit of excellence. Notable examples of PCSAS's commitment to self-assessment and quality improvement are these:

## **A. Data Collection**

Although PCSAS's data collection efforts are described throughout this manual, it is illuminating to gather them here. In addition to maintaining corporate records, as required by governmental and other agencies, PCSAS gathers a variety of data to help with quality improvement. Here are some key examples:

1. The RC maintains archival records of application files and program reviews; these data are essential for examining the system's performance and consistency over time.
2. The RC provides the Board with a report of its procedures, accreditation decisions, and operations at the end of each review cycle. The Board's required ratification of this report provides a check on the RC's compliance with Board guidelines. The report also provides the Board with operational information it needs to develop and improve the overall system.
3. At the end of each review cycle, applicant programs are invited to provide feedback about their experiences and to offer suggestions for ways to improve the system from a "customer's" perspective.
4. Accredited programs are required to file annual reports. These allow the RC to monitor the stability and quality of accredited programs over time. All accredited programs are expected to make quality improvement a priority.
5. PCSAS gathers data to assess the validity of the indices it uses to evaluate applicant programs. For example, doctoral programs traditionally use applicants' undergraduate institutions and their GPAs, and GRE scores (these less so in recent years) to make admissions decisions. PCSAS also looks at data when evaluating programs. However, PCSAS is asking, "What indices are predictive of successful outcomes among the graduates of clinical science programs accredited by PCSAS?" "What are some of the common characteristics of successful programs?"
6. Careful records of PCSAS's financial and business activities are maintained for examination as part of regular audits.

## **B. Monitoring Outcomes: Milestones**

Data collection is fundamental to self-assessment, but the data do not speak for themselves; they must be analyzed and interpreted. Detecting informative patterns and trends in the data starts with a clear grasp of where the organization intends to go (its purpose); its chosen path to get there (its structure and organization); and its chosen means of moving along this path (its operational policies and procedures). Essentially, assessing *progress* involves monitoring movement over time through milestones, or checkpoints, along the

intended path to a goal. By monitoring interim outcomes, PCSAS can evaluate how well the organization is staying *on course* and the *pace* at which it is progressing. Viewed from this perspective, “Quality Improvement” means learning to keep the organization efficiently on course and moving forward at an optimal pace. Some of the key milestones and outcomes for PCSAS, to date, are these:

1. Financial Milestones. PCSAS was launched with few financial resources and only a trickle of an income stream. The primary start-up plan was to ask universities that supported the PCSAS mission to underwrite PCSAS’s operating costs by pledging to contribute \$15,000 per year for five years. If enough universities pledged this support, and with the addition of monies from fees and dues, PCSAS’s projected annual budget could be fully funded for the start-up years. By May 2013, PCSAS had reached a significant fiscal milestone: 17 universities had pledged underwriting support, contributions had come from other sources, and funds from fees and dues were coming in. As a result, PCSAS has been able to operate successfully from its inception. PCSAS currently has a financial base that assures its stability and viability for some years. Still, PCSAS is a fiscally prudent and efficient operation, and is working to strengthen its financial security, aware that long-term funding pictures always are hazy due to the fog of unpredictable events.

2. Accreditation Milestones. PCSAS started accepting applications for accreditation in July 2009; the first submission deadline was September 1, 2009 and the first program – University of Illinois at Urbana/Champaign – was accredited in December 2009. By February of 2022, the PCSAS Review Committee had reviewed and [accredited 46 programs](#) (45 in the U.S.; 1 in Canada). By almost all measures, these programs are among the most highly regarded in the field. For example, all 20 programs listed as the top 20 by *U.S. News & World Report* are PCSAS accredited. Forty PCSAS programs in the U.S. are listed among the top 50. (*U.S. News* only ranks U.S. programs.) Looking ahead, PCSAS has received and approved Letters of Intent from additional programs, and expects them to submit full applications for review. The Review Committee has used the gradual acceleration in accreditation activity to refine and improve the quality of its procedures and performance.

The PCSAS Board initially projected that PCSAS would be a success and financially, self-supporting, if it accredited 40 top-quality programs during its first ten years. The final number of programs accredited in ten years was 42 programs. And since all applications have come from clinical science programs widely recognized as leaders in the field, it is not surprising that the PCSAS Review Committee has yet to deny accreditation to any applicant, even though the committee has been deliberate and has maintained very high standards. The strong applications reviewed to date have given the Review Committee clear benchmarks against which to judge future applicants.

3. Administrative Milestones. PCSAS’s offices initially were in Washington, DC, in space provided by the Association for Psychological Science. The corporation’s business was being managed on a daily basis (with generous help from APS staff members in Washington) by founding Executive Director Richard McFall, who lived in Bloomington, IN. As PCSAS activities increased, however, it became increasingly difficult to manage and coordinate operations at a distance. Thus, in August 2010 the Board voted to consolidate

operations; PCSAS offices were moved to Bloomington. With the retirement of McFall in August of 2016, PCSAS offices move back to APS in Washington and former APS Executive Director Alan Kraut was hired to be PCSAS Executive Director. In February of 2022, the PCSAS offices were moved back to Bloomington as new Executive Director Joe Steinmetz became professor emeritus at Indiana University.

4. Website & Review System Milestones. PCSAS' original website was revised in the fall of 2010 with an important new element: a web-based system for managing applicant submissions and RC reviews of the PCSAS accreditation applications. Programs upload their application materials to a secure portal on the website, to which all reviewers have ready access. Reviewers, in turn, upload their reviews to the reviewer portal, to be read by other RC members. At the close of a review cycle, all application materials and reviews are moved into archival storage. The web-based system subsequently has been refined in several ways based on feedback from applicants and reviewers. It has yielded significant quality improvements in the user-friendliness, security, reliability, efficiency, and processing pace of PCSAS's application process. The PCSAS website was redesigned again in October of 2017, but with its secure application and review process intact. Upgrades to the website are made on a regular basis.

5. Recognition Milestones. From the outset, PCSAS has been determined to gain recognition as a legitimate accrediting agency by respected, independent, external agencies. **Foremost among these is the Council for Higher Education Accreditation (CHEA).** Even before PCSAS was incorporated, the Academy of Psychological Clinical Science, PCSAS's parent organization, and representatives from the Association for Psychological Science began meetings with CHEA representatives to chart the course toward gaining recognition. On September 3<sup>rd</sup>, 2010, PCSAS initiated the process of applying for CHEA recognition by submitting its Letter of Intent, seeking to be deemed approved and eligible to apply. In March 2011, CHEA's Committee on Recognition voted to recommend approval to apply. In May 2011 the CHEA Board officially deemed PCSAS eligible to apply and shortly thereafter, PCSAS formally submitted its application for CHEA recognition. As part of its review process, CHEA sent an observer to the December 10, 2011, meeting in Chicago of the PCSAS Review Committee. On March 18, 2012, PCSAS's Executive Director and Chair of the Review Committee appeared before the CHEA Committee on Recognition. At its next meeting in June 2012, the CHEA Committee on Recognition voted to recommend that PCSAS be granted recognition. On September 25, 2012, the CHEA Board of Directors officially "recognized" PCSAS.

Moving forward, PCSAS then sought to be **recognized by the U.S. Department of Veterans Affairs**, by far the largest trainer and employer of clinical psychologists in the world. It was the VA that began the accreditation process in psychology in the 1940s. After more than three years of vetting, the VA recognized PCSAS in revised Psychologist Qualification Standards published in June 2016. Similar regulations have been approved by the Office of the Surgeon General for **recognition in the U.S. Public Health Service and with programs in the Health Resources and Services Administration (HRSA)**, an agency within the U.S. Department of Health and Human Services. Discussion is pending with the

U.S. Department of Defense, Additionally, PCSAS will seek recognition from other appropriate oversight agencies.

In November 2013, PCSAS launched a **campaign to gain licensing recognition in U.S. states and Canadian provinces**. On July 28, 2014, Delaware became the first state to recognize PCSAS for licensing when Delaware's Governor signed into law a bill granting graduates from PCSAS accredited programs eligibility to apply for licensure as a psychologist in Delaware. On August 1, 2014, Illinois's governor signed similar licensure legislation for Illinois. Other states have followed, either in new laws or regulations, with Arizona being the most recent to have passed legislation in 2021. Additional states - California, New Mexico and New York - have clarified that their regulations already recognize PCSAS. Other states - Minnesota and Pennsylvania - have approved PCSAS recognition at the level of the state psychology board, which then needs to be translated into new regulations. When completed, **more than 35 percent of the U.S. population will live in states that recognize PCSAS**. More states are pending as evidence increasingly demonstrates that PCSAS programs exceed state eligibility requirements for graduates seeking to be licensed psychologists.

In addition, PCSAS has been:

- **Recognized at the National Institutes of Health (NIH)**, with the Director of the National Institute of Mental Health (NIMH) stating, "At NIMH, we thought of PCSAS at the cutting edge of where training should be in clinical psychological science, and as the model for how rigorous accreditation might have an influence even beyond psychology."
- **Endorsed by many psychological and mental health organizations** including: the Association for Psychological Science; the Academy of Psychological Clinical Science; the Association for Behavioral and Cognitive Therapies; the Society for a Science of Clinical Psychology; the Society for Research in Psychopathology; and most recently the Council of Graduate Departments of Psychology (COGDOP) and the Council of University Directors of Clinical Psychology (CUDCP).
- Included in a **2018 policy change by the Association of Psychology Postdoctoral and Internship Centers (APPIC)**, the organization that runs psychology's internship placement service, such that students from PCSAS programs are fully eligible for the APPIC Match.
- Encouraged for **support in the U.S. Congress in multiple Congressional Bills and Reports over multiple years**, most recently in the House Defense Appropriations bill for 2022 in its section titled MENTAL HEALTH PROFESSIONALS: "The [Appropriations] Committee directs the Assistant Secretary of Defense for Health Affairs, in coordination with the Service Surgeons General, to brief the House and Senate Appropriations Committees not later than 180 days after the enactment of this Act on an assessment of eligible beneficiaries' demand for behavioral health services, including services provided through telehealth, and funding required to adequately recruit and retain behavioral health professionals required to meet such demand... Additionally, the assessment should include a review of related regulations to determine what impact a change in regulations to allow the employment of clinical psychologists who graduate from schools accredited by the

Psychological Clinical Science Accreditation System may have on the Military Health System.”

### **C. Self-Studies**

At every PCSAS Board meeting and Review Committee meeting, time is set aside for discussion and analysis of the organization’s performance, progress, challenges, and improvement. PCSAS also has conducted a self-study as part of its CHEA application. In October 2015 and again in October 2018, PCSAS submitted interim accreditation reports to CHEA, which occasioned further self-examination. PCSAS will assess the organization’s overall performance and achievements in detailed and systematic self-studies periodically, not only in connection with maintaining its CHEA recognition, but also more frequently as it needed to deal with challenges, opportunities, and changes. Then it will inform relevant parties of any changes.

## **V. Communications & External Relations**

### **A. Outreach**

To succeed in its mission, PCSAS must garner public support through vigorous outreach efforts. It must make a compelling case for why its mission is important to the public’s welfare, and why its remedy is promising. This is not a simple or easy story to tell. Persons unfamiliar with mental health education and practice tend to have difficulty seeing how improving the scientific standards for doctoral education in clinical psychology will have any effect on their daily lives; they’re inclined to misconstrue PCSAS as the product of a parochial turf battle. The reality is more complicated. PCSAS accreditation is not expected to have an immediate and direct public impact; its intended public benefits will occur only as the secondary effect of its success in transforming the quality of science-centered education and practice in the mental and behavioral health care system.

Outreach efforts are essential to the organization’s ultimate success. For example, a monograph by [Baker, McFall, and Shoham \(2008\)](#) (Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest*, 9(2), 67-103.) discussed problems in mental health education and practice; described PCSAS, its history, rationale, and importance; and outlined how PCSAS is a promising effort to address these problems. This monograph has received extensive media coverage, both on radio (e.g., NPR’s “All Things Considered”) and in print and online press (e.g., *Newsweek*, *The Chronicle of Higher Education*, *Science Magazine*, *Nature*, *Los Angeles Times*, *Psychology Today*, *Washington Post*).

The Executive Director, Board President and other PCSAS representatives have given invited talks (e.g., at universities, at annual meetings or conventions of psychology groups); written invited articles; and corresponded with individuals, organizations, foundations, and granting agencies. PCSAS, accompanied by APS, also has met with many government officials and organizations (e.g., NIMH, NIDA, SAMHSA, OBSSR, VA, NAS, and Congress).

These contacts seem to have had an impact. The first PCSAS mention in Congress occurred in September 2011. U.S. Senate Report 112-84, which accompanied the appropriations bill for SAMHSA, and said this about Clinical Training: "The [Appropriations] Committee is aware that a new clinical accreditation program is being developed by the Psychological Clinical Science Accreditation System to ground training of practitioners in empirically supported treatments. SAMHSA is encouraged to continue its collaboration with relevant professional organizations regarding this program so that those seeking services are assured of receiving scientifically sound treatment" (pp. 118-119). PCSAS has since been acknowledged widely in Congressional reports and in many other outlets.

## **B. Relationships**

PCSAS was not created to be an end in itself; it was created for a higher purpose: To serve the public's interest by promoting advances in public health through science education. PCSAS is a valuable entity only to the degree that it succeeds in this cause. It was founded on the belief that raising the standards of science education in doctoral programs in clinical psychology will strengthen the scientific foundations of mental and behavioral health care, and that this, in turn, will benefit the public by increasing access to the most cost-effective care. PCSAS is not alone in this cause. Others are working in their own ways to achieve similar objectives. PCSAS has close ties to some of these other groups. These relationships are noted here in the interest of full disclosure.

PCSAS must safeguard the independence and integrity of its accreditation system by maintaining a "firewall" between itself and other organizations. Nevertheless, it remains an active partner with its parent organization, the *Academy of Psychological Clinical Science* (Academy), in collaborative efforts to promote science-centered educational and practice that furthers their common goals. Another strong ally is the *Association for Psychological Science* (APS). APS has no legal control or direct influence over PCSAS, but it is a leading advocate for psychological science and has been a staunch supporter of PCSAS from the beginning. PCSAS also enjoys a supportive historical relationship with the *Society for a Science of Clinical Psychology* (SSCP) the *Association for Behavioral and Cognitive Therapies* (ABCT), and the *Society for Research in Psychopathology* (SRP), organizations comprised of individual clinical scientists.

In addition, PCSAS is eager to build strong relationships with other groups that share its interests and values. Most notable among these are entities with a significant influence over the recognition, regulation, funding, policies, licensing, and curricula of doctoral programs in psychological clinical science and the graduates of those programs. Here is a partial list of such entities:

Council for Higher Education Accreditation  
U.S. Department of Veteran Affairs  
U.S. Department of Defense  
U.S. Department of Health and Human Services  
National Institutes of Health

National Academy of Sciences  
U.S. Department of Education  
Association of State and Provincial Psychology Boards  
Council of Graduate Departments of Psychology  
Council of University Directors of Clinical Psychology  
American Psychological Association  
Canadian Psychological Association  
American Board of Professional Psychology  
Association of Psychology Postdoctoral and Internship Centers

### **C. End Note**

PCSAS is guided by, and has pledged to uphold, four cornerstone principles: *Transparency, Clarity, Integrity, and Responsibility*. The aim of this manual is to provide a detailed, comprehensive, and accurate account of PCSAS—its purpose, organization, policies, and procedures—in a clear, accessible, and responsible way. We hope this manual reflects the organization’s commitment to its cornerstone principles. The manual is intended to be a living, evolving document, updated periodically as the organization evolves, charting the organization’s growth, achievements, and challenges across time. Because changes can occur rapidly, some information provided in the POPP Manual can become outdated before a revision is published. Readers are invited to inquire about changes, and to send questions, comments, or suggestions for improving the organization and this manual to:

Joe Steinmetz, Executive Director  
Psychological Clinical Science Accreditation System (PCSAS)  
Department of Psychological & Brain Sciences  
Bloomington IN 47405 USA  
(479) 301-8008  
[JSteinmetz@pcsas.org](mailto:JSteinmetz@pcsas.org)



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## **APPENDIX A: Site Visit Report Preface (Sample):**

By design, PCSAS site visits are intended to differ significantly from the site visits by APA's Commission on Accreditation. During the recent site visit of the \_\_\_ program, these differences were apparent. First, because PCSAS accreditation is concerned primarily with an applicant program's outcomes, rather than with its inputs, this site visit was not devoted to evaluations of the \_\_\_ program's adherence to any particular list of course requirements or other such requirements, but was devoted instead to examining closely the degree to which the current students within the program were committed to careers as clinical scientists, and to the quality of the historical evidence regarding whether graduates of the \_\_\_ program over the past ten years actually functioned as clinical scientists, broadly defined, after leaving the program. The site visit team's approach to evaluating this evidence is summarized in the Outcome section below.

Beside this primary aim, a secondary focus of the site visit team was a comparison between the program's self-study report and the observational information gathered on site. That is, does the program function the way it says it does? By integrating the self-study and observational information, the team sought to develop a portrait of how the \_\_\_ program actually functions—how it manages to achieve its reported outcomes. Much of the following site visit report, therefore, is devoted to a description of the program. In the long run, PCSAS might expect that the cumulative information gleaned from the larger sample of site visit reports would provide a valuable database from which clinical science faculties might draw inspiration, find models for innovation, and engage in continuous quality improvement. Finally, the site visit team felt that a valuable side benefit of this review might be that it could provide the program and department with an external review. Thus, the site visit team concluded their visit by providing the program's leaders with constructive feedback aimed at reinforcing the program's obvious strengths while encouraging further refinement and improvement. This feedback was not given in a way that suggested that the program's accreditation would hinge on modifications to the current program, but simply was offered as information for the program's leaders' consideration and possible action as they thought appropriate.

**APPENDIX B: CONFLICT OF INTEREST POLICY  
OF  
THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.**

Article I

**Purpose**

The purpose of this conflict-of-interest policy is to protect the interest of The Psychological Clinical Science Accreditation System Inc. (the “Corporation”) when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Corporation or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II

**Definitions**

**1. Interested Person**

Any director, principal officer or member of the Corporation, or member of a committee with powers delegated by the board of directors, who has a direct or indirect financial interest, as defined below, is an interested person.

**2. Financial Interest**

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- a. An ownership or investment interest in any entity with which the Corporation has a transaction or arrangement,
- b. A compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2 hereof, a person who has a financial interest may have a conflict of interest only if the board of directors or committee, as appropriate, decides that a conflict of interest exists.

## Article III

### Procedures

#### **1. Duty to Disclose**

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors of the Corporation and members of committees with powers delegated by the board of directors considering the proposed transaction or arrangement.

#### **2. Determining Whether a Conflict of Interest Exists**

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the board of directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

#### **3. Procedures for Addressing the Conflict of Interest**

a. An interested person may make a presentation at the board of directors or committee meeting, but after the presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

b. A majority of the disinterested members of the board of directors, or committee members, shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

c. After exercising due diligence, the board of directors, or committee shall determine whether the Corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

d. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the board of directors or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Corporation's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

#### **4. Violations of the Conflict of Interest Policy**

a. If the board of directors or committee has reasonable cause to believe that an interested person has failed to disclose an actual or possible conflict of interest, it shall inform the interested person of the basis for such belief and afford the interested person an opportunity to explain the alleged failure to disclose.

b. If, after hearing the interested person's response and after making further investigation as warranted by the circumstances, the board of directors or committee determines the interested person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

#### Article IV

#### **Records of Proceedings**

The minutes of the board of directors of the Corporation and all committees with powers delegated by the board of directors shall contain:

a. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the board's or committee's decision as to whether a conflict of interest in fact existed.

b. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

#### Article V

#### **Compensation**

a. A voting member of the board of directors of the Corporation who receives compensation, directly or indirectly, from the Corporation for services is precluded from voting on matters pertaining to that member's compensation.

b. A voting member of any committee of the board whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation for services is precluded from voting on matters pertaining to that member's compensation.

c. No voting member of the board of directors of the Corporation or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Corporation, either individually or collectively, is prohibited from providing information to the board of directors or any committee regarding compensation.

## Article VI

### **Statements**

Each director, officer and member of a committee with powers delegated by the board of directors, other than those persons who are serving as a director adopting this policy, shall sign a statement which affirms such person:

- a. Has received a copy of the conflict-of-interest policy,
- b. Has read and understands the policy,
- c. Has agreed to comply with the policy, and
- d. Understands the Corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

## Article VII

### **Periodic Reviews**

To ensure the Corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- a. Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- b. Whether partnerships, joint ventures, and arrangements with management organizations conform to the Corporation's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

## Article VIII

### **Use of Outside Experts**

When conducting the periodic reviews as provided for in Article VII hereof, the Corporation may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the board of directors of the Corporation of its responsibility for ensuring periodic reviews are conducted as provided in this conflict-of-interest policy.

**THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.**

**Acknowledgement of Receipt of and Compliance with Conflict-of-Interest Policy**

I acknowledge that I have received a copy of the Conflict of Interest Policy of The Psychological Clinical Science Accreditation System Inc. (the "Corporation"), I have read and understand the Conflict of Interest Policy, I agree to comply with the Conflict of Interest Policy and I understand that the Corporation is a non-profit corporation and in order to maintain its federal tax exemption must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title(s): \_\_\_\_\_

## **APPENDIX C:**

### **PCSAS REVIEW COMMITTEE CONFIDENTIALITY & COMMUNICATIONS**

Confidentiality Policy. To protect the integrity, credibility, and stature of PCSAS Accreditation, PCSAS Policy requires that all participants in Review Committee (RC) proceedings adhere to a code of absolute confidentiality. RC participants must never reveal to anyone outside of the Committee privileged information obtained in connection with a program's application materials; its site visit; or the RC's reviews, evaluations, and ultimate accreditation decisions. Nor should any RC participant disclose outside of RC meetings, without prior authorization, any information relating to comments, opinions, evaluations, or votes that occurred during an RC meeting.

Communications Policy. To promote clear, accurate, and coherent communications with applicant programs and the public, PCSAS Policy requires that all communications regarding the RC's reviews, evaluations, and decisions be handled through officially designated channels. If RC participants have questions about an application, they should not communicate directly with the program, but should channel their queries through the PCSAS Executive Director and/or the RC Chair. Site visitors necessarily will communicate with members of applicant programs, but they must not discuss the RC's pending evaluation or speculate about the RC's decision. Only the PCSAS Executive Director and/or the RC Chair are authorized to communicate with programs or others about the RC's processing, evaluation, and decision regarding applicant programs.

**I HAVE READ AND AGREE TO ABIDE BY THESE PCSAS POLICIES.**

---

**Print Name**

---

**Signature**

---

**Date**



## APPENDIX D:

### PCSAS Review Committee Conflict-of-Interest Policy

It is essential that the PCSAS Review Committee (RC) carry out its accreditation responsibility in a manner that avoids anything that might undermine the real or apparent integrity and credibility of its accreditation procedures and decisions. Therefore, each participant in RC review process must disclose to the Review Committee, prior to taking part in the review of a specific application, possible relationships to that program that might be perceived as raising a conflict of interest (COI). Thus, in addition to signing the standard PCSAS-COI form, participants in RC meetings also are expected to sign the RC-COI form, on which they disclose their relationships to all applicant programs and evaluate their possible COI status.

What are the criteria for identifying relationships that raise possible conflicts of interest for participants in PCSAS RC meetings?

It is a clear conflict of interest if the RC participant could benefit financially from the RC's accreditation decision regarding an applicant program.

It is a clear conflict of interest if the RC participant's career or professional standing could be enhanced by the RC's decision for an applicant program.

It may raise a potential conflict of interest if the RC participant feels unable to make an objective evaluation of a program due to a relationship to the institution, the program, or the faculty and students. Therefore, it is the RC participant's responsibility to disclose such relationships on the RC-COI form, and to examine honestly an ability to evaluate that application fairly and objectively. Relationships that may bias participants' reviews could be historical or current, positive or negative. Realistically, however, many RC participants are likely to have close ties to the institutions, programs, and individual faculty members and students at many applicant programs; if such relationships automatically precluded participants' involvement in the review of individual programs, it would be all but impossible for the RC to carry out its review role. The existence of personal relationships alone, therefore, is not grounds for recusal; the critical criterion for recusal is the influence of the relationship on RC participant's ability to render a fair and objective evaluation of the application's merit for accreditation.

PCSAS's criteria do not regard the following relationships as automatic grounds for recusal:

- Former employment by the program.
- Former student in the program.
- Having an "old" friend associated with the program.
- Having a former classmate on staff at the program.
- Having a close professional or personal relationship with a person in the program.

Being a former site visitor to the program.

Having one's own program site visited by a staff member of the applicant program.

PCSAS's COI policy clearly states that each RC participant is expected to reveal the existence of such relationships on the RC-COI form, and then to evaluate and declare whether such relationships actually create a personal conflict that impairs the participant's ability to perform the review function with integrity, fairness, and objectivity. Participants who recognize that they cannot perform the review as expected must recuse themselves.

Recusal may take two forms: Where it is anticipated that the RC participant's presence in the room during the application review may unduly influence the outcome, the participant should leave the room or absent themselves by reasonable electronic means. Where such influence is not anticipated, the participant may remain as an observer, but must abstain from contributing to the discussion and must abstain from voting on the accreditation decision. The reason for allowing the participant to remain in the room as an observer, in the latter case, is the belief that there is value in arranging for all RC participants to share a common history and data base, leading to a shared set of norms for applying the PCSAS accreditation criteria.

If a participant does not see a significant COI problem, but the majority of the RC members nevertheless decide that the participant's relationship to an applicant program does raise a significant COI problem, the RC Chair may ask the participant to be absent during the discussion, review, and judgment of the program. If at any time the majority of the RC feels that the presence of a participant who has recused from participation in the discussion of an application, but has remained in the room, is interfering with a free and fair evaluation of the application, the RC may ask that the participant leave the room.

The rationale for these COI criteria is that the most critical determinant of an applicant's suitability for PCSAS accreditation is the program's objective track record of having graduated a significant number of psychological clinical scientists over the past ten years. The evidence on this criterion is public, so the RC's evaluations and judgments of all applicant programs is open to review, and can be examined for evidence of bias and inconsistency, thereby making RC decisions less susceptible to COI influences that would undermine the Committee's integrity and credibility. The PCSAS Board of Directors is charged with performing periodic integrity reviews.

**THE PSYCHOLOGICAL CLINICAL SCIENCE ACCREDITATION SYSTEM INC.**

**Acknowledgement of Receipt of and Compliance with PCSAS  
Conflict-of-Interest Policy**

I acknowledge that I have received a copy of the Conflict of Interest Policy of The Psychological Clinical Science Accreditation System Inc. (the "Corporation"); have received a copy of the PCSAS Review Committee Conflict of Interest Policy; and have received a copy of the PCSAS Review Committee Policy on Confidentiality and Communications. I have read and understand all three of these PCSAS Policies. I agree to comply with all of these Policies of the Corporation, and I understand that the Corporation is a non-profit corporation and in order to maintain its federal tax exemption must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title(s): \_\_\_\_\_

**APPENDIX E: 2021 ANNUAL REPORT FOR PCSAS ACCREDITED PROGRAMS:**

**ACADEMIC YEAR 2020-21 ANNUAL REPORT QUESTIONNAIRE  
FOR PCSAS PROGRAMS**

**Deadline: November 15, 2021**

The questions below are to identify what changes took place in your program in the *past academic year (e.g., Sept 2020 thru Aug 2021)*. In previous years we have asked similar questions and requested answers that succinctly captured positive or negative changes in your program. This year we ask that, in addition, you provide sufficient detail to reflect the impact of Covid on your program, either those changes that have continued from March 2020 on, or those that you needed to adjust this past academic year. For example, were changes needed that may have affected student progress or things like faculty hiring.

**PCSAS Program:** [Click here to enter text.](#)

**Person Completing Form, including Position in the Program (e.g., DCT):** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)

**1. Faculty:** Were there any changes in the program's core faculty (whether tenure-track or not)? These may be new hires, promotions, resignations, retirements, or changes in program leadership. Were there any changes in level of program involvement, mentoring, practicum supervising, or scientific activity by core faculty?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**2. Students:**

How many students entered the program? [Click here to enter text.](#)

How many students received their PhDs? [Click here to enter text.](#)

Were there significant changes in the number of applicants, in admission offers or acceptances, or in students' credentials, program fit, or progress?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

Were there significant changes in the pattern of new graduates' placements or their clinical science activities?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**3. Department & University:** Were there departmental or university changes (initiated in 2020-21 or that will take effect in the 2021-22 year) that could have a significant impact on the quality or stability of your students' training in psychological clinical science?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**4. Curriculum:** Were there significant changes in either the program's or department's curriculum relevant to students' training (e.g., requirements, courses, structure, mentoring, applied training, or on issues of diversity, equity, and inclusion)?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**5. Resources:** Were there significant changes in the program's level of financial support for graduate students or resources for the program?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**6. Other:** Were there any other significant changes affecting training, faculty, students, or supervision (e.g., in the program's training model, mission, philosophy, structure, operation, outcomes, DEI climate or efforts, departmental relationships, etc.)?

No  Yes  If Yes, please explain: [Click here to enter text.](#)

**PLEASE EMAIL YOUR COMPLETED REPORT TO [akraut@pcsas.org](mailto:akraut@pcsas.org) BY NOVEMBER 15, 2020**, and please include your university's name in the title of the completed Word file you send.

## APPENDIX F: INITIATION PACKET

### **PCSAS Letter of Intent Instructions**

#### **Initiation Packet**

Revised 2021

Thank you for your interest in participating in the accreditation process of the Psychological Clinical Science Accreditation System (“[PCSAS](#)”). Accreditation procedures are designed to take applicant programs through several stages of documentation, review, and analysis. Depending on the outcome of a review, PCSAS may require varying amounts of additional follow-up reporting.

The normal period of accreditation for programs receiving a positive review is ten years; however, PCSAS expects annual reports in each of those ten and may request a more detailed intra-cycle review if concerns from annual reports or other information warrant closer monitoring. Depending on the Review Committee’s determination, a program’s accreditation status may be changed at any point during the ten-year cycle. PCSAS reserves its right to alter its accreditation process, including but not limited to eligibility standards for applying for accreditation.

#### **Application Steps:**

The first step in the PCSAS accreditation process requires the submission of an “Initiation Packet,” consisting of: (1) a Letter of Intent, and; (2) An executed Applicant Agreement. Once a Letter of Intent is reviewed, programs deemed eligible to apply will then receive an application template that provides detailed instructions about the formal application, the next step in the process. The current document describes the Letter of Intent and the criteria for eligibility.

Your Letter of Intent and the executed Application Agreement should be sent by email ([AKraut@pcsas.org](mailto:AKraut@pcsas.org)) or regular mail to:

Joe Steinmetz, Executive Director  
Psychological Clinical Science Accreditation System (PCSAS)  
Department of Psychological & Brain Sciences  
Bloomington IN 47405 USA

Once received, a countersigned Application Agreement will be emailed back to you.

#### **Letter of Intent Overview:**

The Letter of Intent should give written notice of the program’s interest in applying for accreditation and provide sufficiently detailed but only preliminary information to allow a determination of whether the program meets PCSAS’s *eligibility standards* (see [PCSAS Review Criteria](#), also listed below) for applying for accreditation. There are no deadlines

for submitting the Letter of Intent, which is processed quickly upon receipt. Each Letter of Intent is read and evaluated by two reviewers. If the reviewers deem the program to be eligible, then the program has up to two years to submit an application. If a program is deemed *ineligible*, it may appeal this decision to the full Review Committee, beyond which there is no additional appeal. Programs deemed ineligible must wait at least one year before submitting a new Letter of Intent.

The Letter of Intent should be on appropriate letterhead, should not exceed three pages single-spaced, and should be drafted to address each of the specific eligibility criteria outlined below. As noted above, the Letter of Intent may be submitted by regular mail or email (preferred) to PCSAS Executive Director Joe Steinmetz: [JSteinmetz@pcsas.org](mailto:JSteinmetz@pcsas.org). The signed Application Agreement may also be submitted electronically or in paper form.

**Eligibility Criteria:** Interested programs must satisfy the following minimal requirements in order to be judged eligible to apply for PCSAS accreditation.

- The scope of PCSAS accreditation is limited to doctoral training programs that grant Ph.D. degrees in psychology with a core focus on the specialty of psychological clinical science. Programs must be housed in departments of psychology (or their equivalent) within accredited, nonprofit, research universities in the U.S. and Canada.

- Accreditation is limited to programs that subscribe to an empirical epistemology and a scientific model--i.e., an educational and clinical training model in which the advancement of knowledge and its application to problems are driven by research evidence, and in which research and application are integrated and reciprocally informing.

- Accreditation is limited to Ph.D. programs with a primary mission of providing all students with high-quality, science-centered education and clinical training that arms them with the knowledge and skills required for successful careers as clinical scientists, broadly defined.

- Accreditation is limited to programs within the intellectual and educational domain of clinical psychology. This may include hybrid varieties, such as health psychology, clinical neuroscience, clinical behavioral genetics, etc. However, to be acceptable the hybrid model must involve the integration of clinical psychology - a focus on psychological knowledge and methods to research and clinical application relevant to mental and behavioral health problems - with one or more complementary scientific perspectives for the purpose of gaining added leverage on specific target problems. In all cases, clinical psychology must be the core component of the model.

- Accreditation is limited to programs with the primary goal of producing graduates who are competent and successful at (a) conducting research relevant to the assessment, prevention, treatment, and understanding of health and mental health disorders; and (b) using scientific methods and evidence to design, develop, select, evaluate, implement, deliver, supervise, and disseminate empirically based clinical assessments, interventions, and prevention strategies.

- In their Letters of Intent and in public documents (including websites), potential applicants must demonstrate a commitment to providing an education within the boundaries that define PCSAS accreditation -i.e., in scope, epistemology, mission, goal, and domain.
- Potential applicants must agree to conduct a detailed self-study prior to preparing an application, and to provide an accurate summary of the self-study's results in their application materials. Each program must agree to full disclosure of all information the Review Committee requires in order to carry out its responsibility of evaluating programs and reaching accreditation decisions.
- Applicants must agree to arrange, coordinate, and complete a site visit of their program after submitting the application and prior to the scheduled Review Committee review.
- Applicants must have paid the non-refundable application fee and have signed the PCSAS Applicant Agreement prior to the review of their application.
- Finally, applicants must agree to accept the Review Committee's decision as specified in the Applicant Agreement. However, the decision process may include an appeal in keeping with PCSAS procedures. (See [appeal policy](#).)

**Fees and Dues:**

A nonrefundable Application Fee of \$10,000 must be paid by check or be electronically transferred to Psychological Clinical Science Accreditation System before an application is reviewed. (Not needed at the time of the Letter of Intent.) The Application Fee includes the costs of a site visit. Once accredited, Annual Fees are \$2,500. The PCSAS fiscal year is July 1-June 30

**Template for Letter of Intent and Request for Eligibility Review**

The Letter of Intent should be brief (no more than three pages). It should address each of the following eligibility standards (see *Review Criteria, Eligibility Standards* at [www.pcsas.org](http://www.pcsas.org)), but need not offer detailed documentation.

1. An explicit statement of the program and institution’s intention to apply for PCSAS accreditation; a request to be deemed eligible; and a general time frame for the intended submission, if deemed eligible.
2. An identification of the program and institution (including statement of the institution’s overall accreditation status and accrediting body), and an explanation of fit to the eligibility criteria (e.g., program’s degree & scope; university’s fit to PCSAS qualifications; etc.).
3. A brief description of the program’s philosophy, scope, educational goals, and general approach to doctoral education and training, with an emphasis on the science-centered commitment of the faculty and students.



4. A brief statement of the program's outcome goals for graduates, with an agreement to provide detailed outcome evidence in an application to document the program's success in achieving these goals.
5. The program's website address.
6. An endorsement of the following statement (Please include this specific statement in the Letter of Intent.):

We agree that if deemed eligible for PCSAS accreditation, we will (a) conduct a detailed self-study prior to preparing our application, and will provide an accurate summary of our self-study results in our application materials; (b) provide the PCSAS Review Committee with all the information it requires; (c) arrange and host a site visit of our program; and (d) accept and abide by the Review Committee's eventual accreditation decision.

7. Signature, title, and contact information for the person submitting the Letter.
8. Full eligibility is contingent on the institution's acceptance of the terms of the PCSAS Applicant Agreement.

Letters of Intent should be on letterhead, submitted electronically (as a Word file or PDF file) or as a hard copy to Joe Steinmetz, PCSAS Executive Director. (Note that the \$10,000 application fee is due later, but prior to submission of the final application, is waived if the institution has joined the [PCSAS Founders' Circle](#). To learn more about the Founders' Circle, contact Alan Kraut.)

Joe Steinmetz, Executive Director  
Psychological Clinical Science Accreditation System (PCSAS)  
Department of Psychological & Brain Sciences  
Bloomington IN 47405 USA  
[JSteinmetz@PCSAS.org](mailto:JSteinmetz@PCSAS.org)  
(479) 301-8008

## APPENDIX G:

### **APPLICANT AGREEMENT**

So that the Psychological Clinical Science Accreditation System (“PCSAS”) may process your application, we need you to understand and agree to certain formal matters. In today’s highly litigious society, PCSAS believes that it is essential to avoid lawsuits against it relating to accreditation and that protection from such lawsuits will help ensure its viability, which will in turn benefit programs committed to the values of PCSAS. We therefore need your acknowledgement that, to be considered, you will take full responsibility for preparing a proper application and that PCSAS may make its decisions on your eligibility and application in its sole discretion. You must abide by PCSAS’s decisions and not bring any legal action if you are not happy with its decisions.

Applicant, by signing and returning this Applicant Agreement, agrees to the following to participate in the application process. First, this addresses the application process and PCSAS’s decisions:

- (1) **Actions In Connection With Application Process:** Applicant agrees to (i) conduct a detailed self-study prior to preparing its application, and to provide an accurate summary of the self-study’s results in its application materials, (ii) fully disclose all information the Review Committee requires to carry out its responsibilities of evaluating programs and reaching decisions relating to accreditation, and (iii) arrange, coordinate, and complete a site visit of its program after submitting the application and prior to the scheduled Review Committee’s consideration of the application.
- (2) **PCSAS’s Decisions:** Applicant acknowledges and agrees that: (i) accreditation with PCSAS is voluntary, does not bestow any special privileges, and is not a professional requirement; (ii) PCSAS’s decisions regarding accreditation of Applicant’s program, including its eligibility, and, if Applicant is permitted to apply, its possible accreditation, shall be made in PCSAS’s sole discretion; and (iii) PCSAS is entitled to consider factors as it deems appropriate without duty to consider interests of Applicant. Applicant agrees to accept and abide by the decisions of PCSAS relating to its accreditation, including as to its eligibility to apply for accreditation and, if Applicant is deemed eligible to apply by PCSAS, as to PCSAS’s decisions on Applicant’s accreditation, even if a denial or deferral.

Next, this addresses your release of claims in connection with PCSAS accreditation (i.e. you will not bring a lawsuit if you do not like the process or decisions):

- (3) **Release Of Claims:** Applicant (including employees and agents) irrevocably releases PCSAS (defined here and hereinafter to include past, present and future members, directors, managers, officers, employees, and agents, including Review

Committee members) from the Released Claims. “Released Claims” means all past, present and future claims, causes of action and suits at law or in equity, and whether known or unknown, relating to PCSAS accreditation of Applicant’s program, including PCSAS’s considerations and decisions regarding Applicant’s eligibility and accreditation (including non-action, deferral or denial, and including claims based on alleged negligence, gross negligence, breach of contract, breach of duty, tort, unfair trade practices, restraint of trade, antitrust or other statutory or common law).

Applicant acknowledges that it might hereafter discover facts related to the Released Claims, but that it is intentionally releasing unknown claims, notwithstanding such additional facts.

For an Applicant in California: Applicant understands and acknowledges that all rights under Section 1542 of the California Civil Code and under comparable laws in other jurisdictions with respect to such Released Claims hereby are expressly waived. Applicant understands and agrees that this is a **FULL AND FINAL RELEASE OF THE RELEASED CLAIMS.**

Here are some belt and suspender provisions:

(4) **In the event of a claim by Applicant against PCSAS:**

(a) Prior to filing: Applicant acknowledges it may avail itself of PCSAS’s complaint procedures and may participate in good faith discussions or mediation with PCSAS to attempt to resolve any issues for which Applicant would contemplate filing a claim. Applicant acknowledges that no claim by it would be ripe absent exhaustion of administrative remedies with PCSAS (including right of appeal of a decision to the PCSAS Board of Directors).

(b) Forum selection: Applicant agrees it would bring any claim against PCSAS exclusively in the state or federal courts located in the State of Delaware, (ii) waives any objection to venue or the inconvenience to Applicant of such Delaware forum, and (iii) waives any argument that any jurisdiction other than Delaware, including Applicant’s home forum, would be convenient for PCSAS.

(c) Relief: Applicant waives any rights: to specific performance or other equitable relief; to compensatory damages in an amount exceeding its application fee; to punitive, special, exemplary or multiplied damages; and to recover costs and attorney fees.

(d) Governing law and no jury trial: To the extent that sovereign immunity of an Applicant that is a public institution does not preclude its agreement to the following: (i) This Agreement is governed by, and shall be construed in accordance with, the laws of the State of Delaware, excluding any conflict-of-laws rules or principles that might refer the governance or the construction of this Agreement to the law of another jurisdiction; and (ii) Applicant hereby waives any right to trial by jury of any claim against PCSAS.

(e) For the avoidance of doubt: Applicant's agreements in this Paragraph (4) shall in no way limit its release of Released Claims (Paragraph 3 above).

Finally, here are three general provisions to help with understanding and interpreting this Agreement.

- (5) **Severability**: If any provision or portion of Applicant's Agreement is held invalid or unenforceable, the remainder of this Agreement will not be affected, and such provision or portion shall be enforced to the greatest extent permitted by law.
- (6) **Entire Agreement**: Applicant acknowledges that: no promises, representations or inducements have been or are being made by PCSAS to Applicant (e.g. as consideration for its Agreement); and the Agreement is not one for procurement of goods or services from PCSAS.
- (7) **Continuation**: Accreditation as used in this Agreement includes any reaccreditation.

**APPLICANT:**

By:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized  
Representative

\_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_

\_\_\_\_\_  
Date

**RECEIPT OF SIGNED APPLICANT AGREEMENT ACKNOWLEDGED BY  
PCSAS:**

By:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Rev. 08/24/2021

*[APPLICANT AGREEMENT SIGNATURE PAGE]*

## APPENDIX H:

# Psychological Clinical Science Accreditation System PCSAS APPLICATION - GENERAL TEMPLATE

1. **Face Page and Outline:** This template and related materials are provided to (1) new programs that have submitted a Letter of Intent and have been deemed eligible for initial application to PCSAS, and (2) currently accredited PCSAS programs that have applied for renewal (i.e., there is no need for a Letter of Intent from renewing programs).
2. **Body of Application:** Applications must be submitted electronically as PDF files. Narrative section is limited to 20 pages, and should be formatted as: single-spaced; double spacing between paragraphs; minimum of 11-pt. Arial font; minimum of one-inch margins; and pagination. Although not a requirement, it is helpful if programs use the structural outline of PCSAS accreditation criteria (see Application Content Categories at the end of this document) to organize the narrative description of their programs.
3. **Appendices:** Data for at least the last ten years must be provided to document the applicant program's performance in relation to all the various PCSAS criteria.
4. **Submission:** When ready for submission, the program will be given access to the on-line submission portal of the PCSAS website by the Executive Director. Note that the application should not be submitted as a single unit but rather as natural units and labeled to help reviewers find the materials they are looking for (e.g., Graduate CVs/Equivalent as one unit and, as much as possible, comprised of one file). More detailed instructions for the on-line submission will be given prior to submission.
5. **Fees:** Application Fee: \$10,000. The Application Fee is due at the time of initial application and again at the time of application for renewal. Accreditation normally is for ten years, although programs must submit annual reports each fall. The information in these reports may prompt requests for additional information that may lead to a review and possible change of the program's status.  
  
Annual Fee: \$2,500. Invoices are sent in June-July of each year. (Annual refers to the PCSAS fiscal year of June 30-July 1.)
6. Applicant programs, whether new or renewing, must have signed and returned the PCSAS Applicant Agreement prior to submitting their applications.
7. See the [PCSAS website](#) for detailed information about application content. Also see the PCSAS Purpose, Organization, Policies, and Procedures Manual (and appendices) on the [Publications and Links](#) page of the website.

# Psychological Clinical Science Accreditation System

## Application for Accreditation

### A. Cover Page:

1. University Information: Name, Address, Phone, Web Address
2. Responsible University Official: Name, Title, Signature, Date
3. Department Information: Name, Address, Phone, Web Address
4. Responsible Departmental Official: Name, Title, E-mail, Signature, Date
5. Program Information: Name, Address, Phone, Web Address
6. Responsible Program Official: Name, Title, E-mail, Signature, Date

### B. Abstract: One-page summary of the program's aims and achievements

### C. Faculty Pages:

1. Table of all active program faculty members, their ranks and roles in program, with list of their current and former graduate student advisees.
2. For each listed faculty member, a CV/bio-sheet, with education, employment history, honors, grants, and most recent and significant publications. (To simplify collecting these data, grant bio-sheets may serve as a model.)

### D. Body of Application: Not more than 20 pages, single spaced, with double space between paragraphs, minimums of one-inch margins and 11 pt. fonts; see [www.pcsas.org](http://www.pcsas.org) for more specific details regarding the content of this *narrative section*.

### E. Appendices: **N.B.** To the extent possible, combine individual files (e.g., one file for Graduates' CVs/Equivalentents, one for Faculty Narratives, etc.)

1. **Graduates' CVs/Equivalentents:** For *each individual graduate from the program over at least the past ten years*, provide a CV or equivalent narrative. These should include the individual's date of matriculation, date of degree, dissertation title and major advisor, and clinical science activities and achievements (e.g., past and current positions, responsibilities, list of publications, significant presentations, dissemination achievements, grants, honors and awards, etc.).
2. **Faculty Narratives of Graduates:** The faculty should provide a written narrative for each graduate. This should elaborate on the graduates' CVs, describing an individual's career path and involvement in clinical science in sufficient detail to allow reviewers to assess the training outcomes. The **outcome data** and supporting **narratives** are central to evaluating accreditation applications.

3. **Program's Outcome Ratings:** The faculty should rate each graduate's career outcome as to whether they are currently functioning as a "clinical scientist," and explain the basis for these ratings by describing the faculty's scale, algorithm, and method.
4. **Table of Selection Credentials:** For every student who entered and/or graduated from the program over the past ten years (*without providing names*), list the year of entry, undergrad institution, GPA, and GRE scores.
5. **Course Information:** Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program's curriculum.

See below for a sample set of Appendixes to include:

- **Core Program Faculty CVs or most recent NIH Biosketch**
- **Course Information:** Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program's curriculum.
- **Table Showing Timeline of Required Courses and Major Milestones**
- **Table of Selection Credentials:** For every student who entered the program over the past ten years (*without providing names*), list the year of entry, undergraduate institution, GPA, and GRE scores.
- **Distribution of Current Students to Faculty Mentors**
- **Current Student Productivity:** CVs or Data Table
- **Internship Placements** for past ten graduating classes.
- **Student Support:** Mechanism of support for all students currently in the program
- **Table Showing Time to Complete and Attrition Data** for past ten graduating classes.
- **Graduates' CVs/Equivalentents** for each individual graduate from the program over the past ten years.
- **Faculty Narratives of Graduates:** A paragraph for each individual graduate over the past ten years describing their career path and involvement in clinical science. This information should be supported by CV. The name of the primary mentor should be included.
- **Program's Outcome Judgments:** The faculty should rate each graduate's career outcome as to whether they are currently functioning as a "clinical scientist," and explain the basis for these ratings by describing the faculty's scale, algorithm, and judgment process, including who made the judgments



(DCT, each mentor, committee). These **outcome judgments** and supporting **narratives** are central to evaluating accreditation applications.

- **Program Handbook**
- **Department Graduate Handbook**
- **Department Clinic and/or External Practicum Policies and Procedures Documents:** These or other information should include a discussion of external practicum sites, detailing how they are chosen (such as how the program determines that each is consistent with the program's training model), the nature of the relationship between the program and the practicum sites, and how frequently each site is used.
- **Other Information Deemed Helpful by Program**

**F. Application Fee:** The application fee is \$10,000. Institutions that are members of the PCSAS Founders' Circle pay no application fee; if accredited, they also pay no dues for their first five years. For institutions that are not members of the Founders' Circle, a check for \$10,000 should be made out to the Psychological Clinical Science Accreditation System and sent to:

Joe Steinmetz, Executive Director  
Psychological Clinical Science Accreditation System (PCSAS)  
Department of Psychological & Brain Sciences  
Bloomington IN 47405 USA  
[JSteinmetz@PCSAS.org](mailto:JSteinmetz@PCSAS.org)

Note that we can also arrange for electronic transfer of the fee upon request.

A program may join the Founders' Circle at any time, including after having paid the application fee or after receiving accreditation. The application fee then will be counted toward their subsequent pledge to the Founders' Circle. We also welcome renewing of Founders' Circle memberships by accredited programs applying for renewal.

**G. Submission Process:** The application process is handled electronically. Programs must post their full applications and supporting materials, including all appendices, on the PCSAS Website as PDF files, making these materials accessible to all PCSAS Reviewers. Note that files are listed alphabetically on the reviewers' portal. We encourage programs to label units as A, B, C... followed by description (e.g., A-Graduates CVs/Equivalents.) We also ask that, as much as possible, these units be comprised of one file (e.g., individual CVs combined into one PDF). Prior to this, each applicant, after being deemed eligible to apply, will ask for and be assigned an ID and password. These credentials provide access to the applicant portal of the PCSAS Website and permit the applicant to upload application materials. New material may be added to the application, but once marked completed by the program, only the PCSAS Executive Director can modify or delete

the uploaded material. Posted application material will remain accessible on the Website *at least* one month after being reviewed by the PCSAS Review Committee; then it will be archived and cannot be altered. Applicants will receive official notification of the Review Committee's evaluation and accreditation decision within a month after the committee's review.

## APPENDIX I:

### **Application Content Categories/Standards (See full POPP Manual on [PCSAS website](#); See also [APPLICATION PAGES](#) and Exemplars of Evaluation Criteria on [REVIEW CRITERIA](#) page.)**

**C. General Accreditation Standards:** The Review Committee (RC) evaluates applications from programs that explicitly claim to fit within the narrowly defined scope of PCSAS accreditation and to satisfy PCSAS's standards. Accordingly, the RC's task essentially is one of evaluating each program's integrity and quality. Applying the principle of "truth in advertising" as its benchmark, the RC rigorously examines the evidence from each program's application materials and its site visit report to assess how well the program lives up to its claims and to PCSAS's standards. The RC makes qualitative evaluations of each program in:

(1) Conceptual foundations: To be eligible for review, each applicant program will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. Because a hallmark of PCSAS accreditation is flexibility, programs are given leeway to develop their own distinctive and innovative approaches to translating these core concepts into practical, effective, real-world doctoral programs because PCSAS believes that the field and the public benefit from diversity in how clinical science training is accomplished. This diversity may reflect taking advantage of particular local resources and opportunities, as well as pursuing efforts to move the field forward with well-conceived training innovations.

(2) Design, operations, and resources: The Review Committee examines: (a) the quality, logic, soundness, and coherence of each program's overall operation; (b) its stability; educational plan and pedagogical approach; (c) its content and curriculum; administration; and (d) the availability and use of resources. The Review Committee also evaluates how effectively the program's design and resources are channeled toward achieving the program's goals.

(3) Quality of the science training: The Review Committee evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education; i.e., how well the program embodies the very best, cutting-edge science of the discipline).

(4) Quality of the application training: The Review Committee evaluates the extent to which clinical training is based on science/application integration that prepares program graduates to function as independent providers of clinical services and assume responsibility for patient care by making clinical decisions based on the best available scientific evidence.

(5) Curriculum and related program responsibilities: PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth

and depth of knowledge and training experiences to engage in high-quality clinical science scholarship, research, and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they will ensure that students have achieved these goals. In addition, programs must ensure that ethical standards and concern for diversity are reflected in training for scholarship, research, and clinical applications as well as in program characteristics and policies (see below).

*Ethics.* PCSAS accreditation requires that programs provide training in relevant codes of ethical behavior and legal and regulatory requirements for scholarship, research, and clinical application, including those nationally recognized professional ethics codes pertinent to psychological clinical science. Clinical science training programs must ensure that ethical standards are integrated into all major aspects of clinical science training, including didactic experiences, applied training, and research. Such integration should promote the production and application of clinical science that is fair and compassionate, reflecting the fundamental principle of beneficence by promoting the well-being of clients, research participants, and colleagues.

*Diversity.* PCSAS accreditation requires that programs hold diversity, equity, and inclusion as essential values. Programs must attend to all dimensions of human diversity, including but not limited to race, color, ethnicity, age, gender, gender identity, sexual orientation, socioeconomic status, marital status, national origin, disability, beliefs, and culture, as well as how those identities and others may intersect. These dimensions warrant attention in terms of the scholarly content of instruction, the demographics of members of the program and the clients it serves, and the climate the program promotes, which in combination contribute to the strength of PCSAS programs and the value of the training they provide.

(6) Quality improvement: The Review Committee examines the program's investment in continuous quality improvement to determine: on-going critical self-examination; openness to feedback; flexibility and innovation; monitoring of program results; and engagement in strategic planning as the field changes in response to the dynamic mental health care environment. The Review Committee expects each program to monitor its design, operations, and outcomes, and to use these data to pursue excellence and strategically plan for the future.

(7) Outcomes: The Review Committee's evaluations place the greatest weight on each program's record of success: To what extent do the activities and accomplishments of a program's faculty, students, and graduates – especially its graduates from the last ten 10 years – exemplify the kinds of outcomes one expects of programs that successfully educate high-quality, productive psychological clinical scientists? Included here are graduates' ongoing contributions to research and to broad dissemination of science-based practice.

For each applicant program, the Review Committee examines, integrates, and evaluates all the evidence across these seven areas, makes a qualitative rating, and then decides whether the program will be awarded PCSAS accreditation.



## **PCSAS APPLICATION - GENERAL TEMPLATE**

(More specific information begins on p.2. Contact PCSAS Executive Director Joe Steinmetz ([jsteinmetz@pcsas.org](mailto:jsteinmetz@pcsas.org)) with questions.)

1. **Face Page and Outline:** This template and related materials are provided to (1) new programs that have submitted a Letter of Intent and have been deemed eligible for initial application to PCSAS, and (2) currently accredited PCSAS programs that have applied for renewal (i.e., there is no need for a Letter of Intent from renewing programs).
2. **Body of Application:** Applications must be submitted electronically as PDF files. Narrative section is limited to 20 pages, and should be formatted as: single-spaced; double spacing between paragraphs; minimum of 11-pt. Arial font; minimum of one-inch margins; and pagination. Although not a requirement, it is helpful if programs use the structural outline of PCSAS accreditation criteria (see Application Content Categories at the end of this document) to organize the narrative description of their programs.
3. **Appendices:** Data for at least the last ten years must be provided to document the applicant program's performance in relation to all the various PCSAS criteria.
4. **Submission:** When ready for submission, the program will be given access to the on-line submission portal of the PCSAS website by the Executive Director. Note that the application should not be submitted as a single unit but rather as natural units and labeled to help reviewers find the materials they are looking for (e.g., Graduate CVs/Equivalent as one unit and, as much as possible, comprised of one file). More detailed instructions for the on-line submission will be given prior to submission
5. **Fees:** Application Fee: \$10,000. The Application Fee is due at the time of initial application and again at the time of application for renewal. Accreditation normally is for ten years, although programs must submit annual reports each fall. The information in these reports may prompt requests for additional information that may lead to a review and possible change of the program's status.  
  
Annual Fee: \$2,500. Invoices are sent in June-July of each year. (Annual refers to the July 1-June 30 PCSAS fiscal year.)
6. Applicant programs, whether new or renewing, must have signed and returned the PCSAS Applicant Agreement prior to submitting their applications.
7. See the [PCSAS website](#) for detailed information about application content. Also see the PCSAS Purpose, Organization, Policies, and Procedures Manual (and appendices) on the [Publications and Links](#) page of the website.

# Psychological Clinical Science Accreditation System

## Application for Accreditation

### A. Cover Page:

1. University Information: Name, Address, Phone, Web Address
2. Responsible University Official: Name, Title, Signature, Date
3. Department Information: Name, Address, Phone, Web Address
4. Responsible Departmental Official: Name, Title, E-mail, Signature, Date
5. Program Information: Name, Address, Phone, Web Address
6. Responsible Program Official: Name, Title, E-mail, Signature, Date

### B. Abstract: One-page summary of the program's aims and achievements

### C. Faculty Pages:

1. Table of all active program faculty members, their ranks and roles in program, with list of their current and former graduate student advisees.
2. For each listed faculty member, a CV/bio-sheet, with education, employment history, honors, grants, and most recent and significant publications. (To simplify collecting these data, grant bio-sheets may serve as a model.)

### D. Body of Application: Not more than 20 pages, single spaced, with double space between paragraphs, minimums of one-inch margins and 11 pt. fonts; see [www.pcsas.org](http://www.pcsas.org) for more specific details regarding the content of this *narrative section*.

### E. Appendices: **N.B.** To the extent possible, combine individual files (e.g., one file for Graduates' CVs/Equivalents, one for Faculty Narratives, etc.)

1. **Graduates' CVs/Equivalents:** For *each individual graduate from the program over at least the past ten years*, provide a CV or equivalent narrative. These should include the individual's date of matriculation, date of degree, dissertation title and major advisor, and clinical science activities and achievements (e.g., past and current positions, responsibilities, list of publications, significant presentations, dissemination achievements, grants, honors and awards, etc.).
2. **Faculty Narratives of Graduates:** The faculty should provide a written narrative for each graduate. This should elaborate on the graduates' CVs, describing an individual's career path and involvement in clinical science in sufficient detail to allow reviewers to assess the training outcomes. The **outcome data** and supporting **narratives** are central to evaluating accreditation applications.
3. **Program's Outcome Ratings:** The faculty should rate each graduate's career outcome as to whether they are currently functioning as a "clinical scientist," and explain the basis for these ratings by describing the faculty's scale, algorithm, and method.

4. **Table of Selection Credentials:** For every student who entered and/or graduated from the program over the past ten years (*without providing names*), list the year of entry, undergrad institution, GPA, and GRE scores.
5. **Course Information:** Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program's curriculum.

See below for a sample set of Appendixes to include:

- **Core Program Faculty CVs or most recent NIH Biosketch**
- **Course Information:** Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program's curriculum.
- **Table Showing Timeline of Required Courses and Major Milestones**
- **Table of Selection Credentials:** For every student who entered the program over the past ten years (*without providing names*), list the year of entry, undergraduate institution, GPA, and GRE scores.
- **Distribution of Current Students to Faculty Mentors**
- **Current Student Productivity:** CVs or Data Table
- **Internship Placements** for past ten graduating classes.
- **Student Support:** Mechanism of support for all students currently in the program
- **Table Showing Time to Complete and Attrition Data** for past ten graduating classes.
- **Graduates' CVs/Equivalentents** for each individual graduate from the program over the past ten years.
- **Faculty Narratives of Graduates:** A paragraph for each individual graduate over the past ten years describing their career path and involvement in clinical science. This information should be supported by CV. The name of the primary mentor should be included.
- **Program's Outcome Judgments:** The faculty should rate each graduate's career outcome as to whether they are currently functioning as a "clinical scientist," and explain the basis for these ratings by describing the faculty's scale, algorithm, and judgment process, including who made the judgments (DCT, each mentor, committee). These **outcome judgments** and supporting **narratives** are central to evaluating accreditation applications.
- **Program Handbook**
- **Department Graduate Handbook**



- **Department Clinic and/or External Practicum Policies and Procedures Documents:** These or other information should include a discussion of external practicum sites, detailing how they are chosen (such as how the program determines that each is consistent with the program's training model), the nature of the relationship between the program and the practicum sites, and how frequently each site is used.
- **Other Information Deemed Helpful by Program**

F. **Application Fee:** The application fee is \$10,000. Institutions that are members of the PCSAS Founders' Circle pay no application fee; if accredited, they also pay no dues for their first five years. For institutions that are not members of the Founders' Circle, a check for \$10,000 should be made out to the Psychological Clinical Science Accreditation System. (Note that we can also arrange for electronic transfer upon request.) Checks should be sent to:

Joseph E. Steinmetz, Executive Director  
 Psychological Clinical Science Accreditation System (PCSAS)  
 Dept of Psychological & Brain Science  
 Indiana University  
 1101 E. 10<sup>th</sup> Street  
 Bloomington, IN 47405 USA

A program may join the Founders' Circle at any time, including after having paid the application fee or after receiving accreditation. The application fee then will be counted toward their subsequent pledge to the Founders' Circle. We also welcome renewing of Founders' Circle memberships by accredited programs applying for renewal.

G. **Submission Process:** The application process is handled electronically. Programs must post their full applications and supporting materials, including all appendices, on the PCSAS Website as PDF files, making these materials accessible to all PCSAS Reviewers. Note that files are listed alphabetically on the reviewers' portal. We encourage programs to label units as A, B, C... followed by description (e.g., A-Graduates' CVs/Equivalent.) We also ask that, as much as possible, these units be comprised of one file (e.g., individual CVs combined into one PDF). Prior to this, each applicant, after being deemed eligible to apply, will ask for and be assigned an ID and password. These credentials provide access to the applicant portal of the PCSAS Website and permit the applicant to upload application materials. New material may be added to the application, but once marked completed by the program, only the PCSAS Executive Director can modify or delete the uploaded material. Posted application material will remain accessible on the Website *at least* one month after being reviewed by the PCSAS Review Committee; then it will be archived and cannot be altered. Applicants will receive official notification of the Review Committee's evaluation and accreditation decision within a month after the committee's review.

**APPLICATION CONTENT CATEGORIES/STANDARDS (Appendix I of [POPP MANUAL](#) on [PCSAS website](#); See also [APPLICATION PAGES](#) and Exemplars of Evaluation Criteria on [REVIEW CRITERIA](#) page.)**

**C. General Accreditation Standards:** The Review Committee (RC) evaluates applications from programs that explicitly claim to fit within the narrowly defined scope of PCSAS accreditation and to satisfy PCSAS's standards. Accordingly, the RC's task essentially is one of evaluating each program's integrity and quality. Applying the principle of "truth in advertising" as its benchmark, the RC rigorously examines the evidence from each program's application materials and its site visit report to assess how well the program lives up to its claims and to PCSAS's standards. The RC makes qualitative evaluations of each program in:

(a) Conceptual foundations: To be eligible for review, each applicant program necessarily will have endorsed the epistemology, mission, goals, and domain that define PCSAS accreditation. A hallmark of PCSAS accreditation is its flexibility; programs are given leeway to develop their own distinctive and innovative approaches to translating these abstract principles into practical, effective, real-world doctoral programs, because PCSAS believes that the field and the public benefit from some diversity in how clinical science training is accomplished. This diversity may reflect not only local resources and opportunities, but also efforts to move the field forward with well-conceived training innovations.

(b) Design and resources: The RC examines the quality, logic, soundness, and coherence of each program's overall operation: its stability; educational plan and pedagogical approach; content and curriculum; administration; and availability and use of resources. The RC evaluates how effectively the program's design and resources are channeled toward realizing the program's goals.

(c) Quality of the science training: The RC evaluates the overall quality of the scientific content, methods, and products of the program's doctoral training and education (i.e., how well the program embodies and promotes the very best, cutting-edge science of the discipline).

(d) Quality of the application training: The Review Committee evaluates the extent to which clinical training is based on science/application integration that prepares program graduates to function as independent providers of clinical services and assume responsibility for patient care by making clinical decisions based on the best available scientific evidence.

(e) Quality improvement: The Review Committee examines the program's investment in continuous quality improvement to determine: on-going critical self-examination; openness to feedback; flexibility and innovation; monitoring of program results; and

engagement in strategic planning as the field changes in response to the dynamic mental health care environment. The Review Committee expects each program to monitor its design, operations, and outcomes, and to use these data to pursue excellence and strategically plan for the future.

(f) Curriculum and related program responsibilities: PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they ensure that students have achieved these goals. In addition, programs must ensure that ethical standards and concern for diversity are reflected in training for scholarship and clinical application as well as in program characteristics and policies (see below).

*Ethics*. PCSAS accreditation requires that programs provide training in relevant codes of ethical behavior and legal and regulatory requirements for scholarship, research, and clinical application, including those nationally recognized professional ethics codes pertinent to psychological clinical science. Clinical science training programs must ensure that ethical standards are integrated into all major aspects of clinical science training, including didactic experiences, applied training, and research. Such integration should promote the production and application of clinical science that is fair and compassionate, reflecting the fundamental principle of beneficence by promoting the well-being of clients, research participants, and colleagues.

*Diversity, Equity and Inclusion*. PCSAS accreditation requires that programs hold diversity, equity, and inclusion as essential values. Programs must attend to all dimensions of human diversity, including but not limited to race, color, ethnicity, age, gender, gender identity, sexual orientation, socioeconomic status, marital status, national origin, disability, beliefs, and culture, as well as how those identities and others may intersect. These dimensions warrant attention in terms of the scholarly content of instruction, the demographics of members of the program and the clients it serves, and the climate the program promotes, which in combination contribute to the strength of PCSAS programs and the value of the training they provide.

(g) Outcomes: The RC's evaluations place the greatest weight on each program's record of success: To what extent do the activities and accomplishments of a program's faculty, students, and graduates - especially its graduates from the last ten years - exemplify the kinds of outcomes one expects of programs that successfully educate high-quality, productive psychological clinical scientists? Included here are graduates' ongoing contributions to clinical science in terms of new research and to broad dissemination of science-based practice.

For each applicant program, the RC examines, integrates, and evaluates all the evidence across these areas and on the basis of its judgment about conformance to these criteria decides whether the program deserves to be awarded the distinctive recognition of PCSAS accreditation.

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## **Questions about PCSAS Accreditation (Based on POPP Manual)**

- Page 15, first full Paragraph: “Applications are considered one at a time, and are judged against absolute standards.”
  - Can we please see these “absolute standards”?

**ANSWER:** “Absolute standards” refers to our general accreditation standards and associated evaluative criteria, which are available on the PCSAS website under Points C and D at <https://www.pcsas.org/accreditation/review-criteria/>. The standards focus on a program’s conceptual foundations; design, operation, and resources; the quality of the science training; the quality of the application training; curricular and related program responsibilities, including ethics and diversity; quality improvement; and outcomes. The evaluative criteria detail the types of information that the Review Committee considers in its evaluation of a program’s performance in these seven areas. For example, every PCSAS accredited program mandates knowledge in psychopathology, assessment, diagnosis, intervention and treatment, supervision, and statistics. Every program concentrates on ethics, research methods, data analysis, and on issues of individual differences and diversity. Every program also mandates applied experiences - supervised clinical experiences both within their programs and via external practica; and one-year clinical internships post coursework. Finally, to be accredited by PCSAS, programs must demonstrate that their students are functioning as clinical scientists after graduation as measured by clear outcome criteria—i.e., the career records established by the program’s graduates. To obtain initial accreditation or maintain accreditation, PCSAS requires that the majority of a program’s graduates over the past ten years have been successful in pursuing careers as clinical scientists. To this end, PCSAS programs are designed such that training for clinical practice and training for conducting research are fully integrated and reciprocal. Research informs clinical practice and clinical practice continuously informs research.

- Page 19, #7: On-line Reviews
- Pages 58-60: Appendix I
  - Can we please see the reviewer forms?

**ANSWER:** Each program receives three independent reviews: two paper reviews, and one site-visit review. The reviewers do not complete a specific form for each program. Rather, reviewers draft an evaluative report that focuses on the topics enumerated in Appendix I and adheres to the following structure:

- Context (site-visit report only)
- Process (site-visit report only)
- Eligibility (site-visit report only)
- Conceptual Foundations
- Design, Operation, & Resources
  - Students
  - Curriculum

- Research Training
    - Application Training
    - Diversity
    - Ethics
  - Faculty
  - Resources and Environment
  - Quality of the Science
  - Quality Improvement
  - Outcomes
  - Summary & Recommendations
- Page 26, second paragraph under #2: “The strong applications reviewed to date have given the Review Committee clear benchmarks against which to judge future applicants.”
    - Can we please see these “clear benchmarks”?

**ANSWER:** “Clear benchmarks” again refers to the general accreditation standards available on the PCSAS website under Point C at <https://www.pcsas.org/accreditation/review-criteria/>. Additional guidance to programs regarding potential exemplars of these accreditation standards (i.e., illustrative potential benchmarks) also is provided under Point D at <https://www.pcsas.org/accreditation/review-criteria/>. Our evaluation of program applicants over the first 4-5 years helped us to refine our accreditation standards and their potential exemplars, such that both describe the functioning of PCSAS programs extremely well.

- Pages 30-31, list of entities: ... Association of State and Provincial Psychology Boards
  - Can you please send any documentation of support by ASPPB?

**ANSWER:** In this section of the POPP Manual, we list entities with which PCSAS is eager to build strong relationships, given their significant influence over the recognition, regulation, funding, policies, licensing, and curricula of doctoral programs in psychological clinical science and the graduates of those programs. Note that we do not say that all listed entities support PCSAS, just that we seek to have relationships with them. Thus, we have reached out to all listed entities with great interest and enthusiasm, and we are pleased to have established working relationships with all but one organization. Notably, ASPPB is the only organization from which we have received little in the way of response. We have reached out to ASPPB numerous times over the years, but ASPPB has never agreed to meet with PCSAS Board representatives and continues to send negative comments when asked by state psychology boards. Even after hearing these negative comments, however, in recent years the Psychology Boards of Arizona, New Mexico, Minnesota, and Pennsylvania voted to recognize PCSAS. We remain eager to develop a relationship with ASPPB based on mutual respect, and we will continue to reach out and emphasize our shared commitment to the identification of good, competent psychologists who can contribute to the reduction of the burden of mental illness in the US.

- Page 33, first paragraph: “First, because PCSAS accreditation is concerned primarily with an applicant program’s outcomes, rather than with its inputs, this site visit was not devoted to evaluations of the \_\_\_ program’s adherence to any particular list of course requirements or other such requirements, but was devoted instead...”
- Page 55, Course Information bullets: “Provide recent syllabi for all core courses and all other major courses that the faculty considers central to the program’s curriculum.”
- Pages 58-59: “PCSAS accreditation requires that training programs demonstrate that their students have the necessary breadth and depth of knowledge and training experiences to engage in high-quality clinical science scholarship, research, and clinical applications. Programs must clearly articulate their training goals; present a coherent training plan by which students will obtain the necessary breadth and depth of knowledge and experience (e.g., courses, workshops, practica, laboratory rotations); and describe the ways that they will ensure that students have achieved these goals. In addition, programs must ensure that ethical standards and concern for diversity are reflected in training for scholarship, research, and clinical applications as well as in program characteristics and policies (see below).
  - Can you please explain any expectations PCSAS has regarding coursework in terms of types of courses, content of courses, demonstration of mastery, syllabi content, number of hours necessary to graduate, and so forth.

**ANSWER:** As noted under “curriculum design” under Point D2 at <https://www.pcsas.org/accreditation/review-criteria/>, “Meritorious clinical science training is not restricted to one particular set of courses, training methods, or content areas. Rather, it is assumed that there are multiple ways to reach common goals. Thus, it is up to each program to specify its goals; to develop a clear plan for achieving these goals; to devise a curriculum that gives individual students the necessary flexibility to tailor their training to their specific goals; to identify appropriate benchmarks for assessing the curriculum’s results; and to relate performance on these benchmarks to the overall goal of providing high caliber education and training in psychological clinical science.” In other words, PCSAS recognizes that there are multiple ways to obtain and demonstrate mastery of important domains within clinical science. As further noted in this section, “Although there are few specific course requirements for PCSAS accreditation, the Review Committee will look for evidence that the program: (1) provides effective training in the major areas of psychological clinical science—psychopathology and diagnosis, broadly conceived; clinical assessment, measurement, and individual differences; and prevention and intervention; (2) allows for individualized training; and (3) stays abreast of the evolving knowledge base in psychological science. Although the Review Committee does not insist that students acquire expertise through specific required courses, the Review Committee will expect clear evidence of students’ expertise. Each applicant has the opportunity and responsibility to make this case.” Thus, the Review Committee carefully evaluates whether each program provides a compelling demonstration that all their students master the major areas of psychological clinical science, while allowing programs to provide flexible and individualized training as appropriate.

- Moreover, as stated under Point D2d at <https://www.pcsas.org/accreditation/review-criteria/>, applicant programs are also expected to demonstrate that “all graduates can function as independent clinical scientists, able to assume clinical responsibility for patients with problems in their areas of expertise. Thus, they must be trained to a high level of professional competence in the most cost-effective, efficient, empirically supported procedures for the clinical assessment and treatment of specific populations and problems, and must be capable of training and supervising others in these clinical procedures, where appropriate. Students must acquire clinical competence through direct application training, including well organized and monitored, science-based practicum and internship experiences. Innovative approaches to the design and implementation of the applied training are encouraged, with the aim of improving the effectiveness and efficiency of the clinical training; however, programs are expected to provide evidence that such innovations achieve or exceed the intended results. Because PCSAS accreditation is outcome focused, there are few requirements regarding specific coursework or other specific forms of applied training experiences that must be provided across all accredited programs. However, the training should produce clinically competent, license-eligible graduates.” Here too, therefore, the Review Committee carefully evaluates whether each applicant program adequately demonstrates to the Review Committee that all their students can function as independent clinical scientists.
  - Note that the number of hours required to graduate is under the purview of the degree-granting university, not PCSAS.
  - Finally, there is good evidence that PCSAS programs produce highly competent and well-prepared clinical psychologists—the pass rate on licensing examinations for PCSAS program graduates exceeds 98%, which is significantly higher than the national average.
- Page 45, first paragraph under “Application Steps”: “...programs deemed eligible to apply will then receive an application template that provides detailed instructions about the formal application,...”
  - Page 47, second bullet point: “Potential applicants must agree to conduct a detailed self-study prior to preparing an application, and to provide an accurate summary of the self-study's results in their application materials.”
    - If the detailed instructions / self-study are different from Appendices H and I, can you please send that material?

**ANSWER** Interested program applicants receive a copy of Appendices H and I to guide their preparation of their self-study.



**Agenda Item: Consideration of DRAFT Guidance Document 125-1**

**Included in your agenda package are:**

- Copy of DRAFT Guidance Document 125-1

**Staff note:** At the March 15, 2022 meeting, the Board requested staff draft a guidance document regarding accrediting bodies acceptable to the Board.

**Action needed:**

- Motion to either:
  - adopt Guidance Document 125-1 as presented; or
  - adopt Guidance Document 125-1 with additional edits.

## **Board of Psychology Recognition of Accrediting Bodies Acceptable to the Board**

Pursuant to 18VAC125-20-54(A), an individual applying for licensure after June 23, 2028, “shall hold a doctorate in clinical or counseling psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the Board.” Prior to June 23, 2028, an applicant may either graduate from an accredited program as specified in 18VAC125-20-54(A) or meet the criteria outlined in 18VAC125-20-54(B).

The Board has reviewed the Psychological Clinical Science Accreditation System (“PCSAS”), including its internship requirements and standards for accreditation. The Board recognizes PCSAS as an accrediting body acceptable to the Board pursuant to 18VAC125-20-54.

DRAFT

## **Agenda Item: Consideration of Guidance Document 125-2**

### **Included in your agenda package are:**

- Copy of Guidance Document 125-2 with suggested changes in track changes; and
- Copy of Guidance Document 125-2 with changes accepted.

### **Action needed:**

- Motion to either:
  - amend Guidance Document 125-2 with changes presented; or
  - amend Guidance Document 125-2 with additional or different changes.

Guidance document: 125-2

~~Revised: July 10, 2018~~

Adopted: June 28, 2022

Effective: August 18, 2022

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## **VIRGINIA BOARD OF PSYCHOLOGY**

### **Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Psychology**

#### **INTRODUCTION**

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This document provides information for persons interested in becoming a clinical psychologist, school psychologist, applied psychologist, school psychologist-limited, or certified sex offender treatment provider or applying for registration as a resident. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure, certification, or registration by the Board of Psychology.

Until an individual applies for licensure, certification or registration, the Board of Psychology is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

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#### **GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE, CERTIFICATION OR REGISTRATION: EXAMINATION, ENDORSEMENT, AND REINSTATEMENT**

Applicants for licensure or certification by examination, endorsement and reinstatement or for registration as a resident who meet the qualifications as set forth in the law and regulations may be issued a license or certificate or may be registered pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Psychology Regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended ~~the license~~.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or certificate or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to a board member or a special conference committee in the following cases:

1. The applicant presents a history of chemical dependence with evidence of continued abstinence and recovery. The Executive Director cannot approve applicants for reinstatement if the license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.

~~Revised: July 10, 2018~~

2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:
  - The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.
  - The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.
  - The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
  - The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.
- 3. The applicant's conviction history consists of offenses committed as a juvenile and the applicant has no record of convictions as an adult.

#### **BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION**

The Board of Psychology may refuse to admit ~~any~~ candidate to ~~any~~ examination or refuse to issue a license or certificate to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. ~~The Board may also refuse licensure to an applicant for misuse of drugs or alcohol to the extent that it interferes with professional functioning, or mental, emotional, or physical incompetence to practice the profession. Similarly, the Board may refuse certification or registration as a resident to an applicant for misuse of drugs or alcohol which interferes with professional functioning, or mental or physical illness which interferes with professional functioning.~~

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. ~~Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise; petit larceny; fraud; embezzlement; and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed or certified. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.~~

Criminal convictions for ANY felony may cause an applicant to be denied licensure or certification. ~~Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure or certification by the Board of Psychology.~~

Guidance document: 125-2

Adopted: June 28, 2022

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Effective: August 18, 2022

~~Revised: July 10, 2018~~

**ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS,  
PAST ACTIONS, OR POSSIBLE IMPAIRMENTS**

~~Applications for licensure, certification or registration include questions about the applicant's history, specifically:~~

- ~~1. Any and all criminal convictions ever received;~~
- ~~2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and~~
- ~~3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.~~

~~Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. -It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. -Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Psychology has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.~~

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**The following information will be requested from an applicant with a criminal conviction:**

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from psychology-related employers, if possible).

**The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:**

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (psychology-related preferred) since action.

**The following information may be requested from applicants with a possible impairment:**

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;

Guidance document: 125-2

Adopted: June 28, 2022

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Effective: August 18, 2022

~~Revised: July 10, 2018~~

- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from psychology-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner’s Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. ~~Willingness to participate in the HPMP is information the Board of Psychology will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at [www.dhp.virginia.gov](http://www.dhp.virginia.gov).~~

Once the Board of Psychology has received the necessary and relevant additional information, the application will be considered. ~~Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Psychology members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be:~~ i) approved; ii) approved with conditions or terms; or iii) denied.

NOTE: ~~Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Psychology, even after the license, certification or registration has been issued. Such action constitutes~~ ~~It is considered to be~~ ~~“procurement of license by fraud or misrepresentation,”~~ and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. ~~See 18VAC125-20-160(2).~~ ~~Possible disciplinary actions that may be taken as a result of such conduct~~ range from reprimand to revocation of a license or certificate.

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### **FOLLOWING LICENSURE OR CERTIFICATION**

Criminal convictions and other actions can also affect an individual already licensed or certified by the Board of Psychology. ~~Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a~~ ~~“mandatory suspension”~~ of the individual’s license or certificate to practice in Virginia ~~under Virginia Code § 54.1-2409.~~ ~~This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Psychology, according to § 54.1-2409 of the Code of Virginia.~~ ~~The mandatory suspension remains in effect until the individual applies for reinstatement, and appears at a formal hearing before the Board of Psychology, and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license or certificate to practice in order for it to be restored.~~

Guidance document: 125-2

~~Revised: July 10, 2018~~

Adopted: June 28, 2022  
Effective: August 18, 2022

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### **GETTING A CRIMINAL RECORD EXPUNGED**

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's licensure or certification record. Therefore, any criminal conviction *must* be revealed on any application for licensure or certification, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungement pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.



## **VIRGINIA BOARD OF PSYCHOLOGY**

### **Impact of Criminal Convictions, Impairment, and Past History on Licensure, Certification or Registration by the Virginia Board of Psychology**

#### **INTRODUCTION**

This document provides information for persons interested in becoming a clinical psychologist, school psychologist, applied psychologist, school psychologist-limited, or certified sex offender treatment provider or applying for registration as a resident. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure, certification, or registration by the Board of Psychology.

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Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or certificate or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to a board member or a special conference committee in the following cases:

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2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:

- The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.
  - The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.
  - The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
  - The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.
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Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise; petit larceny; fraud; embezzlement; and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed or certified. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.

Criminal convictions for ANY felony may cause an applicant to be denied licensure or certification. Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure or certification by the Board of Psychology.

### **ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS**

Indicating “yes” to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Psychology has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.

**The following information will be requested from an applicant with a criminal conviction:**

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from psychology-related employers, if possible).

**The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:**

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (psychology-related preferred) since action.

**The following information may be requested from applicants with a possible impairment:**

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant’s current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from psychology-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner’s Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Psychology will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at [www.dhp.virginia.gov](http://www.dhp.virginia.gov).

Once the Board of Psychology has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Psychology members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved; ii) approved with conditions or terms; or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Psychology, even after the license, certification or registration has been issued. Such action constitutes procurement of license by fraud or misrepresentation and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. *See* 18VAC125-20-160(2). Possible disciplinary actions as a result of such conduct range from reprimand to revocation of a license or certificate.

### **FOLLOWING LICENSURE OR CERTIFICATION**

Criminal convictions and other actions can also affect an individual already licensed or certified by the Board of Psychology. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a mandatory suspension of the individual's license or certificate to practice in Virginia under Virginia Code § 54.1-2409. This is a nondiscretionary action taken by the Director of DHP rather than the Board of Psychology. The mandatory suspension remains in effect until the individual applies for reinstatement, appears at a formal hearing before the Board of Psychology, and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license or certificate to practice in order for it to be restored.

### **GETTING A CRIMINAL RECORD EXPUNGED**

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's licensure or certification record. Therefore, any criminal conviction *must* be revealed on any application for licensure or certification, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungement pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

**Agenda Item: Consideration of Guidance Document 125-3.1**

**Included in your agenda package are:**

- Copy of Guidance Document 125-3.1 with suggested changes in track changes; and
- Copy of Guidance Document 125-3.1 with suggested changes accepted.

**Action needed:**

- Motion to either:
  - amend Guidance Document 125-3.1 with changes presented; or
  - amend Guidance Document 125-3.1 with additional or different changes.

Guidance document: 125-3.1

~~Reaffirmed: July 10, 2018~~

Adopted: June 28, 2022

Effective: August 18, 2022

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## Board of Psychology

### Submission of Evidence of Completion of Graduate Work

~~Regulations for licensure in psychology (18VAC125-20-41)~~ requires every applicant for examination for licensure to submit the following to the Board:

- a. A completed application on forms provided by the ~~b~~Board;
- b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;
- c. The application processing fee prescribed by the ~~b~~Board; and
- d. Official transcripts documenting the graduate work completed and the degree awarded.

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If an applicant has completed ALL degree requirements, but the graduate transcript does not document that the degree has been awarded solely because of the institution's schedule for conferring degrees, the requirement may be met by submission of an official letter from the institution's graduate psychology program's chair attesting that the applicant has successfully fulfilled all educational requirements to earn the degree, but that, due to the institution's schedule, the degree has not yet been conferred. -The graduate transcript and the program chair's letter must be sent in sealed envelopes directly to the office of the Board of Psychology.

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All other required application and registration of residency documentation must be provided to satisfy the application and registration of residency requirements.

## **Board of Psychology**

### **Submission of Evidence of Completion of Graduate Work**

18VAC125-20-41 requires every applicant for examination for licensure to submit the following to the Board:

- a. A completed application on forms provided by the Board;
- b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65;
- c. The application processing fee prescribed by the Board; and
- d. Official transcripts documenting the graduate work completed and the degree awarded.

If an applicant has completed ALL degree requirements, but the graduate transcript does not document that the degree has been awarded solely because of the institution's schedule for conferring degrees, the requirement may be met by submission of an official letter from the institution's graduate psychology program chair attesting that the applicant has successfully fulfilled all educational requirements to earn the degree, but that, due to the institution's schedule, the degree has not yet been conferred. The graduate transcript and the program chair's letter must be sent in sealed envelopes directly to the office of the Board of Psychology.

All other required application and registration of residency documentation must be provided to satisfy the application and registration of residency requirements.

**Agenda Item: Consideration of Guidance Document 125-3.2**

**Included in your agenda package are:**

- Copy of Guidance Document 125-3.2

**Staff note:** Board staff recommends rescinding this document.

**Action needed:**

- Motion to either:
  - rescind Guidance Document 125-3.2; or
  - reaffirm with or without changes.



## **Board of Psychology**

### **Official Beginning of a Residency**

Applicants who plan to obtain post-graduate training in Virginia must register as a resident in psychology prior to beginning supervision and make application at the time of the registration of residency by submitting the required forms and the official transcript.

**The effective date for the beginning of the approved residency will be the date the completed Registration of Residency Form is approved by the Board of Psychology.** The application must be accompanied by either an official transcript documenting that the required degree has been conferred or by an official letter from the program chair attesting that the applicant has completed all degree requirements, but that the degree has not yet been conferred due to the institution's degree-awarding schedule.

**Agenda Item: Consideration of Guidance Document 125-5.1**

**Included in your agenda package are:**

- Copy of current Guidance Document 125-5.1; and
- Copy of Guidance Document 125-5.1 with suggested changes.

**Staff note:** Extensive formatting changes made track changes document difficult to read.

**Action needed:**

- Motion to either:
  - amend Guidance Document 125-5.1 with changes presented; or
  - amend Guidance Document 125-5.1 with additional or different changes.

# **Virginia Board of Psychology**

## **Possible Disciplinary or Alternative Actions For Non-Compliance with Continuing Education Requirements**

The Board has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements. In all cases of non-compliance, the licensee will also be audited for the next renewal cycle.

### **CAUSE**

Short due to unacceptable hours

Short 1 - 14 hours

Did not respond to audit request

False attestation of continuing education completion

Repeat offense in subsequent year

### **POSSIBLE ACTION**

Confidential Consent Agreement; 30 day make up

Confidential Consent Agreement; 30 day make up

Informal Fact-Finding Conference

Informal Fact-Finding Conference

Informal Fact-Finding Conference

If requested prior to the renewal date, the board may grant an extension for good cause of up to one year for the completion of continuing education requirements. Such extension does not relieve the licensee of the continuing education requirement.

**Board of Psychology**  
**Possible Disciplinary Actions for Non-Compliance with**  
**Continuing Education Requirements**

The Board has adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements. In all cases of non-compliance, the licensee will also be audited for the next renewal cycle.

<b>CAUSE</b>	<b>POSSIBLE ACTION</b>
Short due to unacceptable hours	Confidential Consent Agreement; 30 day make up
Short 1-14 hours	Confidential Consent Agreement; 30 day make up
Did not respond to audit request	Informal Fact-Finding Conference
False attestation of continuing education	Informal Fact-Finding Conference
Repeat offense in subsequent year	Informal Fact-Finding Conference

If requested prior to the renewal date, the board may grant an extension for good cause of up to one year for the completion of continuing education requirements. Such extension does not relieve the licensee of the continuing education requirement.

**Agenda Item: Consideration of petition for review**

**Included in your agenda package are:**

- Petition for rulemaking from Basharat Shah regarding qualifications of psychologists involved in custody and visitation disputes
- Comment from Virginia Academy of School Psychologists
- Comments from Town Hall

**Action needed:**

- Motion to either:
  - initiate rulemaking; or
  - take no action on the petition.

## Request for Comment on Petition for Rulemaking

Promulgating Board: **Board of Psychology**

Regulatory Coordinator: Elaine J. Yeatts  
(804)367-4688  
elaine.yeatts@dhp.virginia.gov

Agency Contact: Jaime Hoyle  
Executive Director  
(804)367-4406  
jaime.hoyle@dhp.virginia.gov

Contact Address: Department of Health Professions  
9960 Mayland Drive  
Suite 300  
Richmond, VA 23233

Chapter Affected:

18 vac 125 - 20: **Regulations Governing the Practice of Psychology**

Statutory Authority: State: Chapter 36 of Title 54.1

Date Petition Received 02/17/2022

Petitioner Basharat Shah

### **Petitioner's Request**

To establish guidelines and qualifications for psychologists involved in custody and visitation cases and prohibit those who do not meet those qualifications from testifying in court.

### **Agency Plan**

In accordance with Virginia law, the petition has been filed with the Register of Regulations for publication on March 14, 2022 with a request for comment to be received until April 13, 2022. The petition will also be posted for comment on the Virginia Regulatory Townhall at [www.townhall.virginia.gov](http://www.townhall.virginia.gov). At the next meeting after the comment period, which is scheduled for June 28, 2022, the Board will consider the petition and any comment received to decide whether or not to initiate the rule-making process.

Publication Date 03/14/2022 *(comment period will also begin on this date)*

Comment End Date 04/13/2022



Virginia Department of  
**Health Professions**  
Board of Psychology

9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
[www.dhp.virginia.gov/psychology](http://www.dhp.virginia.gov/psychology)

Email: [psy@dhp.virginia.gov](mailto:psy@dhp.virginia.gov)  
(804) 367-4697 (Tel)  
(804) 767-3626 (Fax)

### Petition for Rule-making

*The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.*

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix.)

Shah, Basharat A

Street Address

14109 Dowol Ct

Area Code and Telephone Number

312-203-7440

City

Glen Allen

State

Virginia

Zip Code:

2 3 0 5 9

Email Address (optional)

shahbasharat@hotmail.com

Respond to the following questions:

1. What regulation are you petitioning the board to amend? Please state the title of the regulation and the section/sections you want the board to consider amending.

to set limits, parameters and guidelines for Psychologists (coparenting counsellors) and child psychologists in handling court referred custody & visitation cases, especially when they are expected to testify before judge and provide their recommendations that can determine the outcome of such custody visitation disputes.

2. Please summarize the substance of the change you are requesting and state the rationale or purpose for the new or amended rule.

there are thousands of parents who are being exploited by court appointed psychologists and child psychologists through a referral system that involves courts, lawyers and Guardian ad litem. In return, these healthcare professionals offer the overwhelmed family courts their 'recommendations' based on which judges hastily pass their verdicts. It is a symbiotic relationship between the courts and the counselors that benefits them mutually and at the expense of the disputing parties/parents, and most importantly their children.

Since judges' decisions can be heavily influenced by their 'recommendations', these healthcare professionals must have some education/qualifications in dealing with the legal matters. Currently there are no guidelines on what they can and cannot state in their testimonies. They can make irresponsible statements that can prove to be detrimental to a child and his relationship with his/her parents. Board must prohibit psychologists/counselors who do not have the required qualification from testifying in courts. they should not be allowed to abuse their positions. they should be scrutinized and held accountable for any irrational recommendations that can potentially hurt a parent's case.

3. State the legal authority of the board to take the action requested. In general, the legal authority for the adoption of regulations by the board is found in § 54.1-2400 of the Code of Virginia. If there is other legal authority for promulgation of a regulation, please provide that Code reference.

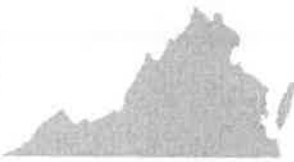
Virginia board of psychology.

Signature:

*Basharat*

Date: 02/14/2022

# VASP



# VIRGINIA ACADEMY OF School Psychologists

Virginia Board of Psychology  
Department of Health Professions  
9960 Maryland Drive,  
Suite 300  
Richmond, VA 23233

To whom it may concern,

*-petition for rule making, regulations governing the practice of psychology; to establish guidelines and qualifications for psychologists involved in custody and visitation cases and prohibit those who do not meet those qualifications from testifying in court*

In regards to the request for comment; the Virginia Academy of School Psychologists is opposed to opening the regulations for rule making. A psychologist falling under the Board of Psychology is obviously licensed. While we are not attorneys, we do not believe the court should restrict who can appear as a witness.

A handwritten signature in black ink that reads 'Eric Dragan Ed.S., NCSP'. The signature is stylized and written in cursive.

Eric Dragan Ed.S., NCSP  
President- Virginia Academy of School Psychologists  
VASP South Central Virginia Regional Representative  
Campbell County Public Schools  
434-237-4090 (ext.532)



[Export to PDF](#)[Export to Excel](#)

Agency

Department of Health Professions

Board

Board of Psychology

Chapter

Regulations Governing the Practice of Psychology [[18 VAC 125 - 20](#)]

2 comments

All good comments for this forum [Show Only Flagged](#)[Back to List of Comments](#)**Commenter:** Basharat Shah

3/15/22 10:09 pm

**important suggestion from the petitioner**

I am the petitioner of this petition. Thank you so much for publishing my petition for further action. I suggest that board reads the reviews that patients have left for all these court appointed adult and child psychologist on various MD review websites, including healthgrades.com, ratemds.com, sharecare.com and vitals.com. Each reviewer has a very distressing story to share. Clearly there is an abuse of the system going on on a large scale and this needs to be stopped ASAP. I believe that only Board has the capacity to put this ongoing abusive process to an end.

CommentID: 120773

**Commenter:** Michael Moates, MA, QBA, LBA, QMHP-Trainee

3/19/22 11:00 pm

**Support of Professor Basharat Shah, MD Petition**

Global Institute for Behavior Practitioners and Examiners

Hello, my name is Michael Moates I am a Licensed Behavior Analyst, Adjunct College Professor of Psychology, and non-profit leader. I am here representing my organization GIBPE which is a non-profit that recognizes the challenges of general specialties of mental health working with various populations.

As with many specialities in the behavioral and mental health realm, it is important to make sure that those who testify as expert witnesses are not general practitioners but rather specialized in this subject area.

Psychologists who testify in the court system need to be able to address multiple areas including forensic assessment, Virginia law, clinical psychology (since Virginia licenses Applied Psychologists), etc.

A general psychologist may not be aware of the consequences of what they say in court and this is extremely important when evaluating cases because you have to way the values of one situation versus another.

I would take the petition a step further to:

Determine the qualifications of an expert witness, in this case a psychologist, and the requirements of practice.

Many states and organizations do this do this including:

American Board of Professional Psychology -

[https://www.dsh.ca.gov/Publications/docs/Regulations/2018\\_01\\_05/AB\\_1962\\_Education\\_and\\_Training\\_Draft\\_Regulations.pdf](https://www.dsh.ca.gov/Publications/docs/Regulations/2018_01_05/AB_1962_Education_and_Training_Draft_Regulations.pdf)

American Psychological Association - <https://www.apa.org/practice/guidelines/forensic-psychology>

California

- [https://www.dsh.ca.gov/Publications/docs/Regulations/2018\\_01\\_05/AB\\_1962\\_Education\\_and\\_Training\\_Draft\\_Regulations.pdf](https://www.dsh.ca.gov/Publications/docs/Regulations/2018_01_05/AB_1962_Education_and_Training_Draft_Regulations.pdf)

<https://www.law.cornell.edu/regulations/california/Cal-Code-Regs-Tit-9-SS-4751>

Texas - [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=21&ch=465&rl=18)

[sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=22&pt=21&ch=465&rl=18](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=22&pt=21&ch=465&rl=18)

Some psychologist finish their doctorate in 5 years and there is no way they have the ability to cover everything that is needed to testify in court. Making a wrong recommendation can have life altering consequences and the board should take that into consideration when making its decision.

Very Respectfully,

Michael Moates, MA, QBA, LBA, QMHP-Trainee

Executive Director, Global Institute for Behavior Practitioners and Examiners

CommentID: **120824**

### Call to Order

The March 29, 2022, Virginia Board of Health Professions meeting was called to order at 10:03 a.m. at the Department of Health Professions (DHP), Perimeter Center, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Board Room 4, Henrico, Virginia 23233.

### Presiding Officer

James Wells, RPh

### Members Present

Sahil Chaudhary, 1<sup>st</sup> Vice Chair, Citizen Member  
Brenda L. Stokes, MD, 2<sup>nd</sup> Vice Chair, Board of Medicine  
Barry Alvarez, LMFT, Board of Counseling  
Sheila E. Battle, MHS, Citizen Member  
A. Tucker Gleason, PhD, Board of Nursing  
Michael Hayter, LCSW, CSAC, SAP, Board of Social Work  
Kenneth Hickey, MD, Board of Funeral Directors & Embalmers  
Allen R. Jones, Jr., DPT, PT, Board of Physical Therapy  
Steve Karras, DVM, Board of Veterinary Medicine  
Alison R. King, PhD, CCC-SLP, Board of Audiology & Speech-Language Pathology  
Sarah Melton, PHARM.D, Board of Pharmacy  
Martha S. Rackets, PhD, Citizen Member  
Susan Wallace, PhD, Board of Psychology

### Members Absent

Carmina Bautista, MSN, FNP-BC, BC-ADM, Citizen Member  
Helene D. Clayton-Jeter, OD, Board Chair, Board of Optometry  
Mitchel Davis, NHA, Board of Long-Term Care Administrators  
Margaret Lemaster, RDH, Board of Dentistry

### Staff Present

Leslie L. Knachel, Executive Director  
David E. Brown, D.C., Agency Director  
Elaine Yeatts, Senior Policy Analyst DHP  
Erin Barrett, Senior Policy Analyst DHP  
Charis Mitchell, Assistant Attorney General, Board Counsel  
Laura Jackson, Board Administrator  
Laura Paasch, Licensing & Operations Administrative Specialist

## **Public Present**

W. Scott Johnson  
Ben Trayham

## **Establishment of Quorum**

With fourteen board members out of eighteen present, a quorum was established.

## **Mission Statement**

Mr. Wells read the Department of Health Professions' mission statement.

## **Ordering of Agenda**

Mr. Wells opened the floor to any changes to the agenda. Hearing none, the agenda was accepted as presented.

## **Public Comment**

There were no requests to provide public comment.

## **Approval of Minutes**

Mr. Wells opened the floor to any additions or corrections regarding the draft minutes from the Full Board Meeting on December 2, 2021. Hearing none, the minutes were approved as presented.

## **Agency Director's Report**

Dr. Brown advised the Board that Dr. Allison-Bryan retired on March 1st. He spoke about the decline in COVID-19 numbers; therefore, the agency will start its "new normal" on April 4, 2022. He indicated that conference center and additional security upgrades will be occurring in the near future.

Ms. Knachel recognized Ms. Yeatts' pending retirement and her service to DHP and the Commonwealth. Erin Barrett will replace Ms. Yeatts as of April 1, 2022.

## **Policy Analyst's Report**

Ms. Yeatts' provided updates on the 2022 General Assembly & Regulatory Actions.

Ms. Knachel presented the amendments to Guidance Document 75-4 Bylaws that were presented at the December 2, 2021, board meeting.

Dr. Jones made a motion to accept the changes to Guidance Document 75-4 Bylaws as presented. The motion was seconded by Dr. Stokes. The motion carried unanimously.

## **Discussion Items**

### Format for Individual Board Reports

Ms. Knachel gave an update on the format for the individual board reports at Board of Health Professions' meetings. The consensus of the board members is that the Board Executives will provide a brief summary of board actions to be reported. Information on

board statistics will not be included in the reports. The minutes will reflect the information provided in each report.

### **Board Counsel Report**

Ms. Mitchell had no information to report to the Board.

### **Board Chair Report**

Mr. Wells thanked Dr. Jones and Dr. Rackets for their years of service on the Board of Health Professions and to the Commonwealth.

### **Staff Reports**

Ms. Knachel reported that the next meeting is scheduled for September 27, 2022. The meeting will include reports from the Enforcement and Finance Divisions and officer elections.

### **New Business**

No new business was reported.

### **Next Meeting**

The next full board meeting is scheduled for Tuesday, September 27, 2022.

### **Adjournment**

Hearing no objections, Mr. Wells adjourned the meeting at 11:07 a.m.

## Discipline Reports

**02/17/2022 - 06/10/2022**

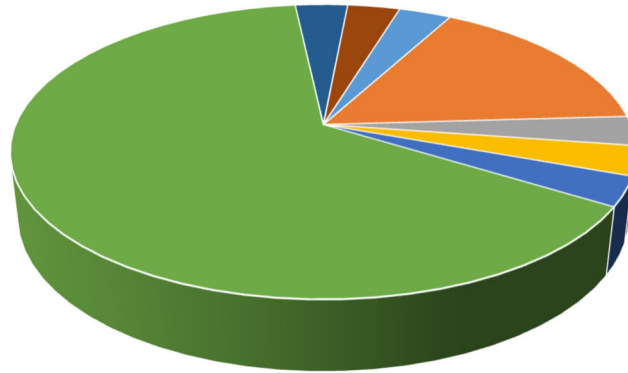
NEW CASES RECEIVED IN BOARD 02/17/2022 - 06/10/2022				
	Counseling	Psychology	Social Work	BSU Total
Cases <b>Received</b> for Board review	114	40	35	<b>189</b>

OPEN CASES (as of 06/10/2022)				
Open Case Stage	Counseling	Psychology	Social Work	BSU Total
Probable Cause Review	71	112	30	
Scheduled for Informal Conferences	22	2	16	
Scheduled for Formal Hearings	5	4	0	
Other (on hold, pending settlement, etc)	21	9	4	
Cases with APD for processing (IFC, FH, Consent Order)	13	2	1	
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>132</b>	<b>129</b>	<b>51</b>	<b>312</b>
<b>OPEN INVESTIGATIONS</b>	<b>96</b>	<b>32</b>	<b>28</b>	<b>156</b>
<b>TOTAL OPEN CASES</b>	<b>228</b>	<b>161</b>	<b>79</b>	<b>468</b>

UPCOMING CONFERENCES AND HEARINGS	
<b>Informal Conferences</b>	Conferences Held: n/a Scheduled Conferences: June 17, 2022
<b>Formal Hearings</b>	Hearings Held: n/a Scheduled Hearings: June 28, 2022

<b>CASES CLOSED (02/17/2022 - 06/10/2022)</b>	
Closed – <b>no violation</b>	29
Closed – <b>undetermined</b>	1
Closed – <b>violation</b>	1
Credentials/Reinstatement – <b>Denied</b>	0
Credentials/Reinstatement – <b>Approved</b>	0
<b>TOTAL CASES CLOSED</b>	<b>31</b>

### Closed Case Categories



- Business Practice Concerns (1)
- Diagnosis/Treatment (5)
- Fraud, non-patient care (1)
- Fraud, patient care (1)
- Inappropriate Relationship (1)  
1 violation
- No jurisdiction (20)
- Records Release (1)
- Unlicensed Activity (1)

<b>AVERAGE CASE PROCESSING TIMES (counted on closed cases)</b>	
Average time for case closures	<b>190 days</b>
Avg. time in Enforcement (investigations)	90 days
Avg. time in APD (IFC/FH preparation)	6 days
Avg. time in Board (includes hearings, reviews, etc).	99 days
Avg. time with board member (probable cause review)	7 days

## PSYCHOLOGY LICENSING REPORT

<b>Satisfaction Survey Results</b>	
<b>2022 2nd Quarter (October 1 – December 31, 2021)</b>	<b>97.5%</b>
<b>2022 3<sup>rd</sup> Quarter (January 1 – March 31, 2022)</b>	<b>91.1%</b>

### Totals as of June 15, 2022\*

<b>Current Licenses</b>	
Clinical Psychologists	4,239
Resident in Training	380
Applied Psychologist	24
School Psychologists	98
Resident in School Psychology	12
School Psychologist-Limited	671
Sex Offender Treatment Provider	453
Sex Offender Treatment Provider Trainee	97
<b>Total</b>	<b>5,974</b>

\*Unofficial numbers (for informational purposes only)



### APPLICATIONS RECEIVED

Applications Received	December 2021*	January 2022*	February 2022*	March 2022*	April 2022*	May 2022*
Clinical Psychologists	31	28	40	36	28	32
Resident in Training	5	4	8	7	4	7
Applied Psychologist	1	0	1	0	1	0
School Psychologists	1	1	0	2	0	1
Resident in School Psychology	0		0	2	0	1
School Psychologist-Limited	4	7	8	4	5	5
Sex Offender Treatment Provider	1	1	1	1	3	0
Sex Offender Treatment Provider Trainee	3	5	4	6	1	4
<b>Total</b>	<b>46</b>	<b>46</b>	<b>62</b>	<b>58</b>	<b>42</b>	<b>50</b>

### LICENSES ISSUED

Licensed Issued	December 2021	January 2022	February 2022	March 2022	April 2022	May 2022*
Clinical Psychologists	32	23	23	30	27	25
Resident in Training	8	3	8	7	7	6
Applied Psychologist	0	0	0	0	0	0
School Psychologists	0	0	0	1	1	1
Resident in School Psychology	0	0	0	2	2	0
School Psychologist-Limited	7	4	10	2	2	5
Sex Offender Treatment Provider	1	1	1	2	2	0
Sex Offender Treatment Provider Trainee	0	5	1	9	9	3
<b>Total</b>	<b>48</b>	<b>36</b>	<b>43</b>	<b>53</b>	<b>39</b>	<b>40</b>

\*Unofficial numbers (for informational purposes only)

## **Additional Information:**

- **Board of Psychology Staffing Information:**

- The Board currently has one full-time to answer phone calls, emails and to process applications across all license types.
  - Licensing Staff:
    - Deborah Harris – Licensing Manager (Full-Time)

- **June 30<sup>th</sup> Renewals:**

- A renewal reminder will be emailed the first week of May.
- Renewal information can be found on the Board's website under the [Regulations](#) and [Renewal FAQs](#).

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2021 and Ending February 28, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget
<b>4002400</b>	<b>Fee Revenue</b>			
4002401	Application Fee	70,385.00	73,025.00	2,640.00
4002406	License & Renewal Fee	41,755.00	621,775.00	580,020.00
4002407	Dup. License Certificate Fee	380.00	115.00	(265.00)
4002409	Board Endorsement - Out	3,300.00	2,050.00	(1,250.00)
4002421	Monetary Penalty & Late Fees	-	5,755.00	5,755.00
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00
	<b>Total Fee Revenue</b>	<u>115,820.00</u>	<u>702,790.00</u>	<u>586,970.00</u>
	<b>Total Revenue</b>	115,820.00	702,790.00	586,970.00
5011110	Employer Retirement Contrib.	6,913.35	10,306.00	3,392.65
5011120	Fed Old-Age Ins- Sal St Emp	3,864.38	5,452.00	1,587.62
5011140	Group Insurance	674.54	955.00	280.46
5011150	Medical/Hospitalization Ins.	6,015.50	8,508.00	2,492.50
5011160	Retiree Medical/Hospitalizatn	563.68	799.00	235.32
5011170	Long term Disability Ins	307.01	435.00	127.99
	<b>Total Employee Benefits</b>	<u>18,338.46</u>	<u>26,455.00</u>	<u>8,116.54</u>
5011200	Salaries			
5011230	Salaries, Classified	50,480.82	71,268.00	20,787.18
5011250	Salaries, Overtime	285.07	-	(285.07)
	<b>Total Salaries</b>	<u>50,765.89</u>	<u>71,268.00</u>	<u>20,502.11</u>
5011300	Special Payments			
5011340	Specified Per Diem Payment	500.00	1,000.00	500.00
5011380	Deferred Compnstn Match Pmts	408.00	576.00	168.00
	<b>Total Special Payments</b>	<u>908.00</u>	<u>1,576.00</u>	<u>668.00</u>
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	365.67	-	(365.67)
	<b>Total Terminatn Personal Svce Costs</b>	<u>365.67</u>	<u>-</u>	<u>(365.67)</u>
5011930	Turnover/Vacancy Benefits			
	<b>Total Personal Services</b>	<u>70,378.02</u>	<u>99,299.00</u>	<u>28,920.98</u>
5012000	Contractual Svs			
5012100	Communication Services			
5012110	Express Services	-	172.00	172.00
5012140	Postal Services	2,536.52	4,560.00	2,023.48
5012150	Printing Services	-	82.00	82.00
5012160	Telecommunications Svcs (VITA)	188.78	425.00	236.22
5012190	Inbound Freight Services	3.95	-	(3.95)
	<b>Total Communication Services</b>	<u>2,729.25</u>	<u>5,239.00</u>	<u>2,509.75</u>
5012200	Employee Development Services			

5012210 Organization Memberships	-	2,750.00	2,750.00
5012240 Employee Trainng/Workshop/Conf	4,230.00	-	(4,230.00)
Total Employee Development Services	4,230.00	2,750.00	(1,480.00)
5012400 Mgmnt and Informational Svcs	-		
5012420 Fiscal Services	6,361.02	8,270.00	1,908.98
5012440 Management Services	114.26	330.00	215.74
5012460 Public Infrmtnl & Relatn Svcs	409.11	-	(409.11)
5012470 Legal Services	-	250.00	250.00
Total Mgmnt and Informational Svcs	6,884.39	8,850.00	1,965.61
5012500 Repair and Maintenance Svcs			
5012510 Custodial Services	182.73	-	(182.73)
5012530 Equipment Repair & Maint Srvc	4.95	-	(4.95)
Total Repair and Maintenance Svcs	187.68	-	(187.68)
5012600 Support Services			
5012640 Food & Dietary Services	537.39	432.00	(105.39)
5012660 Manual Labor Services	14.81	427.00	412.19
5012670 Production Services	245.31	935.00	689.69
5012680 Skilled Services	4,758.45	13,815.00	9,056.55
Total Support Services	5,555.96	15,609.00	10,053.04
5012700 Technical Services			
5012760 C.Operating Svs (By VITA)	5.10	-	(5.10)
Total Technical Services	5.10	-	(5.10)
5012800 Transportation Services			
5012820 Travel, Personal Vehicle	1,200.08	3,572.00	2,371.92
5012830 Travel, Public Carriers	-	5,000.00	5,000.00
5012850 Travel, Subsistence & Lodging	547.20	1,101.00	553.80
5012880 Trvl, Meal Reimb- Not Rprtbl	292.00	1,139.00	847.00
Total Transportation Services	2,039.28	10,812.00	8,772.72
Total Contractual Svs	21,631.66	43,260.00	21,628.34
5013000 Supplies And Materials			
5013100 Administrative Supplies			
5013120 Office Supplies	766.80	348.00	(418.80)
5013130 Stationery and Forms	-	1,554.00	1,554.00
Total Administrative Supplies	766.80	1,902.00	1,135.20
5013400 Medical and Laboratory Supp.			
5013420 Medical and Dental Supplies	1.06	-	(1.06)
Total Medical and Laboratory Supp.	1.06	-	(1.06)
5013500 Repair and Maint. Supplies			
5013520 Custodial Repair & Maint Matrl	-	2.00	2.00
Total Repair and Maint. Supplies	-	2.00	2.00
5013600 Residential Supplies			
5013620 Food and Dietary Supplies	-	26.00	26.00
5013630 Food Service Supplies	-	100.00	100.00
Total Residential Supplies	-	126.00	126.00
5013700 Specific Use Supplies			
5013730 Computer Operating Supplies	-	10.00	10.00
Total Specific Use Supplies	-	10.00	10.00

<b>Total Supplies And Materials</b>	<u>767.86</u>	<u>2,040.00</u>	<u>1,272.14</u>
<b>5015000 Continuous Charges</b>			
<b>5015100 Insurance-Fixed Assets</b>			
<b>5015160 Property Insurance</b>	24.41	32.00	7.59
<b>Total Insurance-Fixed Assets</b>	<u>24.41</u>	<u>32.00</u>	<u>7.59</u>
<b>5015300 Operating Lease Payments</b>			
<b>5015340 Equipment Rentals</b>	437.79	540.00	102.21
<b>5015350 Building Rentals</b>	4.80	-	(4.80)
<b>5015390 Building Rentals - Non State</b>	5,234.75	7,825.00	2,590.25
<b>Total Operating Lease Payments</b>	<u>5,677.34</u>	<u>8,365.00</u>	<u>2,687.66</u>
<b>5015500 Insurance-Operations</b>			
<b>5015510 General Liability Insurance</b>	152.89	120.00	(32.89)
<b>5015540 Surety Bonds</b>	5.17	8.00	2.83
<b>Total Insurance-Operations</b>	<u>158.06</u>	<u>128.00</u>	<u>(30.06)</u>
<b>Total Continuous Charges</b>	<u>5,859.81</u>	<u>8,525.00</u>	<u>2,665.19</u>
<b>5022000 Equipment</b>			
<b>5022200 Educational &amp; Cultural Equip</b>			
<b>5022240 Reference Equipment</b>	-	52.00	52.00
<b>Total Educational &amp; Cultural Equip</b>	<u>-</u>	<u>52.00</u>	<u>52.00</u>
<b>5022600 Office Equipment</b>			
<b>5022610 Office Appurtenances</b>	-	70.00	70.00
<b>Total Office Equipment</b>	<u>-</u>	<u>70.00</u>	<u>70.00</u>
<b>Total Equipment</b>	<u>-</u>	<u>122.00</u>	<u>122.00</u>
<b>Total Expenditures</b>	<u>98,637.35</u>	<u>153,246.00</u>	<u>54,608.65</u>
<b>Allocated Expenditures</b>			
<b>20100 Behavioral Science Exec</b>	117,593.22	185,656.93	68,063.71
<b>30100 Data Center</b>	84,250.17	66,464.99	(17,785.18)
<b>30200 Human Resources</b>	9,295.18	23,046.30	13,751.12
<b>30300 Finance</b>	27,539.46	39,062.50	11,523.04
<b>30400 Director's Office</b>	9,733.33	14,893.96	5,160.63
<b>30500 Enforcement</b>	91,625.16	192,814.67	101,189.51
<b>30600 Administrative Proceedings</b>	7,398.14	11,605.72	4,207.58
<b>30700 Impaired Practitioners</b>	209.33	473.45	264.12
<b>30800 Attorney General</b>	4,648.02	4,649.53	1.50
<b>30900 Board of Health Professions</b>	1,247.85	1,011.61	(236.24)
<b>31100 Maintenance and Repairs</b>	-	1,548.13	1,548.13
<b>31300 Emp. Recognition Program</b>	462.10	2,089.27	1,627.17
<b>31400 Conference Center</b>	312.24	3,899.42	3,587.18
<b>31500 Pgm Devlpmnt &amp; Implmntn</b>	2,586.53	6,614.44	4,027.91
<b>31600 Healthcare Work Force</b>	5,430.95	10,514.44	5,083.48
<b>Total Allocated Expenditures</b>	<u>362,331.70</u>	<u>564,345.35</u>	<u>202,013.65</u>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<u>(345,149.05)</u>	<u>(14,801.35)</u>	<u>330,347.70</u>

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**Virginia Department of Health Professions**  
**Revenue and Expenditures Summary**  
**Department 10800 - Psychology**  
**For the Period Beginning July 1, 2021 and Ending February 28, 2022**

<b>Account Number</b>	<b>Account Description</b>	<b>July</b>	<b>August</b>	<b>September</b>
4002400	Fee Revenue			
4002401	Application Fee	6,890.00	9,630.00	14,005.00
4002406	License & Renewal Fee	22,185.00	5,895.00	5,740.00
4002407	Dup. License Certificate Fee	110.00	45.00	60.00
4002409	Board Endorsement - Out	375.00	725.00	475.00
	Total Fee Revenue	29,560.00	16,295.00	20,280.00
	Total Revenue	29,560.00	16,295.00	20,280.00
5011000	Personal Services			
5011100	Employee Benefits			
5011110	Employer Retirement Contrib.	1,204.01	815.62	815.62
5011120	Fed Old-Age Ins- Sal St Emp	675.39	474.20	452.41
5011140	Group Insurance	117.48	79.58	79.58
5011150	Medical/Hospitalization Ins.	1,052.50	709.00	709.00
5011160	Retiree Medical/Hospitalizatn	98.18	66.50	66.50
5011170	Long term Disability Ins	53.47	36.22	36.22
	Total Employee Benefits	3,201.03	2,181.12	2,159.33
5011200	Salaries			
5011230	Salaries, Classified	8,908.38	5,938.92	5,938.92
5011250	Salaries, Overtime	-	285.07	-
	Total Salaries	8,908.38	6,223.99	5,938.92
5011340	Specified Per Diem Payment	-	-	350.00
5011380	Deferred Compnstrn Match Pmts	72.00	48.00	48.00
	Total Special Payments	72.00	48.00	398.00
5011600	Terminatn Personal Svce Costs			
5011660	Defined Contribution Match - Hy	63.69	43.14	43.14
	Total Terminatn Personal Svce Costs	63.69	43.14	43.14
	Total Personal Services	12,245.10	8,496.25	8,539.39
5012000	Contractual Svcs			
5012100	Communication Services			
5012140	Postal Services	174.26	296.71	103.34
5012160	Telecommunications Svcs (VITA)	23.37	23.63	23.63
5012190	Inbound Freight Services	-	-	-
	Total Communication Services	197.63	320.34	126.97
5012200	Employee Development Services			
5012240	Employee Training/Workshop/Conf	-	-	-
	Total Employee Development Services	-	-	-
5012400	Mgmtnt and Informational Svcs			
5012420	Fiscal Services	5,486.45	546.29	109.27

5012440	Management Services	70.95	-	22.38
5012460	Public Infrmtnl & Relatn Svcs	6.00	403.11	-
	Total Mgmt and Informational Svcs	5,563.40	949.40	131.65
5012500	Repair and Maintenance Svcs			
5012510	Custodial Services	22.01	22.01	-
5012530	Equipment Repair & Maint Svc	-	1.65	-
	Total Repair and Maintenance Svcs	22.01	23.66	-
5012600	Support Services			
5012640	Food & Dietary Services	-	137.85	312.71
5012660	Manual Labor Services	-	-	-
5012670	Production Services	-	25.80	10.80
5012680	Skilled Services	592.82	593.69	592.36
	Total Support Services	592.82	757.34	915.87
5012700	Technical Services			
5012760	C.Operating Svcs (By VITA)	5.10	-	-
	Total Technical Services	5.10	-	-
5012800	Transportation Services			
5012820	Travel, Personal Vehicle	-	-	873.60
5012850	Travel, Subsistence & Lodging	-	-	437.76
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	214.75
	Total Transportation Services	-	-	1,526.11
	Total Contractual Svcs	6,380.96	2,050.74	2,700.60
5013000	Supplies And Materials			
5013100	Administrative Supplies			
5013120	Office Supplies	44.75	52.58	203.47
	Total Administrative Supplies	44.75	52.58	203.47
5013400	Medical and Laboratory Supp.			
5013420	Medical and Dental Supplies	-	-	-
	Total Medical and Laboratory Supp.	-	-	-
	Total Supplies And Materials	44.75	52.58	203.47
5015000	Continuous Charges			
5015100	Insurance-Fixed Assets			
5015160	Property Insurance	24.41	-	-
	Total Insurance-Fixed Assets	24.41	-	-
5015300	Operating Lease Payments			
5015340	Equipment Rentals	48.70	50.15	48.70
5015350	Building Rentals	4.80	-	-
5015390	Building Rentals - Non State	511.98	748.42	632.47
	Total Operating Lease Payments	565.48	798.57	681.17
5015500	Insurance-Operations			
5015510	General Liability Insurance	152.89	-	-
5015540	Surety Bonds	5.17	-	-
	Total Insurance-Operations	158.06	-	-
	Total Continuous Charges	747.95	798.57	681.17

5023000	Plant and Improvements			
5023200	Construction of Plant and Improvements			
5023280	Construction, Buildings Improvements	-	-	-
	Total Construction of Plant and Improvements	-	-	-
	Total Plant and Improvements	-	-	-
	Total Expenditures	19,418.76	11,398.14	12,124.63
	Allocated Expenditures			
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-
20400	Nursing / Nurse Aide	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-
30100	Technology and Business Services	12,461.82	10,054.17	9,274.16
30200	Human Resources	1,359.09	130.29	132.39
30300	Finance	4,457.69	3,457.41	3,543.98
30400	Director's Office	1,655.92	1,166.88	1,172.51
30500	Enforcement	21,064.62	13,365.07	11,929.67
30600	Administrative Proceedings	-	377.62	-
30700	Health Practitioners' Monitoring Program	4.16	3.61	2.96
30800	Attorney General	1,172.98	-	-
30900	Board of Health Professions	179.48	425.73	112.49
31000	SRTA	-	-	-
31100	Maintenance and Repairs	-	-	-
31300	Employee Recognition Program	20.40	137.08	4.15
31400	Conference Center	14.89	149.12	88.63
31500	Program Development and Implementation	495.18	382.68	369.48
31600	Healthcare Workforce	743.82	533.86	535.18
31800	CBC (Criminal Background Check Unit)	-	-	-
31900	31900 Not in Use	-	-	-
32000	32000 Not in Use	-	-	-
32100	32100 Not in Use	-	-	-
98700	Cash Transfers	-	-	-
	Total Allocated Expenditures	62,954.51	43,730.79	40,614.80
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (52,813.27)	\$ (38,833.93)	\$ (32,459.43)

October	November	December	January	February	Total
9,705.00	7,565.00	6,560.00	6,535.00	9,495.00	70,385.00
1,620.00	1,900.00	1,620.00	1,945.00	850.00	41,755.00
20.00	30.00	30.00	55.00	30.00	380.00
425.00	225.00	375.00	400.00	300.00	3,300.00
11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	115,820.00
11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	115,820.00
815.62	815.62	815.62	815.62	815.62	6,913.35
452.40	452.41	452.77	452.40	452.40	3,864.38
79.58	79.58	79.58	79.58	79.58	674.54
709.00	709.00	709.00	709.00	709.00	6,015.50
66.50	66.50	66.50	66.50	66.50	563.68
36.22	36.22	36.22	36.22	36.22	307.01
2,159.32	2,159.33	2,159.69	2,159.32	2,159.32	18,338.46
5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	50,480.82
-	-	-	-	-	285.07
5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	50,765.89
50.00	-	100.00	-	-	500.00
48.00	48.00	48.00	48.00	48.00	408.00
98.00	48.00	148.00	48.00	48.00	908.00
43.14	43.14	43.14	43.14	43.14	365.67
43.14	43.14	43.14	43.14	43.14	365.67
8,239.38	8,189.39	8,289.75	8,189.38	8,189.38	70,378.02
					-
					-
504.09	329.46	324.77	589.80	214.09	2,536.52
23.63	23.63	23.63	23.63	23.63	188.78
-	2.37	-	1.58	-	3.95
527.72	355.46	348.40	615.01	237.72	2,729.25
-	-	-	-	4,230.00	4,230.00
-	-	-	-	4,230.00	4,230.00
112.33	34.09	34.78	9.64	28.17	6,361.02

-	-	19.42	1.51	-	114.26
-	-	-	-	-	409.11
112.33	34.09	54.20	11.15	28.17	6,884.39
7.62	44.02	43.05	22.01	22.01	182.73
-	-	1.65	-	1.65	4.95
7.62	44.02	44.70	22.01	23.66	187.68
-	-	86.83	-	-	537.39
-	-	-	14.81	-	14.81
5.10	76.90	-	121.61	5.10	245.31
-	1,184.72	592.36	592.36	610.14	4,758.45
5.10	1,261.62	679.19	728.78	615.24	5,555.96
-	-	-	-	-	5.10
-	-	-	-	-	5.10
10.64	-	315.84	-	-	1,200.08
-	-	109.44	-	-	547.20
-	-	77.25	-	-	292.00
10.64	-	502.53	-	-	2,039.28
663.41	1,695.19	1,629.02	1,376.95	5,134.79	21,631.66
-	-	-	-	-	-
147.11	111.09	21.55	45.74	140.51	766.80
147.11	111.09	21.55	45.74	140.51	766.80
-	-	1.06	-	-	1.06
-	-	1.06	-	-	1.06
147.11	111.09	22.61	45.74	140.51	767.86
-	-	-	-	-	-
-	-	-	-	-	24.41
-	-	-	-	-	24.41
50.15	48.70	48.70	96.42	46.27	437.79
-	-	-	-	-	4.80
638.21	737.49	655.19	637.39	673.60	5,234.75
688.36	786.19	703.89	733.81	719.87	5,677.34
-	-	-	-	-	152.89
-	-	-	-	-	5.17
-	-	-	-	-	158.06
688.36	786.19	703.89	733.81	719.87	5,859.81

-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
9,738.26	10,781.86	10,645.27	10,345.88	14,184.55	98,637.35
14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	117,593.22
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
6,484.57	13,332.30	12,904.62	13,782.33	5,956.21	84,250.17
1,086.17	156.41	75.95	185.67	6,169.21	9,295.18
3,242.00	2,325.04	4,502.29	2,980.19	3,030.87	27,539.46
1,201.45	1,095.62	993.93	1,235.33	1,211.69	9,733.33
9,982.15	8,651.42	7,704.60	9,405.31	9,522.32	91,625.16
20.85	1,562.21	-	2,280.48	3,156.99	7,398.14
6.55	55.01	46.98	47.33	42.73	209.33
2,412.92	0.01	-	1,062.11	-	4,648.02
258.74	172.02	291.47	126.58	(318.66)	1,247.85
-	-	-	-	-	-
-	-	-	-	-	-
27.56	-	267.97	2.07	2.88	462.10
13.96	9.24	9.18	9.17	18.06	312.24
352.48	216.06	246.89	279.94	243.83	2,586.53
922.41	540.75	530.92	535.15	1,088.86	5,430.95
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
40,104.11	43,684.59	41,796.48	46,100.01	43,346.42	362,331.70
\$ (38,072.37)	\$ (44,746.45)	\$ (43,856.75)	\$ (47,510.89)	\$ (46,855.97)	\$ (345,149.05)

**DHP  
Board Cash Balance Report**

**108 -  
Psychology**

<b>Cash Balance as of June 30, 2021</b>	\$ 1,118,514
<b>YTD FY 2022 Revenue</b>	115,820
<b>Less: YTD FY 2022 Direct and Allocated Expenditures</b>	<u>460,969</u>
<b>Cash Balance as of February 28, 2022</b>	<u><u>\$ 773,365</u></u>