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**Call to Order – Sussan Wallace, Ph.D, Board Chair**

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

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**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.*

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**Approval of Minutes**

Board Meeting – February 7, 2023\*

Informal Conferences – February 24, 2023 (For Informational Purposes Only)

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**Agency Director Report (Verbal Report)– Arne Owens**

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

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**Legislative and Regulatory Report – Erin L. Barrett, JD, DHP Director of Legislative and Regulatory Affairs**

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**Staff Reports**

**Executive Director’s Report – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work.....Page**

- Financials
- PSYPACT report
- Board Appointments/Elections Update

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

**Licensing Report – Charlotte Lenart, Deputy Director, Boards of Counseling, Psychology, and Social Work .....Page**

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**Committee Reports**

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

**Board of Health Professions --- Dr. Wallace**

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## **Unfinished Business**

- Discussion of Shortage of School Psychologists

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## **New Business**

- Right Help Right Now Behavioral Health Transformation and Workforce Issues – Representatives of the Administration
  - Comparisons of pathways to licensure by out-of-state licensees – Jaime Hoyle.....
- ASPPB Report – Aliya Chapman, PhD., LPC
- Behavioral Health Dashboard
- Discussion on possible legislative initiatives (verbal discussion and Presentation at meeting)
  - Continuing Education
  - Authority to License Master’s Level Psychologists
  - Structure and scope of the current Clinical License

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## **Next Meeting – September 19, 2023**

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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

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**MISSION STATEMENT**

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.

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**EMERGENCY EGRESS**

Please listen to the following instructions about exiting these premises in the event of an emergency.

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound. When the alarms sound, leave the room immediately. Follow any instructions given by the Security staff.

**Board Room 1**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**Board Room 2**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

### **Board Rooms 3 and 4**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

### **Training Room 1**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

### **Training Room 2**

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.





**Virginia Board of Psychology**  
**Full Board Meeting Minutes**  
**Tuesday, February 7, 2023 at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 4**

- PRESIDING OFFICER:** Susan Brown Wallace, Ph.D.
- BOARD MEMBERS PRESENT:** J.D. Ball, Ph.D. (*virtually from Virginia Beach, VA – Dr. Ball was not in physical attendance for health reasons*)  
 Aliya Chapman, Ph.D.  
 William Hathaway, Ph.D.  
 Christine Payne, BSN, MBA  
 Gary Sibcy, Ph.D.  
 Cheryl Snyder
- BOARD MEMBERS ABSENT:** Norma Murdock-Kitt, Ph.D.  
 Kathryn Zeanah, Ph. D
- BOARD STAFF PRESENT:** Christy Evans, Discipline and Compliance Case Manager  
 Deborah Harris, Licensing Manager (virtual attendance via WebEx)  
 Jennifer Lang, Deputy Executive Director  
 Cheyenne Upshaw, Administrative Assistant  
 Sharniece Vaughan, Licensing Specialist
- DHP STAFF PRESENT:** Erin Barrett, Director of Legislative Affairs and Policy, DHP  
 James Jenkins, Deputy Director, DHP  
 Matt Novak, Policy and Economic Analyst, DHP  
 Arne Owens, Director, DHP
- BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General
- CALL TO ORDER:** Dr. Wallace called the meeting to order at 10:05 a.m.
- MISSION STATEMENT:** Ms. Lang read the mission statement of the Department of Health Professions, and also read the emergency egress procedures.
- ESTABLISHMENT OF A QUORUM:** Following a roll call of Board members and staff, Ms. Lang indicated a quorum was established.
- ADOPTION OF AGENDA:** The agenda was adopted as presented.
- PUBLIC ATTENDEES:** None
- PUBLIC COMMENT:** None
- APPROVAL OF MINUTES:** The minutes from the September 27, 2022 Quarterly Board meeting were approved as presented.

**AGENCY DIRECTOR REPORT:** Mr. Owens introduced himself as the new agency Director and thanked David Brown for his service and leadership at DHP. He advised that DHP's focus is on the healthcare workforce and gave a brief overview of the Governor's Transformation Plan, "Right Help. Right Now."

Mr. Owens introduced James Jenkins as the new Deputy Director of DHP and noted that Mr. Jenkins is the Special Advisor for the Healthcare Workforce.

**BOARD CHAIR REPORT:**

Dr. Wallace reported that she attended a meeting of the Association of State and Provincial Psychology Board (ASPPB) with a focus on workforce for school psychology.

**LEGISLATIVE AND REGULATORY REPORT:**

Ms. Barrett provided an update of pending regulatory action as well as the status of Bills of interest in the General Assembly. Dr. Ball enquired about the status of the board's request to include a proposed legislative change that will give the board the authority to designate specific continuing education topics per renewal cycle. Ms. Barrett advised that the previous discussion occurred after the deadline for the current General Assembly session. However, she noted that it is something the agency may consider for the 2024 session.

**NEW BUSINESS:**

**Petition for Rulemaking:**

The board considered a petition requesting a new registration to allow telehealth from non-compact states. Dr. Ball moved to take no action on the petition because it is beyond the board's legal authority to create a new registration that is not allowed in legislation. The motion was seconded and passed with a unanimous vote.

**Discussion of School Psychologist Shortage**

Dr. Wallace discussed the workforce shortage of school psychologists and noted that, while the Bill in the General Assembly, allowing clinical psychologists to work in schools, can help short-term, there is also a shortage of clinical psychologists specifically in child psychology. Dr. Wallace opined that Virginia's separation of clinical and school psychologists creates a barrier to licensure and noted that often the professors who teach in the school psychology programs do not get licensed in Virginia because there is no value in obtaining the license. Therefore, they are not encouraging students to obtain the license. Ms. Wallace stated that she was concerned that the license is viewed as having little value. She feels that the board legislation/regulations need to be clearer about the scope of practice for school psychologists.

Dr. Ball noted that current pending changes to regulations will help to address some of the issues. Ms. Barrett advised that, if a private organization is currently working on legislation to address these concerns, they are welcome to contact her to provide feedback on their proposed language.

**Discussion of Master's Level Psychologists**

Dr. Ball provided feedback he received regarding the board's initial discussion of master's level psychology practice and the board members discussed the matter. Mr. Jenkins noted that this issue is directly related to mental health workforce, where Virginia currently ranks 34<sup>th</sup> in the country. The board requested that Jaime Hoyle,

Executive Director, send a letter to organizations advising that they can submit a Section 1 Bill to the 2024 General Assembly to request DHP complete a study on this topic for review and/or action at the 2025 session.

**Discussion of Medical Prescription Privileges for Qualified Psychologists**

Dr. Ball advised that, although the board has no authority to take action, he wanted to make board members aware of this initiative.

**BOARD OFFICE REPORTS:**

**Licensing Report**

Ms. Lang referred board members to the licensing report in the agenda and gave a brief explanation of the BOT. She noted that it will take some time to determine if this technology has a significant impact on the licensure process.

**Discipline Report**

Ms. Lang referred board members to the discipline report in the agenda and advised that for 2022, the Board of Psychology received 127 complete investigations, a decrease of 3.8% from the previous year. Additionally, the board closed 101 cases in 2022, an increase of 11% from the previous year.

Ms. Lang provided an update on the review process and advised that the part-time licensed discipline reviewer has completed 36 case reviews. She noted that this is a huge accomplishment since psychology cases are extremely detailed and often require a thorough review of assessment data. There are still a lot of older cases in the process but we are moving in a positive direction.

Ms. Lang reported that the CE audit is complete and there are three licensees who may be in violation. Those cases will move along through the disciplinary process.

Ms. Lang advised board members that the ASPPB Midyear Meeting will be held in Denver, Colorado from April 27 – 30, 2023. If any board members are interested in attending, especially new appointees, they should contact Jaime Hoyle.

**EPPP Part 2 Update**

Ms. Lang referred board members to the updated information in the agenda. Board members discussed their concerns regarding the requirement for a 2-part exam, as well as the 2026 deadline. At this time, the board does not need to make any changes to the exam requirements in regulations.

**PSYPACT 4<sup>th</sup> Quarter Newsletter**

Ms. Lang referred board members to the newsletter in the agenda packet.

**PSYPACT 4<sup>th</sup> Quarter Compliance Report**

Ms. Lang referred board members to the compliance report in the agenda packet and noted that this board remains in compliance.

**PSYPACT Commission Meeting Minutes**

Ms. Lang referred board members to the meeting minutes in the agenda packet.

**Board Financials**

Ms. Lang referred board members to the board’s budget in the agenda packet.

**COMMITTEE REPORTS:**

**Working Draft of Proposed Statutory Changes**

**Working Draft of Proposed Regulatory Changes**

These matters were addressed during the master’s level practice discussion. No further discussion was necessary.

**NEXT MEETING DATE:**

The next Full Board Meeting is scheduled for May 23, 2023.

**ADJOURNMENT:**

Dr. Wallace adjourned the meeting at 12:03 p.m.

\_\_\_\_\_  
Susan Brown Wallace, Ph.D., Chair Chairperson

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

DRAFT

**VIRGINIA BOARD OF PSYCHOLOGY  
SPECIAL CONFERENCE COMMITTEE  
INFORMAL CONFERENCE MINUTES – FEBRUARY 24, 2023**

**CALL TO ORDER:** A Special Conference Committee (“Committee”) of the Board of Psychology (“Board”) convened on February 24, 2023 at 10:10 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  
Gary Sibcy, II, Ph.D., LCP

**STAFF PRESENT:** Christy Evans, Discipline Case Manager, Board of Psychology  
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

**RESPONDENT:** **Brian Hocking, LCP**  
License No.: 0810000802  
Case No.: 206870  
Attorneys: Andrew G.H. Miller, Esquire  
Nora Ciancio, Esquire

**DISCUSSION:** Dr. Hocking appeared in person before the Committee, with legal counsel, and fully discussed the allegations contained in the Notice dated November 9, 2022.

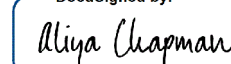
**CLOSED MEETING:** Upon a motion by Dr. Sibcy, and duly seconded by Dr. Chapman, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Brian Hocking, LCP. Additionally, he moved that Christy Evans 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.

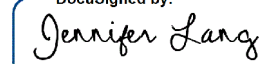
**DECISION:** Upon a motion by Dr. Sibcy, and duly seconded by Dr. Chapman, the Committee voted to place certain terms and conditions on Dr. Hocking's license to practice as a clinical psychologist. The motion carried.

**ADJOURN:** With all business concluded, the Committee adjourned at 2:35 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.*

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Aliya Chapman, Ph.D., LCP, Chairperson  
Special Conference Committee of the Board of Psychology

2/27/2023  
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Date

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Christy Evans, Discipline Case Manager  
Virginia Board of Psychology

2/27/2023  
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Date

**VIRGINIA BOARD OF PSYCHOLOGY  
SPECIAL CONFERENCE COMMITTEE  
INFORMAL CONFERENCE MINUTES – FEBRUARY 24, 2023**

**CALL TO ORDER:** A Special Conference Committee (“Committee”) of the Board of Psychology (“Board”) convened on February 24, 2023 at 2:46 p.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  
Gary Sibcy, II, Ph.D., LCP

**STAFF PRESENT:** Christy Evans, Discipline Case Manager, Board of Psychology  
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

**APPLICANT:** **Allan Marsden, LCP Applicant**  
Case No.: 215364

**DISCUSSION:** Dr. Marsden appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated November 9, 2022.


**CLOSED MEETING:** Upon a motion by Dr. Sibcy, 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 Allan Marsden, LCP Applicant. Additionally, he moved that Christy Evans 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.

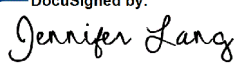
**DECISION:** Upon a motion by Dr. Sibcy, and duly seconded by Dr. Chapman, the Committee voted to deny Dr. Marsden's application for licensure as a clinical psychologist. The motion carried.

**ADJOURN:** With all business concluded, the Committee adjourned at 3:40 p.m.

*As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the applicant, unless the applicant 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.*

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Aliya Chapman, Ph.D., LCP, Chairperson  
Special Conference Committee of the Board of Psychology

2/27/2023  
Date

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Christy Evans, Discipline Case Manager  
Virginia Board of Psychology

2/27/2023  
Date

**VIRGINIA BOARD OF PSYCHOLOGY  
SPECIAL CONFERENCE COMMITTEE  
INFORMAL CONFERENCE MINUTES – FEBRUARY 24, 2023**

**CALL TO ORDER:** A Special Conference Committee (“Committee”) of the Board of Psychology (“Board”) convened on February 24, 2023 at 3:58 p.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  
Gary Sibcy, II, Ph.D., LCP

**STAFF PRESENT:** Christy Evans, Discipline Case Manager, Board of Psychology  
Emily Tatum, Adjudication Specialist, Administrative Proceedings Division

**APPLICANT:** **Christina Moler, LCP Applicant**  
Case No.: 225257

**DISCUSSION:** Dr. Moler appeared in person before the Committee, without legal counsel, and fully discussed the allegations contained in the Notice dated January 25, 2023.

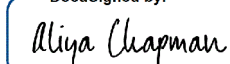
**CLOSED MEETING:** Upon a motion by Dr. Sibcy, and duly seconded by Dr. Chapman, the Committee voted to convene in a closed meeting pursuant to § 2.2-3711(A)(27) of the *Code of Virginia* for the purpose of deliberation to reach a decision in the matter of Christina Moler, LCP Applicant. Additionally, he moved that Christy Evans and Emily Tatum attend the closed meeting because their 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.

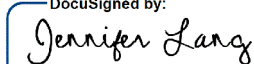
**DECISION:** Upon a motion by Dr. Sibcy, and duly seconded by Dr. Chapman, the Committee voted to deny Dr. Moler's application for licensure as a clinical psychologist. The motion carried.

**ADJOURN:** With all business concluded, the Committee adjourned at 5:17 p.m.

*As provided by law this decision shall become a Final Order thirty (30) days after service of such Order on the applicant, unless the applicant 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.*

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Aliya Chapman, Ph.D., LCP, Chairperson  
Special Conference Committee of the Board of Psychology

2/27/2023  
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Christy Evans, Discipline Case Manager  
Virginia Board of Psychology

2/27/2023  
\_\_\_\_\_  
Date

**Board of Psychology**  
**Current Regulatory Actions**  
**As of May 10, 2023**

<b>VAC</b>	<b>Stage</b>	<b>Subject Matter</b>	<b>Date submitted</b>	<b>Office; time in office</b>	<b>Notes</b>
18VAC125-20	Fast-Track	Regulatory reduction (2022)	10/3/2022	DPB; 23 days	Eliminates language that is duplicative of statute or no longer applicable and provides additional language clarification.
18VAC125-20	Fast-Track	Reduction in barriers to licensure (2022)	10/6/2022	OAG; 216 days	Makes minor changes to licensure and residency requirements to reduce barriers to obtaining a clinical psychology license.



**Agenda Item: Consideration of exempt regulatory changes to 18VAC125-15-10**

**Included in your agenda packet are:**

- Changes to 18VAC125-15-10 to allow agency subordinates to hear credentials cases;
- HB1622

**Staff Note:** Due to regulatory review timelines, these changes will be effective November 22, 2023 or sooner.

**Action Needed:**

- Motion to amend 18VAC125-15-10 as presented by exempt action **effective July 1, 2023.**

**Project 7564 - Exempt Final**

**Board of Psychology**

**Exempt regulatory changes to allow agency subordinates to hear credentials cases**

**18VAC125-15-10. Decision to delegate.**

In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate ~~upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.~~

# VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

## CHAPTER 191

*An Act to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.*

[H 1622]

Approved March 22, 2023

**Be it enacted by the General Assembly of Virginia:**

**1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:**

**§ 54.1-2400. General powers and duties of health regulatory boards.**

The general powers and duties of health regulatory boards shall be:

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.

2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after service of the order unless a written request to the board for a hearing is received within such time. If service of the decision to a party is accomplished by mail, three days shall be added to the 30-day period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.

This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding proceedings in accordance with § 2.2-4019; ~~upon receipt of information that a practitioner may be subject to a disciplinary action.~~ The recommendation of such subordinate may be considered by a panel consisting of at least five board members, or, if a quorum of the board is less than five members, consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum of the board is less than five members, consisting of a quorum of the members to conduct formal proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any decision rendered by majority vote of such panel shall have the same effect as if made by the full board and shall be subject to court review in accordance with the Administrative Process Act. No member who participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose. Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for reactivation of licenses or certificates.

13. To meet by telephone conference call to consider settlement proposals in matters pending before special conference committees convened pursuant to this section, or matters referred for formal proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider modifications of previously issued board orders when such considerations have been requested by either of the parties.

14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a license, certification, registration, or permit; or a person holding a multistate licensure privilege to practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed by a practitioner or facility. A confidential consent agreement shall include findings of fact and may include an admission or a finding of a violation. A confidential consent agreement shall not be considered either a notice or order of any health regulatory board, but it may be considered by a board in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases involving minor misconduct where there is little or no injury to a patient or the public and little likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a manner as to be a danger to the health and welfare of his patients or the public. A certified, registered, or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person holding a multistate licensure privilege to practice nursing who has entered into two confidential consent agreements involving a standard of care violation, within the 10-year period immediately preceding a board's receipt of the most recent report or complaint being considered, shall receive public discipline for any subsequent violation within the 10-year period unless the board finds there are sufficient facts and circumstances to rebut the presumption that the disciplinary action be made public.

15. When a board has probable cause to believe a practitioner is unable to practice with reasonable skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the board, after preliminary investigation by an informal fact-finding proceeding, may direct that the practitioner submit to a mental or physical examination. Failure to submit to the examination shall constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate licensure privilege to practice nursing.

**Agenda Item: Repeal of Guidance Document 125-3.8**

**Included in your agenda packet are:**

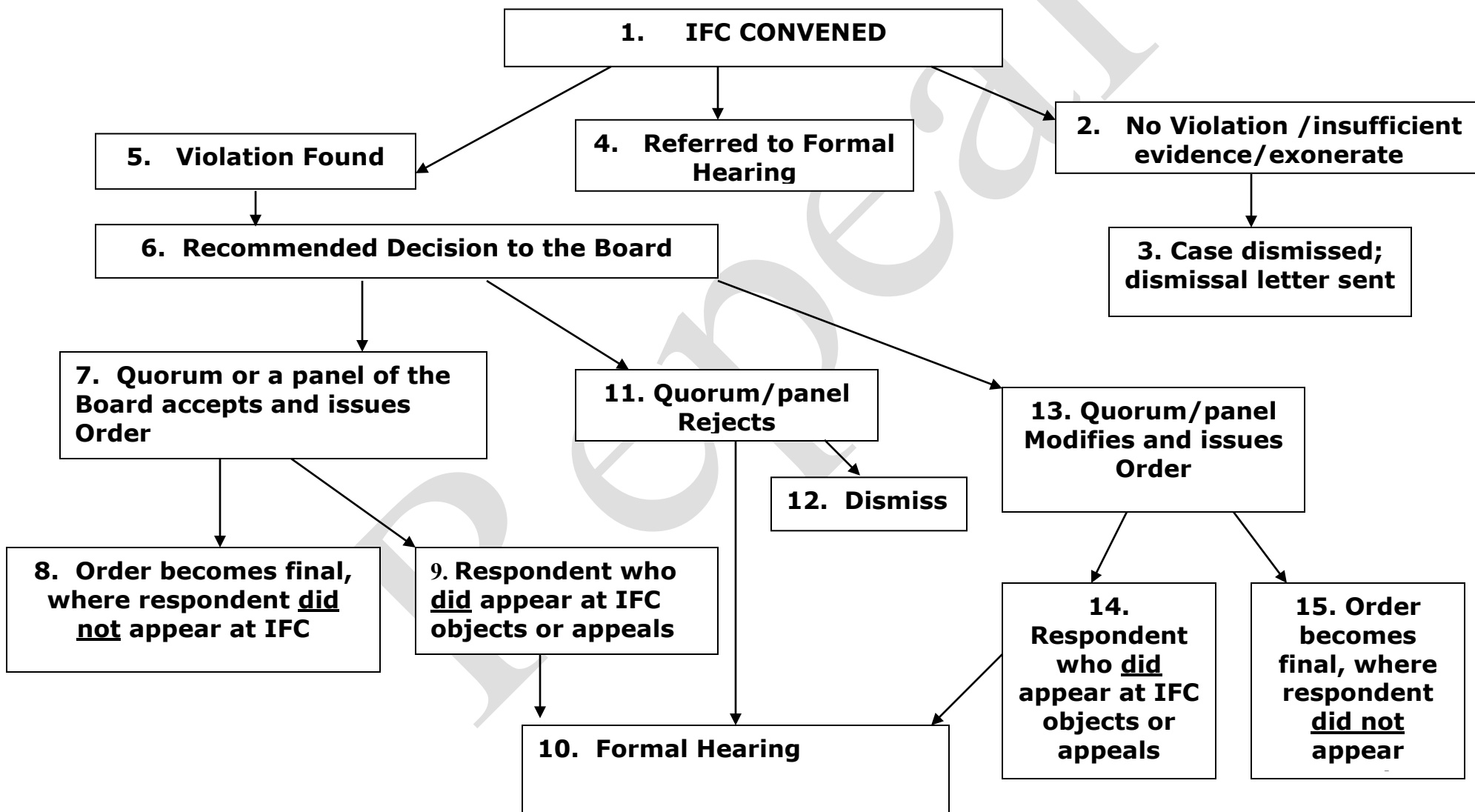
- Guidance Document 125-3.8;
- Agency Guidance Document 76-10.01.

**Staff Note:** DHP adopted Guidance Document 76-10.01 in 2022, which applies to all boards. Individual board guidance documents on this topic are no longer necessary.

**Action Needed:**

- Motion to repeal Guidance Document 76-10.01.

## Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



## **Narrative explanation of Flow Chart on Delegation to an Agency Subordinate**

*This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.*

- 1.** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2.** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory and/or regulatory violation has occurred.
  - 3.** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4.** The subordinate may decide that the case should be referred to a formal hearing. A hearing before the board would then be scheduled and notice sent to the respondent.
- 5.** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
  - 6.** With the assistance of APD, the subordinate drafts a recommended decision, which includes the findings of fact, conclusions of law and sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7.** If the quorum or panel of the board accepts the recommended decision and:
  - 8.** If the respondent did not appear at the IFC, the board’s decision becomes a final order that can only be appealed to a circuit court; or
  - 9-10.** If the respondent did appear at the IFC and objects to and appeals the order, he/she may request a

formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.

**11.** A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum/panel may decide to refer the case for a formal hearing **(10)**; or the quorum/panel may decide to dismiss the case and a dismissal letter is issued to the respondent notifying him/her of the decision of the board **(12)**.

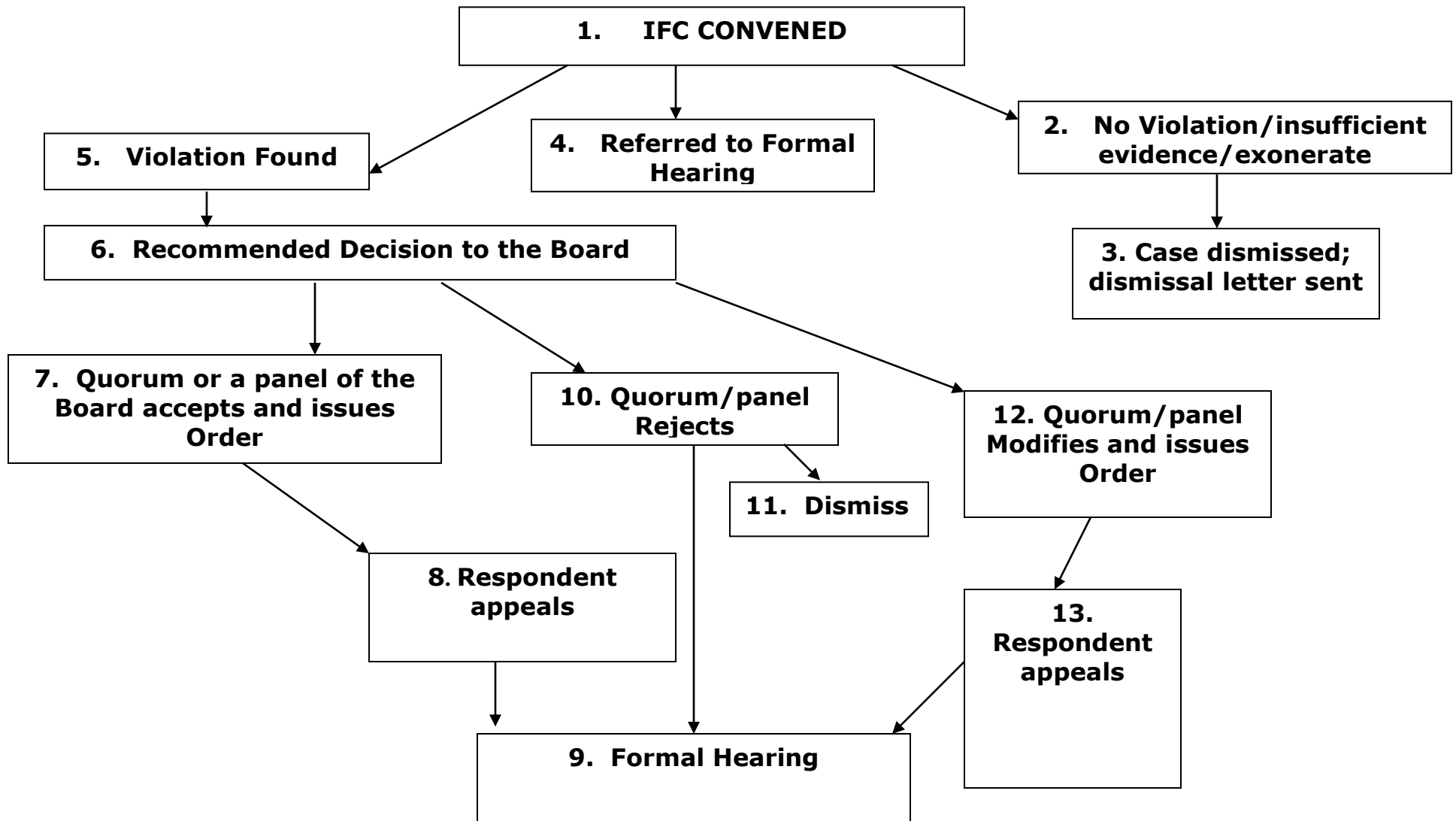
**13.** A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

**15.** If the respondent did not appear at the informal conference, then the board's decision becomes a final order that can only be appealed to a circuit court.

**14-10.** If the respondent did appear at the informal conference and objects to and appeals the order, he/she may request a formal hearing before the board. A case referred to a formal hearing proceeds in the same manner as cases considered by special conference committees convened pursuant to Va. Code § 54.1-2400(10). If the respondent who appeared at the IFC does not request a formal hearing, the order becomes final after a specified timeframe.



## Guidance for Conduct of an Informal Conference by an Agency Subordinate of a Health Regulatory Board at the Department of Health Professions



## **Narrative explanation of Flow Chart on Delegation to an Agency Subordinate**

*This describes the process in which a subordinate hears a case at an informal conference up to a case that may be referred to a formal hearing.*

- 1:** Pursuant to a notice, the designated agency subordinate (“subordinate”) will convene the informal conference (“IFC”). An IFC before a subordinate is conducted in the same manner as an IFC before a committee of the board. Following the presentation of information by the parties, the subordinate will consider the evidence presented and render a recommended decision regarding the findings of fact, conclusions of law, and if appropriate, the sanction to be imposed.
- 2:** The subordinate may recommend that the respondent be exonerated, that there be a finding of no violation, or that insufficient evidence exists to determine that a statutory or regulatory violation has occurred.
  - 3:** If the subordinate makes such a finding, the case is dismissed and a dismissal letter is issued to the respondent notifying him of the determination.
- 4:** The subordinate may decide that the case should be referred to a formal hearing. A formal hearing before the board would then be scheduled and notice sent to the respondent.
- 5:** The subordinate may determine that a violation has occurred and recommend the findings of fact and conclusions of law along with an appropriate sanction.
  - 6:** With the assistance of APD, the subordinate drafts a recommended decision that includes findings of fact, conclusions of law and a recommended sanction. The recommendation is provided to the respondent and to the board and must be ratified by a quorum of the board or a panel consisting of at least five members of the board.
- 7 through 9:** If the quorum or panel of the board accepts the recommended decision (**7**) and the respondent objects to and appeals the order (**8**), the matter proceeds to a formal hearing (**9**). A case appealed to a formal hearing proceeds in the same manner as cases considered by special conference committees and appealed to a formal hearing.
- 10:** A quorum or panel of the board may reject the recommended decision of the subordinate, in which case:

The quorum or panel may decide to refer the case for a formal hearing **(9)**; or

The quorum or panel may decide to dismiss the case. A dismissal letter is issued to the respondent notifying him of the decision of the board **(11)**.

**12:** A quorum or panel of the board may modify the subordinate's recommended decision and issue an order reflecting the modified decision to the respondent.

**13:** If the respondent objects to and appeals the order, the matter proceeds to a formal hearing. A case appealed to a formal hearing proceeds in the same manner as cases considered by special conference committees and appealed to a formal hearing.

Virginia Department of Health Professions  
Cash Balance  
As of June 30, 2021

	<u>108- Psychology</u>
<b>Board Cash Balance as June 30, 2020</b>	\$ 990,080
<b>YTD FY21 Revenue</b>	720,205
<b>Less: YTD FY21 Direct and Allocated Expenditures</b>	<u>591,771</u>
<b>Board Cash Balance as June 30, 2021</b>	<u><u>\$ 1,118,514</u></u>

**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>	753,540
<b>Less: YTD FY 2022 Direct and Allocated Expenditures</b>	<u>683,965</u>
<b>Cash Balance as of June 30, 2022</b>	<u><u>\$ 1,188,089</u></u>

Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
<b>4002400</b>	<b>Fee Revenue</b>				
4002401	Application Fee	100,270.00	73,025.00	(27,245.00)	137.31%
4002406	License & Renewal Fee	647,325.00	621,775.00	(25,550.00)	104.11%
4002407	Dup. License Certificate Fee	655.00	115.00	(540.00)	569.57%
4002409	Board Endorsement - Out	5,240.00	2,050.00	(3,190.00)	255.61%
4002421	Monetary Penalty & Late Fees	50.00	5,755.00	5,705.00	0.87%
4002432	Misc. Fee (Bad Check Fee)	-	70.00	70.00	0.00%
	<b>Total Fee Revenue</b>	<b>753,540.00</b>	<b>702,790.00</b>	<b>(50,750.00)</b>	<b>107.22%</b>
	<b>Total Revenue</b>	<b>753,540.00</b>	<b>702,790.00</b>	<b>(50,750.00)</b>	<b>107.22%</b>
<b>5011110</b>	<b>Employer Retirement Contrib.</b>	9,768.02	10,306.00	537.98	94.78%
5011120	Fed Old-Age Ins- Sal St Emp	5,451.07	5,452.00	0.93	99.98%
5011140	Group Insurance	953.07	955.00	1.93	99.80%
5011150	Medical/Hospitalization Ins.	8,497.00	8,508.00	11.00	99.87%
5011160	Retiree Medical/Hospitalizatn	796.43	799.00	2.57	99.68%
5011170	Long term Disability Ins	433.78	435.00	1.22	99.72%
	<b>Total Employee Benefits</b>	<b>25,899.37</b>	<b>26,455.00</b>	<b>555.63</b>	<b>97.90%</b>
<b>5011200</b>	<b>Salaries</b>				
5011230	Salaries, Classified	71,267.04	71,268.00	0.96	100.00%
5011250	Salaries, Overtime	285.07	-	(285.07)	0.00%
	<b>Total Salaries</b>	<b>71,552.11</b>	<b>71,268.00</b>	<b>(284.11)</b>	<b>100.40%</b>
<b>5011300</b>	<b>Special Payments</b>				
5011340	Specified Per Diem Payment	950.00	1,000.00	50.00	95.00%
5011380	Deferred Compnstn Match Pmts	576.00	576.00	-	100.00%
	<b>Total Special Payments</b>	<b>1,526.00</b>	<b>1,576.00</b>	<b>50.00</b>	<b>96.83%</b>
<b>5011600</b>	<b>Terminatn Personal Svce Costs</b>				
5011660	Defined Contribution Match - Hy	516.66	-	(516.66)	0.00%
	<b>Total Terminatn Personal Svce Costs</b>	<b>516.66</b>	<b>-</b>	<b>(516.66)</b>	<b>0.00%</b>
<b>5011930</b>	<b>Turnover/Vacancy Benefits</b>				
	<b>Total Personal Services</b>	<b>99,494.14</b>	<b>99,299.00</b>	<b>(195.14)</b>	<b>100.20%</b>
<b>5012000</b>	<b>Contractual Svs</b>				
<b>5012100</b>	<b>Communication Services</b>				
5012110	Express Services	-	172.00	172.00	0.00%
5012120	Outbound Freight Services	2.33	-	(2.33)	0.00%
5012130	Messenger Services	6.49	-	(6.49)	0.00%
5012140	Postal Services	3,449.53	4,560.00	1,110.47	75.65%
5012150	Printing Services	-	82.00	82.00	0.00%
5012160	Telecommunications Svcs (VITA)	283.30	425.00	141.70	66.66%
5012190	Inbound Freight Services	8.70	-	(8.70)	0.00%
	<b>Total Communication Services</b>	<b>3,750.35</b>	<b>5,239.00</b>	<b>1,488.65</b>	<b>71.59%</b>
<b>5012200</b>	<b>Employee Development Services</b>				
5012210	Organization Memberships	730.00	2,750.00	2,020.00	26.55%
5012240	Employee Trainng/Workshop/Conf	6,980.00	-	(6,980.00)	0.00%
	<b>Total Employee Development Services</b>	<b>7,710.00</b>	<b>2,750.00</b>	<b>(4,960.00)</b>	<b>280.36%</b>

5012400 Mgmnt and Informational Svcs	-			
5012420 Fiscal Services	6,543.96	8,270.00	1,726.04	79.13%
5012440 Management Services	118.16	330.00	211.84	35.81%
5012460 Public Infrmtl & Relatn Svcs	559.34	-	(559.34)	0.00%
5012470 Legal Services	-	250.00	250.00	0.00%
<b>Total Mgmnt and Informational Svcs</b>	<b>7,221.46</b>	<b>8,850.00</b>	<b>1,628.54</b>	<b>81.60%</b>
5012500 Repair and Maintenance Svcs				
5012510 Custodial Services	270.77	-	(270.77)	0.00%
5012530 Equipment Repair & Maint Svc	6.60	-	(6.60)	0.00%
<b>Total Repair and Maintenance Svcs</b>	<b>277.37</b>	<b>-</b>	<b>(277.37)</b>	<b>0.00%</b>
5012600 Support Services				
5012640 Food & Dietary Services	936.89	432.00	(504.89)	216.87%
5012660 Manual Labor Services	22.79	427.00	404.21	5.34%
5012670 Production Services	328.03	935.00	606.97	35.08%
5012680 Skilled Services	7,199.01	13,815.00	6,615.99	52.11%
<b>Total Support Services</b>	<b>8,486.72</b>	<b>15,609.00</b>	<b>7,122.28</b>	<b>54.37%</b>
5012700 Technical Services				
5012760 C.Operating Svs (By VITA)	5.10	-	(5.10)	0.00%
<b>Total Technical Services</b>	<b>5.10</b>	<b>-</b>	<b>(5.10)</b>	<b>0.00%</b>
5012800 Transportation Services				
5012820 Travel, Personal Vehicle	2,418.05	3,572.00	1,153.95	67.69%
5012830 Travel, Public Carriers	-	5,000.00	5,000.00	0.00%
5012850 Travel, Subsistence & Lodging	1,094.40	1,101.00	6.60	99.40%
5012880 Trvl, Meal Reimb- Not Rprtble	530.00	1,139.00	609.00	46.53%
<b>Total Transportation Services</b>	<b>4,042.45</b>	<b>10,812.00</b>	<b>6,769.55</b>	<b>37.39%</b>
<b>Total Contractual Svs</b>	<b>31,493.45</b>	<b>43,260.00</b>	<b>11,766.55</b>	<b>72.80%</b>
5013000 Supplies And Materials				
5013100 Administrative Supplies				
5013120 Office Supplies	1,194.09	348.00	(846.09)	343.13%
5013130 Stationery and Forms	-	1,554.00	1,554.00	0.00%
<b>Total Administrative Supplies</b>	<b>1,194.09</b>	<b>1,902.00</b>	<b>707.91</b>	<b>62.78%</b>
5013400 Medical and Laboratory Supp.				
5013420 Medical and Dental Supplies	1.06	-	(1.06)	0.00%
<b>Total Medical and Laboratory Supp.</b>	<b>1.06</b>	<b>-</b>	<b>(1.06)</b>	<b>0.00%</b>
5013500 Repair and Maint. Supplies				
5013520 Custodial Repair & Maint Matrl	-	2.00	2.00	0.00%
<b>Total Repair and Maint. Supplies</b>	<b>-</b>	<b>2.00</b>	<b>2.00</b>	<b>0.00%</b>
5013600 Residential Supplies				
5013620 Food and Dietary Supplies	-	26.00	26.00	0.00%
5013630 Food Service Supplies	-	100.00	100.00	0.00%
<b>Total Residential Supplies</b>	<b>-</b>	<b>126.00</b>	<b>126.00</b>	<b>0.00%</b>
5013700 Specific Use Supplies				
5013730 Computer Operating Supplies	-	10.00	10.00	0.00%
<b>Total Specific Use Supplies</b>	<b>-</b>	<b>10.00</b>	<b>10.00</b>	<b>0.00%</b>
<b>Total Supplies And Materials</b>	<b>1,195.15</b>	<b>2,040.00</b>	<b>844.85</b>	<b>58.59%</b>
5015000 Continuous Charges				
5015100 Insurance-Fixed Assets				
5015160 Property Insurance	24.41	32.00	7.59	76.28%
<b>Total Insurance-Fixed Assets</b>	<b>24.41</b>	<b>32.00</b>	<b>7.59</b>	<b>76.28%</b>
5015300 Operating Lease Payments				
5015340 Equipment Rentals	578.05	540.00	(38.05)	107.05%

5015350 Building Rentals	12.00	-	(12.00)	0.00%
5015390 Building Rentals - Non State	7,928.04	7,825.00	(103.04)	101.32%
<b>Total Operating Lease Payments</b>	<b>8,518.09</b>	<b>8,365.00</b>	<b>(153.09)</b>	<b>101.83%</b>
5015500 Insurance-Operations				
5015510 General Liability Insurance	152.89	120.00	(32.89)	127.41%
5015540 Surety Bonds	5.17	8.00	2.83	64.63%
<b>Total Insurance-Operations</b>	<b>158.06</b>	<b>128.00</b>	<b>(30.06)</b>	<b>123.48%</b>
<b>Total Continuous Charges</b>	<b>8,700.56</b>	<b>8,525.00</b>	<b>(175.56)</b>	<b>102.06%</b>
5022000 Equipment				
5022100 Computer Hrdware & Sftware				
5022170 Other Computer Equipment	4.08	-	(4.08)	0.00%
<b>Total Computer Hrdware &amp; Sftware</b>	<b>4.08</b>	<b>-</b>	<b>(4.08)</b>	<b>0.00%</b>
5022200 Educational & Cultural Equip				
5022240 Reference Equipment	-	52.00	52.00	0.00%
<b>Total Educational &amp; Cultural Equip</b>	<b>-</b>	<b>52.00</b>	<b>52.00</b>	<b>0.00%</b>
5022600 Office Equipment				
5022610 Office Appurtenances	-	70.00	70.00	0.00%
<b>Total Office Equipment</b>	<b>-</b>	<b>70.00</b>	<b>70.00</b>	<b>0.00%</b>
<b>Total Equipment</b>	<b>4.08</b>	<b>122.00</b>	<b>117.92</b>	<b>3.34%</b>
<b>Total Expenditures</b>	<b>140,887.38</b>	<b>153,246.00</b>	<b>12,358.62</b>	<b>91.94%</b>
<b>Allocated Expenditures</b>				
20100 Behavioral Science Exec	171,580.51	185,656.93	14,076.41	92.42%
30100 Data Center	128,962.41	69,369.90	(59,592.51)	185.91%
30200 Human Resources	15,860.66	23,046.30	7,185.64	68.82%
30300 Finance	38,374.38	39,062.50	688.12	98.24%
30400 Director's Office	13,272.60	14,893.96	1,621.36	89.11%
30500 Enforcement	119,398.23	192,814.67	73,416.44	61.92%
30600 Administrative Proceedings	31,940.47	11,605.72	(20,334.75)	275.21%
30700 Impaired Practitioners	393.00	473.45	80.45	83.01%
30800 Attorney General	6,080.84	4,649.53	(1,431.32)	130.78%
30900 Board of Health Professions	1,646.80	1,871.51	224.71	87.99%
31100 Maintenance and Repairs	116.71	1,548.13	1,431.42	7.54%
31300 Emp. Recognition Program	1,190.24	2,089.27	899.02	56.97%
31400 Conference Center	2,075.64	3,899.42	1,823.78	53.23%
31500 Pgm Devlpmnt & Implmntn	4,261.15	6,614.44	2,353.29	64.42%
31600 Healthcare Work Force	7,923.77	10,755.15	2,831.38	73.67%
<b>Total Allocated Expenditures</b>	<b>543,077.42</b>	<b>568,350.88</b>	<b>25,273.46</b>	<b>95.55%</b>
<b>Net Revenue in Excess (Shortfall) of Expenditures</b>	<b>69,575.20</b>	<b>(18,806.88)</b>	<b>(88,382.08)</b>	<b>369.95%</b>



Virginia Department of Health Professions  
Revenue and Expenditures Summary  
Department 10800 - Psychology  
For the Period Beginning July 1, 2021 and Ending June 30, 2022

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
4002400	Fee Revenue													
4002401	Application Fee	6,890.00	9,630.00	14,005.00	9,705.00	7,565.00	6,560.00	6,535.00	9,495.00	8,255.00	6,460.00	6,925.00	8,245.00	100,270.00
4002406	License & Renewal Fee	22,185.00	5,895.00	5,740.00	1,620.00	1,900.00	1,620.00	1,945.00	850.00	1,525.00	2,575.00	260,600.00	340,870.00	647,325.00
4002407	Dup. License Certificate Fee	110.00	45.00	60.00	20.00	30.00	30.00	55.00	30.00	10.00	45.00	75.00	145.00	655.00
4002409	Board Endorsement - Out	375.00	725.00	475.00	425.00	225.00	375.00	400.00	300.00	500.00	300.00	640.00	500.00	5,240.00
4002421	Monetary Penalty & Late Fees	-	-	-	-	-	-	-	-	-	-	-	-	50.00
	Total Fee Revenue	29,560.00	16,295.00	20,280.00	11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	10,290.00	9,380.00	268,240.00	349,810.00	753,540.00
	Total Revenue	29,560.00	16,295.00	20,280.00	11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	10,290.00	9,380.00	268,240.00	349,810.00	753,540.00
5011000	Personal Services													
5011100	Employee Benefits													
5011110	Employer Retirement Contrib.	1,204.01	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	407.81	9,788.02
5011120	Fed Old-Age Ins - Sal St Emp	675.39	474.20	452.41	452.40	452.41	452.77	452.40	452.40	452.41	452.41	452.40	229.48	5,451.07
5011140	Group Insurance	117.48	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	39.79	953.07
5011150	Medical/Hospitalization Ins.	1,052.50	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	354.50	8,497.00
5011160	Retiree Medical/Hospitalizatn	98.18	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	33.25	796.43
5011170	Long term Disability Ins	53.47	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	18.11	433.78
	Total Employee Benefits	3,201.03	2,181.12	2,159.33	2,159.32	2,159.33	2,159.69	2,159.32	2,159.32	2,159.32	2,159.33	2,159.32	1,082.94	25,899.37
5011200	Salaries													
5011230	Salaries, Classified	8,908.38	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	2,969.46	71,267.04
5011250	Salaries, Overtime	-	285.07	-	-	-	-	-	-	-	-	-	-	285.07
	Total Salaries	8,908.38	6,223.99	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	2,969.46	71,552.11
5011340	Specified Per Diem Payment	-	-	350.00	50.00	-	100.00	-	-	400.00	50.00	-	-	950.00
5011380	Deferred Compnshn Match Pmnts	72.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	24.00	576.00
	Total Special Payments	72.00	48.00	398.00	98.00	48.00	148.00	48.00	48.00	448.00	98.00	48.00	24.00	1,526.00
5011600	Terminatn Personal Svce Costs													
5011660	Defined Contribution Match - Hy	63.69	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	21.57	516.66
	Total Terminatn Personal Svce Co	63.69	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	21.57	516.66
	Total Personal Services	12,245.10	8,496.25	8,539.39	8,239.38	8,189.39	8,289.75	8,189.38	8,189.38	8,589.38	8,239.39	8,189.38	4,097.97	99,494.14
5012000	Contractual Svcs													
5012100	Communication Services													
5012120	Outbound Freight Services	-	-	-	-	-	-	-	-	-	-	-	2.33	2.33
5012130	Messenger Services	-	-	-	-	-	-	-	-	-	-	-	6.49	6.49
5012140	Postal Services	174.26	296.71	103.34	504.09	329.46	324.77	589.80	214.09	201.90	195.31	136.78	379.02	3,449.53
5012160	Telecommunications Svcs (VITA)	23.37	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	283.30
5012190	Inbound Freight Services	-	-	-	-	2.37	-	1.58	-	-	4.75	-	-	8.70
	Total Communication Services	197.63	320.34	126.97	527.72	355.46	348.40	615.01	237.72	225.53	223.69	166.90	404.98	3,750.35
5012200	Employee Development Services													
5012210	Organization Memberships	-	-	-	-	-	-	-	-	-	730.00	-	-	730.00
5012240	Employee Training/Workshop/Conf	-	-	-	-	-	-	-	4,230.00	-	2,750.00	-	-	6,980.00
	Total Employee Development Sen	-	-	-	-	-	-	-	4,230.00	-	3,480.00	-	-	7,710.00
5012400	Mgmt and Informational Svcs													
5012420	Fiscal Services	5,486.45	546.29	109.27	112.33	34.09	34.78	9.64	28.17	17.09	31.08	59.64	75.13	6,543.96
5012440	Management Services	70.95	-	22.38	-	-	19.42	1.51	-	-	-	3.90	-	118.16
5012460	Public Infrmtl & Retain Svcs	6.00	403.11	-	-	-	-	-	-	150.23	-	-	-	559.34
	Total Mgmt and Informational Svcs	5,563.40	949.40	131.65	112.33	34.09	54.20	11.15	28.17	167.32	31.08	63.54	75.13	7,221.46
5012500	Repair and Maintenance Svcs													
5012510	Custodial Services	22.01	22.01	-	7.62	44.02	43.05	22.01	22.01	22.01	22.01	22.01	22.01	270.77
5012530	Equipment Repair & Maint Svcs	-	1.65	-	-	-	1.65	-	1.65	-	-	1.65	-	6.60
	Total Repair and Maintenance Svcs	22.01	23.66	-	7.62	44.02	44.70	22.01	23.66	22.01	22.01	23.66	22.01	277.37
5012600	Support Services													
5012640	Food & Dietary Services	-	137.85	312.71	-	-	86.83	-	-	159.50	240.00	-	-	936.89
5012660	Manual Labor Services	-	-	-	-	-	-	14.81	-	7.98	-	-	-	22.79
5012670	Production Services	-	25.80	10.80	5.10	76.90	-	121.61	5.10	-	82.72	-	-	328.03
5012680	Skilled Services	592.82	593.69	592.36	-	1,194.72	592.36	592.36	610.14	610.14	610.14	610.14	610.14	7,199.01
	Total Support Services	592.82	757.34	915.87	5.10	1,261.62	679.19	728.78	615.24	769.64	940.84	610.14	610.14	8,486.72
5012700	Technical Services													
5012760	C.Operating Svcs (By VITA)	5.10	-	-	-	-	-	-	-	-	-	-	-	5.10
	Total Technical Services	5.10	-	-	-	-	-	-	-	-	-	-	-	5.10
5012800	Transportation Services													
5012820	Travel, Personal Vehicle	-	-	873.60	10.64	-	315.84	-	-	1,136.07	81.90	-	-	2,418.05
5012850	Travel, Subsistence & Lodging	-	-	437.76	-	-	109.44	-	-	547.20	-	-	-	1,094.40
5012880	Trvl, Meal Reimb- Not Rprtblc	-	-	214.75	-	-	77.25	-	-	238.00	-	-	-	530.00
	Total Transportation Services	-	-	1,526.11	10.64	-	502.53	-	-	1,921.27	81.90	-	-	4,042.45
	Total Contractual Svcs	6,380.96	2,050.74	2,700.60	663.41	1,695.19	1,629.02	1,376.95	5,134.79	3,105.77	4,779.52	864.24	1,112.26	31,493.45
5013000	Supplies And Materials													
5013100	Administrative Supplies													
5013120	Office Supplies	44.75	52.58	203.47	147.11	111.09	21.55	45.74	140.51	142.01	133.82	118.52	32.94	1,194.09
	Total Administrative Supplies	44.75	52.58	203.47	147.11	111.09	21.55	45.74	140.51	142.01	133.82	118.52	32.94	1,194.09
5013400	Medical and Laboratory Supp.													
5013420	Medical and Dental Supplies	-	-	-	-	-	1.06	-	-	-	-	-	-	1.06
	Total Medical and Laboratory Supp	-	-	-	-	-	1.06	-	-	-	-	-	-	1.06
	Total Supplies And Materials	44.75	52.58	203.47	147.11	111.09	22.61	45.74	140.51	142.01	133.82	118.52	32.94	1,195.15
5015000	Continuous Charges													
5015100	Insurance-Fixed Assets													
5015160	Property Insurance	24.41	-	-	-	-	-	-	-	-	-	-	-	24.41
	Total Insurance-Fixed Assets	24.41	-	-	-	-	-	-	-	-	-	-	-	24.41
5015300	Operating Lease Payments													
5015340	Equipment Rentals	48.70	50.15	48.70	50.15	48.70	48.70	96.42	46.27	-	47.72	46.27	46.27	578.05
5015350	Building Rentals	4.80	-	-	-	-	-	-	-	4.80	-	-	2.40	12.00
5015390	Building Rentals - Non State	511.98	748.42	632.47	638.21	737.49	655.19	637.39	673.60	637.96	654.72	751.38	649.23	7,928.04
	Total Operating Lease Payments	565.48	798.57	681.17	688.36	786.19	703.89	733.81	719.87	642.76	702.44	797.65	697.90	8,518.09
5015500	Insurance-Operations													
5015510	General Liability Insurance	152.89	-	-	-	-	-	-	-	-	-	-	-	152.89
5015540	Surety Bonds	5.17	-	-	-	-	-	-	-	-	-	-	-	5.17
	Total Insurance-Operations	158.06	-	-	-	-	-	-	-	-	-	-	-	158.06
	Total Continuous Charges	747.95	798.57	681.17	688.36	786.19	703.89	733.81	719.87	642.76	702.44	797.65	697.90	

5023200	Construction of Plant and Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5023280	Construction, Buildings Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Construction of Plant and Improv	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plant and Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenditures	19,418.76	11,398.14	12,124.63	9,738.26	10,781.86	10,645.27	10,345.88	14,184.55	12,479.92	13,855.17	9,973.11	5,941.83										140,887.38
	Allocated Expenditures																						
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19	14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	13,343.21	15,152.15	16,657.04	8,834.89										171,580.51
20200	OptiVet/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	6,484.57	13,332.30	12,904.62	13,782.33	5,956.21	10,084.28	9,251.64	15,271.26	10,105.05										128,962.41
30200	Human Resources	1,359.09	130.29	132.39	1,086.17	156.41	75.95	185.67	6,169.21	2,505.97	1,008.62	1,106.00	1,944.88										15,860.66
30300	Finance	4,457.69	3,457.41	3,543.98	3,242.00	2,325.04	4,502.29	2,980.19	3,030.87	2,023.57	3,112.99	3,736.81	1,961.54										38,374.38
30400	Director's Office	1,655.92	1,166.88	1,172.51	1,201.45	1,095.62	993.93	1,235.33	1,211.69	1,019.65	1,165.43	915.20	438.99										13,272.60
30500	Enforcement	21,064.62	13,365.07	11,929.67	9,982.15	8,651.42	7,704.60	9,405.31	9,522.32	9,868.80	7,652.05	6,603.22	3,649.00										119,398.23
30600	Administrative Proceedings	-	377.62	-	20.85	1,562.21	-	2,280.48	3,156.99	11,670.34	2,056.77	5,309.66	5,505.56										31,940.47
30700	Health Practitioners' Monitoring Program	4.16	3.61	2.96	6.55	55.01	46.98	47.33	42.73	49.93	69.98	44.62	-										393.00
30800	Attorney General	1,172.98	-	-	2,412.92	0.01	-	1,062.11	-	-	1,432.82	-	-										6,080.84
30900	Board of Health Professions	179.48	425.73	112.49	258.74	172.02	291.47	126.58	(318.66)	5.52	179.98	137.61	75.85										1,646.80
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-										-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	91.83	24.88										116.71
31300	Employee Recognition Program	20.40	137.08	4.15	27.56	-	267.97	2.07	2.88	1.13	125.85	527.20	73.97										1,190.24
31400	Conference Center	14.89	149.12	88.63	13.96	9.24	9.18	9.17	18.06	(3.59)	3,290.20	(1,532.89)	9.67										2,075.64
31500	Program Development and Implementation	495.18	382.68	369.48	352.48	216.06	246.89	279.94	243.83	400.03	500.17	442.43	331.99										4,261.15
31600	Healthcare Workforce	743.82	533.86	535.18	922.41	540.75	530.92	535.15	1,088.86	716.84	699.99	681.06	394.93										7,923.77
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	40,104.11	43,684.59	41,796.48	46,100.01	43,346.42	51,685.67	45,698.65	49,991.04	33,370.36										543,077.42
	Net Revenue in Excess (Shortfall) of Expenditures	\$ (52,813.27)	\$ (38,833.93)	\$ (32,459.43)	\$ (38,072.37)	\$ (44,746.45)	\$ (43,856.75)	\$ (47,510.89)	\$ (46,855.97)	\$ (53,875.59)	\$ (50,173.82)	\$ 208,275.85	\$ 310,497.81										\$ 69,575.20

# PSYPACT Commission

ANNUAL REPORT 2022

January 2023

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For more information about PSYPACT:

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Executive Director

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[www.psypact.org](http://www.psypact.org)



# PSYPACT Commission Annual Report 2022

This report represents a culmination of informational content that has been shared throughout 2022 by the PSYPACT Commission and its committees. It is hoped that having all of this information in one place is helpful to our stakeholders.

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# Welcome

On behalf of the Psychology Interjurisdictional Compact (PSYPACT) Commission, we are pleased to present the first annual PSYPACT Report. The 2022 Report highlights the Commission's growth and activities, provides helpful information from the Midyear and Annual Meetings, details bylaws / rulemaking / policy development, and gives an overview of Committee work as well as PSYPACT outreach and educational activities. In addition, the Report includes a current Organizational Chart and Rosters of current Commissioners and PSYPACT Staff and Special Counsel.

2022 was a year filled with challenges due to the fiscal, socio-economic, and political impacts of the COVID-19 pandemic. Zoom meetings became the norm rather than the exception to face-to-face interactions. However, we are proud to say that the PSYPACT Commission remained focused on its purpose of providing necessary psychological services to underserved areas, added many new States to the Commission, and interacted regularly with licensed psychologists who obtained authorization to practice under PSYPACT.

We are excited for 2023 and look forward to the new challenges and opportunities this year may bring. Let's all continue our commitment to PSYPACT and build on the work done in 2022.

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

Janet Orwig, MBA, CAE  
PSYPACT Executive

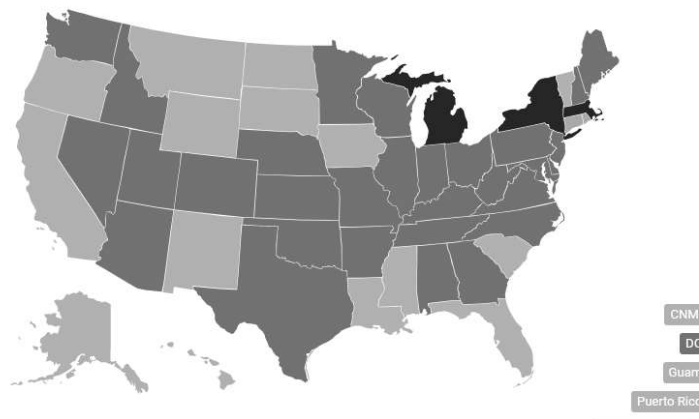
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# Introduction

This document represents the first annual Report of the PSYPACT Commission. It covers the period from January 1, 2022 to December 31, 2022. The purpose of this report is to provide a comprehensive snapshot of the activities, accomplishments, and financial performance of the Psychology Interjurisdictional Compact Commission.

## About PSYPACT

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate occupational compact designed to facilitate the practice of both telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.



## About Compacts

2022 saw continued growth in interest in occupational interstate compacts. While a compact is like a contract reached between states, a compact establishes a formal agreement between states that has been enacted via the legislative process. Compacts have been recognized for years to be durable policy solutions. The most well-known compact is the Driver's License Compact but there are various others that have been used to assist in many other professional, practical, occupational, and operational areas. Each state has enacted at least one compact, and most have enacted an average of twenty-five compacts.

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# Growth of Interstate Compacts

In 2022, the Commission continued to see a growth in the number of interstate occupational compacts being offered by professions. PSYPACT would like to thank the Council of State Governments, National Center for Interstate Compacts (<https://compacts.csg.org/>) for the following information.

Currently, there are several occupational licensure interstate compacts in development. The following professions are developing compacts:

- \* Dentistry
- \* Dietetics
- \* School Psychology
- \* Social Work

Several other professions have prepared occupational interstate compact legislation that is ready to be introduced at the state-level.:

- \* Advanced Practice Registered Nursing
- \* Cosmetology
- \* Massage Therapy
- \* Physicians Assistants
- \* Teaching

The number of active occupational licensure compacts continues to grow. The following compacts have reached required threshold numbers of participating jurisdictions needed to become active, although some are not all are yet fully implemented at this time:

- \* Audiology and Speech-Language Pathology
- \* Counseling Compact
- \* Emergency Medical Services Compact
- \* Interstate Medical Licensure Compact
- \* Nurse Licensure Compact
- \* Occupational Therapy Compact
- \* Physical Therapy Compact
- \* Psychology Interjurisdictional Compact



The following Compacts have been enacted on a state-by-state basis:

## State and U.S. Territory Membership in Interstate Licensure Compacts

### NLC

Nurse Licensure Compact

### IMLC

Interstate Medical Licensure Compact

### PT

Physical Therapy Compact

### EMS

Emergency Medical Services Compact

### PSYPACT

Psychology Interjurisdictional Compact

### ASLP

Audiology and Speech-Language Pathology Compact

### OT

Occupational Therapy Compact

### CC

Counseling Compact

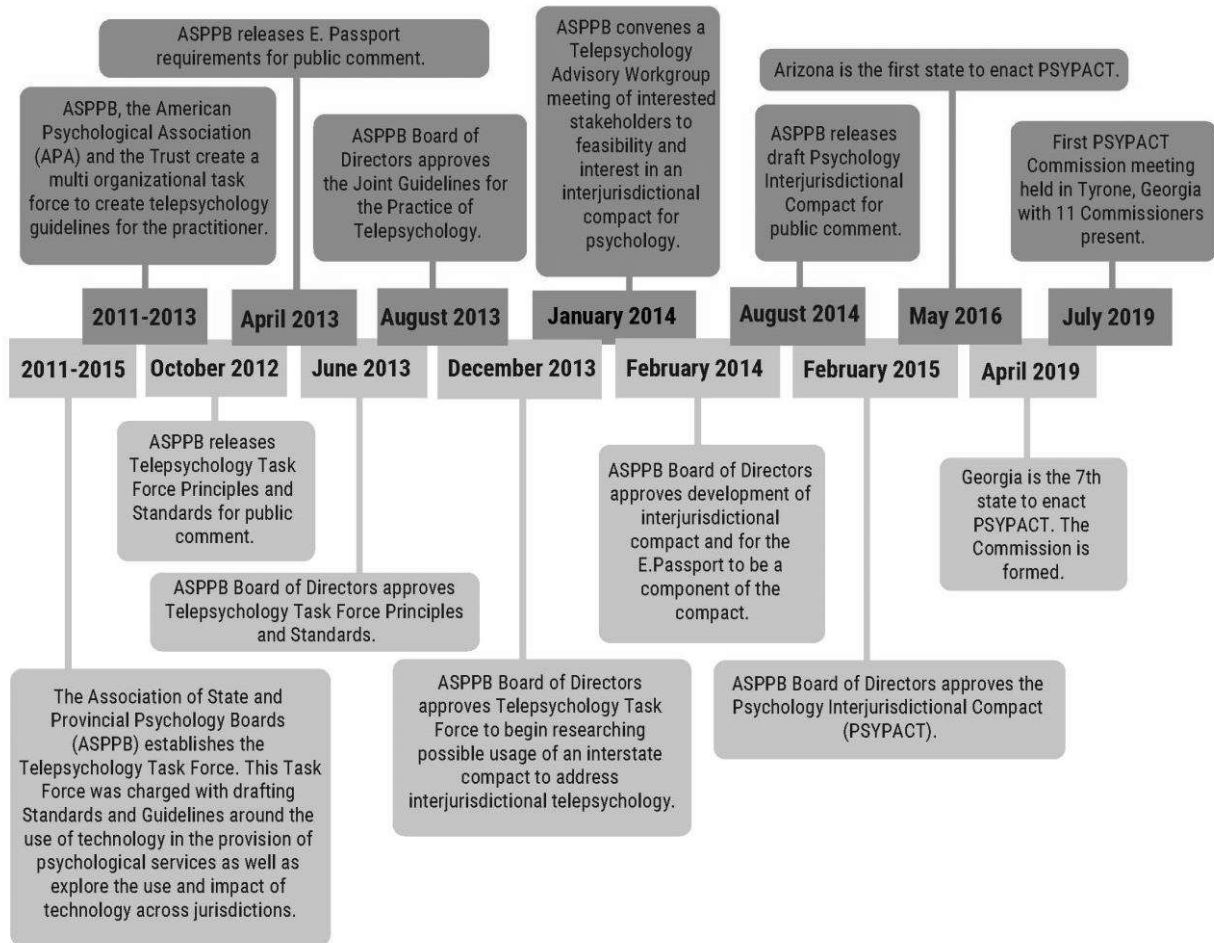
### APRN

Advanced Practice Registered Nurse Compact

STATE	NLC	IMLC	PT	EMS	PSYPACT	ASLP	OT	CC	APRN	TOTALS
ALABAMA										8
ALASKA										0
ARIZONA										5
ARKANSAS										3
CALIFORNIA										0
COLORADO										8
CONNECTICUT										2
DELAWARE										9
FLORIDA										2
GEORGIA										8
HAWAII										0
IDAHO										5
ILLINOIS										2
INDIANA										6
IOWA										6
KANSAS										6
KENTUCKY										7
LOUISIANA										6
MAINE										5
MARYLAND										7
MASSACHUSETTS										0
MICHIGAN										2
MINNESOTA										2
MISSISSIPPI										6
MISSOURI										6
MONTANA										3
NEBRASKA										8
NEVADA										2
NEW HAMPSHIRE										7
NEW JERSEY										4
NEW MEXICO										1
NEW YORK										0
NORTH CAROLINA										6
NORTH DAKOTA										5
OHIO										7
OKLAHOMA										5
OREGON										1
PENNSYLVANIA										5
RHODE ISLAND										2
SOUTH CAROLINA										5
SOUTH DAKOTA										4
TENNESSEE										8
TEXAS										5
UTAH										9
VERMONT										2
VIRGINIA										5
WASHINGTON										4
WEST VIRGINIA										8
WISCONSIN										5
WYOMING										5
AMERICAN SAMOA										0
DIST. OF COLUMBIA										3
GUAM										2
CNMI										1
PUERTO RICO										0
US VIRGIN ISLANDS										1
	39	39	34	22	35	23	22	17	3	234

\*Information current as of December 2022

# Historical Timeline



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# About the PSYPACT Commission

The Psychology Interjurisdictional Compact (PSYPACT) Commission (“the Commission”) is the entity charged with administering the PSYPACT Compact. The Commission is a quasi-governmental and joint public agency comprised of the states which have enacted PSYPACT through a legislative effort and are, therefore, able to participate in the work of the Commission. The Commission is made up of one representative from each PSYPACT-participating state. The Commission’s Executive Board is comprised of five members who are elected to serve as the leadership board of the Commission.

## Legislative Updates

In the 2022 calendar year, a total of 12 jurisdictions introduced PSYPACT legislation: Connecticut, Commonwealth of the Northern Mariana Islands, Florida, Idaho, Indiana, Massachusetts, Michigan, New York, Rhode Island, South Carolina, Washington, and Wisconsin. In 2021, 22 jurisdictions introduced PSYPACT legislation. At the end of 2022, 35 jurisdictions had enacted PSYPACT with 33 of those being in effect.



**Connecticut – Senate Bill 2 – Enacted 5/24/2022 – Effective 10/1/2022**



**Commonwealth of the Northern Mariana Islands - House Bill 22-80 – Enacted & Effective 10/24/2022**



**Idaho – Senate Bill 1305 – Enacted 3/23/2022 – Effective 7/1/2022**



**Indiana – Senate Bill 365 – Enacted 3/10/2022 – Effective 7/1/2022**



**Washington – House Bill 1286 – Enacted 3/4/2022 – Effective 6/9/2022**



**Wisconsin – Bill A 537 – Enacted 2/4/2022 – Effective 2/6/2022**



**Michigan House Bill 5489 - Enacted 12/22/2022 – Effective 3/31/2023**



**Rhode Island – House Bill 7501 – Enacted 6/21/2022 – Effective Tentatively 2/1/2023**



South Carolina – House Bill 3833 was enacted in 2022. Due to language changes to the model PSYPACT legislation **that was enacted**, however, South Carolina is not yet recognized to participate in PSYPACT in 2022. In 2023, South Carolina will introduce a bill that will bring language in compliance with model PSYPACT legislation so that the state can participate in PSYPACT.

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# Financial Summary 2022



## 2022 Annual Budget and Narrative Report

### Psychology Interjurisdictional Compact

The Psychology Interjurisdictional Compact (PSYPACT) is an agreement between member states designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries without having to become licensed in additional member states. Psychologists licensed in their Home State, which is a member of PSYPACT, are able to practice into other member states via the two Authorizations (Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice) issued by the Commission. The purpose of PSYPACT is to increase public access to needed psychological services by increasing access to care and providing mechanisms for continuity of care all while ensuring a higher degree of consumer protection across state lines. PSYPACT also promotes cooperation between member states in the areas of licensure and regulation. To join PSYPACT, a state must enact the model statute into law.

PSYPACT is governed by the Psychology Interjurisdictional Compact Commission (Commission), a governmental entity made up of the member states. The Commission meets annually.

The Commission and the Association of State and Provincial Psychology Boards (ASPPB) have approved a Memorandum of Understanding (MOU), which covers many of the services needed by the Commission including staffing, consultation services, office space, and access to ASPPB Data Systems.

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## Status of PSYPACT

PSYPACT had its seventh (7) state enact legislation in April 2019. PSYPACT now has 26 states that have enacted the legislation with 24 of those being effective as of January 2022. The Commission has been formed and Bylaws and Rules have been approved. The Commission became fully operational on July 1, 2020 when the application process was open. As of August 2021, over 3,600 Authority to Practice Interjurisdictional Telepsychology (APIT) have been issued and 136 Temporary Authorization to Practice (TAP) have been issued.

### Revenue

An analysis of the number of psychologists with active licenses in the current 24 enacted and effective states as of 2022 is the basis for projected revenue for 2022. Please note the licensure data may not reflect the most current licensure information. A 1% penetration rate was used to estimate authorizations being issued by the Commission. This projection reflects \$40 per Authorization issued. The Other Information section of this narrative provides the data regarding these revenue assumptions.

Each member state will be charged an assessment fee beginning annually after the first year of full implementation. That income is reflected in this budget narrative since assessments will be calculated December 2021 and invoiced in January 2022.

### Expenditures

Per the MOU, ASPPB covers the costs associated with staffing, professional fees such as the contract with the Council of State Governments (CSG), Directors & Officers (D & O) Insurance, travel costs for the Commission, office space and utilities, use of computers, telephone, internet and other office equipment and services.

### Other Information

As part of the MOU between the Commission and ASPPB, ASPPB will continue to assume most of the operating expenses. Also, the Commission will be utilizing already existing software systems to implement the Compact which will reduce ongoing computer and software expenses. However, software modifications may be needed to address changes needed for the program. For the purposes of this document, office occupancy expenses include physical space, utilities, postage and shipping, equipment rental/use. At this time, insurance costs are unknown, so an amount is not included.

### Revenue Assumptions

Even though the Compact is implemented at this time, revenue assumptions are being generated based on the number of licensees in each of the member states. The projections assume that 1% of the psychologists licensed in each member state will purchase an Authorization in 2022. As part of the MOU, 40% of Authorization fees will be paid to ASPPB for providing services per the agreement.

Member State	# of Licensees	1% of Licensees	Authorization of \$40	ASPPB Fee (40%)
Alabama	1,170	11.70	\$468.00	\$187.20
Arizona	1,898	18.98	\$759.20	\$303.68
Colorado	2,772	27.72	\$1,108.80	\$443.52
Delaware	498	4.98	\$199.20	\$79.68
District of Columbia	1,419	14.19	\$567.60	227.04
Georgia	2,303	23.03	\$921.20	\$368.48
Illinois	4,904	49.04	\$1,961.60	\$784.64
Kansas	947	9.47	\$378.80	\$151.52
Kentucky	1,783	17.83	\$713.20	\$285.28
Maine	655	6.55	\$262.00	\$104.80
Maryland	3,409	34.09	\$1363.60	\$545.44
Minnesota	2,600	26	\$1,040.00	\$416.00
Missouri	1,883	18.83	\$753.20	\$301.28
Nebraska	491	4.91	\$196.40	\$78.56
Nevada	457	4.57	\$182.80	\$73.12
New Hampshire	660	6.6	\$264.00	\$105.60
North Carolina	3,877	38.77	\$1,550.80	\$620.32

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Ohio	3,500	35	\$1400.00	\$560.00
Oklahoma	567	5.67	\$226.80	\$90.72
Pennsylvania	6,092	60.92	\$2,436.80	\$974.72
Tennessee	1,418	14.18	\$567.20	\$226.88
Texas	4,500	45	\$1,800.00	\$720.00
Utah	916	9.16	\$366.40	\$146.56
Virginia	5,947	59.47	\$2,378.80	\$951.52
Totals	54,666	546.66	\$21,866.40	\$8,746.56



# Compact Commission Budget 2022

<u>Revenues</u>	2022 Costs waived by		Total
	Compact	MOU	
Authorizations	\$21,866		\$21,866
Member State Assessment Fees	\$52,000		\$52,000
<b>Total Revenues</b>	<b>\$73,866</b>		<b>\$73,866</b>

<u>Expenses</u>				
<b>Personnel</b>				
	Salaries	131,382	131,382	0
	Payroll Tax Expense	9,628	9,628	0
	Fringe Benefits	37,191	37,191	0
<b>Professional Services</b>				
	MOU	8,746.56		8,746.56
	Legal & Accounting	27,960	27,960	0
	Computer/Website Svcs	3,500	3,500	0
	Other Prof/Contract Svcs	26,475	26,475	0
	Travel	26,000	26,000	0
	Office Occupancy	50,000	50,000	0
	Bank and Credit Card fee	983		983
	<b>Total Expenses</b>	<b>\$321,865.56</b>		<b>\$9729.56</b>

Excess Revenues (Expenses)	(\$247,999.56)		\$64,136.44
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# PSYPACT ANNUAL FINANCIAL REPORT

This report is provided by the PSYPACT Commission Finance Committee.

2022

January- December 2022

## SUMMARY AND KEY HIGHLIGHTS

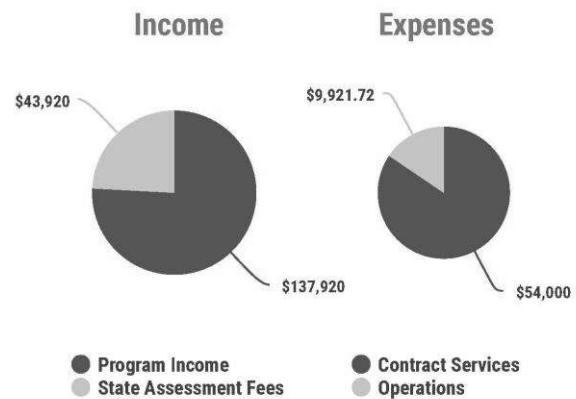
- **Organization Name:** Psychology Interjurisdictional Compact Commission
- **Time Period:** 2022
- **Total number of Authority To Practice Interjurisdictional Telepsychology (APIT) applications started in 2022:** 3,076
- **Total number of Temporary Authorization to Practice (TAP) applications started in 2022:** 238
- **State Assessment Fees:** State assessment fees were sent out in January 2022.

### PSYPACT Participating States

(total number of APITs and TAPs issued in 2022 by state.)

States	APITs	TAPs	States	APITs	TAPs
Alabama	27	8	Missouri	51	10
Arizona	87	21	Nebraska	19	2
Arkansas	22	8	Nevada	27	5
Colorado	150	9	New Hampshire	38	2
Connecticut	70	4	New Jersey	409	19
Delaware	17	2	North Carolina	144	10
District of Columbia	56	2	Ohio	174	8
Georgia	128	13	Oklahoma	25	3
Idaho	7	0	Pennsylvania	276	36
Illinois	306	23	Tennessee	67	4
Indiana	56	3	Texas	246	30
Kansas	78	9	Utah	58	18
Kentucky	36	4	Virginia	186	33
Maine	31	1	Washington	149	8
Maryland	261	17	West Virginia	34	7
Minnesota	119	9	Wisconsin	44	3
			<b>TOTAL</b>	<b>3,398</b>	<b>334</b>

## INCOME VS EXPENDITURE FOR YE 2022



### Ordinary Income/Expense

Income	
Program Income*	\$137,920.00
State Assessment Fees**	\$43,920.00
<b>Total Income</b>	<b>\$181,840.00</b>

Expense	
Contract Services	
Outside Contract Services***	\$54,000.00
<b>Total Contract Services</b>	<b>\$54,000.00</b>
Operations	
Bank Charges****	\$7,681.72
Charge Backs*****	\$2,240.00
<b>Total Operations</b>	<b>\$9,921.72</b>
<b>Total Expense</b>	<b>\$63,921.72</b>

- \* Total of APIT and TAP application fees \$40 per application
- \*\* Annual assessment fees charged to compact member states
- \*\*\* Memorandum of Understanding Quarterly Payment to ASPPB for 2022 applications
- \*\*\*\* Credit Card Processing for APIT and TAP application fees, etc
- \*\*\*\*\* Refunds/Overpayments of APIT and TAP application fees

**Net Ordinary Income:**  
**\$117,918.23**

# Midyear and Annual Meeting Recap

Both the PSYPACT Commission Midyear and Annual Meetings were conducted via the Zoom platform. The agenda included reports from all the committees, legislative updates, and comments from the public attendees.



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**PSYPACT Commission Meeting**  
**July 14, 2022**  
**Teleconference**

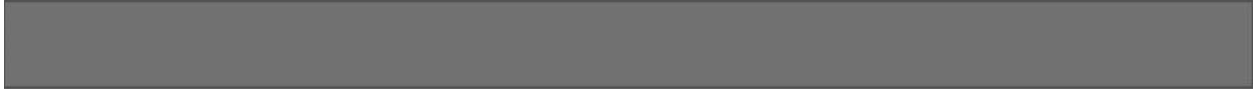
**AGENDA**

**THURSDAY, JULY 14, 2022**

<b>11:00 AM – 11:10 AM</b>	<b>Welcome and Call to Order</b>	<b>Don Meck</b>
<b>11:10 AM – 11:15 AM</b>	<b>Roll Call</b>	<b>Don Meck</b>
<b>11:15 AM – 11:20 AM</b>	<b>Review and Adoption of Agenda*</b>	<b>Janet Orwig</b>
<b>11:20 AM – 11:30 AM</b>	<b>Opportunity for Public Comment</b>	<b>Don Meck/ Jessica Cheaves</b>
<b>11:30 AM – 11:40 AM</b>	<b>Review and Vote of Meeting Minutes*</b> November 18, 2021 (Teleconference)	<b>Don Meck</b>
<b>11:40 AM – 12:10 PM</b>	<b>Executive Director’s Report</b> Legislative Updates Program Updates Other Updates <ul style="list-style-type: none"><li>• Job postings</li><li>• ASU Internship</li><li>• Training Sessions</li><li>• ESA update/ Letter</li></ul> Annual Meeting Overview of the Agenda Book Materials	<b>Janet Orwig</b>
<b>12:10 PM – 1:10 PM</b>	<b>Executive Board Report</b> Compliance Committee Approvals Finance Committee Approvals Rules Committee Approvals Requirements Review Committee Update Training and Public Relations Committee Update	<b>Don Meck</b>
<b>1:10 PM – 1:30 PM</b>	<b>Break</b>	

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<b>1:30 PM – 2:00 PM</b>	<b>Rule Revisions*</b> Rule 4.7 & 5.7 Renewal Fee Addition Rule 4.11 & 5.11 Attestation Form Addition Rule 4.12 & 5.12 Appeals Process	<b>Don Meck</b>
<b>2:00 PM – 2:30 PM</b>	<b>Bylaws Revision*</b> Appeals Committee	<b>Don Meck</b>
<b>2:30 PM – 2:45 PM</b>	<b>New Business</b>	<b>Don Meck</b>
<b>2:45 PM – 2:50 PM</b>	<b>Roll Call Vote* - Closed Session/ Adjourn* Open Session</b>	<b>Don Meck</b>

*\* Indicates agenda item requires PSYPACT Commission vote*

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# PSYPACT Commission

## Meeting Minutes

July 14, 2022



PSYPACT Commission Meeting Minutes  
Thursday, July 14<sup>th</sup>, 2022  
Zoom Teleconference

### Commissioners Present

Lori Rall, Alabama  
Heidi Paakkonen, Arizona  
Lisa Fitzgibbons, Arkansas  
Nate Brown, Colorado  
Shauna Slaughter, Delaware  
LaTrice Herndon, District of Columbia  
Don Meck, Georgia (Chair)  
Katie Stuart, Idaho  
Cecilia Abundis, Illinois  
David Fye, Kansas  
Brenda Nash, Kentucky  
Jayne Boulos, Maine  
Lorraine Smith, Maryland  
Robin McLeod, Minnesota  
Pam Goose, Missouri  
Gary Lenkeit, Nevada  
Deborah Warner, New Hampshire  
Ronald Ross, Ohio  
Teanne Rose, Oklahoma  
Christina Stuckey, Pennsylvania  
Mark Fleming, Tennessee  
Patrick Hyde, Texas  
Jaime Hoyle, Virginia  
Leslie Cohn, Washington  
Scott Fields, West Virginia  
Daniel Schroeder, Wisconsin

*\* PSYPACT state with enacted but not yet effective legislation. If appointed, Commissioner present was non-voting.*

### Commissioners Absent

Not Yet Appointed, Connecticut\*  
Not Yet Appointed, Indiana  
Kris Chiles, Nebraska  
Not Yet Appointed, New Jersey  
Susan Hurt, North Carolina  
Not Yet Appointed, Rhode Island\*  
Not Yet Appointed, South Carolina\*  
Jennifer Falkenrath, Utah

*\* PSYPACT state with enacted but not yet effective legislation. If appointed, Commissioner present was non-voting.*

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# PSYPACT Commission

## Meeting Minutes

July 14, 2022

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### Ex-Officio Present

Mariann Burnett-Atwell, Association of State and Provincial Psychology Boards (ASPPB)

### Legal Counsel Present

Doug Wolfberg, Page, Wolfberg & Wirth, LLC and Counsel to NCIC

### Commission Staff Present

Janet Orwig, PSYPACT Executive Director

Jessica Cheaves, PSYPACT Coordinator

Magan Spearing, PSYPACT Specialist

### Others

Stacey Camp (ASPPB)

Jo Linder-Crow (Public Attendee)

Peter Oppenheimer (Public Attendee)

Andrea Barnes (Public Attendee)

### Thursday, July 14, 2022

#### Welcome and Introductions

- Chair D. Meck (Georgia) welcomed attendees to the PSYPACT Commission meeting on November 18, 2021.

#### Call to Order

- Roll Call
  - Chair D. Meck (Georgia) called the meeting to order at 11:00 AM, EST
  - Magan Spearing called the roll for PSYPACT Commissioners.
    - Alabama: Lori Rall – present
    - Arizona: Heidi Paakkonen – present
    - Arkansas: Lisa Fitzgibbons – present
    - Colorado: Nate Brown – present
    - Connecticut: Not Yet Appointed – no present
    - Delaware: Shauna Slaughter – present
    - District of Columbia: LaTrice Herndon - present
    - Georgia: Don Meck – present
    - Idaho: Katie Stuart – present
    - Illinois: Cecilia Abundis – present
    - Indiana: Not Yet Appointed – not present
    - Kansas: David Fye – present
    - Kentucky: Brenda Nash – present
    - Maine: Jayne Boulos – present
    - Maryland: Lorraine Smith – present
    - Minnesota: Robin McLeod – present
    - Missouri: Pam Groose - present
    - Nebraska: Kris Chiles – not present
    - Nevada: Gary Lenkeit – present

# PSYPACT Commission

## Meeting Minutes

July 14, 2022



- New Hampshire: Debi Warner – present
- New Jersey: Not Yet Appointed – not present
- North Carolina: Susan Hurt – not present
- Ohio: Ronald Ross - present
- Oklahoma: Teanne Rose - present
- Pennsylvania: Christina Stuckey – present
- Rhode Island: Not Yet Appointed – not present
- South Carolina: Not Yet Appointed – not present
- Tennessee: Mark Fleming – present
- Texas: Patrick Hyde - present
- Utah: Jennifer Falkenrath – not present
- Virginia: Jaime Hoyle – present
- Washington: Leslie Cohn – present
- West Virginia: Scott Fields – present
- Wisconsin: Daniel Schroeder – present
- ASPPB Ex-Officio: Mariann Burnett-Atwell – present

### Overview and Adoption of Agenda

- J. Orwig reviewed the agenda.
  - Chair D. Meck (Georgia) called for a motion to adopt the agenda for the July 14, 2022 PSYPACT Commission meeting.
  - **Motion:** S. Slaughter (Delaware) moved that the PSYPACT Commission adopt the agenda for the July 14, 2022 Commission meeting. G. Lenkeit (Nevada) seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion. All present voted yes. The motion carried. The agenda for the July 14, 2022 PSYPACT Commission meeting was adopted.

### Opportunity for Public Comment and Questions

- Chair D. Meck (Georgia) opened the floor for public comment.
- Dr. Peter Oppenheimer provided public comment in regards to the addition of the renewal fee of an APIT and TAP.

### Review and Vote of Meeting Minutes

- Chair D. Meck (Georgia) called for a motion to approve the meeting minutes from the November 18, 2021 PSYPACT Commission meeting.
- **Motion:** NV moved to approve the meeting minutes from the November 18, 2021 PSYPACT Commission meeting. AL seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion. All present voted yes. The motion carried. The meeting minutes from the November 18, 2021 PSYPACT Commission meeting as presented were approved.

### Executive Director's Report

- J. Orwig provided updates to the PSYPACT Commission.
- 1<sup>st</sup> commission meeting July 2018 – 11 commissioners then. Today 34 states and 31



# PSYPACT Commission

## Meeting Minutes

July 14, 2022



### commissioners.

- Legislative Updates
- Active leg in Mass, MI, CNMI, NY.
  - 50 compact bills passed this year.
- Program Updates
  - 6261 APITs 259 TAPs
- Other Updates
  - ASU Internship
  - Training Sessions
  - ESA Letter/Update
- Annual Meeting
- Overview of the Agenda Book Materials

### Executive Board Report

- Chair D. Meck presented the PSYPACT Commission with the Executive Board Report.
  - Compliance Committee Approvals
  - Finance Committee Approvals
    - D. Warner – what are the reasons for implementing an annual renewal fee?
      - T. Rose – the finance committee has reviewed finance information – individuals are assessed a renewal fee regardless, since the commission does not receive an of the renewal fees, we decided to implement a \$20 renewal fee for the APIT and TAP so that PSYPACT Commission becomes sustainable over time and to eventually lower the annual state fee.
    - D. Warner – did you look at removing the annual state assessment fee?
      - T. Rose – we are looking at lowering the cap but we wouldn't be taking away the state assessment fee at this time, but we could be looking at lowering the fee. We would hope to make the change the following year after we see how the renewal fees effect the financials
    - J. Orwig – at this time we are still seeing growth in applications when new states come on, however
  - Rules Committee Approvals
  - Requirements Review Committee Update
  - Training and Public Relations Committee Update

### Rule Revisions

- Chair D. Meck presented the PSYPACT Commission with necessary rule revisions.
  - Rule 4.7 & 5.7 Renewal Fee Addition
    - Chair D. Meck (Georgia) called for a motion to approve renewal fee addition to Rule 4.7 to go out for public comment.
    - **Motion:** H. Paakkonen (Arizona) moved to approve the renewal fee addition to rule 4.7 to go out for public comment. S. Slaughter (Delaware) seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion and is recorded below.

# PSYPACT Commission

## Meeting Minutes

July 14, 2022



- Alabama: Lori Rall – yea
- Arizona: Heidi Paakkonen – yes
- Arkansas: Lisa Fitzgibbons – yes
- Colorado: Nate Brown – yea
- Delaware: Shauna Slaughter –yes
- District of Columbia: LaTrice Herndon -
- Georgia: Don Meck – yes
- Idaho: Katie Stuart – yes
- Illinois: Cecilia Abundis –
- Indiana: Not Yet Appointed -
- Kansas: David Fye – yes
- Kentucky: Brenda Nash – yes
- Maine: Jayne Boulos – yes
- Maryland: Lorraine Smith – yes
- Minnesota: Robin McLeod – yes
- Missouri: Pam Goose - yes
- Nebraska: Kris Chiles -
- Nevada: Gary Lenkeit - yes
- New Hampshire: Debi Warner – yes
- New Jersey: Not Yet Appointed -
- North Carolina: Susan Hurt –
- Ohio: Ronald Ross - yes
- Oklahoma: Teanne Rose - yes
- Pennsylvania: Christina Stuckey – yes
- Tennessee: Mark Fleming - yes
- Texas: Patrick Hyde - yes
- Utah: Jennifer Falkenrath -
- Virginia: Jaime Hoyle – yes
- Washington: Lesli Cohn – yes
- West Virginia: Scott Fields – yes
- Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to approve renewal fee addition to Rule 4.7 to go out for public comment.
- Rule 5.7 Renewal Fee Addition
  - Chair D. Meck (Georgia) called for a motion to approve renewal fee addition to Rules 5.7 to go out for public comment.
  - **Motion:** NV moved to approve the renewal fee addition to rule 5.7 to go out for public comment. TN seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – yes
    - Arizona: Heidi Paakkonen – yes
    - Arkansas: Lisa Fitzgibbons – yes

# PSYPACT Commission

## Meeting Minutes

July 14, 2022



- Colorado: Nate Brown – yes
  - Delaware: Shauna Slaughter – yes
  - District of Columbia: LaTrice Herndon -
  - Georgia: Don Meck – yes
  - Idaho: Katie Stuart – yes
  - Illinois: Cecilia Abundis – yes
  - Indiana: Not Yet Appointed -
  - Kansas: David Fye – yes
  - Kentucky: Brenda Nash – yes
  - Maine: Jayne Boulos – yes
  - Maryland: Lorraine Smith – yes
  - Minnesota: Robin McLeod – yes
  - Missouri: Pam Goose - yes
  - Nebraska: Kris Chiles -
  - Nevada: Gary Lenkeit - yes
  - New Hampshire: Debi Warner – yes
  - New Jersey: Not Yet Appointed -
  - North Carolina: Susan Hurt –
  - Ohio: Ronald Ross - yes
  - Oklahoma: Teanne Rose - yes
  - Pennsylvania: Christina Stuckey – yes
  - Tennessee: Mark Fleming - yes
  - Texas: Patrick Hyde - yes
  - Utah: Jennifer Falkenrath -
  - Virginia: Jaime Hoyle – yes
  - Washington: Lesli Cohn - yes
  - West Virginia: Scott Fields – yes
  - Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to approve renewal fee addition to Rule 5.7 to go out for public comment.
- Rule 4.11 and 5.11 Attestation Form Addition
    - Chair D. Meck (Georgia) called for a motion to approve the attestation form addition to rule 4.11 to go out for public comment.
    - **Motion:** TN moved to approve the attestation form addition to rules 4.11 to go out for public comment. OK seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion and is recorded below.
      - Alabama: Lori Rall – yes
      - Arizona: Heidi Paakkonen – yes
      - Arkansas: Lisa Fitzgibbons – yes
      - Colorado: Nate Brown – yes
      - Delaware: Shauna Slaughter – yes
      - District of Columbia: LaTrice Herndon - yes

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# PSYPACT Commission

## Meeting Minutes

July 14, 2022

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- Georgia: Don Meck – yes
  - Idaho: Katie Stuart – yes
  - Illinois: Cecilia Abundis – yes
  - Indiana: Not Yet Appointed -
  - Kansas: David Fye – yes
  - Kentucky: Brenda Nash – yes
  - Maine: Jayne Boulos – yes
  - Maryland: Lorraine Smith – yes
  - Minnesota: Robin McLeod – yes
  - Missouri: Pam Goose - yes
  - Nevada: Gary Lenkeit - yes
  - New Hampshire: Debi Warner – yes
  - Ohio: Ronald Ross - yes
  - Oklahoma: Teanne Rose - yes
  - Pennsylvania: Christina Stuckey – yes
  - Tennessee: Mark Fleming - yes
  - Texas: Patrick Hyde - yes
  - Virginia: Jaime Hoyle – yes
  - Washington: Lesli Cohn – yes
  - West Virginia: Scott Fields – yes
  - Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to approve the attestation form addition to rule 4.11 to go out for public comment.
  - Chair D. Meck (Georgia) called for a motion to approve the attestation form addition to rule 5.11 to go out for public comment.
  - **Motion:** TX moved to approve the attestation form addition to rules 5.11 to go out for public comment. OK seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – yes
    - Arizona: Heidi Paakkonen – yes
    - Arkansas: Lisa Fitzgibbons – yes
    - Colorado: Nate Brown – yes
    - Delaware: Shauna Slaughter –yes
    - District of Columbia: LaTrice Herndon - yes
    - Georgia: Don Meck – yes
    - Idaho: Katie Stuart – yes
    - Illinois: Cecilia Abundis –
    - Indiana: Not Yet Appointed -
    - Kansas: David Fye –
    - Kentucky: Brenda Nash – yes
    - Maine: Jayne Boulos – yes
    - Maryland: Lorraine Smith – yes

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# PSYPACT Commission

## Meeting Minutes

July 14, 2022

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- Minnesota: Robin McLeod – yes
  - Missouri: Pam Goose - yes
  - Nebraska: Kris Chiles -
  - Nevada: Gary Lenkeit - yes
  - New Hampshire: Debi Warner – yes
  - New Jersey: Not Yet Appointed -
  - North Carolina: Susan Hurt –
  - Ohio: Ronald Ross - yes
  - Oklahoma: Teanne Rose - yes
  - Pennsylvania: Christina Stuckey – yes
  - Tennessee: Mark Fleming - yes
  - Texas: Patrick Hyde - yes
  - Utah: Jennifer Falkenrath -
  - Virginia: Jaime Hoyle – yes
  - Washington: Lesli Cohn – yes
  - West Virginia: Scott Fields – yes
  - Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to approve the attestation form addition to rules 5.11 to go out for public comment.
- Rule 4.12 and 5.12 Appeals Process
    - Chair D. Meck (Georgia) called for a motion to approve the appeals process to rules 4.12 to go out for public comment.
    - **Motion:** NV moved to approve the appeals process to rules 4.12 to go out for public comment. DE seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion and is recorded below.
      - Alabama: Lori Rall – yes
      - Arizona: Heidi Paakkonen – yes
      - Arkansas: Lisa Fitzgibbons – yes
      - Colorado: Nate Brown – yes
      - Delaware: Shauna Slaughter – yes
      - District of Columbia: LaTrice Herndon - yes
      - Georgia: Don Meck – yes
      - Idaho: Katie Stuart – yes
      - Illinois: Cecilia Abundis – yes
      - Indiana: Not Yet Appointed -
      - Kansas: David Fye – yes
      - Kentucky: Brenda Nash – yes
      - Maine: Jayne Boulos – yes
      - Maryland: Lorraine Smith – yes
      - Minnesota: Robin McLeod – yes
      - Missouri: Pam Goose - yes

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# PSYPACT Commission

## Meeting Minutes

July 14, 2022

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- Nebraska: Kris Chiles -
- Nevada: Gary Lenkeit - yes
- New Hampshire: Debi Warner – yes
- New Jersey: Not Yet Appointed -
- North Carolina: Susan Hurt –
- Ohio: Ronald Ross - yes
- Oklahoma: Teanne Rose - yes
- Pennsylvania: Christina Stuckey – yes
- Tennessee: Mark Fleming - yes
- Texas: Patrick Hyde - yes
- Utah: Jennifer Falkenrath -
- Virginia: Jaime Hoyle – yes
- Washington: Lesli Cohn – yes
- West Virginia: Scott Fields – yes
- Wisconsin: Daniel Schroeder – yes
- MD – should we have a timeframe for the appeals process, the way it is written there is not a time frame listed in the rule for the appeals process.
- Add 30 days from date denial letter is sent and applicant has 60 days to submit supporting documents.
- The motion carried. The PSYPACT Commission voted to approve the appeals process to rules 4.12 to go out for public comment.
- Chair D. Meck (Georgia) called for a motion to approve the appeals process to rules 5.12 to go out for public comment.
- **Motion:** AL moved to approve the appeals process to rules 5.12 to go out for public comment. OH seconded the motion.
- Chair D. Meck (Georgia) asked for any further discussion. There was none.
- A vote was called for the motion and is recorded below.
  - Alabama: Lori Rall – yes
  - Arizona: Heidi Paakkonen – yes
  - Arkansas: Lisa Fitzgibbons –yes
  - Colorado: Nate Brown –
  - Delaware: Shauna Slaughter – yes
  - District of Columbia: LaTrice Herndon - yes
  - Georgia: Don Meck – yes
  - Idaho: Katie Stuart – yes
  - Illinois: Cecilia Abundis – yes
  - Indiana: Not Yet Appointed -
  - Kansas: David Fye – yes
  - Kentucky: Brenda Nash –
  - Maine: Jayne Boulos –
  - Maryland: Lorraine Smith – yes
  - Minnesota: Robin McLeod – yes
  - Missouri: Pam Goose -

# PSYPACT Commission

## Meeting Minutes

July 14, 2022



- Nebraska: Kris Chiles -
- Nevada: Gary Lenkeit - yes
- New Hampshire: Debi Warner – yes
- New Jersey: Not Yet Appointed -
- North Carolina: Susan Hurt –
- Ohio: Ronald Ross - yes
- Oklahoma: Teanne Rose - yes
- Pennsylvania: Christina Stuckey – yes
- Tennessee: Mark Fleming - yes
- Texas: Patrick Hyde - yes
- Utah: Jennifer Falkenrath -
- Virginia: Jaime Hoyle –
- Washington: Lesli Cohn – yes
- West Virginia: Scott Fields – yes
- Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to approve the appeals process to rules 5.12 to go out for public comment.

### Bylaws Revision

- Chair D. Meck presented the PSYPACT Commission with necessary Bylaws Revision.
  - Chair D. Meck (Georgia) called for a motion to approve the addition of an appeals committee to the PSYPACT Commission Bylaws.
  - **Motion:** \_\_\_\_ moved to approve the addition of an appeals committee to the PSYPACT Commission Bylaws. \_\_\_\_ seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion.
      - G. Lenkeit – what is the difference between the Requirements Review and the Appeals Committee
        - J. Orwig – how we envisioned – if someone was denied an APIT or TAP the Requirements review the denial prior to sending the denial letter to ensure that the review was an effective review. If the applicant once the denial letter has been received, they have the ability to file an appeal for due process.
    - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – yes
    - Arizona: Heidi Paakkonen – yes
    - Arkansas: Lisa Fitzgibbons – yes
    - Colorado: Nate Brown –
    - Delaware: Shauna Slaughter – yes
    - District of Columbia: LaTrice Herndon - yes
    - Georgia: Don Meck – yes
    - Idaho: Katie Stuart – yes
    - Illinois: Cecilia Abundis – yes
    - Indiana: Not Yet Appointed -

# PSYPACT Commission

## Meeting Minutes

July 14, 2022



- session.
- Chair D. Meck called for a motion for the PSYPACT Commission to go into closed session.
- **Motion:** \_\_\_\_ moved that the PSYPACT Commission go into closed session. \_\_\_\_ seconded the motion.
- D. Meck asked for any further discussion. There was none. A vote was called for the motion and is recorded below.
  - Alabama: Lori Rall – yes
  - Arizona: Heidi Paakkonen – yes
  - Arkansas: Lisa Fitzgibbons – yes
  - Colorado: Nate Brown – yes
  - Delaware: Shauna Slaughter – yes
  - District of Columbia: LaTrice Herndon – yes
  - Georgia: Don Meck – yes
  - Idaho: Katie Stuart – yes
  - Illinois: Cecilia Abundis – yes
  - Kansas: David Fye – yes
  - Maryland: Lorraine Smith – yes
  - Minnesota: Robin McLeod – yes
  - Missouri: Pam Groose – yes
  - Nevada: Gary Lenkeit – yes
  - New Hampshire: Debi Warner – yes
  - Ohio: Ronald Ross – yes
  - Oklahoma: Teanne Rose – yes
  - Pennsylvania: Christina Stuckey – yes
  - Tennessee: Mark Fleming – yes
  - Texas: Patrick Hyde – yes
  - Virginia: Jaime Hoyle – yes
  - Washington: Lesli Cohn – yes
  - West Virginia: Scott Fields – yes
  - Wisconsin: Daniel Schroeder – yes
- The motion carried. The PSYPACT Commission voted to go into closed session.
- Chair D. Meck called for a motion for the PSYPACT Commission Mid-Year meeting open session be adjourned.
- **Motion:** M. Fleming (Tennessee) moved that the PSYPACT Commission adjourn the July 14, 2022 PSYPACT Commission Mid-Year meeting open session. S. Fields (West Virginia) seconded the motion.
- A vote was called for the motion. All present voted yes. The motion carried. Chair D. Meck (Georgia) adjourned the July 14, 2022 PSYPACT Commission Mid-Year open session meeting at 1:16 PM ET.



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**PSYPACT Commission Meeting**  
**November 17, 2022**  
**Teleconference**

**AGENDA**

THURSDAY, November 17, 2022

11:00 AM – 11:10 AM	<b>Welcome and Call to Order</b>	Don Meck
11:10 AM – 11:25 AM	<b>Roll Call and Introductions</b>	Don Meck
11:25 AM – 11:30 AM	<b>Review and Adoption of Agenda*</b>	Janet Orwig
11:30 AM – 11:40 AM	<b>Opportunity for Public Comment</b>	Don Meck/ Jessica Cheaves
11:40 AM – 11:50 AM	<b>Review and Vote of Meeting Minutes*</b> July 14, 2022 (Teleconference)	Don Meck
11:50 AM – 12:20 PM	<b>Executive Director’s Report</b> Commission Housekeeping Items Legislative Updates Program Updates Other Updates <ul style="list-style-type: none"><li>• Strategic Planning 2023</li><li>• 3<sup>rd</sup> Quarter Compliance Reports</li><li>• Annual State Assessment Fees</li></ul> Annual Meeting 2023 Overview of the Agenda Book Materials	Janet Orwig
12:20 PM – 1:30 PM	<b>Executive Board Report</b> <ul style="list-style-type: none"><li>• Summary of Executive Board Actions</li><li>• Compliance Committee Report</li><li>• Elections Committee</li><li>• Finance Committee</li><li>• Requirements Review Committee</li><li>• Rules Committee</li><li>• Training &amp; PR Committee</li></ul>	Don Meck Jaime Hoyle Dan Schroeder Teanne Rose Gary Lenkeit Patrick Hyde Lori Rall

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<b>1:30 PM – 1:45 PM</b>	<b>Break</b>	
<b>1:45 PM – 2:00 PM</b>	<b>Rule Revisions*</b> Review of Public Comments Rule 4.7 & 5.7 Renewal Fee Addition Rule 4.11 & 5.11 Attestation Form Addition Rule 4.12 & 5.12 Appeals Process	<b>Don Meck</b>
<b>2:00 PM – 2:30 PM</b>	<b>Bylaws Change*</b>	<b>Don Meck</b>
<b>2:30 PM – 3:00 PM</b>	<b>Elections</b> Vice Chair Member at Large	<b>Dan Schroeder</b>
<b>3:00 PM – 3:30 PM</b>	<b>Dobbs V Jackson Women’s Health Organization</b>	<b>Janet Orwig/Doug Wolfberg</b>
<b>3:30 PM – 3:45 PM</b>	<b>New Business</b>	<b>Don Meck</b>
<b>3:45 PM – 4:00 PM</b>	<b>Adjourn*</b>	<b>Don Meck</b>

*\* Indicates agenda item requires PSYPACT Commission vote*

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# PSYPACT Commission



## Meeting Minutes

November 17, 2022

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PSYPACT Commission Meeting Minutes  
Thursday, November 17<sup>th</sup>, 2022  
Zoom Teleconference

### Sitting Commissioners

Lori Rall, Alabama  
Heidi Paakkonen, Arizona  
Lisa Fitzgibbons, Arkansas  
Nate Brown, Colorado  
Christian Andresen, Connecticut  
Shauna Slaughter, Delaware  
LaTrice Herndon, District of Columbia  
Don Meck, Georgia (Chair)  
Katie Stuart, Idaho  
Cecilia Abundis, Illinois  
Stephen Ross, Indiana  
David Fye, Kansas  
Brenda Nash, Kentucky  
Jayne Boulos, Maine  
Lorraine Smith, Maryland  
Robin McLeod, Minnesota  
Pam Goose, Missouri  
Kris Chiles, Nebraska  
Gary Lenkeit, Nevada  
Deborah Warner, New Hampshire  
Susan Hurt, North Carolina  
Ronald Ross, Ohio  
Teanne Rose, Oklahoma  
Christina Stuckey, Pennsylvania  
Peter Oppenheimer, Rhode Island\*  
Mark Fleming, Tennessee  
Patrick Hyde, Texas  
Jana Johansen, Utah  
Jaime Hoyle, Virginia  
Leslie Cohn, Washington  
Scott Fields, West Virginia  
Daniel Schroeder, Wisconsin

\* PSYPACT state with enacted but not yet effective legislation. If appointed, Commissioner present was non-voting.

### Commissioners Not Yet Appointed

Not Yet Appointed, Commonwealth of the Northern Mariana Islands

Not Yet Appointed, New Jersey

\* PSYPACT state with enacted but not yet effective legislation. If appointed, Commissioner present was non-voting.

# PSYPACT Commission

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### Ex-Officio Present

Mariann Burnetti-Atwell, Association of State and Provincial Psychology Boards (ASPPB)

### Legal Counsel Present

Doug Wolfberg, Page, Wolfberg & Wirth, LLC and Counsel to NCIC

Ken Brody, Page, Wolfberg & Wirth, LLC and Counsel to NCIC

### Commission Staff Present

Janet Orwig, PSYPACT Executive Director

Jessica Cheaves, PSYPACT Coordinator

Magan Spearing, PSYPACT Specialist

### Others

Leslie Allen, Assistant Director and Licensing Manager, Kansas

### Thursday, November 17 2022

#### Welcome and Introductions

- Chair D. Meck (Georgia) welcomed attendees to the PSYPACT Commission meeting on November 18, 2021.

#### Call to Order

- Roll Call
  - Chair D. Meck (Georgia) called the meeting to order at 11:00 AM, Eastern. Magan Spearing called the roll for PSYPACT Commissioners.
    - Alabama: Lori Rall – present
    - Arizona: Heidi Paakkonen – present
    - Arkansas: Lisa Fitzgibbons – present
    - Colorado: Nate Brown – present
    - Connecticut: Christian Andresen – not present
    - Delaware: Shauna Slaughter – present
    - District of Columbia: LaTrice Herndon - not present
    - Georgia: Don Meck – present
    - Idaho: Katie Stuart – present
    - Illinois: Cecilia Abundis – not present
    - Indiana: Stephen Ross – not present
    - Kansas: David Fye – not present
    - Kentucky: Brenda Nash – not present
    - Maine: Jayne Boulos –Present
    - Maryland: Lorraine Smith – present
    - Minnesota: Robin McLeod – present
    - Missouri: Pam Groose – not Present
    - Nebraska: Kris Chiles - present
    - Nevada: Gary Lenkeit - present
    - New Hampshire: Debi Warner – present
    - North Carolina: Susan Hurt – present

# PSYPACT Commission

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- Ohio: Ronald Ross - present
- Oklahoma: Teanne Rose - present
- Pennsylvania: Christina Stuckey – present
- Rhode Island: Peter Oppenheimer - present
- Tennessee: Mark Fleming - present
- Texas: Patrick Hyde – present
- Utah: Jana Johansen – not present
- Virginia: Jaime Hoyle – present
- Washington: Lesli Cohn – present
- West Virginia: Scott Fields – present
- Wisconsin: Daniel Schroeder – present
- ASPPB Ex-Officio: Mariann Burnetti-Atwell - present

### Overview and Adoption of Agenda

- J. Orwig reviewed the agenda.
  - Chair D. Meck (Georgia) called for a motion to adopt the agenda for the November 17, 2022 PSYPACT Commission meeting.
  - **Motion:** Delaware moved that the PSYPACT Commission adopt the agenda for the November 17, 2022 Commission meeting. Tennessee seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion. All present voted yes. The motion carried. The agenda for the November 17, 2022 PSYPACT Commission meeting was adopted.

### Opportunity for Public Comment and Questions

- Chair D. Meck (Georgia) opened the floor for public comment. No comments were made.

### Review and Vote of Meeting Minutes

- Chair D. Meck (Georgia) called for a motion to approve the meeting minutes from the July 14, 2022 PSYPACT Commission meeting.
- **Motion:** Tennessee moved to approve the meeting minutes from the July 14, 2022 PSYPACT Commission meeting. Delaware seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - North Carolina and Nebraska abstained.
  - A vote was called for the motion. All others present voted yes. The motion carried. The meeting minutes from the July 14, 2022 PSYPACT Commission meeting as presented were approved.

### Executive Director's Report

- J. Orwig provided updates to the PSYPACT Commission.
  - Commission Housekeeping Items
  - Legislative Updates
    - 8 bills enacted in 2023
    - 34 enacted bills
    - 33 effective
    - Michigan – sitting in Senate, waiting to see if will pass out and go to Governor.

# PSYPACT Commission

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- Commonwealth of the Northern Mariana Islands – The Governor vetoed the bill but the legislative body overrode the veto and are now effective
- Program Updates
  - 7543 APIT issued up 1300 since July
  - 355 TAP issued up from 259 in July
- Other Updates
  - Tennessee PSYPACT Bill in Sunset review – passed out.
  - Strategic Planning 2023
    - Have been issuing authorizations since July 2020, would like to gain 5-7 volunteers on doing an RFP and selecting a company to work on strategic plan to present in 2023.
    - D. Schroeder – will send an email to assist.
  - J. Orwig will be sending out an email at end of December to offer any Commissioners to volunteer for any Committees they may be interested in as well as for any commissioners that need to step away from any committee they may be serving on.
  - 3<sup>rd</sup> Quarter Compliance Reports
  - Annual State Assessment Fees
    - Finance has reviewed assessments as part of their annual budget. Staff would also like to recommend to still do the State Assessment fees in 2023 for funds needed for strategic planning.
- Annual Meeting 2023
  - Staff is recommending for 2023 meeting to be in Person as a multiple day meeting for regular business and strategic planning.
  - D. Warner – I like the Zoom meeting, it is so efficient, I do miss the getting together and meals. Perhaps a hybrid meeting
    - We would still have a Zoom option available if we do an in-person option.
  - Majority of members would like for meeting to be in person.
- Overview of the Agenda Book Materials
  - The Agenda Book will be sent out via Google Doc link going forward due to the size of the materials.

### Executive Board Report

- Chair D. Meck (Georgia), presented the PSYPACT Commission with the Summary of Executive Board Actions.
- J. Hoyle (Virginia) Chair of Compliance Committee, presented the PSYPACT Commission with the Compliance Committee Report.
- D. Schroeder (Wisconsin) Chair of the Elections Committee, presented the PSYPACT Commission with the Elections Committee Report.
- T. Rose (Oklahoma) Chair of the Finance Committee, presented the PSYPACT Commission with the Finance Committee Report.
  - \$20 renewal fee recommended for APIT and TAP renewals
  - D. Warner – could you walk us through the numbers and decision making, there is a little resistance for putting in a renewal fee
    - T. Rose – when an applicant applies, they have a fee of \$40 which goes to the commission, we are looking at a way to make sure the commission has a

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- revenue source and a way to possibly look at lowering the assessment fees. We would not know this for a few Years. This would only affect those that are using the authorization.
- D. Warner – I am not sure as a growing organization we would need to reassess or repeat the fee since they started with the indication that there was a one-time fee. I think that it is too early to consider the renewal fee, perhaps if we had 90% of psychologists.
    - T. Rose – this information will be discussed more with the finance committee, but we are looking at making it more sustainable in the coming Years.
  - S. Slaughter – I don't think that too many people would find that cost as a surprise. It is customary that you would have to renew an authorization or license periodically.
  - H. Paakkonen – It is a customary transaction; someone has to process what is submitted. There is always going to be an administrative cost associated with that. Even though we have a very nominal fee, we felt that there be a value with that transaction and authorization. Without the fee, there could be the perception that there is not a value to the authorization.
  - G. Lenkeit (Nevada) Chair of the Requirements Review Committee, presented the PSYPACT Commission with the Requirements Review Committee Report.
    - D. Schroeder – I think this is a vitally important matter – I can speak on my own comings and goings as chair and on the board of ABPP. I would encourage us to explore the ramifications of this standard
    - D. Warner – I like the direction that this committee is going. I think that there is a knowledge that thinks we can't change the APA requirement. We are the only customer for the E.Passport, this is a problem, I think that we are in an awkward situation, ASPPB did not write this confirming to our statute. I would like for you to question your assumption that there is nothing we can do about it.
      - G. Lenkeit – there is not universal agreement that we should drop the APA accreditation. 1. to continue with APA or to go with APA or equivalent degree. Equivalency means different things in each state. The committee has done a very good job at being neutral and we are all not taking a position on this.
    - P. Oppenheimer – it feels like PSYPACT should be setting a standard and not looking to another organization. ASPPB is looking to find an equivalency. PSYPACT should be setting what the standard should be.
    - M. Burnetti-Atwell – I think that the comments that have been made are very important and I think that these issues are not stagnant or being looked at as stale. As APA begins to work with the equivalency group to get some order and is a very sensitive and important area and we continue to look at it.
  - P. Hyde (Texas) Chair of the Rules Committee, presented the PSYPACT Commission with the Rules Committee Report.
    - D. Warner – are we voting on the Commissioner Code of Ethics?
      - J. Orwig – we have already approved this.
    - D. Warner – I have a few little edits that I emailed of things that are not clear and other things that needed to be added. Maybe send back to the Rules Committee or we can look at it today.
    - P. Hyde – we can bring it back at a later date and then look at it later.
    - J. Orwig – I will add it to the agenda for the Rules Committee's 1<sup>st</sup> quarter meeting.

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- L. Rall (Alabama) Chair of the Training and Public Relations Committee, presented the PSYPACT Commission with the Training and Public Relations Committee Report.
  - D. Warner – is there a timeline for the listserv creation?
    - L. Rall – not at this time.

Break 12:11 – 12:45

### Review of Public Comments and Voting on Proposed Rules

- **Rule on Compact Privilege to Practice Telepsychology**
- Chair D. Meck presented the PSYPACT Commission with necessary rule revisions.
  - Rule 4.7 & 5.7 Renewal Fee Addition
    - Chair D. Meck (Georgia) called for a motion to approve renewal fee addition to Rule 4.7 and 5.7.
    - **Motion:** \_\_\_NV\_\_ moved to approve the renewal fee addition to rule 4.7 and 5.7. AL seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion.
      - D. Warner – I feel like we have received a quite a bit of feedback that the renewal fee is not welcomed. I think that we need to grow and wait to add in a renewal fee.
      - J. Orwig – the 1% is what we are expected to see applications next year. We have about 10% of all psychologists in the PSYPACT states. An average of 10% of psychologists in the states.
        - \$40 for APIT and TAP – 40% of that goes to ASPPB. The renewal fee will be \$20 will go to PSYPACT in full.
    - A vote was called for the motion and is recorded below.
      - Alabama: Lori Rall – Yes
      - Arizona: Heidi Paakkonen – Yes
      - Arkansas: Lisa Fitzgibbons – Yes
      - Colorado: Nate Brown – Yes
      - Connecticut: Christian Andresen – Not Present
      - Delaware: Shauna Slaughter – Yes
      - District of Columbia: LaTrice Herndon – Not Present
      - Georgia: Don Meck – Yes
      - Idaho: Katie Stuart – Yes
      - Illinois: Cecilia Abundis – Not Present
      - Indiana: Stephen Ross – Not Present
      - Kansas: David Fye – Not Present
      - Kentucky: Brenda Nash – Not Present
      - Maine: Jayne Boulos – Not Present
      - Maryland: Lorraine Smith – Yes
      - Minnesota: Robin McLeod – No
      - Missouri: Pam Groose – Not Present
      - Nebraska: Kris Chiles – Yes
      - Nevada: Gary Lenkeit – Yes

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- New Hampshire: Debi Warner – No
  - North Carolina: Susan Hurt – Yes
  - Ohio: Ronald Ross - Yes
  - Oklahoma: Teanne Rose - Yes
  - Pennsylvania: Christina Stuckey – Yes
  - Rhode Island: Peter Oppenheimer – Not voting member
  - Tennessee: Mark Fleming - Yes
  - Texas: Patrick Hyde – Yes
  - Utah: Jana Johansen – Not Present
  - Virginia: Jaime Hoyle – Yes
  - Washington: Lesli Cohn – Yes
  - West Virginia: Scott Fields – Yes
  - Wisconsin: Daniel Schroeder – Yes
  - The motion carried. The PSYPACT Commission voted to approve renewal fee addition to Rule 4.7 and 5.7.
- Rule 4.11 and 5.11 Attestation Form Addition
- Chair D. Meck (Georgia) called for a motion to approve the attestation form addition to rule 4.11 and 5.11.
    - J. Orwig – when this was proposed this was a free-standing form that made the importance on the home state and the rules. We wanted to be sure that applicants understood how it works. Now it has been added into the application process through the database.
  - **Motion:** Texas moved to approve the attestation form in addition to rules 4.11 and 5.11. Oklahoma seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – Yes
    - Arizona: Heidi Paakkonen – Yes
    - Arkansas: Lisa Fitzgibbons – Yes
    - Colorado: Nate Brown – Yes
    - Connecticut: Christian Andresen – Not Present
    - Delaware: Shauna Slaughter –Yes
    - District of Columbia: LaTrice Herndon – Not Present
    - Georgia: Don Meck – Yes
    - Idaho: Katie Stuart – Yes
    - Illinois: Cecilia Abundis – Not Present
    - Indiana: Stephen Ross – Not Present
    - Kansas: David Fye – Not Present
    - Kentucky: Brenda Nash – Not Present
    - Maine: Jayne Boulos –Not Present
    - Maryland: Lorraine Smith – Yes
    - Minnesota: Robin McLeod – Yes

# PSYPACT Commission

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- Missouri: Pam Groose – Not Present
- Nebraska: Kris Chiles - Yes
- Nevada: Gary Lenkeit - Yes
- New Hampshire: Debi Warner – No
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not Voting Member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Lesli Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder – Yes
- The motion carried. The PSYPACT Commission voted to approve the attestation form addition to rules 4.11 and 5.11.
- Rule 4.12 and 5.12 Appeals Process
  - Chair D. Meck (Georgia) called for a motion to approve the appeals process to rules 4.12 and 5.12.
    - P. Hyde – currently there is not an appeals process, this would allow that.
  - **Motion:** Wisconsin moved to approve the appeals process to rules 4.12 and 5.12. Arizona seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – Yes
    - Arizona: Heidi Paakkonen – Yes
    - Arkansas: Lisa Fitzgibbons – Yes
    - Colorado: Nate Brown – Yes
    - Connecticut: Christian Andresen – Not Present
    - Delaware: Shauna Slaughter – Yes
    - District of Columbia: LaTrice Herndon – Not Present
    - Georgia: Don Meck – Yes
    - Idaho: Katie Stuart – Yes
    - Illinois: Cecilia Abundis – Not Present
    - Indiana: Stephen Ross – Not Present
    - Kansas: David Fye – Not Present
    - Kentucky: Brenda Nash – Not Present
    - Maine: Jayne Boulos – Not Present
    - Maryland: Lorraine Smith – Yes

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# PSYPACT Commission

## Meeting Minutes

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- Minnesota: Robin McLeod – Yes
- Missouri: Pam Groose – Not Present
- Nebraska: Kris Chiles - Yes
- Nevada: Gary Lenkeit - Yes
- New Hampshire: Debi Warner – Yes
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not Voting Member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Lesli Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder –Yes
- The motion carried. The PSYPACT Commission voted to approve the appeals process to rules 4.12 and 5.12.

### Bylaws Revision

- Chair D. Meck presented the PSYPACT Commission with necessary Bylaws Revision.
  - Chair D. Meck (Georgia) called for a motion to approve the updates to the PSYPACT Commission Bylaws.
  - **Motion:** Texas moved to approve the addition of an appeals committee to the PSYPACT Commission Bylaws. Alabama seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion.
      - L. Smith – they will develop criteria to be certain that the appeal is justified. It would be subjective and not objective.
    - A vote was called for the motion and is recorded below.
      - Alabama: Lori Rall – Yes
      - Arizona: Heidi Paakkonen – Yes
      - Arkansas: Lisa Fitzgibbons – Yes
      - Colorado: Nate Brown – Yes
      - Connecticut: Christian Andresen – Not Present
      - Delaware: Shauna Slaughter – Yes
      - District of Columbia: LaTrice Herndon - Not Present
      - Georgia: Don Meck – Yes
      - Idaho: Katie Stuart – Yes
      - Illinois: Cecilia Abundis – Not Present
      - Indiana: Stephen Ross - Not Present
      - Kansas: David Fye – Not Present
      - Kentucky: Brenda Nash – Not Present
      - Maine: Jayne Boulos –Not Present

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- Maryland: Lorraine Smith – Abstain
  - Minnesota: Robin McLeod – Yes
  - Missouri: Pam Goose – Not Present
  - Nebraska: Kris Chiles - Yes
  - Nevada: Gary Lenkeit - Yes
  - New Hampshire: Debi Warner – Yes
  - North Carolina: Susan Hurt – Yes
  - Ohio: Ronald Ross - Yes
  - Oklahoma: Teanne Rose - Yes
  - Pennsylvania: Christina Stuckey – Yes
  - Rhode Island: Peter Oppenheimer – Not Voting Member
  - Tennessee: Mark Fleming - Yes
  - Texas: Patrick Hyde – Yes
  - Utah: Jana Johansen – Not Present
  - Virginia: Jaime Hoyle – Yes
  - Washington: Leslie Cohn – Yes
  - West Virginia: Scott Fields – Yes
  - Wisconsin: Daniel Schroeder – Yes
- The motion carried. The PSYPACT Commission voted for the addition of an appeals committee to the PSYPACT Commission Bylaws.

### Elections

- D. Schroeder (Wisconsin) reviewed the slate for the position of Vice Chair of the PSYPACT Commission Executive Board.
- Chair D. Meck (Georgia) asked for a motion to open the floor for any nominations for the position of Vice Chair.
  - **Motion:** Delaware moved to accept the slate of Vice Chair. Oklahoma seconded the motion.
    - Chair D. Meck (Georgia) asked for any further discussion. There was none.
    - A vote was called for the motion. All present voted yes. The motion carried. The slate for the position of Vice Chair of the PSYPACT Commission Executive Board was approved.
  - **Motion:** Delaware moved to elect L. Rall (Alabama) as Vice Chair of the PSYPACT Commission Executive Board by acclamation. Oklahoma seconded the motion. All present voted yes. The motion carried.
  - L. Rall abstain
  - L. Rall (Alabama) was elected Vice Chair of the PSYPACT Commission Executive Board by acclamation.
- D. Schroeder (Wisconsin) reviewed the slate for the position of Member at Large of the PSYPACT Commission Executive Board.
- Chair. D. Meck (Georgia) asked for a motion to open the floor for any nominations for the position of Member at Large.
  - **Motion:** Texas moved to accept the slate of Member at Large. Delaware seconded the motion.

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## Meeting Minutes

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- Chair D. Meck (Georgia) asked for any further discussion. There was none.
- A vote was called for the motion. All present voted yes. The motion carried. The slate for the position of Member at Large of the PSYPACT Commission Executive Board was approved.
- **Motion:** West Virginia moved to elect G. Lenkeit (Nevada) as Member at Large of the PSYPACT Commission Executive Board by acclamation. Oklahoma seconded the motion. All present voted yes. G. Lenkeit abstained. The motion carried.
- G. Lenkeit (Nevada) was elected Member at Large of the PSYPACT Commission Executive Board by acclamation.

### Dobbs Vs. Jackson Women's Health Organization

- J. Orwig and D. Wolfberg lead a discussion of the PSYPACT Commission in regards to Dobbs vs. Jackson.
- D. Wolfberg – the Dobbs decision is a significant moment in changing health care. There are preliminary injunctions in place. PSYPACT refers to the State Scope of practice where the state law can determine what is allowed in each state. Some states are broad and others are more specific.
- Practitioners need to be aware of the state law in the states that they are practicing, this is an ever-changing topic as well. The laws can change the parameters. This is the unfortunate reality of the decision of this Law. This is a state scope of practice issue.
- They may be advised to have their own legal counsel for what they can or cannot do in the state that they are practicing.
- Should there be rules or action at the Commission level – that would be a bit difficult to make a rule on this. The Compact language itself does state what happens in regards to disciplines, and they should follow state scope of practice.
- M. Fleming (Tennessee) – what is the impact on our role as a psychologist on this decision?
  - D. Wolfberg – the answer depends on the reach of some state laws. Some states may make it criminal in the realm of aiding and abetting and some lawyers even are counseling hotel owners. The distant states can say that the psychologist was aiding and abetting for counseling someone that has an abortion etc.
  - M. Fleming – if I am a PSYPACT practitioner and my client is in Missouri and they are coming to Tennessee for an abortion because it is not allowed in Missouri, so now I have a duty to warn as a provider since it is not allowed in Missouri.
    - D. Wolfberg – If a state had probable cause to think that aiding and abetting was performed the state could pursue.
- R. McLeod (MN) – Rule 4/10 is what is really causing the problems. Anyone that is practicing into a state has to follow the health and safety laws in that state. Abortion is not relevant to the practice of psychology. It is not really what PSYPACT envisioned when that rule was created.
- If we were to change the language of that rule, would we be in sync with the statute?
  - D. Wolfberg – some of that is predicated on statutory requirements. That same language is in the statute as well.
  - K. Brody – the basis for disciplinary action – an action taken by a state regulatory authority, it would have to be a state action. Sometime in a particular state, a court may intervene and say you can't do that as it is unconstitutional under the state's constitution. You can't really depart from the statute. If a state licensing authority does act, then there

# PSYPACT Commission

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- are consequences for all states.
- D. Wolfberg – the language that you are referring to is also in the statute.
- R. McLeod – we identify what is relevant to the practice of psychology. Why couldn't we change that wording in the Rule?
  - D. Wolfberg – the statute explicitly states the authority of a distant state to act on a license.
- R. McLeod – I propose that we have a rule-making process to clarify that rule.
  - ASPPB Meeting – laws on abortion and gender-affirming care. If a client is talking about any of those issues, they return home to Texas and they tell their friend that they talked to me about these issues. Their friend in Texas could file a complaint in Minnesota against my license because it is against the rule in Texas.
- D. Meck – I think we could refer this to the Executive Board to review this.
  - J. Orwig – I will put this on the agenda to go to the Executive Board
- D. Wolfberg – if a state board makes a rule that states no psychologist shall do ..... that would stand as well under the scope of practice. It would state what a psychologist can and cannot do.
- D. Warner (New Hampshire) – the items under 4.10 that we wrote are to point you to look at these specific rules. You need to investigate each state for duty to warn, and confinement.
  - D. Wolfberg – it gives the psychologist the types of laws that they need to become aware of. To merely try to describe the kind of laws the Commission thought you should look for as a provider.
- R. McLeod – I think the rule should be specific, solely specific to the practice of psychology.

### New Business

- G. Lenkeit – In Nevada there is going to be legislation in the next session to adopt what has been called the Telehealth Act which basically says if you are licensed in one state, you can just register in the board in Nevada and you can practice telepsychology in any other state. I think it is something that we need to be aware of as the PSYPACT Commission. This should be put on our agenda and discussed at future meetings.
- D. Schroeder – It may be helpful for a body to ponder how we operate and how we conduct our business. The other bottom line – for any entity is culture. What are the values, and climate we want to build as we collaborate? The work we do here is vitally important, so I think that spending some time with the strategic plan and how we carry out our business. Not just what we do but how we do it.
- D. Warner – New Hampshire did pass a similar statute for Telehealth. We have received a lot of comments about home state – it seems that our statute and rules for home state can be extremely cumbersome and not logical. If I were to go back and forth between two states, I would have to change my home state throughout the day, that could be very difficult. The requirement to have a declared home state, I don't know if that is important. I think that is one thing in the statute that doesn't line up well. If you are practicing into a state (Nevada) you will be subject to the laws there, you have your home state license. If you mess up you will be prosecuted there, and then by PSYPACT. I am not sure that it is an important requirement. I am asking that we study it and refer

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# PSYPACT Commission

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- it to be looked at and see if it needs refining. I would like to refer this to a committee to look at.
- J. Orwig – it is probably the number one question that we get. How does it work, and why is it set up this way? We have been in conversation many times with Doug. Yes, we could change the legislation and present it to each state. I could ask Doug to write a formal written opinion on the home state rule. I strongly discourage opening the compact law since we are still so new and growing.
  - D. Wolfberg – we would be happy to write a legal opinion. There is a bit of a movement away from strict home state rule, allowing flexibility and uncoupling that. We are constrained with the statutory language. Where the language may be vague, the Commission can draft a rule to address vague areas. If there are ambiguities in the statute that the Commission can address with rule making that can be looked at as well.
  - D. Warner – I would like to ask Doug for a formal opinion.
  - D. Meck – I think that we can refer this to the Executive Board for further discussion.
  - H. Paakkonen - Arizona's legislature established a Telehealth Registry like the one Gary described a little over a year ago. We have received 1 application. Doug was very helpful in helping us reconcile this new law with PSYPACT.
  - D. Meck – Have you sent everyone a conflict-of-interest statement in regards to voting and when you should abstain for the licensed psychologists on the Commission. Could you please send this each year going forward, it may not hurt to send it to everyone.
    - J Orwig – we will send this to all commissioners in December

### Adjourn

- **Motion:** Wisconsin moved that the PSYPACT Commission adjourn the November 17, 2022 PSYPACT Commission Annual Meeting open session. Delaware seconded the motion.
- A vote was called for the motion. All present voted yes. The motion carried. Chair D. Meck (Georgia) adjourned the November 17, 2022 PSYPACT Commission Annual Meeting at 1:45 PM Eastern.

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# Bylaws, Rulemaking and Policy Development

During 2022, several changes and/or additions were made to PSYPACT Governing Documents.

## Bylaws

The Bylaws were modified to include the creation of an Appeals Committee (Article VII H). The Appeals Committee is a separate standing committee that will convene to review the appeals of applicants who were denied authorization and appeals from authorization holders whose authorization has been suspended or terminated.

## Rules

During 2022, additions to Rule 4 and Rule 5 were approved by the Commission at its July meeting to go out for public comment. The Commission reviewed those comments and approved additions to Rule 4 (4.10, 4.11 and 4.12) as well as additions to Rule 5 (5.10, 5.11 and 5.12).

### Rule 4 additions:

**4.10 State Law to Protect the Health and Safety of its Citizens:** A psychologist practicing under an Authority to Practice Interjurisdictional Telepsychology into a Receiving State is subject to the Receiving State's State Law to Protect the Health and Safety of its Citizens, which may include, among others, laws that:

- A. Require abuse reporting by a psychologist.
- B. Require a psychologist securing informed consent from or for a patient, and/or prescribe the manner in which informed consent must be obtained.
- C. Require a psychologist to make disclosures to an individual that the individual is at serious risk of bodily injury or other harm by a third person.
- D. Prohibit any individual from engaging in conduct that causes or may reasonably cause another to suffer physical or psychological harm.
- E. Establish standards, processes or criteria for involuntary commitment and/or involuntary treatment of individuals.

**4.11 Authority to Practice Interjurisdictional Telepsychology (APIT) Application Attestation and Acknowledgement Form:** As part of the APIT application, a psychologist must complete an attestation and acknowledgement form in the format prescribed by the PSYPACT Commission. Failure to comply will be grounds for denial of the APIT.



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**4.12 Appeals Process:** Applicants who are denied authorization and/or authorization has been suspended or terminated may file an appeal pursuant to Policy 1.20 or 1.21 by submitting the appropriate form to the PSYPACT Commission staff.

**Rule 5 Additions:**

**5.10 State Law to Protect the Health and Safety of its Citizens:** A psychologist practicing in a Distant State under a Temporary Authorization to Practice is subject to the Distant State’s State Law to Protect the Health and Safety of its Citizens, which may include, among others, laws that:

- A. Require abuse reporting by a psychologist.
- B. Require a psychologist to secure informed consent from or for a patient and/or prescribe the manner in which informed consent must be obtained.
- C. Require a psychologist to make disclosures to an individual that the individual is at serious risk of bodily injury or other harm by a third person.
- D. Prohibit any individual from engaging in conduct that causes or may reasonably cause another to suffer physical or psychological harm. E. Establish standards, processes or criteria for involuntary commitment and/or involuntary treatment of individuals.

**5.11 Temporary Authorization to Practice (TAP) Application Attestation and**

**Acknowledgement Form:** As part of the TAP application, a psychologist must complete an attestation and acknowledgement form in the format prescribed by the PSYPACT Commission. Failure to comply will be grounds for denial of the TAP.

**5.12 Appeals Process:** Applicants who are denied authorization and/or authorization has been suspended or terminated may file an appeal pursuant to Policy 1.20 or 1.21 by submitting the appropriate form to the PSYPACT Commission staff.

**Policies**

In order to continue to improve PSYPACT processes, many new policies were approved in 2022. The following policies were approved and have been implemented:



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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.17  
Area: Administration  
Authority: Compact - Article X C

Purpose: To facilitate the use of social media as an effective and efficient system for communications within the Compact, to state psychology licensing boards, PSYPACT authorization holders and to other groups.

Date Approved: July 14, 2022

Amendment History (List when amended and cite section number):

- None

Policy:

To further disseminate information about PSYPACT, the PSYPACT Commission will maintain a social media presence. Content must be PSYPACT-related, relevant to PSYPACT authorization holders or PSYPACT member jurisdictions and/or highlight PSYPACT activities or functions. Content will refrain from express opinions or position statements. The PSYPACT Commission is subject only to the language of the Compact and its own rules and policies.

Procedure:

1. PSYPACT staff is responsible for creating content, monitoring, and responding to comments on the PSYPACT social media accounts.
2. PSYPACT social media accounts will respect copyrights and properly cite sources or only post items that are covered by fair use. Otherwise, written permission will be sought first.
3. PSYPACT staff will monitor the PSYPACT social media accounts regularly and promptly respond to any posts or comments.
4. Submitted comments, when possible, will be reviewed prior to being released for public viewing. Any comments deemed inappropriate or disrespectful will be removed from the social media accounts.
5. PSYPACT staff will respect privacy rights of the PSYPACT Commission and must not disclose information or post photographs without obtaining permission.
6. PSYPACT Commissioners may unofficially post on PSYPACT social media accounts. If the Commissioner so wishes, the Commissioner can submit for review to the PSYPACT Executive Director any comments to be posted prior to posting.
7. The PSYPACT Executive Director may officially speak on behalf of the Commission on PSYPACT social media accounts.

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Psychology Interjurisdictional Compact (PSYPACT)

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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.18  
Area: Administration  
Authority: Compact - Article VII C  
Purpose: To establish the role and duties of the PSYPACT Compliance Committee.  
Date Approved: July 14, 2022

Amendment History (List when amended and cite section number):

- None

Policy:

The Compliance Committee is responsible for administering the provisions of the compact related to compliance and enforcement. The Compliance Committee shall assist in monitoring compact member jurisdiction compliance with the requirements of the PSYPACT, assist in remediation and make recommendations to the PSYPACT Executive Board regarding enforcement actions when needed.

Procedure:

The PSYPACT Executive Director shall be responsible for overseeing the entire process with involvement of members of the Compliance Committee as outlined below:

Compliance Monitoring and Reporting

The Compliance Committee will establish and maintain the compliance components and establish the ranking for non-compliance of those components. The ranking shall be critical, moderate or low impact to the Commission for non-compliance.

The Compliance Committee will establish and maintain the quarterly compliance reporting criteria.

Quarterly Compliance Reporting:

1. The PSYPACT Executive Director shall send the staff and PSYPACT Commissioner of each compact member jurisdiction a quarterly report detailing its compliance regarding the Key Compliance Factors.
  - a) The report shall highlight compliance and non-compliance with each factor as well as the ranking of each key compliance factor.
  - b) The PSYPACT Executive Director will allow 10 business days for the compact member jurisdiction to respond to any key compliance factors not in compliance.
  - c) If steps are being taken to rectify the non-compliance factors, set a time frame for those steps to be completed.
  - d) Update the quarterly report for the Compliance Committee regarding this jurisdiction.
  - e) If the compact member jurisdiction does not proactively contact the PSYPACT Executive Director within 10 business days, the PSYPACT Executive Director will follow up with a phone call. and alert the Compliance Committee in its quarterly report.

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Psychology Interjurisdictional Compact (PSYPACT)

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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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2. The PSYPACT Executive Director will provide the Compliance Committee with a quarterly compliance report.

### Remediation for compact member jurisdictions in non-compliance:

1. The PSYPACT Executive Director shall request a meeting to discuss the non-compliance of a member state.
2. Attendees of this meeting shall consist of the PSYPACT Executive Director, a representative from the compact member jurisdiction in non-compliance and a representative from another compact member state with similar structure around the non-compliance factor.
3. The goals of the meeting are to discuss steps to remediate the noncompliance issues.
4. Once remedial steps are identified, a deadline is established. The deadline will be on a case-by-case basis depending on the severity of the non-compliance and steps created.
5. After the meeting, the PSYPACT Executive Director will provide to the compact member jurisdiction a summary of the meeting to include the steps identified and deadlines set.
6. If compliance is met, move the compact member jurisdiction off the non-compliance report.
7. If compliance is not met during the timeline provided, move to formal notification of non-compliance.

### Formal Notification of Non-Compliance

1. If remediation is unsuccessful, the PSYPACT Executive Director will notify the Compliance Committee of the non-compliance issue and schedule a committee meeting.
2. A summary report will be provided to the Compliance Committee outlining communications and steps taken to rectify the non-compliance issue.
3. The committee will review the report and make recommendations regarding compliance enforcement.
4. Depending on the non-compliance impact on the Commission, the committee can make recommendations to take no action, suspend until remediated or terminate the compact member jurisdiction.
5. If compliance is achieved any time during this process, the compact member jurisdiction is moved off the non-compliance report.
6. If compliance is not achieved, the Compliance Committee's recommendations are sent to the PSYPACT Executive Board by the PSYPACT Executive Director and place on the agenda for the next Executive Board meeting.

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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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### Executive Board Action

1. The PSYPACT Executive Director shall notify the Executive Board of the non-compliance issue and schedule a meeting.
2. The PSYPACT Executive Director shall provide a summary report along with the Compliance Committee's recommendations.
3. The Executive Board shall vote to either take no action, suspend until remediated or terminate the compact member jurisdiction's membership in the compact. If termination is chosen, the matter is referred to the full Commission for consideration at an emergency meeting or its next scheduled meeting.
4. If compliance is achieved any time during this process, the compact member jurisdiction is moved off the non-compliance report and all further action is stopped.
5. The compact member jurisdiction shall have the right to dispute resolution as provided in Compact law, rules and bylaws.

### Full Commission Board Action:

1. If the PSYPACT Executive Board recommends termination of a compact member jurisdiction based on non-compliance, the PSYPACT Executive Director shall notify the Commission of the non-compliance issue.
2. The PSYPACT Executive Director shall provide a summary report along with the Executive Board's recommendations.
3. The full Commission shall vote to either take no action, suspend until remediated or terminate the compact member jurisdictions' membership in the compact.
4. If compliance is achieved any time during this process, the compact member jurisdiction is moved off the non-compliance report and all further action is stopped.

If the Commission recommends suspension or termination, the PSYPACT Executive Director will send notification to all required parties as established by Article XII B of the PSYPACT model language.



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Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.19  
Area: Administration  
Authority: Compact – Article X  
Bylaws – Article X  
Purpose: To establish the policies on funds and investment strategies based on preservation of principal and a conservative growth model. The purpose of this policy is to promote the stability of the PSYPACT Commission as it moves toward the goal of self-sustainment utilizing revenue and efficient financial management through an operating fund, reserve fund and investments.

Date Approved: July 14, 2022

Amendment History (List when amended and cite section number):

- None

Policy:

The Psychology Interjurisdictional Compact (PSYPACT) model language Article X states the PSYPACT Commission shall carry out the purposes and exercise the powers of the Compact. Article X of the Bylaws establishes the fiscal year, budget and other financial matters.

Definitions:

1. Cash Assets – Assets consisting of cash and items readily convertible to cash, such as funds held in savings and checking accounts.
2. Fund Return – the amount of fund earned during a specific time period, minus the fees.
3. Investment Advisor – An organization or individual responsible for the day-to-day management of an investment portfolio.
4. Investment Strategy – A prudent methodology for investing cash in investment vehicles such as certificates of deposit (CDs).
5. Operating Fund – The fund created to provide sufficient cash flow to meet the PSYPACT Commission’s financial obligations during the current budget cycle.
6. Reserve Fund – An amount of cash set aside to meet future liabilities.

Procedure:

1. All transactions shall be for the sole benefit of the PSYPACT Commission.
2. The Finance Committee will conduct an annual review of:
  - a. The PSYPACT Commission Investment Policy
  - b. Investment assets to ensure compliance with the Investment Policy
  - c. The performance of the investment strategies and consider any changes to the policy or investment strategies.
3. Any recommendations regarding changes to the Investment Policy shall be made by the PSYPACT Executive Director and Finance Committee to the PSYPACT Executive Board.

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Psychology Interjurisdictional Compact (PSYPACT)

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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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4. The PSYPACT Executive Director shall be responsible for managing the Investment Policy process with oversight by the Treasurer. The PSYPACT Executive Director shall:
  - a) Maintain the balance in the PSYPACT Commission operating fund based on established protocols.
  - b) Transfer, as appropriate, funds to the PSYPACT Commission reserve fund.
  - c) Authorize the investment of funds from the PSYPACT reserve fund into federally insured Certificates of Deposit not to exceed FDIC insurance limits in value per institution.
  - d) Communicate with the Investment Advisor at regular established intervals.
  - e) Provide an annual report of the schedule of investments to include the nature and terms of the investments to the Finance Committee.
5. The PSYPACT Executive Director will recommend the hiring or replacing of an investment advisor to the PSYPACT Finance Committee.

The PSYPACT Finance Committee will review the investment advisor candidates and make recommendations to the PSYPACT Executive Board.



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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.20  
Area: Administration  
Authority: Rule 4.12  
Rule 5.12  
Bylaw: Article VII Section 1 H  
Purpose: To establish the processes for applicants to appeal decisions of the Commission  
Date Approved: July 14, 2022

Policy:

Applicants who are denied authorization may file an appeal by submitting the appropriate form to the PSYPACT Commission staff.

Procedure:

1. Appeals shall be considered by the Appeals Committee.
2. Applicants who are denied authorization may file an appeal by submitting the appropriate form to the PSYPACT Commission Central Office.
3. The applicant has 30 days from the date of the notice to appeal the denial of authorization.
4. An appeal must be based on the contention that the Commission erred in its decision based on the information submitted in the application and supporting documentation as of the applicant's last review.
5. Additions or changes to the applicant's record may not be made on appeal but may be submitted to the Commission's Requirements Review Committee for reconsideration. An appeal may include written arguments regarding misapplication of standards or misinterpretation of information or documentation.
6. Nothing contained in the Commission's Policies shall entitle any applicant to a hearing on their application. An applicant and/or their attorney may submit arguments in writing so long as they are reasonable in length.
7. The decision of the Appeals Committee will be final.
8. The Appeals Committee will be provided only the information that was available to the Commission when it made its original decision.
9. The Appeals Committee may make the following decisions:
  - a. Affirm the Commission's decision; or
  - b. Reverse the Commission's decision and issue an authorization; or
  - c. Send back to the Requirements Review Committee with a request to the applicant for additional information for the Commission to consider.





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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.21  
Area: Administration  
Authority: Rule 4.12  
Rule 5.12  
Bylaw: Article VII Section 1 H

Purpose: To establish the processes for authorization holders to appeal decisions of the Commission

Date Approved: July 14, 2022

Policy:

Authorization holders whose authorization has been suspended or terminated may file an appeal by submitting the appropriate form to the PSYPACT Commission staff.

Procedure:

1. Appeals shall be considered by the Appeals Committee.
2. An Authorization Holder whose authorization has been suspended or terminated may file an appeal by submitting the appropriate form to the PSYPACT Commission Central Office.
3. The Authorization Holder has 30 days from the date of the notice to appeal the suspension or termination of an authorization.
4. An appeal must be based on the contention that the Commission erred in its decision.
5. Additions or changes to the authorization holder's record may not be made on appeal but may be submitted to the Commission for reconsideration. An appeal may include written arguments regarding misapplication of standards or misinterpretation of information or documentation.
6. Nothing contained in the Commission's Policies shall entitle any authorization holder to a hearing on their suspension and/or termination.
7. An authorization holder and /or their attorney may submit arguments in writing so long as they are reasonable in length.
8. The decision of the Appeals Committee will be final.
9. The Appeals Committee will be provided only the information that was available to the Commission when it made its original decision.
10. The Appeals Committee may make the following decisions:
  - a. Affirm the Commission's decision; or
  - b. Reverse the Commission's Committee's decision and lift the suspension or remove the termination and reinstate the authorization; or
  - c. Send back to the Commission with a request to the authorization holder for additional information for the Commission to consider.



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Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.22  
Area: Administration  
Authority: Rule 4.11  
Rule 5.11  
Bylaw: Article VII Section 1 H

Purpose: To establish the process for the completion of the Application Attestation and Acknowledgement Form

Date Approved: November 2, 2022

Policy:

Applicants for the Authority to Practice Interjurisdictional Telepsychology (APIT) and/or the Temporary Authorization to Practice (TAP) must complete the appropriate Application Attestation and Acknowledgement section of the APIT and/or TAP application prior to their authorization being issued by the PSYPACT Commission.

Procedure:

1. The Applicant shall initial all portions of the APIT and/or TAP Acknowledgement section of the application and submit the application as final.
2. Failure to complete the form within 30 days from starting the APIT or TAP application process will result in the closing of the application.
3. A new application along with applicable application fees will be required if authorization is applied for at a later date.
4. Failure to comply with the requirements of the APIT and/or TAP including those listed in the Application Attestation and Acknowledgement application section will result in revocation.



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## Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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Policy Number: 1.23

Area: Administration

Authority: PSYPACT Compact Article X C

Purpose: To establish the process when an E.Passport and/or Interjurisdictional Practice Certificate (IPC) has expired or been placed on inactive status.

Date Approved: November 2, 2022

Amendment History (List when amended and cite section number):

- None

Policy:

1. All APIT and TAP holders must have a current, active, and valid E.Passport or Interjurisdictional Practice Certificate (IPC) respectively.
2. Once ASPPB has notified PSYPACT staff of an inactive or expired E.Passport and/or IPC, PSYPACT staff will inactivate or expire the appropriate PSYPACT certificate.
3. PSYPACT staff will send an email to the APIT and/or TAP certificate holder notifying them of the change in status and that no services can be provided under the authority of PSYPACT as long as they are in inactive or expired status.
4. Once ASPPB has notified PSYPACT staff that an E.Passport and/or IPC has been restored to active status, PSYPACT staff will reactivate the appropriate PSYPACT certificate.
5. Once the active status has been restored, PSYPACT staff will send an email to the APIT and/or TAP certificate holder alerting them that they can again practice under the authority of PSYPACT.

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# Overview of Committee Work

## Compliance Committee

The Compliance Committee met three (3) times in 2022:

- April 25, 2022
- June 6, 2022
- August 23, 2022

The Compliance Committee's members are:

- \* Jaime Hoyle, Chair – Virginia
- \* Lisa Fitzgibbons – Arkansas
- \* Scott Fields – West Virginia

The committee reviewed the PSYPACT Governance Documents to identify all areas of compliance as it relates to jurisdictional participation and created the quarterly compliance report template.

## Election Committee

The Elections Committee held one (1) meeting in 2022:

- July 25, 2022.

The members of the Election Committee are:

- \* Dan Schroeder, Chair – Wisconsin
- \* Jayne Boulos – Maine
- \* Jaime Hoyle - Virginia

The Committee finalized the 2022 Call for Nominations Request Letter as well as the 2022 Consent to Run for the PSYPACT Executive Board Form.

## Finance Committee

The Finance Committee met four (4) times in 2022:

- January 13, 2022
- May 3, 2022

- 
- August 15, 2022
  - November 28, 2022

The members of the Finance Committee are:

- Teanne Rose, Chair – Oklahoma
- Heidi Paakkonen – Arizona
- Jaime Hoyle - Virginia

The Finance Committee reviews the quarterly financial information including a review of all bank account reconciliations. The Committee also focuses on mechanisms to ensure the financial sustainment of the compact.

## Requirements Review Committee

The Requirements Review Committee met three (3) times in 2022:

- January 25, 2022
- August 5, 2022
- October 4, 2022

The Requirements Review Committee's members are:

- \* Gary Lenkeit, Chair – Nevada
- \* Ron Ross – Ohio
- \* Christina Stuckey – Pennsylvania

Throughout the year, the Committee reviewed correspondence received regarding the requirements for PSYPACT. The Committee also opened a liaison relationship with the Association of State and Provincial Psychology Boards (ASPPB) Mobility Committee.

## Rules Committee

The Rules Committee met four (4) times during 2022:

- January 19, 2022
- May 12, 2022
- August 17, 2022
- October 20, 2022

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The members of the Rules Committee:

- Patrick Hyde, Chair – Texas
- Lorraine Smith – Maryland
- Pam Goose – Missouri
- Deborah Warner – New Hampshire
- Susan Hurt – North Carolina

The Rules Committee recommended necessary additions to address the usage of an APIT and TAP Acknowledgement Form as well creating an Appeals Committee. The Committee also reviewed all sections of the PSYPACT statutory language to ensure all sections mentioning Rules of the Commission have been reviewed and necessary rules created. No additional rules were identified during this review.

## Training and Public Relations Committee

The Training and Public Relations Committee met four (4) times in 2022:

- January 6, 2022
- January 20, 2022
- June 16, 2022
- August 24, 2022

The members of the Training and Public Relations Committee are:

- \* Lori Rall, Chair – Alabama
- \* Heidi Paakkonen – Arizona
- \* Mariann Burnetti-Atwell - ASPPB

During its meetings, the Committee reviewed and updated the PSYPACT website and also created training materials for PSYPACT Commissioners and the staff at PSYPACT member jurisdictions' licensure offices.

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# PSYPACT Outreach and Educational Activities

## Presentations

Educational presentations regarding PSYPACT were provided throughout the year with both compact participating and non-participating compact states as well as other interested stakeholders.

### January

- \* Presentation to the Arkansas Psychological Association in January
- \* Presentation to the Interstate Healthcare Collaborative in January

### February

- \* Presentation for the staff for the District of Columbia Board of Psychology in February
- \* Legislative testimony in Idaho in February
- \* Presentation to the Interstate Healthcare Collaborative in February
- \* Presentation to the ACPRO in February

### March

- \* Presentation to the New York Psychological Association Legislative Sub-committee in March.
- \* Legislative testimony in Connecticut in March

### April

- \* Legislative testimony in South Carolina in April

### May

- \* Presentation to the Mississippi Board of Psychology in May
- \* Presentation to the Washington State Examining Board of Psychology in May
- \* Presentation to Health Resources and Services Administrations (HRSA) in May

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## **June**

- \* Presentation to the Washington Psychological Association in June
- \* Presentation to the Center for Connected Health Care Policy (CCHP) in June

## **July**

- \* Presentation to the Idaho Psychological Association in July

## **August**

- \* Presentation to the Florida Defense Support Task Force in August

## **September**

- \* Presentation to Colorado Psychological Association in September
- \* Presentation to the Connecticut Psychological Association in September

## **November**

- \* Presentation to the Mississippi Psychological Association in October

## **December**

- \* Presentation to the staff of the Utah Psychology Board in December
- \* Presentation to Counsel of State Governments (CSG) Annual Conference in December



# Social Media

## SOCIAL MEDIA

2022 Annual Numbers



**950**  
Twitter  
Followers



**631**  
Facebook  
Followers

✓  
**54**  
Likes

👥  
**6.8K**  
Impressions

➔  
**7**  
Retweets

✓  
**595**  
Likes

👥  
**3,090**  
Impressions

➔  
**23**  
Shares

Numbers based on data from October 1st to December 31st 2022



**631**  
LinkedIn  
Followers

✓  
**422**  
Likes

👥  
**10.3k**  
Impressions

➔  
**12**  
Shares



**PSYPACT Home Page**

🔍  
**152,834**  
Views

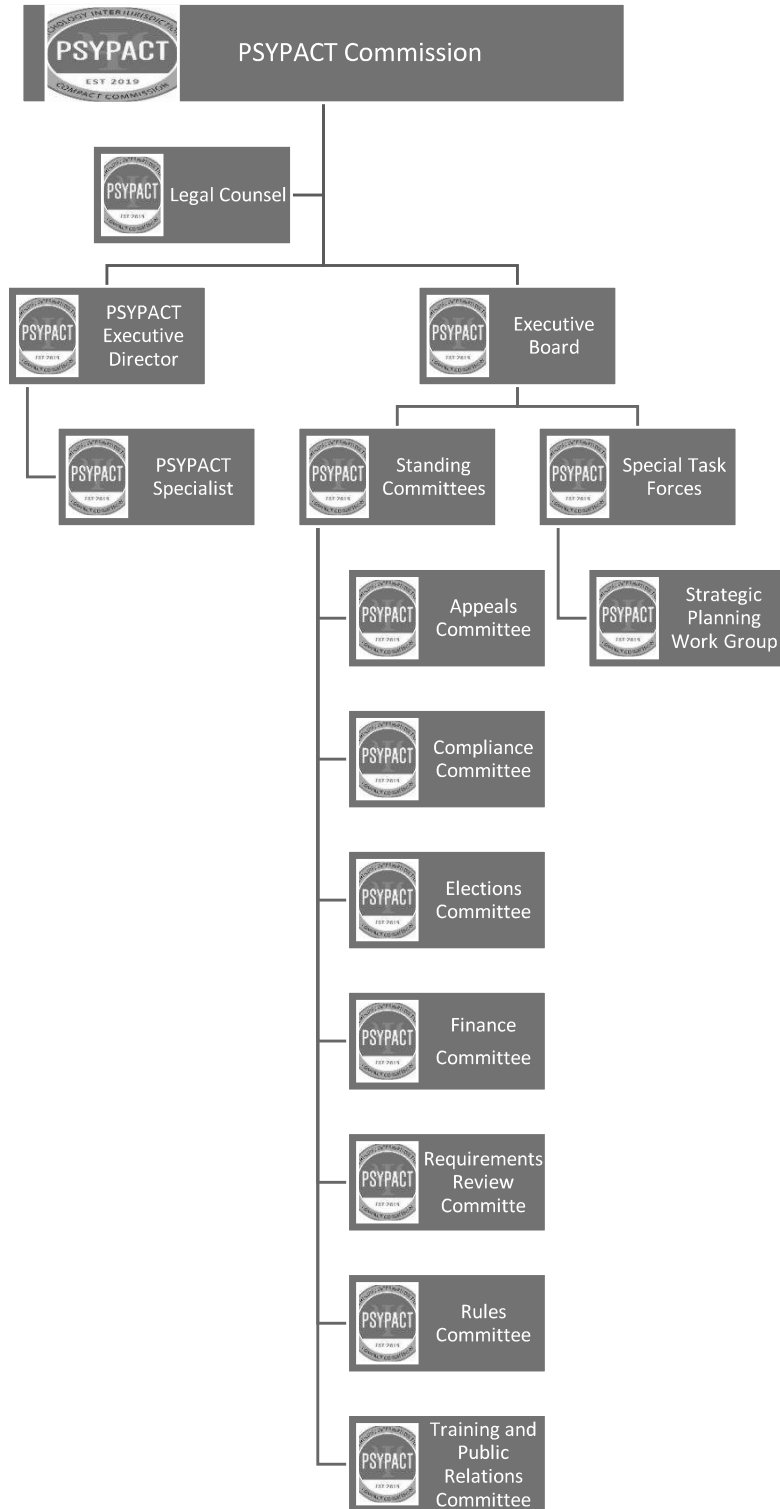
**More**  
– you know –  
**Monday**

We started posting twice a week to our social media account. Since starting these postings our Contact Form submissions dropped by 44%.



@psypact      @psypact      @psypact

# PSYPACT Organizational Chart



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Thank you to all the PSYPACT Commissioners for your dedication and hard work for PSYPACT.

## Roster of Commissioners

Alabama	Lori Rall
Arizona	Heidi Paakkonen
Arkansas	Lisa Fitzgibbons
Colorado	Nate Brown
Connecticut	Christian Andresen
CNMI	Glenda George
Delaware	Shauna Slaughter
District of Columbia	LaTrice Herndon
Georgia	Don Meck
Idaho	Katie Stuart
Illinois	Cecilia Abundis
Indiana	Stephen Ross
Kansas	David Fye
Kentucky	Brenda Nash
Maine	Jayne Boulos
Maryland	Lorraine Smith
Minnesota	Robin McLeod
Missouri	Pam Groose
Nebraska	Kris Chiles
Nevada	Gary Lenkeit
New Hampshire	Deborah Wagner
New Jersey	Sean Evers
North Carolina	Susan Hurt
Ohio	Ron Ross
Oklahoma	Teanne Rose

Pennsylvania	Steven Erickson
Rhode Island	Peter Oppenheimer
Tennessee	Mark Fleming
Texas	Patrick Hyde
Utah	Jana Johansen
Virginia	Jaime Hoyle
Washington	Leslie Cohn
West Virginia	Scott Fields
Wisconsin	Daniel Schroeder
ASPPB, Ex Officio	Mariann Burnetti-Atwell

## PSYPACT Executive Board

Chair	Don Meck	Georgia
Vice Chair	Lori Rall	Alabama
Treasurer	Teanne Rose	Oklahoma
Member At Large	Patrick Hyde	Texas
Member At Large	Gary Lenkeit	Nevada
Ex Officio	Mariann Burnetti-Atwell	ASPPB

## PSYPACT Staff and Counsel

Janet Orwig	Executive Director
Doug Wolfberg	Counsel
Ken Brody	Counsel

# Commission News

VOL. 4, Issue 1

April 2023



## Message from The Chair: Don Meck

It is starting out to be a great year for PSYPACT membership. We now have 36 participating States, with Wyoming (2/15/2023) and Michigan (3/29/2023) becoming effective. In addition, Rhode Island will become effective (07/01/2023) and join us this year. Hopefully, South Carolina will enact the necessary changes to their bill this year and join our membership. I anticipate that we will continue to grow in light of pending legislation in Florida, Massachusetts, New York, North Dakota, and Vermont. Thanks to those of you who are serving on committees and your active involvement in the meetings that have been scheduled. Without your assistance, PSYPACT would not continue to grow into the effective and functional organization that it needs to be. Always remember that our primary goal is to increase access to necessary psychological services by providing our membership access to qualified psychologists.

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

## Executive Director Update: Janet Orwig

Happy Spring! I want to welcome our new PSYPACT Specialist, Gina Polk. We are very excited to have her join us at PSYPACT.

Just a few highlights from the first quarter:

- The PSYPACT Commission Annual Report 2022 was released. It is the first annual report produced by the Commission.
- The Strategic Planning Workgroup has been meeting and will be presenting its ideas regarding the possible strategic planning process to you at the July Commission meeting.

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

As always, I cannot thank you enough for all you do for PSYPACT. We are off to a good start in 2023!

## Upcoming Meetings

Rules Meeting	5/3/23
Requirements Meeting	5/15/23
Training and PR Meeting	5/25/23
Finance Meeting	5/25/23
Executive Board	6/15/23
Mid Year Commission Meeting	7/13/23
Elections Committee	97 8/11/23

## PSYPACT Commissioners

Lori Rall Alabama	To be determined Nebraska
Heidi Paakkonen Arizona	Gary Lenkeit Nevada
Lisa Fitzgibbons Arkansas	Deborah Warner New Hampshire
Nate Brown Colorado	Sean Evers New Jersey
Christian Andresen Connecticut	Susan Hurt North Carolina
Glenda S. George Commonwealth of the Northern Mariana Islands	Ronald Ross Ohio
Shauna Slaughter Delaware	Teanne Rose Oklahoma
LaTrice Herndon District of Columbia	Steven Erickson Pennsylvania
Don Meck Georgia	Peter Oppenheimer Rhode Island (*tentatively 7/1/2023)
Katie Stuart Idaho	Mark Fleming Tennessee
Cecilia Abundis Illinois	Patrick Hyde Texas
Stephen Ross Indiana	Jana Johansen Utah
David Fye Kansas	Jaime Hoyle Virginia
Brenda Nash Kentucky	Leslie Cohn Washington
Jayne Boulos Maine	Scott Fields West Virginia
Lorraine Smith Maryland	Daniel Schroeder Wisconsin
Amy Gumbrecht Michigan	To be determined Wyoming
Robin McLeod Minnesota	Mariann Burnetti-Atwell ASPPB
Pam Groose Missouri	

### Staff Contact Information:

Janet Orwig  
PSYPACT Executive Director  
jorwig@asppb.org

Gina Polk  
PSYPACT Specialist  
rpolk@asppb.org

## Legislation Updates:

We are kicking off the first quarter of 2023 with 2 new states joining PSYPACT, Wyoming (became effective 2/15/2023) and Michigan (became effective 3/29/2023). Currently we have 35 effective PSYPACT participating states. Rhode Island has been enacted and will become effective tentatively 7/1/2023. Florida, Massachusetts, New York, North Dakota and Vermont have active PSYPACT legislation.

## Committee Updates:

**Rules:** *Patrick Hyde, Pam Groose, Deborah Warner, Lorraine Smith, Susan Hurt*  
The Rules Committee met on January 18th via Zoom. The Committee reviewed the Commission Code of Ethics and recommended a formal legal review. The Committee will be reviewing the legal report at its 2nd quarter meeting.

**Finance:** *Teanne Rose, Jaime Hoyle, Heidi Paakkonen*

The Finance Committee met on February 6th via Zoom. The Committee reviewed the investment portfolio as well as the 2022 year-end financial information.

**Requirements:** *Gary Lenkeit, Peter Oppenheimer, Tenne Rose, Ron Ross*  
The Requirements Review Committee met on January 30th via Zoom. The Committee reviewed the application review and denial process. The Committee will be drafting a policy addressing the interaction with the ASPPB Mobility Committee.

**Compliance:** *Jaime Hoyle, Lisa Fitzgibbons, Scott Fields*

The Compliance Committee met on January 26th via Zoom. The Committee reviewed the compliance data for the 4th Quarter of 2022 and finalized the 4th Quarter 2022 Compliance Reports. The Committee established the next steps for those states with continued non-compliance.

**Elections:** *Don Schroeder, Jayne Boulos, Jaime Hoyle*

Elections Committee met on March 6th via Zoom. The Committee reviewed the Election Policy and election format and process for the November 2023 elections. The Committee also approved messaging to be sent reminding the Commission of the Executive Board positions coming up for election in November.

## Executive Board Members

Chair - Don Meck

Vice Chair - Lori Rall

Treasurer - Teanne Rose

Member at Large - Gary Lenkeit

Member at Large - Patrick Hyde

Ex Officio Member - Mariann Burnetti - Atwell

# PSYPACT by the Numbers

## TELEPSYCHOLOGY

9312

ASPPB  
E. Passports  
Issued

8767

PSYPACT  
APITs  
Issued

## TEMPORARY PRACTICE

585

ASPPB  
IPCs Issued

450

PSYPACT  
TAPs Issued

## STATE LEVEL BREAKDOWN

State	APITs	TAPs	State	APITs	TAPs
ALABAMA	56	10	MISSOURI	260	17
ARIZONA	211	25	NEBRASKA	64	3
ARKANSAS	44	8	NEVADA	113	11
COLORADO	199	19	NEW HAMPSHIRE	106	6
CNMI	0	0	NEW JERSEY	552	15
CONNECTICUT	135	9	NORTH CAROLINA	401	22
DELAWARE	124	2	OHIO	368	10
DISTRICT OF COLUMBIA	274	11	OKLAHOMA	73	4
GEORGIA	429	25	PENNSYLVANIA	927	36
IDAHO	25	2	RHODE ISLAND	N/A	N/A
ILLINOIS	849	36	TENNESSEE	156	9
INDIANA	79	7	TEXAS	847	54
KANSAS	80	7	UTAH	199	26
KENTUCKY	71	4	VIRGINIA	44	36
MAINE	56	0	WASHINGTON	211	13
MARYLAND	770	23	WEST VIRGINIA	37	3
MICHIGAN	2	0	WISCONSIN	66	4
MINNESOTA	237	10	WYOMING	4	1

Numbers as of April 1, 2023



### Things to Look Forward to in 2023:

- Application renewals will begin, including renewal fees.
- Rhode Island becoming effective.

### Reminder!

Make sure to sign your Conflict of Interest forms!



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Reducing Regulatory Barriers. Increasing Access to Mental Health Care.

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Sent VIA EMAIL

April 23, 2023

Virginia Board of Psychology  
9960 Mayland Dr., Suite 300  
Henrico, VA 23233-1463

Re: First Quarter PSYPACT Compliance Report

Good morning,

Below, please find the first quarter 2023 compliance report issued by the PSYPACT Commission. These reports are generated each quarter to reflect compliance within the quarter reported.

The key compliance factors correlate directly to the compliance areas identified in the PSYPACT Legislation, Bylaws, Rules, and Policies. Based on the review of the key compliance factors, your compliance report is summarized below:

**Areas in compliance:** All areas are in compliance for the 1<sup>st</sup> quarter of 2023.

**Areas that are not in compliance:** None known.

The following are offered as reminders:

- Report any significant investigatory information to the Commission within 10 days
- Report any alternative program participation within 10 days
- Conduct background checks at the point of licensure within 10 years of enacting PSYPACT legislation – Legislation enacted in 4/11/2020

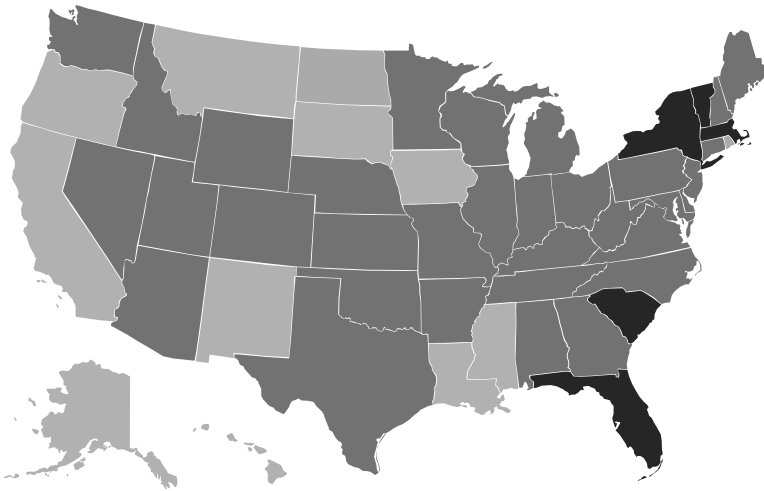
At this time, no action is required by your jurisdiction since your jurisdiction is in compliance. Please let me know if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Janet Orwig'.

Janet Orwig, MBA, CAE  
PSYPACT Executive Director





- CNMI
- DC
- Guam
- Puerto Rico
- U.S. Virgin Islands

## Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation - practice under PSYPACT not permitted
- PSYPACT Legislation introduced

### **PSYPACT® PARTICIPATING STATES (37 ENACTED, 35 EFFECTIVE)**

- Alabama - AL SB 102 (Enacted 3/18/2021; Effective 6/1/2021)
- Arizona - AZ HB 2503 (Enacted on 5/17/2016; Effective 7/1/2020)
- Arkansas - AR HB 1760 (Enacted 4/25/2021; Effective (11/18/2021)
- Colorado - CO HB 1017 (Enacted 4/12/2018; Effective 7/1/2020)

Commonwealth of the Northern Mariana Islands - CNMI HB 22-80 (Enacted and Effective 10/24/2022)  
Connecticut - CT S 2 (Enacted 5/24/2022; Effective 10/1/2022)  
Delaware - DE HB 172 (Enacted 6/27/2019; Effective 7/1/2020)  
District of Columbia - DC B 145 (Enacted and Effective 4/2/2021)  
Georgia - GA HB 26 (Enacted 4/23/2019; Effective 7/1/2020)  
Idaho - ID S 1305 (Enacted 3/23/2022; Effective 7/1/2022)  
Illinois - IL HB 1853 (Enacted 8/22/2018, Effective 7/1/2020)  
Indiana - IN S 365 (Enacted 3/10/2022; Effective 7/1/2022)  
Kansas - KS SB 170 (Enacted 5/17/2021; Effective 1/1/2022)  
Kentucky - KY HB 38 (Enacted 3/18/2021; Effective 6/28/2021)  
Maine - ME HB 631 (Enacted 6/22/2021; Effective 10/18/2021)  
Maryland - MD HB 970 (Enacted and Effective 5/18/2021)  
Michigan - MI H 5489 (Enacted 12/22/2022; Effective 3/29/2023)  
Minnesota - MN SB 193 (Enacted 5/25/2021; Effective 5/26/2021)  
Missouri - MO HB 1719/MO SB 660 (Enacted 6/1/2018; Effective 7/1/2020)  
Nebraska - NE L 1034 (Enacted 4/23/2018; Effective 7/1/2020)  
Nevada - NV AB 429 (Enacted on 5/26/2017; Effective 7/1/2020)  
New Hampshire- NH SB 232 (Enacted 7/10/2019; Effective 7/1/2020)  
New Jersey - NJ A 4205 (Enacted 9/24/2021; Effective 11/23/2021)  
North Carolina - NC 361 (Enacted 7/1/2020; Effective 3/1/2021)  
Ohio - OH S 2 (Enacted 4/27/2021; Effective 7/26/2021)  
Oklahoma - OK HB 1057 (Enacted 4/29/2019; Effective 7/1/2020)  
Pennsylvania - PA SB 67 (Enacted 5/8/2020; Effective 7/8/2020)  
Tennessee - TN S 161 (Enacted and Effective 5/11/2021)  
Texas - TX HB 1501 (Enacted 6/10/2019; Effective 7/1/2020)  
Utah - UT SB 106 (Enacted on 3/17/2017; Effective 7/1/2020)  
Virginia - VA SB 760 (Enacted 4/11/2020; Effective 1/1/2021)  
Washington - WA H 1286 (Enacted 3/4/2022; Effective 6/9/2022)  
West Virginia - WV SB 668 (Enacted 4/21/2021; Effective 11/18/2021)  
Wisconsin - WI A 537 (Enacted 2/4/2022; Effective 2/6/2022)  
Wyoming - WY S 26 (Enacted 2/15/2023; Effective 2/15/2023)

### **ENACTED, NOT YET EFFECTIVE**

North Dakota - ND S 2205 (Enacted 4/13/2023; Effective Tentatively  
8/1/2023) Rhode Island - RI H  
7501 (Enacted 6/21/2022; Effective Tentatively 7/1/2023)

**ENACTED, UNDER FURTHER REVIEW** (*\* indicates PSYPACT legislation has been enacted in a state but has not been formally adopted by the PSYPACT Commission. PSYPACT authorizations are not yet valid in this state.*)

South Carolina - SC H 3204

**ACTIVE PSYPACT LEGISLATION** (*\*Please note the following states have introduced PSYPACT legislation but have not yet enacted PSYPACT and therefore are not considered PSYPACT participating states.*)

Florida - FL S 56 and FL H 33  
Massachusetts - MA S1980 and MA H2986  
New York - NY S 1229  
Vermont - VT H 282

**PREFILED LEGISLATION** (*\*Please note the following states have pre-filed legislation to be heard during the upcoming legislative session.*)

### **PSYPACT LEGISLATIVE UPDATE**

Due to changes in the enacted South Carolina bill (SC H 3833), the PSYPACT Executive Board voted at its September meeting to not accept South Carolina as a participating state due to those changes. SC H 3204 has been introduced to correct this issue.

What happens after a state enacts PSYPACT? Click **HERE** to learn more.

[Home](#)   [History and Background](#)   [Charter Documents](#)   [Resources and Toolkit](#)   [FAQs](#)   [Legislative Updates](#)   [Take Action](#)   [ASPPB Privacy Policy](#)

### **CONNECT WITH US**



Sponsored by The Association of State and Provincial Psychology Boards

## Discipline Reports

**01/21/2023 - 05/05/2023**

NEW CASES RECEIVED BY BOARD 01/21/2023 - 05/05/2023
31

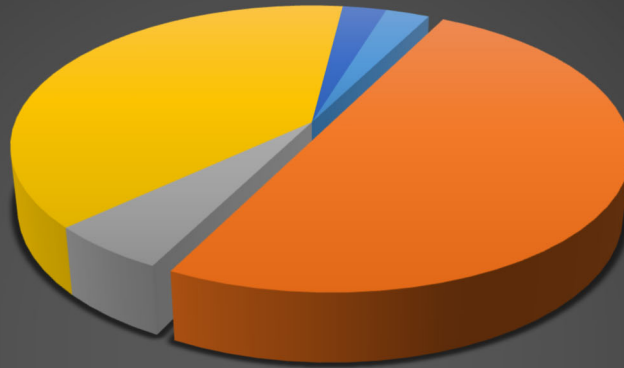
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
27

OPEN CASE STAGES as of May 5, 2023	
Probable Cause Review	122
Scheduled for Informal Conferences	2
Scheduled for Formal Hearings	4
Other (pending CCA, PHCO, hold, etc.)	22
Cases with APD for processing (IFC, FH, Consent Order)	2
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>152</b>

UPCOMING CONFERENCES AND HEARINGS	
<b>Informal Conferences</b>	Conferences Held: February 24, 2023 (Special Conference Committee)  Scheduled Conferences: June 16, 2023 (Agency Subordinate)
<b>Formal Hearings</b>	Hearings Held: n/a  Scheduled Hearings: TBD

CASES CLOSED (01/21/2023 - 05/05/2023)	
Closed – no violation	32
Closed – undetermined	1
Closed – violation	1
Credentials/Reinstatement – Denied	2
Credentials/Reinstatement – Approved	0
<b>TOTAL CASES CLOSED</b>	<b>36</b>

## Closed Case Categories



■ Business Practice Issues (1)

■ Diagnosis/Treatment (18)

■ Eligibility (2)  
 2 denied  
 LCP Applications

■ No jurisdiction (14)

■ Unlicensed Activity (1)  
 1 violation  
 (LCP)

### AVERAGE CASE PROCESSING TIMES (counted on closed cases)

Average time for case closures	<b>443 days</b>
Avg. time in Enforcement (investigations)	83 days
Avg. time in APD (IFC/FH preparation)	52 days
Avg. time in Board (includes hearings, reviews, etc).	358 days

## PSYCHOLOGY LICENSING REPORT

<b>Satisfaction Survey Results</b>	
<b>2023 3<sup>rd</sup> Quarter (January 1, 2023- March 31, 2023)</b>	<b>100.0%</b>
<b>2023 2<sup>nd</sup> Quarter (October 1 - December 31, 2022)</b>	<b>91.7%</b>

### Totals as of May 9, 2023\*

<b>Current Licenses</b>	
Clinical Psychologists	4,364
Resident in Training	392
Applied Psychologist	22
School Psychologists	100
Resident in School Psychology	27
School Psychologist-Limited	586
Sex Offender Treatment Provider	444
Sex Offender Treatment Provider Trainee	76
<b>Total</b>	<b>6,011</b>

\*Unofficial numbers (for informational purposes only)

### APPLICATIONS RECEIVED

Applications Received	November 2022*	December 2022*	January 2023*	February 2023*	March 2023*	April 2023*
Clinical Psychologists	35	24	26	31	34	29
Resident in Training	1	2	3	5	3	2
Applied Psychologist	0	0	0	1	1	0
School Psychologists	0	0	1	2	0	0
Resident in School Psychology	1	1	0	2	1	1
School Psychologist-Limited	1	4	1	1	3	2
Sex Offender Treatment Provider	2	3	2	5	5	1
Sex Offender Treatment Provider Trainee	1	2	1	3	2	0
<b>Total</b>	<b>41</b>	<b>36</b>	<b>34</b>	<b>50</b>	<b>49</b>	<b>35</b>

### LICENSES ISSUED

Licensed Issued	November 2022	December 2022	January 2023	February 2023	March 2023*	April 2023*
Clinical Psychologists	29	30	29	12	36	34
Resident in Training	6	1	3	4	2	3
Applied Psychologist	0	0	0	0	0	0
School Psychologists	0	0	1	0	2	1
Resident in School Psychology	1	1	0	2	1	1
School Psychologist-Limited	0	5	0	2	3	1
Sex Offender Treatment Provider	1	2	3	2	8	1
Sex Offender Treatment Provider Trainee	1	1	3	3	2	0
<b>Total</b>	<b>38</b>	<b>40</b>	<b>39</b>	<b>25</b>	<b>54</b>	<b>41</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)

- **New Board of Psychology Website:**

- The Board of Psychology updated its website with a new look and feel and also implemented a range features and functionalities to improve the user experience, making it easier for visitors to find the information they need and interact with the Board more effectively.

- **BOT Technology Enhancement:**

- Mid-December 2022 the Board initiated the use of BOTs to send automated emails to applicants using four different data points during the application process: initial, intermediate (email is send every time we receive additional document or every 30 days), approval to sit for the EPPP examination and licensure approval. This new enhancement will increase communication and reduce staff time sending standardized emails.

- **Renewal Notices**

- The Board emailed renewal notifications on May 5, 2023. All licensees are required to complete continuing education and renew their license on or before June 30, 2023.





# ASPPB

Association of State and  
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

**President**

Herbert L. Stewart, PhD

**Chief Executive Officer**

Mariann Burnett-Atwell, PsyD

**Past President**

Alan B. Slusky, PhD, CPsych

**President-Elect**

Michelle G. Paul, PhD

**Secretary-Treasurer**

Cindy Olvey, PsyD

**Members at Large**

Hugh D. Moore, PhD, MBA

Jennifer C. Laforce, PhD, CPsych

Ramona N. Mellott, PhD

## Frequently Asked Questions about the EPPP

### General Topic:

#### **Why do licensing boards need to assess competency?**

It is the duty of licensing boards to protect the public by making all efforts to ensure those who practice psychology are competent to do so. The public expects this of the healthcare professions and believes that it is being done. Assessing candidates is not a “hoop” or punitive action for potential licensees. A great deal of thought goes into requirements for licensure and the required assessment of these requirements. ASPPB has spent more than 15 years evaluating the need and methods to assess competency, and the revised EPPP is an effective method to accomplish this goal.

#### **Is there a need for skills assessment as part of licensure requirements?**

Yes. The EPPP has historically been a foundational knowledge exam and has been criticized for not being a skills-focused exam. Although many other healthcare professions have moved toward competency exams, psychology has been an outlier in not having a standardized competency exam. This has posed problems for licensing boards because skills assessment was left to individual boards. As each licensing authority now assesses skills differently, this introduces variability in how candidates are assessed. The most common techniques used by licensing boards are counting supervised practice hours, using letters of recommendations, and administering oral examinations. All these methods have known reliability problems. The EPPP (Parts 1 and 2) provides a universal, standardized, objective, and reliable tool for regulators to ensure that their candidates demonstrate competency.

The need for competency assessment has been noted in the literature for many years as well. Rodolfa, Ko, and Petersen (2004) reported that Training Directors agreed that a significant majority of candidates were not ready for practice upon receipt of the degree. The authors further noted that Training Directors believed that approximately 3,400 hours of supervised experience were needed for licensure. Yet, many states have eliminated the post-doctoral training requirement. Another study revealed that 77% of psychology students reported competency problems among their peers (Furr & Brown-Rice, 2017). APPIC has also reported increasing consultation requests from members for competency concerns for three straight years.

### **How has the EPPP been revised?**

The EPPP was revised to transition from a foundational knowledge-focused examination to a fuller measure of competency (both knowledge and skills). Until recently, the EPPP focused on assessing knowledge [EPPP (Part 1-Knowledge)]. The EPPP now includes the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) as a comprehensive competency assessment that allows licensing authorities to evaluate both foundational knowledge and practical skills.

### **Why did ASPPB decide to revise the EPPP to include an applied skills portion?**

ASPPB's primary mission is to support American and Canadian psychology licensing boards in meeting their mandate of public protection. Licensing boards have the responsibility of ensuring that the professionals they license are competent to practice. Competence is defined as the integrated and consistent use of the knowledge, skills, attitudes, and values of the profession. The membership of ASPPB supported a revision to the EPPP that would further enhance their ability to evaluate candidate readiness to enter into independent practice. With this revision of the EPPP, licensing boards have available to them an examination that will offer a standardized, reliable, valid, and legally defensible method of assessing both the knowledge and the applied skills necessary for independent practice.

### **Why not just require that candidates graduate from an accredited educational program?**

Accreditation is valuable and provides a level of assurance that the training program in psychology has met certain standards. Evaluation for licensure must ensure that training in psychology and the degree conferred are acceptable for licensure, and *also* that the candidate for licensure possesses the necessary knowledge and skills for practice in the profession. Thus, accreditation is a *program* review, whereas evaluation for licensure is an *individual* review. The EPPP adds to the tools used to assess the *individuals* who are applying to practice psychology independently. Although program accreditation might ensure that educational requirements for licensure were met by individuals, licensing boards must be able to ensure that each individual also meets a standard level of knowledge attainment and skills that makes them able to practice without supervision.

### **Is the EPPP (Part 2-Skills) valid and reliable?**

The EPPP (Part 2-Skills) was developed using the same methodology as the EPPP (Part 1-Knowledge), and this methodology complies with the guidelines outlined in the *Standards for Educational and Psychological Testing* (2014). The development process was extensive and is ongoing. This work has included hundreds of Subject Matter Experts (licensed psychologists) throughout the development process. Some of the processes that help support the validation include: two Job Task Analyses that surveyed thousands of licensed psychologists for refinement of the test specifications, multiple levels of item review, ongoing statistical analysis at the item level and the exam level, and a Standard Setting process to develop an empirically derived pass point.

ASPPB stands by the process used to establish a fair and valid examination. A more thorough discussion about the validity of the EPPP is provided later in this document.

### **The need for mental health providers is great. Will a two-part examination create barriers to licensure?**

There is a recognized shortage of health care providers, and ASPPB is committed to supporting an accessible, navigable, and efficient path to licensure for all qualified candidates. Although such services are needed, it is important to also recognize that these services must be delivered by individuals who have demonstrated their competence in the knowledge and skills needed to practice.

Prior to the development of the EPPP (Part 2- Skills), numerous jurisdictions had created their own versions of skills exams or employed oral exams in an effort to evaluate skills. The cost of jurisdictional-level skills assessment is very high, and oral exams tend to be more subjective and are subject to legal challenges. The EPPP (Part 2-Skills) provides for a standardized assessment of skills across jurisdictions that meets credentialing/licensing industry standards. It is expected to *replace* these current steps to licensure, *not* add to them. Nevada, for example, eliminated a state-specific skills exam by replacing it with the EPPP (Part 2-Skills).

Additionally, ASPPB recommends that the timing of the EPPP (Part 1 Knowledge) be shifted to the point of knowledge acquisition: when all foundational coursework is completed and prior to or during internship. This has some advantages in that pass rates tend to be higher at this point in training, and this eliminates delays at the culminating point of licensure.

### **Candidate-related Topic:**

#### **What does this mean for taking the EPPP in my jurisdiction?**

Jurisdictions have gradually adopted the revised EPPP whereas some jurisdictions continue to require only the EPPP (Part 1-Knowledge). You can find a list of jurisdictions that are presently using both parts of the EPPP here:

<https://www.asppb.net/page/EPPPPart2-Skills>

Beginning in January 2026 all jurisdictions that require the EPPP will use the updated version which includes both a knowledge portion and a skills portion.

#### **What is the process for taking each part of the exam?**

In order to take the EPPP, an individual must be a candidate for licensure in one of the 65 ASPPB member jurisdictions. This means that one must apply for a Psychologist license in the State, Province, or Territory where that person wishes to practice. The licensing authority determines if the candidate meets the requirements for licensure in that jurisdiction and will approve the candidate to take the EPPP.

Once approved, candidates will receive an email notification that will allow them to register online for the EPPP (Part 1-Knowledge). Candidates may register and schedule testing at one of many Pearson testing centers located in the US and Canada. In jurisdictions that require the EPPP (Part 2-Skills), candidates may take the skills portion *only* after they have passed the EPPP (Part 1-Knowledge). If both parts are required for licensure, the candidate must pass both parts to pass the EPPP. See the Candidate Handbook for more complete details:

<https://www.asppb.net/page/CandHandbook>

#### **What does the EPPP (Part 2-Skills) look like?**

The EPPP (Part 2-Skills) is designed to assess a candidate's ability to demonstrate what should be done in practice settings. In the simplest terms, questions focus on what psychologists should *do* in a real-world context. This part of the exam contains 170 questions - 130 of these questions are included in the exam score and 40 questions are "pretest" questions that are being statistically evaluated prior to their use on subsequent versions of the exam. The item types include traditional multiple choice (3 options), scenarios with multiple parts, animations, exhibits, "point and click" items, and items with multiple correct responses.

Sample items can be viewed on the ASPPB website. <https://www.asppb.net/page/EPPPPart2-Skills>. Additionally, candidates who have registered to take the exam may take a Sample Exam online or in testing center to familiarize themselves with the format and item types, similarly as taking a Practice Test for the EPPP Part 1.

**Is the EPPP (Part 2-Skills) just for Health Service Psychologists or is it for all psychology service providers?**

The EPPP (Part 2-Skills), like the EPPP (Part 1-Knowledge), is for all psychology service providers (i.e., Health Service Psychologists and General Applied Psychologists) who must be licensed to practice independently as psychologists.

**Is the EPPP (Part 2-Skills) also for those taking the examination under a master’s license requirement?**

Yes, just as jurisdictions have used the EPPP (Part 1-Knowledge) as a requirement for licensure regardless of degree level, the EPPP (Part 2-Skills) is being used for that purpose as well.

**Will the EPPP (Part 2-Skills) be required for individuals who are already licensed psychologists?**

No. ASPPB has recommended that Individuals who were licensed in their jurisdiction before the EPPP (Part 2-Skills) is required should not be required to take it.

Please note that although ASPPB does not expect any jurisdictions to require the EPPP (Part 2- Skills) in this circumstance, jurisdictions have the authority to determine their own requirements for licensure.

**Will the EPPP (Part 2-Skills) be required for people who are licensed but apply for a license in a jurisdiction that requires both parts?**

When a licensed person is seeking licensure in another jurisdiction (Licensure by Endorsement), they may be required to take the EPPP (Part 2-Skills) in the new jurisdiction. The decision on such a requirement is up to the licensing board in the new jurisdiction.

ASPPB has recommended that jurisdictions that presently require both parts of the exam only require licensees by endorsement to take the EPPP (Part 2-Skills) if those individuals were initially licensed *after* the receiving jurisdiction required candidates to pass both parts of the exam. However, individual jurisdictions may have rules that require all applicants to follow the same process. Candidates must check with the jurisdiction in question to understand the requirements.

**Why would taking the EPPP (Part 1-Knowledge) after completion of graduate coursework be a good idea?**

When moving to a two-part examination model, it makes the most sense to assess foundational knowledge near to the point of acquisition and skills at the point of licensure (after all supervised training hours have been completed). This is the sequence used in other health care professions. Here are a few important points to understand:

- ASPPB data indicate that pass rates are higher the closer a candidate is to completed coursework. Licensure for psychologists is general, and the EPPP assesses global knowledge. People tend to become more specialized as they move from completed coursework to practice, and acquired general knowledge of psychology may not be as fresh. It is therefore to a candidate’s benefit to take the EPPP (Part 1-Knowledge) earlier if possible.
- This should reduce reliance on expensive third-party test preparation programs. Taking the EPPP (Part 1-Knowledge) shortly after that information has recently been learned should reduce the need to prepare to the same extent as is often done by candidates under the current model.

- Taking the EPPP (Part 1-Knowledge) once coursework has been completed allows the candidate who does not pass to assess their knowledge and remediate any deficiencies much earlier in the process, and when the candidate has the greatest access to educational remediation resources.

Ultimately, early admittance for the EPPP (Part 1-Knowledge) allows for a more streamlined process to licensure, provides earlier feedback, requires less preparation time, should reduce reliance on expensive test preparation materials, and would likely result in fewer retakes of the exam.

### **What is the cost of the EPPP?**

The ASPPB Board of Directors has set the following fee schedule:

- The EPPP (Part 1-Knowledge) \$600.00 USD per sitting.
- The EPPP (Part 2-Skills) \$300.00 USD per sitting until 08/15/2023.
- The EPPP (Part 2-Skills) \$450.00 USD per sitting after 08/15/2023.

### **Do candidates receive their examination results unofficially at the examination site?**

Yes, candidates will receive results at the examination site for the EPPP (Part 1-Knowledge) and for EPPP (Part 2-Skills). The results, however, will not be official until they have been confirmed by the jurisdictional licensing board.

### **In my jurisdiction, the board requires an oral examination. Will I still be required to take it if I am taking the EPPP (Part 2-Skills)?**

The determination of requirements for licensure is the domain of the jurisdictional licensing board where a candidate applies for licensure. The licensing board in each jurisdiction will decide if an oral examination is still required.

### **Are there testing accommodations offered for those with identified disabilities?**

Yes, accommodations are offered in cases where a candidate has a disability and the impact of that disability requires an accommodated administration. All candidates must be approved for accommodations. Requests for accommodations must be sent in writing to the licensing board and must include the accommodations requested and medical/professional documentation supporting the request. Reasonable requests that do not impact the validity or the security of the examination will be considered.

### **How much time is allowed to take the EPPP (Part 2-Skills)?**

The amount of time that will be allowed to take the EPPP (Part 2-Skills) is 4 hours and 15 minutes, the same amount of time that is allowed to take the EPPP (Part 1-Knowledge).

### **Can I take both parts of the EPPP before I apply for licensure?**

Jurisdictions that are using the revised EPPP may allow their candidates to take the EPPP (Part 1-Knowledge) before they have finished their graduate degree, but after they have completed all academic coursework (excluding research, practicum experience, and internship). All candidates may take the EPPP (Part 1-Knowledge) post-degree once they are candidates for licensure in a jurisdiction and have been registered by that jurisdiction. To take the EPPP (Part 2-Skills), candidates must be approved and registered by a jurisdictional licensing board that is using both parts of the EPPP in accordance with established ASPPB policies. ASPPB is recommending that the EPPP (Part 2-Skills) be taken after all supervised experience requirements are completed. Jurisdictions will determine whether they will accept exam scores for those individuals who took the EPPP (Part 1-Knowledge) prior to internship. Jurisdictions will also determine when the EPPP (Part 2-Skills) can be taken. Candidates

should check with the jurisdiction where they would like to become licensed for the licensing requirements that apply in that jurisdiction regarding when each part of the EPPP can be taken.

### **More Technical Topic:**

#### **Can you provide more detail on validation? Have there been studies addressing predictive, incremental, or concurrent validity?**

**Content Validity.** Questions have been raised about the validity of the EPPP as a tool to assess the knowledge and applied skills necessary for independent licensure. The EPPP is one component of the assessment of an applicant’s readiness for independent licensure as a psychologist. **The accepted standard of validity for credentialing and licensing exams is evidence of content validity**, which is determined primarily through a Job Task Analysis. According to the *Standards for Educational and Psychological Testing*, “validation of credentialing tests depends mainly on content-related evidence, often in the form of judgments that the test adequately represents the content domain associated with the occupation or specialty being considered” (AERA, APA, & NCME, 2014, p. 175).

The content of the EPPP (Part 1-Knowledge) has been validated through Job Task Analyses for more than 50 years. The most recent Job Task Analysis, completed in 2016, was conducted to address the validity of the content and structure of the revised EPPP (both Part 1 and Part 2). Based on data from more than 2,700 licensed/registered psychologists across the United States and Canada, the 2016 study refined the *ASPPB Competency Model* and validated the blueprint for the EPPP (Part 2-Skills) portion of the EPPP. This blueprint (and a more detailed description of the job task analyses from 2016) can be found on the ASPPB website at: <https://www.asppb.net/page/EPPPPart2-Skills>

**Predictive Validity.** Other types of validity, such as predictive validity, are **not** considered the standard for addressing the validity of licensure examinations to determine readiness for independent practice. In fact, the *Standards for Educational and Psychological Testing* (2014) indicate:

*“Criterion-related evidence is of little applicability because credentialing examinations are not intended to predict individual performance but rather to provide evidence that candidates have acquired the knowledge, skills, and judgment required for effective performance.”* (pp. 175-176)

As noted in the *Standards*, all assessments should be validated in accordance with their intended use. In this case, the exam is used to determine if the candidate can demonstrate the foundational knowledge or skills required for entry-level practice. This is the question that licensing bodies must answer to have assurance that the candidate is ready to practice safely. Predictions of future outcomes are beyond the scope of the exam—this is not the purpose for which the EPPP has been developed.

All licensing exams are validated in a similar manner. The reason for this stems from the nature of the licensure process and the use of the examination. Although questions such as, “Would an applicant’s score on the EPPP predict the likelihood of that person being disciplined by a licensing board?”, “Would the EPPP score predict improved patient outcomes?”, or “Does a higher score predict that one is more competent than someone with a lower score?” sound like reasonable questions, however they are **not relevant or applicable** to licensure examination scores. Licensure examinations are a **special type of selection exam** where the goal is to identify test takers who pass and those who fail. Unlike other forms of assessment, the discriminatory power of the exam is at the pass point. The precise score obtained by a candidate, how far above or below the pass point, is not relevant



to the question of readiness for licensure. A score that greatly exceeds the pass point does not necessarily indicate greater competence than a score that is just above the pass point; both scores are passing scores.

The implication of this for exam development is that, in addition to a restriction of range problem in only using scores from those who passed the exam, an analysis of the relation of (passing) exam scores to any professional activity would not actually address the validity of the exam in determining readiness for independent practice at the time of application for licensure. To examine predictive validity questions about the future activities of those who took the exam without the restriction of range challenge, it would be necessary to compare an adequately sized and demographically similar sample of individuals who have passed both parts of the EPPP and individuals who have failed the applied skills portion of the EPPP. In this scenario, both groups of individuals would be allowed to practice autonomously for a number of years so that their EPPP scores could be related to whatever criterion is selected to be the standard of “competence” (e.g., patient outcomes, no disciplinary complaints, etc.). An empirical investigation of predictive validity such as this is not feasible because it would depend on a sample of licensing boards allowing people who have been deemed to be unqualified to practice to actually practice independently. Because such a scenario could involve potential harm to the public, it is hard to imagine that any licensing board would consent to take part in such a study.

Incremental validity. Questions have been raised about the incremental validity of assessing skills over the assessment of knowledge. Incremental validity addresses the question of whether an additional means of assessment (i.e., applied skills exam) adds anything to an existing measure’s (i.e., knowledge exam) ability to predict the standing of test takers on an established criterion variable (Hunsley & Meyer, 2003). The type of analysis necessary to evaluate incremental validity would not be consistent with the decision-making process used in a licensure context. This is because it is not simply a matter of whether a new piece of information accounts for significant additional variance in the predicted variable (assuming an appropriate criterion variable could be identified). Licensing boards make the decision of whether an individual, at a specific point in time, is prepared for independent practice. The boards have several requirements for licensure, all of which must be met before a license for independent practice is given. First, educational requirements must be met, followed by passing the EPPP (Part 1-Knowledge), followed by passing the EPPP (Part 2-Skills), good ratings from supervisors, possibly a state or provincial jurisprudence exam, and possibly an oral exam. Most of the requirements are sequential in nature so, as examples, one cannot take the EPPP (Part 1-Knowledge) without appropriate academic qualifications, and one cannot take the EPPP (Part 2-Skills) until the EPPP (Part 1-Knowledge) has been passed. In a licensure context, the data from these various evaluations should not be subjected to an incremental validity analysis because (a) each discrete measure assesses a different essential component of the ultimate decision to grant the license and (b) data from a measure is available only after data have indicated that earlier requirements of the licensing process have been met.

In the case of the EPPP, the different parts, EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills), are designed to assess different essential components of the overall construct of professional competence. The results from the applied skills portion of the EPPP enhances a licensing board’s ability to determine readiness for independent practice by measuring a key element (i.e., applied skills) that previously had not been evaluated or that was evaluated in a less standardized and objective manner (e.g., supervisor ratings) (Johnson et al., 2008).

Concurrent validity. Some individuals have inquired about concurrent validity studies; that is, studies that examine whether scores on the EPPP are correlated with other measures of competence. One of the confounding issues in conducting such validation studies is the question of the accuracy of those other measures of competence. For example, supervisor ratings of competence are widely used in academic and training environments, as well as by licensing boards, to assist in determining the competence of trainees. There are

many questions about the objectivity of supervisor ratings, however, due to the multiple roles that supervisors play (i.e., supervisor/mentor and gatekeeper) (Johnson et al., 2008). Although it remains necessary for licensing boards to continue to use supervisor ratings for some aspects of the evaluation of candidate readiness for independent practice (specifically for some aspects of interpersonal relationship competence), the introduction of the EPPP (Part 2-Skills) provides a psychometrically sound, objective, standardized measure of many of the skills needed. Licensing boards are tasked with answering the ultimate question about those they license as psychologists: “Is this individual safe (competent) to practice independently?” Training supervisors are not responsible for that final approval, or for answering that ultimate question. The EPPP (Part 2-Skills) provides an objective, standardized, and appropriately validated measure of professional skills to enhance a licensing board’s ability to answer that question. At this time, there are simply no other psychometrically sound general measures of competence relevant to all areas of professional psychology that can be used in concurrent validity analyses of either part of the EPPP.

### **Has the EPPP been independently evaluated?**

The California Office of Professional Examination Services (OPES) evaluated both parts of the EPPP in 2021. This office evaluates all licensing exams for use in the state of California. If examinations do not meet standards, they are not allowed to be used, and the Office develops a state exam for that profession instead. OPES found that:

- “The procedures used to establish and support the validity and defensibility of the...EPPP Part 1 and Part 2 **appear to meet professional guidelines** and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions (B&P) Code § 139.”
- “The content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics.”
- “The Subject Matter Experts (SMEs) were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items.”
- “SMEs concluded that the EPPP Part 2 more thoroughly assesses skills than those measured by the EPPP Part 1.”

You can find more information about California’s report here:

[https://psychology.ca.gov/about\\_us/meetings/materials/20211022\\_materials.pdf](https://psychology.ca.gov/about_us/meetings/materials/20211022_materials.pdf) (pp. 103-143)

### **How is ASPPB involving stakeholders on questions and concerns about the new assessment?**

ASPPB has created the Examination Stakeholder Technical Advisory Group (ESTAG) which is composed of representatives from the training community, licensing boards, and people with measurement expertise from outside of psychology. This group represents a collaborate effort to enhance communication as a mechanism to bring forth issues and concerns. The group serves as a “think tank” for research related to the EPPP and serves as liaisons to their respective communities on licensing matters.

### **How has, and is, the issue of potential bias with the EPPP being addressed? Can you provide any assurances that the EPPP is a fair and nondiscriminatory exam and will continue to be so?**

The ASPPB Examination Program is committed to providing valid, reliable, and fair assessments of candidates for licensure. ASPPB adheres to guidelines of the American Psychological Association, the Joint Commission on Standards for Educational and Psychological Testing, and the American Educational Research Association in the development and maintenance of the Examination Program.



Potential item bias is addressed at *each phase* of test development and review. The initial step in the test development process consists of a large survey of psychological practice (the Job Task Analysis). Psychologists included in the sample reflect the racial, ethnic, cultural, gender, and geographic make-up of the profession. The analysis of survey results provides the areas that are to be assessed on each examination, resulting in the test specifications, or a test “blueprint.”

Subject matter experts involved in the Examination Program, all of whom volunteered to help develop the EPPP, represent a diversity of racial, ethnic, geographic, gender, and practice characteristics. This includes exam item writers, members of the Item Development Committees, and members of the Examination Committees. The item-writing training that item writers receive involves, among other things, consideration of cultural and linguistic issues. Each item that is written is reviewed by members of the Item Development Committee, which is comprised of a group of content experts who together cover each domain area. Each potential exam item is reviewed for clarity, language, correctness, sensitivity/bias, and relevance for entry-level practice. The reviewers either return items to the writers for changes or approve them to go to the Examination Committee for review.

The Examination Committee is comprised of psychologists who represent various demographics, specialty areas, and expertise in each of the domain areas assessed on the examination. The Examination Committee reviews each new item and must reach consensus on the item’s sufficiency before it is pretested on a form of the examination. The reviews are similar to those carried out during the item-writing process and provide an additional check on each item before it is pretested. As such, this committee provides another layer of review regarding fairness and relevance.

All items are pretested before they are used as operational (scored) items. For the EPPP (Part 1-Knowledge), there are an additional 50 pretest questions included with the 175 operational items on each exam. For the EPPP (Part 2-Skills), there are an additional 40 pretest questions included with the 130 operational items. The pretest items are distributed among the operational items throughout the exam. When an item is being pretested, that item appears on the examination, but does not count toward the candidate’s exam score. An item is approved for use as a scored item *only* if its statistical performance is acceptable to members of the Examination Committee based on Item Response Theory analyses. Thus, the item must be verified as a consistent, reliable, valid, and fair measure of the test-taker’s knowledge (or applied skills) in a particular domain. This system of pretesting questions protects examination candidates by using *only those questions* that have proven effective and fair in testing relevant entry-level knowledge or relevant entry-level applied skills. Additionally, all candidate comments on items are reviewed, and items that candidates have reported as potentially problematic are again reviewed by content experts to ensure the fairness of each item.

After pretesting, items that meet established statistical criteria are once again reviewed by the Examination Committee before being placed on an exam as an operational item. Collectively, ASPPB incorporates these multiple layers of analysis to provide assurance to the extent possible that each question is free from bias. As a result of the safeguards that have been put in place, the EPPP is viewed as a fair and nondiscriminatory examination of the knowledge and applied skills necessary to practice psychology independently.

The question of ethnic bias in the revision to the EPPP has been raised during our discussions with various psychology groups. Those who comment about issues of bias often cite articles such as Sharpless and Barber (2009, 2013) who reported that they found differences on scores and pass rates on the EPPP (Part 1-Knowledge) based on ethnicity. The authors, however, were clear that their study design *did not allow them to state*

*definitively* that the differences they found reflected an ethnic bias as opposed to being an artifact of the training program attended. They concluded that it was “...unknown whether minority applicants fare less well on the EPPP, or whether programs with higher percentages of minority students tend to have applicants of all ethnicities who pass at lower rates” (p.8).

To specifically address the possibility of ethnic bias in exam items, ASPPB has also incorporated an additional layer of review for items that, by statistical analysis (i.e., Differential Item Functioning analysis) and review. Items that were answered differently by certain groups (i.e., groups differing by sex or race/ethnicity) are “flagged” and reviewed by an independent committee of psychologists who have expertise in cultural humility and experience working with underrepresented groups. This group evaluates these flagged items and determines if there is anything that is irrelevant to the measured construct and results in different performance for a particular group. If that is the case, those items are removed from being operational items. To date, ASPPB has evaluated over 1,300 items using the DIF analysis, with 32 items being statistically flagged. Of the 32 flagged items, 7 were removed for potential wording concerns. In short, very few items have been statistically flagged for potential bias and even fewer have been removed for content or wording concerns.

In sum, ASPPB takes the same level of care and thoroughness in developing both the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills). Our intent is to continue to provide exams that are standardized, objective, reliable, valid, and defensible measures of the knowledge and applied skills needed for the entry-level psychologist.

## References

- American Educational Research Association, American Psychological Association & National Council on Measurement in Education (2014). *Standards for educational and psychological testing: 2014 Edition*. Washington, DC: American Psychological Association.
- Furr, S. & Brown-Rice, K. (2017). Psychology doctoral students perceptions of peers' problems of competency. *Training and Education in Professional Psychology* 12, 118-124.
- Hunsley, J. & Meyer, G. (2003). The incremental validity of psychological testing and assessment: Conceptual, methodological, and statistical issues. *Psychological Assessment*, 15, 446-455. doi: 10.1037/1040-3590.15.4.446
- Johnson, W. B., Elman, N. S., Forrest, L., Robiner, W. N., Rodolfa, E., & Schaffer, J. B. (2008). Addressing professional competence problems in trainees: Some ethical considerations. *Professional Psychology: Research and Practice*, 39, 589 –599. doi:10.1037/a0014264
- Rodolfa, E., Ko, S. F., & Petersen, L. (2004). Psychology training directors' views of trainees' readiness to practice independently. *Professional Psychology: Research and Practice*, 35, 397–404
- Sharpless, B. A., & Barber, J. P. (2009). The Examination for Professional Practice in Psychology (EPPP) in the era of evidence-based practice. *Professional Psychology: Research and Practice*, 40, 333–340. doi:10.1037/a0013983
- Sharpless, B. A., & Barber, J. P. (2013). Predictors of program performance on the Examination for Professional Practice in Psychology (EPPP). *Professional Psychology: Research and Practice*, 44, 208–217. doi: 10.1037/a0031689



**ASPPB**

Association of State and  
Provincial Psychology Boards

**2023**

# **Psychology Licensing Exam Scores by Doctoral Program**

*Prepared by  
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# 2023 PSYCHOLOGY LICENSING EXAM SCORES-THE EPPP (PART 1-KNOWLEDGE)-BY DOCTORAL PROGRAM

## FOREWORD

The Association of State and Provincial Psychology Boards (ASPPB) is pleased to present the 24<sup>th</sup> edition of *Psychology Licensing Exam Scores by Doctoral Program*. It includes graduate training programs accredited by the American Psychological Association and Canadian Psychological Association.

This report includes data on first-time takers who took the Examination for Professional Practice in Psychology (EPPP (Part 1-Knowledge)) during the period from January 1, 2017 through December 31, 2022. The doctoral programs presented in the report are based on the 2022 American and Canadian Psychological Association accredited doctoral programs. Given that the COVID- 19 pandemic may have influenced doctoral training and student learning, the EPPP (Part 1-Knowledge) performance results for all accredited programs are reported separately for 2017 through 2019, then 2020 through 2022.

The list of Doctoral Programs in Psychology is accompanied by summary information on the performance of candidates for licensure by graduate program on the EPPP (Part 1-Knowledge). ASPPB considers a passing point for independent practice equals to a scaled score of 500. The statistical information for candidates includes, where the number is five or greater, the number of candidates testing from the program, the pass rate, and the percent scores by content areas. Where the number of candidates tested per program is four or fewer, neither number tested nor the pass rate is shown. This is done to protect the privacy of candidates who come from programs with low numbers of graduates. Pass rate information in this report is presented on the basis of the number of candidates with a scaled score of 500 or more (e.g., an “ASPPB Pass Score”). Responsibility for actual pass/fail decisions rests with individual licensing jurisdictions.

Please note that care should be exercised if comparisons across schools and programs are made. If performance on the EPPP (Part 1-Knowledge) is seen as an outcome measure of those objectives, it should be viewed as only one such measure.

**The program data presented are based solely on information supplied by candidates when they apply to sit for the EPPP (Part 1-Knowledge).**

We believe that those who train psychologists and those who examine them for licensure must maintain an ongoing dialogue to better serve the candidates for licensure and the consumers of psychological services. Our intent is to make *Psychology Licensing Exam Scores by Doctoral Program* a document that will inform and educate individuals selecting a doctoral program, educators of psychologists, and the developers of the EPPP. To that end, we encourage your comments and suggestions. Correspondence should be sent to the ASPPB central office at [asppb@asppb.org](mailto:asppb@asppb.org).

We sincerely hope that this document will prove useful to faculty members and students of psychology. We very much appreciate your interest in licensure and the EPPP.

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## THE PURPOSES OF THE EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY (EPPP)

The Examination for Professional Practice in Psychology (EPPP), developed and owned by the Association of State and Provincial Psychology Boards (ASPPB), is provided to state and provincial boards of psychology to assist them in their evaluation of the qualifications of applicants for licensure and certification. This standardized examination is administered continuously in a computerized delivery format through the Pearson network of computer testing centers with the support of state and provincial psychology boards acting collectively through ASPPB.

The resources of individual psychologists, ASPPB, and contracted test development professionals are used in the ongoing development and improvements to the Examination Program. These combined resources are greater than those available to any individual board.

ASPPB has spent more than 15 years evaluating the need and methods to assess competency, and the revised EPPP includes the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) as a comprehensive competency assessment that allows licensing authorities to evaluate both foundational knowledge and practical skills.

Until recently, the EPPP (Part 1-Knowledge) was only one part of the evaluation procedure used by state and provincial boards/colleges. In order to determine candidates' competence to practice the profession of psychology, boards/colleges use both the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills) or supplement the EPPP (Part 1-Knowledge) with other requirements and assessment procedures. In this report, only the EPPP (Part 1-Knowledge) performance is reported. For concision, the EPPP performance in this report refers to the EPPP (Part 1-Knowledge) scores.

The EPPP (Part 1-Knowledge) is intended to evaluate the knowledge that the most recent practice analysis has determined as foundational to the competent practice of psychology. Most candidates taking the EPPP (Part 1-Knowledge) have obtained a doctoral degree in psychology, completed a year of supervised experience, and have completed or will complete appropriate postdoctoral experience. Such candidates are expected to have acquired a broad basic knowledge of psychology, regardless of individual specialties. This knowledge and the candidate's ability to apply it are assessed through the candidate's responses to objective, multiple-choice questions representative of the field at large. The average pass rate of doctoral-level candidates from accredited programs who are taking the test for the first time exceeds 80% in most sample years except for three recent years during the COVID-19 pandemic.

## TEST CONSTRUCTION

The ASPPB Examination Committee (ExC1) is responsible for the construction of the EPPP (Part 1-Knowledge). ExC1 members are appointed by the Board of Directors of ASPPB and are chosen for their outstanding credentials and exceptional achievements in their respective specialties.

The examination development process is intended to maximize the content validity of the examination. The ASPPB Item Development Committee (IDC1) is appointed by the ASPPB Board of Directors and is charged to oversee the item writing process. Members of the IDC1 are chosen for their expertise and credentials in the specific domains that comprise the content of the EPPP (Part 1-Knowledge).

The ASPPB Item Review Committee (IRC) is also appointed by the ASPPB Board of Directors and is charged to review EPPP (Part 1-Knowledge) items identified through Differential Item Functioning (DIF) analysis as performing differentially across identified groups due to potential bias toward a particular group. The IRC is comprised of psychologists with expertise in cultural competence/humility and/or expertise in the experiences of a specific historically marginalized group.

A brief outline of the item development and test construction process follows:

1. Individuals with expertise in specific domains of the EPPP (Part 1-Knowledge) are selected as item writers. Members of the IDC1 train item writers on how to write questions for the EPPP (Part 1-Knowledge) and on how to use online tools for securely submitting questions to be considered for the EPPP (Part 1-Knowledge) item bank.
2. Item writers develop questions and submit them for review. A process of validation occurs between the item writers and the subject-matter experts on the IDC1. Items are evaluated for style, format, subject matter accuracy, relevance to practice, professional level of mastery, contribution to public protection, and freedom from bias.
3. Once judged by the IDC1 subject-matter expert to be of sufficient quality, items then receive an additional level of editorial and psychometric review by the editorial staff to ensure conformity to established psychometric principles and EPPP (Part 1-Knowledge) *Style Guidelines*.
4. Items that are approved by IDC1 subject-matter experts and by editorial staff are then entered into the EPPP (Part 1-Knowledge) item bank.
5. A draft examination is constructed on the basis of a content outline derived from a job task analysis and role delineation study of the profession of psychology (see below). At a meeting of the ExC1, the preliminary draft is reviewed item by item. During the review, items are validated and/or replaced with bank items in accordance with the test specifications and the ExC1's expert judgment. This draft is made up only of items with known psychometric properties.
6. A final form of the examination is constructed on the basis of the ExC1's review and comments. The final form of the examination is then uploaded into the network for delivery at local test centers. The finalized form of the examination is supplemented with 50 items

for pre-testing. The purpose of the pre-testing is two-fold: 1. to gather psychometric data on newly developed items which ensures that they are performing within acceptable statistical parameters before the item is used as a scored item on a future exam, and 2. to collect statistical information used to equate exams which ensures that every candidate receives an exam of equal difficulty. These pre-test items are randomly distributed throughout the examination and are not counted as part of a candidate's score.

7. The IRC reviews any items that demonstrate differential performance as measured by the DIF across identified groups. The IRC provides feedback on items reviewed to the IDC1 Chair for possible item-level changes and overall stylistic changes. Additionally, the IRC can recommend removal of an item from the test bank.

A flowchart of this process can be found in [Table 1](#).

## TEST CONTENT AND ADMINISTRATION

The examination covers eight content areas: biological bases of behavior; cognitive-affective bases of behavior; social and cultural bases of behavior; growth and lifespan development; assessment and diagnosis; treatment, intervention, prevention, and supervision; research methods and statistics; and ethical, legal, and professional issues. The percentage of the examination devoted to each of the topics and specific sub-areas to be tested are provided in detail in [Table 2](#) (administrations from August 1, 2011, through February 14, 2018) and [Table 3](#) (administrations from February 15, 2018 forward). The examination consists of objective multiple-choice questions covering knowledge essential to the professional practice of psychology. Each form of the examination contains 225 items, of which 175 are scored and 50 are pre-test items. The pre-test items do not count in a candidate's final score.

Each item has four possible responses, only one of which is the correct answer. The total number of correct responses determines a candidate's score. Therefore, it is to the candidate's advantage to answer every item even when uncertain of the correct response. **There is no penalty for incorrect answers.** The candidate should choose the single best answer to each item.

The EPPP (Part 1-Knowledge) is administered under standardized conditions at Computer Based Test centers. Only candidates approved by a state or provincial board as applicants for licensure are allowed to take the EPPP (Part 1-Knowledge). EPPP (Part 1-Knowledge) scores are reported as scaled scores, with a range from 200 to 800. ASPPB considers the passing point for independent practice equals to a scaled score of 500. The statistical information includes:

- Where the number is five or greater, the number of candidates tested from the program, the pass rate, and percent scores by content area.
- Where the number of candidates tested per program is four or fewer, neither the number tested nor the pass rate is shown. This is done to protect the privacy of candidates who come from programs with low numbers of graduates.

## CONTENT OUTLINE OF THE EPPP (PART 1-KNOWLEDGE)

### For EPPP Administrations through February 14, 2018

At the completion of an extensive Practice Analysis study in 2010, the test specifications for the EPPP were revised. These specifications, included herein in [Table 2](#), were implemented for the first time with the development and administration of the August 1, 2011 EPPP. Eight content domains were identified as being related to current practice.

The EPPP performance of students in the various doctoral programs through February 14, 2018, has been summarized in Table 4 of this report and is based on the test specifications shown in [Table 2](#).

### For EPPP (Part 1-Knowledge) Administrations from February 15, 2018, Forward

In 2016, at the completion of a Job Task Analysis, the test specifications for the EPPP (Part 1-Knowledge) were again revised. These specifications, which are included herein as [Table 3](#), were implemented for the first time with the development and administration of the February 15, 2018 EPPP (Part 1-Knowledge).

The Job Task Analysis resulted in the identification and validation of underlying professional competencies; the identification of assessment methods to best measure underlying professional competencies; and revised test specifications for the EPPP (Part 1-Knowledge) updating the knowledge base and integrating additional relevant competencies. The full job task analysis report, as well as an executive summary report, is available at: [Job Task Analysis](#).

Data provided in Table 5 of this report are based on the test specifications in [Table 3](#).

The *Psychology Licensing Exam Scores by Doctoral Program* will be published annually from now on. Each year additional data will be added to the report until five years of data are available. After this report, which includes six years of data from 2017 through 2022, each subsequent report will include only the most recent five-year window of candidate score information.

Scores are reported for first-time test takers only. This is the common method of reporting pass rate data.

## FURTHER INFORMATION

### TO OBTAIN MORE INFORMATION ABOUT:

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**ASPPB and the EPPP Examination Program, its policies, and procedures:** Call ASPPB toll-free at 1 800-448-4069 between the hours of 8:30 am and 5:00 pm ET; or send a message to [asppb@asppb.org](mailto:asppb@asppb.org).

**Requirements for licensure/certification in the various jurisdictions:** access ASPPB’s PSY|Book of Licensing and Certification Requirements for Psychologists in North America for no charge at <https://www.asppb.net/page/psybook>. You can also visit <https://asppbcentre.org>.

**Procedures and requirements for licensure and board approval for taking the EPPP (Part 1-Knowledge):** contact the psychology licensing or certification board in the state or province in which licensure or certification is being sought. A listing of addresses of state and provincial boards is available from the ASPPB website at: <https://www.asppb.net/page/BdContactNewPG>

**TABLE 1. ITEM DEVELOPMENT AND TEST CONSTRUCTION FLOWCHART**

The Item Development Committee (IDC1) of ASPPB identifies potential subject-matter experts to become item writers for the EPPP (Part 1-Knowledge)

The IDC1 trains item writers, either at Item Writer Workshops (IWW) or by conference calls, about the “do’s and don’ts” of item-writing

Item writers produce questions, either in advance of IWWs or prior to each Examination Committee (ExC1) meeting, each way allowing items to be written from their homes or offices where they have access to reference materials.

Every item developed is presented to all the item writers within that domain and reworked by the whole domain team prior to submission. Then items are reviewed and validated by members of the IDC1 on the basis of accuracy, relevance, professional level of mastery, contribution to public protection and freedom from bias.

If approved by IDC1 domain expert, items are entered into the EPPP (Part 1-Knowledge) item bank.

Items are edited and brought into compliance with EPPP (Part 1-Knowledge) style guidelines.

**Calibrated Item Bank**

Items are chosen *for a preliminary draft* of the EPPP (Part 1-Knowledge) from the Calibrated EPPP (Part 1-Knowledge) Item Bank

**Standard Item Bank**

Items are chosen for pretesting from the Standard EPPP (Part 1-Knowledge) Item Bank.

**Calibrated Item Bank**

The draft EPPP (Part 1-Knowledge) is reviewed by the ASPPB ExC1 item by item. Substitute items may be chosen from the Calibrated Item Bank

**Standard Item Bank**

Draft pretest items are reviewed by the ASPPB ExC1 item by item.

The Examination Committee finalizes exam forms, including pretest items, based on expert judgment, item statistics, and multiple reviews.

EPPP (Part 1-Knowledge) exam is uploaded to the Pearson System.

Candidates take the EPPP (Part 1-Knowledge) exam.

The EPPP (Part 1-Knowledge) is scored on-site. Candidates receive score reports after administration. Jurisdictions receive scores within 10 days.

**TABLE 2. CONTENT OUTLINE OF THE EPPP FOR ADMINISTRATIONS  
FROM AUGUST 1, 2011 THROUGH FEBRUARY 14, 2018**

Rubric	Content Area	Percent of the Exam
01	<b>Biological Bases of Behavior</b> — knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge	12%
02	<b>Cognitive - Affective Bases of Behavior</b> — knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction	13%
03	<b>Social and Cultural Bases of Behavior</b> — knowledge of (a) interpersonal, intrapersonal, intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues	12%
04	<b>Growth and Lifespan Development</b> — knowledge of (a) development across the full life span, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals	12%
05	<b>Assessment and Diagnosis</b> — knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations	14%
06	<b>Treatment, Intervention, Prevention, and Supervision</b> — knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific problems/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices and practice guidelines, (d) consultation and supervision models, and (e) evidence supporting efficacy and effectiveness of interventions	14%
07	<b>Research Methods and Statistics</b> — knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, (c) statistical models, assumptions, and procedures, and (d) dissemination methods	8%
08	<b>Ethical/Legal/Professional Issues</b> — knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision	15%

**TABLE 3. CONTENT OUTLINE OF THE EPPP (PART 1-KNOWLEDGE) FOR ADMINISTRATIONS  
FROM FEBRUARY 15, 2018 FORWARD**

Rubric	Content Area*	Percent of the Exam
01	Biological Bases of Behavior	10%
02	Cognitive - Affective Bases of Behavior	13%
03	Social and Multicultural Bases of Behavior	11%
04	Growth and Lifespan Development	12%
05	Assessment and Diagnosis	16%
06	Treatment, Intervention, Prevention and Supervision	15%
07	Research Methods and Statistics	7%
08	Ethical/Legal/Professional Issues	16%

\*For more specifics of each content area please refer to the content statements in [Table 2](#).



**TABLE 4. THE EPPP (PART 1-KNOWLEDGE) SCORES BY DOCTORAL PROGRAM,  
JANUARY 1, 2017 – DECEMBER 31, 2019 (PP. 14-33)**

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
		All Accredited Doctoral Programs		11,228	80.33%	74.99%	74.18%	73.92%	70.63%	71.25%	73.35%	66.91%	77.53%
		Nonaccredited or Other Doctoral Programs		2,775	55.03%	68.95%	64.22%	65.14%	63.51%	62.08%	64.61%	53.37%	71.82%
AB	U. of Alberta	Dept of Educ Psych	Couns.-PhD	9	44.44%	67.33%	63.00%	60.44%	61.33%	61.22%	60.00%	54.22%	69.00%
		Dept of Psych	Sch/Clin.-PhD	*		50.00%	52.00%	79.00%	67.00%	46.00%	65.00%	42.00%	64.00%
	U. of Calgary	Dept of Psych	Clin.-PhD	10	100.00%	77.40%	81.20%	80.10%	77.10%	81.30%	80.30%	86.10%	79.00%
		Grad Progs in Educ	Couns.-PhD	13	84.62%	77.23%	82.08%	77.62%	73.31%	75.69%	73.08%	70.85%	76.92%
AK	U. of Alaska, Anchorage	Dept of Psych	Clin.-PhD	15	73.33%	75.20%	74.67%	72.80%	71.20%	70.13%	74.80%	58.47%	81.93%
AL	Auburn U.	Dept of Psych	Clin.-PhD	16	93.75%	73.56%	79.38%	75.56%	72.25%	73.31%	76.75%	76.00%	76.81%
		Dept of Spec. Educ, Rehab&Couns.	Couns.-PhD	20	75.00%	71.25%	73.50%	76.80%	68.50%	69.35%	75.70%	67.45%	77.70%
	U. of Alabama Birmingham	Med./Clin. Psych	Clin.-PhD	19	94.74%	82.84%	77.95%	75.53%	73.53%	76.74%	74.37%	79.53%	78.68%
	U. of Alabama Tuscaloosa	Dept of Psych	Clin.-PhD	32	100.00%	81.53%	82.31%	79.94%	77.19%	82.50%	76.63%	81.78%	84.25%
	U. of South AL	Dept of Psych&Dept of Prof Studies	Comb. Clin./Couns.-PhD	15	80.00%	76.80%	72.73%	69.07%	70.73%	73.73%	73.07%	64.20%	79.13%
AR	U. of Arkansas	Dept of Psych Science	Clin.-PhD	12	91.67%	72.00%	76.00%	79.75%	70.67%	78.25%	76.92%	82.25%	80.83%
	U. of Central Arkansas	Dept of Psych & Couns.	Couns.-PhD	8	75.00%	75.50%	79.88%	76.00%	72.00%	70.13%	74.38%	73.88%	72.63%
			Sch-PhD	*		84.00%	87.00%	79.67%	66.67%	74.33%	62.33%	83.67%	82.00%
AZ	Arizona State U.	Couns. Psych	Couns.-PhD	24	91.67%	72.58%	72.50%	75.92%	74.17%	74.21%	73.50%	71.33%	79.79%
		Dept of Psych	Clin.-PhD	16	100.00%	78.25%	78.38%	79.25%	75.88%	81.19%	81.31%	84.63%	84.31%
	Midwestern U.	Dept of Clin Psych	Clin.-PsyD	46	73.91%	76.30%	67.65%	70.48%	64.09%	62.28%	70.85%	52.72%	78.33%
	Northern AZ U.	Dept of Educ Psych	Couns.&Sch-PhD	14	85.71%	67.86%	74.29%	71.86%	70.71%	69.64%	75.14%	65.14%	77.36%
	U. of Arizona	Dept of Disability and PsychoEduc Studies	Sch-PhD	16	68.75%	72.19%	69.88%	74.63%	69.94%	69.38%	63.75%	69.13%	76.25%
		Dept of Psych	Clin.-PhD	26	96.15%	80.31%	80.38%	75.96%	74.04%	74.73%	78.69%	77.04%	78.23%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
BC	Simon Fraser U.	Dept of Psych	Clin.-PhD	23	100.00%	86.57%	85.78%	82.22%	79.04%	82.52%	83.48%	84.91%	85.30%
	U. of British Columbia	Dept of Couns. Psych	Couns.-PhD	11	100.00%	80.36%	80.64%	79.09%	80.00%	72.18%	79.82%	74.18%	81.09%
		Dept of Psych	Clin.-PhD	13	100.00%	83.85%	87.77%	88.00%	77.92%	84.15%	86.92%	85.46%	82.85%
		Sch Psych	Sch-PhD	*		70.33%	78.67%	80.67%	87.00%	89.33%	82.33%	80.33%	85.33%
	U. of Victoria	Dept of Psych	Clin.-PhD	15	100.00%	84.80%	84.13%	78.20%	81.87%	84.73%	85.40%	83.00%	81.33%
CA	Alliant I.U., Fresno	CSPP	Clin.-PhD	34	55.88%	68.47%	64.41%	67.06%	65.41%	65.32%	61.62%	50.59%	74.32%
			Clin.-PsyD	53	41.51%	62.06%	58.53%	60.51%	60.85%	58.53%	57.49%	45.87%	68.94%
	Alliant I.U., LA	CSPP	Clin.-PhD	62	67.74%	72.60%	67.44%	68.95%	66.08%	65.15%	70.53%	61.24%	76.53%
			Clin.-PsyD	153	52.29%	69.18%	65.69%	65.24%	62.18%	62.01%	62.56%	53.44%	70.95%
	Alliant I.U., Sac.	CSPP	Clin.-PsyD	46	41.30%	64.28%	59.83%	60.61%	57.26%	56.20%	60.54%	45.13%	68.96%
	Alliant I.U., San Diego	CSPP	Clin.-PhD	80	70.00%	74.18%	69.11%	70.40%	66.71%	67.38%	69.80%	62.39%	75.46%
			Clin.-PsyD	134	50.00%	67.04%	62.69%	65.25%	61.69%	59.98%	63.72%	51.67%	71.46%
	Alliant I.U., San Fran. Bay	CSPP	Clin.-PhD	52	71.15%	73.35%	70.88%	71.33%	69.12%	68.44%	72.85%	67.56%	76.27%
			Clin.-PsyD	126	52.38%	69.32%	65.63%	65.22%	61.42%	61.74%	63.80%	53.51%	71.65%
	Azusa Pacific U.	Dept of Grad Psych	Clin.-PsyD	86	74.42%	73.12%	71.95%	69.64%	66.12%	65.92%	71.05%	56.55%	74.99%
	Biola U.	Rosemead Sch of Psych	Clin.-PhD	25	84.00%	70.08%	74.64%	76.88%	72.76%	68.36%	76.12%	73.92%	79.92%
			Clin.-PsyD	45	84.44%	71.51%	74.09%	71.89%	68.09%	70.36%	73.09%	59.44%	77.11%
	Calif. Lutheran U.	Clin. Psych	Clin.-PsyD	*		82.67%	82.67%	82.67%	76.33%	77.67%	76.00%	68.00%	86.67%
	Fielding Grad. U.	Dept of Psych	Clin.-PhD	102	51.96%	70.61%	64.90%	65.40%	61.04%	61.19%	65.54%	55.13%	71.83%
	Fuller Theological Seminary	Grad Sch of Psych	Clin.-PhD	62	82.26%	74.44%	74.13%	72.39%	73.53%	72.39%	73.29%	63.53%	79.85%
			Clin.-PsyD	42	80.95%	71.10%	73.93%	72.12%	70.76%	63.90%	71.50%	61.45%	79.02%
Loma Linda U.	Dept of Psych	Clin.-PhD	15	80.00%	73.33%	74.20%	73.73%	71.00%	72.13%	68.20%	69.47%	78.00%	
		Clin.-PsyD	14	71.43%	80.93%	73.00%	64.14%	66.57%	65.71%	72.14%	60.79%	76.71%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
CA	National U., Pleasant Hill, CA/JFK U. Teach-Out	JFK Sch of Psych	Clin.-PsyD	6	0.00%	58.00%	50.83%	55.00%	50.17%	39.33%	49.50%	31.00%	59.17%
	Palo Alto U.	Dept of Clin. Psych	Clin.-PhD	202	88.12%	79.04%	74.41%	75.01%	72.50%	71.23%	74.16%	63.57%	78.41%
		PGSP-Stanford PsyD Consort.	Clin.-PsyD	93	94.62%	80.18%	79.05%	79.41%	76.87%	75.67%	81.78%	67.66%	80.58%
	Pepperdine U.	Psych Div.	Clin.-PsyD	90	85.56%	74.43%	73.14%	71.84%	67.62%	70.12%	73.03%	61.37%	75.66%
	San Diego State U.&U. of CA, San Diego	Joint Prog in Clin. Psych	Clin.-PhD	35	100.00%	85.60%	83.89%	79.91%	74.54%	80.86%	83.00%	82.54%	79.46%
	The Chicago Sch of Prof Psych-Anaheim	PsyD in Sch Psych	Clin.-PsyD	*		43.00%	39.00%	48.00%	38.00%	28.00%	21.00%	21.00%	50.00%
	The Chicago Sch of Prof Psych-LA	Dept of Psych	Clin.-PsyD	34	0.00%	48.62%	45.15%	50.53%	45.18%	44.91%	50.15%	34.35%	57.59%
	The Wright Inst.	PsyD Prog	Clin.-PsyD	184	80.98%	75.72%	73.17%	74.02%	71.22%	68.96%	72.33%	60.40%	76.47%
	U. of Calif., Berkeley	Dept of Psych	Clin.-PhD	12	100.00%	83.58%	85.58%	81.42%	80.08%	76.75%	81.42%	77.67%	76.33%
		Grad Sch of Educ	Sch-PhD	6	100.00%	75.50%	84.83%	83.00%	78.33%	81.00%	73.67%	80.50%	78.00%
	U. of Calif., LA	Dept of Psych	Clin.-PhD	39	100.00%	81.33%	81.31%	81.10%	80.05%	80.67%	82.36%	83.10%	81.08%
	U. of Calif., Riverside	Grad Sch of Educ	Sch-PhD	*		77.50%	82.50%	74.00%	80.50%	84.00%	86.50%	87.50%	84.00%
	U. of Calif., Santa Barbara	Dept of CCSP	Comb. Clin./Couns./Sch-PhD	39	94.87%	75.46%	80.21%	79.87%	75.49%	76.03%	79.31%	74.51%	84.31%
	U. of La Verne	Dept of Psych	Clin.-PsyD	50	64.00%	69.78%	67.76%	69.10%	64.42%	64.46%	67.20%	57.24%	72.48%
U. of Southern Calif.	Dept of Psych	Clin.-PhD	17	94.12%	77.76%	82.47%	78.41%	78.06%	82.00%	80.41%	81.06%	79.76%	
CO	Colorado State U.	Dept of Psych	Couns.-PhD	10	100.00%	83.90%	85.60%	83.00%	79.00%	75.40%	83.70%	84.10%	79.20%
	U. of Colorado, Boulder	Dept of Psych&Neuro	Clin.-PhD	16	93.75%	79.63%	80.44%	82.13%	83.81%	82.13%	82.63%	84.81%	80.13%
	U. of Colorado, Colorado Springs	Dept of Psych	Clin.-PhD	8	100.00%	88.88%	89.75%	83.38%	83.25%	82.63%	81.13%	88.63%	81.13%
	U. of Colorado, Denver	Dept of Psych	Clin.-PhD	13	92.31%	79.00%	80.77%	76.46%	75.85%	78.15%	76.38%	72.62%	76.31%
		Sch-PsyD	*		55.33%	49.33%	54.33%	58.67%	56.00%	54.00%	39.00%	70.33%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
CO	U. of Denver	Dept of Couns. Psych	Couns.-PhD	19	73.68%	72.84%	74.68%	67.32%	62.26%	66.42%	71.47%	65.32%	73.68%
		Dept of Psych	Clin.-PhD	18	100.00%	78.33%	84.61%	78.11%	78.50%	78.94%	81.89%	81.50%	78.28%
		Sch Psych/Teaching & Learning Svcs	Sch-PhD	*		67.00%	39.00%	62.00%	57.00%	48.00%	42.00%	50.00%	50.00%
		Sch of Prof Psych	Clin.-PsyD	103	87.38%	74.83%	75.27%	75.77%	71.05%	72.39%	74.12%	61.87%	80.79%
	U. of Northern CO	Dept of App. Psych&Couns. Educ	Couns.-PhD	20	95.00%	82.45%	78.30%	79.25%	77.00%	76.35%	81.60%	72.65%	81.45%
		Dept of Sch Psych	Sch-PhD	20	75.00%	70.40%	66.00%	67.35%	67.80%	67.55%	64.05%	66.90%	77.70%
CT	U. of Connecticut	Dept of Educ Psych	Sch-PhD	6	83.33%	63.83%	74.67%	77.33%	63.50%	71.00%	74.00%	69.17%	78.67%
		Dept of Psych	Clin.-PhD	23	95.65%	85.17%	79.65%	83.35%	77.78%	78.91%	79.83%	83.52%	81.17%
	U. of Hartford	Dept of Psych	Clin.-PsyD	65	73.85%	74.89%	68.45%	73.32%	67.43%	68.72%	70.49%	60.34%	76.05%
	Yale U.	Dept of Psych	Clin.-PhD	11	100.00%	82.36%	87.82%	86.73%	77.36%	83.09%	83.91%	75.18%	85.82%
DC	American U.	Dept of Psych	Clin.-PhD	20	95.00%	77.95%	80.25%	81.25%	76.30%	77.35%	78.65%	76.60%	81.20%
	Catholic U.	Dept of Psych	Clin.-PhD	18	100.00%	78.61%	79.61%	80.78%	75.00%	77.89%	77.28%	77.83%	83.22%
	Gallaudet U.	Dept of Psych	Clin.-PhD	14	50.00%	66.79%	66.29%	68.07%	71.71%	66.79%	66.21%	57.29%	73.36%
	George Washington U.	Ctr. for Prof Psych	Clin.-PsyD	83	73.49%	73.00%	73.58%	73.65%	71.19%	66.88%	69.45%	62.83%	78.00%
		Dept of Psych	Clin.-PhD	16	93.75%	80.94%	80.63%	81.00%	76.25%	75.94%	72.38%	77.38%	78.63%
	Howard U.	Dept of Psych	Clin.-PhD	19	68.42%	70.42%	69.63%	67.16%	64.95%	71.11%	65.95%	66.42%	72.05%
		Sch of Educ	Couns.-PhD	19	36.84%	62.79%	58.37%	63.11%	61.42%	57.79%	64.79%	50.37%	72.63%
	The Chicago Sch of Prof Psych-Washington DC	Clin. Psych PsyD Prog	Clin.-PsyD	5	0.00%	58.20%	47.60%	39.20%	38.00%	41.80%	47.40%	31.20%	52.00%
DE	U. of Delaware	Dept of Psych	Clin.-PhD	17	100.00%	78.76%	83.41%	80.88%	81.47%	83.59%	84.88%	82.47%	81.82%
FL	Carlos Albizu U. - Miami	Dept of Psych	Clin.-PsyD	163	54.60%	72.84%	64.28%	62.48%	60.13%	61.98%	64.31%	48.74%	72.34%
	Florida Inst. of Technology	Sch of Psych	Clin.-PsyD	55	69.09%	76.56%	70.87%	70.87%	67.25%	67.45%	73.36%	60.91%	77.73%
	Florida International U.	Clin. Science Prog in Child & Adol. Psych Dept of Psych	Clin.-PhD	13	92.31%	70.46%	78.08%	69.92%	69.62%	72.31%	77.77%	79.85%	79.54%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
FL	Florida Sch of Prof Psych at National Louis U., Tampa	FSPP	Clin.-PsyD	*		61.00%	50.00%	45.75%	41.50%	35.00%	54.75%	35.25%	66.00%
	Florida State U.	Dept of Ed Psych & Learning	Couns.-Sch-PhD	31	80.65%	71.32%	71.00%	71.26%	67.16%	70.19%	69.58%	65.26%	78.45%
		Dept of Psych	Clin.-PhD	29	100.00%	78.66%	81.17%	80.79%	78.90%	81.34%	81.76%	84.03%	80.28%
	Nova Southeastern U.	Coll. of Psych	Clin.-PhD	30	80.00%	73.30%	72.77%	73.13%	72.00%	76.20%	70.37%	71.47%	80.47%
			Clin.-PsyD	244	77.87%	74.51%	72.00%	71.18%	67.08%	68.32%	72.50%	57.02%	76.02%
			Sch-PsyD	16	68.75%	73.19%	76.25%	70.56%	59.56%	67.13%	69.25%	56.63%	70.50%
	U. of Central Florida	Dept of Psych	Clin.-PhD	17	82.35%	77.18%	78.35%	79.18%	74.24%	78.65%	75.71%	76.88%	78.41%
	U. of Florida	Coll. of Educ Sch Psych	Sch-PhD	20	75.00%	71.30%	73.15%	70.35%	73.80%	72.95%	72.50%	68.25%	77.20%
		Dept of Clin. & Health Psych	Clin.-PhD	51	98.04%	81.06%	79.37%	77.94%	72.92%	77.76%	78.57%	76.65%	79.82%
		Dept of Psych	Couns.-PhD	23	100.00%	77.00%	79.30%	84.57%	73.39%	76.87%	77.96%	83.26%	80.96%
	U. of Miami	Dept of Educ & Psych Studies	Couns.-PhD	15	100.00%	77.27%	79.47%	75.07%	78.27%	78.00%	77.67%	79.13%	83.27%
		Dept of Psych	Clin.-PhD	37	94.59%	78.76%	82.81%	81.08%	77.59%	80.97%	79.22%	81.32%	80.43%
	U. of South Florida	Dept of Educ & Psych Studies	Sch-PhD	15	86.67%	71.67%	77.87%	72.93%	73.60%	71.53%	77.73%	74.87%	76.53%
		Dept of Psych	Clin.-PhD	31	96.77%	83.71%	82.81%	75.55%	70.03%	78.68%	80.23%	80.87%	81.87%
GA	Emory U.	Dept of Psych	Clin.-PhD	23	91.30%	80.48%	80.04%	80.39%	78.22%	81.00%	79.43%	85.78%	81.22%
	GA Southern U.	Dept of Psych	Clin.-PsyD	25	92.00%	76.96%	76.08%	75.32%	71.72%	70.68%	73.12%	67.72%	81.28%
	GA State U.	Dept of Couns. & Psych Svcs	Couns.-PhD	9	77.78%	70.89%	73.67%	71.44%	74.56%	72.11%	81.00%	70.44%	79.00%
			Sch-PhD	5	60.00%	54.80%	74.60%	65.60%	73.20%	69.80%	69.20%	77.60%	79.00%
		Dept of Psych	Clin.-PhD	28	100.00%	84.25%	81.50%	83.57%	79.93%	82.64%	81.07%	82.43%	80.57%



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
GA	U. of GA	Dept of Couns. & Human Dev Srvcs	Couns.-PhD	34	73.53%	67.35%	69.56%	73.21%	64.24%	67.56%	69.74%	59.18%	76.97%
		Dept of Educ Psych	Sch-PhD	11	90.91%	79.00%	84.18%	78.27%	76.91%	79.91%	69.82%	77.09%	81.18%
		Dept of Psych	Clin.-PhD	21	100.00%	81.71%	86.33%	80.48%	80.86%	79.76%	83.57%	81.86%	81.71%
HI	U. of Hawaii - Manoa	Dept of Psych	Clin.-PhD	14	92.86%	76.43%	82.57%	76.71%	77.21%	74.71%	83.07%	82.79%	83.43%
IA	Iowa State U.	Dept of Psych	Couns.-PhD	12	100.00%	76.83%	76.83%	81.67%	72.08%	78.08%	78.42%	73.92%	80.42%
	U. of Iowa	Dept of Psych & Quant Fdn	Couns.-PhD	27	85.19%	75.07%	75.22%	77.85%	66.15%	71.00%	69.89%	71.15%	80.22%
		Dept of Psych&Brain Sciences	Clin.-PhD	18	100.00%	86.50%	88.61%	85.44%	82.78%	84.28%	85.39%	84.67%	86.44%
ID	Idaho State U.	Dept of Psych	Clin.-PhD	18	100.00%	82.06%	86.22%	82.00%	78.17%	80.06%	80.06%	77.00%	78.94%
IL	Adler U.	Dept of Psych	Clin.-PsyD	234	61.11%	70.93%	67.32%	69.45%	64.06%	62.65%	67.62%	51.62%	72.79%
	DePaul U.	Dept of Psych	Clin.-PhD	21	90.48%	80.95%	80.00%	82.52%	77.86%	74.29%	79.38%	72.86%	80.24%
	Illinois Inst. of Tech	Dept of Psych	Clin.-PhD	28	92.86%	80.54%	79.11%	76.89%	71.50%	73.96%	75.86%	73.71%	80.04%
	Illinois State U.	Dept of Psych	Sch-PhD	14	92.86%	67.07%	73.86%	77.36%	76.07%	75.50%	72.14%	76.21%	76.00%
	Loyola U. of Chicago	Dept of Psych	Clin.-PhD	18	94.44%	82.28%	79.28%	77.72%	75.83%	79.39%	78.94%	80.00%	82.39%
		Sch of Educ	Couns.-PhD	16	68.75%	67.63%	66.69%	72.06%	63.00%	65.00%	73.50%	68.69%	74.13%
			Sch-PhD	7	85.71%	75.57%	75.71%	76.71%	76.86%	67.71%	71.14%	67.71%	80.00%
	Midwestern U.	Coll. of Health Sciences	Clin.-PsyD	52	57.69%	69.10%	65.00%	66.27%	63.88%	62.69%	66.00%	53.46%	72.75%
	National Louis U.	Illinois Sch of Prof Psych	Clin.-PsyD	*		44.50%	52.00%	63.00%	43.00%	36.00%	46.50%	50.00%	68.00%
	Northern Illinois U.	Dept of Psych	Clin.-PhD	25	100.00%	75.48%	80.88%	81.92%	76.64%	81.36%	81.12%	76.68%	83.72%
			Sch-PhD	9	100.00%	74.56%	77.44%	71.56%	68.22%	75.78%	74.78%	67.78%	74.67%
	Northwestern U.	Dept of Psych	Clin.-PhD	11	100.00%	80.09%	85.09%	85.82%	84.36%	78.45%	82.09%	84.73%	82.45%
	Northwestern U. Feinberg SOM	Dept of Psych&BES	Clin.-PhD	24	100.00%	84.50%	86.13%	77.83%	77.08%	77.38%	79.29%	80.21%	84.17%
Roosevelt U.	Dept of Psych	Clin.-PsyD	61	96.72%	80.20%	79.80%	80.28%	76.31%	74.98%	80.61%	68.49%	82.26%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
IL	Rosalind Franklin U. of Med. & Science	Dept of Psych	Clin.-PhD	33	87.88%	78.03%	76.79%	79.09%	69.09%	74.45%	75.73%	71.85%	75.24%
	Southern Illinois U.-Carbondale	Dept of Psych	Clin.-PhD	18	100.00%	80.50%	81.67%	77.78%	74.50%	77.28%	74.61%	78.56%	78.83%
			Couns.-PhD	16	81.25%	71.00%	77.38%	78.75%	69.44%	71.06%	73.69%	67.44%	75.81%
	The Chicago Sch of Prof Psych-Chicago	Clin. Psych	Clin.-PsyD	289	66.09%	71.30%	68.76%	69.49%	66.76%	65.85%	68.73%	57.55%	74.87%
	U. of Illinois- Urbana-Champaign	Dept of Educ Psych	Couns.-PhD	12	91.67%	71.17%	72.58%	73.83%	72.92%	67.17%	69.83%	68.42%	77.25%
		Dept of Psych	Clin.-PhD	11	81.82%	70.82%	81.09%	81.91%	71.91%	76.45%	76.73%	81.09%	75.82%
	U. of Illinois-Chicago	Dept of Psych	Clin.-PhD	14	100.00%	84.71%	81.14%	81.86%	79.79%	81.00%	81.00%	83.86%	84.14%
	Wheaton Coll.	Dept of Psych	Clin.-PsyD	45	86.67%	72.67%	72.22%	75.84%	75.20%	68.80%	74.58%	63.98%	80.60%
IN	Ball State U.	Dept of Couns.&Social Psych	Couns.-PhD	33	84.85%	77.06%	75.48%	79.85%	72.76%	72.73%	78.06%	69.97%	78.06%
		Dept of Educ Psych	Sch-PhD	20	90.00%	76.20%	75.00%	75.40%	75.60%	73.15%	71.45%	74.90%	82.10%
	Indiana State U.	Dept of Educ & Sch Psych	Sch-PhD	*		52.00%	48.00%	52.00%	48.00%	64.00%	50.00%	64.00%	58.00%
		Dept of Psych	Clin.-PsyD	23	95.65%	83.91%	79.91%	80.09%	73.00%	78.17%	79.87%	72.83%	83.96%
	Indiana U.	Dept of Psych& Brain Sciences	Clin.-PhD	9	100.00%	76.89%	81.67%	78.67%	79.33%	75.78%	77.22%	80.78%	70.33%
		Sch of Educ, Couns. Psych	Couns.-PhD	22	81.82%	70.14%	69.86%	73.18%	64.68%	64.45%	74.45%	72.27%	79.14%
		Sch of Educ, Sch Psych	Sch-PhD	16	56.25%	68.56%	71.13%	70.88%	70.63%	71.00%	65.38%	60.38%	73.13%
	Indiana U. Purdue U. Indianapolis	Dept of Psych	Clin.-PhD	12	91.67%	81.08%	81.58%	76.42%	70.50%	78.08%	84.00%	82.67%	82.17%
	Purdue U.	Dept of Educ Studies	Couns.-PhD	18	72.22%	67.72%	71.33%	80.33%	71.39%	66.50%	71.44%	67.78%	76.22%
		Dept of Psych Sciences	Clin.-PhD	6	100.00%	81.33%	87.83%	82.33%	74.50%	73.17%	78.50%	77.83%	80.83%
	U. of Indianapolis	Coll. of Applied BES	Clin.-PsyD	77	97.40%	78.86%	80.29%	79.43%	71.32%	75.94%	77.78%	69.17%	80.51%
	U. of Notre Dame	Dept of Psych	Clin.-PhD	6	83.33%	77.33%	74.00%	73.00%	69.67%	73.83%	74.17%	80.00%	76.50%



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
KS	U. of Kansas	Clin. Child Psych Prog/Dept of BES & Psych	Clin.-PhD	10	90.00%	79.30%	80.10%	84.50%	77.00%	79.00%	81.70%	83.10%	81.70%
		Dept of Educ Psych	Couns.-PhD	26	80.77%	69.85%	69.42%	71.15%	66.69%	69.77%	75.54%	69.12%	78.31%
			Sch-PhD	6	100.00%	77.17%	82.00%	85.67%	73.83%	77.17%	78.50%	67.83%	78.83%
		Dept of Psych	Clin.-PhD	16	100.00%	82.19%	85.69%	82.19%	78.69%	79.00%	83.19%	78.75%	83.44%
	Wichita State U.	Dept of Psych	Clin.-PhD	*		64.00%	67.50%	63.50%	71.50%	59.00%	73.00%	62.50%	73.00%
KY	Spalding U.	Coll. of Health & Natural Sciences	Clin.-PsyD	54	85.19%	74.00%	70.31%	73.61%	68.63%	70.09%	73.65%	60.96%	76.59%
	U. of Kentucky	Dept of Educ, Sch & Couns. Psych	Couns.-PhD	15	80.00%	71.33%	70.87%	72.67%	65.73%	66.67%	74.93%	58.00%	81.67%
			Sch-PhD	7	57.14%	64.43%	68.86%	69.43%	71.29%	70.86%	68.29%	74.29%	74.57%
		Dept of Psych	Clin.-PhD	23	100.00%	82.78%	80.39%	77.13%	73.39%	82.22%	79.39%	80.87%	81.39%
	U. of Louisville	Dept of Educ & Couns. Psych	Couns.-PhD	11	63.64%	66.45%	71.27%	69.73%	66.27%	70.73%	75.18%	76.64%	80.91%
		Dept of Psych & Brain Sciences	Clin.-PhD	19	100.00%	81.32%	82.68%	81.11%	70.68%	83.26%	80.05%	80.00%	80.53%
LA	Louisiana State U.	Dept of Psych	Clin.-PhD	31	100.00%	79.90%	82.35%	79.13%	74.42%	79.39%	75.90%	77.32%	84.13%
			Sch-PhD	13	92.31%	78.77%	83.00%	71.92%	71.85%	77.92%	74.85%	72.77%	75.23%
	Louisiana Tech U.	Dept of Psych & BES	Couns.-PhD	21	85.71%	74.90%	72.00%	76.29%	73.24%	73.19%	75.29%	69.05%	81.10%
	Tulane U.	Dept of Psych	Sch-PhD	11	90.91%	79.09%	77.18%	77.82%	83.91%	77.55%	72.09%	79.09%	81.27%
MA	Boston Coll.	Dept of Couns., Dev. & Educ Psych	Couns.-PhD	18	83.33%	75.89%	71.72%	79.28%	76.33%	73.44%	74.11%	69.89%	79.67%
	Boston U.	Couns. Psych & Applied Human Dev	Couns.-EdD	6	66.67%	72.00%	70.33%	79.67%	64.83%	58.50%	72.50%	64.00%	67.17%
		Dept of Psych	Clin.-PhD	22	95.45%	81.23%	81.95%	79.14%	74.68%	80.05%	83.95%	79.55%	82.00%
	Clark U.	F.L. Hyatt Sch of Psych	Clin.-PhD	13	92.31%	76.54%	79.92%	80.08%	77.15%	76.46%	73.77%	70.69%	79.69%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
MA	Harvard U.	Dept of Psych	Clin.-PhD	11	100.00%	81.36%	85.55%	82.91%	81.27%	76.64%	80.55%	78.09%	82.36%
	Northeastern U.	Dept of Applied Psych	Couns.-PhD	15	73.33%	73.13%	73.67%	75.33%	67.00%	68.27%	72.13%	65.20%	76.20%
		Dept of Sch Psych	Sch-PhD	7	85.71%	76.14%	79.00%	71.71%	70.00%	73.00%	74.29%	75.43%	81.00%
	Suffolk U.	Dept of Psych	Clin.-PhD	31	100.00%	79.42%	79.06%	80.19%	75.26%	76.23%	78.03%	72.29%	80.55%
	U. of Mass-Amherst	Dept of Psych	Clin.-PhD	12	100.00%	82.42%	79.92%	83.50%	76.33%	78.25%	80.42%	80.67%	81.08%
		Student Dev	Sch-PhD	7	100.00%	68.29%	74.71%	69.43%	69.29%	72.00%	71.00%	75.14%	80.00%
	U. of Mass-Boston	Dept of Couns. & Sch Psych	Couns.-PhD	9	100.00%	75.89%	82.78%	80.67%	75.11%	74.11%	79.78%	74.00%	84.11%
		Dept of Psych	Clin.-PhD	24	91.67%	76.50%	79.75%	78.33%	76.17%	76.75%	78.63%	78.50%	80.04%
	William James Coll.	Dept of Psych	Clin.-PsyD	14	0.00%	50.14%	52.21%	55.79%	54.07%	48.36%	55.43%	45.50%	65.21%
	Sch Psych	Sch-PsyD	*		50.00%	65.00%	63.00%	52.00%	57.00%	54.00%	50.00%	68.00%	
MB	U. of Manitoba	Dept of Psych	Clin.-PhD	18	100.00%	79.28%	79.72%	77.17%	74.28%	79.56%	78.50%	79.78%	79.56%
MD	Loyola U. Maryland	Dept of Psych	Clin.-PsyD	42	97.62%	77.88%	79.62%	80.52%	74.05%	76.76%	78.19%	71.71%	81.29%
	U. of Maryland-Baltimore County	Dept of Psych	Clin.-PhD	28	100.00%	79.79%	79.54%	78.39%	75.93%	77.39%	81.11%	81.29%	81.50%
	U. of Maryland-Coll. Park	Dept of Couns., Higher Ed & Spec. Ed.	Sch-PhD	17	94.12%	72.18%	77.65%	78.65%	73.94%	69.12%	71.59%	71.12%	75.88%
		Dept of Psych	Clin.-PhD	19	100.00%	82.32%	84.21%	83.05%	76.37%	77.89%	82.79%	83.79%	84.37%
			Couns.-PhD	*		80.50%	95.50%	85.50%	78.50%	83.00%	78.00%	93.00%	87.00%
	Uniformed Srvc U. of the Health Sciences	F. Edward Hebert SOM	Clin.-PhD	22	95.45%	81.68%	77.91%	80.73%	77.18%	75.45%	80.86%	71.68%	81.86%
ME	U. of Maine	Dept of Psych	Clin.-PhD	8	100.00%	75.75%	79.50%	80.88%	80.25%	79.75%	80.00%	76.63%	83.00%
MI	Andrews U.	Dept of Grad. Psych & Couns.	Couns.-PhD	8	25.00%	56.75%	53.88%	53.25%	64.25%	61.88%	58.25%	51.00%	64.00%
	Central Michigan U.	Dept of Psych	Clin.-PhD	16	100.00%	84.81%	86.00%	83.81%	76.13%	82.50%	83.25%	82.44%	85.19%
			Sch-PhD	10	100.00%	80.60%	83.60%	76.20%	76.60%	75.10%	76.90%	77.20%	82.30%
	Eastern Michigan U.	Dept of Psych	Clin.-PhD	24	95.83%	80.38%	79.50%	74.42%	74.21%	74.75%	79.67%	69.42%	79.54%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural Bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
MI	Michigan Sch of Psych	Dept of Psych	Clin.-PsyD	34	29.41%	64.74%	58.00%	63.76%	58.91%	54.71%	56.15%	44.47%	69.74%
	Michigan State U.	Dept of Couns., Educ Psych & Spec Ed	Sch-PhD	25	88.00%	73.16%	75.56%	74.08%	75.32%	73.20%	73.60%	75.56%	79.32%
		Dept of Psych	Clin.-PhD	7	85.71%	83.71%	80.14%	82.00%	77.43%	84.29%	81.14%	88.29%	79.00%
	U. of Detroit Mercy	Dept of Psych	Clin.-PhD	26	88.46%	73.00%	70.46%	74.04%	72.15%	69.42%	70.42%	62.12%	77.58%
	U. of Michigan	Dept of Psych	Clin.-PhD	16	100.00%	80.25%	79.38%	80.44%	74.56%	78.63%	76.44%	83.00%	80.88%
	Wayne State U.	Dept of Psych	Clin.-PhD	37	91.89%	77.97%	78.78%	76.05%	77.03%	80.11%	80.35%	81.57%	79.57%
	Western Michigan U.	Dept of Couns. Ed & Couns. Psych	Couns.-PhD	18	50.00%	64.94%	64.39%	63.72%	58.89%	63.22%	66.06%	57.44%	73.67%
		Dept of Psych	Clin.-PhD	20	90.00%	79.55%	79.35%	78.30%	74.95%	75.00%	78.85%	75.45%	80.15%
MN	Aurigsburg U./Argosy U. Teach-Out(FKA MN Sch Prof Psych)	Dept of Psych	Clin.-PsyD	63	66.67%	72.56%	69.65%	71.73%	68.14%	66.63%	69.32%	56.89%	78.44%
	St. Mary's U. of MN	Dept Couns. Psych	Couns.-PsyD	26	57.69%	72.42%	61.62%	63.62%	60.65%	63.31%	68.00%	50.73%	70.50%
	U. of Minnesota	Dept of Educ Psych	Sch-PhD	11	100.00%	71.09%	78.82%	69.09%	73.64%	73.91%	66.00%	81.18%	79.64%
		Dept of Psych	Clin.-PhD	23	95.65%	80.70%	80.43%	78.30%	80.52%	77.43%	76.70%	77.43%	81.26%
			Couns.-PhD	26	84.62%	71.73%	76.27%	78.31%	75.88%	73.23%	76.62%	74.77%	78.42%
	U. of St. Thomas	Grad Sch of Prof Psych	Couns.-PsyD	42	83.33%	72.69%	70.95%	70.79%	69.90%	69.10%	73.31%	62.86%	79.86%
MO	St. Louis U.	Dept of Psych	Clin.-PhD	27	100.00%	80.30%	78.59%	77.44%	75.26%	75.89%	77.89%	76.48%	81.19%
	U. of Missouri- Columbia	Dept of Psych Sciences	Clin.-PhD	17	100.00%	81.88%	84.12%	82.82%	79.71%	81.06%	78.82%	89.12%	82.06%
		Educ, Sch & Couns. Psych	Couns.-PhD	17	82.35%	63.18%	71.12%	75.47%	70.53%	70.00%	73.18%	69.29%	74.59%
			Sch-PhD	8	75.00%	70.38%	74.13%	73.00%	66.13%	63.13%	73.25%	59.38%	71.63%
	U. of Missouri- KC	Dept of Psych	Clin.-PhD	12	83.33%	72.33%	72.08%	69.50%	68.08%	76.00%	77.75%	79.42%	77.17%
		Div. of Couns. & Educ	Couns.-PhD	11	72.73%	78.18%	66.45%	68.45%	70.36%	66.00%	70.55%	65.73%	71.09%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
MO	U. of Missouri- St. Louis	Dept of Psych Sciences	Clin.-PhD	14	100.00%	76.64%	83.14%	84.64%	76.14%	79.14%	81.36%	81.36%	80.21%
	Washington U- St. Louis	Dept of Psych & Brain Sciences	Clin.-PhD	16	100.00%	74.13%	82.31%	81.56%	76.75%	82.50%	79.81%	79.63%	82.13%
MS	Jackson State U.	Dept of Psych	Clin.-PhD	21	57.14%	69.33%	63.38%	68.48%	60.90%	65.57%	63.76%	61.19%	72.10%
	Mississippi State U.	Dept of Couns. & Educ Psych	Sch-PhD	5	20.00%	59.40%	49.60%	52.20%	54.20%	55.00%	47.40%	40.80%	58.60%
	U. of Mississippi	Dept of Psych	Clin.-PhD	13	100.00%	78.92%	78.77%	79.77%	76.15%	76.85%	77.92%	75.85%	81.92%
	U. of Southern Mississippi	Dept of Psych	Clin.-PhD	15	100.00%	76.47%	79.13%	81.13%	79.07%	79.80%	84.40%	78.00%	85.53%
			Couns.-PhD	14	100.00%	78.43%	75.00%	78.07%	69.64%	72.93%	77.36%	71.57%	79.79%
			Sch-PhD	15	66.67%	69.00%	71.93%	65.67%	66.00%	71.47%	64.93%	65.20%	73.47%
MT	U. of Montana	Dept of Psych	Clin.-PhD	15	86.67%	78.73%	78.73%	75.27%	72.13%	75.87%	79.20%	71.53%	77.00%
		Dept of Sch Psych	Sch-PhD	6	83.33%	72.83%	84.83%	72.00%	73.00%	74.83%	74.50%	72.17%	78.00%
NB	U. of New Brunswick	Dept of Psych	Clin.-PhD	13	100.00%	77.23%	78.23%	83.08%	78.92%	79.46%	76.69%	72.85%	82.54%
NC	Duke U.	Dept of Psych & Neuro	Clin.-PhD	15	100.00%	88.60%	86.67%	83.67%	81.87%	80.07%	86.27%	90.40%	82.73%
	East Carolina U.	Dept of Psych	Clin.-PhD	17	82.35%	82.29%	79.47%	80.82%	75.18%	77.88%	77.47%	78.18%	81.82%
	NC State U.	Dept of Psych	Sch-PhD	5	80.00%	71.80%	73.00%	72.00%	73.20%	69.60%	76.60%	77.40%	72.00%
	U. of NC- Chapel Hill	Dept of Psych	Clin.-PhD	23	100.00%	76.48%	83.61%	82.48%	78.87%	82.04%	81.65%	85.09%	85.65%
		Sch of Educ	Sch-PhD	17	76.47%	75.35%	69.24%	71.82%	68.76%	73.65%	67.94%	67.76%	79.12%
	U. of NC- Charlotte	Health Psych	Clin.-PhD	10	90.00%	80.20%	74.30%	80.00%	73.30%	73.90%	78.20%	74.70%	76.90%
	U. of NC- Greensboro	Dept of Psych	Clin.-PhD	*		80.50%	85.00%	78.50%	85.50%	84.00%	90.00%	87.50%	77.00%
ND	U. of North Dakota	Dept of Couns.	Couns.-PhD	26	73.08%	70.04%	70.73%	70.08%	69.77%	68.73%	71.35%	64.69%	77.35%
		Dept of Psych	Clin.-PhD	15	93.33%	76.20%	77.80%	71.53%	74.33%	78.07%	79.13%	75.33%	83.47%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
NE	U. of Nebraska- Lincoln	Dept of Educ Psych	Couns.-PhD	15	73.33%	71.53%	67.53%	80.93%	69.20%	67.20%	71.40%	70.93%	73.80%
			Sch-PhD	15	73.33%	68.13%	74.73%	79.00%	71.07%	67.53%	75.87%	77.20%	78.73%
		Dept of Psych	Clin.-PhD	16	100.00%	77.25%	82.94%	79.00%	75.13%	79.63%	81.25%	78.63%	87.94%
NH	Antioch U. New England	Dept of Clin. Psych	Clin.-PsyD	65	78.46%	74.02%	70.92%	71.45%	69.02%	68.46%	72.40%	60.09%	76.15%
	Rivier U.	Couns. & Sch Psych	Couns.&Sch-PsyD	*		39.00%	43.00%	37.00%	33.00%	50.00%	58.00%	33.00%	68.00%
NJ	Farleigh Dickinson U.	Sch of Pysch	Clin - Ph.D	51	78.43%	74.45%	75.69%	75.29%	73.06%	72.65%	73.80%	68.22%	76.10%
	Kean U.	Dept of Pysch	Sch&Clin - PsyD	25	80.00%	75.84%	70.96%	71.36%	70.04%	71.80%	72.00%	63.84%	75.92%
	Rutgers U.	GSAPP-Dept of Psych	Sch-PsyD	58	84.48%	74.12%	75.52%	70.76%	69.62%	70.62%	73.50%	66.57%	76.64%
		GSAPP-Dept of Clin. Psych	Clin.-PsyD	63	100.00%	81.76%	85.02%	83.13%	76.73%	78.00%	81.90%	75.29%	82.90%
		SAS-Dept of Psych	Clin.-PhD	16	100.00%	82.50%	80.44%	80.13%	80.06%	76.50%	82.69%	81.06%	79.81%
	Seton Hall U.	Dept of Prof Psych	Couns.-PhD	14	64.29%	70.36%	70.57%	68.43%	62.50%	67.50%	66.50%	62.50%	76.36%
	St. Elizabeth U.	Dept of Psych	Couns.-PsyD	*		41.50%	45.50%	44.50%	52.00%	34.00%	60.00%	33.00%	59.00%
NM	New Mexico State U.	Dept of Couns& Ed Psych	Couns.-PhD	19	73.68%	71.21%	65.68%	70.16%	66.32%	68.74%	73.42%	56.11%	74.84%
	U. of New Mexico	Dept of Psych	Clin.-PhD	16	93.75%	76.69%	78.56%	82.06%	73.69%	77.94%	80.38%	80.75%	80.00%
NS	Dalhousie U.	Dept of Psych	Clin.-PhD	15	100.00%	77.53%	80.60%	75.47%	76.40%	79.60%	78.60%	84.67%	81.20%
NV	U. of Nevada-Las Vegas	Dept of Psych	Clin.-PhD	19	94.74%	83.68%	84.26%	83.58%	72.11%	79.05%	82.26%	79.21%	84.11%
	U. of Nevada-Reno	Dept of Psych	Clin.-PhD	14	92.86%	76.43%	82.36%	81.29%	73.00%	76.93%	79.64%	78.71%	80.14%
NY	Adelphi U.	Derner Sch of Psych	Clin.-PhD	73	76.71%	74.11%	74.03%	75.59%	75.34%	69.47%	72.99%	66.23%	76.32%
	Alfred U.	Div of Couns&Sch Psych	Sch-PsyD	11	54.55%	62.45%	67.27%	64.09%	65.27%	65.09%	64.45%	61.27%	72.45%
	Binghamton U. SUNY (FKA SUNY at Binghamton)	Dept of Psych	Clin.-PhD	24	95.83%	82.92%	84.29%	83.58%	81.92%	81.33%	80.67%	80.71%	79.04%
	CUNY, City Coll.	The Grad. Ctr.	Clin.-PhD	40	90.00%	75.48%	75.28%	79.10%	73.65%	72.30%	75.50%	67.13%	77.18%



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA								
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues	
				NUM	PASSRATE									
NY	Columbia U. Teachers Coll.	Dept of Clin Psych	Clin.-PhD	26	92.31%	75.65%	76.50%	76.69%	74.27%	78.62%	76.50%	75.19%	78.88%	
		Dept of Couns. & Clin Psych	Couns.-PhD	15	73.33%	66.00%	73.13%	71.53%	70.40%	66.93%	70.20%	61.13%	76.80%	
		Dept of Health & Beh. Studies	Sch-PhD	7	85.71%	70.57%	83.71%	77.29%	72.14%	75.57%	71.43%	67.57%	67.71%	
	Fordham U.	Dept of Psych	Clin.-PhD	30	96.67%	82.30%	79.07%	78.63%	76.43%	78.80%	75.67%	77.13%	81.67%	
		Div. of Psych & Educ Srvcs	Couns.-PhD	28	85.71%	71.04%	74.61%	76.07%	68.50%	68.75%	73.64%	65.00%	75.75%	
			Sch-PhD	30	73.33%	68.10%	73.53%	69.37%	67.83%	66.27%	66.47%	68.50%	75.00%	
	Hofstra U.	Dept of Psych	Clin.-PhD	49	89.80%	78.61%	78.71%	78.37%	75.04%	74.57%	81.06%	71.47%	79.24%	
			Sch-PsyD	23	65.22%	67.52%	72.96%	66.74%	68.74%	64.96%	64.52%	59.17%	73.91%	
		John Jay Coll. of Crim. Justice & The Grad Ctr., CUNY	Clin. Psych	Clin.-PhD	22	100.00%	75.27%	79.91%	85.14%	75.73%	73.09%	77.50%	76.23%	81.23%
		Long Island U., Brooklyn	Dept of Psych	Clin.-PhD	51	86.27%	77.25%	76.53%	77.33%	74.27%	72.73%	73.53%	69.16%	76.06%
		Long Island U., C.W. Post Campus	Grad Psych	Clin.-PsyD	58	89.66%	74.78%	74.31%	76.16%	69.81%	72.41%	71.41%	69.26%	75.91%
		NYU	Dept of Applied Psych	Couns.-PhD	18	77.78%	73.56%	69.11%	73.44%	71.44%	68.33%	68.33%	69.17%	71.78%
		Pace U.	Dept of Psych	Sch&Clin.-PsyD	56	76.79%	73.38%	74.77%	72.45%	71.77%	69.02%	70.18%	66.79%	74.34%
		Queens Coll. & The Grad Ctr., CUNY	Dept of Psych	Clin.-PhD	15	86.67%	85.00%	79.73%	70.47%	72.07%	75.60%	76.47%	71.33%	78.00%
		St John's U.	Dept of Psych	Clin.-PhD	31	93.55%	77.55%	82.32%	80.06%	78.55%	80.10%	78.35%	73.77%	81.26%
				Sch-PsyD	50	68.00%	71.34%	76.42%	68.38%	67.26%	71.10%	69.18%	64.52%	72.00%
		Stony Brook U., SUNY(FKA SUNY, Stony Brook)	Dept of Psych	Clin.-PhD	21	95.24%	81.14%	83.19%	79.19%	80.67%	78.48%	82.38%	78.43%	79.81%

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				NUM	PASSRATE								
NY	Syracuse U.	Dept of Psych	Clin.-PhD	10	100.00%	77.10%	78.20%	81.80%	73.90%	73.60%	77.90%	81.90%	77.70%
			Sch-PhD	6	100.00%	82.50%	82.00%	80.50%	78.50%	76.17%	79.67%	80.50%	76.00%
	The New School	Dept of Psych	Clin.-PhD	50	86.00%	78.42%	76.28%	76.18%	74.00%	73.44%	73.02%	67.64%	76.42%
	U. at Albany (FKA SUNY at Albany)	Dept of Educ & Couns. Psych	Couns.-PhD	22	95.45%	76.18%	78.73%	82.23%	74.82%	73.86%	77.86%	75.91%	79.50%
			Sch-PsyD	7	85.71%	70.43%	68.29%	71.86%	74.86%	68.29%	72.29%	54.29%	78.57%
		Dept of Psych	Clin.-PhD	22	100.00%	77.23%	82.14%	83.36%	79.18%	80.95%	78.45%	82.45%	80.64%
	U. at Buffalo, SUNY(FKA SUNY at Buffalo)	Dept of Couns. & Educ Psych	Couns.&Sch-PhD	24	70.83%	73.75%	76.08%	72.33%	71.88%	70.00%	75.29%	70.96%	76.96%
		Dept of Psych	Clin.-PhD	16	100.00%	77.38%	81.56%	80.19%	76.19%	81.00%	79.75%	83.81%	77.81%
	U. of Rochester	Dept of Psych	Clin.-PhD	10	100.00%	81.50%	82.70%	79.70%	84.20%	77.70%	75.90%	86.80%	79.10%
	Yeshiva U.	Ferkauf Grad. Sch of Psych	Clin.-PhD	57	84.21%	77.30%	76.37%	73.93%	71.79%	73.93%	72.70%	66.00%	76.56%
			Clin.-PsyD	81	90.12%	78.48%	79.80%	77.89%	73.62%	75.32%	77.31%	72.98%	78.25%
		Sch&Clin. Psych PsyD	66	75.76%	71.97%	74.80%	73.26%	70.21%	70.73%	70.59%	60.89%	71.83%	
OH	Bowling Green State U.	Dept of Psych	Clin.-PhD	24	87.50%	74.33%	75.79%	76.42%	75.75%	76.42%	76.00%	75.33%	77.67%
	Case Western Reserve U.	Dept of Psych	Clin.-PhD	14	100.00%	82.07%	79.57%	81.29%	74.50%	77.21%	81.21%	74.07%	79.07%
	Cleveland State U.	Urban Educ, Couns Psych	Couns.-PhD	14	64.29%	74.36%	68.29%	69.00%	64.29%	68.21%	69.71%	57.00%	81.71%
	Kent State U.	Dept of Psych	Clin.-PhD	23	100.00%	76.65%	83.09%	82.52%	77.74%	78.04%	77.48%	79.78%	81.13%
	Miami U.	Dept of Psych	Clin.-PhD	17	100.00%	80.29%	83.71%	83.76%	80.82%	84.47%	82.35%	80.12%	81.82%
	Ohio State U.	Dept of Psych	Clin.-PhD	23	100.00%	85.91%	88.70%	84.09%	79.00%	81.04%	82.00%	85.57%	83.13%
	Ohio U.	Dept of Psych	Clin.-PhD	27	100.00%	79.00%	87.56%	84.07%	79.85%	81.33%	82.89%	84.85%	82.11%
	U. of Akron	Dept of Psych	Couns.-PhD	25	88.00%	77.36%	78.56%	79.68%	71.56%	73.92%	78.44%	70.96%	80.12%
	U. of Cincinnati	Dept of Psych	Clin.-PhD	18	77.78%	74.78%	77.17%	75.50%	71.39%	68.83%	72.50%	75.67%	78.28%
	U. of Toledo	Dept of Psych	Clin.-PhD	16	87.50%	74.69%	78.06%	76.00%	71.94%	76.69%	76.00%	72.75%	82.25%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
OH	Wright State U.	Sch of Prof Psych	Clin.-PsyD	64	67.19%	70.64%	69.23%	68.45%	66.22%	66.22%	71.53%	55.86%	76.84%
	Xavier U.	Sch of Psych	Clin.-PsyD	53	92.45%	78.70%	79.26%	77.02%	74.26%	77.11%	77.98%	70.87%	80.02%
OK	Oklahoma State U.	Dept of Psych	Clin.-PhD	16	81.25%	72.69%	72.44%	73.94%	71.94%	71.75%	75.81%	72.75%	80.06%
		Sch of Comm Hlth Sciences	Couns.-PhD	27	66.67%	67.30%	67.07%	74.33%	67.26%	66.70%	72.41%	64.07%	74.93%
		Sch of Teaching, Learning, and Educ Studies	Sch-PhD	24	33.33%	58.92%	63.42%	61.13%	63.04%	61.88%	62.17%	60.17%	70.71%
	U. of Tulsa	Dept of Psych	Clin.-PhD	17	100.00%	77.35%	81.18%	75.41%	70.41%	78.06%	80.18%	78.59%	81.00%
ON	Lakehead U.	Dept of Psych	Clin.-PhD	12	100.00%	74.92%	80.58%	79.08%	73.33%	76.58%	81.17%	78.75%	81.17%
	Queens U.	Dept of Psych	Clin.-PhD	15	100.00%	82.87%	83.20%	79.27%	74.53%	77.53%	79.40%	82.40%	78.20%
	Toronto Metro U. (FKA Ryerson U.)	Dept of Psych	Clin.-PhD	26	100.00%	81.38%	84.00%	81.12%	79.92%	83.04%	83.81%	83.31%	83.88%
	U. of Guelph	Dept of Psych	Clin.-PhD	18	100.00%	78.17%	82.17%	75.78%	79.50%	78.72%	79.28%	83.33%	82.78%
	U. of Ottawa	Sch of Psych	Clin.-PhD	36	94.44%	81.47%	79.97%	79.28%	75.31%	75.50%	82.81%	76.61%	79.89%
	U. of Toronto	OISE Dept of Adult Ed & Couns. Psych	Couns./Clin.-PhD	17	76.47%	76.06%	73.71%	70.76%	71.06%	69.94%	75.47%	71.06%	75.41%
		OISE Ont Inst for Stud in Ed	Sch/Clin.-PhD	28	96.43%	74.36%	80.93%	77.93%	78.93%	78.82%	77.79%	77.96%	78.39%
	U. of Waterloo	Dept of Psych	Clin.-PhD	5	100.00%	87.20%	86.20%	81.40%	82.80%	78.40%	84.20%	80.60%	83.20%
	U. of Western Ontario	Dept of Psych	Clin.-PhD	7	100.00%	82.57%	85.86%	80.71%	82.00%	78.71%	76.14%	80.86%	85.71%
	U. of Windsor	Dept of Psych	Clin.-PhD	32	100.00%	81.81%	82.91%	82.50%	80.78%	80.50%	80.16%	85.59%	80.47%
	York U.	Grad Prog in Psych	Clin.-Dev.-PhD	27	96.30%	78.78%	77.52%	77.26%	74.37%	78.56%	74.96%	76.37%	81.04%
		Clin.-PhD	24	95.83%	84.54%	84.04%	79.83%	75.96%	80.42%	81.38%	79.92%	80.88%	
OR	George Fox U.	Dept of Clin. Psych	Clin.-PsyD	73	79.45%	78.11%	72.08%	72.70%	70.70%	70.01%	72.84%	61.92%	77.41%
	Pacific U., Oregon	Sch of Grad Psych	Clin.-PsyD	155	83.87%	78.63%	75.03%	74.36%	70.63%	73.45%	74.63%	64.82%	79.15%
	U. of Oregon	Dept of Couns. Psych	Couns.-PhD	21	95.24%	74.71%	74.00%	79.48%	71.86%	72.81%	77.29%	71.52%	78.14%
		Dept of Psych	Clin.-PhD	14	92.86%	77.00%	80.29%	80.43%	78.64%	80.43%	81.00%	83.64%	83.93%



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
OR	U. of Oregon	Dept of Spec. Ed & Clin Sciences	Sch-PhD	12	58.33%	62.50%	67.42%	66.33%	64.67%	73.42%	62.83%	65.50%	72.92%
PA	Carlow U.	Dept of Psych & Couns.	Couns.-PsyD	18	55.56%	75.61%	64.67%	67.56%	62.89%	69.67%	69.89%	58.17%	73.89%
	Chatham U.	Grad. Psych	Couns.-PsyD	25	68.00%	70.52%	73.88%	66.32%	65.48%	65.64%	68.28%	57.84%	75.84%
	Chestnut Hill Coll.	Dept. of Prof Psych	Clin.-PsyD	61	73.77%	71.62%	72.00%	71.36%	67.39%	66.54%	70.62%	59.85%	76.34%
	Drexel U.	Dept of Psych	Clin.-PhD	36	94.44%	83.31%	81.61%	79.03%	75.50%	76.50%	81.14%	82.17%	82.94%
	Duquesne U.	Couns. Psych & Sp Ed	Sch-PhD	13	84.62%	75.38%	74.69%	72.85%	74.77%	72.85%	72.23%	66.85%	81.31%
			Sch-PsyD	24	62.50%	71.46%	66.00%	65.29%	64.63%	65.54%	63.17%	54.33%	71.83%
			Dept of Psych	21	85.71%	78.67%	79.86%	79.00%	76.57%	71.76%	77.33%	60.67%	81.29%
	Immaculata Coll.	Dept of Psych	Clin.-PsyD	70	61.43%	72.56%	66.27%	66.00%	66.47%	65.47%	66.61%	52.96%	75.43%
	Indiana U. of Penn.	Dept of Psych	Clin.-PsyD	38	100.00%	84.79%	83.47%	83.45%	78.32%	79.68%	79.87%	77.13%	82.26%
	LaSalle U.	Dept of Psych	Clin.-PsyD	61	95.08%	77.79%	80.48%	78.36%	72.87%	75.00%	77.75%	70.57%	81.03%
	Lehigh U.	Dept of Educ & Human Srvcs	Couns.-PhD	12	66.67%	66.25%	68.58%	68.58%	67.75%	67.08%	69.75%	66.75%	78.83%
			Sch-PhD	11	81.82%	72.55%	81.45%	76.91%	72.73%	78.55%	74.91%	77.09%	77.64%
	Marywood U.	Dept of Psych & Couns.	Clin.-PsyD	30	76.67%	75.67%	70.27%	74.00%	66.17%	68.77%	71.77%	62.80%	74.90%
	Penn. State U.	Dept of Educ Psych, Couns. & Spcl Educ	Sch-PhD	9	100.00%	83.78%	82.78%	85.56%	70.89%	78.33%	73.22%	80.56%	80.44%
			Dept of Psych	27	96.30%	81.15%	82.26%	80.30%	79.30%	83.63%	79.33%	85.67%	79.85%
	Philadelphia Coll. of Osteopathic Med.	Dept of Psych	Clin.-PsyD	93	70.97%	75.25%	70.41%	69.12%	65.10%	65.81%	71.47%	58.01%	74.77%
		Dept of Sch Psych	35	57.14%	70.83%	66.06%	66.77%	65.34%	62.77%	64.37%	55.29%	72.43%	
Temple U.	Dept of Psych	Clin.-PhD	33	96.97%	80.33%	80.70%	80.21%	75.24%	78.45%	80.48%	76.09%	79.48%	
		Dept of Psych Studies in Educ	14	78.57%	70.36%	71.21%	76.00%	67.57%	69.79%	67.29%	71.86%	78.29%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
PA	U. of Penn.	Dept of Psych	Clin.-PhD	12	100.00%	85.08%	89.67%	89.83%	84.42%	86.25%	91.42%	92.25%	84.50%
	U. of Pittsburgh	Dept of Psych	Clin.-PhD	19	100.00%	83.89%	81.11%	80.21%	84.63%	82.42%	84.37%	82.68%	84.58%
	Widener U.	Inst for GCP/Coll. of Health & Human Svcs	Clin.-PsyD	117	93.16%	80.38%	77.95%	76.64%	73.79%	75.49%	76.39%	68.08%	79.93%
PR	Carlos Albizu U., San Juan	Ctr. for Adv. Studies	Clin.-PhD	36	25.00%	62.83%	57.28%	54.69%	58.31%	55.08%	59.39%	46.28%	65.22%
			Clin.-PsyD	48	22.92%	65.23%	57.69%	55.71%	51.71%	55.69%	57.10%	41.52%	66.23%
	Ponce Health Sciences U.	Dept of Clin. Psych	Clin.-PhD	15	33.33%	60.87%	57.93%	47.60%	55.60%	50.80%	54.60%	47.33%	58.73%
			Clin.-PsyD	45	17.78%	64.87%	56.47%	50.76%	55.27%	54.47%	54.42%	41.47%	62.00%
QC	Concordia U.	Dept of Psych	Clin.-PhD	19	89.47%	76.32%	79.47%	74.32%	74.16%	77.05%	78.95%	84.00%	77.16%
	McGill U.	Dept of Educ & Couns. Psych	Couns.-PhD	10	100.00%	78.20%	83.40%	85.30%	79.50%	70.30%	80.00%	68.30%	84.00%
		Dept of Psych	Clin.-PhD	5	100.00%	79.60%	74.80%	77.60%	81.00%	71.00%	77.00%	84.20%	81.80%
	U. of Laval	Ecole de Psychologie	Research & Intervention-Clin. PhD	*		94.00%	70.00%	74.00%	90.00%	86.00%	73.00%	75.00%	75.00%
RI	U. of Rhode Island	Dept of Psych	Clin.-PhD	16	87.50%	72.88%	66.56%	77.75%	65.50%	71.94%	71.63%	71.25%	74.56%
SC	U. of South Carolina	Dept of Psych	Clin.-PhD	22	90.91%	74.41%	76.82%	76.41%	67.09%	72.59%	75.18%	79.73%	74.82%
			Sch - PhD	13	84.62%	73.23%	74.23%	77.08%	78.92%	78.92%	74.69%	70.15%	79.15%
SD	U. of South Dakota	Dept of Psych	Clin.-PhD	19	89.47%	76.37%	73.58%	76.47%	69.47%	74.42%	73.63%	68.74%	83.32%
SK	U. of Regina	Dept of Psych	Clin.-PhD	14	92.86%	79.93%	79.50%	78.07%	76.43%	74.71%	80.71%	77.00%	81.00%
	U. of Saskatchewan	Dept of Psych	Clin.-PhD	19	100.00%	77.37%	80.84%	80.53%	79.00%	78.84%	83.16%	78.89%	82.53%
TN	East Tenn. State U.	Dept of Psych	Clin.-PhD	15	93.33%	77.73%	76.40%	71.53%	70.13%	75.53%	78.40%	75.53%	81.47%
	Tenn. State U.	Dept of Psych	Couns.-PhD	17	70.59%	66.00%	65.41%	65.47%	63.88%	59.12%	69.76%	58.76%	76.00%
	U. of Memphis (FKA Memphis St. U.)	Dept of Couns., Educ Psych & Rsrch	Couns.-PhD	19	73.68%	74.79%	72.68%	76.47%	70.16%	72.89%	73.26%	72.11%	79.95%
		Dept of Psych	Clin.-PhD	21	95.24%	72.24%	72.57%	78.57%	74.19%	73.43%	76.00%	73.29%	79.38%
			Sch-PhD	*		76.00%	68.50%	65.25%	66.75%	69.00%	68.75%	74.50%	70.75%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
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				NUM	PASSRATE								
TN	U. of Tenn.	Dept of Ed Psych & Couns.	Sch-PhD	10	100.00%	84.00%	85.40%	76.50%	83.20%	81.70%	77.50%	72.90%	82.40%
		Dept of Psych	Clin.-PhD	22	95.45%	78.41%	81.23%	83.09%	77.68%	77.86%	79.77%	73.18%	86.32%
			Couns.-PhD	14	92.86%	74.79%	78.36%	71.21%	74.93%	69.21%	77.71%	70.29%	80.57%
	Vanderbilt U.	Dept of Psych	Clin.-PhD	16	93.75%	82.94%	83.25%	79.81%	80.75%	79.88%	75.75%	80.75%	77.56%
TX	Baylor U.	Dept of Psych	Clin.-PsyD	18	100.00%	81.72%	81.67%	81.44%	80.83%	81.00%	79.56%	77.83%	83.28%
	Our Lady of the Lake U.	Dept of Psych	Couns.-PsyD	22	40.91%	68.36%	64.09%	64.73%	58.86%	60.14%	63.05%	52.32%	68.05%
	Sam Houston State U.	Dept of Psych & Philosophy	Clin.-PhD	24	95.83%	77.33%	80.50%	81.79%	71.83%	78.75%	76.71%	73.79%	84.21%
	Southern Methodist U.	Dept of Psych	Clin.-PhD	10	90.00%	86.50%	80.70%	83.40%	81.30%	77.90%	82.30%	81.40%	85.80%
	Texas A&M U.	Dept of Educ Psych	Couns.-PhD	25	80.00%	69.36%	76.08%	78.48%	73.92%	69.84%	73.56%	68.16%	77.96%
			Sch-PhD	23	78.26%	68.91%	69.83%	71.83%	73.87%	68.26%	68.74%	70.09%	79.09%
		Dept of Psych & Brain Sciences	Clin.-PhD	13	92.31%	74.62%	75.31%	77.38%	68.69%	79.38%	77.23%	77.69%	77.38%
	Texas Tech U.	Dept of Psych	Clin.-PhD	9	100.00%	79.11%	80.22%	76.22%	73.00%	75.67%	77.00%	79.33%	84.67%
		Dept of Psych Svcs	Couns.-PhD	16	93.75%	77.69%	74.25%	82.25%	68.38%	72.00%	76.44%	68.94%	81.94%
	Texas Woman's U.	Dept of Psych & Philosophy	Couns.-PhD	24	66.67%	72.75%	68.33%	72.42%	68.00%	66.17%	69.25%	60.75%	78.25%
		Sch Psych	Sch-PhD	19	52.63%	69.42%	62.05%	64.42%	65.11%	61.21%	60.42%	56.89%	72.37%
	U. of Houston	Dept of Psych	Clin.-PhD	*		77.67%	77.00%	68.33%	81.00%	72.00%	78.00%	83.33%	83.00%
		Dept of Psych, Hlth, and Learning Sciences	Couns.-PhD	21	85.71%	71.90%	71.67%	76.48%	71.62%	71.33%	73.48%	68.43%	76.14%
			Sch-PhD	16	81.25%	71.06%	71.63%	74.94%	70.13%	72.38%	70.50%	69.25%	80.06%
	U. of North Texas	Dept of Psych	Clin.-PhD	21	95.24%	78.57%	78.90%	81.29%	74.95%	76.52%	77.86%	72.05%	81.24%
			Couns.-PhD	26	88.46%	76.27%	77.92%	77.42%	74.73%	74.38%	75.65%	73.04%	79.77%
	U. of Texas-Austin	Dept of Educ Psych	Couns.-PhD	18	88.89%	75.56%	79.78%	78.39%	73.44%	74.06%	76.44%	76.89%	81.83%
		Sch-PhD	28	89.29%	73.93%	78.79%	76.82%	74.32%	78.32%	76.43%	76.46%	80.71%	
	Dept of Psych	Clin.-PhD	14	100.00%	84.79%	85.86%	81.93%	79.50%	80.07%	81.14%	81.71%	81.71%	
U. of Texas-SW Med Ctr.	Div. of Psych	Clin.-PhD	32	100.00%	81.88%	77.97%	77.03%	73.19%	76.00%	76.81%	73.78%	81.84%	

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				NUM	PASSRATE								
UT	Brigham Young U.	Dept of Couns. Psych & Spec. Educ	Couns.-PhD	21	90.48%	72.43%	74.52%	74.90%	70.38%	72.48%	73.71%	69.86%	82.19%
		Dept of Psych	Clin.-PhD	25	92.00%	82.28%	78.40%	75.64%	73.56%	78.68%	74.76%	76.12%	82.48%
	U. of Utah	Dept of Educ Psych	Couns.-PhD	15	73.33%	71.93%	71.07%	72.67%	65.93%	69.33%	77.60%	69.73%	79.47%
			Sch-PhD	15	86.67%	78.60%	78.07%	70.40%	72.07%	75.87%	70.93%	72.00%	78.53%
		Dept of Psych	Clin.-PhD	16	100.00%	73.25%	79.88%	79.44%	74.81%	79.06%	81.00%	79.63%	81.44%
	Utah State U.	Dept of Psych	Clin.-Couns.-Sch-PhD	15	100.00%	76.53%	78.13%	75.87%	70.73%	75.13%	73.20%	73.73%	79.53%
VA	Divine Mercy U.	Inst for the Psych Sciences	Clin.-PsyD	15	93.33%	77.20%	77.13%	75.47%	71.67%	71.73%	74.53%	66.07%	80.13%
	George Mason U.	Dept of Psych	Clin.-PhD	15	93.33%	80.40%	84.40%	81.73%	76.80%	79.93%	83.27%	83.60%	82.87%
	James Madison U.	Dept of Grad Psych	Clin.&Sch-PsyD	20	90.00%	72.25%	75.25%	75.90%	75.05%	76.60%	77.55%	70.95%	79.20%
	Radford U.	Dept of Psych	Couns.-PsyD	11	90.91%	83.18%	74.00%	77.00%	72.64%	70.36%	77.36%	66.73%	81.09%
	Regent U.	Schl of Psych & Couns.	Clin.-PsyD	50	84.00%	74.40%	72.76%	70.72%	68.80%	68.06%	73.10%	55.38%	80.10%
	U. of Virginia	Curry Sch of Educ	Clin. & Sch-PhD	19	89.47%	77.16%	76.95%	78.11%	75.84%	73.26%	76.89%	80.11%	80.32%
		Dept of Psych	Clin.-PhD	16	93.75%	78.38%	85.81%	83.13%	76.75%	80.94%	84.88%	80.13%	81.44%
	Virginia Commonwealth U.	Dept of Psych	Clin.-PhD	14	92.86%	74.64%	78.50%	83.00%	76.93%	78.86%	77.93%	79.21%	79.29%
			Couns.-PhD	17	82.35%	76.47%	72.71%	76.00%	68.88%	73.65%	66.82%	74.65%	80.94%
	Virginia Consort.	Prog in Clin. Psych	Clin.-PhD	10	90.00%	73.60%	74.10%	75.20%	70.00%	69.70%	76.30%	71.30%	86.10%
Virginia Polytechnic Inst. & State U.	Dept of Psych	Clin.-PhD	19	94.74%	75.05%	77.42%	80.05%	78.63%	78.37%	75.05%	79.53%	79.42%	
VT	U. of Vermont	Dept of Psych	Clin.-PhD	14	100.00%	81.29%	79.00%	76.50%	77.14%	78.71%	78.93%	75.86%	83.21%

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				NUM	PASSRATE								
WA	Antioch U. Seattle	Dept of Applied Psych	Clin.-PsyD	*		63.00%	66.67%	56.00%	50.67%	47.67%	61.67%	38.67%	70.33%
	Seattle Pacific U.	Dept of Clin. Psych	Clin.-PhD	39	87.18%	74.87%	74.03%	75.03%	73.21%	71.44%	74.92%	75.31%	79.15%
	U. of Washington	Coll. of Educ	Sch-PhD	17	82.35%	71.24%	76.41%	73.47%	72.18%	71.24%	69.88%	67.82%	74.06%
		Dept of Psych	Clin.-PhD	21	95.24%	74.86%	83.67%	80.95%	78.67%	80.76%	82.10%	81.48%	83.71%
	Washington State U.	Dept of Psych	Clin.-PhD	21	90.48%	81.10%	80.62%	76.71%	78.43%	73.95%	76.05%	75.33%	79.52%
WI	Marquette U.	Dept of Couns. & Educ Psych	Couns.-PhD	13	92.31%	75.62%	69.69%	74.46%	70.31%	78.31%	78.54%	69.00%	85.15%
		Dept of Psych	Clin.-PhD	18	94.44%	81.72%	80.28%	79.00%	77.50%	74.94%	78.56%	73.83%	81.72%
	U. of Wisconsin-Madison	Dept of Couns. Psych	Couns.-PhD	25	76.00%	69.96%	75.00%	71.96%	70.08%	70.48%	72.64%	71.88%	76.56%
		Dept of Educ Psych	Sch-PhD	18	88.89%	72.83%	77.83%	77.39%	69.28%	70.56%	74.56%	69.39%	79.72%
		Dept of Psych	Clin.-PhD	5	100.00%	86.60%	84.40%	80.00%	78.80%	79.80%	83.60%	86.60%	83.40%
	U. of Wisconsin-Milwaukee	Dept of Educ Psych	Couns.-PhD	21	71.43%	72.48%	72.00%	71.62%	66.86%	67.38%	74.76%	64.71%	78.76%
		Dept of Psych	Clin.-PhD	17	100.00%	81.71%	78.82%	80.65%	77.53%	78.29%	76.35%	79.24%	81.76%
		Sch of Educ	Sch-PhD	*		72.75%	69.75%	79.00%	65.50%	82.25%	75.00%	86.25%	75.75%
	Wisconsin Sch of Prof Psych	WSPP	Clin.-PsyD	43	69.77%	72.77%	65.91%	70.49%	66.05%	64.58%	66.95%	55.02%	75.81%
WV	Marshall U.	Dept of Psych	Clin.-PsyD	24	83.33%	74.21%	71.79%	69.96%	64.46%	65.13%	72.92%	57.88%	77.54%
	West Virginia U.	Dept of Couns., Rehab Couns. & Couns. Psych	Couns.-PhD	15	86.67%	72.93%	71.20%	72.60%	67.60%	73.53%	74.60%	63.00%	77.20%
		Dept of Psych	Clin.-PhD	13	100.00%	79.23%	82.62%	83.23%	83.15%	82.77%	81.31%	80.92%	87.85%
WY	U. of Wyoming	Dept of Psych	Clin.-PhD	14	100.00%	75.00%	78.71%	74.93%	73.43%	75.50%	79.36%	76.71%	83.29%

**TABLE 5. THE EPPP (PART 1-KNOWLEDGE) SCORES BY DOCTORAL PROGRAM,  
JANUARY 1, 2020 – DECEMBER 31, 2022 (PP. 35-53)**



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
		All Accredited Doctoral Programs		10,095	76.29%	73.34%	73.22%	70.26%	67.20%	67.95%	71.70%	62.53%	78.08%
		Nonaccredited or Other Doctoral Programs		1,441	46.70%	65.00%	62.29%	60.06%	58.79%	56.28%	60.85%	49.56%	70.64%
AB	U. of Alberta	Dept of Educ Psych	Couns.-PhD	6	50.00%	63.83%	60.33%	60.50%	61.67%	56.50%	58.33%	58.33%	75.00%
		Dept of Psych	Sch/Clin.-PhD	*		63.75%	77.00%	73.50%	65.50%	64.50%	63.25%	68.75%	76.00%
	U. of Calgary	Dept of Psych	Clin.-PhD	14	100.00%	79.36%	82.71%	78.93%	76.21%	75.93%	82.50%	81.50%	82.93%
		Grad Progs in Educ	Couns.-PhD	11	90.91%	80.27%	81.91%	78.00%	73.91%	67.55%	75.91%	66.82%	77.82%
AK	U.of Alaska, Anchorage	Dept of Psych	Clin.-PhD	11	100.00%	71.18%	74.55%	70.27%	63.91%	64.64%	78.00%	58.27%	81.91%
AL	Auburn U.	Dept of Psych	Clin.-PhD	19	94.74%	80.37%	85.16%	76.32%	74.89%	79.63%	77.79%	76.74%	79.05%
		Dept of Spec. Educ, Rehab&Couns.	Couns.-PhD	18	77.78%	66.39%	72.00%	65.67%	68.22%	68.94%	68.00%	75.11%	81.83%
	U. of Alabama Birmingham	Med./Clin. Psych	Clin.-PhD	16	100.00%	88.44%	83.56%	78.94%	75.88%	78.69%	80.31%	75.69%	88.19%
	U. of Alabama Tuscaloosa	Dept of Psych	Clin.-PhD	22	90.91%	82.68%	73.36%	73.91%	67.86%	73.09%	75.86%	73.09%	83.09%
	U. of South AL	Dept of Psych&Dept of Prof Studies	Comb. Clin. Couns.-PhD	22	86.36%	73.73%	76.45%	68.86%	69.91%	75.36%	73.55%	68.64%	81.09%
AR	U. of Arkansas	Dept of Psych Science	Clin.-PhD	11	100.00%	80.27%	87.00%	80.27%	72.55%	77.18%	82.55%	84.27%	82.82%
	U. of Central Arkansas	Dept of Psych & Couns.	Couns.-PhD	8	75.00%	69.38%	78.38%	72.25%	72.63%	68.50%	76.13%	67.88%	74.13%
			Sch-PhD	8	62.50%	70.88%	72.25%	63.75%	60.13%	70.50%	63.63%	64.63%	72.38%
AZ	Arizona State U.	Couns. Psych	Couns.-PhD	15	86.67%	73.00%	76.00%	74.93%	69.40%	67.00%	78.67%	68.40%	82.27%
		Dept of Psych	Clin.-PhD	21	95.24%	77.00%	79.71%	82.86%	70.71%	75.57%	80.86%	76.19%	84.48%
	Midwestern U.	Dept of Clin Psych	Clin.-PsyD	53	58.49%	67.45%	65.08%	65.42%	62.42%	60.25%	64.94%	50.74%	72.21%
	Northern AZ U.	Dept of Educ Psych	Couns.&Sch-PhD	5	40.00%	71.00%	70.60%	65.20%	72.20%	63.60%	66.20%	58.20%	79.80%
	U. of Arizona	Dept of Disability and PsychoEduc Studies	Sch-PhD	6	83.33%	71.33%	79.00%	70.00%	74.50%	70.17%	77.50%	68.00%	81.00%
		Dept of Psych	Clin.-PhD	18	100.00%	83.28%	83.17%	81.67%	75.83%	79.17%	81.17%	79.67%	84.72%
BC	Simon Fraser U.	Dept of Psych	Clin.-PhD	17	100.00%	82.53%	84.18%	77.94%	76.06%	80.24%	82.41%	77.41%	86.65%
	U. of British Columbia	Dept of Couns. Psych	Couns.-PhD	13	84.62%	82.08%	78.31%	75.31%	72.46%	70.85%	77.85%	69.23%	79.69%
		Dept of Psych	Clin.-PhD	10	100.00%	85.00%	86.60%	86.80%	78.00%	82.80%	80.80%	82.50%	87.10%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
BC	U. of British Columbia	Sch Psych	Sch-PhD	5	100.00%	76.60%	81.80%	79.00%	77.00%	82.20%	85.40%	85.00%	89.40%
	U. of British Columbia Okanagan Campus	Dept of Psych	Clin.-PhD	7	100.00%	86.43%	86.43%	75.86%	69.14%	82.29%	79.43%	70.29%	77.14%
	U. of Victoria	Dept of Psych	Clin.-PhD	16	100.00%	84.31%	86.44%	78.81%	80.63%	83.50%	81.50%	82.31%	86.69%
CA	Alliant I.U., Fresno	CSPP	Clin.-PhD	37	59.46%	67.81%	61.68%	65.14%	60.51%	57.76%	62.76%	54.76%	74.76%
			Clin.-PsyD	31	25.81%	57.00%	56.55%	51.16%	53.03%	51.65%	56.06%	41.42%	69.06%
	Alliant I.U., LA	CSPP	Clin.-PhD	66	54.55%	66.21%	66.44%	63.11%	59.95%	60.23%	64.36%	50.24%	74.83%
			Clin.-PsyD	109	52.29%	67.23%	64.53%	62.47%	59.34%	59.69%	61.39%	49.75%	72.32%
	Alliant I.U., Sac.	CSPP	Clin.-PsyD	41	46.34%	67.00%	63.90%	64.54%	61.88%	60.63%	63.05%	50.00%	72.90%
	Alliant I.U., San Diego	CSPP	Clin.-PhD	67	74.63%	75.52%	72.03%	66.43%	65.52%	65.15%	71.06%	61.93%	77.01%
			Clin.-PsyD	111	57.66%	67.46%	65.23%	63.50%	62.01%	59.21%	68.81%	51.55%	74.68%
	Alliant I.U., San Fran. Bay	CSPP	Clin.-PhD	51	68.63%	70.96%	70.29%	68.31%	66.29%	64.10%	67.06%	60.80%	74.76%
			Clin.-PsyD	130	46.92%	64.39%	63.04%	61.35%	58.85%	56.72%	61.08%	47.79%	70.61%
	Azusa Pacific U.	Dept of Grad Psych	Clin.-PsyD	76	55.26%	69.80%	67.37%	64.41%	63.00%	61.49%	66.14%	49.43%	74.45%
	Biola U.	Rosemead Sch of Psych	Clin.-PhD	29	96.55%	75.55%	80.41%	73.79%	75.69%	71.72%	75.07%	65.03%	80.59%
			Clin.-PsyD	36	55.56%	63.08%	68.11%	67.69%	65.31%	64.28%	68.08%	53.67%	77.36%
	Calif. Lutheran U.	Clin. Psych	Clin.-PsyD	26	61.54%	67.23%	66.38%	61.50%	63.12%	63.46%	67.73%	55.12%	74.96%
	Fielding Grad. U.	Dept of Psych	Clin.-PhD	113	46.90%	64.34%	63.11%	60.51%	59.98%	59.10%	63.02%	53.70%	71.60%
	Fuller Theological Seminary	Grad Sch of Psych	Clin.-PhD	52	80.77%	74.42%	74.67%	68.23%	68.23%	67.21%	72.67%	60.94%	77.98%
			Clin.-PsyD	26	76.92%	71.62%	75.38%	71.50%	66.42%	64.65%	71.27%	54.54%	76.19%
	Loma Linda U.	Dept of Psych	Clin.-PhD	6	66.67%	74.00%	71.83%	70.83%	61.00%	65.50%	65.33%	57.17%	68.50%
			Clin.-PsyD	8	75.00%	71.63%	71.25%	62.38%	62.00%	66.63%	67.25%	64.63%	75.88%
	National U., Pleasant Hill, CA/JFK U. Teach-Out	JFK Sch of Psych	Clin.-PsyD	19	26.32%	62.32%	61.95%	59.21%	58.79%	55.89%	58.37%	47.32%	67.42%
	Palo Alto U.	Dept of Clin. Psych	Clin.-PhD	185	86.49%	76.82%	73.74%	71.27%	68.19%	68.63%	73.75%	61.64%	78.95%
		PGSP-Stanford PsyD Consort.	84	98.81%	82.07%	80.07%	78.73%	76.14%	73.19%	79.25%	65.99%	82.45%	
Pepperdine U.	Psych Div.	Clin.-PsyD	75	80.00%	74.29%	72.01%	70.03%	68.79%	67.15%	70.13%	54.87%	76.65%	



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Pre-intervention/Pre-supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
CA	San Diego State U.&U. of CA, San Diego	Joint Prog in Clin. Psych	Clin.-PhD	32	100.00%	87.00%	83.38%	78.50%	74.97%	80.38%	78.06%	77.38%	83.03%
	The Chicago Sch of Prof Psych-Anaheim	PsyD in Sch Psych	Clin.-PsyD	13	30.77%	66.69%	63.31%	61.92%	57.54%	55.77%	60.69%	50.00%	72.69%
	The Chicago Sch of Prof Psych-LA	Dept of Psych	Clin.-PsyD	139	19.42%	57.62%	53.23%	52.09%	51.63%	48.14%	54.42%	40.07%	65.02%
	The Wright Inst.	PsyD Prog	Clin.-PsyD	168	71.43%	71.83%	71.38%	70.10%	66.98%	64.58%	70.46%	56.02%	76.05%
	U. of Calif., Berkeley	Dept of Psych	Clin.-PhD	14	100.00%	78.93%	83.00%	75.50%	75.71%	77.36%	80.29%	79.86%	77.86%
		Grad Sch of Educ	Sch-PhD	12	91.67%	79.08%	78.83%	77.67%	78.08%	70.25%	75.17%	66.00%	80.42%
	U. of Calif., LA	Dept of Psych	Clin.-PhD	31	96.77%	78.32%	84.81%	82.39%	74.81%	78.71%	81.19%	77.61%	82.26%
	U. of Calif., Riverside	Grad Sch of Educ	Sch-PhD	8	87.50%	64.63%	71.25%	73.63%	62.50%	69.25%	68.75%	66.75%	75.50%
	U. of Calif., Santa Barbara	Dept of CCSP	Comb. Clin./Couns./Sch-PhD	34	82.35%	70.76%	76.62%	75.68%	70.12%	71.59%	75.47%	70.15%	78.91%
	U. of La Verne	Dept of Psych	Clin.-PsyD	22	77.27%	72.91%	71.82%	67.41%	65.27%	68.91%	71.23%	60.95%	76.50%
	U. of San Fran.	Dept of Integ. Healthcare	Clin.-PsyD	22	50.00%	64.82%	66.45%	65.95%	60.95%	60.36%	64.77%	51.14%	73.55%
U. of Southern Calif.	Dept of Psych	Clin.-PhD	16	87.50%	77.69%	76.69%	74.00%	71.63%	76.63%	72.63%	75.50%	79.06%	
CO	Colorado State U.	Dept of Psych	Couns.-PhD	15	93.33%	73.60%	79.20%	78.20%	71.27%	75.60%	78.93%	69.33%	78.20%
	U. of Colorado, Boulder	Dept of Psych&Neuro	Clin.-PhD	7	100.00%	81.00%	78.14%	79.57%	78.86%	79.86%	76.86%	85.86%	85.57%
	U. of Colorado, Colorado Springs	Dept of Psych	Clin.-PhD	7	100.00%	88.00%	83.29%	76.71%	73.29%	81.71%	81.00%	75.00%	82.71%
	U. of Colorado, Denver	Dept of Psych	Clin.-PhD	13	92.31%	80.31%	81.92%	73.00%	73.23%	73.85%	78.00%	79.00%	83.92%
			Sch-PsyD	18	55.56%	65.28%	66.17%	70.72%	65.78%	62.44%	64.94%	53.17%	76.61%
	U. of Denver	Dept of Couns. Psych	Couns.-PhD	22	86.36%	71.00%	72.50%	76.32%	73.86%	67.36%	75.32%	63.68%	80.14%
		Dept of Psych	Clin.-PhD	*		79.25%	81.75%	82.50%	78.50%	67.75%	82.50%	66.50%	79.25%
		Sch Psych/Teaching & Learning Svcs	Sch-PhD	8	75.00%	67.38%	70.63%	62.50%	65.38%	62.00%	69.25%	55.38%	72.88%
	Sch of Prof Psych	Clin.-PsyD	90	80.00%	73.08%	73.42%	70.86%	69.13%	66.71%	70.76%	57.13%	78.20%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
CO	U. of Northern CO	Dept of App. Psych&Couns. Educ	Couns.-PhD	16	68.75%	70.81%	74.00%	69.94%	67.50%	72.06%	75.69%	61.94%	79.06%
		Dept of Sch Psych	Sch-PhD	14	92.86%	72.36%	76.57%	73.64%	69.64%	70.86%	76.36%	70.29%	81.36%
CT	U. of Connecticut	Dept of Educ Psych	Sch-PhD	12	66.67%	73.17%	75.08%	66.67%	67.58%	69.33%	68.00%	68.83%	76.17%
		Dept of Psych	Clin.-PhD	23	95.65%	82.78%	80.57%	80.00%	73.57%	77.65%	79.96%	81.17%	83.04%
	U. of Hartford	Dept of Psych	Clin.-PsyD	66	72.73%	72.85%	71.55%	69.35%	65.42%	64.94%	70.00%	55.67%	77.38%
	Yale U.	Dept of Psych	Clin.-PhD	6	100.00%	85.00%	87.67%	83.17%	82.50%	81.50%	84.00%	84.67%	86.83%
DC	American U.	Dept of Psych	Clin.-PhD	16	87.50%	78.06%	82.94%	69.00%	72.19%	74.06%	77.13%	76.00%	82.81%
	Catholic U.	Dept of Psych	Clin.-PhD	19	94.74%	80.58%	76.79%	73.37%	71.37%	72.00%	75.95%	70.63%	80.84%
	Gallaudet U.	Dept of Psych	Clin.-PhD	14	57.14%	71.36%	69.36%	67.29%	59.14%	62.07%	66.00%	55.29%	73.43%
	George Washington U.	Ctr. for Prof Psych	Clin.-PsyD	46	76.09%	71.43%	75.57%	71.46%	66.76%	65.76%	69.41%	55.85%	77.35%
		Dept of Psych	Clin.-PhD	14	78.57%	72.21%	73.71%	69.86%	66.86%	70.71%	73.36%	73.86%	82.14%
	Howard U.	Dept of Psych	Clin.-PhD	14	71.43%	69.00%	70.57%	62.79%	61.29%	63.21%	65.00%	61.79%	74.79%
		Sch of Educ	Couns.-PhD	13	46.15%	59.85%	57.85%	59.00%	61.46%	52.46%	59.54%	52.00%	74.15%
	The Chicago Sch of Prof Psych-Washington DC	Clin. Psych PsyD Prog	Clin.-PsyD	127	44.88%	68.88%	64.76%	62.65%	57.87%	59.91%	63.69%	49.90%	73.19%
DE	U. of Delaware	Dept of Psych	Clin.-PhD	9	100.00%	72.89%	86.11%	80.00%	76.11%	79.67%	76.78%	88.00%	87.33%
FL	Carlos Albizu U. - Miami	Dept of Psych	Clin.-PsyD	104	42.31%	72.62%	64.28%	58.11%	59.08%	57.55%	62.86%	44.37%	72.13%
	Florida Inst. of Technology	Sch of Psych	Clin.-PsyD	55	87.27%	78.89%	72.58%	70.69%	67.65%	67.44%	70.96%	55.42%	78.84%
	Florida International U.	Clin. Science Prog in Child & Adol. Psych Dept of Psych	Clin.-PhD	20	85.00%	70.20%	74.20%	70.35%	66.65%	69.40%	72.95%	74.25%	80.20%
	FL Sch of Prof Psych at National Louis U., Tampa	FSPP	Clin.-PsyD	41	34.15%	63.02%	61.61%	60.39%	56.37%	57.90%	59.54%	47.59%	70.98%
	Florida State U.	Dept of Ed Psych & Learning	Couns.-Sch-PhD	25	68.00%	65.16%	71.20%	68.60%	63.32%	66.60%	68.80%	60.88%	77.60%
		Dept of Psych	Clin.-PhD	22	86.36%	79.82%	75.64%	75.77%	72.45%	77.14%	75.14%	73.50%	78.50%
	Nova Southeastern U.	Coll. of Psych	Clin.-PhD	29	89.66%	80.79%	78.41%	71.66%	71.07%	70.10%	74.38%	66.90%	79.83%
		Clin.-PsyD	196	73.98%	74.96%	71.40%	66.63%	65.47%	64.41%	69.33%	54.71%	75.56%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
FL	Nova Southeastern U.	Coll. of Psych	Sch-PsyD	14	35.71%	66.21%	67.79%	61.64%	61.93%	57.57%	63.29%	46.43%	67.07%
	U. of Central Florida	Dept of Psych	Clin.-PhD	18	100.00%	79.06%	81.94%	73.61%	74.39%	79.44%	78.39%	77.78%	80.17%
	U. of Florida	Coll. of Educ Sch Psych	Sch-PhD	28	71.43%	66.68%	71.82%	68.96%	66.43%	69.14%	68.75%	61.39%	75.54%
		Dept of Clin. & Health Psych	Clin.-PhD	32	93.75%	82.81%	82.50%	71.28%	74.66%	75.63%	75.78%	74.44%	80.66%
		Dept of Psych	Couns.-PhD	17	100.00%	79.41%	81.12%	75.41%	77.29%	75.41%	77.76%	70.71%	83.41%
	U. of Miami	Dept of Educ & Psych Studies	Couns.-PhD	14	92.86%	79.00%	80.86%	78.93%	73.79%	78.14%	78.86%	80.43%	82.57%
		Dept of Psych	Clin.-PhD	23	95.65%	84.48%	82.78%	79.39%	76.13%	78.61%	80.35%	80.78%	82.91%
	U. of South Florida	Dept of Educ & Psych Studies	Sch-PhD	16	87.50%	72.19%	71.75%	71.75%	68.06%	68.31%	74.50%	67.69%	76.38%
GA		Dept of Psych	Clin.-PhD	21	100.00%	79.33%	80.05%	74.81%	72.00%	80.14%	79.52%	84.52%	83.62%
	Emory U.	Dept of Psych	Clin.-PhD	10	100.00%	83.80%	80.00%	81.50%	78.10%	80.80%	81.60%	81.00%	76.30%
	GA Southern U.	Dept of Psych	Clin.-PsyD	20	75.00%	73.10%	73.70%	70.75%	67.70%	67.20%	74.95%	63.40%	79.10%
	GA State U.	Dept of Couns. & Psych Svcs	Couns.-PhD	8	62.50%	72.38%	66.88%	60.38%	63.75%	66.88%	65.38%	51.00%	79.38%
			Sch-PhD	*		80.50%	80.50%	73.50%	74.00%	78.50%	78.50%	71.00%	84.00%
		Dept of Psych	Clin.-PhD	22	100.00%	84.55%	83.77%	78.86%	77.45%	79.68%	81.55%	76.91%	84.95%
	Mercer U.	Clin. Psych	Clin.-PsyD	26	73.08%	72.50%	71.96%	67.96%	61.35%	63.27%	67.19%	55.08%	75.38%
	U. of GA	Dept of Couns. & Human D	Couns.-PhD	34	64.71%	70.71%	67.88%	69.62%	59.97%	59.53%	67.91%	56.65%	78.79%
HI		Dept of Educ Psych	Sch-PhD	10	90.00%	72.20%	79.00%	76.30%	73.70%	79.20%	73.50%	66.70%	82.80%
		Dept of Psych	Clin.-PhD	15	100.00%	78.87%	77.40%	76.13%	75.40%	77.20%	78.00%	78.87%	83.67%
	(HSPP) at Cham. U. of Hon.	HSPP	Clin.-PsyD	6	16.67%	67.50%	54.17%	59.50%	55.50%	56.00%	60.17%	37.33%	66.00%
U. of Hawaii - Manoa	Dept of Psych	Clin.-PhD	9	100.00%	83.33%	84.11%	74.67%	74.67%	81.33%	84.67%	79.67%	83.00%	
IA	Iowa State U.	Dept of Psych	Couns.-PhD	14	100.00%	76.57%	85.93%	80.43%	74.71%	76.93%	77.93%	81.00%	85.71%
	U. of Iowa	Dept of Psych & Quant Fdn	Couns.-PhD	18	83.33%	71.94%	75.50%	74.72%	69.67%	69.67%	69.56%	68.89%	81.94%
		Dept of Psych&Brain Sciences	Clin.-PhD	12	100.00%	81.33%	75.50%	74.08%	73.42%	78.75%	80.58%	79.08%	83.75%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
ID	Idaho State U.	Dept of Psych	Clin.-PhD	11	90.91%	77.73%	79.55%	76.09%	71.36%	75.36%	77.27%	72.00%	83.09%
IL	Adler U.	Dept of Psych	Clin.-PsyD	183	55.19%	67.79%	66.33%	65.85%	61.45%	60.95%	66.56%	49.34%	74.58%
	DePaul U.	Dept of Psych	Clin.-PhD	17	94.12%	76.53%	79.76%	79.18%	76.18%	74.18%	76.41%	76.47%	81.53%
	Illinois Inst. of Tech	Dept of Psych	Clin.-PhD	25	92.00%	79.60%	81.20%	74.40%	72.40%	70.40%	71.08%	70.64%	79.88%
	Illinois State U.	Dept of Psych	Sch-PhD	15	93.33%	72.60%	73.93%	76.13%	65.60%	69.53%	75.33%	58.80%	80.00%
	Loyola U. of Chicago	Dept of Psych	Clin.-PhD	17	100.00%	82.59%	86.82%	82.06%	77.24%	83.18%	81.35%	82.41%	86.24%
		Sch of Educ	Couns.-PhD	7	57.14%	73.71%	70.29%	65.43%	68.57%	61.57%	71.43%	62.00%	77.57%
			Sch-PhD	6	50.00%	70.17%	68.17%	63.17%	63.33%	71.50%	70.00%	61.17%	79.17%
	Midwestern U.	Coll. of Health Sciences	Clin.-PsyD	55	60.00%	74.11%	68.04%	66.24%	61.56%	62.98%	64.93%	52.27%	73.53%
	National Louis U.	Illinois Sch of Prof Psych	Clin.-PsyD	9	22.22%	64.33%	52.67%	49.67%	56.11%	52.44%	47.33%	51.00%	68.33%
	Northern Illinois U.	Dept of Psych	Clin.-PhD	11	100.00%	77.18%	80.64%	78.73%	71.82%	75.82%	74.73%	68.91%	83.18%
			Sch-PhD	8	100.00%	81.38%	80.00%	79.25%	75.00%	72.75%	77.50%	75.00%	84.38%
	Northwestern U.	Dept of Psych	Clin.-PhD	*		78.00%	100%	95.00%	90.00%	96.00%	88.00%	83.00%	96.00%
	Northwestern U. Feinberg SOM	Dept of Psych&BES	Clin.-PhD	19	94.74%	78.00%	80.84%	78.11%	68.84%	73.53%	71.37%	74.05%	81.42%
	Roosevelt U.	Dept of Psych	Clin.-PsyD	51	84.31%	79.22%	78.61%	73.82%	70.82%	69.22%	76.67%	61.47%	79.02%
	Rosalind Franklin U. of Med. & Science	Dept of Psych	Clin.-PhD	26	88.46%	78.35%	75.62%	70.27%	67.50%	73.54%	73.42%	68.23%	77.81%
	Southern Illinois U.-Carbondale	Dept of Psych	Clin.-PhD	14	85.71%	79.00%	82.07%	70.64%	68.50%	73.14%	79.00%	76.29%	80.29%
			Couns.-PhD	12	100.00%	73.08%	86.25%	77.17%	67.00%	71.58%	73.08%	72.83%	81.33%
	The Chicago Sch of Prof Psych-Chicago	Clin. Psych	Clin.-PsyD	211	58.29%	70.75%	68.04%	63.94%	61.39%	61.21%	67.86%	51.44%	73.83%
	U. of Illinois- Urbana-Champaign	Dept of Educ Psych	Couns.-PhD	*		73.75%	69.50%	60.50%	59.50%	67.00%	65.50%	66.50%	78.50%
		Dept of Psych	Clin.-PhD	14	100.00%	83.14%	87.43%	79.57%	76.43%	78.64%	77.50%	84.64%	84.36%
	U. of Illinois-Chicago	Dept of Psych	Clin.-PhD	12	100.00%	81.92%	82.92%	74.83%	79.25%	79.17%	84.17%	81.25%	85.08%
	Wheaton Coll.	Dept of Psych	Clin.-PsyD	40	77.50%	74.40%	72.68%	72.50%	65.80%	69.03%	72.95%	57.53%	79.43%
	Ball State U.	Dept of Couns.&Social Psych	Couns.-PhD	30	90.00%	73.63%	78.23%	76.47%	72.53%	69.73%	75.53%	70.10%	82.77%
	Dept of Educ Psych	Sch-PhD	17	88.24%	74.88%	81.35%	71.18%	69.71%	74.06%	71.65%	70.06%	80.24%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
IN	Indiana State U.	Dept of Educ & Sch Psych	Sch-PhD	*		66.67%	64.00%	70.00%	69.67%	57.33%	71.67%	58.33%	72.33%
		Dept of Psych	Clin.-PsyD	17	94.12%	81.00%	78.88%	78.18%	78.18%	74.94%	76.29%	68.53%	82.71%
	Indiana U.	Dept of Psych & Brain Sciences	Clin.-PhD	8	100.00%	78.38%	80.50%	77.00%	73.13%	82.63%	78.88%	88.63%	78.88%
		Sch of Educ, Couns. Psych	Couns.-PhD	17	82.35%	73.94%	77.29%	72.71%	66.65%	71.47%	72.35%	63.71%	80.06%
		Sch of Educ, Sch Psych	Sch-PhD	16	62.50%	66.00%	71.81%	67.13%	68.94%	65.38%	68.31%	58.38%	75.94%
	Indiana U. Purdue U. Indianapolis	Dept of Psych	Clin.-PhD	11	100.00%	79.36%	80.27%	78.64%	72.64%	85.36%	77.00%	83.91%	80.00%
	Purdue U.	Dept of Educ Studies	Couns.-PhD	12	91.67%	69.00%	78.42%	73.17%	66.17%	69.67%	69.33%	69.42%	81.58%
		Dept of Psych Sciences	Clin.-PhD	7	100.00%	79.29%	81.43%	80.29%	73.43%	76.71%	78.57%	79.71%	77.00%
	U. of Indianapolis	Coll. of Applied BES	Clin.-PsyD	63	88.89%	76.83%	75.41%	74.52%	72.54%	71.59%	75.62%	60.29%	82.08%
U. of Notre Dame	Dept of Psych	Clin.-PhD	10	100.00%	82.20%	79.80%	84.00%	76.00%	84.50%	84.90%	80.00%	84.70%	
KS	U. of Kansas	Clin. Child Psych Prog/Dept of Applied BES & Psych	Clin.-PhD	5	100.00%	67.80%	74.80%	83.00%	80.80%	77.20%	81.60%	86.80%	85.80%
		Dept of Educ Psych	Couns.-PhD	12	91.67%	72.17%	74.83%	79.33%	64.92%	71.67%	72.50%	70.17%	82.58%
			Sch-PhD	*		76.00%	71.00%	73.67%	65.00%	69.00%	78.33%	58.33%	76.33%
		Dept of Psych	Clin.-PhD	20	95.00%	81.35%	76.65%	77.65%	75.70%	74.50%	73.60%	77.05%	80.10%
	Wichita State U.	Dept of Psych	Clin.-PhD	*		55.67%	55.33%	56.00%	62.00%	50.00%	65.67%	33.33%	65.67%
KY	Eastern Kentucky U.	Dept of Psych	Clin.-PsyD	22	72.73%	70.05%	71.59%	70.95%	64.41%	66.32%	75.50%	54.45%	77.32%
	Spalding U.	Coll. of Health & Natural Sciences	Clin.-PsyD	57	82.46%	73.40%	72.14%	71.23%	62.60%	67.86%	72.98%	56.72%	79.28%
	U. of Kentucky	Dept of Educ, Sch & Couns. Psych	Couns.-PhD	14	78.57%	70.29%	74.43%	71.36%	68.43%	65.00%	70.93%	69.64%	79.64%
			Sch-PhD	*		68.00%	81.50%	74.75%	60.75%	64.50%	67.25%	50.00%	74.25%
		Dept of Psych	Clin.-PhD	13	100.00%	77.77%	79.69%	79.38%	77.23%	80.46%	78.77%	77.54%	85.08%
	U. of Louisville	Dept of Educ & Couns. Psych	Couns.-PhD	8	87.50%	70.13%	78.88%	80.88%	70.13%	75.50%	80.75%	73.88%	79.00%
		Dept of Psych & Brain Sciences	Clin.-PhD	14	100.00%	82.93%	83.29%	75.43%	74.07%	78.36%	81.86%	79.14%	81.50%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA								
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural Bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues	
				NUM	PASSRATE									
LA	Louisiana State U.	Dept of Psych	Clin.-PhD	21	95.24%	75.29%	75.29%	79.19%	72.00%	80.43%	77.67%	70.24%	83.29%	
			Sch-PhD	9	100.00%	73.44%	80.22%	68.33%	65.44%	73.78%	77.22%	70.33%	77.00%	
	Louisiana Tech U.	Dept of Psych & BES	Couns.-PhD	13	69.23%	67.15%	75.92%	74.23%	67.00%	64.85%	68.00%	66.69%	81.00%	
	The Chicago Sch of Prof Psych@Xavier U	TCSP	Clin.-PsyD	8	50.00%	62.63%	54.25%	57.38%	55.75%	61.50%	64.88%	65.75%	72.63%	
	Tulane U.	Dept of Psych	Sch-PhD	10	90.00%	73.20%	72.80%	72.70%	73.40%	69.00%	74.10%	69.90%	77.80%	
MA	Boston Coll.	Dept of Couns., Dev. & Educ Psych	Couns.-PhD	18	88.89%	67.28%	69.28%	75.72%	68.78%	65.28%	72.56%	66.56%	81.61%	
	Boston U.	Couns. Psych & Applied Human Dev	Couns.-EdD	*		63.00%	65.67%	73.67%	61.67%	64.33%	73.00%	41.67%	78.67%	
			Couns.-PhD	*		74.00%	78.33%	80.33%	71.33%	62.00%	75.33%	69.33%	78.33%	
			Dept of Psych	20	95.00%	82.05%	83.65%	76.95%	75.10%	80.25%	77.70%	77.05%	84.35%	
	Clark U.	F.L. Hyatt Sch of Psych	Clin.-PhD	10	80.00%	67.90%	74.80%	75.80%	72.90%	73.60%	70.50%	73.20%	83.60%	
	Harvard U.	Dept of Psych	Clin.-PhD	8	100.00%	79.13%	84.75%	80.38%	69.50%	78.50%	80.75%	86.50%	78.75%	
	Northeastern U.	Dept of Applied Psych	Couns.-PhD	13	84.62%	70.08%	74.31%	73.23%	63.69%	69.08%	75.77%	69.77%	79.15%	
			Dept of Sch Psych	Sch-PhD	*		77.75%	81.75%	76.25%	69.00%	77.75%	76.25%	68.75%	83.00%
	Springfield Coll.	Couns. Psych	Couns.-PsyD	16	43.75%	61.56%	57.56%	67.13%	55.38%	56.19%	65.81%	47.94%	74.56%	
	Suffolk U.	Dept of Psych	Clin.-PhD	32	90.63%	78.59%	76.09%	75.75%	70.25%	70.91%	75.78%	68.00%	80.22%	
	U. of Mass-Amherst	Dept of Psych	Clin.-PhD	8	100.00%	81.13%	86.38%	84.13%	79.13%	80.75%	85.63%	83.38%	85.75%	
			Student Dev	Sch-PhD	9	77.78%	71.00%	75.00%	67.89%	66.11%	66.78%	67.33%	67.56%	74.22%
		U. of Mass-Boston	Dept of Couns. & Sch Psych	Couns.-PhD	9	88.89%	73.44%	77.33%	74.89%	72.89%	71.89%	71.22%	64.78%	84.00%
				Sch-PhD	6	50.00%	64.83%	62.33%	68.33%	55.67%	56.67%	63.50%	64.17%	77.83%
		Dept of Psych	Clin.-PhD	20	100.00%	76.40%	82.45%	80.20%	73.95%	77.65%	81.00%	74.65%	82.55%	
	William James Coll.	Dept of Psych	Clin.-PsyD	152	59.21%	68.72%	67.33%	65.02%	60.05%	61.76%	66.17%	50.29%	73.99%	
		Sch Psych	Sch-PsyD	7	42.86%	55.57%	63.43%	52.00%	57.86%	62.71%	61.43%	47.71%	69.43%	
MB	U. of Manitoba	Dept of Psych	Clin.-PhD	17	88.24%	78.00%	79.35%	74.35%	76.06%	74.88%	75.35%	74.94%	78.47%	
MD	Loyola U. Maryland	Dept of Psych	Clin.-PsyD	43	88.37%	77.19%	78.67%	73.70%	70.81%	68.23%	75.65%	63.98%	82.42%	
	U. of Maryland-Baltimore County	Dept of Psych	Clin.-PhD	19	94.74%	77.37%	77.89%	76.11%	70.37%	75.00%	79.42%	76.79%	83.63%	



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
MD	U. of Maryland-Coll. Park	Dept of Couns., Higher Ed & Spec. Ed.	Sch-PhD	20	85.00%	73.80%	79.25%	74.95%	73.55%	71.50%	74.90%	76.20%	82.35%
		Dept of Psych	Clin.-PhD	10	100.00%	83.20%	83.60%	78.40%	78.00%	81.10%	85.00%	81.60%	83.90%
			Couns.-PhD	7	100.00%	73.00%	83.43%	80.29%	68.71%	81.29%	81.14%	75.00%	86.57%
	Uniformed Srvc U. of the Health Sciences	F. Edward Hebert SOM	Clin.-PhD	14	85.71%	80.07%	76.93%	73.21%	68.07%	73.14%	72.57%	69.00%	81.36%
ME	U. of Maine	Dept of Psych	Clin.-PhD	7	100.00%	78.71%	81.43%	70.57%	73.86%	77.00%	74.00%	75.14%	83.29%
MI	Andrews U.	Dept of Grad. Psych & Couns.	Couns.-PhD	10	70.00%	62.80%	71.00%	66.10%	61.80%	54.00%	66.90%	48.40%	69.60%
	Central Michigan U.	Dept of Psych	Clin.-PhD	13	100.00%	78.62%	81.38%	78.08%	73.69%	81.69%	80.77%	80.85%	86.23%
			Sch-PhD	*		77.50%	80.25%	65.75%	64.00%	72.50%	77.00%	72.75%	81.50%
	Eastern Michigan U.	Dept of Psych	Clin.-PhD	16	93.75%	78.81%	77.81%	74.44%	73.31%	73.31%	82.56%	67.69%	85.63%
	Michigan Sch of Psych	Dept of Psych	Clin.-PsyD	38	34.21%	62.55%	59.87%	56.05%	54.74%	53.11%	60.29%	46.50%	69.45%
	Michigan State U.	Dept of Couns., Educ Psych & Spec Ed	Sch-PhD	14	92.86%	72.21%	77.14%	69.93%	63.29%	74.00%	73.93%	65.50%	73.64%
		Dept of Psych	Clin.-PhD	11	100.00%	86.36%	83.27%	84.91%	79.64%	83.55%	82.73%	87.18%	87.00%
	U. of Detroit Mercy	Dept of Psych	Clin.-PhD	21	76.19%	74.81%	71.14%	67.29%	68.71%	66.86%	70.29%	55.62%	79.95%
	U. of Michigan	Dept of Psych	Clin.-PhD	9	88.89%	79.00%	75.33%	78.89%	67.78%	76.22%	78.11%	73.11%	81.67%
	Wayne State U.	Dept of Psych	Clin.-PhD	17	94.12%	82.59%	82.12%	74.88%	70.94%	81.06%	82.59%	77.41%	84.65%
	Western Michigan U.	Dept of Couns. Ed & Couns. Psych	Couns.-PhD	22	50.00%	63.64%	67.68%	69.05%	58.00%	56.86%	67.91%	57.95%	72.41%
		Dept of Psych	Clin.-PhD	12	91.67%	77.58%	76.17%	75.00%	68.92%	71.42%	76.92%	67.42%	77.42%
MN	Aurgsburg U./Argosy U. Teach-Out(FKA MN Sch Prof Psych)	Dept of Psych	Clin.-PsyD	6	100.00%	76.83%	71.83%	71.83%	68.17%	65.50%	69.33%	52.67%	78.67%
	St. Mary's U. of MN	Dept Couns. Psych	Couns.-PsyD	28	60.71%	65.79%	66.18%	64.75%	62.32%	61.14%	68.11%	57.71%	77.82%
	U. of Minnesota	Dept of Educ Psych	Sch-PhD	11	100.00%	78.36%	74.36%	73.73%	72.73%	76.45%	74.82%	90.09%	86.91%
		Dept of Psych	Clin.-PhD	17	88.24%	80.00%	81.65%	69.59%	73.82%	79.65%	74.59%	75.00%	81.18%
			Couns.-PhD	12	91.67%	72.67%	82.42%	73.58%	72.33%	74.67%	71.50%	76.50%	83.92%
	U. of St. Thomas	Grad Sch of Prof Psych	Couns.-PsyD	26	73.08%	69.81%	70.35%	71.19%	65.23%	70.88%	71.88%	55.12%	75.23%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural Bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Pre-intervention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
MO	St. Louis U.	Dept of Psych	Clin.-PhD	17	94.12%	82.29%	79.06%	71.82%	73.82%	79.35%	80.71%	73.59%	83.41%
	U. of Missouri- Columbia	Dept of Psych Sciences	Clin.-PhD	10	100.00%	81.60%	83.00%	80.30%	76.20%	77.80%	81.50%	86.70%	86.10%
		Educ, Sch & Couns. Psych	Couns.-PhD	16	56.25%	66.31%	66.44%	70.88%	64.25%	63.50%	70.00%	63.06%	73.50%
			Sch-PhD	8	75.00%	67.50%	73.00%	71.63%	64.13%	67.75%	77.88%	66.63%	82.25%
	U. of Missouri- KC	Dept of Psych	Clin.-PhD	9	88.89%	83.78%	77.89%	74.78%	73.44%	76.78%	70.89%	74.00%	85.67%
		Div. of Couns. & Educ Psych	Couns.-PhD	18	77.78%	72.11%	70.33%	73.11%	65.06%	64.61%	69.72%	69.39%	77.94%
	U. of Missouri- St. Louis	Dept of Psych Sciences	Clin.-PhD	15	100.00%	84.67%	80.40%	79.53%	75.20%	72.00%	81.80%	78.93%	82.33%
	Washington U- St. Louis	Dept of Psych & Brain Sciences	Clin.-PhD	10	90.00%	85.40%	84.90%	78.40%	77.20%	80.50%	86.30%	82.40%	84.30%
MS	Jackson State U.	Dept of Psych	Clin.-PhD	11	27.27%	63.64%	62.55%	55.36%	55.82%	47.82%	61.64%	44.73%	73.36%
	Mississippi State U.	Dept of Couns. & Educ Psych	Sch-PhD	15	46.67%	62.87%	66.80%	62.80%	61.87%	60.60%	60.80%	51.60%	74.20%
		Dept of Psych	Clin.-PhD	7	71.43%	69.00%	70.86%	69.29%	65.29%	66.43%	72.14%	63.14%	74.00%
	U. of Mississippi	Dept of Psych	Clin.-PhD	*		64.00%	56.50%	60.50%	64.00%	57.00%	57.50%	50.00%	75.00%
	U. of Southern Mississippi	Dept of Psych	Clin.-PhD	10	80.00%	74.40%	76.60%	72.60%	70.90%	72.20%	74.80%	72.60%	79.70%
			Couns.-PhD	11	81.82%	71.27%	68.82%	70.27%	69.27%	69.82%	76.91%	63.55%	79.73%
		Sch-PhD	11	54.55%	63.64%	64.00%	67.82%	60.18%	58.00%	63.82%	53.73%	73.27%	
MT	U. of Montana	Dept of Psych	Clin.-PhD	14	85.71%	75.71%	79.64%	77.00%	69.71%	73.64%	79.93%	74.93%	81.29%
		Dept of Sch Psych	Sch-PhD	*		81.75%	74.00%	73.50%	70.25%	62.25%	72.00%	64.50%	82.25%
NB	U. de Moncton	Dept of Psych	Clin.-PhD	8	75.00%	65.88%	68.50%	65.25%	67.13%	64.38%	68.25%	64.50%	72.75%
	U. of New Brunswick	Dept of Psych	Clin.-PhD	8	100.00%	77.63%	80.00%	77.00%	76.38%	76.50%	80.88%	72.88%	79.50%
NC	Duke U.	Dept of Psych & Neuro	Clin.-PhD	10	100.00%	76.00%	75.60%	76.10%	74.80%	78.20%	78.00%	74.20%	81.10%
	East Carolina U.	Dept of Psych	Clin.-PhD	17	94.12%	78.41%	79.35%	75.18%	71.65%	77.76%	79.65%	70.65%	81.94%
			Sch-PhD	6	66.67%	66.00%	71.83%	67.50%	71.50%	74.33%	71.33%	66.50%	79.50%
	NC State U.	Dept of Psych	Sch-PhD	7	100.00%	77.00%	85.71%	78.00%	78.86%	76.14%	79.57%	71.43%	81.71%
	U. of NC- Chapel Hill	Dept of Psych	Clin.-PhD	18	100.00%	76.89%	82.89%	78.89%	74.11%	81.33%	79.17%	79.94%	85.00%
		Sch of Educ	Sch-PhD	19	73.68%	70.16%	74.53%	67.00%	66.16%	69.89%	65.63%	60.84%	80.21%
	U. of NC- Charlotte	Health Psych	Clin.-PhD	11	100.00%	81.82%	79.00%	80.73%	76.09%	80.09%	79.45%	74.36%	81.18%



DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
ND	U. of North Dakota	Dept of Couns.	Couns.-PhD	15	60.00%	73.27%	69.87%	69.27%	65.40%	65.93%	72.33%	61.60%	74.47%
		Dept of Psych	Clin.-PhD	14	100.00%	81.79%	75.86%	76.71%	70.07%	70.64%	74.43%	66.64%	84.14%
NE	U. of Nebraska- Lincoln	Dept of Educ Psych	Couns.-PhD	15	73.33%	65.20%	66.73%	71.20%	65.27%	69.20%	67.73%	64.40%	77.67%
			Sch-PhD	14	100.00%	71.93%	78.36%	69.57%	74.07%	70.57%	76.43%	67.86%	82.93%
		Dept of Psych	Clin.-PhD	19	89.47%	73.42%	79.21%	75.74%	72.16%	76.42%	81.74%	83.42%	87.16%
NH	Antioch U. New England	Dept of Clin. Psych	Clin.-PsyD	59	76.27%	75.98%	72.95%	68.31%	65.71%	66.59%	71.80%	57.22%	78.02%
	Rivier U.	Couns. & Sch Psych	Couns.&Sch-PsyD	*		75.00%	65.50%	65.75%	61.75%	66.75%	63.50%	48.00%	71.50%
NJ	Fairleigh Dickinson U.	Sch of Psych	Clin.-PhD	59	74.58%	71.27%	71.14%	66.59%	65.10%	66.69%	72.14%	62.03%	76.85%
	Felician U.	Couns. Psych	Couns.-PsyD	*		47.50%	58.50%	47.50%	40.50%	45.00%	52.00%	29.00%	55.50%
	Kean U.	Dept of Psych	Sch&Clin.-PsyD	29	72.41%	73.72%	73.86%	72.76%	68.38%	68.14%	72.48%	61.21%	76.79%
	Rowan U.	Dept of Psych	Clin.-PhD	*		66.50%	63.00%	65.50%	47.50%	68.00%	69.50%	54.00%	70.00%
	Rutgers U.	GSAPP-Dept of Applied Psych	Sch-PsyD	53	81.13%	69.36%	75.23%	69.30%	66.19%	70.47%	70.26%	64.94%	78.13%
		GSAPP-Dept of Clin. Psych	Clin.-PsyD	42	95.24%	78.76%	79.05%	77.50%	67.79%	74.38%	77.74%	68.79%	80.38%
		SAS-Dept of Psych	Clin.-PhD	13	100.00%	86.62%	87.69%	80.08%	78.69%	76.46%	84.62%	76.31%	85.23%
	Seton Hall U.	Dept of Prof Psych	Couns.-PhD	11	54.55%	66.18%	62.55%	66.55%	61.09%	56.45%	63.82%	49.27%	76.27%
	St. Elizabeth U.	Dept of Psych	Couns.-PsyD	13	7.69%	50.69%	40.38%	40.54%	48.77%	38.38%	50.08%	26.92%	62.92%
	William Paterson U.	Dept of Psych	Clin.-PsyD	9	66.67%	68.44%	71.00%	67.78%	64.89%	64.33%	66.56%	58.22%	78.67%
NL	Memorial U. of Newfoundland	Dept of Psych	Clin.-PsyD	10	100.00%	79.80%	82.80%	83.20%	76.20%	80.00%	81.80%	80.10%	85.60%
NM	New Mexico State U.	Dept of Couns. & Ed Psych	Couns.-PhD	19	47.37%	61.42%	68.47%	66.21%	64.63%	59.63%	65.00%	52.21%	78.16%
	U. of New Mexico	Dept of Psych	Clin.-PhD	12	100.00%	75.83%	76.50%	75.50%	69.33%	72.00%	80.17%	75.00%	85.17%
NS	Dalhousie U.	Dept of Psych	Clin.-PhD	17	100.00%	79.00%	83.35%	77.94%	73.65%	81.06%	78.29%	78.82%	85.88%
NV	U. of Nevada-Las Vegas	Dept of Psych	Clin.-PhD	19	100.00%	81.58%	83.74%	78.53%	74.79%	79.37%	79.37%	70.68%	86.42%
	U. of Nevada-Reno	Dept of Psych	Clin.-PhD	17	82.35%	72.53%	74.76%	72.47%	68.00%	70.35%	79.12%	71.94%	77.65%
NY	Adelphi U.	Derner Sch of Psych	Clin.-PhD	50	82.00%	74.54%	74.72%	73.08%	68.82%	68.88%	69.88%	64.96%	79.14%
	Alfred U.	Div of Couns. & Sch Psych	Sch-PsyD	9	44.44%	64.78%	65.22%	62.00%	67.22%	63.67%	60.33%	57.44%	72.78%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
NY	Binghamton U. SUNY (FKA SUNY at Binghamton)	Dept of Psych	Clin.-PhD	21	100.00%	77.71%	82.00%	71.33%	72.48%	77.38%	76.52%	78.14%	79.43%
	CUNY	Dept of Health Psych & Clin. Science	Clin.-PhD	*		89.00%	83.00%	79.00%	86.00%	75.00%	73.00%	67.00%	82.00%
	CUNY, City Coll.	The Grad. Ctr.	Clin.-PhD	27	85.19%	73.81%	77.81%	76.41%	71.00%	72.70%	72.93%	66.96%	80.67%
	Columbia U. Teachers Coll.	Dept of Clin Psych	Clin.-PhD	21	95.24%	78.29%	78.71%	72.38%	73.19%	73.71%	76.29%	72.62%	77.24%
		Dept of Couns. & Clin Psych	Couns.-PhD	15	73.33%	70.73%	72.00%	71.47%	62.47%	66.80%	67.00%	62.20%	76.93%
		Dept of Health & Beh. Studies	Sch-PhD	5	80.00%	72.20%	76.60%	76.60%	73.40%	75.00%	74.80%	70.00%	78.60%
	Fordham U.	Dept of Psych	Clin.-PhD	27	96.30%	81.70%	81.07%	78.48%	77.56%	79.96%	78.93%	75.48%	83.89%
		Div. of Psych & Educ Svcs	Couns.-PhD	21	80.95%	74.86%	74.05%	68.90%	66.14%	68.52%	73.48%	63.52%	77.95%
			Sch-PhD	45	55.56%	62.82%	66.38%	63.09%	61.87%	61.29%	64.16%	57.76%	73.42%
	Hofstra U.	Dept of Psych	Clin.-PhD	36	91.67%	76.53%	79.53%	74.92%	72.00%	72.83%	77.69%	71.61%	77.14%
			Sch-PsyD	25	72.00%	71.12%	73.40%	66.88%	61.32%	66.00%	67.00%	55.64%	73.16%
	John Jay Coll. of Crim. Justice & The Grad Ctr., CUNY	Clin. Psych	Clin.-PhD	12	100.00%	79.58%	77.17%	78.00%	74.50%	81.00%	86.50%	81.92%	89.42%
	Long Island U., Brooklyn Campus	Dept of Psych	Clin.-PhD	46	89.13%	76.65%	80.37%	78.70%	71.89%	71.89%	74.43%	69.91%	79.76%
	Long Island U., C.W. Post Campus	Grad Psych	Clin.-PsyD	61	90.16%	74.18%	74.84%	73.16%	67.66%	67.46%	72.80%	65.56%	79.92%
	NYU	Dept of Applied Psych	Couns.-PhD	10	70.00%	74.50%	75.60%	74.80%	70.00%	67.80%	74.30%	71.70%	83.20%
	Pace U.	Dept of Psych	Sch&Clin.-PsyD	45	84.44%	72.36%	75.98%	73.58%	67.49%	66.27%	71.44%	59.76%	77.89%
	Queens Coll. & The Grad Ctr., CUNY	Dept of Psych	Clin.-PhD	21	95.24%	82.43%	79.95%	76.29%	72.52%	71.43%	71.10%	69.10%	77.76%
	Roberts Wesleyan Coll.	Psy.D. in Clin./Sch Psych	Clin.&Sch-PsyD	10	80.00%	68.50%	76.80%	71.10%	68.00%	72.50%	68.20%	58.30%	76.40%
	St John's U.	Dept of Psych	Clin.-PhD	21	100.00%	78.24%	81.67%	75.67%	68.67%	76.52%	77.95%	76.57%	81.43%
			Sch-PsyD	48	64.58%	64.17%	69.92%	64.90%	64.50%	62.98%	66.23%	58.73%	73.38%
Stony Brook U., SUNY(FKA SUNY, Stony Brook)	Dept of Psych	Clin.-PhD	13	100.00%	75.15%	78.62%	73.62%	72.54%	73.46%	80.00%	74.31%	81.54%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Intervention/Prevention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
NY	Syracuse U.	Dept of Psych	Clin.-PhD	12	100.00%	78.25%	88.83%	80.58%	78.92%	84.17%	84.25%	89.58%	83.83%
			Sch-PhD	6	83.33%	76.83%	72.50%	73.83%	75.33%	72.50%	69.83%	72.33%	84.33%
	The New School	Dept of Psych	Clin.-PhD	35	91.43%	74.94%	77.91%	76.46%	70.94%	70.49%	73.00%	62.57%	81.97%
	U. at Albany (FKA SUNY at Albany)	Dept of Educ & Couns. Psych	Couns.-PhD	17	100.00%	74.82%	75.53%	75.18%	67.24%	72.18%	80.71%	74.06%	85.24%
			Sch-PsyD	15	80.00%	81.13%	74.40%	70.47%	68.20%	72.73%	70.53%	67.73%	78.60%
		Dept of Psych	Clin.-PhD	17	100.00%	81.59%	81.88%	79.12%	75.65%	77.94%	81.18%	75.41%	83.35%
	U. at Buffalo, SUNY(FKA SUNY at Buffalo)	Dept of Couns. & Educ Psych	Couns.&Sch-PhD	21	85.71%	74.10%	73.14%	70.67%	66.81%	66.57%	73.76%	67.38%	76.29%
		Dept of Psych	Clin.-PhD	9	100.00%	80.78%	85.00%	74.22%	79.33%	80.89%	84.67%	88.00%	87.44%
	U. of Rochester	Dept of Psych	Clin.-PhD	10	100.00%	78.80%	87.00%	84.20%	78.90%	82.70%	83.40%	87.60%	82.50%
	Yeshiva U.	Ferkauf Grad. Sch of Psych	Clin.-PhD	36	80.56%	77.47%	74.72%	69.25%	67.97%	69.03%	70.72%	62.50%	75.25%
			Clin.-PsyD	54	92.59%	76.20%	80.74%	73.52%	70.04%	73.52%	75.78%	68.80%	78.89%
		Sch&Clin. Psych PsyD	59	77.97%	75.76%	75.90%	69.92%	67.75%	67.29%	70.93%	56.47%	76.27%	
OH	Bowling Green State U.	Dept of Psych	Clin.-PhD	25	100.00%	78.56%	80.88%	77.60%	73.20%	76.16%	82.16%	73.60%	86.96%
	Case Western Reserve U.	Dept of Psych	Clin.-PhD	11	100.00%	77.73%	82.27%	79.73%	72.18%	80.55%	80.09%	71.36%	85.36%
	Cleveland State U.	Urban Educ, Couns Psych	Couns.-PhD	9	55.56%	68.67%	66.44%	71.44%	60.89%	59.78%	66.22%	56.33%	77.44%
	Kent State U.	Dept of Psych	Clin.-PhD	20	95.00%	75.80%	78.20%	75.70%	70.35%	78.30%	77.90%	76.70%	83.75%
		Sch of Lifespan Dev & Educ Sci	Sch-PhD	*		72.50%	67.50%	68.50%	64.50%	71.50%	75.00%	66.50%	71.50%
	Miami U.	Dept of Psych	Clin.-PhD	22	100.00%	80.73%	80.59%	78.45%	76.68%	78.50%	77.82%	79.14%	86.00%
	Ohio State U.	Dept of Educ. Studies	Sch-PhD	*		50.00%	74.25%	51.25%	60.50%	64.25%	62.50%	54.00%	70.50%
		Dept of Psych	Clin.-PhD	21	100.00%	81.48%	85.95%	78.10%	77.19%	82.00%	83.48%	81.29%	85.24%
	Ohio U.	Dept of Psych	Clin.-PhD	18	94.44%	81.72%	81.89%	78.28%	74.89%	81.56%	79.72%	79.67%	81.56%
	U. of Akron	Dept of Psych	Couns.-PhD	20	85.00%	69.25%	78.10%	73.35%	66.25%	68.50%	73.50%	69.05%	83.80%
	U. of Cincinnati	Dept of Psych	Clin.-PhD	14	64.29%	73.00%	69.57%	67.29%	62.50%	70.36%	68.14%	67.29%	77.00%
		Sch of Human Svcs	Sch-PhD	7	57.14%	62.00%	72.00%	61.86%	62.57%	64.29%	61.00%	66.86%	77.57%
	U. of Toledo	Dept of Psych	Clin.-PhD	10	90.00%	73.40%	79.30%	78.20%	68.10%	78.00%	75.10%	65.70%	82.40%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Pre-intervention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
OH	Wright State U.	Sch of Prof Psych	Clin.-PsyD	61	63.93%	73.08%	69.44%	66.07%	62.89%	65.90%	70.36%	52.75%	73.03%
	Xavier U.	Sch of Psych	Clin.-PsyD	36	94.44%	73.00%	78.08%	73.00%	71.94%	74.14%	76.78%	62.61%	80.61%
OK	Oklahoma State U.	Dept of Psych	Clin.-PhD	19	100.00%	73.11%	75.21%	77.16%	71.21%	77.79%	77.11%	74.63%	83.00%
		Sch of Comm Health Sciences	Couns.-PhD	17	52.94%	66.06%	66.00%	67.35%	59.12%	61.35%	68.53%	61.82%	76.06%
		Sch of Teaching, Learning, and Educ Studies	Sch-PhD	16	62.50%	65.81%	69.81%	57.81%	61.50%	64.94%	66.88%	60.38%	70.88%
	U. of Tulsa	Dept of Psych	Clin.-PhD	17	100.00%	76.47%	80.47%	78.53%	67.06%	74.59%	76.88%	73.41%	84.00%
ON	Lakehead U.	Dept of Psych	Clin.-PhD	12	100.00%	76.33%	81.25%	79.33%	72.17%	76.08%	81.42%	75.00%	78.33%
	McMaster U.	Dept of Psych	Clin.-PhD	*		80.50%	69.50%	89.50%	73.50%	76.50%	69.00%	83.00%	79.00%
	Queens U.	Dept of Psych	Clin.-PhD	18	100.00%	78.89%	87.22%	76.56%	77.39%	78.67%	78.89%	79.11%	84.72%
	Toronto Metro U. (FKA Ryerson U.)	Dept of Psych	Clin.-PhD	23	95.65%	81.83%	80.78%	75.17%	78.39%	77.83%	83.39%	80.13%	85.30%
	U. of Guelph	Dept of Psych	Clin.-PhD	11	90.91%	78.73%	83.82%	73.55%	75.64%	77.64%	80.73%	72.82%	82.45%
	U. of Ottawa	Sch of Psych	Clin.-PhD	24	95.83%	78.00%	77.42%	71.96%	68.83%	74.54%	75.46%	70.08%	81.42%
	U. of Toronto	OISE Dept of Adult Ed & Couns. Psych	Couns./Clin.-PhD	8	87.50%	73.00%	78.88%	72.88%	74.38%	73.13%	74.00%	74.13%	78.50%
		OISE Ont Inst for Stud in Ed	Sch/Clin.-PhD	26	88.46%	78.85%	78.92%	76.04%	73.58%	71.73%	75.92%	70.81%	82.12%
	U. of Toronto Scarborough	Dept of Psych	Clin.-PhD	7	100.00%	83.14%	77.57%	72.86%	70.14%	75.29%	77.14%	78.43%	85.71%
	U. of Waterloo	Dept of Psych	Clin.-PhD	6	100.00%	86.17%	81.83%	84.00%	81.00%	77.83%	88.33%	81.83%	89.17%
	U. of Western Ontario	Dept of Psych	Clin.-PhD	9	100.00%	84.33%	85.67%	80.44%	68.78%	82.11%	82.00%	73.33%	83.11%
	U. of Windsor	Dept of Psych	Clin.-PhD	29	100.00%	83.07%	83.90%	80.72%	78.86%	78.14%	80.90%	79.66%	84.14%
	York U.	Dept of Psych Adult	Clin. NeuroPsych-PhD	6	100.00%	89.67%	85.00%	83.33%	80.83%	83.33%	77.67%	74.83%	80.33%
		Dept of Psych Clin. Dev.	Clin. NeuroPsych-PhD	*		78.00%	85.67%	68.33%	71.33%	71.33%	78.33%	83.33%	75.00%
		Grad Prog in Psych	Clin.-Dev.-PhD	17	100.00%	78.06%	82.71%	74.00%	77.29%	75.18%	78.88%	76.47%	86.29%
		Clin.-PhD	21	100.00%	81.95%	84.81%	80.10%	73.05%	81.10%	79.48%	77.00%	82.19%	

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/ Intervention/Pre-intervention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
OR	George Fox U.	Dept of Clin. Psych	Clin.-PsyD	62	67.74%	69.92%	68.60%	67.71%	64.48%	63.44%	68.11%	55.81%	77.47%
	Pacific U.	Sch of Grad Psych	Clin.-PhD	18	72.22%	76.83%	74.06%	71.28%	64.39%	66.00%	70.72%	60.28%	79.11%
			Clin.-PsyD	129	79.84%	75.22%	72.76%	69.71%	67.11%	68.56%	72.74%	58.78%	80.57%
	U. of Oregon	Dept of Couns. Psych	Couns.-PhD	21	90.48%	68.71%	76.33%	72.86%	68.86%	69.81%	76.62%	70.57%	81.57%
		Dept of Psych	Clin.-PhD	11	100.00%	78.27%	82.18%	80.91%	77.82%	77.36%	78.36%	78.00%	82.82%
		Dept of Spec. Ed & Clin Sciences	Sch-PhD	18	88.89%	75.44%	78.11%	70.39%	70.67%	70.06%	74.22%	70.94%	79.67%
PA	Carlow U.	Dept of Psych & Couns.	Couns.-PsyD	22	59.09%	69.00%	66.14%	67.59%	62.73%	64.14%	67.82%	51.59%	79.82%
	Chatham U.	Grad. Psych	Couns.-PsyD	28	67.86%	70.46%	67.68%	68.25%	66.14%	64.96%	71.18%	59.54%	78.07%
	Chestnut Hill Coll.	Dept. of Prof Psych	Clin.-PsyD	53	64.15%	74.32%	68.94%	67.96%	64.79%	63.49%	69.64%	54.81%	76.43%
	Drexel U.	Dept of Psych	Clin.-PhD	32	100.00%	81.66%	84.81%	81.19%	77.44%	80.81%	82.38%	84.16%	86.44%
	Duquesne U.	Couns. Psych & Sp Ed	Sch-PhD	15	73.33%	69.33%	76.33%	69.07%	67.60%	68.13%	62.20%	53.87%	75.00%
			Sch-PsyD	17	88.24%	76.47%	73.18%	68.06%	68.94%	66.24%	69.41%	53.47%	77.71%
		Dept of Psych	Clin.-PhD	15	93.33%	73.67%	78.80%	74.07%	74.60%	67.00%	71.60%	55.00%	78.47%
	Immaculata Coll.	Dept of Psych	Clin.-PsyD	62	62.90%	72.02%	68.32%	65.56%	63.79%	62.85%	66.31%	50.00%	74.74%
	Indiana U. of Penn.	Dept of Psych	Clin.-PsyD	32	100.00%	82.78%	81.06%	78.09%	75.13%	80.09%	77.41%	68.00%	83.28%
	LaSalle U.	Dept of Psych	Clin.-PsyD	65	87.69%	78.26%	77.02%	74.40%	70.65%	69.55%	77.68%	64.92%	80.43%
	Lehigh U.	Dept of Educ & Human Srvcs	Couns.-PhD	12	91.67%	66.50%	74.08%	78.42%	72.17%	70.75%	70.75%	70.08%	82.25%
			Sch-PhD	9	100.00%	77.78%	79.33%	71.22%	72.89%	72.11%	75.56%	74.22%	80.22%
	Marywood U.	Dept of Psych & Couns.	Clin.-PsyD	22	77.27%	74.68%	69.68%	67.41%	60.36%	63.23%	68.77%	56.41%	78.82%
	Penn. State U.	Dept of Educ Psych, Couns. & Spec Educ	Sch-PhD	12	91.67%	76.92%	76.50%	74.08%	71.08%	72.00%	71.75%	71.67%	76.50%
		Dept of Psych	Clin.-PhD	24	95.83%	84.63%	84.38%	81.96%	78.63%	82.25%	80.75%	81.92%	82.21%
	Philadelphia Coll. of Osteopathic Med.	Dept of Psych	Clin.-PsyD	57	50.88%	67.61%	67.47%	65.19%	61.00%	60.02%	66.42%	52.51%	75.21%
		Dept of Sch Psych	Sch-PsyD	25	48.00%	61.00%	65.64%	56.84%	57.56%	58.28%	59.84%	47.68%	69.72%
	Point Park U.	Dept of Psych	Clin.-PsyD	*		83.00%	80.50%	81.50%	67.00%	64.50%	73.00%	71.00%	78.50%

DOCTORAL PROGRAMS IN PSYCHOLOGY				EPPP PERFORMANCE		PERCENT CORRECT BY CONTENT AREA							
JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/ Intervention/Pre-vention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
PA	Temple U.	Dept of Psych	Clin.-PhD	27	100.00%	84.11%	86.33%	78.41%	78.74%	78.85%	83.89%	81.85%	83.30%
		Dept of Psych Studies in Educ	Sch-PhD	13	61.54%	69.15%	66.62%	65.23%	59.77%	64.62%	65.69%	65.38%	75.85%
	U. of Penn.	Dept of Psych	Clin.-PhD	10	100.00%	83.70%	83.60%	83.10%	83.20%	82.20%	85.00%	85.00%	87.20%
	U. of Pittsburgh	Dept of Psych	Clin.-PhD	15	100.00%	84.00%	81.80%	82.40%	79.93%	80.27%	80.27%	79.53%	86.27%
	West Chester U. Of PA	Dept of Clin. Psych	Clin.-PsyD	*		67.00%	74.00%	84.00%	76.00%	57.00%	73.00%	58.00%	86.00%
	Widener U.	Inst for GCP/Coll. of Health & Human Srvcs	Clin.-PsyD	93	89.25%	80.05%	76.18%	74.71%	71.66%	69.62%	74.81%	62.67%	79.44%
PR	Carlos Albizu U., San Juan	Ctr. for Adv. Studies	Clin.-PhD	40	27.50%	62.78%	53.58%	49.58%	50.80%	51.63%	56.55%	42.33%	67.25%
			Clin.-PsyD	34	29.41%	60.47%	56.03%	51.09%	50.09%	50.24%	56.62%	41.88%	63.82%
	Ponce Health Sciences U.	Dept of Clin. Psych	Clin.-PhD	22	36.36%	69.73%	62.36%	53.91%	56.95%	55.27%	57.77%	50.32%	64.59%
		Dept of Clin. Psych	Clin.-PsyD	31	25.81%	70.65%	54.48%	53.42%	55.97%	52.42%	54.55%	36.81%	64.13%
	Universidad Ana G. Mendez, Gurabo	Sch of Social Sciences	Couns.-PsyD	*		52.75%	59.00%	40.50%	53.75%	44.75%	49.25%	47.75%	67.75%
QC	Concordia U.	Dept of Psych	Clin.-PhD	*		82.00%	82.75%	79.25%	76.00%	63.50%	82.75%	73.00%	87.50%
	McGill U.	Dept of Educ & Couns. Psych	Couns.-PhD	6	83.33%	67.50%	76.83%	75.33%	72.17%	73.67%	75.67%	76.50%	70.67%
			Sch/Applied Child-PhD	5	80.00%	75.60%	71.40%	76.80%	62.00%	68.00%	74.40%	53.20%	82.40%
		Dept of Psych	Clin.-PhD	5	100.00%	84.40%	79.20%	75.80%	74.20%	85.80%	83.80%	90.00%	80.80%
RI	U. of Rhode Island	Dept of Psych	Clin.-PhD	18	72.22%	73.44%	74.22%	70.78%	63.44%	67.06%	69.22%	68.11%	77.72%
SC	U. of South Carolina	Dept of Psych	Clin.-PhD	13	92.31%	82.69%	79.77%	77.69%	76.77%	75.77%	79.31%	80.77%	88.77%
			Sch-PhD	7	100.00%	73.86%	77.86%	69.14%	72.86%	72.43%	71.57%	61.86%	80.71%
SD	U. of South Dakota	Dept of Psych	Clin.-PhD	12	100.00%	75.08%	74.25%	74.58%	74.08%	73.58%	77.92%	71.58%	81.33%
SK	U. of Regina	Dept of Psych	Clin.-PhD	15	86.67%	73.33%	78.93%	73.40%	71.13%	74.07%	79.80%	71.20%	78.20%
	U. of Saskatchewan	Dept of Psych	Clin.-PhD	17	100.00%	75.47%	79.18%	76.12%	70.71%	77.88%	75.82%	74.53%	82.24%
TN	East Tenn. State U.	Dept of Psych	Clin.-PhD	10	100.00%	76.00%	78.20%	77.30%	75.20%	72.90%	77.00%	65.70%	81.30%
	Tenn. State U.	Dept of Psych	Couns.-PhD	27	40.74%	65.74%	58.19%	59.37%	54.81%	55.67%	62.30%	53.19%	73.07%



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				NUM	PASSRATE								
TN	U. of Memphis (FKA Memphis St. U.)	Dept of Couns., Educ Psych & Rsrch	Couns.-PhD	20	60.00%	67.15%	72.05%	66.95%	61.90%	64.60%	70.60%	68.70%	77.00%
		Dept of Psych	Clin.-PhD	17	88.24%	72.53%	72.71%	73.59%	70.71%	72.24%	81.71%	77.94%	78.18%
			Sch-PhD	9	77.78%	69.11%	72.11%	63.78%	67.11%	60.67%	75.11%	62.89%	78.11%
	U. of Tenn.	Dept of Ed Psych & Couns.	Sch-PhD	9	77.78%	66.56%	77.33%	73.67%	68.11%	75.11%	69.67%	66.56%	79.78%
		Dept of Psych	Clin.-PhD	16	93.75%	79.88%	76.69%	70.00%	71.25%	70.25%	75.00%	69.31%	83.63%
			Couns.-PhD	15	86.67%	76.60%	78.60%	80.93%	69.27%	69.33%	74.47%	72.80%	81.40%
	Vanderbilt U.	Dept of Psych	Clin.-PhD	13	92.31%	80.77%	76.62%	78.85%	76.00%	77.85%	82.77%	80.23%	82.92%
TX	Baylor U.	Dept of Psych	Clin.-PsyD	17	100.00%	84.12%	82.00%	78.94%	78.76%	80.76%	81.76%	75.06%	86.71%
	Our Lady of the Lake U.	Dept of Psych	Couns.-PsyD	18	66.67%	68.72%	65.22%	61.94%	56.56%	56.06%	62.67%	51.83%	73.67%
	Sam Houston State U.	Dept of Psych & Philosophy	Clin.-PhD	22	90.91%	79.18%	80.73%	79.73%	75.27%	76.32%	76.59%	76.14%	86.64%
	Southern Methodist U.	Dept of Psych	Clin.-PhD	10	100.00%	80.00%	81.90%	81.00%	74.30%	76.80%	83.40%	83.40%	81.90%
	Texas A&M U.	Dept of Educ Psych	Couns.-PhD	16	75.00%	66.63%	72.06%	65.81%	60.75%	68.25%	66.88%	55.75%	79.63%
			Sch-PhD	23	73.91%	65.13%	68.57%	64.83%	64.57%	68.57%	69.13%	65.26%	78.48%
		Dept of Psych & Brain Sciences	Clin.-PhD	11	90.91%	69.64%	76.73%	76.45%	71.82%	73.36%	76.00%	74.18%	79.00%
	Texas Tech U.	Dept of Psych	Clin.-PhD	18	94.44%	75.33%	78.11%	75.17%	73.89%	71.28%	75.83%	74.94%	82.78%
		Dept of Psych Srvc	Couns.-PhD	13	100.00%	75.15%	73.00%	76.62%	65.38%	66.00%	74.00%	67.38%	81.62%
	Texas Woman's U.	Dept of Psych & Philosophy	Couns.-PhD	13	84.62%	70.62%	73.77%	74.92%	71.85%	63.69%	71.38%	55.23%	80.69%
		Sch Psych	Sch-PhD	11	45.45%	68.82%	64.82%	59.27%	59.64%	59.82%	62.27%	57.45%	72.09%
	U. of Houston	Dept of Psych	Clin.-PhD	*		61.00%	43.00%	58.00%	52.00%	54.00%	50.00%	42.00%	68.00%
		Dept of Psych, Health, and Learning Sciences	Couns.-PhD	*		77.50%	71.50%	65.50%	71.50%	57.50%	77.00%	58.50%	85.50%
			Sch-PhD	9	100.00%	71.44%	78.33%	76.00%	74.56%	71.44%	78.33%	69.44%	82.89%
	U. of Houston-Clear Lake	Health Srvc Psych	Sch&Clin.-PsyD	8	87.50%	71.63%	70.00%	68.25%	70.25%	70.13%	73.50%	61.50%	76.00%
U. of North Texas	Dept of Psych	Clin.-PhD	13	100.00%	78.62%	84.62%	77.23%	76.15%	81.38%	80.08%	70.46%	84.69%	
		Couns.-PhD	18	83.33%	71.83%	77.56%	76.50%	66.89%	68.72%	75.67%	65.83%	79.11%	

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JURISDICTION	SCHOOL	DEPARTMENT	PROGRAM	* Num = 4 or less		Biological Bases of Behavior	Cognitive-Affective Bases of Behavior	Social and Cultural bases of Behavior	Growth and Lifespan Development	Assessment and Diagnosis	Treatment/Pre-intervention/Supervision	Research Methods and Statistics	Ethical/Legal Professional Issues
				NUM	PASSRATE								
TX	U. of Texas-Austin	Dept of Educ Psych	Couns.-PhD	21	85.71%	73.52%	76.48%	74.57%	70.52%	67.38%	76.00%	71.81%	77.67%
			Sch-PhD	18	88.89%	78.67%	79.22%	73.50%	70.39%	75.72%	78.44%	70.83%	79.33%
		Dept of Psych	Clin.-PhD	13	100.00%	81.00%	85.15%	77.31%	80.77%	78.31%	78.54%	82.00%	78.00%
	U. of Texas-SW Med Ctr.	Div. of Psych	Clin.-PhD	28	100.00%	84.25%	80.14%	72.71%	71.75%	76.93%	74.86%	70.89%	83.46%
UT	Brigham Young U.	Dept of Couns. Psych & Spec. Educ	Couns.-PhD	19	89.47%	70.26%	69.89%	71.47%	64.47%	65.58%	71.74%	58.74%	79.63%
		Dept of Psych	Clin.-PhD	24	95.83%	78.42%	82.79%	79.96%	75.00%	78.38%	79.33%	72.21%	83.21%
	U. of Utah	Dept of Educ Psych	Couns.-PhD	12	83.33%	66.25%	70.83%	74.00%	63.42%	66.92%	73.92%	68.00%	76.75%
			Sch-PhD	11	72.73%	68.64%	74.09%	67.73%	72.82%	63.82%	74.82%	63.73%	79.00%
		Dept of Psych	Clin.-PhD	13	92.31%	73.85%	80.00%	82.38%	73.15%	74.92%	79.00%	82.15%	83.46%
	Utah State U.	Dept of Psych	Clin.&Couns.-PhD	10	90.00%	75.00%	82.30%	75.70%	73.30%	72.10%	79.10%	80.90%	84.10%
VA			Clin.-Couns.-Sch-PhD	5	80.00%	78.80%	68.80%	68.20%	59.80%	61.40%	76.00%	65.00%	77.00%
	Divine Mercy U.	Inst for the Psych Sciences	Clin.-PsyD	22	81.82%	75.18%	76.14%	70.00%	69.36%	68.68%	73.86%	58.64%	80.64%
	George Mason U.	Dept of Psych	Clin.-PhD	16	87.50%	67.38%	76.13%	72.94%	66.69%	71.63%	76.75%	71.44%	79.13%
	James Madison U.	Dept of Grad Psych	Clin.&Sch-PsyD	17	88.24%	71.94%	72.53%	73.41%	65.71%	69.65%	75.65%	56.88%	76.47%
	Radford U.	Dept of Psych	Couns.-PsyD	6	83.33%	69.50%	69.00%	73.50%	69.17%	62.83%	78.67%	68.00%	78.00%
	Regent U.	Schl of Psych & Couns.	Clin.-PsyD	37	70.27%	67.49%	72.35%	65.97%	64.68%	66.30%	67.81%	55.89%	78.27%
	U. of Virginia	Curry Sch of Educ	Clin. & Sch-PhD	17	82.35%	81.59%	78.06%	74.65%	68.06%	70.65%	74.65%	64.65%	84.06%
		Dept of Psych	Clin.-PhD	8	100.00%	72.88%	82.13%	76.38%	73.13%	71.38%	84.50%	76.00%	81.75%
	Virginia Commonwealth U.	Dept of Psych	Clin.-PhD	21	95.24%	80.57%	78.57%	72.67%	73.38%	75.62%	84.90%	78.57%	84.86%
			Couns.-PhD	11	90.91%	73.82%	74.64%	71.18%	64.64%	71.64%	76.27%	66.00%	82.00%
Virginia Consort.	Prog in Clin. Psych	Clin.-PhD	11	90.91%	81.27%	76.36%	67.27%	68.73%	67.45%	77.55%	62.91%	80.55%	
Virginia Polytechnic Inst. & State U.	Dept of Psych	Clin.-PhD	16	100.00%	82.56%	83.50%	82.69%	74.56%	78.13%	78.13%	71.81%	83.88%	
VT	U. of Vermont	Dept of Psych	Clin.-PhD	15	100.00%	73.93%	81.40%	78.60%	73.53%	75.80%	83.87%	77.33%	86.13%



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				NUM	PASSRATE								
WA	Antioch U. Seattle	Dept of Applied Psych	Clin.-PsyD	19	68.42%	74.68%	68.00%	68.16%	68.37%	62.58%	70.84%	56.63%	76.84%
	Northwest U.	Dept of Social & Behav. Sciences	Couns.-PsyD	17	58.82%	68.24%	68.29%	64.00%	63.59%	64.00%	68.18%	47.65%	77.82%
	Seattle Pacific U.	Dept of Clin. Psych	Clin.-PhD	28	92.86%	78.29%	75.50%	76.11%	71.29%	73.00%	75.79%	67.32%	81.00%
	U. of Washington	Coll. of Educ	Sch-PhD	11	90.91%	74.82%	78.45%	70.73%	70.00%	77.18%	76.27%	66.64%	80.82%
		Dept of Psych	Clin.-PhD	22	100.00%	80.50%	82.14%	79.09%	72.95%	74.09%	84.41%	84.86%	82.18%
	Washington State U.	Dept of Psych	Clin.-PhD	18	100.00%	85.06%	86.56%	80.83%	79.06%	79.06%	83.06%	80.56%	83.50%
WI	Marquette U.	Dept of Couns. & Educ Psych	Couns.-PhD	6	66.67%	68.33%	71.67%	67.50%	65.00%	73.83%	79.33%	69.33%	78.67%
		Dept of Psych	Clin.-PhD	13	92.31%	82.77%	81.62%	77.23%	74.92%	78.77%	79.00%	80.15%	83.38%
	U. of Wisconsin-Madison	Dept of Couns. Psych	Couns.-PhD	15	86.67%	68.93%	74.80%	79.20%	72.80%	69.53%	74.33%	68.80%	85.87%
		Dept of Educ Psych	Sch-PhD	12	91.67%	77.75%	83.00%	81.58%	73.33%	75.17%	73.42%	68.67%	81.00%
		Dept of Psych	Clin.-PhD	11	90.91%	86.18%	79.00%	79.27%	74.00%	76.00%	79.73%	78.82%	79.73%
	U. of Wisconsin-Milwaukee	Dept of Educ Psych	Couns.-PhD	16	56.25%	61.13%	67.25%	66.19%	64.63%	56.81%	67.31%	60.50%	79.69%
		Dept of Psych	Clin.-PhD	17	100.00%	80.00%	75.82%	70.76%	70.82%	74.71%	73.35%	72.00%	82.29%
		Sch of Educ	Sch-PhD	*		58.50%	67.50%	55.50%	61.75%	65.25%	61.50%	62.50%	74.00%
	Wisconsin Sch of Prof Psych	WSPP	Clin.-PsyD	23	78.26%	69.83%	70.87%	63.35%	64.74%	62.70%	67.61%	52.17%	74.70%
WV	Marshall U.	Dept of Psych	Clin.-PsyD	28	92.86%	74.89%	76.29%	75.07%	68.86%	71.21%	73.79%	57.43%	81.89%
	West Virginia U.	Dept of Couns., Rehab Couns. & Couns. Psych	Couns.-PhD	16	81.25%	74.69%	68.31%	73.00%	66.88%	60.88%	69.25%	60.94%	79.31%
		Dept of Psych	Clin.-PhD	15	100.00%	82.00%	79.73%	81.40%	70.47%	78.33%	81.00%	79.53%	84.67%
WY	U. of Wyoming	Dept of Psych	Clin.-PhD	10	100.00%	73.40%	84.80%	77.30%	70.10%	78.20%	79.30%	80.20%	85.30%

EFFECTIVE  
10-04-2020

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

172 NAC 155

TITLE 172            PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 155        PSYCHOLOGY LICENSES

001. SCOPE AND AUTHORITY. These regulations govern the credentialing of psychologists, psychological assistants, psychologist associates, provisional licensed psychologists, and special licensed psychologists as set out in Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-3101 to 38-3133 of the Psychology Practice Act and the Uniform Credentialing Act (UCA). Persons providing psychology services to clients located in Nebraska must be licensed as a psychologist in Nebraska unless exempt.

002. DEFINITIONS. Definitions are set out in the Psychology Practice Act, the Uniform Credentialing Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.

002.01 BEHAVIORAL HEALTH PRACTITIONER. A licensed psychologist, special licensed psychologist, psychological assistant, psychologist associate, licensed independent mental health practitioner, licensed mental health practitioner, qualified physician, licensed alcohol and drug counselor, or other recognized profession who is licensed, certified, or regulated under the laws of this state, whose scope of practice includes mental health services or mental health service referrals.

002.02 CLIENT OR PATIENT. A recipient of psychological services within the context of a professional relationship. In the case of individuals with legal guardians, including minors and incompetent adults, the legal guardian will also be considered a client or patient for decision-making purposes relating to the minor or incompetent adult.

002.03 CONSULTATION. A professional collaborative relationship between a behavioral health practitioner or behavioral health entity and a consultant who is a licensed psychologist. The consulting psychologist must be qualified by license, training and experience to address the mental health problems of clients who are the subjects of consultation. When a mental health practitioner seeks consultation with a licensed psychologist for clients with major mental disorders, the consultation must be conducted in accordance with 172 NAC 94.

002.04 DIRECT SERVICE. A variety of activities, during the postdoctoral experience associated with a client system, including collateral contacts, for the purpose of providing psychological services.

002.04(A) DIRECT SERVICES. Includes, but are not limited to the following:

- (i) Interviewing;
- (ii) Therapy;
- (iii) Case conferences;
- (iv) Behavioral observations and management;
- (v) Evaluations;
- (vi) Treatment planning;
- (vii) Testing;
- (viii) Report writing;
- (ix) Clinical supervision of graduate students in an American Psychological Association accredited clinical, counseling, or school psychology program;
- (x) Consultations;
- (xi) Biofeedback and neurofeedback;
- (xii) Patient management, such as crisis management, triage, placement referrals, etc.;
- (xiii) Classroom teaching of graduate psychology courses in an American Psychological Association accredited clinical, counseling, or school psychology programs that involve examination of psychopathology, psychological assessment, or psychological intervention; and
- (xiv) Clinical research that involves examination of psychopathology, psychological assessment, or psychological intervention.

002.04(B) NON-DIRECT SERVICES. Includes, but are not limited to the following:

- (i) Insurance or managed care reviews relating to payment;
- (ii) Classroom teaching that is not for graduate courses in an American Psychological Association accredited clinical, counseling, or school psychology programs that involve examination of psychopathology, psychological assessment, or psychological intervention;
- (iii) Receiving supervision;
- (iv) Research that does not involve the examination of psychopathology, psychological assessment, or psychological intervention in clinical situations;
- (v) Program evaluation;
- (vi) Scheduling client appointments; and
- (vii) Administrative tasks related to mental health facilities and programs.

002.05 MAJOR MENTAL DISORDER. Any clinically significant mental or emotional disorder in which symptoms, regardless of specific diagnoses or the nature of the presenting complaint, are associated with present distress or disability or present significantly increased risk of suffering, death, pain, disability, or an important loss of freedom. No diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, nor any diagnosis from the International Classification of Diseases (ICD) published by the World Health Organization, of the edition or version used on the effective date of this chapter, is excluded from the category of Major Mental Disorder if the contemporary assessment indicates severe symptoms, as outlined in this section. These documents are available by contacting the publishing organizations. This includes currently observed or assessed dysfunction or impairment that portends danger to self or others, a disabling deterioration of function that seriously impairs daily functioning to include food, clothing, and shelter or an inability to establish or maintain a personal support system. Such

disorders may take many forms and have varying causes but must be considered a manifestation of behavioral, psychological, or biological dysfunction in the person. Behavioral or psychological disorder symptoms include one or more of the following:

- (A) Persistent or severe suicidal or homicidal thinking or behaviors injurious to self or others;
- (B) Psychotic symptoms which include delusions, hallucinations, or formal thought disorders, including evidence of frequent substitution of fantasy for reality;
- (C) Physical complaints or signs suggesting deterioration or anomaly in physiological, psychophysiological, or neuropsychological functioning;
- (D) Feeling, mood or affect in which the emotion is clearly disruptive in its effects on other aspects of a person's life. A marked change in mood, depression or anxiety that incapacitates a person;
- (E) Severe impairment in concentration and thinking, persistence, and pace. Frequent or consistently impaired thinking; or
- (F) Consistent inability to maintain conduct within the limits prescribed by law, rules, and strong mores or disregard for safety of others or destructive to property.

002.06 NATIONAL REGISTER. The National Register of Health Service Providers in Psychology (NRHSP) is a credentials bank that verifies that the psychologist applying for licensure in Nebraska has previously submitted primary source documentation demonstrating completion of specific education and training, holds an active unrestricted license, and has maintained professional and ethical standards.

002.07 NATIONAL STANDARDIZED EXAMINATION. The Examination for Professional Practice in Psychology (EPPP) or the Enhanced Examination for Professional Practice in Psychology (EPPPP) developed by the Professional Examination Service (PES) or another examination that is substantially equivalent and approved by the Board.

002.08 NEBRASKA JURISPRUDENCE EXAMINATION. The examination relating to statutes and regulations governing psychology in Nebraska and relevant federal laws and ethical standards in psychology.

002.09 POSTDOCTORAL EXPERIENCE. Psychology experience or practice under the direct supervision of a licensed psychologist qualified to offer the services provided. To be postdoctoral, the experience must follow the formal awarding of the doctoral degree by an appropriate institution of higher education. Such experience must be compatible with knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

002.10 QUALIFIED PHYSICIAN. An individual with a current license to practice medicine and surgery and has specialized training in mental health treatment or is a Board Certified Psychiatrist.

002.11 REGULAR EMPLOYMENT. For purposes of Neb. Rev. Stat. § 38-3113, regular employment is:

- (A) Work done in the context of an employer-employee relationship;
- (B) That the school system directly pays the school psychologist for all services rendered; and

- (C) That the agreed-upon school psychological services are provided in the context of a comprehensive service delivery system, are not limited to any specific type of service and include opportunities for follow-up and continuing consultation.

002.12 SUPERVISING LICENSED PSYCHOLOGIST. A Nebraska licensed psychologist, not a special licensed psychologist, who provides supervision.

003. CRIMINAL BACKGROUND CHECK. All applicants applying for a psychology license or provisional psychology license must submit a full set of fingerprints to the Nebraska State Patrol in compliance with Neb. Rev. Stat. § 38-131.

004. INITIAL PSYCHOLOGY LICENSE. To obtain a psychology license, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the credentialing requirements of Neb. Rev. Stat. §§ 38-131, 38-3114, 38-3115, 172 NAC 10, and this chapter. Applicants must submit the following:

004.01 EDUCATION. An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology, directly from the issuing institution, or the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register. If the program is not accredited by the American Psychological Association, the applicant must submit the following to show the program meets the requirements of Neb. Rev. Stat. § 38-3114:

- (A) Documentation, including syllabi or course descriptions, verifying that the applicant completed the following coursework:
- (i) Scientific and professional ethics;
  - (ii) Research design and methodology;
  - (iii) Statistics and psychometrics;
  - (iv) Biological bases of behavior;
  - (v) Cognitive and affective bases of behavior;
  - (vi) Social bases of behavior;
  - (vii) Individual behavior;
  - (viii) Assessment and evaluation; and
  - (ix) Treatment and intervention.
- (B) Documentation that the program complies with the following:
- (i) It was clearly identified and labeled as a psychology program and its intent was to education and train psychologists;
  - (ii) Has a permanent and stable standing, including organizational structure, leadership and funding, within the academic setting;
  - (iii) Has clear authority and primary accountability for the academic program with an identifiable psychology faculty and has a psychologist who is responsible for the training program;
  - (iv) Was integrated and has an organized sequence of study, including core course work and profession-wide competencies;
  - (v) Has an identifiable body of students who are matriculated in the degree program; and
  - (vi) Has degree granting authority and was regionally accredited.
- (C) Documentation that the program required students to successfully complete the following years of study and residency:

- (i) A minimum of 3 full-time academic years of graduate study, or equivalent, and an internship prior to receiving the doctoral degree;
- (ii) Two of the 3 academic years, or equivalent, must be at the program from which the doctoral degree is granted; and
- (iii) One year must be a full-time residency, or the equivalent, at the degree granting program. If the program is an on-line program, at least 600 hours must be live face-to-face in person interaction with faculty and students.

004.02 INTERNSHIP. Documentation of completion of an internship that was accredited by the American Psychological Association or if the internship is not accredited by the American Psychological Association, the applicant must submit:

- (A) Verification that the internship was accredited by the Association of Psychology Postdoctoral and Internship Centers (APIC); or
- (B) Verification and documentation of the following:
  - (i) The official school, college or university transcript must show completion of practica prior to entering the internship;
  - (ii) A letter from the internship director or a copy of the internship brochure that verifies the purpose of the internship was to train psychologists for the independent provision of direct psychology services;
  - (iii) The internship was at least 12 months in duration and consisted of at least 1,500 hours in not more than 24 months. School psychology internships may be 10 months in duration;
  - (iv) The internship was directed by a licensed psychologist;
  - (v) The internship was sequentially organized with progressively increased levels of responsibility and skills;
  - (vi) The internship required 4 hours of supervision per week, 2 of the 4 hours were individual face-to-face. For part time internships, the supervision requirements must be proportional to these standards;
  - (vii) The internship had 2 or more supervising licensed psychologists on-site; and
  - (viii) The internship included positions for 2 or more psychology interns.

004.03 SUPERVISED POSTDOCTORAL EXPERIENCE. Documentation of completion of at least 1 year of supervised postdoctoral experience.

004.03(A) COMPLETED IN NEBRASKA. If the postdoctoral experience was completed in Nebraska, the applicant must provide documentation that the applicant:

- (i) Holds or has held a provisional license as set out in 172 NAC 155-005; and
- (ii) Has completed postdoctoral experience as follows:
  - (1) Met the standards of supervision as set out in 172 NAC 155-011;
  - (2) Included 1,500 or more hours in total duration, including 1,000 or more hours of direct service hours earned in not more than 48 months; and
  - (3) Compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice.

004.03(B) COMPLETED OUTSIDE OF NEBRASKA. If the postdoctoral experience was completed outside of Nebraska, it must have met the requirements of 172 NAC 155-004.03(A)(ii)(2).

004.04 EXAMINATION. Documentation of passing the national standardized examination with a minimum scaled score of 500 for all doctoral candidates and passing the Nebraska jurisprudence examination with a minimum score of 80%. The national standardized examination requirement is waived for applicants in the categories set out in Neb. Rev. Stat. § 38-3115.

005. PROVISIONAL PSYCHOLOGY LICENSE. To obtain a provisional license, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-131, 38-3122, 172 NAC 10, and this chapter.

005.01 LICENSE EXTENSION. The provisional license may be extended one time for an additional 2-year period upon approval by the Board and submission of a new application under this section.

006. TWENTY YEARS OF PSYCHOLOGY LICENSURE. To obtain a license based on 20 years of psychology licensure, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. § 38-3117, 172 NAC 10, and this chapter. Applicants must submit:

- (A) An official transcript, verifying completion of a doctoral degree in psychology, directly from the issuing institution, or the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register;
- (B) Verification of holding a current license based on a doctoral degree in psychology;
- (C) Verification of at least 20 years of licensed practice in psychology in the United States or a Canadian jurisdiction; and
- (D) Documentation of successful passage of the Nebraska jurisprudence examination with a minimum score of 80%.

007. RECIPROCITY PSYCHOLOGY LICENSE. To obtain a license based on reciprocity, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of 172 NAC 10 and this chapter. Applicants must submit documentation of:

- (A) A current license in another jurisdiction; and
- (B) A current Certification of Professional Qualification (CPQ) through the Association of State and Provincial Psychology Boards or a current credential at the doctoral level as a Health Service Provider by the National Register of Health Service Providers; or
- (C) Being licensed in a state participating in the Association of State and Provincial Psychology Boards Reciprocity Agreement; or
- (D) Meeting the requirements to obtain an initial license as set out in 172 NAC 155-004.

007.01 EXAMINATION. Applicants must submit documentation of passing the Nebraska jurisprudence examination with a minimum score of 80%.

007.02 TEMPORARY LICENSE. To obtain a temporary license, an individual must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-129.01 or 38-3120, 172 NAC 10, and 172 NAC 155-007(A) through (D) of this chapter.

008. THIRTY DAYS PSYCHOLOGY PRACTICE WITHIN A ONE YEAR PERIOD. To obtain authority to practice for 30 days within a one year period, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of Neb. Rev. Stat. §§ 38-3119, 172 NAC 10, and this chapter. Applicants must submit documentation of:

- (A) A current license in another jurisdiction; and
- (B) An official transcript, verifying completion of a doctoral degree from a program of graduate study in professional psychology from an institution of higher education. The transcript must be submitted directly from the issuing institution, the Association of State and Provincial Psychology Boards' credentialing data bank, or the National Register.

009. REGISTRATION. To obtain registration, an applicant must submit a complete application provided by the Department and provide documentation demonstrating that the applicant meets the requirements of 172 NAC 10, Neb. Rev. Stat. §§ 38-3113 and 38-3116 for applicants who hold a special license as a psychologist, Neb. Rev. Stat. §§ 38-3113 and 38-3122 for provisional licenses, Neb. Rev. Stat. § 38-3113 for assistants or associates, and this chapter.

009.01 PSYCHOLOGICAL ASSISTANTS OR PSYCHOLOGIST ASSOCIATES. Applicants must submit an official transcript, directly by the issuing institution, verifying completion of a masters' degree in clinical psychology, counseling psychology, or educational psychology.

009.02 TERMINATION OF SUPERVISION. If a supervisor or registrant terminates supervision, he or she must notify the Department in writing immediately of the date of termination.

009.03 CHANGE OF OR ADDITIONAL SUPERVISOR. If a change in supervisor occurs or an additional supervisor is added, the registrant must submit an application as set out in 172 NAC 155-009.

010. SUPERVISING LICENSED PSYCHOLOGIST. The supervisor must:

- (A) Hold an active license, which is currently not limited, suspended, or on probation. If disciplined by the Department during the supervisory period, the supervisor must terminate the supervision immediately and notify the Department of the termination.
- (B) Not be a family member.
- (C) Arrange adequate supervision coverage in his or her absence.

011. SUPERVISION. Supervision applies to the following:

011.01 PROVISIONAL PSYCHOLOGY LICENSE. A professional relationship in which a licensed psychologist assumes legal and professional responsibility for the work of the provisional psychology licensee. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure. The supervisor must:

- (A) Review raw data from the applicant's clinical work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings; and
- (B) Meet with the provisional licensee at least twice per month for a minimum of 4 total hours. Such meeting may include face-to-face consultation, telephone, video, or other



electronic means of communication and must ensure confidentiality of the conversation. The supervisor is responsible for documenting supervision meetings.

011.02 SPECIAL PSYCHOLOGY LICENSE. The supervisor will be responsible for determining the extent and character of supervision of a special psychology licensee, keeping in mind the education and experience of the supervisee. The supervisor assumes legal and professional responsibility for any work by the supervisee relating to major mental disorders. In all cases the supervisor must be competent to provide the services being supervised.

011.03 PROVISIONAL MENTAL HEALTH PRACTITIONER. A professional relationship in which a licensed psychologist has oversight responsibility for the mental health practice of the provisional mental health practitioner. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure as a mental health practitioner. The supervisor must meet with the provisional licensee in accordance with 172 NAC 94.

011.04 SEEKING AN INDEPENDENT MENTAL HEALTH PRACTITIONER LICENSE. A professional relationship in which a licensed psychologist has oversight responsibility for the independent mental health practice of an individual seeking an independent mental health practitioner license. The purpose of supervision is to provide training to assist the supervisee to achieve full licensure as an independent mental health practitioner. The supervisor must meet with the applicant in accordance with 172 NAC 94.

011.05 PROVISIONAL ALCOHOL AND DRUG COUNSELOR. A professional relationship in which a licensed psychologist has oversight responsibility for the alcohol and drug clinical work of the provisional alcohol and drug counselor. The purpose of supervision is to enhance and promote the alcohol and drug clinical skills and competencies of the supervisee who is earning hours of clinical work experience to achieve full licensure as an alcohol and drug counselor. The supervisor must meet the requirements of 172 NAC 15.

011.06 PSYCHOLOGICAL ASSISTANT OR PSYCHOLOGIST ASSOCIATE. A professional relationship in which a licensed psychologist has oversight responsibility for the psychological work of an individual who administers and scores and may develop interpretations of psychological testing under the supervision of the licensed psychologist. Such individuals are deemed to be conducting their duties as an extension of the legal and professional authority of the supervising psychologist and must not independently provide interpretive information or treatment recommendations to clients or other health care professionals prior to obtaining appropriate supervision. The purpose of this supervision will be to provide oversight that insures competent and ethical practice in accordance with the statutes and Code of Conduct as promulgated by this Board. The supervisor must:

- (A) Review raw data from the assistant or associates work which is made directly available to the supervisor through such means as written clinical materials, direct observation, and video and audio recordings; and
- (B) Meet with the assistant or associate at least twice per month for a minimum of 4 total hours. Such meetings may include face-to-face consultation, telephone, video, or other electronic means of communication and must ensure confidentiality of the conversation. The supervisor is responsible for documenting supervision meetings.

012. TEST ADMINISTRATION BY UNLICENSED INDIVIDUALS. An individual who is trained by and is under the supervision of a licensed psychologist may administer and score tests which require no independent professional judgment and no interpretation of results. The individual must receive supervision, orders, and directions from a licensed psychologist. The supervisor must select the test to be administered and is ultimately responsible for the accuracy of the administration and scoring of the tests.

013. RENEWAL, WAIVER OF CONTINUING EDUCATION, AND INACTIVE STATUS. The licensee must meet the requirements set out in 172 NAC 10 and this chapter. All psychology licenses, except a provisional license and temporary license, issued by the Department will expire on January 1 of each odd-numbered year.

014. CONTINUING EDUCATION. Psychologists holding an active license in the State of Nebraska must complete at least 24 hours of acceptable continuing education hours during the 24-month period prior to the expiration date. This section does not apply to individuals who hold a provisional license or temporary license.

014.01 REQUIRED HOURS. At least 3 of the 24 hours of continuing education must be in ethics relating to psychology.

014.02 CONTINUING EDUCATION ACTIVITIES. Continuing education must directly relate to the practice of psychology as defined in Neb. Rev. Stat. § 38-3108. Continuing education hours are determined as follows:

014.02(A) DEVELOPING AND TEACHING A GRADUATE ACADEMIC COURSE. Developing and teaching a graduate academic course in an institution accredited by a regional accrediting agency is an approved continuing education activity. Hours will be granted only for the first time the licensee teaches the course during the renewal period and cannot be used for subsequent renewal periods. 1 semester hour of graduate academic credit equals 15 hours of continuing education.

014.02(B) COMPLETING A GRADUATE LEVEL COURSE. Satisfactorily completing a graduate level course offered by an institution accredited by a regional accrediting agency is an approved continuing education activity. Hours will be granted only for the first time it is completed, and it must be completed during the renewal period for which it is submitted. 1 semester hour of graduate academic credit equals 15 hours of continuing education.

014.02(C) AUTHORIZING OR EDITING A PEER-REVIEWED PSYCHOLOGICAL PRACTICE ORIENTED PUBLICATION. Continuing education hours may be earned only in the year of publication or first distribution. Hours are granted as follows:

- (i) Senior or 1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional or scientific book equals 16 hours of continuing education;
- (ii) Senior or 1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional or scientific book chapter equals 8 hours of continuing education;
- (iii) Senior or 1<sup>st</sup> author of a peer-reviewed psychological practice oriented professional journal article equals 8 hours of continuing education; and

- (iv) Editor of a peer-reviewed psychological practice oriented professional or scientific book or journal equals 16 hours of continuing education.

014.02(D) PRESENTING, ATTENDING, OR COMPLETING PROGRAMS. Presenting or attending workshops, seminars, symposia, colloquia, invited speaker sessions, meetings of professional or scientific organizations, homestudy, or videos are acceptable continuing education activities.

014.02(D)(i) HOUR. 60 minutes of presentation or attendance equals 1 hour of continuing education.

014.02(D)(ii) APPROVED CONTINUING EDUCATION PROVIDERS. Only activities approved by the following organizations are acceptable for renewal or reinstatement:

- (1) American Association of Marriage and Family Therapists (AAMFT) or its state Chapters;
- (2) American Counselors Association (ACA) or its state chapters or National Board for Certified Counselors (NBCC);
- (3) American Nurses Credentialing Center's Commission on Accreditation (ANCC);
- (4) Nebraska Medical Association (NMA);
- (5) Nebraska Nurses Association (NNA);
- (6) National Association of Alcohol and Drug Abuse Counselors (NAADAC);
- (7) National Association of Social Workers (NASW) or its state chapters;
- (8) The Accreditation Council for Continuing Medical Education (ACCME);
- (9) The American Medical Association (AMA) or its state chapters;
- (10) The American Nurses Credentialing Center's Commission on Accreditation (ANCCCA); and
- (11) The American Psychological Association (APA) or its state chapters.

015. REINSTATEMENT. The applicant must meet the requirements set out in 172 NAC 10.

016. FEES. Fees are set out in 172 NAC 2.

017. PSYCHOLOGY INTERJURISDICTIONAL COMPACT. The applicant must meet the requirements set out in Neb. Rev. Stat. § 38-3901.

# Model Legislation for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES  
FEBRUARY 2019



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

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AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

# Model Legislation for Prescriptive Authority

APPROVED BY THE APA COUNCIL OF REPRESENTATIVES 2009

**REVISIONS APPROVED FEBRUARY 2019**



## A. DEFINITIONS

- (1) "Board" means the {state psychology licensing board}.
- (2) "Controlled substance" means any drug substance or immediate precursor enumerated in schedules 1-5 of the U.S. Drug Enforcement Administration Controlled Substance Act ([www.dea.gov/controlled-substances-act](http://www.dea.gov/controlled-substances-act)) and as adopted by {state's Food Drug and Cosmetic Act}.
- (3) "Drug" shall have the same meaning as that term is given in {state's "Food, Drug, and Cosmetic Act"}.
- (4) "Prescribing psychologist" means a doctoral-level psychologist who holds a current and valid license in their state or territory as a psychologist from their state board of psychology or its equivalent; and who has undergone specialized education and training in preparation for prescriptive practice and has passed an examination accepted by the {state board of psychology} relevant to establishing competence for prescribing; and has received from the {state board of psychology} a current certificate granting prescriptive authority, which has not been revoked or suspended.
- (5) "Clinical experience" means a period of supervised clinical training and practice in which clinical diagnoses and interventions are learned and which are conducted and supervised as part of the training program.
- (6) "Prescription" is an order for a drug, laboratory test, or any medicine{s}, device{s}, or treatment{s}, including {a} controlled substance{s}, as defined by state law.
- (7) "Prescriptive authority" means the authority to prescribe, administer, discontinue, and/or distribute without charge drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the {state board of psychology}.



## B. CERTIFICATION

- (1) The {state board of psychology} shall certify licensed, doctoral-level psychologists to exercise prescriptive authority in accordance with applicable state and federal laws.
- (2) The {state board of psychology} shall develop and implement procedures for reviewing education and training credentials for that certification process, in accordance with current standards of professional practice.

## C. INITIAL APPLICATION REQUIREMENTS FOR PRESCRIPTIVE AUTHORITY

A psychologist who applies for prescriptive authority shall demonstrate all of the following by official transcript or other official evidence satisfactory to the {state board of psychology}:

- (1) The psychologist must hold a current license at the doctoral level to provide health care services as a psychologist in {the state};
- (2) As defined by the {state board of psychology}, and consistent with established policies of the American Psychological Association for educating and training psychologists in preparation for prescriptive authority:<sup>1</sup>
  - a. The psychologist must have completed an organized sequence of study in an organized program offering intensive didactic education, and including the following core areas of instruction: basic science, functional neurosciences, physical examination, interpretation of laboratory tests, pathological basis of disease, clinical medicine, clinical neurotherapeutics, systems of care, pharmacology, clinical pharmacology, psychopharmacology, psychopharmacology research, and professional, ethical, and legal issues. The didactic portion of the education shall consist of an appropriate number of didactic hours to ensure acquisition of the necessary knowledge and skills to prescribe in a safe and effective manner;
  - b. The psychologist must have completed a postdoctoral prescribing psychology fellowship sufficient to attain competency in the psychopharmacological treatment of a diverse patient population under the direction of qualified practitioners as determined by the {state board of psychology}.
- (3) The psychologist must pass an examination developed by a nationally recognized body (e.g., the Psychopharmacology Examination for Psychologists offered by the Association of State and Provincial Psychology Boards) and approved by the {state board of psychology}.

## D. RENEWAL OF PRESCRIPTIVE AUTHORITY

- (1) The {state board of psychology} shall prescribe by rule a method for the renewal of prescriptive authority at the time of or in conjunction with the renewal of licenses.
- (2) Each applicant for renewal of prescriptive authority shall present satisfactory evidence to the {state board of psychology} demonstrating the completion of {number of} contact hours of continuing education instruction relevant to prescriptive authority during the previous {licensure renewal period}.

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<sup>1</sup> A "grandparent" provision may be added to waive certain requirements for psychologists who have obtained relevant training and experience, including but not necessarily limited to (a) psychologists who are dually licensed as physicians, nurse practitioners, or who have comparable prescriptive authority under another license; and (b) psychologists who have completed the Department of Defense Psychopharmacology Demonstration Project.

## **E. PRESCRIBING PRACTICES**

- (1) "Prescribing psychologists" shall be authorized to prescribe, administer, discontinue, and/or distribute without charge drugs or controlled substances recognized in or customarily used in the diagnosis, treatment, and management of individuals with psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorders; this includes the authority to order necessary laboratory tests, diagnostic examinations, and procedures necessary to obtain such laboratory tests or diagnostic examinations; and those procedures which are relevant to the practice of psychology, or other procedures directly related thereto within the scope of practice of psychology in accordance with rules and regulations adopted by the {state board of psychology}.
- (2) No psychologist shall issue a prescription unless the psychologist holds a valid certificate of prescriptive authority.
- (3) Each prescription issued by the prescribing psychologist shall:
  - a. comply with all applicable state and federal laws and regulations; and
  - b. be identified as written by the prescribing psychologist in such manner as determined by the {state board of psychology}.
- (4) A record of all prescriptions shall be maintained in the patient's record.
- (5) A prescribing psychologist shall not delegate the authority to prescribe drugs to any other person.

## **F. CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY**

- (1) When authorized to prescribe controlled substances, psychologists authorized to prescribe shall file in a timely manner their Drug Enforcement Agency (DEA) registration and number (and the state controlled and dangerous substances license number, if applicable) with the {state board of psychology}.
- (2) The {state board of psychology} shall maintain current records of every psychologist authorized to prescribe, including DEA registration and number.

## **G. INTERACTION WITH THE {STATE BOARD OF PHARMACY}**

- (1) The {state board of psychology} shall transmit to the {state board of pharmacy} an initial list of psychologists authorized to prescribe containing the following information:
  - a. the name of the psychologist;
  - b. the psychologist's identification number assigned by the {state board of psychology}; and
  - c. the effective date of prescriptive authority.
- (2) The {state board of psychology} shall promptly forward to the {state board of pharmacy} any additions to the initial list as new certificates are issued.
- (3) The {state board of psychology} shall notify the {state board of pharmacy} in a timely manner upon termination, suspension, or reinstatement of a psychologist's prescriptive authority.

## H. POWERS AND DUTIES OF THE BOARD

The {state board of psychology} shall promulgate rules and regulations for denying, modifying, suspending, or revoking the prescriptive authority or license of a psychologist authorized to prescribe. The {state board of psychology} shall also have the power to require remediation of any deficiencies in the training or practice pattern of the prescribing psychologist when, in the judgment of the board, such deficiencies could reasonably be expected to jeopardize the health, safety, or welfare of the public.

### **Possible Additions or Amendments to Existing State Laws**

1. Amendment to the state-controlled substances act to ensure that psychologists authorized to prescribe are authorized prescribers of controlled substances.
2. Amendment to the state nurse practice act to ensure that nurses can implement prescriptions written by psychologists authorized to prescribe.
3. Amendment to the state pharmacy act to ensure that pharmacists can dispense drugs ordered by psychologists authorized to prescribe.
4. The laws of 13 states prohibit the prescription of drugs by psychologists. One possible way to address this problem would be to seek legislative authorization to prescribe only for those psychologists who obtain certification, while retaining the general prohibition on prescribing. For these states, state psychological associations may consider including something similar to the following provision:

*The practice of psychology shall not include:*

*Prescribing drugs, with the exception of drugs prescribed by psychologists authorized to prescribe, or by psychologists who have graduated from the U.S. Department of Defense Psychopharmacology Demonstration Program.*



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

## **Proposed Legislation to Grant Prescriptive Authority to Psychologists with Advanced and Specialized Training in Clinical Psychopharmacology**

### **BACKGROUND**

Colorado is in a serious mental health crisis, with a high prevalence of mental health issues in Coloradans and a significant shortage of mental health professionals statewide. For example, nationally, Colorado ranks third for lowest access to mental health services, has the second highest percentage of adults with substance use disorder, and has the third-highest percentage of adults contemplating suicide. Since the COVID-19 pandemic, rates of mental health issues in Coloradans have increased, with nearly 50% of Coloradans experiencing symptoms of anxiety and depression, and a more than a 50% increase in Coloradans calling or texting a crisis hotline.

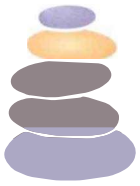
Nationally, approximately 20% of adults meet criteria for mental illness and 5% meet criteria for severe mental illness, with rates significantly increasing secondary to the COVID-19 pandemic. However, the national average ratio of psychiatrists is 8.9 practitioners per 100,000 population (<.001%), with Colorado's ratio falling lower than the national average. This profound shortage of prescribers results in considerable unmet need, long wait times for patients who are able to access psychiatric providers, and patients turning to primary care physicians for management of their psychiatric needs due to an inability to access psychiatric providers. The delay, or inability, to access care often results in increased severity of mental health issues that are more problematic and difficult to treat. Additional costs to the lack of access to appropriate treatment for patients include increased suicide rates, impairments in social and occupational functioning, and increased medical problems.

From a social justice perspective, marginalized populations, such as racial and ethnic minorities, indigenous communities, individuals in rural areas, LGBTQ+, and low-income populations are more likely to have increased barriers to access of care, are less likely to receive appropriate treatment when it is needed, are more likely to experience the negative effects of untreated mental health issues and have been disproportionately stressed by the COVID-19 pandemic.

### **CPA Proposal**

The Colorado Psychological Association ("CPA") plans to pursue legislation to grant prescriptive authority to licensed psychologists with advanced degrees and training in prescribing psychotropic medications, in attempt to increase access to appropriate mental health treatment for Coloradans. Licensed psychologists have earned a doctoral degree focused on assessment, diagnosis, and treatment of mental health disorders.

To become a prescribing psychologist, a psychologist would need to complete additional qualifications of: (a) completing a two-year (450 hours) postdoctoral master's degree in clinical psychopharmacology, focusing on physiology, pathophysiology, neuroscience, pharmacology, clinical psychopharmacology, and legal/ethical issues, (b) passing the national board examination (Psychopharmacology Examinations for Psychologist), (c) completing a preceptorship under the supervision of a physician (MD/DO) that comprises an 80-hour physical exam experience and a 400-hour clinical rotation seeing at least 100 patients, and (d) prescribing under a conditional prescribing psychology status for two years. We would like to propose that, once these steps have been completed, that the psychologist will be credentialed as an independent prescribing psychologist. The additional post-doctoral education and training for prescribing psychologists are comparable to other prescribers, such as psychiatric nurse practitioners, and the knowledge and competency are comparable to psychiatrists and psychiatric nurse practitioners.



The American Psychological Association (APA) formally recognized prescribing psychologists as a specialty within the practice of psychology, and psychologists have been prescribing psychotropic medications for nearly 30 years, within five states (NM, LA, IL, IA, and ID), the Department of Defense, Indian Health Service, US Public Health Service Corps, and Guam. Since the inception of prescribing psychology nearly 30 years ago, there have been no ethical or malpractice complaints against prescribing psychologists, which speaks to the safety of prescribing psychologists. Given the current high levels of unmet mental health needs, 15 other states are also currently in the process of pursuing prescriptive authority legislation for doctoral-level psychologists who have met the criteria previously defined.

It is important to be clear that this legislation asks to expand the scope of practice for licensed doctoral-level psychologists who fulfill the previously stated criteria to prescribe psychotropic medications. The legislation is not to allow psychologists to practice general medicine or prescribe non-psychotropic medications.

### **Why This Matters**

Given the mental health crisis in Colorado, Governor Jared Polis has promoted the Behavior Health Administration bill and established the Behavioral Health Blueprint for Reform to increase access to care and support elimination of the health disparity among marginalized populations. Granting psychologists' prescriptive authority aligns with the mission of this bill.

For the states that have allowed psychologists to hold prescription privileges, approximately 10% of licensed psychologists have pursued prescribing psychology certificates. In the state of Colorado, 10% of psychologists equates to approximately 300 psychologists who would pursue the certificate, which would expand specialized psychiatric providers in Colorado by approximately 35%. Increasing access to appropriate mental health treatment can help reduce the problems that are associated with unmet mental health needs in Coloradans, such as high suicide rates, impairments in social and occupational functioning, and increased medical problems.

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