

**Call to Order – Aliya Chapman, Ph.D, LCP, Vice-Chairperson**

- Welcome and Introductions
- Establishment of Quorum
- Mission of the Board/Emergency Egress Procedures.....Page 3

**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. ....Page 5*

**Approval of Minutes**

Board Meeting – May 14, 2024\* .....Page 10

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

**Presentation**

“Virginia’s Licensed Clinical Psychologist Workforce: 2024” .....Page 22

Yetty Shobo, PhD, Director, DHP Healthcare Workforce Data Center

Barbara Hodgdon, PhD, Deputy Director, DHP Healthcare Workforce Data Center

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

- Regulatory Chart.....Page 56
- Withdrawal of NOIRA for criminal background check\* .....Page 57
- Adopt Exempt Regulatory changes to license psychological practitioners\*.....Page 75

**Unfinished Business**

- Administering the Examination for Professional Practice in Psychology (EPPP)
  - Association of State and Provincial Psychology Boards (ASPPB) Townhall FAQ.....Page 89
  - ASPPB EPPP Letter.....Page 97
  - Texas Proposed Bylaw Amendment and comment.....Page 99
  - ASPPB Response.....Page 102
  - Draft Guidance document on the minimum education, supervision, and passing scores\*.....Page 103
  - Internship equivalency requirements and creation of verification of education form
  - Engagement with Training Providers

---

---

## Staff Reports

- **Executive Director’s Report** – Jaime Hoyle, JD, Executive Director, Boards of Counseling, Psychology and Social Work (BSU)
  - Board Appointments
  - (ASPPB) Updates
    - Potential Regulatory Implications of Master’s Licensure (PRI-LM) Task Force Recommendations.....Page 106
    - Topics/Trends
      - School Psychology
  - PSYPACT Updates
    - PSYPACT Newsletter.....Page 138
  - Financials and Statistics
  - Outreach/Upcoming Meetings and Conferences/Training
- **Discipline Report** – Jennifer Lang, Deputy Director, BSU.....Page 141
- **Licensing Report** – Charlotte Lenart, Deputy Director, BSU.....Page 156

---

---

## New Business

- Jurisdictional policy regarding testimony as practice

---

---

## Elections

- Bylaws.....Page 165
- Board Members.....Page 171

---

---

**Next Meeting** – December 3, 2024

---

---

## Adjournment

---

\*Requires a Board Vote

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



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

---

**MISSION STATEMENT**

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.

---

**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.



# MICHAEL SCHAEFER, PH.D., ABPP

---

1504 Laburnum Park Blvd. Richmond, VA 23227 | 804.402.0122 | Schaefer-michael@att.net

July 12, 2024

Virginia Board of Psychology  
9960 Mayland Drive – Suite 300  
Henrico, VA 23233-1463

## **Re: Project 7946 – Creation of new licensed profession of “psychological practitioners”**

Dear Board Members,

I am writing to you to share my concerns regarding the Board’s proposal to begin licensing master’s level trained “psychological practitioners”. Having worked as a licensed clinical psychologist since 1995 in several different states and having supervised many interns, students, and residents, I have concerns about the creation of this new position and the scope of practice being proposed for these clinicians. I too worked as a master’s level clinician for several years before returning to earn my doctorate degree so first hand understand the challenges associated with licensure and practice at the master’s degree level. Having worked at the Department of Behavioral Health & Developmental Services in a leadership role, I am well aware of the shortage of trained/licensed professionals to fill vital positions/roles, however, I fear this proposal will do more harm to the citizens of the Commonwealth rather than addressing the underlying issues it seeks to address. I have no issue(s) per se with the licensure of master’s level trained clinicians as I have worked closely with many capable, professional clinicians throughout my years of practice. However, I fear that the Board is attempting to license individuals to provide services for which they are not well trained/equipped, that the title of the new profession will confuse the public as it is not readily distinguishable from the other licensed roles, and that other changes to relevant sections of the Code (see §54.1-3600) prescribe a scope of practice for psychological practitioners which extends beyond which they likely have training/expertise. I will address each of my concerns separately:

- 1) **Title of Role** – I have concerns about the decision to term the new licensed profession as “psychological practitioners” as it is likely to create confusion for the public about the difference between these individuals and licensed clinical psychologists (for don’t clinical psychologists function as practitioners of psychology?). The term is too similar to clinical psychologist and its title does not denote the qualitative differences between the two professions. When I first began working in state psychiatric hospitals many of the “psychologists” were in fact licensed (and unlicensed) master’s level clinicians. One of the first tasks I was involved in was the renaming and reclassification of these practitioners due to concerns the Commonwealth was misleading patients about the qualifications of members of their treatment teams. Statewide, across all state agencies, we renamed all these individuals as Psychological Associates to differentiate them from the licensed clinical psychologists. We also made clear the scope of their practices and the limits of their practices. While the term psychological associate is similar

to clinical psychologist per the Cambridge Dictionary the application of the term “associate” typically marks the entry point into a specific career track or industry. These positions are designed for individuals who are either recent graduates or have minimal professional experience in their field”. Thus, while not perfect, this title is more understandable to the public as they likely are more accustomed to interacting with “associates” in other fields (e.g. Associate Director, Associate professor, etc.) and understand that in general these individuals are somehow junior in their profession. It is notable that North Carolina uses the term “psychology associate” for their master’s level trained clinicians.

- 2) **Scope of Practice** – Virginia Code §54.1-3600 defines “psychological practitioner” as “a person licensed pursuant to §54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual’s intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders. While indeed many masters’ level trained clinicians are trained and prepared to provide therapy, in general most master’s level clinicians have received little to no training in psychological test administration, scoring, and interpretation, yet the code definition allows them to practice in this area. I have personally supervised numerous students who have graduated from master’s level psychology programs and none have received formal training in IQ testing, let alone other forms of cognitive testing or personality testing. While indeed these practitioners are instructed to only practice within their areas of competence, I fear that by including psychological testing and evaluation as part of their standard job duties, these practitioners will begin taking on tasks for which they have received little or no formal training. Unfortunately, there are many commercially available scoring and interpretation software programs and this might inadvertently suggest to the practitioners of psychology that these programs compensate for the lack of formal training (which we all know is an inaccurate assumption).
  - a. It is notable that most (if not all) of the major publishers of psychological tests limit access to certain tests to those with the highest degrees/qualifications. Given the lifelong impact of assessing/ mis assessing intelligence, most of the IQ measures are classified as requiring the highest degree of qualifications. For example, Pearson Assessments (who sell the various Wechsler tests) limits access to those with “A doctorate degree in psychology, education, or a closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment”. Now indeed the published adds the caveat of “or Licensure or certification to practice in your state in a field related to the purchase” and because §54.1-300 includes “assessment and evaluation of an individual’s intellectual or cognitive ability” the publisher may actually sell the tests to these individuals as it presumes the state has judged the person competent to administer, score, and interpret the test – which may be a false assumption.
  - b. Having spent several decades working in the forensic world, I (and my colleagues) worry about poorly trained clinicians administering intelligence tests and subsequently diagnosing (or not diagnosing) an intellectual disability and then later in life the issue of whether the person should/ should not be eligible for capital punishment be raised and

the earlier cited IQ scores being used for evidence that the person does/ does not meet the established criteria for the death penalty. Allowing individuals with limited training to assess and diagnose intellectual disabilities places the community at risk.

- 3) Shortage of qualified/licensed staff – While I do not know all the factors associated with the impetus to create this new profession, I know one major factor (cited repeatedly by the Governor) is the critical shortage of mental health professionals. While indeed Virginia, like many states, is facing a shortage of professionals, I question whether the benefits of creating this new licensure path outweigh the risks of doing so. I am aware that there are several universities in the Commonwealth who offer a master's degree in psychology and historically graduates of these programs have been unable to obtain licensure as "licensed professional counselors" due to inconsistencies in the training requirements for a master's degree in counseling and one in psychology. While passage of this new regulation will indeed allow more individuals to seek licensure, I feel that addressing the barriers to licensing these individuals as LPCs is a better route and does not come with the role/title confusion of creating this new licensure category. Additionally, the graduates I have worked with who have been trained at one of these master's in psychology programs are better equipped to function as licensed professional counselors than they are to practice as psychological practitioners for they have had very little training in psychological testing.
- 4) Protections Provided by Requiring Supervision are Inadequate - While 18VAC125-20-59 does require psychological practitioners (who have not been awarded autonomous practice designation) to receive supervision by licensed clinical psychologists, the regulations do not specify the frequency of such supervision but instead use terms such as "appropriate" and "periodic" which are ill defined. While the regulations do specify the number of treatment hours the psychological practitioner must complete prior to seeking the autonomous practice designation, there is no reference to the frequency or duration of supervision sessions. It is notable that indeed there appears to be a shortage of clinical psychologists in the Commonwealth yet now rather than providing direct patient care, the clinical psychologists will be tasked with supervising others. It is also notable that 18VAC125-20-59 passes the responsibility to the clinical psychologist to "ensure that the psychological practitioner only practices with the scope of his education and training" thus passing more liability to the psychologist – especially since the regulations now will allow these individuals to complete evaluations/assessments but the clinical psychologist will be tasked with vouching that the individual has sufficient training to accomplish the tasks that the board has already given the individual clinical privileges to engage in. The amended regulations do not speak to the efforts that should be made to ensure the psychological practitioner is skilled to provide services in all areas for which they are allowed to practice and indeed it would be exceedingly difficult to ensure proficiency in only one year of intermittent supervision.

In closing, while I understand the great pressure being placed on the Board to address the mental health staffing shortage, I fear the proposed regulations will do more harm than good. I know Governor Youngkin wants to minimize what he perceives as unnecessary regulation and gatekeeping but with all due respect I would argue that the existing regulations regarding the mental health professions exist for

a reason and that there are other avenues to address the staffing shortage that do not come with as great of risk to the citizens of the Commonwealth. As the Board representing our profession, I hope you will educate the administration about the specialized training for psychologists, the possible harms associated with creating a licensed role of "psychological practitioner", and that you will take steps to protect citizens from what could be widespread incompetent practice. Thank you for listening to my concerns.

A handwritten signature in black ink, appearing to read "Michael Schaefer, Ph.D.", written in a cursive style.

Michael Schaefer, Ph.D., ABPP  
Licensed Clinical Psychologist  
Board Certified Forensic Psychologist - ABPP

Hello, my name is Dr. Allana Robinson and I am writing to the board to express my concern regarding the EPPP (Part 1-Knowledge) pass rates and the impending addition of the EPPP (Part 2-Skills) in January 2026. To date, there is documented evidence that strongly suggests a racial disparity in the pass rates of Black/African American and Hispanic/Latinx test takers compared to their White counterparts (Saldaña, Callahan, & Cox, 2024; Sharpless, 2019; Sharpless, 2021). ASPPB has made the claim that there is no racial bias in the EPPP but lacks adequate data to counter what has been uncovered in the literature thus far. Personal anecdotes from individuals within these communities who have been expressing their frustrations for years also indicate the need for a deeper investigation into this matter. Personally, as a California psychological associate who graduated from an APA-accredited program, completed an APA accredited internship and postdoctoral training program, I did not expect for my licensure process to include 4 attempts. My postdoctoral training program provided study time and offered reimbursement for study materials, and my first attempt garnered a score of 480. I tirelessly studied from March 2023 – March 2024 and took the exam four times between July 2023 and March 2024. In that time, I was hired on as a staff health psychology associate and was supported by my team; which spoke to my clinical strength in a way that this exam failed to. Throughout my journey, a multitude of stories of “brilliant psychologists” who did not pass the EPPP on their first attempt were shared with me, which further indicates that something is amiss with this exam. In addition to the issues with Part 1, there are also concerns about the impact that Part 2 will have on the licensing process. ASPPB continues to disregard the multitude of problems Part 2 will inevitably cause as well as the insufficient justification that an additional exam would resolve concerns associated with skills-based competency.

Because of these serious concerns, I am requesting that the board investigate how the current Part 1 cutoff score is contributing to the dearth in representation of BIPOC psychologists in Virginia and implement appropriate strategies to address this concern, which includes considering lowering the cutoff score. Additionally, I am asking that the Virginia state board take a firm stance against EPPP (Part 2-Skills) and follow the Texas State Board of Examiners of Psychologists’ lead in submitting a request to ASPPB to consider amending the bylaws so that Part 2 can be put to a vote for member jurisdictions. As an advocate for advancing the psychology profession for all psychologists of diverse backgrounds, it’s important to ensure transparency and accountability to reduce the gap in service delivery and systematic barriers experienced by ethnic minority and Black psychologists. Now is the time to take corrective action that can not only positively impact the lives of individuals pursuing a license but also ensure more access to qualified and capable clinicians for community members across Virginia. Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'AR', with a long horizontal line extending to the right.

**Virginia Board of Psychology**  
**Board Meeting Minutes**  
**Tuesday, May 14, 2024, at 10:00 a.m.**  
**9960 Mayland Drive, Henrico, VA 23233**  
**Board Room 2**

**PRESIDING OFFICER:** J.D. Ball, Ph.D.

**BOARD MEMBERS PRESENT:** Aliya Chapman, Ph.D.  
Norma Murdock-Kitt, Ph.D.  
Gary Sibcy, Ph.D.  
William Hathaway, Ph.D.  
Madeline Torres, Citizen Member  
Danielle Spearman-Camblard, Psy.D.  
Cheryl Snyder, Citizen Member

**BOARD MEMBERS ABSENT:** Susan Brown Wallace, Ph.D., LCP, LSP

**BOARD STAFF PRESENT:** Jaime Hoyle, JD, Executive Director  
Jennifer Lang, Deputy Executive Director  
Charlotte Lenart, Deputy Executive Director  
Meagan Ohlsson, Licensing Supervisor

**DHP STAFF PRESENT:** Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP  
James Jenkins, RN, Agency Deputy Director, Special Advisor to the Governor on Workforce  
Matt Novak, Policy & Economic Analyst, DHP  
Arne Owens, Agency Director, DHP

**BOARD COUNSEL PRESENT:** James Rutkowski, Assistant Attorney General

**CALL TO ORDER:** Dr. Ball called the meeting to order at 10:07 a.m.

**MISSION STATEMENT:** Dr. Ball read the mission statement of the Department of Health Professions and the emergency egress procedures.

**ESTABLISHMENT OF A QUORUM:** With eight members present a quorum was established.

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

**PUBLIC ATTENDEES:**

Karren Ellen Trump, School Psychologist, Ed.S.

Denise Daly-Konrad, Director of Strategic Initiatives for the Virginia Health Care Foundation

**PUBLIC COMMENT:**

Ms. Trump addressed the Board with concerns with the shortage of school psychologist due in part to noncompetitive salaries, retirement, and school recruitment efforts. Ms. Trump stressed the importance of the Board having a Board member represent the field of school psychology. Dr. Ball thanked Ms. Trump for her comments and noted that our own Board member and former Chair, Dr. Susan Wallace, has also made the Board aware of the workforce crisis. The Board is very interested in maintaining an active seat for a school psychologist member.

The Board discussed the public comment letters received regarding opposition of the implementation of the EPPP-2 exam. Dr. Ball indicated that the Board is sensitive to regulatory changes and will continue the work to ensure changes made are in the best interest of the community it serves.

**APPROVAL OF MINUTES:**

**Motion:** Dr. Sibcy made a motion, which was properly seconded by Dr. Chapman, to approve the minutes from the February 27, 2024, Quarterly Board meeting as presented. The motion passed unanimously.

**AGENCY DIRECTOR REPORT:**

Mr. Owens provided the following information:

- Mr. Owens thanked the Board Members for their service and contribution to the profession.
- Mr. Owens reported on the DHP Board Member Training held on March 26, 2024, and the DHP All Staff Training held on April 30, 2024.
- Mr. Owens provided information regarding the transition of DHP management. He welcomed Dr. Sarah Rogers as the new Enforcement Director, Leslie Knachel as the new Chief Operating Officer, Kelly Smith as the new Director of Communications, and Claire Morris as the new Executive Director for the Board of Nursing. Mr. Owens reported that Lisa Hahn, Chief Operating Officer, would retire effective July 1, 2024, and that Jay Douglas, Executive Director for the Board of Nursing, would retire effective September 1, 2024.
- Mr. Owens indicated that this year's General Assembly session went well and provided good support with legislative changes that supported the Agency's plan to expand workforce opportunities.
- Mr. Owens briefly indicated the biennium two-year budget authorized the agency to hire additional staff positions and provides a 3% increase for salaried state employees.
- Mr. Owens provided a brief overview of the DHP Business Process Re-engineering initiative. He stated that DHP had hired a vendor to review the licensing process to determine if there are any areas of improvement and to review the efficiency of time to complete an application once received.

**BOARD CHAIR REPORT:**

Dr. Ball, Dr. Chapman and Ms. Evans presented at the Virginia Academy of

Clinical Psychologist (VACP) Spring Conference in Staunton, Virginia. Dr. Ball noted that when asked whether clinical psychologists present would be interested in supervising masters level psychological practitioners, once these licensees were enabled, a significant majority of those present said yes. In this discussion, Drs. Chapman and Ball also appealed to VACP for assistance to EPPP examinees in defraying costs and exam mentoring.

Dr. Ball welcomed Ms. Madeline Torres to the Board.

Dr. Ball invited members of the Board who were interested in serving on the Regulatory Committee and the Special Conference Committee to let him know. Dr. Ball indicated that his second term will end on June 30, 2024.

## **LEGISLATIVE AND REGULATORY REPORT:**

### **Chart of Regulatory Actions**

Ms. Barrett reviewed with the Board the current regulatory actions for the Board of Psychology work as of May 6, 2024. A copy of the chart was included in the agenda packet.

### **Legislative Report**

Ms. Barrett provided a detailed overview with the proposed regulations changes to add license psychological practitioners. Ms. Barrett further indicated that any recommended changes to the regulations will not be adopted at this time. Ms. Barrett stated that the Board will vote on the proposed regulatory changes at its September 9, 2024, meeting.

In addition to the quarterly board meeting, a public hearing will be held on September 9, 2024 to allow for public comment.

November 13, 2024, is the final day to have the exempt regulations to the Registrar.

## **COMMITTEE REPORTS:**

### **Regulatory Committee Report:**

Dr. Chapman thanked Ms. Barrett for her hard work drafting the proposed regulatory changes for the licensed psychological practitioner.

Dr. Chapman provided a verbal report on the Association of State and Provincial Psychology Boards (ASPPB) mid-year meeting that was attended by Dr. Chapman, Dr. Hathaway, Ms. Hoyle and Ms. Lenart.

Dr. Chapman provided a recap of the top discussions from the conference which included discussions on:

- High Stakes Exams and Test Security: Navigating the Disruptions and Risks to Exam Integrity
- ASPPB Examination Program Overview
- Item Development Panel: How a Thought Becomes a Vetted Test Question
- ASPPB Updates



- Strategic Plan Updated
- Equivalency Task Force
- Potential Regulatory Implications for Licensing Master's Trained Individuals Task Force
- Recruiting, Onboarding and Mentoring Board and College Members
- Succession Planning
- Ethics Complaints in the Telehealth Arena
- Success Stories from Jurisdictions

Dr. Chapman suggested creating a newsletter to share information to our licensee's and public on upcoming changes from the Board. Ms. Hoyle stated that staff will work on creating a blast or newsletter related to the changes.

Ms. Chapman also led the discussion on internship and coursework equivalency requirements and engagement with the training providers.

The Board had a discussion on the requirement for the Examination for Professional Practice in Psychology (EPPP) Part 2-Skills examination. 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 of the EPPP examination. 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.

The Board discussed concerns with the implementation process and the desire for the ASPPB or training programs to directly register applicants for the EPPP Part 1. Virginia only has one fee and one approval process in regulations that allows applicants to pay a licensure by examination application fee. This current process is not ideal for a two-part examination that is intended to be taken at different times. An applicant interested in taking Part 1 may never intend to become licensed in Virginia. They would need to apply licensure by examination, knowing they may not have met all the licensure requirements. Staff either must do a partial review of their education to determine eligibility for Part 1 without guaranteeing that an applicant who may or may not ultimately intend to be licensed in Virginia will meet all of Virginia's licensure requirements. Additionally, Virginia has record retention requirements. Incomplete applications, and these would be incomplete, because the applicant would not be eligible for licensure at the Part 1 stage, would be closed after a year. Applicants would need to reapply for licensure by examination if they become eligible for Part 2 after a year. If the ASPPB or training programs do not directly register applicants for the Part 1, then Virginia's best option will need to administer both parts of the exam within a year. Changing regulations to allow for Part 1 review and approval may not be approved and would not be approved by the time ASPPB has required jurisdictions to administer both parts of the exam.

criticisms of requiring a national examination for licensure, with particular concerns about its costs and risks for bias. Dr. Ball noted that since current regulations require the EPPP for doctoral level licensees and new Virginia law requires it for masters level psychological practitioners, the Board should do all it can to facilitate a fair, affordable process.

## **UNFINISHED BUSINESS:**

Update on administering both parts of the Examination for Professional Practice in Psychology (EPPP)

This discussion was incorporated into the Regulatory Committee report.

Discussion of options for EPPP Assistance

Ms. Hoyle explained that Minnesota has adopted a pilot program to provide assistance to individuals who meet certain demographic criteria and have previously failed the EPPP examination. Minnesota accomplished this program through the procurement process. They identified a test preparation vendor to work with the cohort of applicants. The program pays for those applicants to take the test preparation company's course. They anticipate that most will pass the examination but will have the results later this year.

The Board discussed options for Virginia and the likelihood for the Board to accomplish something similar. Board counsel cautioned that in Virginia such a process brings up fairness concerns and it is probably best left to associations and schools. Ms. Hoyle also mentioned that maybe the Virginia Health Care Foundation had some ideas on how to fund and administer such a program.

## **STAFF REPORTS:**

### **Executive Director's Report:**

Ms. Hoyle welcomed Ms. Torres to the Board and provided an update on appointments. A replacement for Dr. Wallace has yet to be named, so Dr. Wallace will continue serving on the Board until that time. Ms. Hoyle thanked Dr. Wallace for her continued commitment to the Board and thanked Christine Payne for her valuable contributions and service to the Board.

Dr. Ball's 2<sup>nd</sup> term expires on June 30<sup>th</sup>, and we do not know when his replacement will be named. As such, to ensure continuity, we will hold elections at the September meeting.

Ms. Hoyle thanked the Board members for participating in the Board Conversation Hour at the Virginia Academy of Clinical Psychology's Spring conference. She also thanked Ms. Evans for representing staff at this conference.

Ms. Hoyle shared that she had recently presented a legislative and regulatory update to the Virginia Association of Community-Based Providers, Spring Conference. Stakeholders are interested and excited about the Board's efforts to license master's level psychologists. She also thanked Ms. Barrett and the board for all their hard work on providing language for these statutory and regulatory changes.

### **Discipline Report:**

Ms. Lang referenced the discipline report included in the agenda.

Additionally, she reported that the Board of Psychology received 124 completed investigations in calendar year 2023. Since 2020, the cases for the Board of Psychology have decreased by 6%.

Discipline cases are processed by two full-time staff members who also manage cases for the Boards of Counseling and Social Work. Collectively, the three behavioral science boards received 724 new cases in 2023, a 31% increase in since 2020. If pending General Assembly bills are passed, creating new license types for the Boards of Psychology and Counseling, the discipline cases are expected to increase significantly. Ms. Lang advised that, due to the volume of discipline cases, Christy Evans has assumed additional responsibilities, including leading informal conferences. Moving forward, additional discipline staff will be necessary.

**Licensing Report:**

Ms. Lenart provided the licensing report included in the agenda starting on page 17. The Board has a little over 6,000 licenses, certification holders and registrants. Board staff is currently reviewing applications within 48 hours and continue to receive positive satisfactory results.

Ms. Lenart is coordinating the Behavioral Sciences Boards Business Process Engineering efforts with Impact Makers. Impact Makers was hired by the Agency to review and study each Boards' processes and to provide suggestions to improve efficiencies. They have identified several areas for staff to concentrate on that will improve the way we process applications, decreasing processing time and increasing the customer service and applicant experience with the Board. Ms. Lenart is looking forward to making positive changes to the licensing process.

**NEXT MEETING DATE:** The next full Board meeting is scheduled for September 10, 2024.

**ADJOURNMENT:** Dr. Ball adjourned the meeting at 11:59 a.m.

---

J.D. Ball, Ph.D., Chair Chairperson

---

Date

---

Jaime Hoyle, JD, Executive Director

---

Date

**ATTACHMENT A**  
**Legislative Report**  
**Board of Psychology Week of February 26, 2024**

**HB 181 School counselors; decreases public school staffing ratios.**

*Chief patron:* Feggans

**DEAD BILL**

*Summary as introduced:*

**Public school staffing ratios; school counselors.** Decreases from one to 325 to one to 250 the ratio of full-time equivalent school counselors required to be employed by each local school board per student enrolled in the local school division.

01/17/24 House: Reported from Education (17-Y 4-N)

01/18/24 House: Assigned App. sub: Elementary & Secondary

Education 02/05/24 House: Subcommittee recommends

continuing to 2025 02/07/24 House: Continued to 2025 in

Appropriations

**HB 224 Public schools; mental health awareness training.**

*Chief patron:* Henson

*Summary as passed House:*

**Public schools; teachers and other relevant personnel; mental health awareness training.** Requires each teacher and other relevant personnel, as determined by the applicable school board, employed on a full-time basis to complete mental health awareness training that addresses the needs of youth populations that are at a high risk of experiencing mental health challenges and disorders. Current law requires such teachers and personnel to complete mental health awareness training but does not contain any requirements relating to the specific topics such training must address.

01/23/24 House: Subcommittee recommends reporting with substitute (7-

Y 1-N) 01/24/24 House: Reported from Education with substitute (13-Y

8-N)

01/30/24 House: VOTE: Passage (62-Y 36-N)

02/14/24 Senate: Assigned Education and Health Sub: Public Education

HB 1294 Psychological practitioners; establishes a licensing procedure.

*Chief patron:* Willett

**DEAD BILL BECAUSE INCORPORATED INTO HB1499**

*Summary as introduced:*

**Board of Psychology; psychological practitioners; licensure.** Establishes a licensing procedure by the Board of Psychology for a psychological practitioner as defined in the bill. The bill directs the Board to adopt emergency regulations to implement the provisions of the bill.

02/07/24 House: Subcommittee recommends striking from docket (8-Y 0-

N) 02/13/24 House: Left in Health and Human Services

HB 1326 **Nationally Certified School Psychologist Program; established.**

*Chief patron:* Taylor

**DEAD BILL**

*Summary as introduced:*

**Nationally Certified School Psychologist Program established; incorporation into National Teacher Certification Incentive Reward Program Fund.** Establishes the Nationally Certified School Psychologist Program, incorporates such program into the existing National Teacher Certification Incentive Reward Program Fund and renames such fund as the National Teacher Certification Incentive Reward Program and Nationally Certified School Psychologist Program Fund, and permits such fund to be used to award incentive grants to school psychologists employed in the public schools of the Commonwealth obtaining national certification from the National Association of School Psychologists consisting of an initial state- funded award of \$5,000 and a subsequent award of \$2,500 each year for the life of the certificate.

01/29/24 House: Subcommittee recommends laying on the table (6-Y 0-

N) 02/13/24 House: Left in Appropriations

HB 1499 **Virginia Health Workforce Development Authority; increases ex officio members, etc., report.**

*Chief patron:* Willett

*Summary as passed House:*

**Virginia Health Workforce Development Authority.** Modifies the enabling legislation for the Virginia Health Workforce Development Authority by adding four additional ex officio members to the Authority's Board of Directors, adding setting priorities for and managing graduate medical education programs to the duties of the Authority, specifying additional recipients of the Board's biennial report, and authorizing the Authority to partner with other agencies and institutions to obtain and manage health workforce data. The bill directs the Board of Nursing to add or remove certain educational requirements for members of the nursing faculty in specified nursing education programs and establishes a licensing procedure by the Board of Psychology for a psychological practitioner, as defined by the bill. The bill directs the Board of Nursing and the Board of Psychology to adopt regulations to implement relevant provisions of the bill to be effective no later than January 1, 2025.

02/07/24 House: Subcommittee recommends reporting with substitute (8-Y 0-N) 02/08/24 House: Reported from Health and Human Services with substitute (22-Y 0-N) 02/09/24 House: Reported from Appropriations with amendment(s) (20-Y 0-N) 02/13/24 House: VOTE: Block Vote Passage (99-Y 0-N)

02/23/24 Senate: Senate subcommittee amendments and substitutes offered

**HB 120 DPOR and DHP; certain suspensions not considered disciplinary action.**

*Chief patron:* Sullivan

*Summary as introduced:*

**Department of Professional and Occupational Regulation; Department of Health Professions; certain suspensions not considered disciplinary action.** Prohibits any board of the Department of Professional and Occupational Regulation or the Department of Health Professions issuing a suspension upon any regulant of such board pursuant to such regulant's having submitted a check, money draft, or similar instrument for payment of a fee required by statute or regulation that is not honored by the bank or financial institution named from considering or describing such suspension as a disciplinary action.

01/18/24 House: Subcommittee recommends reporting (8-Y 0-N) 01/23/24 House: Reported from General Laws (21-Y 0-N) 01/30/24 House: Reported from Health and Human Services (22-Y 0-N) 02/05/24 House: VOTE: Block Vote Passage (98-Y 0-N)

02/14/24 Senate: Reported from General Laws and Technology (15-Y 0-N)

02/19/24 Senate: Passed Senate (39-Y 0-N)

**HB 722 Regulatory Budget Program; established, report.**

*Chief patron:* Weibert

**DEAD BILL**

*Summary as introduced:*

**Department of Planning and Budget; Regulatory Budget Program**

**established; report.** Directs the Department of Planning and Budget to establish a Regulatory Budget

Program under which each executive branch agency subject to the Administrative Process Act shall reduce overall regulatory requirements by 30 percent by January 1, 2027. The bill requires the Department to report to the Speaker of the House of Delegates and the Chairman of the Senate Committee on Rules on the status of the Program no later than October 1 of each year, beginning October 1, 2025. Finally, the bill provides that the Department, in consultation with the Office of the Governor, shall issue guidance for agencies regarding the Program and how an agency can comply with the requirements of the Program. The bill has an expiration date of January 1, 2027.

01/25/24 House: Subcommittee recommends striking from docket (8-Y 0-

N) 01/30/24 House: Stricken from docket by General Laws (22-Y 0-N)

**HB 1293 Behavioral health and nursing; revision of policies that hinder, etc., health care workforce.**

*Chief patron:* Willett

**DEAD BILL**

*Summary as introduced:*

**Behavioral health; nursing; work group; report.** Directs the Virginia Health Workforce Development Authority to convene a work group to identify and propose revisions to current regulations and policies that hinder the development, retention, and productivity of the health care workforce in behavioral health and nursing.

01/29/24 House: Subcommittee recommends continuing to

2025 02/01/24 House: Continued to 2025 in Rules

HB 1428 Regulatory boards; application review timelines.

*Chief patron:* Shin

**DEAD BILL**

*Summary as introduced:*

**Department of Professional and Occupational Regulation; application review timelines.** Requires each regulatory board within the Department of Professional and Occupational Regulation to adopt a timeline of each stage that a completed application for licensure, certification, or registration will undergo as it is reviewed by such board. The bill also requires that such regulatory board approve any completed application within 30 days of its receipt unless such board has reasonable certainty that such application includes grounds for denial.

02/08/24 House: Subcommittee recommends striking from docket (7-Y 0-N) 02/08/24 House: Stricken from docket by General Laws (20-Y 0-N)

**SB 682 Health professions; universal licensure, requirements.**

*Chief patron:* Suetterlein

**DEAD BILL**

*Summary as introduced:*

**Health professions; universal licensure; requirements.** Requires health regulatory boards within the Department of Health Professions to recognize licenses or certifications issued by other United States jurisdictions, as defined in the bill, as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill also requires such health regulatory boards to recognize work experience as fulfillment for licensure or certification in the Commonwealth if certain conditions are met. The bill does not apply to licensure for physicians or dentists.

02/08/24 Senate: Reported from Education and Health with substitute (15-Y 0-N) 02/08/24 Senate: Motion to rerefer to committee agreed to 02/08/24 Senate: Rereferred to Rules 02/09/24 Senate: Continued to 2025 in Rules (8-Y 6-N 1-A)



## **ATTACHMENT B**

### **Board of Psychology Guidance Document 125-3.1**

#### **Submission of Evidence of Completion of Graduate Work**

If an applicant has completed ALL degree requirements, but the graduate transcript does not document that the degree has been awarded solely because of the institution's schedule for conferring degrees, the requirement may be met by submission of an official letter from the institution's graduate psychology program chair attesting that the applicant has successfully fulfilled all educational requirements to earn the degree, but that, due to the institution's schedule, the degree has not yet been conferred. The graduate transcript and the program chair's letter must be submitted to the office of the Board of Psychology.

#### **References**

18VAC125-20-41

18VAC125-20-65

---

# *Virginia's Licensed Clinical Psychologist Workforce: 2024*

---

Healthcare Workforce Data Center

July 2024

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233  
804-597-4213, 804-527-4434 (fax)  
E-mail: [HWDC@dhp.virginia.gov](mailto:HWDC@dhp.virginia.gov)

Follow us on Tumblr: [www.vahwdc.tumblr.com](http://www.vahwdc.tumblr.com)

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

*More than 4,200 Licensed Clinical Psychologists voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Psychology express our sincerest appreciation for their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

**Arne E. Owens, MS**  
*Director*

**James L. Jenkins, Jr., RN**  
*Chief Deputy Director*

*Healthcare Workforce Data Center Staff:*

**Yetty Shobo, PhD**  
*Director*

**Barbara Hodgdon, PhD**  
*Deputy Director*

**Rajana Siva, MBA**  
*Data Analyst*

**Christopher Coyle, BA**  
*Research Assistant*

**Ashlyn Cole,**  
*Summer Intern*

# **Virginia Board of Psychology**

## ***Board Chair***

J.D. Ball, PhD, ABPP  
*Virginia Beach*

## ***Board Vice-Chair***

Aliya Chapman, PhD  
*Blacksburg*

## ***Members***

William Hathaway, PhD  
*Virginia Beach*

Norma Murdock-Kitt, PhD  
*Richmond*

Gary Sibcy, PhD  
*Lynchburg*

Cheryl Snyder  
*Spotsylvania*

Danielle Spearman-Camblard, PsyD  
*Chesterfield*

Madeline Torres QMHP-A  
*Glen Allen*

Susan Brown Wallace, PhD  
*Williamsburg*

## ***Executive Director***

Jaime H. Hoyle, JD

# Contents

---

<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Specialties</b> .....	<b>9</b>
<b>Current Employment Situation</b> .....	<b>10</b>
<b>Employment Quality</b> .....	<b>11</b>
<b>2024 Labor Market</b> .....	<b>12</b>
<b>Work Site Distribution</b> .....	<b>13</b>
<b>Establishment Type</b> .....	<b>14</b>
<b>Languages</b> .....	<b>16</b>
<b>Time Allocation</b> .....	<b>17</b>
<b>Patient Workload</b> .....	<b>18</b>
<b>Patient Allocation</b> .....	<b>19</b>
<b>Telehealth</b> .....	<b>20</b>
<b>Interstate Compact</b> .....	<b>21</b>
<b>Retirement &amp; Future Plans</b> .....	<b>22</b>
<b>Full-Time Equivalency Units</b> .....	<b>24</b>
<b>Maps</b> .....	<b>25</b>
Virginia Performs Regions .....	25
Area Health Education Center Regions .....	26
Workforce Investment Areas .....	27
Health Services Areas .....	28
Planning Districts.....	29
<b>Appendices</b> .....	<b>30</b>
Appendix A: Weights .....	30

# The Licensed Clinical Psychologist Workforce At a Glance:

## The Workforce

Licensees:	4,802
Virginia's Workforce:	3,063
FTEs:	2,542

## Background

Rural Childhood:	19%
HS Degree in VA:	23%
Prof. Degree in VA:	27%

## Current Employment

Employed in Prof.:	95%
Hold 1 Full-Time Job:	55%
Satisfied:	96%

## Survey Response Rate

All Licensees:	88%
Renewing Practitioners:	97%

## Education

Doctor of Psych.:	58%
Other PhD:	42%

## Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	71%

## Demographics

Female:	72%
Diversity Index:	38%
Median Age:	50

## Finances

Median Inc.:	\$110k-\$120k
Health Benefits:	61%
Under 40 w/ Ed. Debt:	67%

## Time Allocation

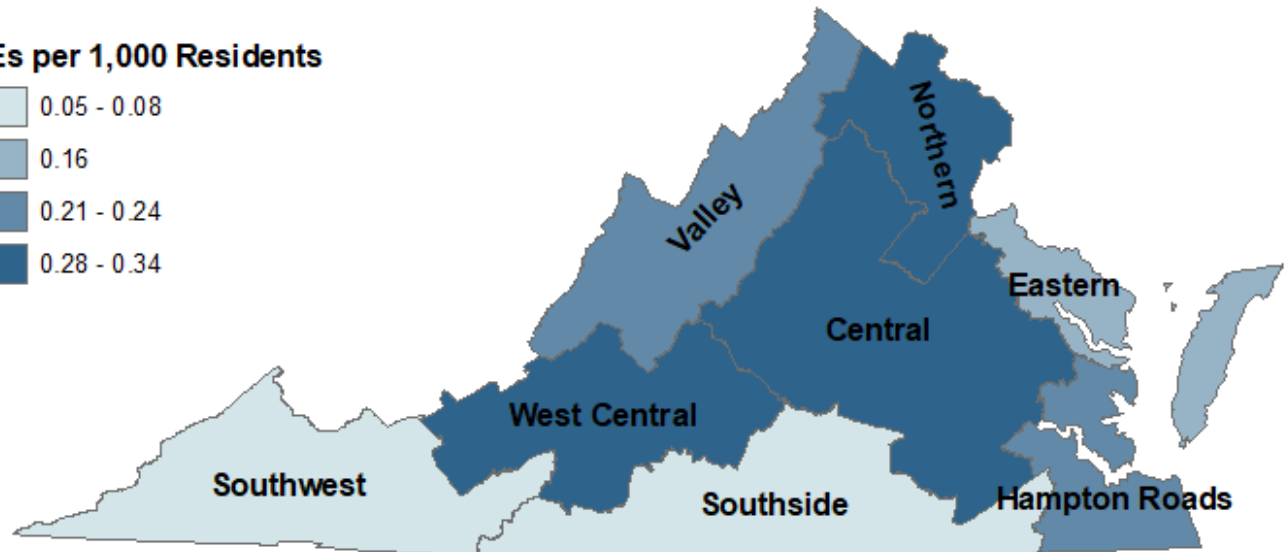
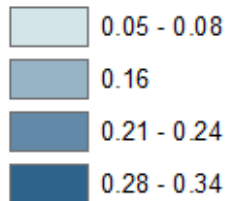
Patient Care:	70%-79%
Administration:	10%-19%
Patient Care Role:	65%

Source: Va. Healthcare Workforce Data Center

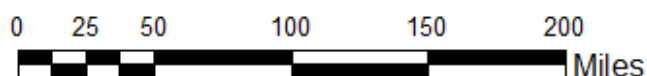
## Full-Time Equivalency Units Provided by Clinical Psychologists per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2022  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2024 Licensed Clinical Psychologist (LCP) Workforce Survey. Among all LCPs, 4,248 LCPs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every June for LCPs. These survey respondents represent 88% of the 4,802 LCPs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 3,063 LCPs participated in Virginia's workforce during the survey period, which is defined as those LCPs who worked at least a portion of the year in the state or who live in the state and intend to work as an LCP at some point in the future. Over the past year, Virginia's LCP workforce provided 2,542 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than seven out of every ten LCPs are female, including 83% of those LCPs who are under the age of 40. In a random encounter between two LCPs, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 43% among those LCPs who are under the age of 40. For Virginia's population as a whole, the comparable diversity index is 60%. Nearly one out of every five LCPs grew up in a rural area, and 3% of LCPs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 3% of all LCPs work in a non-metro area of the state.

Among all LCPs, 95% are currently employed in the profession, 55% hold one full-time job, and 39% work between 40 and 49 hours per week. Three out of every five LCPs are employed in the for-profit sector, while another 13% work in the non-profit sector. More than one-third of all LCPs carry education debt, including 67% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between \$130,000 and \$140,000. The median annual income of Virginia's LCP workforce is between \$110,000 and \$120,000, and 53% of LCPs receive this income in the form of a salary. In addition, nearly three-quarters of all wage and salaried LCPs receive at least one employer-sponsored benefit, including 61% who have access to health insurance. Among all LCPs, 96% are satisfied with their current work situation, including 69% of LCPs who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2014 LCP workforce. The number of licensed LCPs in Virginia has increased by 58% (4,802 vs. 3,037). In addition, the size of Virginia's LCP workforce has increased by 30% (3,063 vs. 2,354), and the number of FTEs provided by this workforce has increased by 16% (2,542 vs. 2,191). Virginia's renewing LCPs are more likely to respond to this survey (97% vs. 88%).

The percentage of LCPs who are female has increased (72% vs. 64%). At the same time, the median age of Virginia's LCP workforce has fallen (50 vs. 52). Virginia's LCPs have become more diverse (38% vs. 25%), a trend that has also occurred among LCPs who are under the age of 40 (43% vs. 36%). LCPs are slightly less likely to have grown up in a rural area (19% vs. 20%), and LCPs who grew up in a rural area are less likely to work in a non-metro area of Virginia (3% vs. 8%). In addition, the percentage of all LCPs who work in a non-metro area of the state has fallen slightly (3% vs. 4%). While the percentage of all LCPs who carry education debt has increased (37% vs. 35%), the opposite is true among those LCPs who are under the age of 40 (67% vs. 74%). The median outstanding balance among those LCPs with education debt has grown (\$130k-\$140k vs. \$80k-\$90k).

While LCPs are more likely to hold one full-time job (55% vs. 53%), there are also slightly less likely to work between 40 and 49 hours per week (39% vs. 40%). Meanwhile, LCPs are less likely to have been employed at their primary work location for at least two years (71% vs. 75%). The median annual income of Virginia's LCP workforce has increased (\$110k-\$120k vs. \$70k-\$80k), and LCPs are more likely to receive this income in the form of a salary (53% vs. 51%) than as income from a business or practice (28% vs. 29%). Wage and salaried LCPs are more likely to receive at least one employer-sponsored benefit (74% vs. 69%), including those LCPs who have access to health insurance benefits (61% vs. 59%). While LCPs are equally likely to indicate that they are satisfied with their current work situation (96%), they are less likely to indicate that they are "very satisfied" (69% vs. 72%).

A Closer Look:

Licensees		
License Status	#	%
Renewing Practitioners	4,221	88%
New Licensees	351	7%
Non-Renewals	230	5%
<b>All Licensees</b>	<b>4,802</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*HWDC surveys tend to achieve very high response rates. Among all renewing LCPs, 97% submitted a survey. These represent 88% of the 4,802 LCPs who held a license at some point during the survey period.*

### Definitions

- The Survey Period:** The survey was conducted in June 2024.
- Target Population:** All LCPs who held a Virginia license at some point between July 2023 and June 2024.
- Survey Population:** The survey was available to LCPs who renewed their licenses online. It was not available to those who did not renew, including LCPs newly licensed in 2024.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 35	109	348	76%
35 to 39	80	635	89%
40 to 44	67	726	92%
45 to 49	61	529	90%
50 to 54	39	495	93%
55 to 59	31	390	93%
60 to 64	43	293	87%
65 and Over	124	832	87%
<b>Total</b>	<b>554</b>	<b>4,248</b>	<b>89%</b>
<b>New Licenses</b>			
Issued in Past Year	199	152	43%
<b>Metro Status</b>			
Non-Metro	23	133	85%
Metro	256	2,551	91%
Not in Virginia	275	1,564	85%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	4,248
Response Rate, All Licensees	88%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

### At a Glance:

**Licensed LCPs**

Number: 4,802  
 New: 7%  
 Not Renewed: 5%

**Response Rates**

All Licensees: 88%  
 Renewing Practitioners: 97%

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Workforce

Virginia's LCP Workforce: 3,063  
 FTEs: 2,542

### Utilization Ratios

Licensees in VA Workforce: 64%  
 Licensees per FTE: 1.89  
 Workers per FTE: 1.21

Source: Va. Healthcare Workforce Data Center

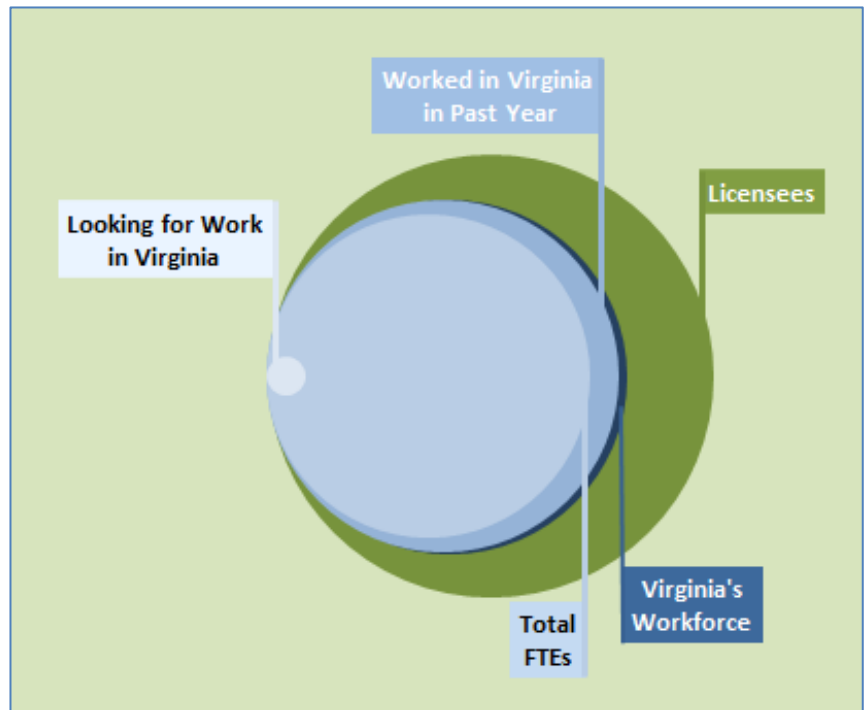
Virginia's LCP Workforce		
Status	#	%
Worked in Virginia in Past Year	3,025	99%
Looking for Work in Virginia	38	1%
Virginia's Workforce	3,063	100%
Total FTEs	2,542	
Licensees	4,802	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Licensees in VA Workforce:** The proportion of licensees in Virginia's workforce.
- 4. Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 35	33	14%	210	87%	242	10%
35 to 39	64	20%	260	80%	324	13%
40 to 44	70	18%	325	82%	395	16%
45 to 49	53	18%	252	83%	305	13%
50 to 54	78	28%	201	72%	279	12%
55 to 59	57	27%	156	73%	213	9%
60 to 64	47	30%	108	70%	156	6%
65 and Over	283	57%	218	44%	500	21%
<b>Total</b>	<b>686</b>	<b>28%</b>	<b>1,730</b>	<b>72%</b>	<b>2,416</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	LCPs		LCPs Under 40	
	%	#	%	#	%
White	59%	1,900	78%	419	74%
Black	18%	206	8%	59	10%
Asian	7%	100	4%	27	5%
Other Race	1%	21	1%	6	1%
Two or More Races	5%	65	3%	16	3%
Hispanic	10%	138	6%	37	7%
<b>Total</b>	<b>100%</b>	<b>2,430</b>	<b>100%</b>	<b>564</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Gender**

% Female: 72%  
% Under 40 Female: 83%

**Age**

Median Age: 50  
% Under 40: 23%  
% 55 and Over: 36%

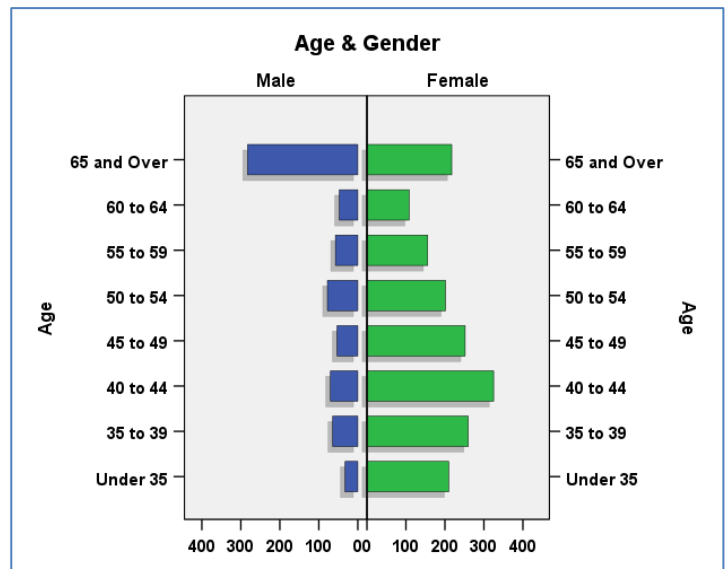
**Diversity**

Diversity Index: 38%  
Under 40 Div. Index: 43%

Source: Va. Healthcare Workforce Data Center

*In a chance encounter between two LCPs, there is a 38% chance that they would be of different races or ethnicities, a measure known as the diversity index. For Virginia's population as a whole, the comparable diversity index is 60%.*

*Among all LCPs, 23% are under the age of 40, and 83% of LCPs who are under the age of 40 are female. In addition, the diversity index among LCPs who are under the age of 40 is 43%.*



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 15%  
 Rural Childhood: 19%

### Virginia Background

HS in Virginia: 23%  
 Prof. Edu. in VA: 27%  
 HS or Prof. Edu. in VA: 39%

### Location Choice

% Rural to Non-Metro: 3%  
 % Urban/Suburban to Non-Metro: 3%

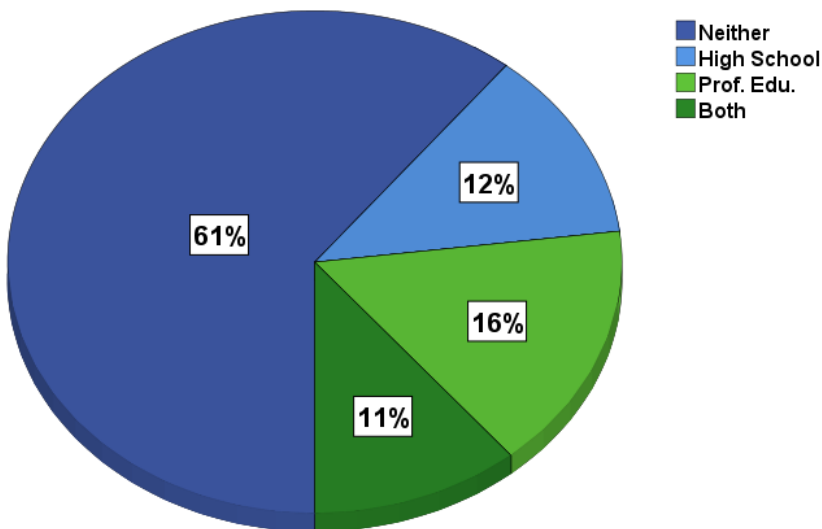
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	17%	68%	16%
2	Metro, 250,000 to 1 Million	24%	64%	12%
3	Metro, 250,000 or Less	24%	62%	14%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	17%	83%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	21%	64%	14%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	29%	43%	29%
8	Rural, Metro Adjacent	17%	83%	0%
9	Rural, Non-Adjacent	13%	60%	27%
<b>Overall</b>		<b>19%</b>	<b>66%</b>	<b>15%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

Nearly one out of every five LCPs grew up in a self-described rural area, and 3% of LCPs who grew up in a rural area currently work in a non-metro county. In total, 3% of all LCPs in the state currently work in a non-metro county.

## Top Ten States for Licensed Clinical Psychologist Recruitment

Rank	All LCPs			
	High School	#	Init. Prof. Degree	#
1	Virginia	560	Virginia	647
2	New York	235	Washington, D.C.	255
3	Pennsylvania	174	California	192
4	Maryland	156	Florida	148
5	New Jersey	112	New York	120
6	California	98	Illinois	95
7	Outside U.S./Canada	87	Pennsylvania	87
8	Florida	82	Ohio	75
9	North Carolina	82	Texas	65
10	Ohio	79	Maryland	63

Source: Va. Healthcare Workforce Data Center

*Among all LCPs, 23% received their high school degree in Virginia, and 27% received their initial professional degree in the state.*

*Among LCPs who have obtained their initial license in the past five years, 22% received their high school degree in Virginia, and 20% received their initial professional degree in the state.*

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	148	Virginia	137
2	Maryland	50	Washington, D.C.	86
3	New York	49	California	48
4	Pennsylvania	47	Florida	44
5	New Jersey	31	Illinois	38
6	California	31	Pennsylvania	28
7	Outside U.S./Canada	29	New York	27
8	Florida	26	Texas	24
9	North Carolina	24	Maryland	23
10	Ohio	23	Ohio	18

Source: Va. Healthcare Workforce Data Center

*More than one-third of Virginia's licensees did not participate in the state's LCP workforce during the past year. Among these LCPs, 95% worked at some point in the past year, including 91% who currently work in a job related to the behavioral sciences.*

### At a Glance:

#### Not in VA Workforce

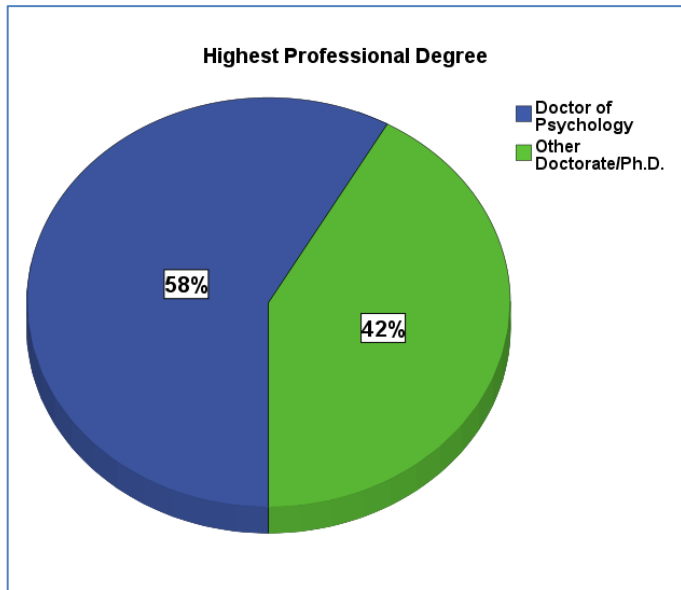
Total:	1,739
% of Licensees:	36%
Federal/Military:	32%
Va. Border State/DC:	28%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Degree		
Degree	#	%
Bachelor's Degree	0	0%
Master's Degree	0	0%
Doctor of Psychology	1,376	58%
Other Doctorate	989	42%
<b>Total</b>	<b>2,365</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than one out of every three LCPs carry education debt, including 67% of those LCPs who are under the age of 40. For those LCPs with education debt, the median outstanding balance is between \$130,000 and \$140,000.*

## At a Glance:

**Education**  
 Doctor of Psychology: 58%  
 Other Doctorate/PhD: 42%

**Education Debt**  
 Carry Debt: 37%  
 Under Age 40 w/ Debt: 67%  
 Median Debt: \$130k-\$140k

Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All LCPs		LCPs Under 40	
	#	%	#	%
None	1,339	63%	162	33%
Less than \$10,000	45	2%	15	3%
\$10,000-\$29,999	81	4%	22	4%
\$30,000-\$49,999	60	3%	16	3%
\$50,000-\$69,999	78	4%	28	6%
\$70,000-\$89,999	48	2%	19	4%
\$90,000-\$109,999	48	2%	24	5%
\$110,000-\$129,999	44	2%	23	5%
\$130,000-\$149,999	34	2%	17	3%
\$150,000 or More	337	16%	166	34%
<b>Total</b>	<b>2,114</b>	<b>100%</b>	<b>492</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Primary Specialty

Mental Health:	32%
Child:	13%
Forensic:	6%

### Secondary Specialty

Mental Health:	15%
Child:	9%
Behavioral Disorders:	8%

Source: Va. Healthcare Workforce Data Center

Nearly one-third of all LCPs have a primary specialty in mental health, while another 13% of LCPs have a primary specialty in children's health.

## A Closer Look:

Specialties				
Specialty	Primary		Secondary	
	#	%	#	%
<b>Mental Health</b>	752	32%	289	15%
<b>Child</b>	302	13%	173	9%
<b>Forensic</b>	151	6%	107	6%
<b>Neurology/Neuropsychology</b>	151	6%	45	2%
<b>Health/Medical</b>	104	4%	141	7%
<b>Behavioral Disorders</b>	83	4%	147	8%
<b>School/Educational</b>	30	1%	59	3%
<b>Family</b>	27	1%	97	5%
<b>Substance Abuse</b>	21	1%	39	2%
<b>Rehabilitation</b>	18	1%	27	1%
<b>Gerontologic</b>	15	1%	27	1%
<b>Marriage</b>	13	1%	80	4%
<b>Experimental or Research</b>	8	0%	24	1%
<b>Vocational/Work Environment</b>	8	0%	13	1%
<b>Industrial-Organizational</b>	8	0%	12	1%
<b>Sex Offender Treatment</b>	2	0%	12	1%
<b>Public Health</b>	1	0%	12	1%
<b>Social</b>	0	0%	1	0%
<b>General Practice (Non-Specialty)</b>	519	22%	461	24%
<b>Other Specialty Area</b>	143	6%	177	9%
<b>Total</b>	<b>2,356</b>	<b>100%</b>	<b>1,944</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 95%  
 Involuntarily Unemployed: <1%

### Positions Held

1 Full-Time: 55%  
 2 or More Positions: 23%

### Weekly Hours:

40 to 49: 39%  
 60 or More: 5%  
 Less than 30: 21%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	1	< 1%
Employed in a Behavioral Sciences-Related Capacity	2,253	95%
Employed, NOT in a Behavioral Sciences-Related Capacity	42	2%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	34	1%
Retired	37	2%
<b>Total</b>	<b>2,368</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*Among all LCPs, 95% are currently employed in the profession, 55% hold one full-time job, and 39% work between 40 and 49 hours per week.*

Current Weekly Hours		
Hours	#	%
0 Hours	72	3%
1 to 9 Hours	75	3%
10 to 19 Hours	173	7%
20 to 29 Hours	240	10%
30 to 39 Hours	422	18%
40 to 49 Hours	900	39%
50 to 59 Hours	327	14%
60 to 69 Hours	98	4%
70 to 79 Hours	19	1%
80 or More Hours	9	0%
<b>Total</b>	<b>2,335</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Positions		
Positions	#	%
No Positions	72	3%
One Part-Time Position	427	18%
Two Part-Time Positions	104	4%
One Full-Time Position	1,290	55%
One Full-Time Position & One Part-Time Position	378	16%
Two Full-Time Positions	12	1%
More than Two Positions	54	2%
<b>Total</b>	<b>2,337</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	18	1%
Less than \$60,000	252	13%
\$60,000-\$69,999	94	5%
\$70,000-\$79,999	96	5%
\$80,000-\$89,999	145	8%
\$90,000-\$99,999	137	7%
\$100,000-\$109,999	177	9%
\$110,000-\$119,999	148	8%
\$120,000-\$129,999	150	8%
\$130,000-\$139,999	119	6%
\$140,000-\$149,999	111	6%
\$150,000 or More	489	25%
<b>Total</b>	<b>1,936</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	1,597	69%
Somewhat Satisfied	616	27%
Somewhat Dissatisfied	67	3%
Very Dissatisfied	25	1%
<b>Total</b>	<b>2,305</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Earnings**

Median Income: \$110k-\$120k

**Benefits**

**(Salary/Wage Employees Only)**

Health Insurance: 61%

Retirement: 64%

**Satisfaction**

Satisfied: 96%

Very Satisfied: 69%

Source: Va. Healthcare Workforce Data Center

The typical LCP earns between \$110,000 and \$120,000 per year. Among LCPs who receive either an hourly wage or a salary as compensation at their primary work location, 74% receive at least one employer-sponsored benefit, including 61% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Retirement	947	42%	64%
Health Insurance	919	41%	61%
Paid Vacation	906	40%	63%
Paid Sick Leave	838	37%	58%
Dental Insurance	830	37%	57%
Group Life Insurance	618	27%	44%
Signing/Retention Bonus	210	9%	15%
<b>At Least One Benefit</b>	<b>1,130</b>	<b>50%</b>	<b>74%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Employment Instability in the Past Year		
In the Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	12	< 1%
Experience Voluntary Unemployment?	105	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	46	2%
Work Two or More Positions at the Same Time?	602	20%
Switch Employers or Practices?	145	5%
<b>Experience at Least One?</b>	<b>803</b>	<b>26%</b>

Source: Va. Healthcare Workforce Data Center

*Less than 1% of Virginia's LCPs experienced involuntary unemployment at some point during the past year. By comparison, Virginia's average monthly unemployment rate was 2.8% during the same time period.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	38	2%	19	3%
Less than 6 Months	76	3%	50	8%
6 Months to 1 Year	179	8%	66	11%
1 to 2 Years	375	16%	110	18%
3 to 5 Years	543	24%	146	24%
6 to 10 Years	402	18%	93	16%
More than 10 Years	662	29%	116	19%
<b>Subtotal</b>	<b>2,276</b>	<b>100%</b>	<b>600</b>	<b>100%</b>
Did Not Have Location	40		2,438	
Item Missing	747		26	
<b>Total</b>	<b>3,063</b>		<b>3,063</b>	

Source: Va. Healthcare Workforce Data Center

*More than half of all LCPs are salaried employees, while 28% receive income from their own business or practice.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: < 1%  
Underemployed: 2%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 16%  
Over 2 Years: 71%  
Over 2 Yrs., 2<sup>nd</sup> Location: 59%

**Employment Type**

Salary/Commission: 53%  
Business/Practice Income: 28%

Source: Va. Healthcare Workforce Data Center

*More than seven out of every ten LCPs have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
Salary/Commission	909	53%
Hourly Wage	186	11%
By Contract	121	7%
Business/Practice Income	481	28%
Unpaid	12	1%
<b>Subtotal</b>	<b>1,709</b>	<b>100%</b>
Did Not Have Location	40	
Item Missing	1,314	

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate has fluctuated between a low of 2.3% and a high of 3.2%. At the time of publication, the unemployment rate for June 2024 was still preliminary.

## At a Glance:

### Concentration

Top Region:	41%
Top 3 Regions:	80%
Lowest Region:	1%

### Locations

2 or More (Past Year):	27%
2 or More (Now*):	25%

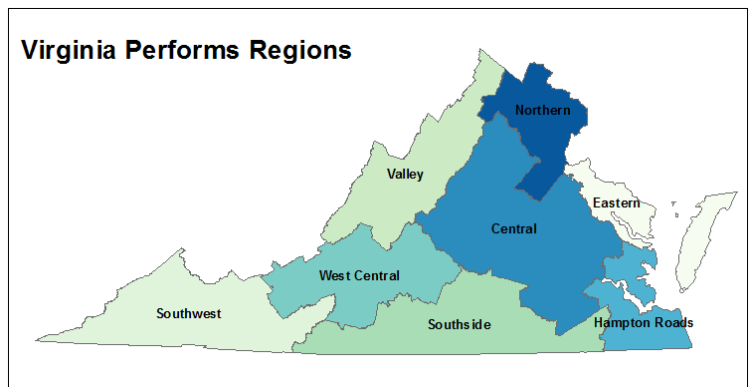
Source: Va. Healthcare Workforce Data Center

Four out of every five LCPs in the state work in Northern Virginia, Central Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	531	23%	117	19%
Eastern	24	1%	7	1%
Hampton Roads	366	16%	103	17%
Northern	932	41%	222	36%
Southside	22	1%	3	0%
Southwest	18	1%	3	0%
Valley	96	4%	30	5%
West Central	198	9%	39	6%
Virginia Border State/D.C.	46	2%	34	6%
Other U.S. State	54	2%	51	8%
Outside of the U.S.	1	0%	0	0%
<b>Total</b>	<b>2,288</b>	<b>100%</b>	<b>609</b>	<b>100%</b>
Item Missing	734		15	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

While one out of every four LCPs currently have multiple work locations, 27% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	38	2%	66	3%
1	1,646	71%	1,658	72%
2	343	15%	344	15%
3	246	11%	217	9%
4	19	1%	10	0%
5	5	0%	4	0%
6 or More	10	0%	8	0%
<b>Total</b>	<b>2,308</b>	<b>100%</b>	<b>2,308</b>	<b>100%</b>

\*At the time of survey completion, June 2024.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	1,265	60%	404	73%
<b>Non-Profit</b>	268	13%	69	12%
<b>State/Local Government</b>	267	13%	42	8%
<b>Veterans Administration</b>	171	8%	14	3%
<b>U.S. Military</b>	79	4%	13	2%
<b>Other Federal Government</b>	65	3%	11	2%
<b>Total</b>	<b>2,115</b>	<b>100%</b>	<b>553</b>	<b>100%</b>
<b>Did Not Have Location</b>	40		2,438	
<b>Item Missing</b>	906		71	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

For-Profit:	60%
Federal:	15%

**Top Establishments**

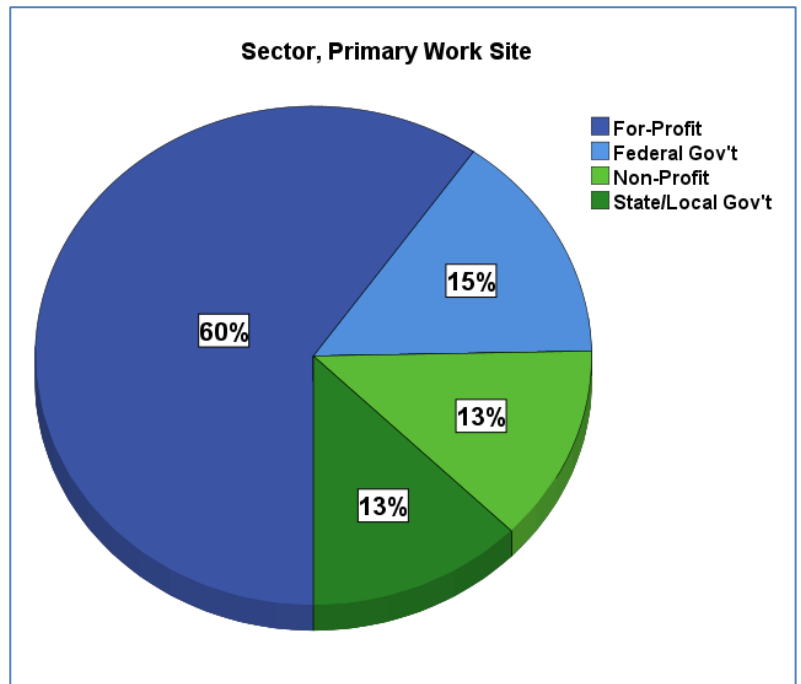
Private Practice, Solo:	28%
Private Practice, Group:	23%
Academic Institution:	9%

**Payment Method**

Cash/Self-Pay:	57%
Private Insurance:	34%

Source: Va. Healthcare Workforce Data Center

Nearly three out of every four LCPs work in the private sector, including 60% who work in the for-profit sector. Another 15% of LCPs work for the federal government.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Private Practice, Solo	591	28%	163	30%
Private Practice, Group	475	23%	146	27%
Academic Institution (Teaching Health Professions Students)	179	9%	56	10%
Hospital, General	166	8%	10	2%
Mental Health Facility, Outpatient	148	7%	33	6%
Community-Based Clinic or Health Center	81	4%	18	3%
School (Providing Care to Clients)	76	4%	7	1%
Hospital, Psychiatric	68	3%	4	1%
Administrative or Regulatory	29	1%	6	1%
Community Services Board	28	1%	2	0%
Corrections/Jail	17	1%	8	1%
Rehabilitation Facility	16	1%	3	1%
Physician Office	15	1%	5	1%
Long-Term Care Facility, Nursing Home	14	1%	7	1%
Residential Mental Health/Substance Abuse Facility	13	1%	1	0%
Home Health Care	5	0%	1	0%
Residential Intellectual/Development Disability Facility	2	0%	2	0%
Other Practice Setting	151	7%	64	12%
<b>Total</b>	<b>2,074</b>	<b>100%</b>	<b>536</b>	<b>100%</b>
<b>Did Not Have a Location</b>	40		2,438	

Source: Va. Healthcare Workforce Data Center

*Solo private practices employ 28% of all LCPs in Virginia, while another 23% of LCPs are employed by group private practices.*

*Nearly three out of every five LCPs work at establishments that accept cash/self-pay as a form of payment for services rendered. This makes cash/self-pay the most commonly accepted form of payment among Virginia's LCP workforce.*

Accepted Forms of Payment		
Payment	#	% of Workforce
Cash/Self-Pay	1,758	57%
Private Insurance	1,039	34%
Medicare	590	19%
Medicaid	526	17%

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Languages Offered

Spanish:	12%
French:	4%
Arabic:	4%

### Means of Communication

Other Staff Member:	40%
Respondent:	40%
Virtual Translation:	32%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	356	12%
French	116	4%
Arabic	108	4%
Chinese	108	4%
Hindi	92	3%
Korean	92	3%
Vietnamese	91	3%
Urdu	83	3%
Persian	82	3%
Tagalog/Filipino	80	3%
Pashto	69	2%
Amharic, Somali, or Other Afro-Asiatic Languages	62	2%
Others	112	4%
<b>At Least One Language</b>	<b>466</b>	<b>15%</b>

Source: Va. Healthcare Workforce Data Center

*Among all LCPs, 12% are employed at a primary work location that offers Spanish language services for patients.*

## Means of Language Communication

Provision	#	% of Workforce with Language Services
<b>Other Staff Member is Proficient</b>	186	40%
<b>Respondent is Proficient</b>	185	40%
<b>Virtual Translation Service</b>	147	32%
<b>Onsite Translation Service</b>	103	22%
<b>Other</b>	10	2%

Source: Va. Healthcare Workforce Data Center

*Two out of every five LCPs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.*

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 70%-79%  
Administration: 10%-19%

### Roles

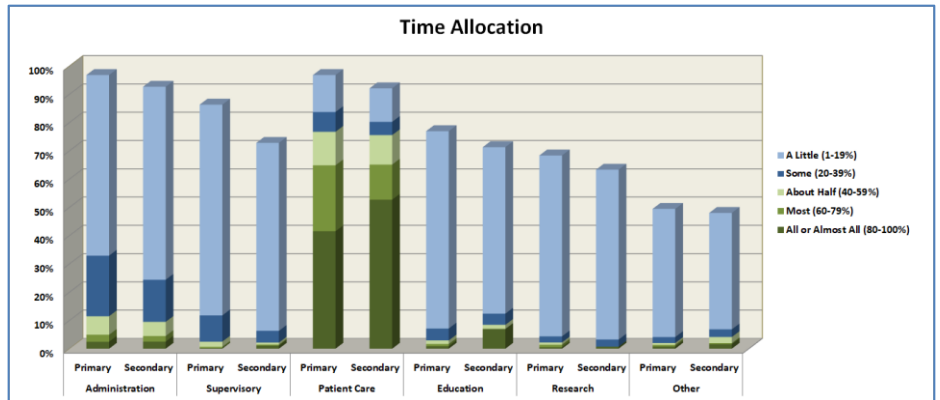
Patient Care: 65%  
Administration: 5%  
Education: 2%

### Patient Care LCPs

Median Admin. Time: 10%-19%  
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, LCPs spend approximately three-quarters of their time treating patients. In fact, nearly two-thirds of all LCPs fill a patient care role, defined as spending 60% or more of their time on patient care activities.*

## Time Allocation

Time Spent	Admin.		Supervisory		Patient Care		Education		Research		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	3%	0%	1%	42%	53%	1%	7%	1%	1%	1%	2%
<b>Most (60-79%)</b>	2%	2%	0%	0%	23%	12%	1%	0%	1%	0%	1%	0%
<b>About Half (40-59%)</b>	7%	5%	2%	1%	12%	10%	1%	1%	1%	0%	1%	2%
<b>Some (20-39%)</b>	21%	15%	9%	4%	7%	5%	4%	4%	2%	3%	2%	3%
<b>A Little (1-19%)</b>	64%	68%	75%	66%	13%	12%	70%	59%	64%	60%	45%	41%
<b>None (0%)</b>	3%	7%	14%	27%	3%	8%	23%	29%	32%	37%	51%	52%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patients Per Week				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	204	10%	88	16%
1 to 24	1,469	70%	422	79%
25 to 49	412	20%	22	4%
50 to 74	18	1%	3	1%
75 or More	6	0%	1	0%
<b>Total</b>	<b>2,109</b>	<b>100%</b>	<b>536</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

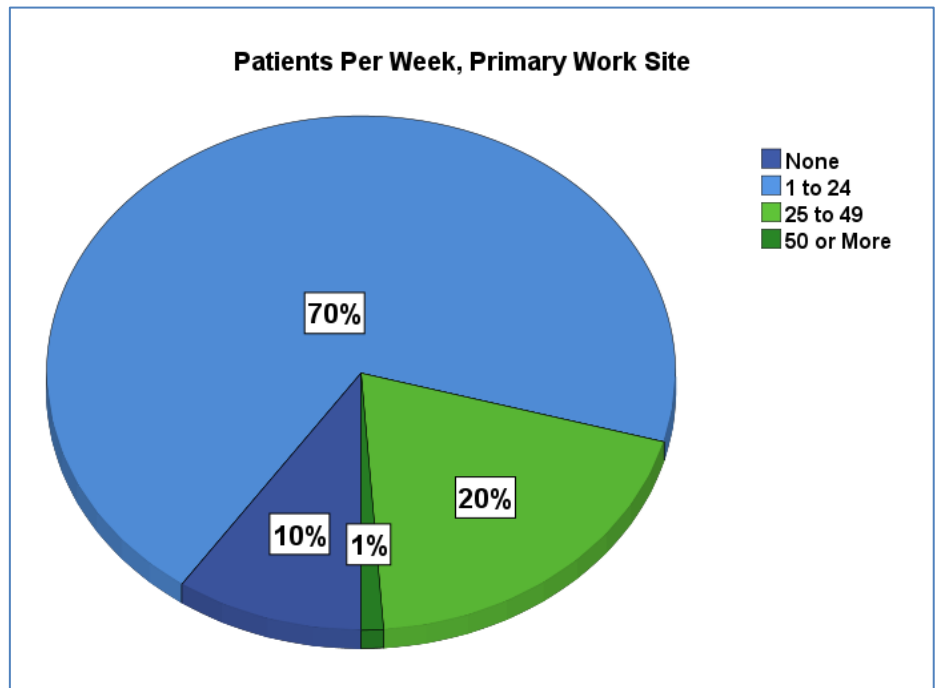
**Patients Per Week**

Primary Location: 1-24

Secondary Location: 1-24

Source: Va. Healthcare Workforce Data Center

Seven out of every ten LCPs treat between 1 and 24 patients per week at their primary work location. Among those LCPs who also have a secondary work location, 79% treat between 1 and 24 patients per week.



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Patient Allocation

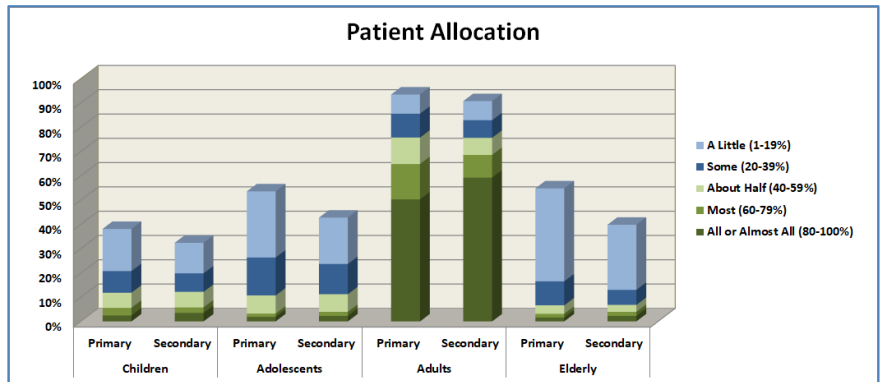
Children:	None
Adolescents:	1%-9%
Adults:	80%-89%
Elderly:	1%-9%

### Roles

Children:	6%
Adolescents:	3%
Adults:	65%
Elderly:	3%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*In general, between 80% and 89% of all patients seen by LCPs at their primary work location are adults. In addition, 65% of LCPs serve an adult patient care role, meaning that at least 60% of their patients are adults.*

Patient Allocation								
Time Spent	Children		Adolescents		Adults		Elderly	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	2%	4%	2%	2%	50%	59%	2%	2%
<b>Most (60-79%)</b>	3%	2%	1%	2%	15%	9%	2%	2%
<b>About Half (40-59%)</b>	6%	6%	7%	7%	11%	7%	3%	3%
<b>Some (20-39%)</b>	9%	8%	16%	12%	10%	7%	10%	6%
<b>A Little (1-19%)</b>	17%	13%	27%	19%	8%	8%	38%	27%
<b>None (0%)</b>	62%	68%	46%	57%	7%	9%	45%	60%

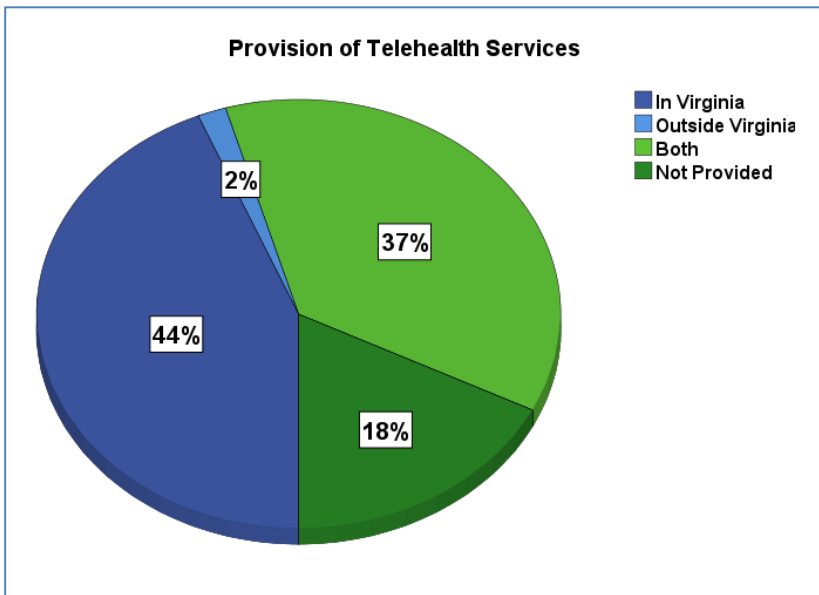
Source: Va. Healthcare Workforce Data Center



A Closer Look:

Telehealth Services		
	#	%
<b>Providing Telehealth Services</b>		
<b>In Virginia</b>	1,021	44%
<b>Outside of Virginia</b>	41	2%
<b>Both</b>	861	37%
<b>Total Providing Telehealth Services</b>	<b>1,923</b>	<b>82%</b>
<b>Not Providing Telehealth Services</b>		
<b>Total Not Providing Telehealth Services</b>	<b>411</b>	<b>18%</b>
<b>Total</b>		
<b>Total</b>	<b>2,334</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*More than one out of every three LCPs work at a practice that provides more than half or all of their health care services via telehealth.*

**At a Glance:**

**Telehealth Services**

% Providing Telehealth: 82%

**Telehealth Workload**

Less than Half: 64%

More than Half: 21%

All: 16%

Source: Va. Healthcare Workforce Data Center

*More than four out of every five LCPs provide telehealth services, including 44% of LCPs who provide telehealth services only in Virginia.*

**Telehealth Workload**

Percentage	#	%
<b>Less than Half</b>	1,362	64%
<b>More than Half</b>	441	21%
<b>All</b>	331	16%
<b>Total</b>	<b>2,134</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

### At a Glance:

#### Interstate Compact

% in Compact: 31%

#### Compact Affiliation

PSYPACT: 97%

Other: 3%

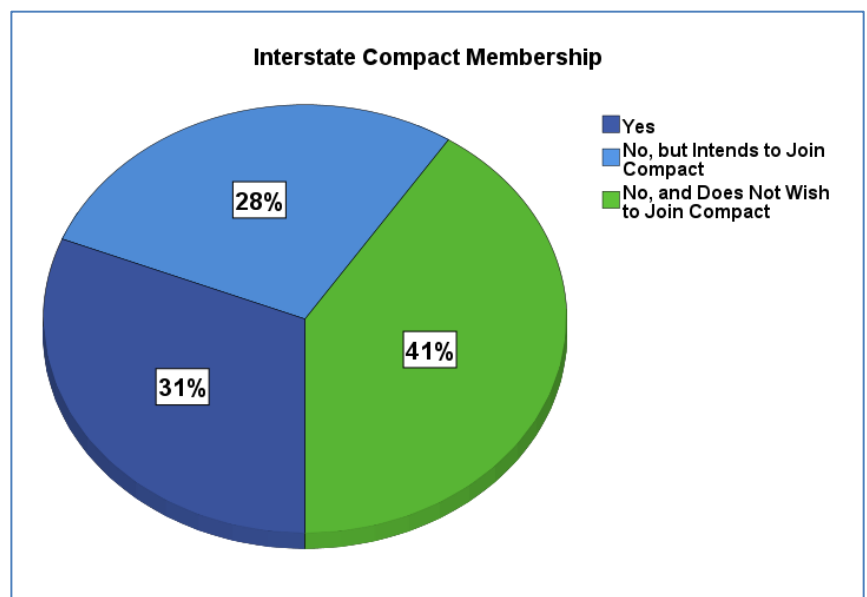
Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Interstate Compact		
	#	%
<b>In Compact</b>		
<b>Total in Compact</b>	<b>694</b>	<b>31%</b>
<b>Not in Compact</b>		
<b>Intends to Join Compact</b>	628	28%
<b>Does Not Wish to Join Compact</b>	910	41%
<b>Total Not in Compact</b>	<b>1,538</b>	<b>69%</b>
<b>Total</b>		
<b>Total</b>	<b>2,331</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

While 31% of LCPs are currently a part of an interstate compact, another 28% intend to join an interstate compact in the future.



Source: Va. Healthcare Workforce Data Center

### Compact Affiliation

Affiliation	#	%
<b>Psychology Interjurisdictional Compact (PSYPACT)</b>	659	97%
<b>Counseling Compact</b>	0	0%
<b>Social Work Licensure Compact</b>	0	0%
<b>Other</b>	24	3%
<b>Total</b>	<b>682</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Nearly all LCPs currently in an interstate compact are affiliated with the Psychology Interjurisdictional Compact (PSYPACT).

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All LCPs		LCPs 50 and Over	
	#	%	#	%
<b>Under Age 50</b>	7	0%	-	-
<b>50 to 54</b>	24	1%	0	0%
<b>55 to 59</b>	89	4%	21	2%
<b>60 to 64</b>	335	17%	121	12%
<b>65 to 69</b>	560	28%	211	22%
<b>70 to 74</b>	456	23%	255	26%
<b>75 to 79</b>	232	11%	166	17%
<b>80 or Over</b>	92	5%	70	7%
<b>I Do Not Intend to Retire</b>	229	11%	132	14%
<b>Total</b>	<b>2,024</b>	<b>100%</b>	<b>976</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All LCPs**

Under 65: 22%

Under 60: 6%

**LCPs 50 and Over**

Under 65: 15%

Under 60: 2%

**Time Until Retirement**

Within 2 Years: 7%

Within 10 Years: 25%

Half the Workforce: By 2049

Source: Va. Healthcare Workforce Data Center

*More than one out of every five LCPs expects to retire by age 65. Among those LCPs who are age 50 or over, 15% expect to retire by the age of 65.*

*Within the next two years, 10% of LCPs expect to increase their patient care hours, and 4% expect to pursue additional educational opportunities.*

**Future Plans**

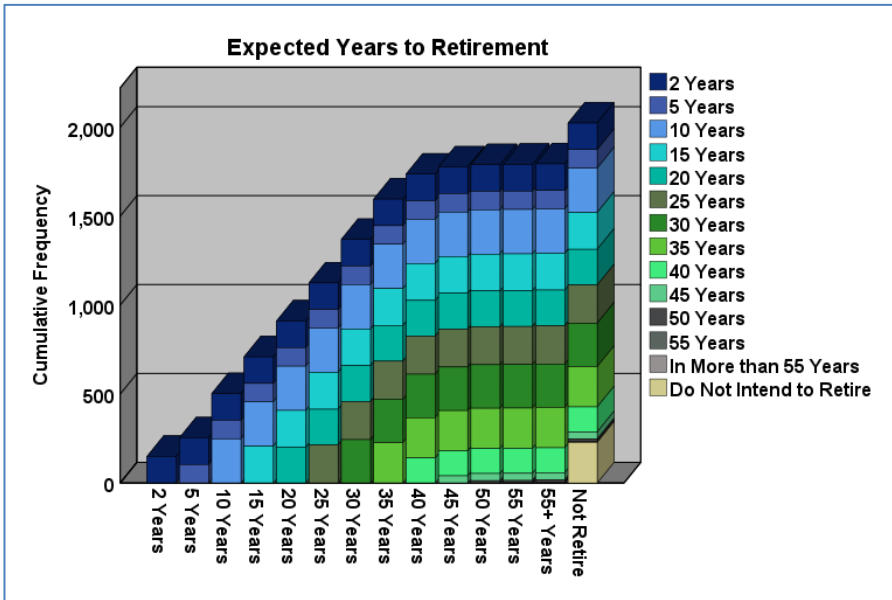
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	29	1%
<b>Leave Virginia</b>	53	2%
<b>Decrease Patient Care Hours</b>	307	10%
<b>Decrease Teaching Hours</b>	33	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	319	10%
<b>Increase Teaching Hours</b>	157	5%
<b>Pursue Additional Education</b>	133	4%
<b>Return to the Workforce</b>	17	1%

Source: Va. Healthcare Workforce Data Center

*By comparing retirement expectation to age, we can estimate the maximum years to retirement for LCPs. Only 7% of LCPs expect to retire in the next two years, while 25% expect to retire in the next ten years. Half of the current workforce expect to retire by 2049.*

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
<b>2 Years</b>	149	7%	7%
<b>5 Years</b>	104	5%	13%
<b>10 Years</b>	249	12%	25%
<b>15 Years</b>	207	10%	35%
<b>20 Years</b>	201	10%	45%
<b>25 Years</b>	214	11%	56%
<b>30 Years</b>	244	12%	68%
<b>35 Years</b>	227	11%	79%
<b>40 Years</b>	141	7%	86%
<b>45 Years</b>	40	2%	88%
<b>50 Years</b>	13	1%	88%
<b>55 Years</b>	1	0%	88%
<b>In More than 55 Years</b>	3	0%	89%
<b>Do Not Intend to Retire</b>	229	11%	100%
<b>Total</b>	<b>2,024</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

*Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2034. Retirement will peak at 12% of the current workforce around the same time before declining to under 10% of the current workforce again around 2064.*

## At a Glance:

### FTEs

Total: 2,542  
 FTEs/1,000 Residents<sup>2</sup>: 0.293  
 Average: 0.84

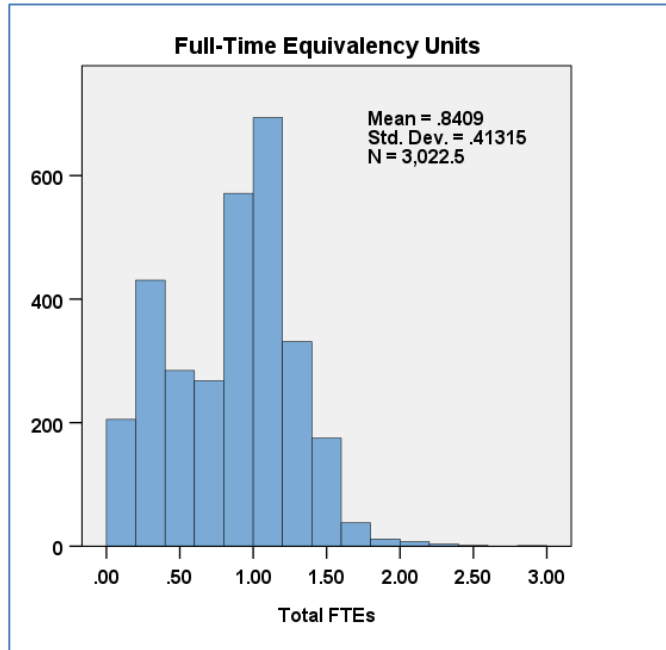
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Medium  
 Gender, *Partial Eta*<sup>2</sup>: Small

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

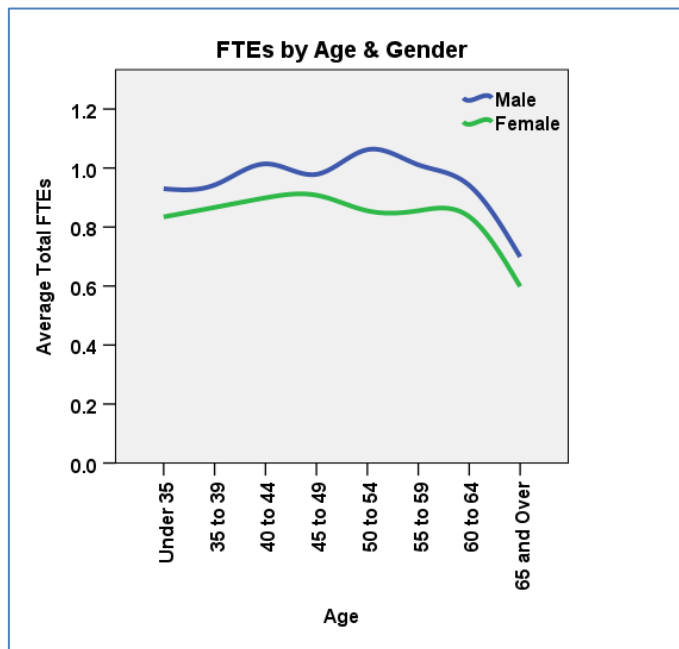


Source: Va. Healthcare Workforce Data Center

The typical (median) LCP provided 0.89 FTEs over the past year, or approximately 36 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age	Average	Median
Under 35	0.85	0.92
35 to 39	0.99	1.05
40 to 44	0.97	1.05
45 to 49	0.97	1.09
50 to 54	0.78	0.82
55 to 59	0.88	0.81
60 to 64	0.85	0.81
65 and Over	0.59	0.44
Gender		
Male	0.87	0.96
Female	0.84	0.89

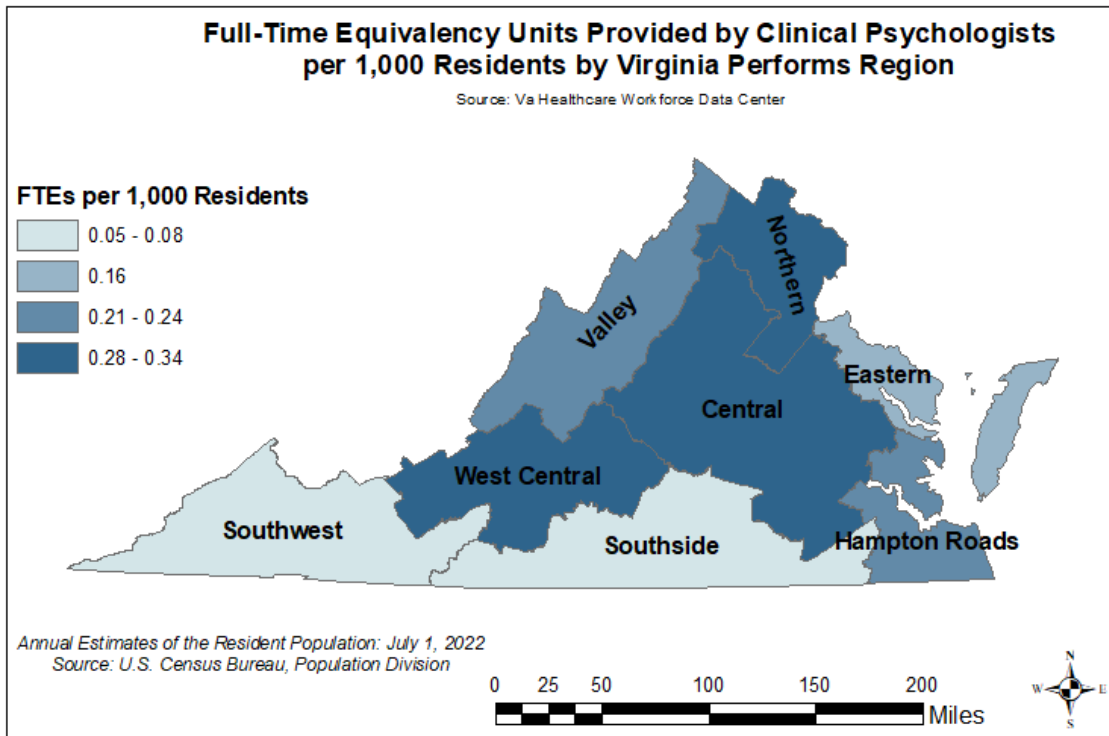
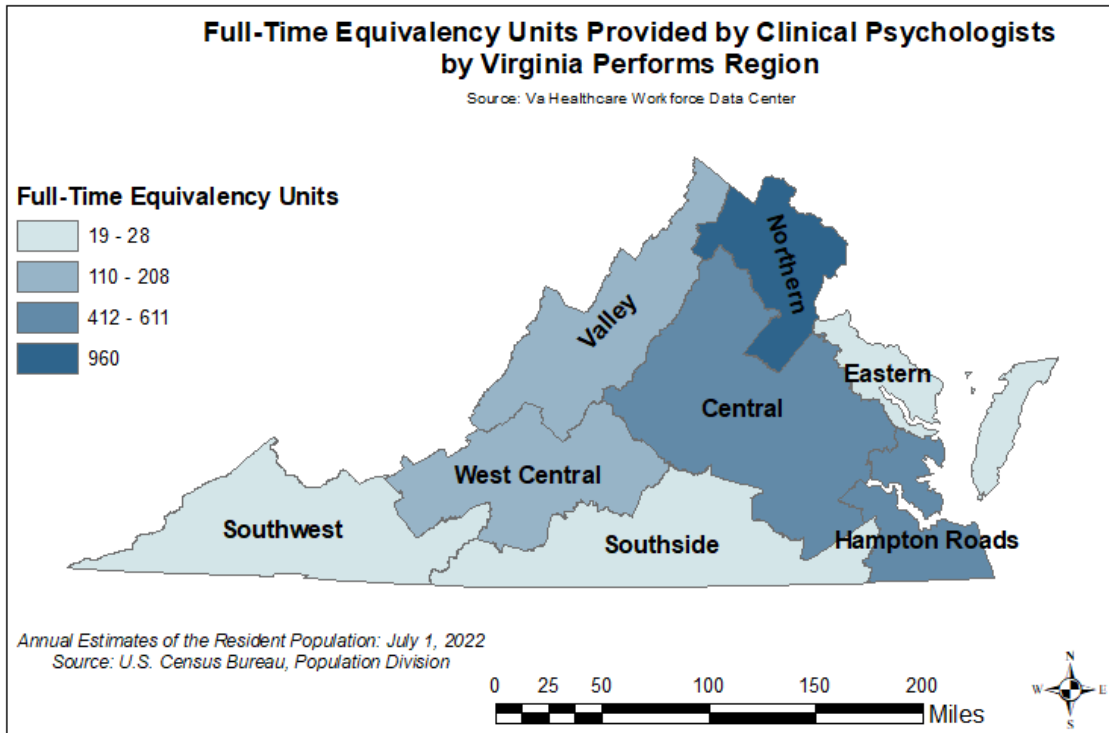
Source: Va. Healthcare Workforce Data Center

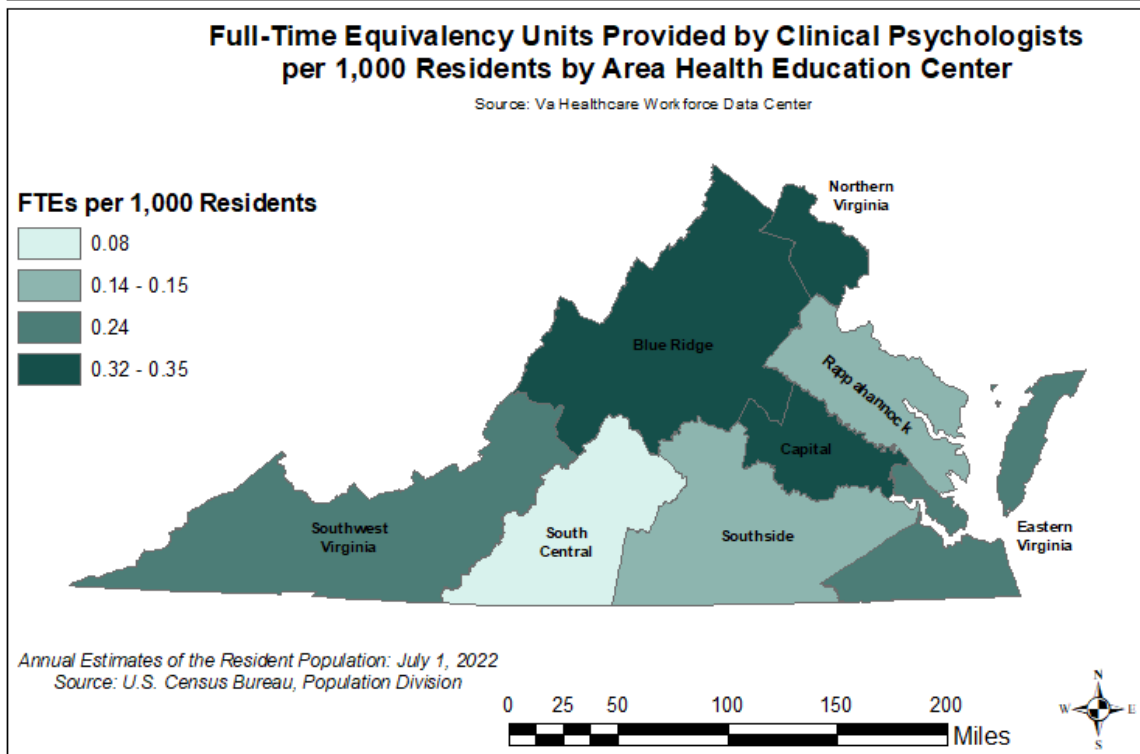
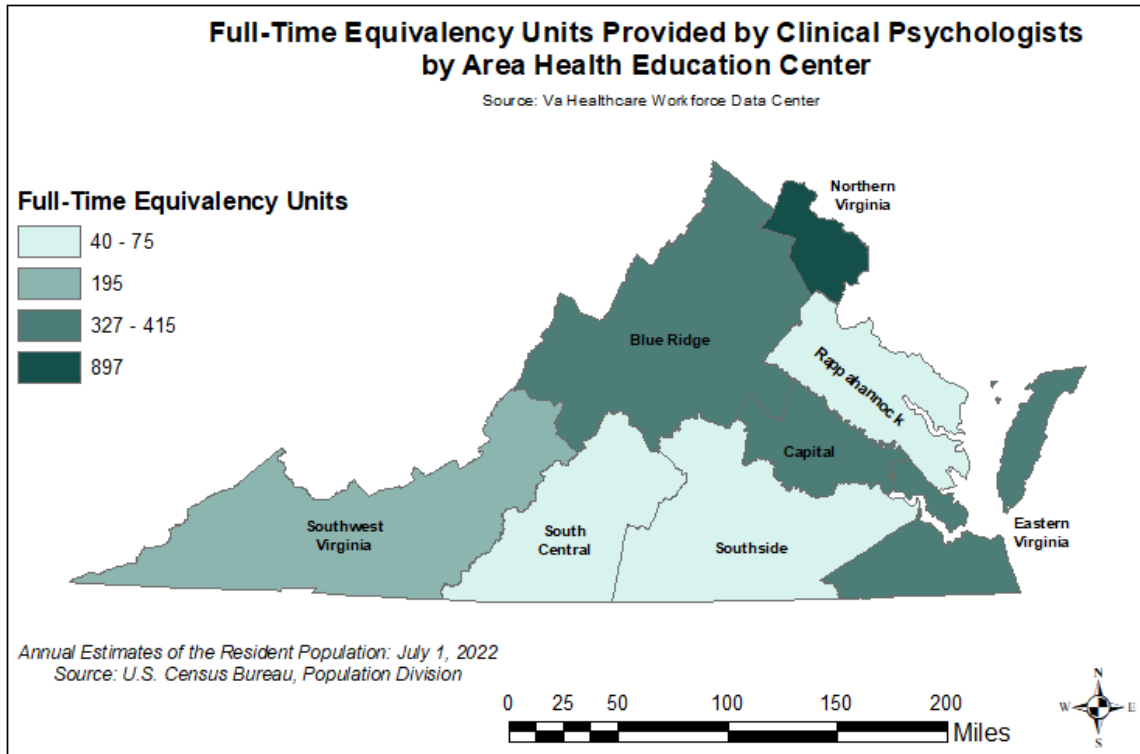


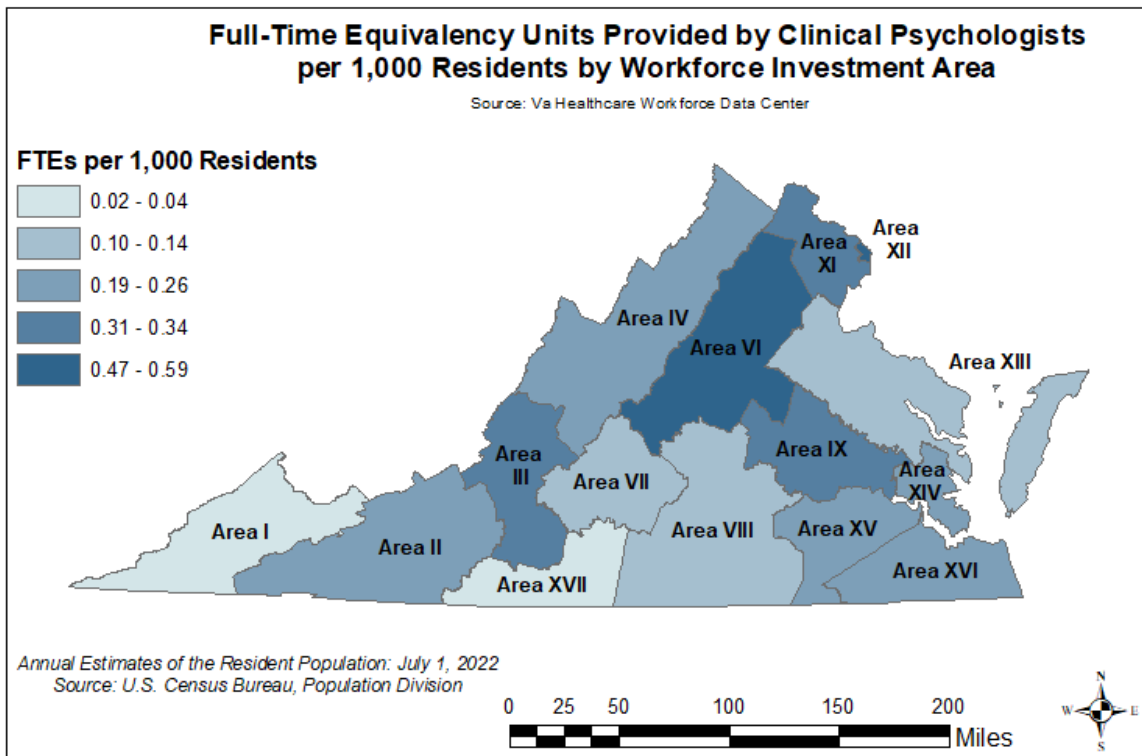
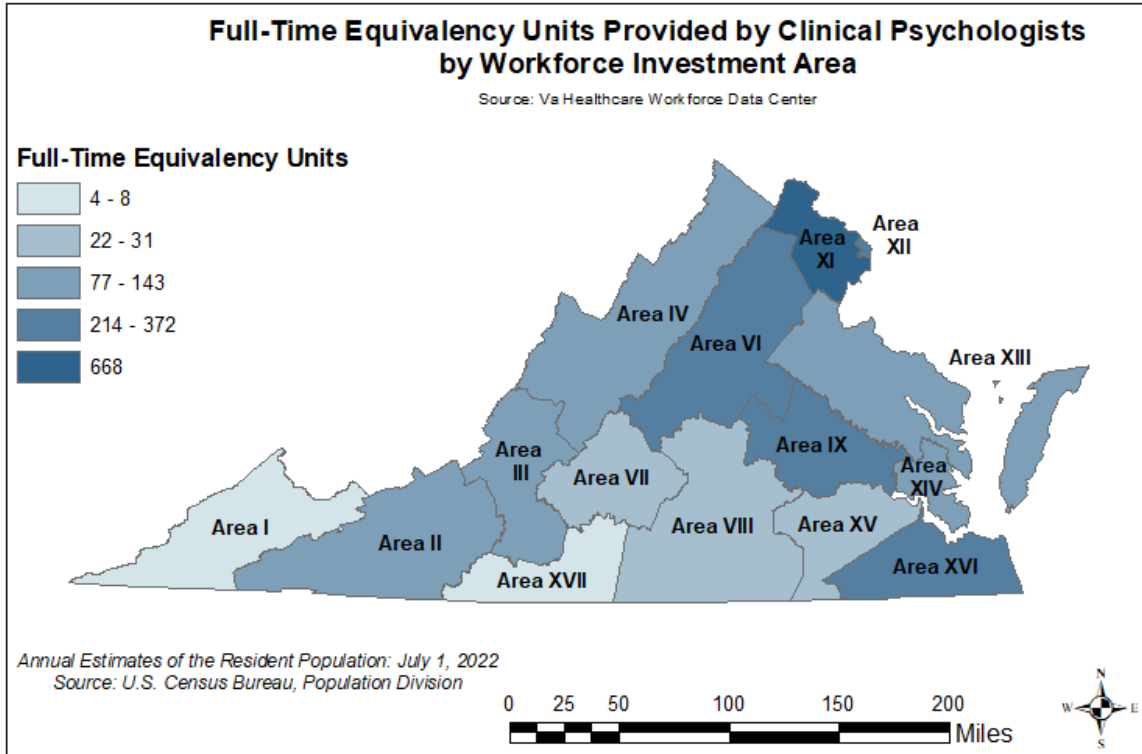
Source: Va. Healthcare Workforce Data Center

<sup>2</sup> Number of residents in 2022 was used as the denominator.

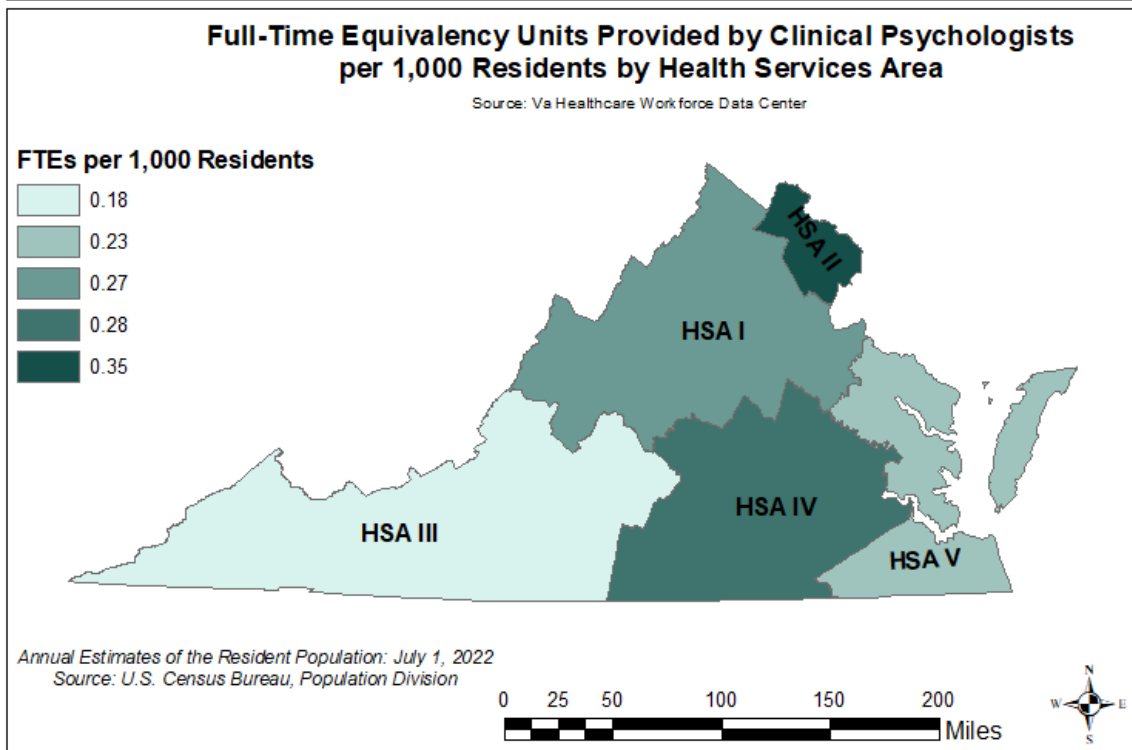
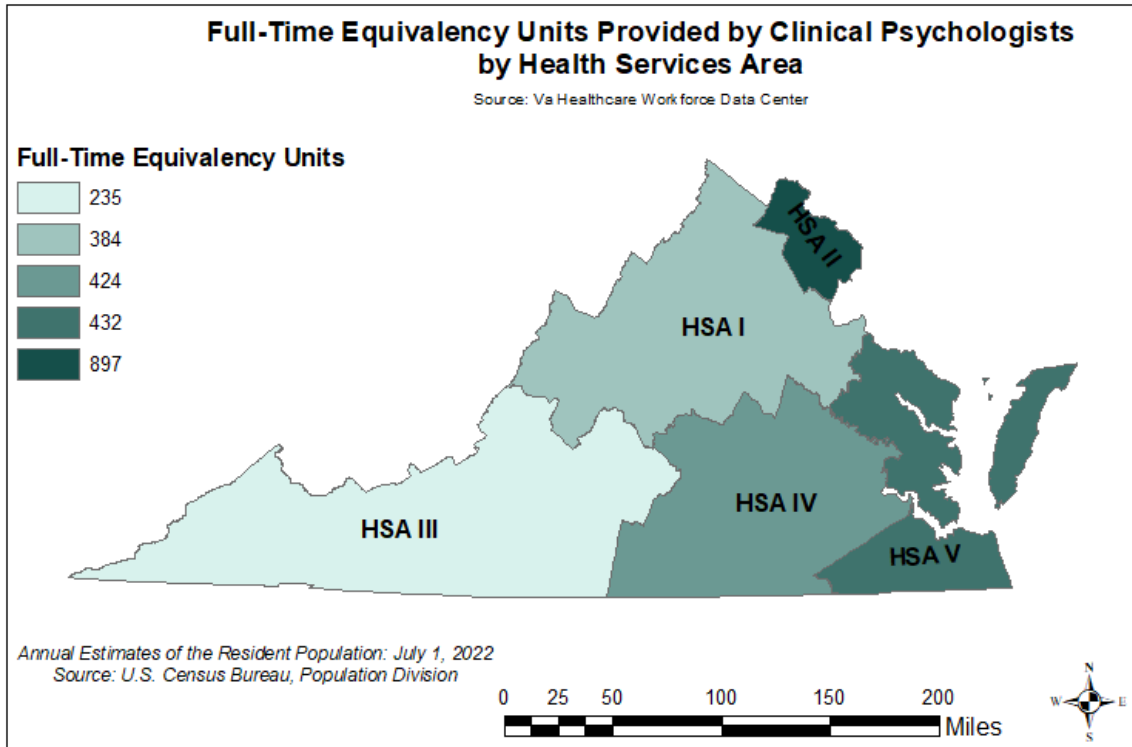
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

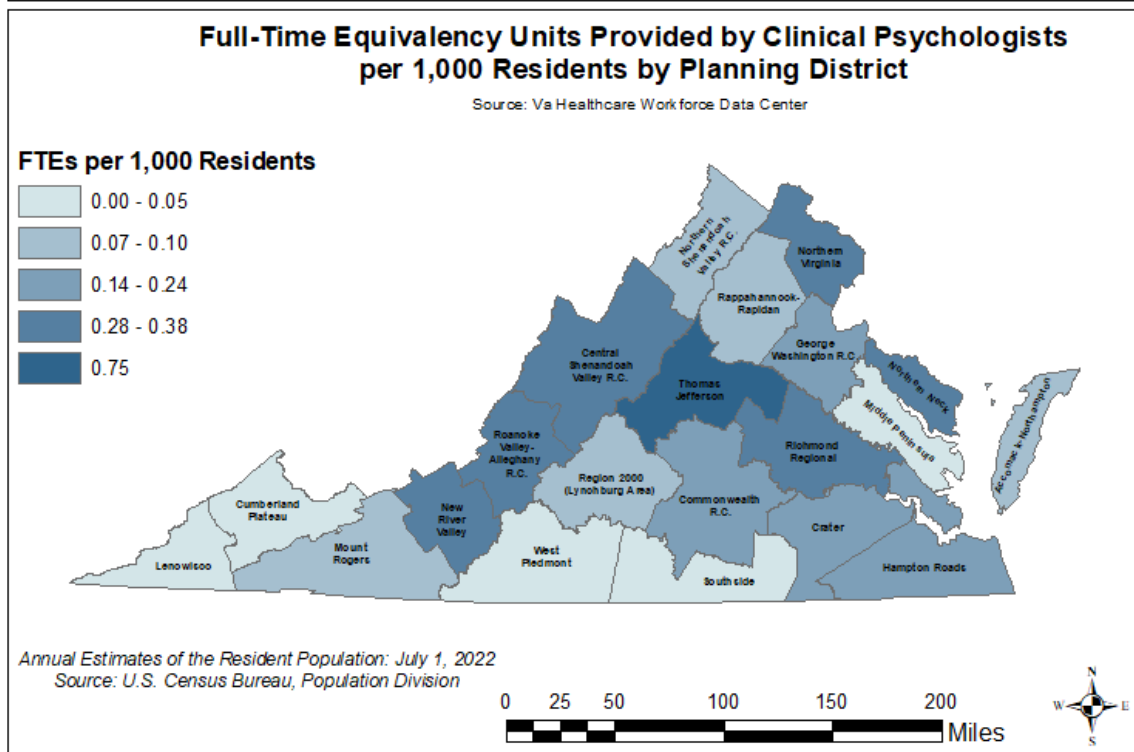
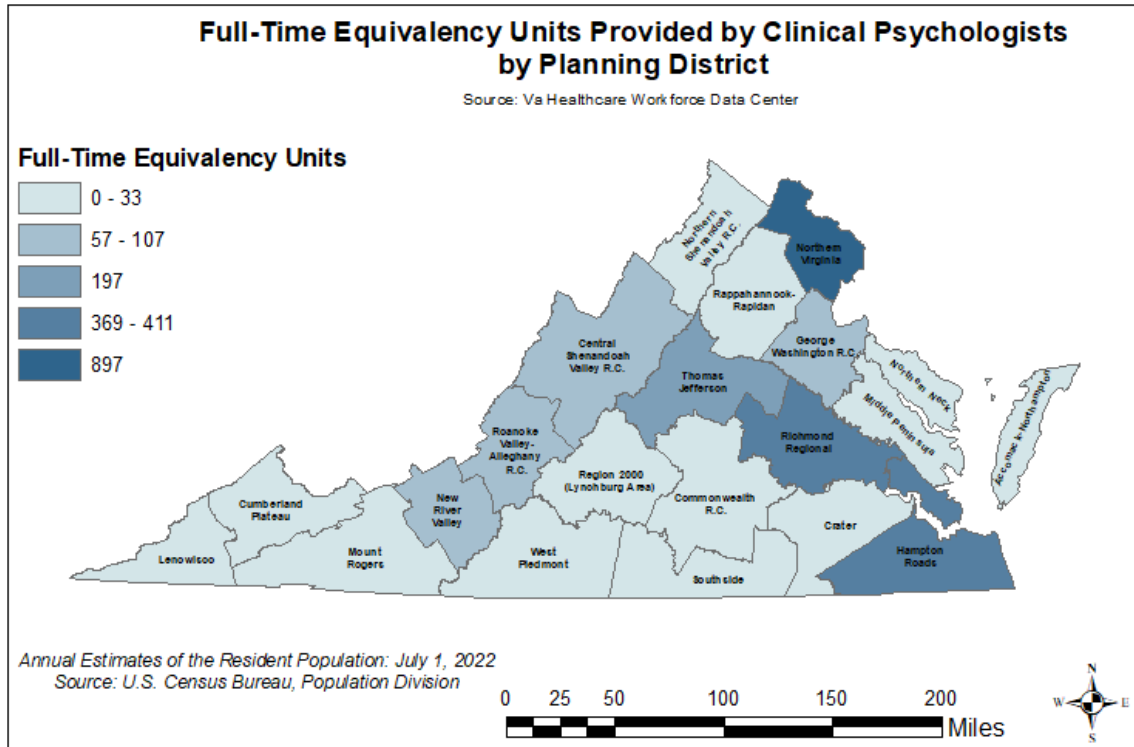












## Appendices

### Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	2,157	91.15%	1.097	1.047	1.275
<b>Metro, 250,000 to 1 Million</b>	156	91.03%	1.099	1.048	1.276
<b>Metro, 250,000 or Less</b>	494	89.68%	1.115	1.064	1.295
<b>Urban, Pop. 20,000+, Metro Adj.</b>	10	70.00%	1.429	1.409	1.452
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	62	83.87%	1.192	1.138	1.385
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	21	90.48%	1.105	1.055	1.284
<b>Rural, Metro Adj.</b>	49	85.71%	1.167	1.113	1.355
<b>Rural, Non-Adj.</b>	14	92.86%	1.077	1.028	1.095
<b>Virginia Border State/D.C.</b>	854	87.24%	1.146	1.094	1.332
<b>Other U.S. State</b>	985	83.15%	1.203	1.148	1.397

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 35</b>	457	76.15%	1.313	1.275	1.397
<b>35 to 39</b>	715	88.81%	1.126	1.073	1.198
<b>40 to 44</b>	793	91.55%	1.092	1.041	1.162
<b>45 to 49</b>	590	89.66%	1.115	1.063	1.409
<b>50 to 54</b>	534	92.70%	1.079	1.047	1.148
<b>55 to 59</b>	421	92.64%	1.079	1.028	1.149
<b>60 to 64</b>	336	87.20%	1.147	1.092	1.449
<b>65 and Over</b>	956	87.03%	1.149	1.095	1.452

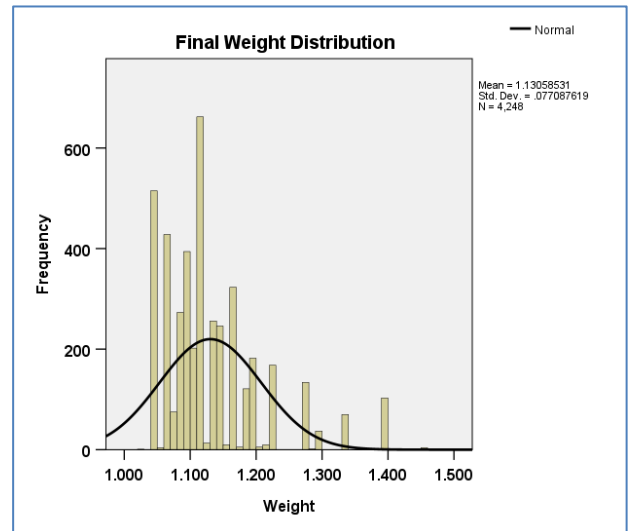
Source: Va. Healthcare Workforce Data Center

See the Methods section on the HWDC website for details on HWDC methods: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.884631**



Source: Va. Healthcare Workforce Data Center

**Board of Psychology**  
**Current Regulatory Actions**  
**As of August 21, 2024**

**In the Governor’s Office**

None.

**In the Secretary’s Office**

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC125-20	Fast-Track	Regulatory reduction (2022)	5/26/2023	453 days	Eliminates language that is duplicative of statute or no longer applicable and provides additional language clarification.
18VAC125-20	NOIRA	Implementation of criminal background check for Compact compliance	9/20/2023	221 days	Before the Board for withdrawal. No longer needed due to statutory change.

**At DPB/OAG**

None.

**Recently effective or awaiting publication**

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC125-20	Fast-track	Reduction in barriers to licensure 2022	7/15/2024	Effective 8/29/2024
18VAC125-20	NOIRA	Amendments to licensure by endorsement	9/23/2024	Proposed stage will be before the Board in December following the close of public comment

**Agenda Item: Withdrawal of NOIRA for criminal background check**

**Included in your agenda package:**

- Town Hall summary page for NOIRA action related to criminal background check pursuant to PSYPACT;
- Virginia Code § 54.1-2409.1:1, enacted during the 2023 General Assembly Session;
- Virginia Code § 54.1-3606.2, Psychology Interjurisdictional Compact.

**Staff note:** On advice of counsel, § 54.1-2409.1:1 and the enacting language of PSYPACT found in § 54.1-3606.2 (Article III E 4) require the Board to perform criminal background checks.

**Action needed:**

- Motion to withdraw the notice of intended regulatory action to add regulatory language requiring compliance with the criminal background check requirement of PSYPACT because criminal background checks are already required by statute.



**Agency** Department of Health Professions

**Board** Board of Psychology

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

**Action:** Implementation of criminal background check for Compact compliance

**Notice of Intended Regulatory Action (NOIRA)**

Action 6322 / Stage 10132

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

Documents		
Preliminary Draft Text	None submitted	
<a href="#">Agency Background Document</a>	9/20/2023	<a href="#">Upload / Replace</a>

Status	
<b>Public Hearing</b>	No plan for a public hearing at the <b>proposed</b> stage.
<b>DPB Review</b>	Submitted on 9/21/2023 Policy Analyst: <a href="#">Jeannine Rose</a> Review Completed: 9/28/2023
<b>Secretary Review</b>	Secretary of Health and Human Resources review in progress. Day 328
<b>Governor's Review</b>	Not yet submitted
<b>Virginia Registrar</b>	Not yet submitted
<b>Comment Period</b>	You may comment on this stage in a Town Hall comment forum as soon as it is published in <i>The Virginia Register of Regulations</i> .  If you sign up for the Town Hall <b><a href="#">email notification service</a></b> , you will be notified when the comment forum opens.  The regulatory information regarding this stage is subject to change until 5 days before it is published in the Register.

Contact Information	
<b>Name / Title:</b>	Jaime Hoyle / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Henrico, VA 23233
<b>Email Address:</b>	<a href="mailto:jaime.hoyle@dhp.virginia.gov">jaime.hoyle@dhp.virginia.gov</a>

<b>Telephone:</b>	(804)367-4406	FAX: (804)327-4435	TDD: (-)
-------------------	---------------	--------------------	----------

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

*This stage was created by Erin Barrett on 09/20/2023 at 8:58am*

*This stage was last edited by Erin Barrett on 09/20/2023 at 8:58am*

Code of Virginia  
Title 54.1. Professions and Occupations  
Chapter 24. General Provisions

## § 54.1-2409.1:1. Interjurisdictional compacts; criminal history record checks.

If an interjurisdictional compact requires criminal history record checks as a condition of participation, the applicable health regulatory board shall require each applicant to submit to fingerprinting and provide personal descriptive information to be forwarded along with his fingerprints through the Central Criminal Records Exchange to the Federal Bureau of Investigation for the purpose of obtaining criminal history record information. The cost of fingerprinting and the criminal history record search shall be paid by the applicant.


The Central Criminal Records Exchange shall forward the results of the state and federal criminal history record search to the applicable health regulatory board. If an applicant is denied licensure because of information appearing on his criminal history record and the applicant disputes the information upon which the denial was based, the Central Criminal Records Exchange shall upon written request, furnish to the applicant the procedures for obtaining a copy of the criminal history record from the Federal Bureau of Investigation and the Central Criminal Records Exchange. Information obtained pursuant to this section shall not be disseminated except as provided in this section.

2023, cc. 118, 119.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

8/21/202


### Virginia Law Library

The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in EPub eBook format. 

### Helpful Resources

[Virginia Code Commission](#)  
[Virginia Register of Regulations](#)  
[U.S. Constitution](#)

### For Developers

The Virginia Law website data is available via a web service. 





Code of Virginia  
Title 54.1. Professions and Occupations  
Chapter 36. Psychology

## § 54.1-3606.2. Psychology Interjurisdictional Compact.

### Article I. Purpose.

Whereas, states license psychologists, in order to protect the public through verification of education, training, and experience and ensure accountability for professional practice; and

Whereas, this Compact is intended to regulate the day-to-day practice of telepsychology (i.e., the provision of psychological services using telecommunication technologies) by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority; and

Whereas, this Compact is intended to authorize State Psychology Regulatory Authorities to afford legal recognition, in a manner consistent with the terms of the Compact, to psychologists licensed in another state; and

Whereas, this Compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety; and

Whereas, this Compact does not apply when a psychologist is licensed in both the Home and Receiving States; and

Whereas, this Compact does not apply to permanent in-person, face-to-face practice, it does allow for authorization of temporary psychological practice.

Consistent with these principles, this Compact is designed to achieve the following purposes and objectives:

1. Increase public access to professional psychological services by allowing for telepsychological practice across state lines, as well as temporary in-person, face-to-face services into a state in which the psychologist is not licensed to practice psychology;
2. Enhance the states' ability to protect the public's health and safety, especially client/patient safety;
3. Encourage the cooperation of Compact States in the areas of psychology licensure and regulation;
4. Facilitate the exchange of information between Compact States regarding psychologist licensure, adverse actions, and disciplinary history;
5. Promote compliance with the laws governing psychological practice in each Compact State; and
6. Invest all Compact States with the authority to hold licensed psychologists accountable through the mutual recognition of Compact State licenses.

### Article II. Definitions.

A. "Adverse Action" means any action taken by a State Psychology Regulatory Authority that finds a violation of a statute or regulation that is identified by the State Psychology Regulatory Authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards" (ASPPB) means the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to Practice Interjurisdictional Telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this Compact, in another Compact State.

- D. "Bylaws" means those bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance, or for directing and controlling its actions and conduct.
- E. "Client/Patient" means the recipient of psychological services, whether psychological services are delivered in the context of health care, corporate, supervision, and/or consulting services.
- F. "Commissioner" means the voting representative appointed by each State Psychology Regulatory Authority pursuant to Article X.
- G. "Compact State" means a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has not withdrawn pursuant to Article XIII, Section C or been terminated pursuant to Article XII, Section B.
- H. "Coordinated Licensure Information System," also referred to as "Coordinated Database," means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
- I. "Confidentiality" means the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.
- J. "Day" means any part of a day in which psychological work is performed.
- K. "Distant State" means the Compact State where a psychologist is physically present (not through the use of telecommunication technologies) to provide temporary in-person, face-to-face psychological services.
- L. "E.Passport" means a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.
- M. "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- N. "Home State" means a Compact State where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one Compact State and is practicing under the Authorization to Practice Interjurisdictional Telepsychology, the Home State is the Compact State where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one Compact State and is practicing under the Temporary Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.
- O. "Identity History Summary" means: a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.
- P. "In-Person, Face-to-Face" means interactions in which the psychologist and the client/patient are in the same physical space and which does not include interactions that may occur through the use of telecommunication technologies.
- Q. "Interjurisdictional Practice Certificate (IPC)" means a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that grants temporary authority to practice based on notification to the State Psychology Regulatory Authority of intention to practice temporarily, and verification of one's qualifications for such practice.
- R. "License" means authorization by a State Psychology Regulatory Authority to engage in the independent practice of psychology which would be unlawful without the authorization.
- S. "Non-Compact State" means any State which is not at the time a Compact State.
- T. "Psychologist" means an individual licensed for the independent practice of psychology.
- U. "Psychology Interjurisdictional Compact Commission" also referred to as "Commission" means the national administration of which all Compact States are members.
- V. "Receiving State" means a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- W. "Rule" means a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or ar

organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a Compact State, and includes the amendment, repeal or suspension of an existing rule.

X. "Significant Investigatory Information" means:

1. Investigative information that a State Psychology Regulatory Authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code that would be considered more substantial than minor infraction; or
2. Investigative information that indicates that the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and/or had an opportunity to respond.

Y. "State" means a state, commonwealth, territory, or possession of the United States.

Z. "State Psychology Regulatory Authority" means the Board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means the provision of psychological services using telecommunication technologies.

BB. "Temporary Authorization to Practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this Compact, in another Compact State.

CC. "Temporary In-Person, Face-to-Face Practice" means where a psychologist is physically present (not through the use of telecommunications technologies) in the Distant State to provide for the practice of psychology for 30 days within a calendar year and based on notification to the Distant State.

Article III. Home State Licensure.

A. The Home State shall be a Compact State where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more Compact State licenses at a time. If the psychologist is licensed in more than one Compact State, the Home State is the Compact State where the psychologist is physically present when the services are delivered as authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

C. Any Compact State may require a psychologist not previously licensed in a Compact State to obtain and retain a license to be authorized to practice in the Compact State under circumstances not authorized by the Authority to Practice Interjurisdictional Telepsychology under the terms of this Compact.

D. Any Compact State may require a psychologist to obtain and retain a license to be authorized to practice in a Compact State under circumstances not authorized by Temporary Authorization to Practice under the terms of this Compact.

E. A Home State's license authorizes a psychologist to practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only if the Compact State:

1. Currently requires the psychologist to hold an active E.Passport;
2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;
3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation (FBI), or other designee with similar authority, no later than 10 years after activation of the Compact; and
5. Complies with the Bylaws and Rules of the Commission.

F. A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State:

1. Currently requires the psychologist to hold an active IPC;
2. Has a mechanism in place for receiving and investigating complaints about licensed individuals;

3. Notifies the Commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;
4. Requires an Identity History Summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the FBI, or other designee with similar authority, no later than 10 years after activation of the Compact; and
5. Complies with the Bylaws and Rules of the Commission.

Article IV. Compact Privilege to Practice Telepsychology.

A. Compact States shall recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice telepsychology in other Compact States (Receiving States) in which the psychologist is not licensed, under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact.

B. To exercise the Authority to Practice Interjurisdictional Telepsychology under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
  - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or
  - b. A foreign college or university deemed to be equivalent to 1 a by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; and
2. Hold a graduate degree in psychology that meets the following criteria:
  - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
  - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
  - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;
  - d. The program must consist of an integrated, organized sequence of study;
  - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
  - f. The designated director of the program must be a psychologist and a member of the core faculty;
  - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
  - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
  - i. The curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degree and a minimum of one academic year of full-time graduate study for master's degree; and
  - j. The program includes an acceptable residency as defined by the Rules of the Commission;
3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;
4. Have no history of adverse action that violate the Rules of the Commission;
5. Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
6. Possess a current, active E.Passport;
7. Provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the Commission; and
8. Meet other criteria as defined by the Rules of the Commission.

C. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

D. A psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology will be subject to the Receiving State's scope of practice. A Receiving State may, in accordance with that state's due process law, limit or revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology in the Receiving State and may take any other necessary actions under the Receiving State's applicable law to protect the health and safety of the Receiving State's citizens. If a Receiving State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Authority to Practice Interjurisdictional Telepsychology in any Receiving State, is restricted, suspended or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a Compact State under the Authority to Practice Interjurisdictional Telepsychology.

#### Article V. Compact Temporary Authorization to Practice.

A. Compact States shall also recognize the right of a psychologist, licensed in a Compact State in conformance with Article III, to practice temporarily in other Compact States (Distant States) in which the psychologist is not licensed, as provided in the Compact.

B. To exercise the Temporary Authorization to Practice under the terms and provisions of this Compact, a psychologist licensed to practice in a Compact State must:

1. Hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:
  - a. Regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, OR authorized by Provincial Statute or Royal Charter to grant doctoral degrees; OR
  - b. A foreign college or university deemed to be equivalent to 1 a above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service; AND
2. Hold a graduate degree in psychology that meets the following criteria:
  - a. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;
  - b. The psychology program must stand as a recognizable, coherent, organizational entity within the institution;
  - c. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;
  - d. The program must consist of an integrated, organized sequence of study;
  - e. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;
  - f. The designated director of the program must be a psychologist and a member of the core faculty;
  - g. The program must have an identifiable body of students who are matriculated in that program for a degree;
  - h. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
  - i. The curriculum shall encompass a minimum of three academic years of full- time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for master's degrees;
  - j. The program includes an acceptable residency as defined by the Rules of the Commission;
3. Possess a current, full, and unrestricted license to practice psychology in a Home State which is a Compact State;
4. No history of adverse action that violate the Rules of the Commission;
5. No criminal record history that violates the Rules of the Commission;
6. Possess a current, active IPC;

7. Provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the Commission; and

8. Meet other criteria as defined by the Rules of the Commission.

C. A psychologist practicing into a Distant State under the Temporary Authorization to Practice shall practice within the scope of practice authorized by the Distant State.

D. A psychologist practicing into a Distant State under the Temporary Authorization to Practice will be subject to the Distant State's authority and law. A Distant State may, in accordance with that state's due process law, limit or revoke a psychologist's Temporary Authorization to Practice in the Distant State and may take any other necessary actions under the Distant State's applicable law to protect the health and safety of the Distant State's citizens. If a Distant State takes action, the state shall promptly notify the Home State and the Commission.

E. If a psychologist's license in any Home State, another Compact State, or any Temporary Authorization to Practice in any Distant State, is restricted, suspended or otherwise limited, the IPC shall be revoked and therefore the psychologist shall not be eligible to practice in a Compact State under the Temporary Authorization to Practice.

#### Article VI. Conditions of Telepsychology Practice in a Receiving State.

A. A psychologist may practice in a Receiving State under the Authority to Practice Interjurisdictional Telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority, as defined in the Rules of the Commission, and under the following circumstances:

1. The psychologist initiates a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State;
2. Other conditions regarding telepsychology as determined by Rules promulgated by the Commission.

#### Article VII. Adverse Actions.

A. A Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant State shall have the power to take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State.

B. A Receiving State may take adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State may take adverse action against a psychologist based on an adverse action taken by a Distant State regarding temporary in-person, face-to-face practice.

C. If a Home State takes adverse action against a psychologist's license, that psychologist's Authority to Practice Interjurisdictional Telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's Temporary Authorization to Practice is terminated and the IPC is revoked.

1. All Home State disciplinary orders that impose adverse action shall be reported to the Commission in accordance with the Rule promulgated by the Commission. A Compact State shall report adverse actions in accordance with the Rules of the Commission.
2. In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the Rules of the Commission.
3. Other actions may be imposed as determined by the Rules promulgated by the Commission.

D. A Home State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law shall control in determining any adverse action against a psychologist's license.

E. A Distant State's Psychology Regulatory Authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under Temporary Authorization Practice that occurred in that Distant State as it would if such conduct had occurred by a licensee within the Home State. In such cases, Distant State's law shall control in determining any adverse action against a psychologist's Temporary Authorization to Practice.

F. Nothing in this Compact shall override a Compact State's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the Compact State's law.

Compact States must require psychologists who enter any alternative programs to not provide telepsychology services under the Authority to Practice Interjurisdictional Telepsychology or provide temporary psychological services under the Temporary Authorization to Practice in any other Compact State during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a Compact State imposes an adverse action pursuant to subsection C.

#### Article VIII. Additional Authorities Invested in a Compact State's Psychology Regulatory Authority.

A. In addition to any other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have the authority under this Compact to:

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

2. Issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

B. During the course of any investigation, a psychologist may not change his Home State licensure. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority shall promptly report the conclusions of such investigations to the Commission. Once an investigation has been completed, and pending the outcome of said investigation, the psychologist may change his Home State licensure. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters. The Commission may create additional rules for mandated or discretionary sharing of information by Compact States.

#### Article IX. Coordinated Licensure Information System.

A. The Commission shall provide for the development and maintenance of a Coordinated Licensure Information System (Coordinated Database) and reporting system containing licensure and disciplinary action information on all psychologists individuals to whom this Compact is applicable in all Compact States as defined by the Rules of the Commission.

B. Notwithstanding any other provision of state law to the contrary, a Compact State shall submit a uniform data set to the Coordinated Database on all licensees as required by the Rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Significant investigatory information;
4. Adverse actions against a psychologist's license;
5. An indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked;
6. Non-confidential information related to alternative program participation information;
7. Any denial of application for licensure, and the reasons for such denial; and
8. Other information that may facilitate the administration of this Compact, as determined by the Rules of the Commission.

C. The Coordinated Database administrator shall promptly notify all Compact States of any adverse action taken against, or significant investigative information on, any licensee in a Compact State.

D. Compact States reporting information to the Coordinated Database may designate information that may not be shared with the public without the express permission of the Compact State reporting the information.

E. Any information submitted to the Coordinated Database that is subsequently required to be expunged by the law of the Compact State reporting the information shall be removed from the Coordinated Database.

Article X. Establishment of the Psychology Interjurisdictional Compact Commission.

A. The Compact States hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

1. The Commission is a body politic and an instrumentality of the Compact States.
2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Membership, Voting, and Meetings.

1. The Commission shall consist of one voting representative appointed by each Compact State who shall serve as that state's Commissioner. The State Psychology Regulatory Authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the Compact State. This delegate shall be limited to:

- a. Executive Director, Executive Secretary or similar executive;
- b. Current member of the State Psychology Regulatory Authority of a Compact State; OR
- c. Designee empowered with the appropriate delegate authority to act on behalf of the Compact State.

2. Any Commissioner may be removed or suspended from office as provided by the law of the state from which the Commissioner is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the Compact State in which the vacancy exists.

3. Each Commissioner shall be entitled to one (1) vote with regard to the promulgation of Rules and creation of Bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. A Commissioner shall vote in person or by such other means as provided in the Bylaws. The Bylaws may provide for Commissioners' participation in meetings by telephone or other means of communication.

4. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the Bylaw:

5. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.

6. The Commission may convene in a closed, non-public meeting if the Commission must discuss:

- a. Non-compliance of a Compact State with its obligations under the Compact;
- b. The employment, compensation, discipline or other personnel matters, or practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- c. Current, threatened, or reasonably anticipated litigation against the Commission;
- d. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
- e. Accusation against any person of a crime or formally censuring any person;
- f. Disclosure of trade secrets or commercial or financial information which is privileged or confidential;
- g. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
- h. Disclosure of investigatory records compiled for law-enforcement purposes;
- i. Disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the Compact; or
- j. Matters specifically exempted from disclosure by federal and state statute.



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

C. The Commission shall, by a majority vote of the Commissioners, prescribe Bylaws and/or Rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the Compact, including but not limited to:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures:
  - a. For the establishment and meetings of other committees; and
  - b. Governing any general or specific delegation of any authority or function of the Commission;
3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the Commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each Commissioner with no proxy votes allowed;
4. Establishing the titles, duties and authority and reasonable procedures for the election of the officers of the Commission;
5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar law of any Compact State, the Bylaws shall exclusively govern the personnel policies and programs of the Commission;
6. Promulgating a Code of Ethics to address permissible and prohibited activities of Commission members and employees;
7. Providing a mechanism for concluding the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of the Compact after the payment and/or reserving of all of its debts and obligations;
8. The Commission shall publish its Bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the Compact States;
9. The Commission shall maintain its financial records in accordance with the Bylaws; and
10. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the Bylaws.

D. The Commission shall have the following powers:

1. The authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rule shall have the force and effect of law and shall be binding in all Compact States;
2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any State Psychology Regulatory Authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;
3. To purchase and maintain insurance and bonds;
4. To borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State;
5. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
6. To accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall strive to avoid any appearance of impropriety and/or conflict of interest;

7. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall strive to avoid any appearance of impropriety;
8. To sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
9. To establish a budget and make expenditures;
10. To borrow money;
11. To appoint committees, including advisory committees comprised of Members, State regulators, State legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the Bylaws;
12. To provide and receive information from, and to cooperate with, law enforcement agencies;
13. To adopt and use an official seal; and
14. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice and telepsychology practice.

E. The Executive Board.

1. The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the Commission according to the terms of this Compact. The Executive Board shall be comprised of six members:
  - a. Five voting members who are elected from the current membership of the Commission by the Commission;
  - b. One ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities.
2. The ex-officio member must have served as staff or member on a State Psychology Regulatory Authority and will be selected by its respective organization.
3. The Commission may remove any member of the Executive Board as provided in Bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:
  - a. Recommend to the entire Commission changes to the Rules or Bylaws, changes to this Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees;
  - b. Ensure Compact administration services are appropriately provided, contractual or otherwise;
  - c. Prepare and recommend the budget;
  - d. Maintain financial records on behalf of the Commission;
  - e. Monitor Compact compliance of member states and provide compliance reports to the Commission;
  - f. Establish additional committees as necessary; and
  - g. Other duties as provided in Rules or Bylaws.

F. Financing of the Commission.

1. The Commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.
3. The Commission may levy on and collect an annual assessment from each Compact State or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment

amount shall be allocated based upon a formula to be determined by the Commission which shall promulgate a rule binding upon all Compact States.

4. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the Compact States, except by and with the authority of the Compact State. 5. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its Bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the Commission.

#### G. Qualified Immunity, Defense, and Indemnification.

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

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

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

#### Article XI. Rulemaking.

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the Rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the Compact States rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact, then such rule shall have no further force and effect in any Compact State.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or Rules by the Commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission; and
2. On the website of each Compact States' Psychology Regulatory Authority or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and
4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least 25 persons who submit comments independently of each other;
2. A governmental subdivision or agency; or
3. A duly-appointed person in an association that has having at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing.

1. All persons wishing to be heard at the hearing shall notify the Executive Director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not fewer than five business days before the scheduled date of the hearing.
2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.
3. No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same term and conditions as a transcript. This subsection shall not preclude the Commission from making a transcript or recording of the hearing if it so chooses.
4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety, or welfare;
2. Prevent a loss of Commission or Compact State funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

Article XII. Oversight, Dispute Resolution and Enforcement.

A. Oversight.

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

2. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a Compact State pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

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

#### B. Default, Technical Assistance, and Termination.

1. If the Commission determines that a Compact State has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

a. Provide written notice to the defaulting state and other Compact States of the nature of the default, the proposed means of remedying the default and/or any other action to be taken by the Commission; and

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

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

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the Compact States.

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

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

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

#### C. Dispute Resolution.

1. Upon request by a Compact State, the Commission shall attempt to resolve disputes related to the Compact which arise among Compact States and between Compact and Non-Compact States. 2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

#### D. Enforcement.

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and Rules of this Compact.

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

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

#### Article XIII. Date of Implementation of the Psychology Interjurisdictional Compact Commission and Associated Rules, Withdrawal, and Amendments.

A. The Compact shall come into effect on the date on which the Compact is enacted into law in the seventh Compact State. The provisions which become effective at that time shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

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

C. Any Compact State may withdraw from this Compact by enacting a statute repealing the same.

1. A Compact State's withdrawal shall not take effect until six months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing State's Psychology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a Compact State and a Non-Compact State which does not conflict with the provisions of this Compact.

E. This Compact may be amended by the Compact States. No amendment to this Compact shall become effective and binding upon any Compact State until it is enacted into the law of all Compact States.


Article XIV. Construction and Severability.

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

2020, c. 1162.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired. 8/21/202

 Virginia Law Library

The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in EPub eBook format. 

 Helpful Resources

- [Virginia Code Commission](#)
- [Virginia Register of Regulations](#)
- [U.S. Constitution](#)

 For Developers

The Virginia Law website data is available via a web service. 



**Agenda Item: Exempt regulatory amendments regarding psychological practitioners**

**Included in your agenda package:**

- HB1499 of the 2024 General Assembly Session which created the psychological practitioner licensure category and required the Board to regulate the profession;
- Exempt regulatory changes consistent with the legislative requirements.

**Staff note:** The Board held a public hearing related to these changes on September 9. Public hearing comments will be provided to the Board as a handout at the meeting or verbally.

**Action needed:**

- Motion to adopt exempt regulatory changes regarding licensure of psychological practitioners.

# VIRGINIA ACTS OF ASSEMBLY -- 2024 SESSION

## CHAPTER 754

*An Act to amend and reenact §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia and to amend the Code of Virginia by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3, relating to Virginia Health Workforce Development Authority; Virginia Health Care Career and Technical Training and Education Fund created; psychological practitioner defined; educational requirements for nursing faculty.*

[H 1499]

Approved April 8, 2024

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

**1. That §§ 32.1-122.7, 32.1-122.7:1, 32.1-122.7:2, 54.1-3600, and 54.1-3606 of the Code of Virginia are amended and reenacted and that the Code of Virginia is amended by adding in Article 1 of Chapter 20.2 of Title 2.2 a section numbered 2.2-2040.1 and by adding a section numbered 54.1-3606.3 as follows:**

**§ 2.2-2040.1. Virginia Health Care Career and Technical Training and Education Fund.**

*There is hereby created in the state treasury a special nonreverting fund to be known as the Virginia Health Care Career and Technical Training and Education Fund, referred to in this section as "the Fund." The Fund shall be established on the books of the Comptroller. All funds appropriated for such purpose and any gifts, donations, grants, bequests, and other funds received on its behalf shall be paid into the state treasury and credited to the Fund. Interest earned on moneys in the Fund shall remain in the Fund and be credited to it. Any moneys remaining in the Fund, including interest thereon, at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. The Fund shall be administered by the Director of the Department of Workforce Development and Advancement. Moneys in the Fund shall be used solely for the purposes of supporting the mission of the Virginia Health Workforce Development Authority, as described in § 32.1-122.7. Expenditures and disbursements from the Fund shall be made by the State Treasurer on warrants issued by the Comptroller upon written request signed by the Director of the Department of Workforce Development and Advancement.*

**§ 32.1-122.7. Virginia Health Workforce Development Authority; purpose.**

A. There is hereby created as a public body corporate and as a political subdivision of the Commonwealth the Virginia Health Workforce Development Authority (the Authority), with such public and corporate powers as are set forth in § 32.1-122.7:2. The Authority is hereby constituted as a public instrumentality, exercising public and essential governmental functions with the power and purpose to provide for the health, welfare, convenience, knowledge, benefit, and prosperity of the residents of the Commonwealth and such other persons who might be served by the Authority. The Authority is established to move the Commonwealth forward in achieving its vision of ensuring a quality health workforce for all Virginians.

B. The mission of the Authority is to facilitate the development of a statewide health professions pipeline that identifies, educates, recruits, and retains a diverse, appropriately geographically distributed, and culturally competent quality workforce. The mission of the Authority is accomplished by: (i) providing the statewide infrastructure required for health workforce needs assessment and planning that maintains engagement by health professions training programs in decision making and program implementation; (ii) serving as the advisory board and setting priorities for the Virginia Area Health Education Centers Program; (iii) coordinating with and serving as a resource to relevant state, regional, and local entities, including the Department of Health Professions Workforce Data Center, the Joint Legislative Audit and Review Commission, the Joint Commission on Health Care, *the Behavioral Health Commission*, the Southwest Virginia Health Authority, or any similar regional health authority that may be developed; (iv) informing state and local policy development as it pertains to health care delivery, training, and education; (v) identifying and promoting evidence-based strategies for health workforce pipeline development and interdisciplinary health care service models, particularly those affecting rural and other underserved areas; (vi) supporting communities in their health workforce recruitment and retention efforts and developing partnerships and promoting models of participatory engagement with business and community-based and social organizations to foster integration of health care training and education; (vii) *setting priorities for and evaluating graduate medical education programs overseen by the Commonwealth*; (viii) *advocating for programs that will result in reducing the debt load of newly trained health professionals*; ~~(viii)~~ (ix) *setting priorities for and managing the Virginia Health Care Career and Technical Training and Education Fund*; (x) identifying high priority target areas within each region of the Commonwealth and working toward health workforce development initiatives that improve health measurably in those areas; ~~(ix)~~ (xi) fostering or creating innovative health workforce



development models that provide both health and economic benefits to the regions they serve; ~~(x)~~ (xii) developing strategies to increase diversity in the health workforce by examining demographic data on race and ethnicity in training programs and health professional licensure; ~~(xi)~~ (xiii) identifying ways to leverage technology to increase access to health workforce training and health care delivery; and ~~(xii)~~ (xiv) developing a centralized health care careers roadmap in partnership with the Department of Health Professions that includes information on both licensed and unlicensed professions and that is disseminated to the Commonwealth's health care workforce stakeholders to raise awareness about available career pathways.

**§ 32.1-122.7:1. Board of Directors of the Virginia Health Workforce Development Authority.**

The Virginia Health Workforce Development Authority (*the Authority*) shall be governed by a Board of Directors. The Board of Directors shall have a total membership of ~~15~~ 19 members that shall consist of three legislative members, nine nonlegislative citizen members, and ~~three~~ seven ex officio members. Members shall be appointed as follows: two members of the House of Delegates, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates; one member of the Senate, to be appointed by the Senate Committee on Rules; and nine nonlegislative citizen members, three of whom shall be representatives of health professional educational or training programs, five of whom shall be health professionals or employers or representatives of health professionals, and one of whom shall be a representative of community health, to be appointed by the Governor. The Commissioner of Health ~~or his designee~~, the Chancellor of the Virginia Community College System ~~or his designee~~, and the Director of the Department of Health Professions ~~or his designee~~, *the Director of the Department of Workforce Development and Advancement, the Director of the State Council of Higher Education for Virginia, the Chairman of the House Committee on Appropriations, and the Chairman of the Senate Committee on Finance and Appropriations or their designees* shall serve ex officio with voting privileges. Members appointed by the Governor shall be citizens of the Commonwealth.

Legislative members and ex officio members shall serve terms coincident with their terms of office. All appointments of nonlegislative citizen members shall be for two-year terms following the initial staggering of terms. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. Legislative and citizen members may be reappointed; however, no citizen member shall serve more than four consecutive two-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's term limit. Vacancies shall be filled in the same manner as the original appointments.

The Board of Directors shall elect a chairman and vice-chairman annually from among its members. A majority of the members of the Board of Directors shall constitute a quorum.

The Board of Directors shall report biennially on the activities and recommendations of the Authority to the Secretary of Health and Human Resources, the Secretary of Education, the Secretary of Commerce and Trade, the ~~Chief Workforce Development Advisor~~ *Secretary of Labor*, the State Board of Health, the State Council of Higher Education for Virginia, the Joint Commission on Health Care, *the Chairman of the House Committee on Appropriations, the Chairman of the Senate Committee on Finance and Appropriations*, the Governor, and the General Assembly. In any reporting period where state general funds are appropriated to the Authority, the report shall include a detailed summary of how state general funds were expended.

The accounts and records of the Authority showing the receipt and disbursement of funds from whatever source derived shall be in a form prescribed by the Auditor of Public Accounts. The Auditor of Public Accounts, or his legally authorized representative, shall examine the accounts of the Authority as determined necessary by the Auditor of Public Accounts. The cost of such audit shall be borne by the Authority.

**§ 32.1-122.7:2. Powers and duties of the Virginia Health Workforce Development Authority; exemptions.**

A. The *Virginia Health Workforce Development Authority (the Authority)* is authorized to serve as the incorporated consortium of allopathic and osteopathic medical schools in Virginia as required by federal statute to qualify for the receipt of Area Health Education Centers programs, legislatively mandated under the Public Health Service Act as amended, Title VII, Section 751, and 42 U.S.C. § 294a, and to administer federal, state, and local programs as needed to carry out its public purpose and objectives. The Authority is further authorized to exercise independently the powers conferred by this section in furtherance of its corporate and public purposes to benefit citizens and such other persons who might be served by the Authority.

B. The Authority is authorized to monitor, collect, and track data pertaining to health care delivery, training, and education from Virginia educational institutions and other entities as needed to carry out its public purpose and objectives in areas where such data efforts do not already exist. *The Authority is further authorized to request and seek data for program evaluation purposes and may partner with other agencies and institutions to help manage and analyze health workforce data. The Authority shall assist in the coordination of data from various sources, including the Department of Education, the Department of Health Professions, the Department of Health, the Virginia Office of Education*

*Economics, the Workforce Data Trust, and the George Mason University Center for Health Workforce.*

C. The Authority shall have the authority to assess policies, engage in policy development, and make policy recommendations.

D. The Authority shall have the authority to apply for and accept federal, state, and local public and private grants, loans, appropriations, and donations; hire and compensate staff, including an executive director; rent, lease, buy, own, acquire, and dispose of property, real or personal; participate in joint ventures, including to make contracts and other agreements with public and private entities in order to carry out its public purpose and objectives; and make bylaws for the management and regulation of its affairs.

E. The Authority shall be exempt from the provisions of ~~Chapters 29~~ *the Virginia Personnel Act* (§ 2.2-2900 et seq.) and ~~43~~ *the Virginia Public Procurement Act* (§ 2.2-4300 et seq.) of ~~Title 2.2~~.

F. The exercise of powers granted by this article and the undertaking of activities in the furtherance of the purpose of the Authority shall constitute the performance of essential governmental functions. Therefore, the Authority shall be exempt from any tax or assessment upon any project or property acquired or used by the Authority under the provisions of this article or upon the income therefrom, including sales and use taxes on tangible personal property used in the operation of the Authority. This exemption shall not extend to persons conducting business for which local or state taxes would otherwise be required.

#### **§ 54.1-3600. Definitions.**

As used in this chapter, unless the context requires a different meaning:

"Applied psychologist" means an individual licensed to practice applied psychology.

"Board" means the Board of Psychology.

"Certified sex offender treatment provider" means a person who is certified to provide treatment to sex offenders and who provides such services in accordance with the provisions of §§ 54.1-3005, 54.1-3505, 54.1-3611, and 54.1-3705 and the regulations promulgated pursuant to these provisions.

"Clinical psychologist" means an individual licensed to practice clinical psychology.

"Practice of applied psychology" means application of the principles and methods of psychology to improvement of organizational function, personnel selection and evaluation, program planning and implementation, individual motivation, development and behavioral adjustment, as well as consultation on teaching and research.

"Practice of clinical psychology" includes, but is not limited to:

1. "Testing and measuring" ~~which that~~ consists of the psychological evaluation or assessment of personal characteristics such as intelligence, abilities, interests, aptitudes, achievements, motives, personality dynamics, psychoeducational processes, neuropsychological functioning, or other psychological attributes of individuals or groups.

2. "Diagnosis and treatment of mental and emotional disorders" ~~which that~~ consists of the appropriate diagnosis of mental disorders according to standards of the profession and the ordering or providing of treatments according to need. Treatment includes providing counseling, psychotherapy, marital/family therapy, group therapy, behavior therapy, psychoanalysis, hypnosis, biofeedback, and other psychological interventions with the objective of modification of perception, adjustment, attitudes, feelings, values, self-concept, personality, or personal goals, the treatment of alcoholism and substance abuse, *the treatment of* disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury, or disability.

3. "Psychological consulting" ~~which that~~ consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, *or* evaluation, or engaging in applied psychological research, program or organizational development, *or* administration, supervision, or evaluation of psychological services.

"Practice of psychology" means the practice of applied psychology, clinical psychology, or school psychology.

The "practice of school psychology" means:

1. "Testing and measuring" ~~which that~~ consists of psychological assessment, evaluation, and diagnosis relative to the assessment of intellectual ability, aptitudes, achievement, adjustment, motivation, personality, or any other psychological attribute of persons as individuals or in groups that directly relates to learning or behavioral problems that impact education.

2. "Counseling" ~~which that~~ consists of professional advisement and interpretive services with children or adults for amelioration or prevention of problems that impact education. Counseling services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, environmental manipulation, and group processes.

3. "Consultation" ~~which that~~ consists of educational or vocational consultation or direct educational services to schools, agencies, organizations, or individuals. Psychological consulting as ~~herein defined~~ *relative to the practice of school psychology* is directly related to learning problems and related adjustments.

4. Development of programs such as designing more efficient and psychologically sound classroom situations and acting as a catalyst for teacher involvement in adaptations and innovations.

*"Psychological practitioner" means a person licensed pursuant to § 54.1-3606.3 to diagnose and treat mental and emotional disorders by providing counseling, psychotherapy, marital therapy, family therapy, group therapy, or behavioral therapy and to provide an assessment and evaluation of an individual's intellectual or cognitive ability, emotional adjustment, or personality, as related to the treatment of mental or emotional disorders.*

*"Psychologist" means a person licensed to practice school, applied, or clinical psychology.*

*"School psychologist" means a person licensed by the Board of Psychology to practice school psychology.*

**§ 54.1-3606. License required.**

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, or to engage in practice as a *psychological practitioner*, it shall be necessary to hold a license.

B. Notwithstanding the provisions of subdivision 4 of § 54.1-3601 or any Board regulation, the Board of Psychology shall license, as school psychologists-limited, persons licensed by the Board of Education with an endorsement in psychology and a master's degree in psychology. The Board of Psychology shall issue licenses to such persons without examination, upon review of credentials and payment of an application fee in accordance with regulations of the Board for school psychologists-limited.

Persons holding such licenses as school psychologists-limited shall practice solely in public school divisions; holding a license as a school psychologist-limited pursuant to this subsection shall not authorize such persons to practice outside the school setting or in any setting other than the public schools of the Commonwealth, unless such individuals are licensed by the Board of Psychology to offer to the public the services defined in § 54.1-3600.

The Board shall issue persons, holding licenses from the Board of Education with an endorsement in psychology and a license as a school psychologist-limited from the Board of Psychology, a license which notes the limitations on practice set forth in this section.

Persons who hold licenses as psychologists issued by the Board of Psychology without these limitations shall be exempt from the requirements of this section.

**§ 54.1-3606.3. Licensure of psychological practitioners; independent practice.**

A. *It is unlawful for any person to practice or hold himself out as a psychological practitioner in the Commonwealth or use the title of psychological practitioner unless he holds a license issued by the Board.*

B. *The Board shall establish criteria for licensure as a psychological practitioner, which shall include the following:*

1. *Documentation that the applicant received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the Board, or from a program accredited by another national accrediting body approved by the Board; and*

2. *Documentation that the applicant successfully completed the academic portion of a national exam recognized by the Board.*

C. *Every psychological practitioner who meets the requirements of subsection B shall practice under the supervision of a clinical psychologist unless the requirements of subsection D are met. The Board shall determine the requirements and procedures for such supervision.*

D. *A psychological practitioner may practice without supervision upon:*

1. *Successful completion of the clinical portion of a national exam recognized by the Board; and*

2. *Completion of one year of full-time experience, as determined by the Board, of practice under the supervision of a clinical psychologist.*

*Upon receipt of documentation of such examination and experience requirements and a fee as established by the Board, the Board shall issue to the psychological practitioner a new license that includes a designation indicating that the psychological practitioner is authorized to practice independently.*

E. *The Board shall determine appropriate standards of practice for psychological practitioners.*

F. *The Board shall promulgate such regulations as may be necessary to implement the provisions of this section.*

**2. That the Board of Psychology shall promulgate regulations to implement the provisions of the first enactment of this act in Title 54.1 to be effective no later than January 1, 2025. The Board of Psychology's initial adoption of regulations necessary to implement the provisions of the first enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Psychology shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.**

**3. That the Board of Nursing shall amend its regulations to add or remove the following requirements related to educational requirements for nursing faculty: (i) for baccalaureate degree and prelicensure graduate degree programs, add requirements that every clinical nursing faculty member hold a graduate degree in nursing, or hold a baccalaureate degree in nursing and be**

enrolled in a graduate degree program, or hold a baccalaureate degree in nursing and hold alternative credentials, and that clinical faculty members with a graduate degree other than in nursing be required to hold a baccalaureate degree in nursing; (ii) for associate degree and diploma programs, remove requirements that the majority of the members of the nursing faculty hold a graduate degree, preferably with a major in nursing, and that all members of the nursing faculty hold a baccalaureate degree with a major in nursing; (iii) for associate degree and diploma programs, add requirements that the didactic members of the nursing faculty hold a graduate degree, preferably with a major in nursing, or hold a baccalaureate degree and be actively enrolled in a graduate degree program and that the clinical members of the nursing faculty hold a baccalaureate degree in nursing or an associate degree in nursing and be actively enrolled in a baccalaureate degree program in nursing; (iv) for practical nursing programs, remove the requirement that the majority of the members of the nursing faculty hold a baccalaureate degree, preferably with a major in nursing; and (v) for practical nursing programs, add a requirement that the nursing faculty hold a baccalaureate degree, preferably with a major in nursing, or hold an associate degree and be actively enrolled in a baccalaureate degree program.

4. That the Board of Nursing shall promulgate regulations to implement the provisions of the third enactment of this act to be effective no later than January 1, 2025. The Board of Nursing's initial adoption of regulations necessary to implement the provisions of the third enactment of this act shall be exempt from the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia), except that the Board of Nursing shall provide an opportunity for public comment on the regulations prior to adoption of such regulations.

**Project 8043 - Final**

**Board of Psychology**

**Licensing of psychological practitioners**

**18VAC125-20-30. Fees required by the board.**

A. The board has established fees for the following:

	Applied psychologists, Clinical psychologists, School psychologists	School psychologists- limited	<u>Psychological practitioners</u>
1. Registration of residency (per residency request)	\$50	--	=
2. Add or change supervisor	\$25	--	=
3. Application processing and initial licensure	\$200	\$85	<u>\$200</u>
4. Annual renewal of active license	\$140	\$70	<u>\$140</u>
5. Annual renewal of inactive license	\$70	\$35	<u>\$70</u>
6. Late renewal	\$50	\$25	<u>\$25</u>
7. Verification of license to another jurisdiction	\$25	\$25	<u>\$25</u>
8. Duplicate license	\$5	\$5	<u>\$5</u>
9. Additional or replacement wall certificate	\$15	\$15	<u>\$15</u>
10. Handling fee for returned check or dishonored credit card or debit card	\$50	\$50	<u>\$50</u>
11. Reinstatement of a lapsed license	\$270	\$125	<u>\$270</u>
12. Reinstatement following revocation or suspension	\$500	\$500	<u>\$500</u>
<u>13. Autonomous practice for psychological practitioners</u>	=	=	<u>\$150</u>

B. Fees shall be made payable to the Treasurer of Virginia and forwarded to the board. All fees are nonrefundable.

C. ~~Between May 1, 2020, and June 30, 2020, the following renewal fees shall be in effect:~~

~~1. For annual renewal of an active license as a clinical, applied, or school psychologist, it shall be \$100. For an inactive license as a clinical, applied, or school psychologist, it shall be \$50.~~

~~2. For annual renewal of an active license as a school psychologist limited, it shall be \$50. For an inactive license as a school psychologist limited, it shall be \$25.~~ Between January 1, 2025, and December 31, 2026, the cost for application processing and initial licensure of psychological practitioners shall be \$100.

**18VAC125-20-41. Requirements for licensure by examination.**

A. Every applicant for licensure by examination shall:

1. Meet the education requirements prescribed in 18VAC125-20-54, 18VAC125-20-55, ~~or 18VAC125-20-56, or 18VAC125-20-57~~ and the experience requirement prescribed in 18VAC125-20-65 as applicable for the particular license sought; and

2. Submit the following:

a. A completed application on forms provided by the board;

b. A completed residency agreement or documentation of having fulfilled the experience requirements of 18VAC125-20-65, if applicable;

c. The application processing fee prescribed by the board;

d. Official transcripts documenting the graduate work completed and the degree awarded; transcripts previously submitted for registration of supervision do not have to be resubmitted unless additional coursework was subsequently obtained.

Applicants who are graduates of institutions that are not regionally accredited shall submit documentation from an accrediting agency acceptable to the board that their education meets the requirements set forth in 18VAC125-20-54, 18VAC125-20-55, ~~or 18VAC125-20-56, or 18VAC125-20-57;~~

e. A current report from the National Practitioner Data Bank; and

f. Verification of any other health or mental health professional license, certificate, or registration ever held in Virginia or another jurisdiction. The applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration.

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination as a clinical, school, or applied psychologist must achieve a passing score on all parts of the Examination for Professional Practice of Psychology required at the time the applicant took the examination.

C. Every applicant for licensure as a psychological practitioner shall achieve a passing score as determined by the board for masters level psychological practice on the academic portion of the Examination for Professional Practice of Psychology. Every licensed psychological practitioner applying for autonomous practice shall achieve a passing score as determined by the board for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology.

D. Every applicant shall attest to having read and agreed to comply with the current standards of practice and laws governing the practice of psychology in Virginia.

#### **18VAC125-20-42. Prerequisites for licensure by endorsement.**

Every applicant for licensure by endorsement for applied psychology, clinical psychology, or school psychology shall submit:

1. A completed application;
2. The application processing fee prescribed by the board;
3. An attestation of having read and agreed to comply with the current Standards of Practice and laws governing the practice of psychology in Virginia;
4. Verification of all other health and mental health professional licenses, certificates, or registrations ever held in Virginia or any jurisdiction of the United States or Canada. In order to qualify for endorsement, the applicant shall not have surrendered a license, certificate, or registration while under investigation and shall have no unresolved action against a license, certificate, or registration;
5. A current report from the National Practitioner Data Bank; and
6. Further documentation of one of the following:
  - a. A current credential issued by the National Register of Health Service Psychologists;
  - b. Current diplomate status in good standing with the American Board of Professional Psychology in a category comparable to the one in which licensure is sought;
  - c. A Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
  - d. Five years of active licensure in a category comparable to the one in which licensure is sought with at least 24 months of active practice within the last 60 months immediately preceding licensure application; or
  - e. If less than five years of active licensure or less than 24 months of active practice within the last 60 months, documentation of current psychologist licensure in good standing obtained by standards substantially equivalent to the education, experience, and examination requirements set forth in this chapter for the category in which



licensure is sought as verified by a certified copy of the original application submitted directly from the out-of-state licensing agency or a copy of the regulations in effect at the time of initial licensure and the following: (1) Verification of a passing score on all parts of the Examination for Professional Practice of Psychology that were required at the time of original licensure; and (2) Official transcripts documenting the graduate work completed and the degree awarded in the category in which licensure is sought.

**18VAC125-20-57. Education requirements for psychological practitioners.**

Every applicant for licensure as a psychological practitioner shall provide evidence of receipt of a master's degree in clinical or school psychology from a program accredited by the American Psychological Association, from a program equivalent to those accredited by the American Psychological Association as determined by the board, or from a program accredited by another national accrediting body approved by the board.

**18VAC125-20-58. Supervision and autonomous practice of psychological practitioners.**

A. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall practice under the supervision of a clinical psychologist with at least two years of clinical experience post-licensure as a doctoral level clinical psychologist. No psychological practitioner shall hold himself out as able to practice autonomously unless an autonomous practice designation has been granted by the board.

B. Unless an autonomous practice designation has been granted by the board, every psychological practitioner shall communicate to patients and the public in writing that the psychological practitioner cannot practice autonomously and provide the name and contact information of the supervising clinical psychologist.

C. A psychological practitioner with a current, unrestricted license may qualify for an autonomous designation upon:

1. Successful completion of the clinical portion of the Examination for Professional Practice of Psychology; and

2. Completion of one year of full-time, post-licensure practice under the supervision of a clinical psychologist. One year of full-time, post-licensure practice, for purposes of this section, is at least 2,000 hours. Such hours must be completed within three years immediately preceding application to the board for autonomous practice authorization.

D. Qualification for authorization for autonomous practice shall be determined upon:

1. Submission of a fee as specified in 18VAC125-20-30;

2. Evidence of a passing score for masters level psychological practice on the clinical portion of the Examination for Professional Practice of Psychology; and

3. Evidence of one year of full-time, post-licensure supervised practice. The evidence of supervised practice shall consist of an attestation which meets the following criteria:

a. The attestation shall be signed by the licensed clinical psychologist that served as a supervisor for the required supervised practice in subsection A;

b. The attestation shall specify that the psychological practitioner is competent to practice in all areas of practice contained on a form provided by the board; and

c. The attestation shall state that, in the opinion of the licensed clinical psychologist, the psychological practitioner demonstrated sufficient competency to practice autonomously.

**18VAC125-20-59. Supervisors of psychological practitioners.**

A. Supervisors shall be licensed as a clinical psychologist in the jurisdiction in which practice by the psychological practitioner occurs.

B. Supervision of post-licensure practice by a clinical psychologist shall include:

1. The periodic review of patient charts or electronic patient records by the supervising clinical psychologist;

2. Appropriate and regular input by the clinical psychologist on cases, patient emergencies, and referrals;

3. Appropriate professional development; and

4. Management of areas of deficiency if needed or indicated during supervision.

C. The supervisor shall be responsible for ensuring that the psychological practitioner only practices within the scope of his education and training.

D. Prior to practice, a psychological practitioner that has not received an autonomous practice designation must enter into a supervisory agreement with a qualified supervisor.

E. Both the psychological practitioner and the supervisor shall maintain a copy of all supervisory agreements for 3 years from the date that supervision ends.

**18VAC125-20-80. General examination requirements.**

A. A candidate shall achieve a passing score on the final required step for the licensure type applied for of the national examination within two years immediately preceding licensure. A candidate may request an extension of the two-year limitation for extenuating circumstances. If the candidate has not taken the examination by the end of the two-year period, the applicant shall reapply according to the requirements of the regulations in effect at that time.

B. A candidate for autonomous practice as a licensed psychological practitioner shall achieve a passing score on the clinical portion of the national examination within two years immediately preceding the application for autonomous practice. A candidate may request an extension of the two-year limitation for extenuating circumstances.

C. The board shall establish passing scores on all steps of the examination.

**18VAC125-20-120. Annual renewal of licensure.**

Every license issued by the board shall expire each year on June 30.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal form supplied by the board and the renewal fee prescribed in 18VAC125-20-30.
2. Licensees who wish to maintain an active license shall pay the appropriate fee and verify on the renewal form compliance with the continuing education requirements prescribed in 18VAC125-20-121. First-time licensees by examination are not required to verify continuing education on the first renewal date following initial licensure.
3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18VAC125-20-30. A person with an inactive license is not authorized to practice; no person shall practice psychology in Virginia without a current active license. An inactive licensee may activate a license by fulfilling the reactivation requirements set forth in 18VAC125-20-130.
4. Failure of a licensee to receive a renewal notice and application forms from the board shall not excuse the licensee from the renewal requirement.
5. A licensed psychological practitioner actively practicing without a designation for autonomous practice shall attest that the licensee is actively supervised.



# ASPPB

Association of State and  
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

**President**

Michelle G. Paul, PhD

**Chief Executive Officer**

Mariann Burnetti-Atwell, PsyD

**Past President**

Herbert L. Stewart, PhD

**President-Elect**

Hugh D. Moore, PhD, MBA

**Secretary-Treasurer**

Cindy Olvey, PsyD

**Members at Large**

Jennifer C. Laforce, PhD, CPsych

Ramona N. Mellott, PhD

Stacy Waldron, PhD

July 1, 2024

Dear ASPPB Members,

The ASPPB Board of Directors (Board) recently met for its June Board meeting. During this meeting, the Board spent a majority of its time discussing the comments and questions that were raised during the April Mid-Year Meeting in Boston and the remote town hall listening session in May. We greatly value the feedback received during these sessions. As an organization comprised of 66 member jurisdictions across North America, we recognize the importance of harmonizing diverse voices to establish a unified regulatory stance for Psychology. Our mission remains focused on supporting member jurisdictions in fulfilling their responsibility of public protection.

Nearly fifteen years ago, with the support and through the collective efforts of its member jurisdictions, ASPPB began to study and develop an update to the Examination for Professional Practice in Psychology (EPPP) that would include a skills-based assessment, so as to even more effectively measure entry-level competence. More recently, however, a few member jurisdictions have raised questions and concerns about the value of including this skills-related component in the examination. At the June meeting, the Board carefully considered the input of these members, as well as the numerous factors and considerations that led ASPPB to its decision to embark upon this path toward the much-needed evolution of the EPPP so many years ago. Following these deliberations, the Board reaffirmed its previous position that:

*Effective no later than January 1, 2026, the EPPP is one examination with two parts: EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills).*

Additionally, in order to address some members' stated concerns about the practical roll-out of the updated examination, the Board passed a motion to set the stage for new policy related to the implementation of the two-part EPPP in 2026:

*Pending feasibility, ASPPB intends to offer an additional option for a single-fee, two-day administration of the EPPP, effective January 1, 2026. Under this option, the two days must occur within a thirty-day period.*

Although many details remain to be finalized regarding this delivery option, the Board will be dedicating the summer to developing processes for jurisdictions who wish to administer the examination in this way. We understand the need for jurisdictions to have this information soon and have set a goal to provide detailed guidance by September's end.

In addition to providing the above information, below we have addressed the questions raised by some of the member jurisdictions during recent listening sessions. The Board's goal in providing this document is to ensure that ASPPB's membership has a better understanding of the work ASPPB membership and leadership have devoted to the development of the EPPP (Part 2-Skills) over the last fifteen years and the importance of skills-based assessment to ensuring minimum competence, as well as to clear up some misinformation that has been circulating.

## 1. When and why did ASPPB decide to add a skills-based component to the EPPP?

To better understand the years-long effort to develop the EPPP (Part 2-Skills), it is important to consider ASPPB's history and mission, the public-protection goals served by the EPPP, and the longstanding recognition by ASPPB member jurisdictions that an effective evaluation of entry-level competence must include an assessment of both knowledge and skills. The resulting Part 2-Skills component of the EPPP is the result of nearly 15 years of study and development by ASPPB and its member jurisdictions.

ASPPB was founded in 1961 as the American Association of State Psychology Boards as a result of efforts by the American Psychological Association (APA) Board of Professional Affairs Committee on State Licensure. ASPPB was tasked with facilitating the mobility of psychologists across the United States and Canada by developing a standardized examination. This initiative led to the creation of the EPPP. By the mid-1980s, nearly all states and provinces had adopted the EPPP as the entry-level exam for licensure at the independent practice level, typically in conjunction with the establishment of their licensing laws.

All health professions aspire to provide competent service, and a uniform, national licensure examination has long been recognized as a method to ensure accountability and public protection. By the turn of the 21<sup>st</sup> century, after standards for assessing the theoretical knowledge required for doctoral training standards in psychology were well established, discussions in the profession turned to essential clinical skills required for psychologists to practice competently with the recognition that theoretical knowledge alone is not sufficient (Rodolfa et al., 2005, 2013). The APA and other leading education and training groups convened several national meetings to discuss and define strategies for measuring professional competence that included both knowledge and skill sub-competencies (APA, 2006). In 2005, Rodolfa et al.'s work group examined the necessary competencies for education and training and introduced the "cube model" for competency development, many aspects of which have been incorporated into the EPPP (Part-2). The APA Task Force on the Assessment of Competence in Professional Psychology, sponsored by the APA Board of Directors, recommended regulatory guidelines for assessing competency through a developmental approach (APA, 2006). This approach includes a first phase of knowledge assessment near the time of acquisition, followed by a second phase focusing on competency and skills assessment after the internship (Nelson, 2007).

To ensure the profession remained responsive to demands for accountability from the public, regulators, and third-party payers, Nelson (2007) recommended "**a shift of emphasis to the broader, more complex construct of competence to practice for which examination of knowledge is a necessary but insufficient assessment**" (p.3). Rodolfa et al. (2005) noted the crucial need to continue efforts related to the preparation and practice of competent psychologists, including skills assessment, even though standardizing these tasks is complex and expensive.

By this time, ASPPB's member jurisdictions had already long recognized that assessment of theoretical knowledge alone is not sufficient to assess competency. Prior to the development of the EPPP (Part 2-Skills), numerous jurisdictions had created their own versions of skills exams, which varied significantly in terms of development, method and content. Other jurisdictions created oral exams to assess clinical skill competency. After a few years, however, many jurisdictions began phasing out their oral exams due

to legal challenges related to subjectivity and limited reliability (APA, 2006). Supervisor assessments, another method of evaluating competency, were known to be an imperfect substitute because they may be influenced by the “leniency effect” resulting from the trusting relationship between supervisor and supervisee (Gonsalvez, 2007). Due process policies and fear of potential litigation could also affect the reliability of these ratings (Procidano, Busch-Rossnagel, Reznikoff & Geisenger, 1995). Because of these variations in training and regulation, the education and training community and ASPPB’s member jurisdictions asserted the need for standardized measurement of competency inclusive of knowledge and skills.

In 2009, in response to its members’ call for the study and development of a model for assessing skills competency, ASPPB’s Practice Analysis Task Force (PATF) was charged with defining potential assessment methods that would best measure the various professional competencies in psychology identified by that year’s practice analysis. The ASPPB Competency Model and results of the practice analysis were described to member jurisdictions in the Practice Analysis Report (ASPPB, 2010) and in an article written by members of the PATF (Rodolfa et al., 2013). By 2010, the Board had appointed the Competency Assessment Task Force (CATF) to investigate the development of a method to assess functional skills, and from 2010 – 2014, ASPPB developed a competency model with significant input and empirical data from member jurisdictions. In 2015, the ASPPB Board determined that developing the EPPP (Part 2-Skills) was conceptually and financially feasible.

**In summary, the EPPP (Part 2-Skills) was born from consensus among our member jurisdictions, the professional education and training communities, on the need to evolve the existing knowledge-based exam to a reliable, valid, legally defensible, comprehensive competency-based licensing exam.** Over the next several years, following the same well-established educational and assessment standards it has long used for the development of the EPPP (Part 1-Knowledge), ASPPB developed the policies, procedures and items necessary to launch the EPPP (Part 2-Skills). The enhanced EPPP consisting of Part 1-Knowledge and Part 2-Skills was announced to member jurisdictions in 2017 for implementation in January 2020. In 2018, the ASPPB Board made the decision to allow jurisdictions to use the Part 2-Skills optionally with the commitment to membership to revisit the future of the EPPP in 2022. Over the ensuing four years, ASPPB continued to provide details to member jurisdictions regarding the rationale and development of the examination, as well as to gather member input through comment periods, Town Halls, and the formation of the Examination Stakeholder Technical Advisory Group (ESTAG). By 2022, a number of jurisdictions had adopted the enhanced EPPP, and other jurisdictions were preparing to do so. In October 2022, consistent with the member jurisdictions’ stated goal of ensuring a uniform and comprehensive measurement of both knowledge and skills in North America, ASPPB announced that the EPPP would become one examination with both the knowledge and skills-based components effective as of January 1, 2026.

For even more details about the extensive history and development of the EPPP (Part 2-Skills) and the role of ASPPB’s member jurisdictions in this development, please see the white paper published by ASPPB (ASPPB, n.d.).

## **2. The EPPP has served its purpose well for many years, so why do we need the EPPP (Part 2-Skills)?**

The EPPP has been a trusted and effective measure of licensure applicant knowledge for many decades. This has led some member jurisdictions to question whether the EPPP (Part 2-Skills) is really necessary.

As explained in response to question #1 above, ASPPB’s membership nearly fifteen years ago called for the expansion of the EPPP to include skills-based assessment, due to the limitations of then-current

methods of measuring applicant skills and the recognition that the EPPP should test more than theoretical knowledge. It is also worth noting that **psychology is the *only* doctoral-level health-service profession without a dedicated skills examination.**

Some argue that the EPPP (Part 2-Skills) is unnecessary because existing training programs (include internship and, in some jurisdictions, post-doctoral training experiences) should suffice for licensure. But one of the reasons why a standardized competency assessment is needed is **the highly variable nature of training and professional experiences during doctoral training, internships, and post-doctoral work.** Evidence of this variation is seen in the systematic differences in passing rates between individuals graduating from accredited and non-accredited programs (80% for accredited doctoral programs vs. 53% for non-accredited or other doctoral programs, from 2017 through 2019). Even within accredited doctoral programs, the passing rate can vary widely (ASPPB, 2023). Practicum hours also vary greatly by program, despite a steady increase in these hours over time.

The data also reflect the need for a skills examination to ensure practical competence. For example, initial data shows that the EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) are only moderately correlated; just 30% of the variance on Part 2-Skills scores is explained by Part 1-Knowledge scores. Therefore, **the Part 2-Skills is not redundant** but is, rather, essential to the assessment of competency at the time of licensure.

Furthermore, **individuals from non-accredited programs pass at a lower rate** during their first attempt on the EPPP (Part 2-Skills) as compared to accredited programs. Among examinees who passed the EPPP (Part 1-Knowledge) on the first attempt, nearly 20% did not pass the EPPP (Part 2-Skills) on their first attempt. On further examination of the domains that contributed to these results for this group, it appears that **assessment and intervention were particular areas of weakness.** Consistent with the competency movement's assertion that knowledge of theory is not sufficient to practice, the results of initial data from EPPP as a two-part examination reveal that a significant proportion of applicants for licensure demonstrated knowledge of factual information but did not demonstrate application of that knowledge in real-world clinical scenarios. This has clear implications with regard to ensuring competence and thus protection of the public.

### **3. Why is ASPPB in such a rush to implement EPPP (Part 2-Skills), when some member jurisdictions have said they want more time?**

As you can see from the history provided above, the development and implementation of the EPPP (Part 2-Skills) has been far from rushed. The EPPP's evolution to an examination assessing both knowledge and skills has been nearly fifteen years in the making, with active involvement and participation by ASPPB's member jurisdictions every step of the way. The EPPP (Part 2-Skills) has now been in active use for several years and is serving its purpose well (see ASPPB Frequently Asked Questions, n.d.). Based on comments from its' jurisdictions, the Board extended the implementation date twice from the initial date of January 2020 to the current date of January 1, 2026. To ensure that the EPPP meets its goal of providing a uniform and reliable means of measuring entry-level knowledge and skill, it is important that all jurisdictions adopt and implement the most recent version of the EPPP. Consistency across jurisdictions is essential to support mobility and is a primary goal of ASPPB.

### **4. Doesn't the expansion of the EPPP to include a skills component simply add unnecessary costs for test takers and contribute to the shortage of mental health service providers?**

As a volunteer-powered, non-profit organization we are mindful of the cost of the exam. However, creation and maintenance of state-of-the-art examinations, even with volunteer support, is not without



costs. We are continuing to explore additional avenues to increase accessibility to the exam, such as by offering sample examinations at cost.

Jurisdictions may also take the lead in supporting examinees. One example is the Minnesota Board of Psychology's new program to assist promising applicants by subsidizing access to test preparation materials. There are also opportunities for professional organizations to provide similar support.

Lastly, when our association undertakes the task of developing and improving the EPPP, it allows each of our members to benefit from a professionally crafted, standardized exam. This collective investment not only ensures high quality and fairness but also reduces the individual financial burden borne by each member jurisdiction. If each member had to create its own exam, the costs would be significantly higher, and the quality might suffer. By sharing these costs, we uphold the value and credibility of our professional credentials, which ultimately benefits the communities we serve.

The EPPP has also long been an important component of an accessible, navigable and efficient path to licensure for all qualified candidates. ASPPB is committed to ensuring that the EPPP remains a reliable and effective assessment tool for use by its members, even as the EPPP evolves to meet the membership's stated goal of measuring both knowledge and skill. The EPPP has never been a "barrier" to entry into the profession of psychology, but it is an important gatekeeper to ensure the safe and competent practice of psychology. Although there is no question that more mental health services are needed in North America, ASPPB's member licensing boards have a duty to ensure that these services are delivered by individuals who have empirically demonstrated minimally competent knowledge and skills. ASPPB remains proud of the role it has played, and will continue to play, in helping its members satisfy that duty.

## 5. Is the EPPP Racially Biased?

There have been allegations that the EPPP (Part 1-Knowledge) is racially biased (Callahan, et al., 2020, 2021; see response by Turner, Hunsley, & Rodolfa, 2021). **There is simply no valid basis for this claim.**

First, there currently is no reliable source for data regarding the race and ethnicity of EPPP test takers. ASPPB did not begin collecting candidates' race/ethnicity until April 2019 through end-of-exam surveys, but this data is self-reported, and candidates are allowed to opt out of answering those questions. We have observed cases where candidates provided arbitrary responses to the question of race/ethnicity. For example, one candidate changed their answers each time they took the EPPP, leaving one to believe their response to the race/ethnicity question would impact their exam scores. As a result, the self-reported race/ethnicity data collected so far are inconsistent and of insufficient quality to conduct a meaningful performance analysis based on race/ethnicity background alone.

Additionally, and importantly, ASPPB data consistently show substantial performance differences between candidates who graduated from APA- or CPA-accredited doctoral programs and those from non-accredited programs. Demographic, social, and cultural backgrounds, as well as training and internship experiences, are correlated with each other, and the presence of these confounding variables makes it misleading to attribute performance differences on the EPPP solely to demographic factors.

Moreover, even if there were differences in the performance of certain racial and ethnic groups on the EPPP, **difference does not automatically equal bias.** The *Standards for Educational and Psychological Testing* defines "bias" as "construct underrepresentation or construct-irrelevant components of test scores that differentially affect the performance of different groups of test takers..." (American Educational Research Association, American Psychological Association, & National Council

on Measurement in Education, 2014, p. 216, and pp. 49-79). **ASPPB has long been highly committed to mitigating potential bias** and invites subject matter experts from diverse social and cultural backgrounds to construct items, paying careful attention to content and language. Item writers are provided training to reduce unconscious bias, and they follow established policies and procedures in item writing, editing, pretesting, statistical analysis, and revision before any item's operational use.

Additionally, an Item Review Committee (IRC), which is composed of psychologists with expertise with diverse populations, was formed in 2021 to review items that showed substantial differences in difficulty on the item level while controlling for overall exam performance. To date, over 2,000 items on the EPPP have been analyzed using differential item functioning (DIF). Only 57 items were flagged for significant differential functioning by identified demographic groups. The IRC reviewed all of these items and decided to retire 8 of them; thus, less than 0.4% of all items used on the EPPP were removed for potential bias. As an additional measure, later this year, the IRC will begin to review newly created items for potential bias before they are added to a form as experimental/pretesting items.

These procedures are all consistent with bias-mitigation methods recommended by the *Standards* and other authorities. An **independent review** by the California Office of Professional Examination Services (OPES, 2021) agreed. 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. After conducting an evaluation of both parts of the EPPP, OPES found that “A review is performed by SMEs [subject matter experts] to ensure that forms do not contain bias.” (p. 122) and concluded 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.” (p. 142).

## **6. Why doesn't ASPPB let its members decide whether to require the implementation of the EPPP (Part 2-Skills) by putting this issue to a vote?**

The study, development and implementation of the EPPP (Part 2-Skills) has been a member-driven effort for nearly fifteen years. ASPPB was created to support and serve its member jurisdictions, including through its development, maintenance and administration of a valid and reliable licensure examination that provides an effective measure of entry-level competence. It was ASPPB's member jurisdictions that first instructed ASPPB to explore the feasibility of a skills-based assessment nearly fifteen years ago, and the member jurisdictions have been directly engaged and involved in the efforts to develop and implement the EPPP (Part 2-Skills) every step of the way.

Considering that ASPPB's membership is comprised of 66 separate jurisdictions, it is to be expected that member jurisdictions will sometimes disagree regarding important issues related to the EPPP. Like most associations and non-profit organizations, however, ASPPB's bylaws and governing documents do not require an affirmative membership vote to approve operational decisions like those related to the development and administration of the EPPP. Indeed, such a requirement would create significant challenges for the effective oversight of the organization. Instead, the voice of ASPPB's membership is reflected through the decision making of the Board of Directors it elects. Rest assured that your elected Board—both in its current composition and through the various individuals who have held Board seats over the years—has consistently and actively sought and considered the input and feedback of ASPPB's member jurisdictions and assessment and psychometric experts when making decisions regarding the direction of the EPPP.

## **7. Can a jurisdiction implement early administration of the EPPP (Part 1-Knowledge)? Are jurisdictions required to do so?**

It is likely that applicants have a greater opportunity for success when they take the knowledge part of the EPPP closer to completing their graduate studies and the skills part closer to completion of their clinical training (APA, 2006). Thus, **jurisdictions may consider allowing examinees to take the knowledge part of the exam closer to the time of knowledge acquisition** (i.e., prior to graduation). It is also important to note that this is optional and not a requirement of ASPPB.

## **8. Will ASPPB require that individuals who are already licensed take the EPPP (Part 2-Skills) as of January 1, 2026?**

**No.** It's essential to clarify that **ASPPB does not require currently licensed individuals to take the EPPP (Part 2-Skills) as of January 1, 2026.** Instead, this decision is made at the jurisdictional level. Each state or province has its own requirements for licensure. Some jurisdictions may indeed have grandparenting provisions allowing psychologists licensed prior to new regulations to be exempt from certain requirements. Consistency across jurisdictions is essential to support mobility and is a primary goal of ASPPB.

Thank you for your continued engagement as we embark on this journey to 2026 together, in service of upholding the integrity of our profession and the competent delivery of psychological services for the protection of the public.

Sincerely,

ASPPB Board of Directors

## **References**

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *The standards for educational and psychological testing*. Retrieved June 30, 2024, from [https://www.testingstandards.net/uploads/7/6/6/4/76643089/standards\\_2014edition.pdf](https://www.testingstandards.net/uploads/7/6/6/4/76643089/standards_2014edition.pdf)

American Psychological Association. (2006). *APA task force on the assessment of competence in professional psychology: Final report*. Washington: DC: Author. Retrieved June 30, 2024, from <https://www.apa.org/ed/resources/competence-report>

Association of State and Provincial Psychology Boards. (n.d.). *EPPP Part 2: Skills overview*. Retrieved June 21, 2024, from [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp\\_2/updated\\_overview.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/updated_overview.pdf)

Association of State and Provincial Psychology Boards. (n.d.). *History*. Retrieved June 21, 2024, from <https://www.asppb.net/page/History>

Association of State and Provincial Psychology Boards. (n.d.). *Frequently Asked Questions*. Retrieved June 30, 2024, from [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp\\_2/faq\\_revised\\_eppp\\_feb2023.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/faq_revised_eppp_feb2023.pdf)

Association of State and Provincial Psychology Boards (2023). *Psychology Licensing Exam Scores by Doctoral Programs 2023*. Retrieved June 24, 2024, from [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp\\_/2023\\_dr\\_rpt\\_012024.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/2023_dr_rpt_012024.pdf)

Association of State and Provincial Psychology Boards (2010). *Study of the Practice of Licensed Psychologists in the United States and Canada*. Retrieved from [https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp\\_2/2010\\_asppb\\_final\\_practice\\_an.pdf](https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_2/2010_asppb_final_practice_an.pdf)

- Callahan, J. L., Bell, D. J., Davila, J., Johnson, S. L., Strauman, T. J., & Yee, C. M. (2021). Inviting ASPPB to address systemic bias and racism: Reply to Turner et al. (2021). *American Psychologist*, 76(1), 167–168. <https://doi.org/10.1037/amp0000801>
- Callahan, J. L., Bell, D. J., Davila, J., Johnson, S. L., Strauman, T. J., & Yee, C. M. (2020). The enhanced examination for professional practice in Psychology: A Viable Approach? *American Psychologist*, 75(1), 53-65. <http://dx.doi.org/10.1037/amp0000586>
- Office of Professional Examination Services (OPES), California Department of Consumer Affairs, Review of the Examination for Professional Practice in Psychology. Retrieved June 30, 2024, from [https://psychology.ca.gov/about\\_us/meetings/materials/20211022\\_materials.pdf](https://psychology.ca.gov/about_us/meetings/materials/20211022_materials.pdf) pp. 123-149.
- Gonsalvez, C. J., & Freestone, I. J. (2007). Field supervisors' assessments of trainee performance: Are they reliable and valid? *Australian Psychologist*, 42(1), 23–32. <https://doi.org/10.1080/00050060600827615>
- Nelson, P. D. (2007). Striving for competence in the assessment of competence: Psychology's professional education and credentialing journey of public accountability. *Training and Education in Professional Psychology*, 1(1), 3-12. <https://doi.org/10.1037/1931-3918.1.1.3>
- Procidano, M.E., Busch-Rossnagel, N.A., Reznikoff, M. and Geisinger, K.F. (1995), Responding to graduate students' professional deficiencies: A national survey. *J. Clin. Psychol.*, 51: 426-433. [https://doi.org/10.1002/1097-4679\(199505\)51:3<426::AID-JCLP2270510318>3.0.CO;2-X](https://doi.org/10.1002/1097-4679(199505)51:3<426::AID-JCLP2270510318>3.0.CO;2-X)
- Rodolfa, E., Bent, R., Eisman, E., Nelson, P., Rehm, L., & Ritchie, P. (2005) A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36, 347–354. <https://doi.org/10.1037/0735-7028.36.4.347>
- Rodolfa, E., Greenberg, S., Hunsley, J., Smith-Zoeller, M., Cox, D., Sammons, M., Caro, C. (2013) A Competency Model for the Practice of Psychology. *Training and Education in Professional Psychology*. 7 (2), ., 71–83. <https://doi.org/10.1037/a0032415>
- Turner, M. D., Hunsley, J., & Rodolfa, E. R. (2021). Appropriate validation standards for licensure examinations: Comment on Callahan et al. (2021). *American Psychologist*, 76(1), 165–166. <https://doi.org/10.1037/amp000069>



# ASPPB

Association of State and  
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

**President**

Michelle G. Paul, PhD

**Chief Executive Officer**

Mariann Burnetti-Atwell, PsyD

**Past President**

Herbert L. Stewart, PhD

**President-Elect**

Hugh D. Moore, PhD, MBA

**Secretary-Treasurer**

Cindy Olvey, PsyD

**Members at Large**

Jennifer C. Laforce, PhD, CPsych

Ramona N. Mellott, PhD

Stacy Waldron, PhD

June 17, 2024

Dear ASPPB Members,

I am writing on behalf of the Board of Directors (BOD) to provide the latest update on the implementation of the Examination for Professional Practice in Psychology (EPPP) as a comprehensive, two-part examination of competency, which will include the real-world application of skills in addition to theoretical knowledge, effective January 1, 2026.

Our organization is evolving to meet and lead in this moment, and the BOD has benefited greatly from member feedback provided at April's Mid-Year Meeting in Boston and May's remote town hall listening session. As an organization of 66 members across North America, we value your feedback and recognize the need to harmonize our diverse voices into a unified regulatory stance for Psychology.

To that end, the BOD dedicated its June 13-15, 2024, meeting to addressing the feedback we received and exploring the flexibility required to achieve our shared goal of comprehensive competency assessment in alignment with our broader healthcare provider community.

Our discussions reaffirmed the October 2022 unanimous motion, which states:

*Effective no later than January 1, 2026, the EPPP is one examination with two parts: EPPP (Part 1 – Knowledge) and EPPP (Part 2 – Skills).*

Additionally, the BOD passed a motion to set the stage for new policy related to the implementation of the EPPP in 2026. This motion states:

*Pending feasibility, ASPPB intends to offer an additional option for a single fee, two-day administration of the EPPP, effective January 1, 2026. Under this option, the two days must occur within a thirty-day period.*

While many details remain to be finalized, the BOD will be dedicating the summer to outlining the process for guiding jurisdictions on the alternative delivery options for the EPPP in January 2026. We understand the need for jurisdictions to have this information soon and have set a goal to provide detailed guidance by September's end.

Thank you for your continued engagement as we embark on this journey to 2026 together, in service of upholding the integrity of our profession and the competent delivery of psychological services throughout the communities of North America.

Sincerely,



Michelle G. Paul, Ph.D.  
President  
ASPPB Board of Directors

To: ASPPB Secretary-Treasurer Dr. Cindy Olvey

Re: Proposed Amendment to ASPPB Bylaws

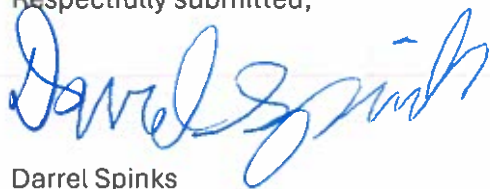
On behalf of the Texas State Board of Examiners of Psychologists, we respectfully submit the following proposed amendment to the ASPPB Bylaws to be presented for adoption at the Annual Meeting of membership in Dallas, Texas, on October 30-November 3, 2024.

Amend Article IV by adding the following subsections:

C. No member jurisdiction shall be required, whether as a condition of membership or otherwise, to participate or utilize any services or programs offered by the Association. The Association shall not make access or availability of a service or program contingent on a member jurisdiction participating or utilizing another service or program.

D. The Association may offer multiple exams as part its examination program. At a minimum, the Association shall offer a knowledge-based exam separate from any skill-based exam. Each exam offered by the Association must be administered on a single occasion. For purpose of this subsection, multiple consecutive days of exam administration may constitute a single occasion. For each exam, the Association may recommend, but shall not require, qualifications to sit for an exam, timing for administration of an exam, and passing scores.

Respectfully submitted,



Darrel Spinks  
Executive Director  
Texas Behavioral Health Executive Council

## **Explanation of Texas-proposed ASPPB Bylaw Amendment**

To all ASPPB member jurisdictions:

After months of dialog and sharing of concerns together, Texas remains opposed to the ASPPB board's decision to mandate adoption of the EPPP "Part 2" skills exam. Yet it is not our desire or preference to cease using the original EPPP or to disrupt the interstate mobility our jurisdictions have created through PSYPACT. In hopes of deescalating the current brinksmanship and finding a reasonable path forward, today Texas has filed a proposed amendment to the ASPPB bylaws that would return us to the status quo, before the board announced their mandate.

### **What is the purpose of the proposed amendment?**

We propose amending our bylaws to ensure each member jurisdiction will continue to have the freedom to choose which ASPPB services and programs to receive. In doing so, the amendment reaffirms the role of each member jurisdiction to set the regulatory standards appropriate for its citizens. As a member-driven institution, ASPPB exists to support and provide services to us, the member jurisdictions that voluntarily form it, pay dues, and elect board representatives. Our proposal seeks to establish the principle that every jurisdiction retains its sovereign authority and cannot be required by fellow jurisdictions or by ASPPB to change its regulatory standards.

The amendment also attempts to further clarify the definition of an exam to address ASPPB's need to call the new EPPP an exam in two parts. Because several states have written into their statute that applicants must take the specifically-named EPPP, the new skills exam was called EPPP Part 2 so that those states will not have to enact a statutory change to use the skills exam. Recognizing the desire to accommodate those states, the proposed amendment is meant to ensure that states wishing to utilize only the original EPPP can continue to do so regardless of how the two exams are named.

### **Did the member jurisdictions ask for this mandate?**

No. While the history of the development of the EPPP Part 2 is now the subject of some debate, it is clear that the member jurisdictions supported ASPPB's efforts to develop a skills exam. However, the jurisdictions never supported or requested the ASPPB board issue a mandate that all jurisdictions be required to adopt the new skills exam. The clear evidence is the opposite, as the member jurisdictions have vigorously objected to a mandate, both in 2017 when ASPPB first announced and then retracted such a mandate, and again in 2022 when the board announced (without any approval or endorsement from the membership) the current mandate.

### **What's wrong with adopting the EPPP Part 2? What are Texas' concerns?**

Absolutely nothing is wrong with a jurisdiction choosing to adopt the EPPP Part 2, if that's what is right for that jurisdiction. The creation of a skills exam was born out of member discussions that having such a tool could be valuable once many jurisdictions retired their oral exams. Texas has no objections to applicants or current license holders taking the EPPP Part 2 in order to seek licensure in a jurisdiction that requires it.

Mandating that every jurisdiction must adopt the new exam, however, carries significant concerns. First, and primarily, it takes away each jurisdiction's authority to decide what regulatory standards are best for its citizens, given its unique workforce, educational programs, and mental health care needs. Second, regardless of how well intentioned or well constructed, introducing a new test requirement increases the barrier of entry into the psychology profession. Applicants will have to



pay more, both in test fees and study materials, expending more time and effort before becoming licensed. And, with initial pass rates lower than the original EPPP, fewer applicants will ultimately go on to hold a license, reducing the potential workforce at a time when the nation already faces a provider shortage. Each jurisdiction must balance the potential benefits created by the EPPP Part 2 with these potential drawbacks, before concluding whether the EPPP Part 2 is right for it.

**Won't this approach hurt mobility and the opportunity for a national common standard?**

No, because adoption of this amendment would maintain the status quo. As of this moment, some jurisdictions have chosen to adopt the EPPP Part 2, while others have not. Jurisdictions have numerous other regulatory differences – from degree requirements to post-doctoral supervised experience. Yet, the interstate mobility offered by PsyPact and other reciprocity agreements is thriving. In fact, continued pursuit of a mandate that all jurisdictions adopt the EPPP Part 2 poses the greater risk to national mobility, as the infringement on jurisdictional sovereignty has led some jurisdictions, like Texas, to consider alternatives to the EPPP, threatening to shatter the unity that we have thus far achieved.

**But isn't Texas pursuing creating its own licensing exam, and hasn't Texas filed a complaint about the EPPP Part 2 with the Federal Trade Commission?**

In the face of ASPPB's continued commitment to the forced adoption of the EPPP Part 2, and given the short (in regulatory terms) time before the January 2026 deadline, Texas is pursuing every avenue available – including pursuing the development of an alternative exam and asking the Federal Trade Commission to investigate the legality of the Part 2 mandate. But Texas continues to advocate for and would readily accept returning to the status quo that existed before the mandate was announced in the fall of 2022. That is the goal of the proposed bylaw amendments – to enable those jurisdictions that wish to adopt the EPPP Part 2 to continue to do so, while allowing other jurisdictions to continue to use the original EPPP as they have for the past five decades.

**How can we support this bylaw amendment?**

Per ASPPB's existing bylaws, this proposed amendment is being offered for a vote at the ASPPB annual meeting on October 30-November 3 in Dallas, Texas. Each jurisdiction will have one vote and the amendment must garner support from two-thirds of the jurisdictions present and voting. We highly encourage your jurisdiction to attend this annual meeting. If your jurisdiction is unable to send a representative, please consider contacting us to discuss ways your jurisdiction might still designate a representative for this important vote. Finally, if you have any questions or would like a Texas representative to speak with your board or staff, please do not hesitate to reach out.

Sincerely,

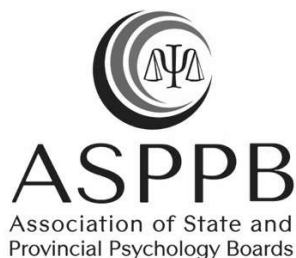


Darrel Spinks  
Executive Director

Texas Behavioral Health Executive Council

darrel.spinks@bhec.texas.gov

7/29/2024



## **IMPORTANT ANNOUNCEMENT FROM ASPPB July 3, 2024**

By now, you may have seen the June 25, 2024 letter sent to the Federal Trade Commission (FTC) by the Texas Behavioral Health Executive Council (TBHEC), a Texas regulatory body whose membership includes the Texas State Board of Examiners of Psychologists (Texas Board). In its letter, TBHEC makes the claim that ASPPB has violated federal antitrust laws by updating the Examination for Professional Practice in Psychology (EPPP) to include the Part 2-Skills component, effective January 1, 2026. TBHEC's letter asks the FTC to investigate.

TBHEC's allegations not only disregard the long development history and justifications behind the updates to the EPPP but also reflect a fundamental misunderstanding and misapplication of antitrust law principles. Contrary to TBHEC's claims, this most recent evolution of the EPPP is not a pretextual effort to drive revenue. The development of the Part 2-Skills component of the EPPP is the result of a nearly 15-year, member-driven effort to ensure that the EPPP continues to effectively measure entry-level competence through the inclusion of a skills-based assessment—consistent with every other doctoral-level health-service licensure examination offered in the United States. The updated EPPP is consistent with modern assessment standards and the longstanding recognition by ASPPB's member jurisdictions that the measurement of theoretical knowledge alone is not sufficient to evaluate competency. Indeed, the study, development and planned implementation of the updated EPPP began at the request of ASPPB's member jurisdictions in 2009 and has continued over the ensuing years with involvement and participation by those members (including Texas) throughout the process. Moreover, contrary to TBHEC's claims, the EPPP—including this most recent update—is not intended to serve as a “barrier” to those seeking entry into the profession of psychology but, instead, is an important measure to ensure the safe and competent practice of psychology.

As for TBHEC's assertion that the updated EPPP somehow violates federal antitrust laws, that is simply not the case. When TBHEC's argument first surfaced a few months ago, ASPPB engaged the assistance of experienced antitrust attorneys from the international law firm Baker McKenzie. After studying the matter closely, our counsel have advised that TBHEC's antitrust allegations are misguided and without merit. ASPPB is fully prepared to respond to any inquiries from the FTC regarding this matter. We remain focused on our important mission to support our member jurisdictions in fulfilling their duty of public protection.

For more information regarding the long history of the development of the updated EPPP, please see the [ASPPB Board of Directors' letter](#) to our members dated July 1, 2024.

## **Board of Psychology Education for Psychological Practitioner Applicants**

Pursuant to Virginia Code § 54.1-3606.3 and [18VAC125---], an applicant for licensure as a psychological practitioner must have received a master's degree in psychology or counseling psychology from a program accredited by the American Psychological Association ("APA"), from a program equivalent to those accredited by the APA as determined by the Board, or from a program accredited by another national accrediting body approved by the Board.

As of the effective date of this Guidance Document, the Board has not approved a national accrediting body for master's degree programs in psychology or counseling psychology other than the APA.

Educational programs that meet the following guidelines are deemed equivalent to those accredited by the APA for master's degree programs in psychology or counseling psychology.

1. The program offers a training which prepares individuals for practice as a psychological practitioner as defined in Virginia Code § 54.1-3600.
2. The program is within an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education or publicly recognized by the Association of Universities and Colleges of Canada as a member in good standing.
3. Graduates of programs that are not within the United States or Canada may provide documentation from a credential evaluation service that provides information that allows the board to determine if the program is comparable to those recognized by the U.S. Department of Education or the Association of Universities and Colleges of Canada.
4. The program is recognizable as an organized entity within the institution. [Does this mean it is a specific college or program of study?]
5. The program is an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and educates an identifiable body of students who are matriculated in that program for a degree. The faculty of the program provides professional role models and engages in actions that promotes students' acquisition of knowledge, skills, and competencies consistent with the program's training goals.
6. The program encompasses at least two academic years of full-time graduate study or the equivalent thereof.

7. The program demonstrates that all students have acquired a general knowledge in the discipline of psychology prior to graduation in the knowledge areas listed below. This knowledge mastery can be either the graduate or undergraduate level, although not all of these areas can be mastered exclusively at the undergraduate level. [Last sentence needs work, this sounds like regulation.]
  - a. Affective Bases of behavior (e.g., the psychology of affect, emotion and mood including topics such as the neuroscience of emotion or emotional regulation);
  - b. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy);
  - c. Cognitive- bases of behavior (e.g., learning theory, cognition, memory, decision making);
  - d. Developmental bases of behavior (e.g., the psychology of development across the life span with a focus on two or more distinct developmental periods); and
  - e. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, discrimination multicultural issues).
8. The program requires the following knowledge areas are mastered at the graduate level prior to graduation.
  - a. Research Methodology (e.g., research design, quantitative and qualitative methods, data analysis, sampling procedures sufficient to allow consumption and application of psychological research); and
  - b. Psychometrics (e.g., techniques of psychological measurement, issues of reliability and validity of psychological measures).
9. The program's clinical training requires that all students demonstrate masters-level competency in the following practice competencies:
  - a. Integrating psychological science and practice;
  - b. Ethical practice;
  - c. Individual and cultural diversity;
  - d. Professional values and behavior;
  - e. Communication and interpersonal skills;

- f. Psychological assessment;
  - g. Psychological intervention;
  - h. Knowledge of supervision approaches and theories; and
  - i. Consultation and interprofessional skills.
10. The program requires students to complete supervised experiences providing direct psychological practice services to a diverse population of clients as part of an organized sequence of training and under the supervision of a trained and credentialed professional that has direct responsibility for the clients receiving the student's services. The program ensures these practicum experiences allow for students to demonstrate practice competencies described in this guidance document. The program requires, as part of this practicum, treatment or assessment, interviewing of clients, scoring, reporting, or treatment note writing, and consultation related to face-to-face direct services.

## Call for public comments: ASPPB Potential Regulatory Implications of Master's Licensure (PRI-LM) Task Force

Jennifer Vetter <jVetter@ASPPB.ORG>

Fri 7/19/2024 4:42 PM

To:ASPPB-ADMINS@LISTSERV.ASPPB.ORG <ASPPB-ADMINS@LISTSERV.ASPPB.ORG>

Dear BARC,

More than 20,000 students graduate every year with a master's degree in psychology. In most jurisdictions, these individuals are unable to become licensed by a psychology regulatory body; instead, they might become licensed professional counselors or marriage and family therapists, or they might join the ranks of another mental health profession.

In jurisdictions where psychology boards do license master's-level practitioners, the particulars of licensure vary greatly. Some jurisdictions require that these individuals maintain life-long supervision while others offer a path to independent practice. The defined scope and limits of practice vary across jurisdictions, and more than five (5) different licensure titles are in use across those jurisdictions. As more jurisdictions consider adding this licensure status, or as jurisdictions review their existing requirements for licensing those with master's degrees in psychology, uniformity for the process and requirements for licensure can provide consistency that will aid the public in better understanding the professional role of these individuals. This uniformity will allow these professionals to also have better access to mobility and other professional opportunities.

The ASPPB Potential Regulatory Implications of Master's Licensure (PRI-LM) Task Force was formed to suggest a license title and scope of practice for those trained in psychology master's programs to assist member jurisdictions that were considering creating a pathway for licensure for those individuals. As the Task Force began its work, it quickly became clear to us that we needed to elaborate much more than we were originally tasked to do. We saw that a title and a scope made no sense without a focus on the licensure process which would help clarify the reasons for the titles and scopes of practice we were suggesting.

The Task Force has now completed its work. We have outlined requirements, titles, scopes of practice, and processes for licensing graduates from master's-level psychology programs. We are now inviting comments from interested parties and stakeholders about the attached documents. Included are an Outline of the licensure process for master's-level psychology practitioners, a detailed Diagram that provides a snapshot of the process, a suggested Model Act and Model Regulations, and Further Elaboration for the Testing and Assessment track for those psychology regulatory boards/colleges considering adding this license status or amending already existing laws and regulations regarding the licensure of master's-trained individuals from psychology programs. In reviewing these documents for comment, please particularly attend to the following:

- The three identified tracks and their individual scopes of practice
- Residency and supervised experience during training
- Determination of equivalency for those not graduating from accredited programs
- The rationale for using the recommended passing scores for the EPPP
- The process for how to approach failure to pass the EPPP, including the number of attempts allowed

We look forward to any comments or suggestions you might have.

Thank you,

The PRI-LM Task Force

Please see our website for links to the document available for public comment. Any feedback should be sent to Amanda Williams, [awilliams@asppb.org](mailto:awilliams@asppb.org)

[https://www.asppb.net/page/PRI-LM\\_taskforce](https://www.asppb.net/page/PRI-LM_taskforce)

**Jennifer Vetter**

*Member Services/Special Projects Manager*

**Address:** P.O. Box 849, Tyrone, GA 30290

**Office:** 678-216-1175

**Fax:** 678-216-1176

**Email:** [jvetter@asppb.org](mailto:jvetter@asppb.org)

**Web:** [www.asppb.org](http://www.asppb.org)



**CONFIDENTIALITY NOTICE:** Please be advised this message (including any attachments) may contain confidential, proprietary, privileged, and/or private information. The information is intended to be for the use of the individual or entity designated above. Any distribution, dissemination, duplication through electronic, hard copy, Internet, yet-to-be invented technologies, or forwarding of the above communication, without the express permission of the author, is prohibited and may violate applicable laws, including the Electronic Communications Privacy Act. If you are not the intended recipient of this message, please notify the sender immediately, and delete the message and any attachments.

---

To unsubscribe from the ASPPB-ADMINS list, click the following link:

<http://listserv.asppb.org/scripts/wa.exe?>

[TICKET=NzM5MTE2IGphaW1lLmhveWxlQERIUC5WSVJHSU5JOS5HT1YgQVNQUEItQURNSU5TIGR9agrNA3ZH&c=SIGNOFF](http://listserv.asppb.org/scripts/wa.exe?TICKET=NzM5MTE2IGphaW1lLmhveWxlQERIUC5WSVJHSU5JOS5HT1YgQVNQUEItQURNSU5TIGR9agrNA3ZH&c=SIGNOFF)

## Part One

### Overview of Process

#### I. Initial Application for Provisionally Licensed Psychology Practitioner

1. Master's Degree in Psychology
    - a. Either APA/CPA Accredited or meets equivalency standards as determined by the licensing board/college
    - b. Meets residency and other educational requirements as determined by the licensing board/college
  2. Supervised Experience Verification: Graduate program documents 500 hours pre-degree supervised experience
  3. Professional References
    - a. One from primary supervisor
    - b. One from major professor/faculty member who is familiar with trainee's education, training, and experience
  4. Supervision Contract for post-degree supervised experience (specifies designated track)
  5. Criminal background check and other jurisdictional requirements
- 

#### II. Board/college recognizes applicant status and authorizes individual to take the first part of the Examination for Professional Practice in Psychology, the EPPP (Part 1-Knowledge)

1. If applicant receives passing score\*:
  - a. Board/College issues provisional license
  - b. Licensee continues accruing post-degree supervised experience hours
2. If applicant does not receive passing score:
  - a. Applicant provides Board/College with supervisor's report regarding status in post-degree supervised experience
  - b. Applicant applies for re-examination within 90 days of official notification date of EPPP (Part 1-Knowledge) score
3. If applicant receives passing score\* on second attempt:
  - a. Board/College issues provisional license
  - b. Licensee continues accruing post-degree supervised experience hours



4. If applicant does not receive passing score on second attempt:
  - a. Applicant provides Board/College with supervisor's report regarding status in post-degree supervised experience
  - b. Applicant applies for re-examination within 90 days of official notification date of EPPP (Part 1-Knowledge) score
  
5. If applicant receives passing score on third attempt:
  - a. Board/College issues provisional license
  - b. Licensee continues accruing post-degree supervised experience hours
  
6. If applicant does not receive passing score on third attempt:
  - a. Applicant shall cease practice within 14 days of official notice of EPPP (Part 1-Knowledge) Cessation of practice because of failure to receive a passing score\* on the EPPP (Part 1-Knowledge) does not constitute a disciplinary action.
  - b. Applicant shall provide immediate notice to primary supervisor at post-degree supervision experience
  - c. Applicant shall assist supervisor and site in client transition to new provider(s)
  - d. An individual who does not receive a passing score\* on the third attempt at the EPPP (Part 1-Knowledge) may re-apply for licensure
  - e. After re-applying for licensure, an individual shall not practice psychology before obtaining a passing score\* on the EPPP (Part 1-Knowledge)
  - f. Re-application after the third failed attempt at the EPPP (Part 1-Knowledge) requires a new supervision contract for post-degree supervised experience
  - g. When an individual receives a passing score \*on the EPPP (Part 1-Knowledge) after re-application, the Board/College may allow previously acquired post-supervision experience hours to count toward total hours required

III. Board/College authorizes Provisionally Licensed Psychology Practitioner (PLPP) to take the second part of the Examination for Professional Practice in Psychology, the EPPP (Part 2-Skills), when the individual has accrued 2,000 (of the 3,000) hours of post-degree supervised experience, or 3,000 (of the 4,000) hours in the Combined track.

1. PLPP continues accruing post-degree supervised experience while EPPP (Part 2-Skills) is pending.
  
2. Once approved by the Board/College to take the EPPP (Part 2-Skills), the PLPP must receive passing score\* within three attempts.
  
3. When a PLPP does not receive a passing score\* on the EPPP (Part 2-Skills), the individual must submit a supervisor's status report of post-degree supervised experience to the Board/College and must reapply to take the EPPP (Part 2-Skills) within 90 days of official notice of the most recently obtained EPPP (Part 2-Skills) score.

4. When a PLPP continues to accrue post-supervision hours while attempting to obtain a passing score\* on the EPPP (Part 2-Skills), upon the accrual of 3,000 hours of post-degree supervision experience, or 4,000 hours for the Combined track, a new supervision contract for continued accrual of post-degree supervised experience must be submitted.
  5. After three attempts at the EPPP (Part 2-Skills) without a passing score\*, or after four years since the initiation of the post-degree supervised experience, whichever occurs first, a PLPP shall provide immediate notice to the primary supervisor for the post-degree supervised experience, shall cease practice within 30 days of the official receipt of the EPPP (Part 2-Skills) score, and shall assist the supervisor and site in the transition of clients. Cessation of practice under this situation does not constitute a disciplinary action.
  6. An individual who has been required to cease practice under paragraph III (E) above may reapply for licensure after 12 months from the date the individual was required to cease practice. Applicants will be in non-disciplinary inactive status. All rules and regulations in effect at the time of re-application will apply.
- 

**IV. Board/College issues permanent license (Licensed Psychology Practitioner) to practice independently in designated track upon the following:**

1. Applicant has received passing scores on the EPPP (Part 1-Knowledge) and the EPPP (Part 2-Skills)\*
2. Verification of 3,000 hours of post-degree supervised experience (or 4,000 hours if in the Combined track)
3. Satisfactory supervision report from primary supervisor
4. Two professional references based on observations of the applicant within the previous two years
5. Updated criminal background and other background checks as required by Board/College

\*The passing scores for the EPPP were developed using a sample consisting of individuals practicing independently and those practicing under supervision. The recommended passing scores for provisionally licensed and licensed psychology practitioners are the passing scores for supervised practice.

## Part Two

### Model Statutory Language

#### I. Definitions

1. Provisionally Licensed Psychology Practitioner: An individual who is provisionally licensed under this Act and thereby authorized to practice psychology under the supervision of a Licensed Psychologist while attaining further requirements of permanent licensure, as described further in the rules of this Board/College.
2. Licensed Psychology Practitioner: An individual licensed under this Act, and thereby authorized to independently practice psychology at the master's level of education, within a designated track of psychology practice.
3. Practice of Psychology, Intervention Track:
  - a. The following provisions regarding scope of practice apply to all activities in the Intervention Track by those individuals authorized to practice with a master's degree, regardless of application or licensure status, and regardless of the requirement of supervision.
  - b. The Intervention Track includes the observation, description, diagnosis, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of:
    - 1) preventing, eliminating, or predicting symptomatic, maladaptive, or undesired behaviors.
    - 2) facilitating the enhancement of individuals or groups of individuals including personal effectiveness, adaptive behavior, interpersonal relationships, and work and life adjustment.
  - c. Scope of practice for the Intervention Track:
    - 1) An initial assessment intake shall be conducted on individuals, couples, families, or individual members of a group for treatment planning. It includes assessments for clients of the psychology practitioner or for a group practice or organization to which the psychology practitioner belongs. Referrals for assessments for other purposes, or under other referral circumstances, are included in the Testing and Assessment Track.
    - 2) An initial assessment intake includes interviewing and screening methods for the purpose of case formulation, diagnosis, and treatment planning. An initial assessment intake does not include personality measures, neuropsychological assessment, or forensic assessment measures.

- 3) Continuing assessment for treatment planning includes the use of screening measures for patient status within the scope of a continuing therapeutic relationship.

4. Practice of Psychology, Testing and Assessment Track:

- a. The following provisions regarding scope of practice apply to all activities in the Testing and Assessment track by those individuals authorized to practice with a master's degree, regardless of application or licensure status, and regardless of the requirement of supervision.
- b. Scope of practice in the domain of Testing and Assessment includes and is limited to those practices which inform:
  - 1) mental health treatment planning for treatment planning for patients/clients of other mental health professionals.
  - 2) educational planning and placement.
  - 3) occupational planning and placement.
- c. Scope of practice in the Testing and Assessment domain is both determined by, and limited by, three types of considerations:
  - 1) The purpose of the referral or request for assessment. The purpose of the referral or request for assessment must be directly related to the three domains of practice for this track.
  - 2) The source of the referral.
  - 3) The types of measures that may be utilized to respond to the referral.
- d. Scope of practice in this track does not include indirectly related purposes, such as determining liability and extent of damages in litigation, appropriateness of medical and surgical interventions, or determining fitness for duty. These types of assessments do not directly serve the purposes of treatment planning or occupational planning and placement.
- e. The scope of practice includes assessments of individuals only, and does not include evaluations of families, groups, or organizations.
- f. Nothing in this Act is intended to undermine or contradict standards of practice which have been established for specialty or sub-specialty areas of practice. For

example, individuals authorized to practice psychology with a master's degree will not identify themselves as neuropsychologists, accept referrals for neuropsychological evaluations, or perform neuropsychological evaluations. Individuals authorized to practice psychology with a master's degree in psychology will not identify themselves as forensic psychologists, accept referrals for forensic evaluations, or perform forensic evaluations. Psychological specialties are defined at the doctoral degree. Individuals with a master's degree may have discrete areas of practice.

- g. Nothing in this Act is meant to preclude individuals authorized to practice psychology with a master's degree from utilizing screening instruments, questionnaires, rating scales, or interview guides, which are generally available to all mental health professionals. Examples include brief screening instruments of orientation and current mental status, repeated measures of symptoms related to depression and anxiety, and general measures of aptitude and interest.
- h. Regardless of the nature or source of a referral for psychological testing or assessment, individuals authorized to practice psychology with a master's degree shall not engage in the interpretation of personality assessment or projective measures. This Act does not preclude the administration or scoring of such measures, where the psychology practitioner serves on a team of, or under the supervision of, a licensed professional who is authorized to interpret such measures.

5. Practice of Psychology, Combined Intervention/Testing and Assessment Track:

- a. The scope of Practice for the Combined Track is a combination of both the Intervention and the Testing and Assessment scopes of practice.
- b. Anyone practicing in the Combined Track shall meet all the educational and training requirements for both the Intervention and the Testing and Assessment tracks.

6. Supervised Experience:

- a. Pre-degree supervised experience: As further described and limited by the rules of the Board/College, pre-degree supervised experience includes a minimum of 500 hours of supervised psychology practice which occurs while an individual is enrolled in a graduate course of study in a master's degree psychology program.
- b. Post-degree supervised experience: As further described and limited by the rules of the Board/College, post-degree supervised experience consists of a minimum of 3,000 hours of supervised psychology practice, or 4,000 hours of supervised psychology practice in the Combined track) pursuant to a supervision contract approved by the Board/College.

Post-degree supervised experience must meet the requirements for a designated track and must include an integrated course of didactic education as defined by the rules of the Board/College.

- c. The Combined Track shall require a minimum of 4000 hours of post-degree supervised experience with a minimum of 2000 hours of supervised experience in the Intervention track and a minimum of 2000 hours in the Testing and Assessment track.

7. Examinations:

- a. For the Provisionally Licensed Psychology Practitioner, defined as the as EPPP (Part 1-Knowledge).
- b. For the Licensed Psychology Practitioner, defined as the EPPP (Part 2-Skills).

8. Representation as a Licensed Psychology Practitioner: A person represents themselves to be a Licensed Psychology Practitioner if that person uses the title Licensed Psychology Practitioner in a description of services offered or provided, or in any description of services incorporating the practice of psychology. No person other than those authorized under this Act shall represent themselves to be a Licensed Psychology Practitioner.

9. Representation as a Provisionally Licensed Psychology Practitioner: A person represents themselves to be a Provisionally Licensed Psychology Practitioner if that person uses the title Provisionally Licensed Psychology Practitioner in a description of services offered or provided, or in any description of services incorporating the practice of psychology. An individual practicing psychology as a Provisionally Licensed Psychology Practitioner shall not use the term “independent” nor imply the status of independence regarding the offer or provision of psychological services.

**II. Requirements for Licensure:**

A. Application for Provisionally Licensed Psychology Practitioner

- 1. Education: An Initial Application must demonstrate that the applicant has received a master’s degree from a psychology training program.
  - a. The Board/College shall adopt rules implementing and defining these provisions, including, but not limited to, such factors as residence in the program, internship and related field experiences, number of course credits, course content, numbers and qualifications of faculty, and program identification and identity.
  - b. Internationally Trained Graduates: Applicants trained in institutions outside the United States or Canada, must show satisfactory evidence of training and degrees substantially

equivalent to those required of applicants trained within the United States, pursuant to the rules of the Board/College.

2. Verification of pre-degree supervised experience
3. Professional References
4. Background Check and Other Requirements
5. Contract for post-degree supervised experience with identification of designated track.
6. An applicant who has demonstrated to the satisfaction of Board/College having met the requirements in Paragraphs A (1-5) above will be authorized to take the first part of the Examination for Professional Practice in Psychology, the EPPP (Part 1-Knowledge).
  - a. An applicant for Provisionally Licensed Psychology Practitioner must receive a passing score on the EPPP (Part 1-Knowledge) within three attempts. The Board/College shall promulgate rules regarding the timing of admission to the examination.
  - b. When an applicant receives a passing score on the EPPP (Part 1-Knowledge), the applicant becomes eligible for licensure as a Provisionally Licensed Psychology Practitioner.
  - c. An applicant who has not received a passing score on the EPPP (Part 1-Knowledge) on the first or second attempt must, after each exam failure, submit to the Board/College a supervisor's report of the applicant's status and progress during post-degree supervised experience. The Board/College shall promulgate rules describing the requirements of the supervisor's report and requirements for the applicant to continue accruing post-degree supervision hours while the examination is pending.
  - d. An applicant who has not received a passing score within three attempts or within other time limitations included in the rules of the Board/College, must cease the practice of psychology as stated herein and in the rules of the Board/College.
7. A Provisionally Licensed Psychology Practitioner is expected to continue accruing post-degree supervised hours.

**B. Application for Licensed Psychology Practitioner**

1. When an applicant who has met the requirements in Paragraphs A and B above and has accrued 2,000 of the total hours of required post-degree supervised experience, or 3,000 of the 4,000 required hours for the Combined track, the applicant may apply to the Board for admission to take the second part of the Examination for Professional Practice in Psychology, the EPPP (Part 2 – Skills).

2. An applicant for Licensed Psychology Practitioner must receive a passing score\* on the EPPP (Part 2-Skills) within three attempts. The Board/College shall promulgate rules for the timing of admission to the examination.
3. When an applicant for Licensed Psychology Practitioner does not receive a passing score on the EPPP (Part 2-Skills), the applicant must submit a supervisor's report of the applicant's status and progress during post-degree supervised experience. The Board/College shall promulgate rules describing the requirements of the supervisor's report and requirements for the applicant to continue accruing post-degree supervision hours while the examination is pending.
4. When a Provisionally Licensed Psychology Practitioner continues to accrue post-degree supervision hours while attempting to obtain a passing score on the EPPP (Part 2-Skills), upon accrual of 3,000 hours (or 4,000 hours of the Combined track), the applicant shall submit a new supervision contract to the Board/College for the accrual of further post-degree supervision hours. The Board/College shall promulgate rules describing the requirements of the supervisor's report and requirements for the applicant to continue accruing post-degree supervision hours.
5. After three attempts at the EPPP (Part 2-Skills) without a passing score, or after four years since the initiation of post-degree supervised experience, whichever occurs first, a Provisionally Licensed Psychology Practitioner must cease practice.

### **III. Application for Psychology Practitioner Licensure: Timing**

1. Except as otherwise exempted, individuals qualified by education and experience must make application to, and be approved by, the Board/College in order to begin their post-master's supervised experience.
2. Application for Provisionally Licensed Psychology Practitioner: An application to be a Provisionally Licensed Psychology Practitioner may be made after an applicant obtains a passing score on the EPPP (Part 1-Knowledge).
3. Application for Licensed Psychology Practitioner: An application to be a Licensed Psychology Practitioner may be made after an applicant obtains a passing score on the EPPP (Part 2-Skills), accrues required post-degree supervised experience, and meets all other requirements for licensure as defined in the rules of the Board/College.

### **IV. Cessation of the Practice of Psychology**



1. An initial applicant who does not obtain a passing score\* on the EPPP (Part 1-Knowledge) after three attempts must cease practicing psychology within 14 days of official receipt of the last score, consistent with further requirements set forth in the rules of the Board/College.
2. After three attempts at the EPPP (Part 2-Skills) without a passing score\*, or after four years since the initiation of post-degree supervised experience, whichever occurs first, a provisionally licensed practitioner must cease practice within 14 days of the official receipt of the last EPPP (Part 2-Skills) score, consistent with further requirements set forth in the rules of the Board/College.
3. An applicant who was required to cease the practice of psychology under Paragraphs A and B above may reapply for licensure after 12 months since the date the applicant was required to cease practice. All rules and regulations in effect at the time of re-application will apply to the reapplication process. An applicant who has been required to cease practice may not practice psychology, including under supervision, until authorized by the Board/College after reapplication. Cessation of practice under these terms does not constitute a disciplinary action.

## **V. Exemptions**

1. Other licensed professionals: Nothing in this Act shall be construed to prevent members of other recognized professions that are licensed, certified, or regulated under the laws of this jurisdiction from rendering services consistent with their professional training and code of ethics, if they do not represent themselves to be psychologists, psychology practitioners, or describe their services as including the practice of psychology.
2. Clergy: Nothing in this Act shall be construed to prevent duly recognized members of the clergy from functioning in their ministerial capacities, provided that they do not represent themselves to be psychologists, or psychology practitioners, or describe their services as including the practice of psychology.
3. School Psychologists: Nothing in this Act shall be construed to limit the authority of the state or provincial agency or department responsible for regulating public education to credential individuals to provide psychological services as long as individuals so credentialed are limited to practice within settings under the authority and purview of the state or provincial education agency. Such individuals may use the title "School Psychologist" or another title including the term "psychology" or "psychological," but shall not use the title "Licensed Psychologist" or any other equivalent term. Individuals so credentialed may only provide psychological services as defined in this Act in settings under the authority and purview of the state or provincial education agency and only as employees of such settings and not as independent contractors to such settings. Individuals shall not provide psychological services in any setting outside of the authority and purview of the state or provincial agency unless licensed under this Act.

4. Graduate Students and Interns: Nothing in this Act shall be construed to prevent persons from engaging in activities defined as the practice of psychology, provided that they are supervised in accordance with the rules and regulations of this Board/College. Such persons shall not represent themselves by the title "Psychologist." Individuals training to be psychologists or psychological practitioners may use the terms "psychological trainee," "psychological intern," or "psychological resident," or other term denoting their training status, provided that such persons perform their activities under the supervision and responsibility of a licensed psychologist in accordance with the rules and regulations of this Board/College. This section applies to the following:
  - a. A matriculated graduate student whose activities constitute a part of the course of study for a graduate degree in psychology at an institution of higher education.
  - b. An unlicensed individual pursuing postdoctoral training or experience in professional psychology, in order to fulfill the requirements for licensure under the provisions of this Act.
  - c. Individuals who hold a Provisionally Licensed Psychology Practitioner or a Licensed Independent Psychology Practitioner credential can use that title while working under the supervision of a licensed psychologist in areas of practice outside the scope of their license.
5. Business Consultants and Human Resource Professionals: This Act is for the regulation of the practice of psychology only and does not prevent human resource professionals, business consultants, and other such persons from providing advice and counseling in their organizations or affiliated groups, or to their companies or employees of their companies, or from engaging in activities performed in the course of their employment.
6. Master's-Level Practitioners in psychology who are already practicing independently: Because of pre-existing jurisdictional differences in titles and scopes of practice, each jurisdiction will need to address potential exemptions and/or "grandparenting" for already licensed or certified master's-level practitioners.

\* The recommended passing scores for the EPPP were determined by a sample of psychology practitioners working both independently and under supervision. The recommended passing scores for the provisionally licensed and licensed psychology practitioners are currently the passing scores for supervised practice.

**Part Three**  
**Model Regulatory Language**

- I. Application for Provisionally Licensed Psychology Practitioner: An application for licensure status must include documentation that the following requirements have been met:
1. Education
    - a. A master's degree in psychology shall be obtained from an institution of higher education that was, at the time the degree was awarded, regionally accredited by bodies approved by the United States Department of Education; or recognized by Universities Canada, formerly known as the Association of Universities and Colleges of Canada; or, alternatively, one of the following:
      - 1) A university recognized by the designated provincial or territorial authority.
      - 2) An international college or university deemed to be equivalent by an international credential evaluation service that is a member of the National Association of Credential Evaluation Services.
    - b. The psychology master's program was, at the time the degree was awarded, accredited by the APA Commission on Accreditation (CoA).
    - c. If not accredited, the psychology master's program must meet the equivalent standards by demonstrating that it contains the following elements:
      - 1) Integration of psychological science and practice: Practice is evidence-based, and research is practice informed.
      - 2) Training is sequential, cumulative, increasing in complexity, and designed to prepare students for practice at the master's level.
      - 3) The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.
    - d. Applicants must demonstrate a minimum of two academic years of graduate-level study.
    - e. The graduate program may include distance education, but a minimum of one (1) continuous year of the program shall consist of residency. This residency requirement is not met by:

- 1) programs that use physical presence, including face-to-face contact for durations of less than one (1) continuous year, (e.g., multiple long weekends and/or summer intensive sessions).
  - 2) programs that use video teleconferencing or other electronic means as a substitute for physical presence.
- f. At least 50% of the credit toward the master's degree was earned in the graduate program awarding the master's degree. No more than two courses may be transferred from the undergraduate level, and under no circumstances may courses in assessment, intervention, or ethics be counted toward licensure at the master's level.
- g. Applicants are required to obtain a base of general knowledge in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology from the following core competency areas, but that knowledge does not have to be a course-by-course requirement, and may be satisfied by courses that integrate several knowledge areas:
- 1) Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Although courses in psychopathology or specific disorders may be included in this category, they and mood disorders do not by themselves fulfill this category.
  - 2) Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology may be included in this category, they do not, by themselves, fulfill this category.
  - 3) Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Although cognitive testing and cognitive therapy may be included in this category, they do not, by themselves, fulfill this category.
  - 4) Developmental Aspects of Behavior, including transitions, growth, and development across an individual's life. Coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
  - 5) Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

- 6) Consumption of Research, including the reading and interpretation of primary source literature, attending to trustworthiness in qualitative and validity in quantitative research with an understanding of sampling issues, parametric assumptions, design confounds, basic inferential statistics, and meta-analyses
- 7) Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization
- 8) Psychotherapy and Psychological Interventions, including a variety of evidence-based treatments used to help identify and change individuals' negative emotions, thoughts, and behaviors
- 9) Ethics and Professional Responsibility

2. Pre-degree Supervised Experience: The pre-degree supervised experience shall:

- a. be a planned and directed program of training for the practice of psychology, in contrast to on-the job training, and shall provide the trainee with a planned and directed sequence of training that is integrated with the educational program in which the student is enrolled. This supervised training experience shall be planned by the educational program faculty and by staff of the supervised training experience, rather than by the student.
- b. have a written description of the program of training, or a written agreement, developed prior to the time of the training, between the student's educational program and the supervised training experience site, detailing the responsibilities of the student and the supervised training experience site. The agreement shall be approved by the student's educational program prior to the beginning of the supervised training experience.
- c. have designated a licensed psychologist as a primary supervisor, who remains responsible for the supervised training experience and who arranges incidental or temporary delegation of supervisory responsibility to another licensed mental health professional as necessary.
- d. apply any of the following terms to the trainee: an "intern," "extern," or "practicum student," or a title that denotes a training status for the practice of psychology.

- e. provide a minimum of 12 weeks, consisting of at least 500 hours of supervised training. At least 400 hours of the training shall be in the direct practice of psychology.
- f. be completed within a period of 12 consecutive months at not more than two supervised training experience sites.
- g. include individual supervision at a minimum of one hour per week.

### 3. Professional References

- a. One reference must be from the primary supervisor of the applicant's pre-degree supervisory experience.
- b. One reference must be from a faculty member from the applicant's degree program who is familiar with the applicant's education, training, and experience.

4. Criminal background check and other background checks as required by the Board/College.

5. Supervision Contract for post-degree supervised experience

- a. The supervision contract must:
  - 1) identify the site where the post-degree supervised experience will take place and include a brief description of the client population and the services typically provided.
  - 2) designate the primary supervisor, including the supervisor's licensure status, discipline history, and relationship with the site.
  - 3) provide for didactic experiences at an average rate of three (3) hours per week for a 40-hour week, prorated for the actual hours the applicant accrues psychology experience.
  - 4) provide that the primary supervisor will direct, oversee, and integrate the didactic experience with the applicant's clinical experience.
  - 5) specify whether the post-degree supervision experience is in the Intervention, Testing and Assessment, or Combined track.

- 6) indicate that the supervised psychology experience will provide the supervisor the opportunity to review the applicant's performance through means such as direct observation of the application's clinical work, written materials, and video and audio recordings.
- 7) indicate that direct supervision and other interactions will include a discussion of clients' cases, oversight, and guidance regarding service to clients, and evaluation of clients' progress with periodic evaluation of whether treatment goals are being met and if changes in direction are needed.
- 8) indicate that direct supervision and other interactions will include legal, ethical, social, and cultural dimensions related to clinical practice and the supervision relationship.
- 9) indicate that the applicant's supervised psychology experience will occur at a rate of no more than 40 hours per week and no less than 16 hours per week.
- 10) indicate that the primary supervisor and the applicant do not have a multiple relationship, such as a family relationship, significant social relationship, or other relationship outside of their roles in the post-degree supervision setting.

b. The primary supervisor shall:

- 1) be a licensed psychologist.
- 2) have a relationship with the site that provides for the supervisor's significant presence and ability to be responsive to the trainee when needed.
- 3) have access to all client records.
- 4) have had training in clinical supervision, as evidenced by graduate coursework, continuing education, or continuing professional development experiences, within five years of the date of the supervisor's first supervision contract and at intervals of five years thereafter.
- 5) have competence to supervise trainees in the designated track for the post-degree supervised experience, as evidenced by the primary supervisor's education, training, and experience.

- 6) establish the parameters of supervision and articulate the supervisor's and supervisee's responsibilities, including the primary supervisor's legal, professional, and ethical responsibility for the work performed by the trainee under supervision.
- 7) provide for a minimum of 1 hour per week of individual supervision per 20 hours of psychology experience, at least one hour of which is provided by the primary supervisor, with assurance that when an additional hour(s) is delegated for clinical purposes, or when an hour(s) must be delegated incidentally and temporarily, the primary supervisor shall retain oversight responsibility for the trainee's supervision.
- 8) describe the arrangements for the didactic portion of the post-degree supervised experience. The didactic portion of the post-degree supervised experience shall consist of educational activities, such as continuing education and continuing professional development activities, which provide relevant additional information and training in the designated track.
- 9) not supervise more than four (4) applicants under this Act at any one time.

#### 6. Additional Applicant Requirements

- a. The applicant shall arrange for a primary source verified original graduate transcript to be submitted directly to the Board/College.
- b. All documents external to the applicant must be submitted directly by the source to the Board/College where feasible.

#### 7. Examination

- a. To apply to take the Examination for Professional Practice in Psychology (EPPP), the applicant must submit to the Board/College, acknowledgement of applicant status, request for admittance to the first part of the EPPP, the EPPP (Part 1-Knowledge), to become a Provisionally Licensed Psychology Practitioner, and indication of post-degree supervised experience.
- b. Upon receipt, acceptance, and approval of all materials described in Paragraph 1 above, the Board/College shall:
  - 1) authorize the applicant to begin post-degree supervised experience.
  - 2) admit the applicant to take the examination for Provisionally Licensed Psychology Practitioner, the EPPP (Part 1-Knowledge).



- c. The EPPP (Part 1-Knowledge) shall be administered by ASPPB or by its designee in accordance with its established policies.
  - d. Upon authorization, the candidate for the EPPP (Part 1-Knowledge) shall schedule a test date with the test vendor according to Board/College and test vendor policies within the recommended time frame.
  - e. The passing score on the EPPP (Part 1-Knowledge) shall be the ASPPB recommended passing score for supervised practice. \*
  - f. Applicants seeking accommodation(s) for the EPPP (Part 1-Knowledge) based on identified conditions under the Americans with Disabilities Act (ADA) in the United States or the Human Rights Legislation or other equivalent governing law in Canada shall submit a form provided by the Board/College and have the accommodations approved before the testing appointment is made.
    - 1) ASPPB reserves the right to reject any accommodation request that, in the sole opinion of ASPPB, would jeopardize the integrity, validity, and/or security of the examination. In such situations, ASPPB reserves the right to deny access to the examination.
    - 2) If ASPPB denies access to the examination, the Board/College may offer a suitable alternate method of examination appropriate for the applicant.
8. For applicants who have previously met all requirements above and have been previously authorized to begin post-degree supervised experience, upon the Board/College's notification of a passing score on the EPPP (Part 1-Knowledge):
- a. The Board/College shall issue a provisional license to practice psychology, designating the applicant as a Provisionally Licensed Psychology Practitioner.
  - b. A Provisionally Licensed Psychology Practitioner is authorized to continue accruing post-degree supervision hours and is not otherwise authorized to practice psychology.
9. The applicant shall submit a supervisor's report of the status and progress of the applicant's post-degree supervised experience, including a general description of the applicant's performance, any specific concerns noted by the supervisor, and the supervisor's recommendations for remediating the concerns.

10. If the applicant does not receive a passing score\* on the EPPP (Part 1-Knowledge), the applicant shall seek authorization from the Board/College to retake the exam within 90 days of notification of the applicant's score on the exam.
  - a. While the Board/College's review of the supervisor's report is pending and while the applicant awaits re-admittance to the EPPP (Part 1-Knowledge), the applicant may continue accruing post-degree supervised experience.
  - b. Upon receipt of the supervisor's report, the Board/College, in its discretion, may require the applicant to pause the accrual of post-degree supervision experience hours until the applicant has passed the EPPP (Part 1-Knowledge) or until other concerns raised by the supervisor's report have been remediated. All hours accrued before the pause may be counted toward the total hours required.
11. An applicant who does not receive a passing score\* on the EPPP (Part 1-Knowledge) after three attempts, or after three years since the date of initial authorization to take the EPPP (Part 1-Knowledge), whichever happens first, must cease their post-degree supervised experience. The cessation of practice for this reason does not constitute a disciplinary action.
12. The applicant must cease the practice of psychology within 30 days of official notification of the score for the third attempt at the EPPP (Part 1-Knowledge) or on the date that marks three years since the applicant was first admitted to the EPPP (Part 1-Knowledge).
13. If an applicant has failed to achieve a passing score\* on the EPPP (Part 1-Knowledge) in three (3) attempts, the Board/College shall notify the applicant's primary supervisor of that fact.
14. An applicant required to cease practice under this subsection shall:
  - a. provide immediate notice to their primary supervisor at the post-degree supervised experience that they are required to cease practice within 30 days of having received notification of their EPPP1 score.
  - b. assist the supervisor and the training site in the transfer of client care.
15. An applicant required to cease practice under this subsection may reapply for licensure status 12 months after the cessation date and may not practice psychology until reauthorized by the Board/College to resume post-degree supervised experience.
16. When an applicant who has been required to cease practice under this subsection reapplies for licensure status, the Board/College may consider all aspects of the prior

application, including the applicant's performance of requirements, under this subsection.

17. When an applicant who has been required to cease practice under this subsection reapplies for licensure status, the Board/College may, in its discretion, allow the applicant to count previously accrued post-degree supervision hours based, in part, on consideration of the previously submitted supervisor's report.

## **II. Admittance to the Exam for Licensed Psychology Practitioner**

1. When a Provisionally Licensed Psychology Practitioner accrues 2,000 hours of post-degree supervised experience, or 3,000 hours of supervised experience for the Combined Track, the applicant may seek authorization by the Board/College to take the examination required to be a Licensed Psychology Practitioner, the EPPP (Part 2-Skills).
2. A Provisionally Licensed Psychology Practitioner may continue to accrue post-degree supervised experience hours while the EPPP (Part 2-Skills) is pending. If an applicant accrues 3,000 hours of post-degree supervised experience (or 4,000 hours for the Combined track) before receiving a passing score\* on the EPPP (Part 2-Skills), the applicant must submit a new supervision contract for continued accrual of post-degree supervision hours.
3. A Provisionally Licensed Psychology Practitioner must receive a passing score\* on the EPPP (Part 2-Skills) in three attempts.
4. After three attempts at a passing score\* on the EPPP (Part 2-Skills) or after four years since the initiation of post-degree supervised experience, whichever occurs first, a Provisionally Licensed Psychology Practitioner shall cease their post-degree supervision experience.
5. The applicant shall cease the practice of psychology within 30 days of the official notification of the score for the third attempt at the EPPP (Part 2-Skills) or on the date that marks four years since the applicant initiated post-degree supervised experience.
6. If an applicant has failed to achieve a passing score\* on the EPPP (Part 2-Skills) in three (3) attempts, the Board/College shall notify the applicant's primary supervisor of that fact.
7. An applicant required to cease practice under this subsection shall:
  - a. provide immediate notice to the primary supervisor at their post-degree supervised experience that they are required to cease practice within 30 days of official notice of the EPPP (Part 2-Skills) score.
  - b. assist the primary supervisor and the training site in the transfer of client care.

8. An applicant required to cease practice under this subsection may reapply for licensure status 12 months after the cessation date and:
  - a. shall not resume post-degree supervised experience until authorized by the Board/College after reapplication.
  - b. shall not practice psychology until licensed, if the post-degree supervision experience was completed.
9. When an applicant who has been required to cease practice under this subsection reapplies for licensure status, the Board/College may consider all aspects of the prior application, including the applicant's performance of requirements under this subsection.
10. When an applicant who has been required to cease practice under this subsection reapplies for licensure status, the Board/College shall count previously accrued hours of post-degree supervision experience.

#### **IV. Application for Licensed Psychology Practitioner**

1. An application for Licensed Psychology Practitioner shall demonstrate to the Board/College's satisfaction that the applicant has:
  - a. previously been licensed as a Provisionally Licensed Psychology Practitioner.
  - b. received a passing score\* on the EPPP (Part 2-Skills).
  - c. received a passing score on any additional jurisdictional examinations.
  - d. demonstrated through submission of a Supervision Verification Form provided by the Board and completed by the primary supervisor of the post-degree supervised experience that:
    - i. the applicant has completed a minimum of 3000 hours of supervised clinical experience in either the Intervention or Assessment track or a minimum of 2000 hours for each track in the Combined track.
    - ii. the post-degree supervised experience was completed in a minimum of 24 months and a maximum of 48 months.
    - iii. individual supervision occurred face-to-face, at least 60% of the time in person, with any tele-supervision for the remaining 40% of the time being conducted through interactive, synchronous means.

- iv. individual supervision occurred at a rate of one hour per 20 hours of psychology experience, with at least one hour per week being provided by the primary supervisor and the remaining hour(s), if delegated to another licensed healthcare professional, occurred under the oversight of the primary supervisor.
- v. within the total hours of post-degree supervised experience, the applicant received didactic education and training pertinent to the applicant's designated track at an average of three hours per week for a 40-hour week, prorated to the hours per week the applicant engaged in supervised experience.
- vi. the applicant has received satisfactory ratings by the primary supervisor on the Supervisor Report Form provided by the Board/College.
- vii. submitted two professional references, based on observations of the applicant over the past two years.
- viii. received Board/College approval of an updated criminal background check and any other background requirements by the Board/College.
- ix. Provided any other information requested by the Board/College.

**V. Scope of Practice**

1. The scope of practice for psychological services authorized for applicants, provisionally licensed practitioners, and permanently licensed practitioners shall apply regardless of whether payment is received or whether the services are rendered in person or via electronic means.
2. Licensees shall only initiate services when they determine by information available to them that the services required to maintain standards of practice are within their scope of competence. If, during the course of providing professional services, the licensee determines that the services required to maintain standards of practice, or the needs of the individual(s) receiving services, are beyond the licensee's boundaries of competence, the licensee shall be responsible for seeking supervision, training, or referring the individual(s) to an appropriate service provider. If a Board/College determines that a licensee knows or should have known that they were not competent to provide the services needed by the client(s), a board/college may take disciplinary action.

**VI. Scope of Practice Particular to the Intervention Track:**

- a. The Intervention Track includes the observation, description, diagnosis, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of:
  - 1) preventing, eliminating, or predicting symptomatic, maladaptive, or undesired behaviors.
  - 2) facilitating the enhancement of individuals or groups of individuals including personal effectiveness, adaptive behavior, interpersonal relationships,
- b. An initial assessment intake shall be conducted on individuals, couples, families, or individual members of a group for treatment planning. It includes assessments for clients of the psychology practitioner or for a group practice or organization to which the psychology practitioner belongs. Referrals for assessments for other purposes, or under other referral circumstances, are included in the Testing and Assessment Track.
  - 1) An initial assessment intake includes interviewing and screening methods for the purpose of case formulation, diagnosis, and treatment planning. An initial assessment intake does not include personality measures, neuropsychological assessment, or forensic assessment measures.
  - 2) Continuing assessment for treatment planning includes the use of screening measures for patient status within the scope of a continuing therapeutic relationship.

**VII. Scope of Practice Particular to the Testing and Assessment Track:**

- 1. Treatment Planning:
  - a. The scope of practice includes testing and assessment to inform mental health treatment planning by other professionals, such as psychologists and psychology practitioners, medical or other healthcare professionals, psychiatrists, and counselors in professions other than psychology.
  - b. Testing and assessment for mental health treatment planning by other health professionals is limited to mental health treatment planning by those professionals.

- c. The scope of practice does not include treatment planning in domains other than mental health treatment planning, such as risk assessment or appropriateness of organ transplant or other surgical interventions.

2. Educational Planning and Placement:

- a. The scope of practice includes testing and assessment requested by educational institutions where the individual being assessed receives services or is enrolled. Purposes of the assessment may include eligibility for services, clarification of educational needs, remediation planning, and disability manifestation determinations related to school-based discipline.
- b. The scope of practice includes testing and assessment requested by individuals and organizations other than educational institutions where the referral and the assessment serve the purposes of educational planning and placement for the individual being assessed.
- c. The scope of practice is limited to measures of cognitive ability and potential, adaptive functioning, academic achievement, and data from parent and teacher reports of behavioral and school functioning. Parent and teacher reports may be obtained by standardized measurement or structured or unstructured interview.
- d. The scope of practice does not include testing and assessment for determinations other than educational planning and placement, such as institutional liability for failure to meet a student's needs.

3. Occupational Planning and Placement:

- a. The scope of practice includes referrals from governmental agencies responsible for determining an individual's eligibility for disability, based on the individual's scope of abilities and limitations in the workplace, including the individual's needs for accommodations in the workplace.
- b. The scope of practice includes referrals from individuals or educational institutions to assess an individual's interest in or goodness of fit for occupational fields or career paths.
- c. The scope of practice does not include referrals from employers, licensing boards, or other sources of privileges to determine an individual's fitness for duty, fitness for practice, fitness for tenure, or fitness for continued service.

- d. The scope of practice does not include referrals for assessments related to wrongful termination, compensation and damages, failure to provide accommodations, discrimination, or other personal injury, regardless of the referral source.

**VIII. Scope of Practice Particular to the Combined Track:**

- a. The scope of Practice for the Combined Track is a combination of both the Intervention and the Testing and Assessment scopes of practice.
- b. Anyone practicing in the Combined Track shall meet all the educational and training requirements for both the Intervention and the Testing and Assessment tracks.

\*The passing scores for the EPPP were developed using a sample consisting of individuals practicing independently and those practicing under supervision. The recommended passing scores for provisionally licensed and licensed psychology practitioners are the passing scores for supervised practice.



## Testing and Assessment track: Further requirements and limitations with examples

### 1. Treatment planning:

- a. The scope of practice includes testing and assessment to inform mental health treatment planning by other professionals, such as psychologists and psychology practitioners, medical or other healthcare professionals, psychiatrists, and counselors in professions other than psychology.
- b. Testing and assessment for mental health treatment planning by other health professionals is limited to mental health treatment planning by those professionals.
- c. The scope of practice does not include treatment planning in domains other than mental health treatment planning, such as risk assessment or appropriateness of organ transplant or other surgical interventions.

#### *Examples:*

*A pediatrician expresses concern that a child is responding atypically to a treatment protocol for ADHD and requests diagnostic assessment for further clarification of the child's symptoms. Because the assessment is related to mental health treatment planning, the assessment would be within the scope of practice for the individual practicing independently at the master's level who is trained and competent in such assessment.*

*A psychiatrist requests a psychological battery, including personality testing and "that inkblot test" to aid in the psychiatrist's need to differentiate symptoms of posttraumatic stress disorder from personality disorder. The use of projective measures and personality assessment is outside the scope of practice for an individual practicing independently at the master's level, and the referral should be declined.*

*An internist requests a psychological assessment to determine whether a patient is a good candidate for liver transplant surgery. Because the assessment is not related to mental health treatment planning, the assessment would not be within the scope of practice for the individual practicing independently at the master's level.*

### 2. Educational Planning and Placement:

- a. The scope of practice includes testing and assessment requested by educational institutions where the individual being assessed receives services or is enrolled. Purposes of the assessment may include eligibility for services, clarification of educational needs, remediation planning, and disability manifestation determinations related to school-based discipline.

- b. The scope of practice includes testing and assessment requested by individuals and organizations other than educational institutions where the referral and the assessment serve the purposes of educational planning and placement for the individual being assessed.
- c. The scope of practice is limited to measures of cognitive ability and potential, adaptive functioning, academic achievement, and data from parent and teacher reports of behavioral and school functioning. Parent and teacher reports may be obtained by standardized measurement or structured or unstructured interview.
- d. The scope of practice does not include testing and assessment for determination other than educational planning and placement, such as institutional liability for failure to meet a student's needs.

*Examples:*

*A primary school requests psychological assessments of applicants to its specialized programming, which requires a specified range of intellectual functioning for eligibility purposes. Because the assessment serves the purpose of educational placement, the assessment would be within the scope of practice for the individual practicing independently at the master's level.*

*An attorney requests psychological assessment of a school-aged child for the purposes of a lawsuit against the school district claiming damages for the school's refusal to provide special education services to the child. Because the assessment is for litigation purposes and not for educational planning and placement services, the assessment would not be within the scope of practice for the individual practicing independently at the master's level.*

3. Occupational Planning and Placement:

- a. The scope of practice includes referrals from governmental agencies responsible for determining an individual's eligibility for disability, based on the individual's scope of ability and limitations in the workplace, including the individual's needs for accommodation in the workplace.
- b. The scope of practice includes referrals from individuals or educational institutions assess an individual's interest in or goodness of fit for occupational fields or career paths.
- c. The scope of practice does not include referrals from employers, licensing boards, or other sources of privileges to determine an individual's fitness for duty, fitness for practice, fitness for tenure, or fitness for continued service.

- d. The scope of practice does not include referrals for assessments related to wrongful termination, compensation and damages, failure to provide accommodations, discrimination, or other personal injury, regardless of the referral source.

*Examples:*

*An agency with responsibility for determining eligibility for disability benefits seeks evaluation related to an individual to determine the individual's employability, ability to work, and ability to perform tasks. Because the referral and assessment are related to the individual's scope of abilities and limitations in the workplace, the assessment would be within the scope of practice for an individual practicing independently at the master's level. The referral would be included whether initiated by a government agency or a private contractor, so long as its purpose is within the scope of practice.*

*An employer seeks psychological assessment of an individual's needs for accommodations related to diagnosis of autism spectrum disorder. Because the referral and assessment are related to an individual's need for accommodations in the workplace, the referral would be within the scope of practice for an individual practicing independently at the master's level.*

*A governmental agency seeks psychological assessment to determine whether an employee's psychological symptoms were caused by the behavior of the employer or the workplace environment. Because the referral and assessment are not related to occupational planning and placement for the individual being assessed, the referral would not be within the scope of practice for the individual practicing independently at the master's level.*

*A police department seeks psychological assessment of a law enforcement officer to determine whether the officer remains fit for sworn duty. Although the referral and assessment are related to occupational planning for the individual being assessed, the assessment requires a level of specialized training which is not expected to be included at the master's level of education, training, and experience. The referral would not be within the scope of practice for an individual practicing independently at the master's level.*

4. Practice of Psychology, Intervention Track:

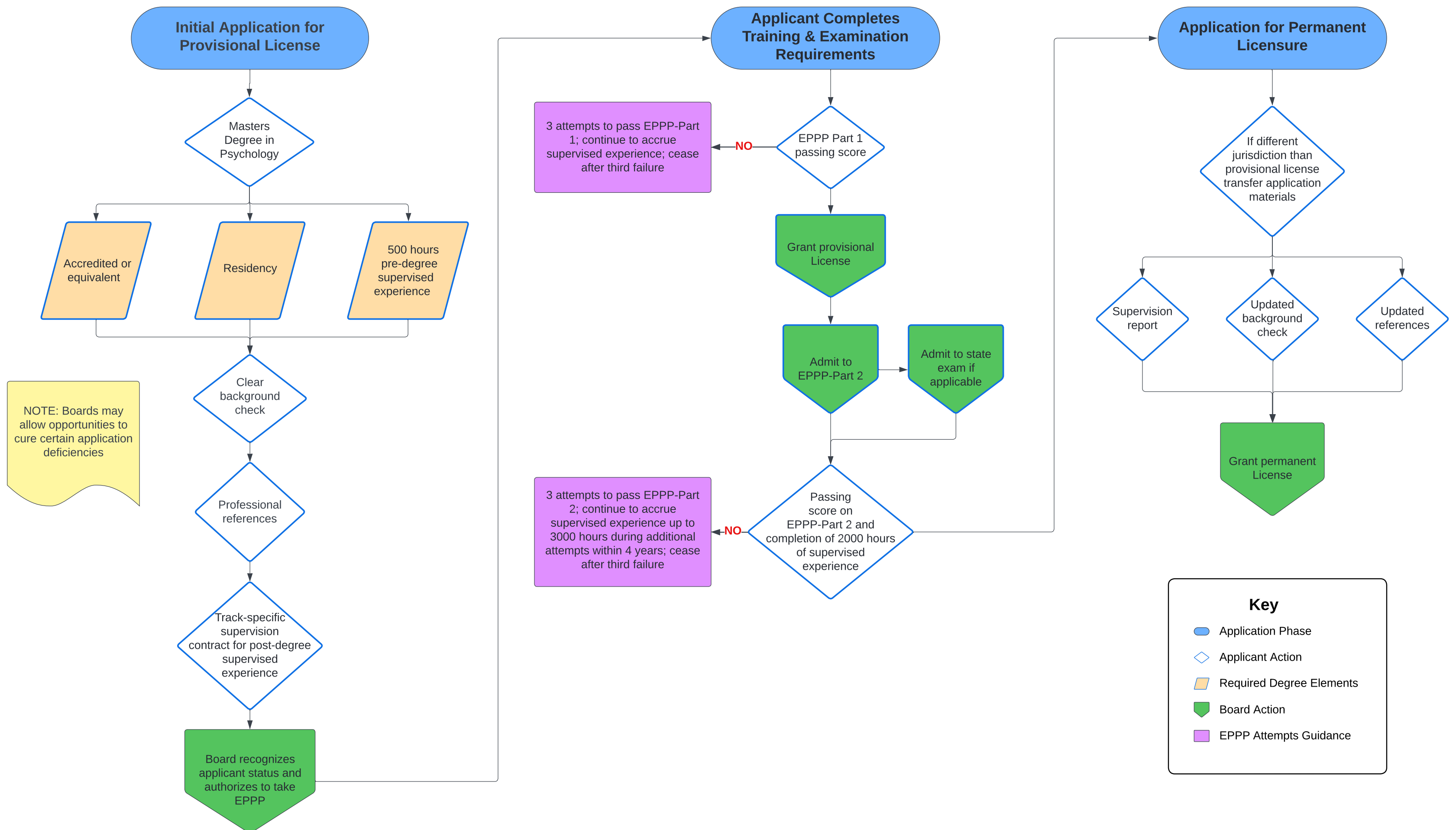
- a. The following provisions regarding scope of practice apply to all activities in the Intervention Track by those individuals authorized to practice with a master's degree, regardless of application or licensure status, and regardless of the requirement of supervision.
- b. The Intervention Track includes the observation, description, interpretation, prediction, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of:
  - 1) preventing, eliminating, or predicting symptomatic, maladaptive, or undesired behaviors.
  - 2) facilitating the enhancement of individuals or groups of individuals including personal effectiveness, adaptive behavior, interpersonal relationships, and work and life adjustment.

c. Scope of practice for the Intervention Track:

1) An initial assessment intake shall be conducted on individuals, couples, families, or individual members of a group for treatment planning. It includes assessments for clients of the psychology practitioner or for a group practice or organization to which the psychology practitioner belongs. Referrals for assessments for other purposes, or under other referral circumstances, are included in the Testing and Assessment Track.

2) An initial assessment intake includes interviewing and screening methods for the purpose of case formulation, diagnosis, and treatment planning. An initial assessment intake does not include personality measures, neuropsychological assessment, or forensic assessment measures.

3) Continuing assessment for treatment planning includes the use of screening measures for patient status within the scope of a continuing therapeutic relationship.



# Commission News

VOL. 5, Issue 2

July 2024



## Message from The Chair: Patrick Hyde

The PSYPACT Commission is holding its mid-year meeting virtually on July 15th, and the Commission is planning to hold its annual meeting on November 18th – 19th in Washington D.C. at the Hall of States. The annual meeting will be in person but for those that are unable to attend in person a virtual option will also be available. As of the publication of this newsletter in July, both South Dakota and Vermont have become full participating members, making PSYPACT effective in 42 jurisdictions. There are now over 12,700 APITs holders which can provide telepsychological services from their member home jurisdiction into any one of the other 41 member jurisdictions. We look forward to the continued growth and success of the Commission.

Patrick Hyde  
Chair, PSYPACT Commission

## Executive Director Update: Janet Orwig

Greetings! Summer has made itself know! I hope you all are dealing with the heat as best you can. I am super excited to share that PSYPACT now has its own YouTube channel (<https://www.youtube.com/@PSYPACTCommission>). We will be using this to provide educational and training videos for all stakeholders. Currently, the PSYPACT Informational Webinar for State Board Attorneys can be found on the channel. Kudos to Gina Polk, PSYPACT Specialist, for setting this up for us and managing it! We recently held the first New Commissioner Training Webinar. It was attended by eight (8) commissioners. We will be adding this training to our YouTube channel soon. We will be offering these new commissioner training sessions semi-annually going forward but the recorded webinar will help as new commissioners come on between the webinar trainings. I look forward to “seeing” you all at the July 15th Zoom meeting of the full Commission. Join us in congratulating Pam Groose, the Missouri PSYPACT Commissioner on celebrating her 50th year anniversary with the state of Missouri. As always, I cannot thank you enough for all you do for PSYPACT.

Janet P. Orwig, MBA, CAE  
PSYPACT Executive Director

## Upcoming Meetings

Commission Mid-Year	7/15/2024
Requirements Review Committee	8/16/2024
Finance Committee	8/21/2024
Training and PR	9/4/2024
Annual Commission Meeting	11/18/2024- 11/19/2024

## PSYPACT Commissioners

Lori Rall Alabama	Gary Lenkeit Nevada
Heidi Paakkonen Arizona	Bethany Cottrell New Hampshire
Lisa Fitzgibbons Arkansas	Sean Evers New Jersey
TBD Colorado	Susan Hurt North Carolina
Glenda S. George CNMI	Sara Quam North Dakota
Christian Andresen Connecticut	Aparna Zimmerman Ohio
Shauna Slaughter Delaware	Teanne Rose Oklahoma
LaTrice Herndon District of Columbia	Steven Erickson Pennsylvania
Mary Denise O'Brien Florida	Peter Oppenheimer Rhode Island
Don Meck Georgia	Andrea Eaton South Carolina
Jill Breitbart Idaho	Rosalie Ball South Dakota
TBD Illinois	Mark Fleming Tennessee
Stephen Ross Indiana	Patrick Hyde Texas
David Fye Kansas	Jana Johansen Utah
Leslie Jenkins Kentucky	Aparna Zimmerman Vermont
Jayne Boulos Maine	Jaime Hoyle Virginia
Lorraine Smith Maryland	TBD Washington
Amy Gumbrecht Michigan	Scott Fields West Virginia
Robin McLeod Minnesota	Daniel Schroeder Wisconsin
Lisa Yazdani Mississippi	JoAnn Reid Wyoming
Pam Groose Missouri	Mariann Burnetti-Atwell ASPPB
Carrie Oldehoeft Nebraska	

## Legislation Updates:

Greetings from PSYPACT! As of 7/1/2024 there are 42 effective PSYPACT participating states/jurisdictions. Mississippi became effective on 4/15/2024, South Dakota and Vermont became effective on 7/1/2024. Massachusetts and New York continue to have active PSYPACT Legislation. The California legislation passed in the State Assembly, but failed in the State Senate.

## Committee Updates:

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

The Finance Committee met on April 16, 2024, via Zoom. The Committee reviewed the 1st quarter 2024 financial information, the 1st quarter 2024 Bank Reconciliations. The Committee also discussed updates on the investment initiatives and reviewed the audit process and documents. The Committee began preliminary budget preparation for the 2025 PSYPACT budget.

**Requirements Review:** Gary Lenkeit, Peter Oppenheimer, Teanne Rose, Ron Ross  
The Requirements Review Committee met on May 17, 2024, via Zoom. The Committee reviewed response from the ASPPB Mobility Committee regarding the request previously submitted. Representatives from the California Psychological Association addressed the Committee regarding the E. Passport and IPC eligibility requirements.

### **Rules:** *Patrick Hyde Don Meck, Pam Groose, Lorraine Smith, Susan Hurt*

The Rules Committee met on June 4, 2024, via Zoom. The Committee reviewed the legal opinion regarding Home State and reviewed an update and questions from the PSYPACT Informational Webinar for State Board Attorneys. The review of the Code of Ethics was continued.

### **Training and Public Relations:**

*Lori Rall, Heidi Paakkonen, Mariann Burnetti-Atwell*

The Training and Public Relations Committee met on June 11, 2024, via Zoom. The Committee reviewed Policy 1.25- Sponsorship. Policy 2.6 was reviewed and revised. Website FAQs were reviewed and discussed for revision and renewal data was reviewed.

### **Executive Board:**

*Patrick Hyde, Lori Rall, Heidi Paakkonen, Gary Lenkeit, Pam Grosse, Mariann Burnetti-Atwell*  
The Executive Board met on June 18, 2024, via Zoom. The Committee reviewed updates from each committee, received updates from the Executive Director, discussed trademark matters and received a presentation regarding the request from the Federation of State Medical Boards regarding Provider Bridge. Representatives from the California Psychological Association addressed the Committee regarding the E. Passport and IPC eligibility requirements.

## Executive Board Members

Chair - Patrick Hyde

Vice Chair - Lori Rall

Treasurer - Heidi Paakkonen

Member at Large - Gary Lenkeit

Member at Large - Pam Groose

Ex Officio Member - Mariann Burnetti - Atwell

## Staff Contact Information:

Janet Orwig  
PSYPACT Executive Director  
jorwig@psypact.org

Ashley Lucas  
PSYPACT Specialist  
alucas@psypact.org

Gina Polk  
PSYPACT Specialist  
gpolk@psypact.org

# PSYPACT by the Numbers

TELEPSYCHOLOGY

11973

Active  
PSYPACT  
APITs

TEMPORARY PRACTICE

725

Active  
PSYPACT  
TAPs

## STATE LEVEL BREAKDOWN

State	APITs	TAPs	State	APITs	TAPs
ALABAMA	70	13	NEBRASKA	67	5
ARIZONA	282	31	NEVADA	114	12
ARKANSAS	39	9	NEW HAMPSHIRE	114	4
COLORADO	589	32	NEW JERSEY	815	23
CNMI	1	0	NORTH CAROLINA	493	34
CONNECTICUT	268	22	NORTH DAKOTA	24	0
DELAWARE	118	3	OHIO	439	25
DC	301	18	OKLAHOMA	57	6
FLORIDA	780	42	PENNSYLVANIA	1038	46
GEORGIA	484	36	RHODE ISLAND	99	1
IDAHO	37	5	SOUTH CAROLINA	69	5
ILLINOIS	1033	44	TENNESSEE	211	14
INDIANA	133	10	TEXAS	908	62
KANSAS	98	8	UTAH	187	30
KENTUCKY	103	10	VIRGINIA	690	49
MAINE	80	6	WASHINGTON	380	22
MARYLAND	869	33	WEST VIRGINIA	46	5
MICHIGAN	205	11	WISCONSIN	130	9
MINNESOTA	304	14	WYOMING	16	2
MISSISSIPPI	13	2			
MISSOURI	267	22			

Active Authorizations as of 7/1/2024





## Discipline Reports May 1, 2024 to Aug 23, 2024

NEW CASES REC'D FROM ENFORCEMENT May 1, 2024 to Aug 23, 2024
60

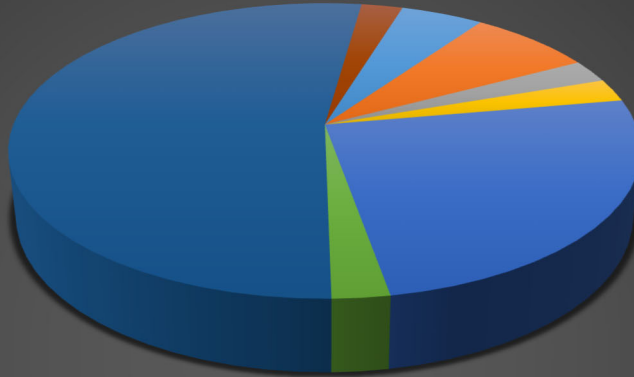
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
24

OPEN CASE STAGES as of Aug 23, 2024	
Probable Cause Review	121
Scheduled for Informal Conferences	12
Scheduled for Formal Hearings	0
Other (pending CCA, PHCO, hold, etc.)	8
Cases with APD for processing (IFC, FH, Consent Order)	6
<b>TOTAL CASES AT BOARD LEVEL</b>	<b>147</b>

CONFERENCES AND HEARINGS							
<b>Informal Conferences</b>							
Conferences Held:	n/a						
Scheduled Conferences:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Sep 13, 2024</td> <td style="width: 50%;">Feb 3, 2025</td> </tr> <tr> <td>Oct 25, 2024</td> <td>Apr 11, 2025</td> </tr> <tr> <td>Nov 22, 2024</td> <td>Jul 11, 2025</td> </tr> </table>	Sep 13, 2024	Feb 3, 2025	Oct 25, 2024	Apr 11, 2025	Nov 22, 2024	Jul 11, 2025
Sep 13, 2024	Feb 3, 2025						
Oct 25, 2024	Apr 11, 2025						
Nov 22, 2024	Jul 11, 2025						
<b>Formal Hearings</b>							
Hearings Held:	n/a						
Scheduled Hearings:	Following board meetings, as needed						

CASES CLOSED May 1, 2024 to Aug 23, 2024	
Closed – No violation	33
Closed – Undetermined	5
Closed – Violation	
Conference/Hearing held	0
Consent Order	0
Confidential Consent Agreement	1
Mandatory Suspension	1
Summary Suspension	0
Credentials/Reinstatements	
Approved	0
Denied	0
Withdrawn	0
<b>TOTAL CASES CLOSED</b>	<b>40</b>

## Closed Case Categories



■ Abuse/Abandonment/Neglect (2)

■ Business Practice Issues (3)

■ CE Noncompliance (1)  
1 violation - CCA (LCP)

■ Criminal Activity (1)  
1 violation (LCP)

■ Diagnosis/Treatment (10)

■ Inappropriate Relationship (1)

■ No jurisdiction (21)

■ Records release (1)

<b>AVERAGE CASE PROCESSING TIMES</b> <b>(counted on closed cases)</b>	
Average time for case closures	<b>286 days</b>
Avg. time in Enforcement (investigations)	105 days
Avg. time in APD (IFC/FH preparation)	17 days
Avg. time in Board (includes hearings, reviews, etc).	183 days

**Behavioral Science Unit (BSU)**  
**Boards of Counseling, Psychology, and Social Work**

<b>CASES RECEIVED YEAR-TO-DATE PER BOARD</b> Jan 1, 2024 – Aug 23, 2024	
Board of Counseling	<b>312</b>
Board of Psychology	124
Board of Social Work	127
<b>TOTAL CASES RECEIVED</b>	<b>563</b>

<b>CURRENT OPEN CASES PER BOARD</b> as of Aug 23, 2024	
Board of Counseling	<b>185</b>
Board of Psychology	147
Board of Social Work	191
<b>TOTAL CASES WITH BOARD STAFF</b>	<b>523</b>

**Discipline Staff for BSU**

Jennifer Lang, Deputy Executive Director  
 Christy Evans, Discipline and Compliance Case Manager  
 (Vacant) Discipline and Compliance Case Manager  
 Discipline Reviewer, Board of Counseling (part-time)  
 Discipline Reviewer, Board of Psychology (part-time)  
 Discipline Reviewer, Board of Social Work (part-time)

# **Recent Orders entered by the Board of Psychology**

\*For informational purposes only.  
Board action is not required.

**BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

**IN RE:           MICHAEL ANDREW WIDROFF, L.C.P.**  
**License Number:   0810-005882**  
**Case Number:       230336**

**ORDER OF MANDATORY SUSPENSION**

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that Michael Andrew Widroff, L.C.P., was convicted of a felony offense, to wit: attempted coercion and enticement of a minor, in the United States District Court for the Eastern District of Virginia. A copy of the Judgment in a Criminal Case is attached hereto as Commonwealth's Exhibit 1.

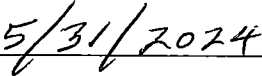
WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Michael Andrew Widroff, L.C.P., to practice clinical psychology in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Michael Andrew Widroff, L.C.P., will be recorded as suspended. Should Mr. Widroff seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.


  
\_\_\_\_\_  
Arne W. Owens, Director  
Virginia Department of Health Professions

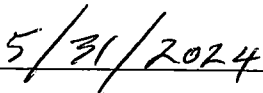
ENTERED:

  
\_\_\_\_\_

**CERTIFICATION OF DUPLICATE RECORDS**

As Director of the Department of Health Professions, I hereby certify that the attached Judgment in a Criminal Case entered May 24, 2024, regarding Michael Andrew Widroff, L.C.P., is a true copy of the records received from the United States District Court for the Eastern District of Virginia.

  
Arne W. Owens

  
Date

**UNITED STATES DISTRICT COURT  
 Eastern District of Virginia  
 Norfolk Division**

UNITED STATES OF AMERICA	)	<b>JUDGMENT IN A CRIMINAL CASE</b>
	)	
v.	)	Case Number: 2:23cr00078-001
	)	
MICHAEL ANDREW WIDROFF	)	USM Number: 62877-510
	)	<u>Andrew Sacks, Esquire</u>
	)	Defendant's Attorney
	)	

The defendant pleaded guilty to Count 2 of the Indictment.  
 The defendant is adjudged guilty of:

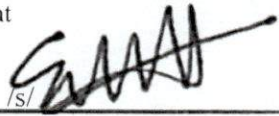
<u>Title and Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
18 U.S.C. § 2422(b)	Attempted Coercion and Enticement of a Minor	5/31/2023	2

The defendant is sentenced as provided in pages 2 through 8 of this Judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

Remaining counts are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the Court and United States Attorney of material changes in economic circumstances.

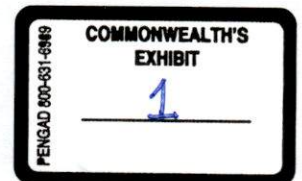
May 24, 2024  
 Date of Imposition of Judgment



\_\_\_\_\_  
 Signature of Judge

Elizabeth W. Hanes, United States District Judge  
 Name and Title of Judge

May 28, 2024  
 Date





**Case Number:** 2:23cr00078-001  
**Defendant's Name:** Widroff, Michael Andrew

### IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a term of ONE HUNDRED AND SIXTY-EIGHT (168) MONTHS. The defendant shall receive credit for time served.

The Court makes the following recommendations to the Bureau of Prisons:

1. The defendant be enrolled in a mental health program.
2. The defendant be placed in a facility with an established Jewish community.

The defendant is remanded to the custody of the United States Marshal.

### RETURN

I have executed this judgment as follows: \_\_\_\_\_

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_  
at \_\_\_\_\_, with a certified copy of this Judgment.

\_\_\_\_\_  
UNITED STATES MARSHAL

By \_\_\_\_\_  
DEPUTY UNITED STATES MARSHAL

---

**Case Number:** 2:23cr00078-001  
**Defendant's Name:** Widroff, Michael Andrew

## SUPERVISED RELEASE

Upon release from imprisonment, you will be on supervised release for a term of EIGHT (8) YEARS.

### MANDATORY CONDITIONS

1. You must not commit another federal, state or local crime.
2. You must not unlawfully possess a controlled substance.
3. You must refrain from any unlawful use of a controlled substance. You must submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.  
 The above drug testing condition is suspended, based on the court's determination that you pose a low risk of future substance abuse. *(check if applicable)*
4.  You must make restitution in accordance with 18 U.S.C. §§ 3663 and 3663A or any other statute authorizing a sentence of restitution. *(check if applicable)*
5.  You must cooperate in the collection of DNA as directed by the probation officer. *(check if applicable)*
6.  You must comply with the requirements of the Sex Offender Registration and Notification Act (34 U.S.C. § 20901, et seq.) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in the location where you reside, work, are a student, or were convicted of a qualifying offense. *(check if applicable)*
7.  You must participate in an approved program for domestic violence. *(check if applicable)*

You must comply with the standard conditions that have been adopted by this court as well as with any other conditions on the attached page.

Case Number: 2:23cr00078-001  
Defendant's Name: Widroff, Michael Andrew

### STANDARD CONDITIONS OF SUPERVISION

As part of your supervised release, you must comply with the following standard conditions of supervision. These conditions are imposed because they establish the basic expectations for your behavior while on supervision and identify the minimum tools needed by probation officers to keep informed, report to the court about, and bring about improvements in your conduct and condition.

1. You must report to the probation office in the federal judicial district where you are authorized to reside within 72 hours of your release from imprisonment, unless the probation officer instructs you to report to a different probation office or within a different time frame.
2. After initially reporting to the probation office, you will receive instructions from the court or the probation officer about how and when you must report to the probation officer, and you must report to the probation officer as instructed.
3. You must not knowingly leave the federal judicial district where you are authorized to reside without first getting permission from the court or the probation officer.
4. You must answer truthfully the questions asked by your probation officer.
5. You must live at a place approved by the probation officer. If you plan to change where you live or anything about your living arrangements (such as the people you live with), you must notify the probation officer at least 10 days before the change. If notifying the probation officer in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
6. You must allow the probation officer to visit you at any time at your home or elsewhere, and you must permit the probation officer to take any items prohibited by the conditions of your supervision that he or she observes in plain view.
7. You must work full time (at least 30 hours per week) at a lawful type of employment, unless the probation officer excuses you from doing so. If you do not have full-time employment you must try to find full-time employment, unless the probation officer excuses you from doing so. If you plan to change where you work or anything about your work (such as your position or your job responsibilities), you must notify the probation officer at least 10 days before the change. If notifying the probation officer at least 10 days in advance is not possible due to unanticipated circumstances, you must notify the probation officer within 72 hours of becoming aware of a change or expected change.
8. You must not communicate or interact with someone you know is engaged in criminal activity. If you know someone has been convicted of a felony, you must not knowingly communicate or interact with that person without first getting the permission of the probation officer.
9. If you are arrested or questioned by a law enforcement officer, you must notify the probation officer within 72 hours.
10. You must not own, possess, or have access to a firearm, ammunition, destructive device, or dangerous weapon (i.e., anything that was designed, or was modified for, the specific purpose of causing bodily injury or death to another person such as nunchakus or tasers).
11. You must not act or make any agreement with a law enforcement agency to act as a confidential human source or informant without first getting the permission of the court.
12. If the probation officer determines that you pose a risk to another person (including an organization), the probation officer may require you to notify the person about the risk and you must comply with that instruction. The probation officer may contact the person and confirm that you have notified the person about the risk.
13. You must follow the instructions of the probation officer related to the conditions of supervision.

#### U.S. Probation Office Use Only

A U.S. probation officer has instructed me on the conditions specified by the court and has provided me with a written copy of this judgment containing these conditions. For further information regarding these conditions, see *Overview of Probation and Supervised Release Conditions*, available at: [www.uscourts.gov](http://www.uscourts.gov)

Defendant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Case Number:** 2:23cr00078-001  
**Defendant's Name:** Widroff, Michael Andrew

## SPECIAL CONDITIONS OF SUPERVISION

1. As reflected in the presentence report, the defendant presents a low risk of future substance abuse and therefore, the Court suspends the mandatory condition for substance abuse testing as defined by 18 U.S.C. 3563(a)(5). However, this does not preclude the United States Probation Office from administering drug tests as they deem appropriate.
2. The defendant shall participate in a program approved by the United States Probation Office for mental health treatment, to include a psychosexual evaluation and sex offender treatment. The costs of these programs are to be paid by the defendant as directed by the probation officer. The defendant shall waive all rights of confidentiality regarding sex offender/mental health treatment in order to allow the release of information to the United States Probation Office and authorize communication between the probation officer and the treatment provider.
3. The defendant shall submit to periodic polygraph testing at the discretion of the probation officer to ensure compliance with the requirements of the defendant's supervision and/or treatment program. The costs of the testing are to be paid by the defendant, as directed by the probation officer.
4. Pursuant to the Adam Walsh Child Protection and Safety Act of 2006, the defendant shall register with the state sex offender registration agency in any state where the defendant resides, works, and attends school, according to Federal and state law and as directed by the probation officer.
5. Pursuant to the Adam Walsh Child Protection and Safety Act of 2006, the defendant shall submit their person, property, house, residence vehicle, papers, computers (as defined in 18 U.S.C. § 1030(e)(1)), other electronic communications or data storage devices or media, or office, to a search conducted by a United States Probation Officer. Failure to submit to a search may be grounds for revocation of release. The defendant must warn any other occupants that the premises may be subject to searches pursuant to this condition. The probation officer may conduct a search under this condition only when reasonable suspicion exists that the defendant has violated a condition of supervision and that the areas to be searched contain evidence of this violation. Any search must be conducted at a reasonable time and in a reasonable manner.
6. The defendant shall not have any intentional contact with any child under the age of 18 unless accompanied by a responsible adult who is aware of the defendant's conviction and supervision status and who has been approved in advance by the Court or probation officer. Intentional contact includes, but is not limited to, physical contact, verbal communication, written communication, and/or electronic communication such as email. Intentional contact also includes going to, congregating and/or loitering within 100 yards around public school yards, playgrounds, swimming pools, arcades, zoos, or other places frequented by children under the age of 18. Intentional contact also encompasses any employment that would regularly provide the defendant with access to children under the age of 18, such as working in schools, childcare facilities, amusement parks and playgrounds. Incidental contact with children under 18 includes, but is not limited to, unavoidable interactions in public places such as grocery stores, department stores, restaurants, etc.
7. The defendant shall not view or possess any "visual depiction" of any "sexually explicit conduct" (as both terms are defined in 18 U.S.C. § 2256) involving a juvenile, including any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means.
8. The defendant shall comply with the requirements of the computer monitoring program as administered by the probation office. The defendant shall allow the probation officer to install computer monitoring software on any computer (as defined in 18 U.S.C. § 1030(e)(1)) the defendant uses. The costs of the monitoring shall be paid by the defendant. To ensure compliance with the computer monitoring condition, the defendant shall allow the probation officer to conduct initial and periodic unannounced searches of any computers (as defined in 18 U.S.C. § 1030(e)(1)) subject to computer monitoring. These searches shall be conducted to determine whether the computer contains any prohibited data prior to installation of the monitoring software, whether the monitoring software is functioning effectively after its installation, and whether there have been attempts to circumvent the monitoring software after its installation. The defendant shall warn any other people who use these computers that the computers may be subject to searches pursuant to this condition. The defendant shall allow the probation officer to install computer monitoring software on any

Case Number: 2:23cr00078-001  
Defendant's Name: Widroff, Michael Andrew

## SPECIAL CONDITIONS OF SUPERVISION - CONTINUED

computer (as defined in 18 U.S.C. § 1030(e)(1)) the defendant seeks to use. The defendant shall submit to a search of all computers (as defined in 18 U.S.C. § 1030(e)(1)) or other electronic communications or data storage devices or media. The defendant shall warn any other people who use these computers or devices capable of accessing the Internet that the devices may be subject to searches pursuant to this condition. A probation officer may conduct a search pursuant to this condition only when reasonable suspicion exists that there is a violation of a condition of supervision and that the computer or device contains evidence of this violation. Any search will be conducted at a reasonable time and in a reasonable manner. To ensure compliance with computer monitoring or supervision conditions, the defendant shall submit any records requested by the probation officer to verify compliance with the defendant's conditions including, but not limited to, credit card bills, telephone bills, and cable/satellite television bills.

9. The defendant shall disclose to the probation office all computers as defined in 18 U.S.C. § 1030(e)(1), and similar devices that provide access to the Internet, that the defendant owns, possesses, or uses. The defendant shall not possess or use any computer or similar device, which includes use of computers at work, unless the defendant cooperates with the probation office's computer monitoring program or receives permission from the probation office. The defendant shall permit random, unannounced inspections on any unmonitored computer or similar device under the defendant's control to ensure compliance. The defendant shall not use the Internet to access pornographic websites on the Internet or to communicate with any individual or group who promotes sexual abuse of children.

10. The defendant shall, at the direction of the probation officer, notify his employer of: (1) the nature of his/her conviction; and (2) the fact that the defendant's conviction, related conduct, or prior criminal history was facilitated by the use of a computer and/or Internet. The defendant's employment shall be approved in advance by probation and the probation officer shall confirm the defendant's compliance with this notification requirement and possible Internet monitoring of his computer at employment.

11. The defendant shall not utilize, by any means, any social networking forums offering an interactive, user-submitted network of friends, personal profiles, blogs, chat rooms or other environment, including but not limited to YouTube, Facebook, or Instagram, without prior permission from the probation officer. The defendant shall provide account information to the probation officer, including usernames and passwords.

12. The defendant shall provide the probation officer access to any requested financial information.

13. The defendant shall apply all monies received from income tax refunds, lottery winnings, inheritances, judgments, and any anticipated or unexpected financial gains, to the outstanding court-ordered financial obligation, or in a lesser amount to be determined by the Court, upon the recommendation of the probation officer.

14. The defendant shall not incur new credit charges or open additional lines of credit without the approval of the probation officer.

Case Number: 2:23cr00078-001  
 Defendant's Name: Widroff, Michael Andrew

### CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Restitution</u>	<u>Fine</u>	<u>AVAA</u> <u>Assessment*</u>	<u>JVTA</u> <u>Assessment**</u>
<b>TOTALS</b>	\$ 100.00	\$	\$	\$ 0.00	\$ 5,000.00

The determination of restitution is deferred until \_\_\_\_\_. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss***</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
----------------------	----------------------	----------------------------	-------------------------------

**TOTALS** \$

Restitution. amount ordered pursuant to plea agreement \$

The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the Judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

The Court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the  fine  restitution.

the interest requirement for the  fine  restitution is modified as follows:

\* Amy, Vicky, and Andy Child Pornography Victim Assistance Act of 2018, Pub. L. No. 115-299.

\*\* Justice for Victims of Trafficking Act of 2015, Pub. L. No. 114-22.

\*\*\* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

**Payments of Restitution are to be made payable to the Clerk, United States District Court, Eastern District of Virginia.**

Case Number: 2:23cr00078-001  
 Defendant's Name: Widroff, Michael Andrew

### SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A  Lump sum payment of \$\_\_\_\_\_ due immediately, balance due
  - not later than \_\_\_\_\_, or
  - in accordance with  C,  D,  E, or  F below; or
- B  Payment to begin immediately (may be combined with  C,  D, or  F below); or
- C  Payment in equal (e.g., weekly, monthly, quarterly) installments of \$\_\_\_\_\_ over a period of \_\_\_\_\_ (e.g., months or years), to commence (e.g., 30 or 60 days) after the date of this judgment; or
- D  Payment in equal monthly installments of \$100.00 to commence 60 days after release from imprisonment to a term of supervision; or
- E  Payment during the term of supervised release will commence within \_\_\_\_\_ (e.g., 30 or 60 days) after release from imprisonment. The Court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F  Special instructions regarding the payment of criminal monetary penalties:

Unless the Court has expressly ordered otherwise, if this Judgment imposes imprisonment, payment of criminal monetary penalties is due during the period of imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the Clerk of the Court.

Joint and Several

Case Number Defendant and Co-Defendant Names (including defendant number)	Total Amount	Joint and Several Amount	Corresponding Payee, if appropriate
---	--------------	-----------------------------	--

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:  
See Consent Order of Forfeiture entered 5/24/2024

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) AVAA assessment, (5) fine principal, (6) fine interest, (7) community restitution, (8) JVTA assessment, (9) penalties, and (10) costs, including cost of prosecution and court costs.

# PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2024 4th Quarter (April 1, 2024 – June 30, 2024)	84.6%

## Totals as of August 29, 2024\*

Current Active Licenses	
Clinical Psychologists	4,521
Resident in Training	387
Applied Psychologist	22
School Psychologists	95
Resident in School Psychology	34
School Psychologist-Limited	269
Sex Offender Treatment Provider	444
Sex Offender Treatment Provider Trainee	75
<b>Total</b>	<b>5,847</b>

\*Unofficial numbers (for informational purposes only)



## APPLICATIONS RECEIVED

Applications Received	February 2024*	March 2024*	April 2024*	May 2024*	June 2024*	July 2024*
Clinical Psychologists	38	36	42	30	30	39
Resident in Training	6	7	1	1	6	9
Applied Psychologist	0	0	1	3	3	3
School Psychologists	2	2	1	2	4	3
Resident in School Psychology	0	2	0	0	0	0
School Psychologist-Limited	3	1	2	0	1	0
Sex Offender Treatment Provider	2	1	0	2	1	4
Sex Offender Treatment Provider Trainee	5	1	3	3	2	3
<b>Total</b>	<b>56</b>	<b>50</b>	<b>50</b>	<b>41</b>	<b>47</b>	<b>61</b>

## LICENSES ISSUED

Licensed Issued	February 2024	March 2024	April 2024	May 2024	June 2023	July 2024
Clinical Psychologists	27	33	36	35	31	28
Resident in Training	4	6	4	1	1	8
Applied Psychologist	0	0	0	0	0	0
School Psychologists	0	1	0	1	0	2
Resident in School Psychology	1	2	1	0	0	0
School Psychologist-Limited	3	2	2	4	1	0
Sex Offender Treatment Provider	0	0	0	2	2	2
Sex Offender Treatment Provider Trainee	4	0	2	0	3	3
<b>Total</b>	<b>39</b>	<b>44</b>	<b>45</b>	<b>43</b>	<b>38</b>	<b>43</b>

\*Unofficial numbers (for informational purposes only)

## **Additional Information:**

### **• Board of Psychology Staffing Information:**

- The Board currently has one full-time position to answer phone calls, emails and to process applications across all license types.
  - Licensing Staff:
    - Meagan Ohlsson – Licensing Manager (Full-Time)

### **• Recent regulation changes:**

- Effective August 29, 2024 (Reduction in barriers to licensure):
  - Residents in school psychology can now be supervised by school psychologists and clinical psychologists.
  - Education requirements now allow individuals who hold a doctorate in school psychology to meet the education requirements for clinical psychology licensure.

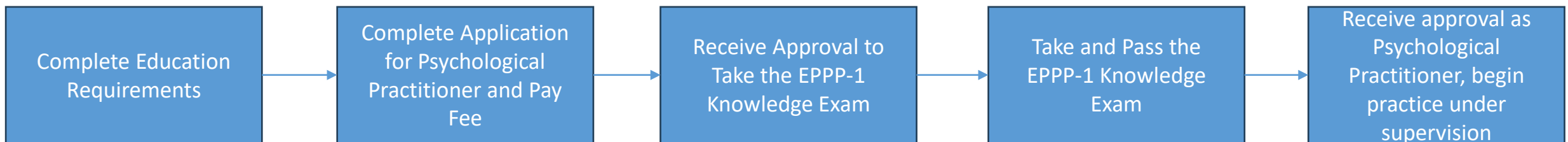
### **• Business Process Re-engineering (BPR) update:**

- Developed Licensure Process Handbooks:
  - Applied Psychology
  - Clinical Psychology
  - School Psychology & School Psychology-Limited
  - Sex Offender Treatment Providers
- Developed individual website pages that provide information on which application to select, step-by-step process instructions and direct links to information and forms.
- Updated all forms and applications.
- Updated all compliance forms.
- Updated all internal application face sheets.
- Updated wording to all automated emails.
- Updated all online checklist items.
- Updated online applications screens.
- Created new psychology examination FAQs.
- Created new license verification page.
- Created flow chart for psychological practitioners.

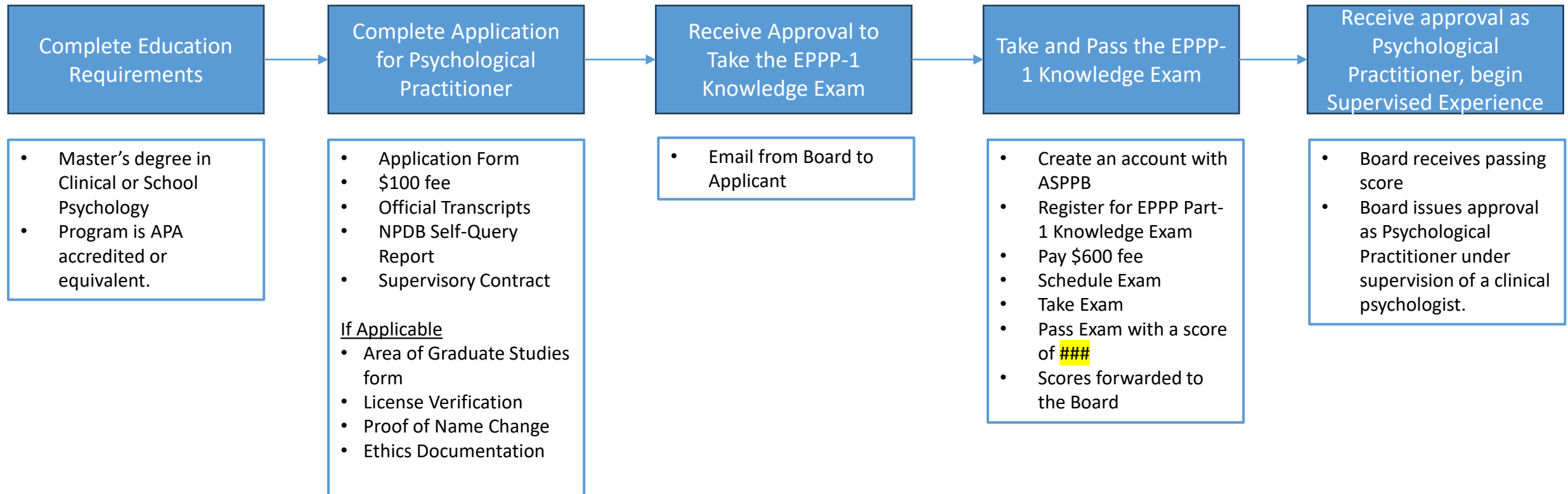
# Psychological Practitioner

## Licensure Process Flow

# Application for Psychological Practitioner Under Supervision



# Application for Psychological Practitioner Under Supervision



# Provide Post-Licensure Supervised Services

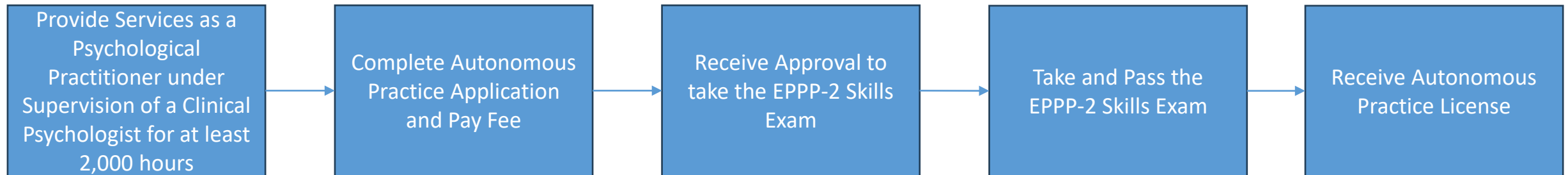
## Psychological Practitioner's Responsibilities

- Supervisor is a licensed clinical psychologist in the Psychological Practitioner's jurisdiction
- Communicates that they cannot practice autonomously
- Provides psychological services under supervision
- Complete 1 year of full-time post-licensure supervised practice
- Complete at least 2,000 hours of post-licensure supervised practice
- 2,000 hours must be completed within 3 years of application for autonomous practice licensure.

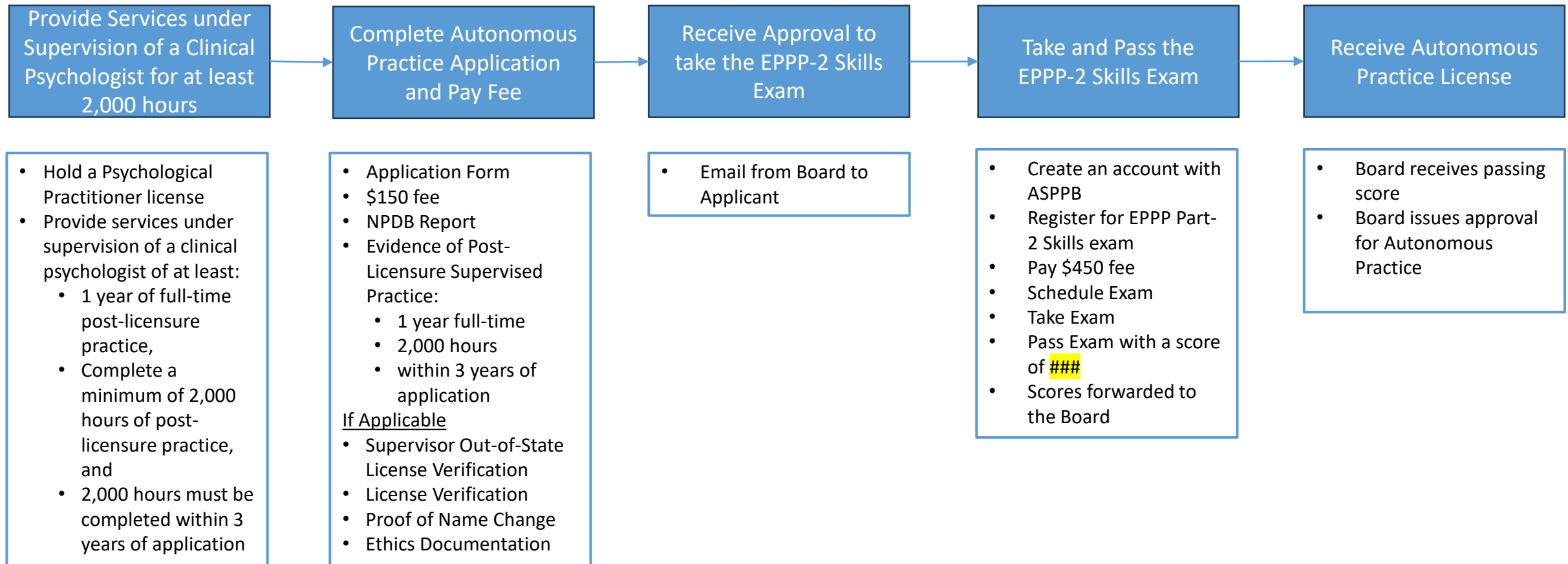
## Supervisor's Responsibilities

- Periodically reviews charts and records
- Regularly provides input on cases, patient emergencies, and referrals
- Provides appropriate professional development
- Manages areas of deficiency
- Ensures Psychological Practitioner only practices within scope of education and training
- Maintains a copy of supervisory agreement for 3 years after supervision ends
- Attests to Psychological Practitioner's competency in all practice areas
- Provides opinion of Psychological Practitioner's demonstrated competency to practice autonomously

# Application for Autonomous Practice



# Application for Autonomous Practice





## **VIRGINIA BOARD OF PSYCHOLOGY**

### **BYLAWS**

#### **ARTICLE I: AUTHORIZATION**

##### **A. Statutory Authority**

The Virginia Board of Psychology ("Board") is established and operates pursuant to Sections 54.1-2400 and 54.1-3600 et seq., of the Code of Virginia. Regulations promulgated by the Board of Psychology may be found in 18 VAC 125-20-10 et seq., "Regulations Governing the Practice of Psychology" and 18 VAC 125-30-10 et seq., "Regulations Governing the Certification of Sex Offender Treatment Providers."

##### **B. Duties**

The Virginia Board of Psychology is charged with promulgating and enforcing regulations governing the licensure and practice of clinical, applied, and school psychology and the certification and practice of sex offender treatment providers in the Commonwealth of Virginia. This includes, but is not limited to: setting fees; creating requirements for and issuing licenses or certificates; setting standards of practice; and implementing a system of disciplinary action.

##### **C. Mission**

To ensure the delivery of safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to healthcare practitioners and the public.

#### **ARTICLE II: THE BOARD**

##### **A. Membership**

1. The Board shall consist of nine (9) members, appointed by the Governor as follows:
  - a. Five (5) persons who are licensed as clinical psychologists;
  - b. One (1) person licensed as a school psychologist
  - c. One (1) person licensed in any category of psychology; and,
  - d. Two (2) citizen members.
2. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited college or university in the Commonwealth and shall be actively engaged in teaching psychology.
3. The terms of the members of the Board shall be four (4) years.
4. Members of the Board shall not hold a voting office in any related professional association within the Commonwealth of Virginia or one that takes a policy position on the regulations of the Board. Members of the Board holding a voting office in a national professional association shall abstain from voting on issues where there may be a conflict of interest present. This section shall not apply to members who hold a committee membership or an office with the Association of State and Provincial Psychology Boards.

**B. Officers of the Board**

1. The Chair or designee shall preserve order and conduct all proceedings according to parliamentary rules, the Virginia Freedom of Information Act, and the Administrative Process Act. Roberts Rules of Order will guide parliamentary procedure for the meetings. Except where specifically provided otherwise by the law or as otherwise ordered by the Board, the Chair shall appoint all committees, and shall sign as Chair to the certificates authorized to be signed by the Chair.
2. The Vice-Chair shall act as Chair in the absence of the Chair and assume the duties of Chair in the event of an unexpired term.
3. In the absence of the Chair and Vice-Chair, the Chair shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Chair of the Board may function as an ex-officio voting member of any committee.

**C. Duties of Members**

1. Each member shall participate in all matters before the Board.
2. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause. In the event of two (2) consecutive unexcused absences at any meeting of the Board or its committees, the Chair shall make a recommendation to the Director of the Department of Health Professions who may notify the Secretary of Health and Human Resources and Secretary of the Commonwealth.
3. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

**D. Election of Officers**

1. All officers shall be elected for a term of two (2) years and may serve no more than two (2) consecutive terms.
2. The election of officers shall occur at the first scheduled Board meeting following July 1 of each odd year, and elected officers shall assume their duties at the end of the meeting.
  - a. Officers shall be elected at a meeting of the Board with a quorum present.
  - b. The Chair shall ask for nominations from the floor by office.
  - c. The election shall occur in the following order: Chair, Vice-Chair
  - d. Voting shall be by voice unless otherwise decided by a vote of the members present. The results shall be recorded in the minutes.
  - e. A simple majority shall prevail with the Current Chair casting a vote only to break a tie.

- f. Special elections to fill an unexpired term shall be held in the event of a vacancy of an officer at the subsequent Board meeting following the occurrence of an office being vacated.

## **E. Meetings**

1. The Board shall meet quarterly, unless a meeting is not required to conduct Board business.
2. Order of Business at Meetings
  - a. Adoption of Agenda
  - b. Period of Public Comment
  - c. Approval of Minutes of preceding regular Board meeting and any called meeting since the last regular meeting of the Board
  - d. Reports of Officers and staff
  - e. Reports of Committees
  - f. Election of Officers (as needed)
  - g. Unfinished Business
  - h. New Business
3. The order of business may be changed at any meeting by a majority vote.

## **ARTICLE III: COMMITTEES**

### **A. Duties and Frequency of Meetings**

1. Members appointed to a committee shall faithfully perform the duties assigned to the committee.
2. All standing committees shall meet as necessary to conduct the business of the Board.

### **B. Standing Committees**

Standing committees of the Board shall consist of the following:

Regulatory/Legislative Committee  
Special Conference Committee  
Any other Standing Committees created by the Board

1. Regulatory/Legislative Committee
  - a. The Chair of the Committee shall be appointed by the Chair of the Board.
  - b. The Regulatory/Legislative Committee shall consist of at least three (3) Board members appointed by the Chair of the Board.

- c. The Committee shall consider all questions bearing upon State legislation and regulation governing the professions regulated by the Board.
- d. The Committee shall recommend to the Board changes in law and regulations as it may deem advisable and, at the discretion of the Board, shall take such steps as may further the desire of the Board in matters of legislation and regulation.
- e. The Chair of the Committee shall submit proposed changes in applicable law and regulations in writing to the Board prior to any scheduled meeting.

## 2. Special Conference Committee

- a. The Special Conference Committee shall:
  - i. consist of two (2) Board members;
  - ii. conduct informal conferences pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia* as necessary to adjudicate cases in a timely manner in accordance with the agency standards for case resolution.
  - iii. Hold informal conferences at the request of the applicant or licensee to determine if Board requirements have been met.
- b. The Chair of the Board shall designate another board member as an alternate on this committee in the event one of the standing committee members is unable to attend a scheduled conference date or has a conflict of interest.
- c. Should the caseload increase to the level that additional special conference committees are needed, the Chair of the Board may appoint additional committees.

## **ARTICLE IV: GENERAL DELEGATION OF AUTHORITY**

The Board delegates the following functions:

1. The Executive Director shall be the custodian of all Board records. He/she shall preserve a correct list of all applicants and licensees, shall manage the correspondence of the Board, and shall perform all such other duties as naturally pertain to this position.
2. The Board delegates to Board staff the authority to issue and renew licenses, certificates, and registrations, and to approve supervision applications that meet regulatory and statutory qualifications. If there is basis upon which the Board could refuse to issue or renew the license, certification, or registration, or to deny the supervision application, the Executive Director may only issue a license, certificate, or registration upon consultation with a member of the Board, or in accordance with delegated authority provided in a guidance document of the Board.

3. The Board delegates to the Executive Director the authority to develop and approve any and all forms used in the daily operations of Board business, to include, but not limited to, licensure, certification, and registration applications, renewal forms, and documents used in the disciplinary process.
4. The Board delegates to the Executive Director the authority to grant an accommodation of additional testing time or other requests for accommodation to candidates for Board-required examinations pursuant to the Americans with Disabilities Act, provided the candidate provides documentation that supports such an accommodation.
5. The Board delegates to the Executive Director authority to grant an extension for good cause of up to one (1) year for the completion of continuing education requirements upon written request from the licensee or certificate holder prior to the renewal date.
6. The Board delegates to the Executive Director authority to grant an exemption for all or part of the continuing education requirements due to circumstances beyond the control of the licensee or certificate holder, such as temporary disability, mandatory military service, or officially declared disasters.
7. The Board delegates to the Executive Director the authority to reinstate a license or certificate when the reinstatement is due to the lapse of the license or certificate rather than a disciplinary action, and there is no basis for the Board to refuse to reinstate.
8. The Board delegates authority to the Executive Director to close non-jurisdictional cases and fee dispute cases without a review by a Board member.
9. The Board delegates authority to the Executive Director, who may consult with a member of the Board, to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
10. The Board delegates authority to the Executive Director to review information regarding alleged violations of law or regulations and, in consultation with a member of the Board, make a determination as to whether probable cause exists to proceed with possible disciplinary action.
11. The Board delegates authority to the Executive Director to issue an Advisory Letter to the person who is the subject of a complaint pursuant to Virginia Code § 54.1-2400.2(F), when it is determined that a probable cause review indicates a disciplinary proceeding will not be instituted.
12. The Board delegates authority to the Executive Director to assign the determination of probable cause to a board member to proceed with possible disciplinary action.
13. The Board delegates the authority to the Executive Director to assign the determination of probable cause to the Board's professional disciplinary review coordinator who may offer a confidential consent agreement or a pre-hearing consent order, cause the scheduling of an informal conference, request additional information, or close the case after consultation with Board staff.

14. In accordance with established Board guidance documents, the Board delegates to the Executive Director the determination of probable cause, to offer a confidential consent agreement, a pre-hearing consent order, or schedule an informal conference.
15. The Board delegates to the Executive Director the convening of a quorum of the Board by telephone conference call, to consider the summary suspension of a license or to consider settlement proposals.
16. The Board delegates to the Executive Director the authority to sign as entered any Order or Consent Order resulting from the disciplinary process or other administrative proceeding.
17. The Board delegates to the Executive Director the authority to sign as entered a Pre-Hearing Consent Order for Indefinite Suspension or revocation of a license, certificate, or registration.
18. The Board delegates to the Executive Director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being convened.
19. The Board delegates to the Chair the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
20. The Board authorizes the Executive Director to delegate tasks to the Deputy Executive Director.

## **ARTICLE V: AMENDMENTS**

Proposed amendments to these bylaws shall be presented in writing to all Board members, the Executive Director of the Board, and the Board's legal counsel prior to any scheduled Board meeting. Amendments to the bylaws shall become effective with a favorable vote of at least two-thirds of the members present at that regular meeting.

Revised: May 7, 2013, November 5, 2013, August 15, 2017, April 16, 2020

# Board Members

<p><b>Gary Sibcy, Ph.D.</b> <b>(Clinical Psychologist)</b> 1st Term ends 6/30/2026 Lynchburg, VA</p>	<p><b>J.D. Ball, Ph.D., ABPP</b> <b>Board Chair</b> <b>(Clinical Psychologist)</b> 2nd Term ends 6/30/2024 Virginia Beach, VA</p>
<p><b>Susan Brown Wallace, Ph.D.</b> <b>(School Psychologist)</b> 2nd Term ends 6/30/2023 Williamsburg, VA</p>	<p><b>Danielle Spearman-Camblard, Psy.D.</b> <b>(Clinical Psychologist)</b> 1st Term ends 6/30/2027 Chesterfield, VA</p>
<p><b>William Hathaway, Ph.D.,</b> <b>(Clinical Psychologist)</b> 1st Term ends 6/30/2026 Virginia Beach, VA</p>	<p><b>Norma Murdock-Kitt, Ph.D.</b> <b>(Clinical Psychologist)</b> 1st Term ends 6/30/2025 Richmond, VA</p>
<p><b>Aliya Chapman, Ph.D.</b> <b>Board Vice-Chair</b> <b>(Clinical Psychologist)</b> 2nd Term ends 6/30/2025 Blacksburg, VA</p>	<p><b>Madeline Torres, QMHP-A</b> <b>(Citizen Member)</b> 1st Term ends 6/30/2027 Glen Allen, VA</p>
<p><b>Cheryl Snyder</b> <b>(Citizen Member)</b> 1st term ends 6/30/2026 Spotsylvania, VA</p>	