Virginia Department of Health Professions
Board of Psychology

Agenda
Full Board Meeting
February 7, 2023
10:00 A.M.
9960 Mayland Dr, 2nd Floor
Board Room 4
Richmond, VA 23233

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

- Welcome and Introductions/Roll Call
- 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.

Approval of Minutes

- Board Meeting – September 27, 2022*……....Page 5

Agency Director Report (Verbal Report)– Arne Owens

Chair Report (Verbal Report) – Dr. Wallace

Legislative and Regulatory Report – Erin Barrett, JD, DHP Sr. Policy Analyst……Page 14

New Business

- Consideration of Petition for Rulemaking to amend 18VAC125-20 to create a new category of registration*-Erin Barrett……Page 15
- Discussion of School Psychologist Shortage – Dr. Wallace
- Discussion of Master's Level Psychologists – J.D. Ball, Ph.D
- Discussion of the Virginia Academy of Clinical Psychologists (VACP) Initiatives to consider medical prescription privileges for qualified psychologists – Dr. Ball……Page 20

Board Office Reports – Jennifer Lang, Deputy Executive Director, Boards of Counseling, Psychology, and Social Work

- Licensing Report……..Page 29
- Discipline Report……...Page 32
- EPPP Part 2 Update……Page 34
- PSYPACT 4th Quarter Newsletter……..Page 43
- PSYPACT 4th Quarter Compliance Report……...Page 46
- PSYPACT Commission Meeting Minutes……Page 50
- Board Financials……Page 63

Committee Reports

Regulatory Committee Report – Dr. Ball

- Working Draft of Proposed Statutory Changes……...Page 69
- Working Draft of Proposed Regulatory Changes……...Page 104

Next Meeting – May 23, 2023

Adjournment

*Requires a Board Vote

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

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

Virginia Department of
Health Professions
Board of Psychology

MISSION STATEMENT

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.

Virginia Department of Health Professions
Board of Psychology

Virginia Board of Psychology
Full Board Meeting Minutes
Tuesday, September 27, 2022 at 10:00 a.m.
9960 Mayland Drive, Henrico, VA 23233
Board Room 3

PRESIDING OFFICER: J.D. Ball. Ph.D., ABPP, Acting Board Chair

BOARD MEMBERS PRESENT: William Hathaway, Ph.D.
Aliya Chapman, Ph.D
Norma Murdock-Kitt, Ph.D
Christine Payne, BSN, MBA
Gary Sibcy, Ph.D.
Cheryl Snyder
Susan Brown Wallace, Ph. D
Kathryn Zeanah, Ph. D

BOARD STAFF PRESENT: Deborah Harris, Licensing Manager
Jaime Hoyle, JD, Executive Director
Charlotte Lenart, Deputy Executive Director
Jennifer Lang, Deputy Executive Director

DHP STAFF PRESENT: Erin Barrett, Senior Policy Analyst, Department of Health Professions
David E. Brown, D.C., Director, Department of Health Professions

BOARD COUNSEL PRESENT: James Rutkowski, Assistant Attorney General

CALL TO ORDER: Dr. Ball called the meeting to order at 10:05 a.m.

MISSION STATEMENT: Ms. Hoyle read the mission statement of the Department of Health Professions, and also read the emergency egress procedures.

ESTABLISHMENT OF A QUORUM: Following a roll call of Board members and staff, Ms. Harris indicated a quorum was established.

ADOPTION OF AGENDA: Dr. Ball proposed that the discussion from the Regulatory Committee be moved up earlier in the agenda.

PUBLIC ATTENDEES: None

PUBLIC COMMENT: A letter from Joshua C. DeSilva, who is the Vice Chair, of Virginia Latino Advisory Board, was reviewed and discussed. Mr. DeSilva recommended that the Boards of Psychology, Social Work and Counseling consider adding regulations to require that licensed providers in each profession complete continuing education credits in working with diverse populations annually to renew their licenses. This would be in addition to the required ethics credits that the Board currently require by regulation.

Dr. Ball stated that Committee decided to take no action as changes to the continuing education requirements would require a statutory change.

Dr. Murdock-Kitt asked if the Board could interpret the requirement for continuing education to include cultural competencies as part of the ethics requirement. Mr. Rutkowski stated that he will look into this. Dr. Ball noted that it is the separate *requirement* for this type of CE that requires statutory change, not just the separate *allowance* for this type of CE.

APPROVAL OF MINUTES: Ms. Payne made a motion to approve the June 28, 2022 meeting minutes as written. The motion was seconded and carried unanimously.

AGENCY DIRECTOR REPORT: Dr. Brown welcomed the new board members and wanted to highlight that this Board is a hands-on working board that is actively involved in the Agency's mission to protect the public.

Dr. Brown informed the Board of the Governor's initiative to reduce unnecessary regulations by 25%, which was reiterated in Executive Order 19. The Governor has established the Office of Regulatory Management to carry out this initiative. He sees this as an opportunity to make sure that the regulations are not overly burdensome and to address workforce issues.

Dr. Brown indicated he is encouraged by the Board's interest in researching the need for Masters level psychologists to help address the workforce shortage.

BOARD CHAIR REPORT: Dr. Ball reported that he attended an Association of State and Provincial Psychology Board (ASPPB) Chair committee zoom meeting and he wanted to mention that all the Boards around the country are all contending with the same issues as this Board. Ms. Hoyle and Dr. Wallace will represent the Board at the fall ASPPB conference. Dr. Ball stated that the Board is very lucky to have Ms. Hoyle and past Board President Dr. Stewart actively involved in ASPPB leadership positions.

Dr. Ball provided a summary of the brainstorming suggestions he presented to the Regulatory Committee for regulatory and Code changes related to school psychologists, applied psychologists and master's level psychologists. The Board discussed these suggestions for changes and related problems associated with reimbursement for care delivered by unlicensed students at the level of closely supervised doctoral practica and in-residence clinical internship requirements. In these discussions, Dr. Ball emphasized that these were early ideas and not agreed-upon recommendations from the Regulatory Committee. The point of providing this specificity was to put something on the table that Board members might react to and then work from, even while we are still gathering information on these topics from the Virginia Academy of Clinical Psychologists (VACP), the American Psychological Association (APA), and ASPPB. Dr. Murdock-Kitt expressed her opposition to the suggestions for licensure of masters' level psychologist licensees, suggesting the Board emphasize instead increasing the availability of clinical psychology internships. Dr. Ball and Dr. Sibcy spoke to ways that internship availability would be improved by revenues generated from students who held a license as a masters level psychologist, and Dr. Ball noted that even if there were available internship slots for all clinical psychology trainees, the workforce shortage would still be very serious.

Dr. Ball invited Board members to attend the VACP Board hour on October 15, 2022. Dr. Ball intends to present the same brainstorming suggestions about school,

applied, and masters level psychologists that he presented to the Board in order to get broad input from clinical psychologists in Virginia.

COMMITTEE REPORTS:

School Psychologist with a Doctoral Degree:
The Committee recommended amending the regulations to allow for doctoral level school psychologists from a program approved by the APA, CPA, or accrediting body acceptable to the board to be licensed as a clinical psychologist in Virginia as a fast-track action to reduce barriers to licensure. In addition, the Board discussed the need to change the Regulations to allow for individuals seeking licensure as a school psychologist to be supervised by a clinical psychologist. (Attachment A)

The Board also discussed the adding Psychological Clinical Science Accrediting System (PCSAS) as an accrediting body in these Regulations. After discussion, the Board made no changes to the regulations, as PCSAS is now recognized as an accrediting body acceptable to the Board in Guidance Document 125-1.

Motion:
The Board voted to unanimously accept the Regulatory Committee's recommendations as described above.

Guidance Documents:
Guidance Document 125-3.9 Confidential Consent Agreements
Ms. Barrett reviewed the Regulatory Committee's recommended changes.

***Motion*:**
The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-7 Guidance on Electronic Communication and Telepsychology
Ms. Barrett reviewed the Regulatory Committee's recommended revisions.

***Motion*:**
The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-8 Guidance on Use of Assessment Titles and Signatures
Ms. Barrett reviewed the Regulatory Committee's recommended changes.

***Motion*:**
The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Guidance Document 125-9 Guidance Document on the Practice of Conversion Therapy
Ms. Barrett reviewed the Regulatory Committee's recommended changes.

***Motion*:**
The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Regulatory Reduction:
Ms. Barrett reviewed the Regulatory Committee's recommended changes to Regulations to eliminate language that is duplicative with statute, no longer

applicable, and provides additional language clarification.

Motion:
The Board voted to unanimously accept the Regulatory Committee's recommendations as presented.

Dr. Brown asked the Board to consider taking out redundant standards of practice language regarding conversion therapy which is addressed in statue. He also asked the Board to consider a simpler way to list out the requirements for continuing education.

Dr. Wallace stated that the Committee felt strongly that the conversion therapy language should remain in the Regulations even though it is stated in the statue. Dr. Ball added that the Board's strong sentiments about this issue were first expressed in a Guidance Document and then in the regulations before there was statute regarding conversion therapy, suggesting a benefit to communicating the Board's conviction that it needs to protect the public in this way. Dr. Ball thanked Dr. Brown for pointing out areas that the Board might investigate further for reducing unnecessary regulations. Regarding continuing education, Mr. Rukowski noted that this Board's lengthy wording on CE requirements stems partly from the fact that statutory language regarding CE requirements for psychology licensure is sparse in comparison to statutory requirements for other licensees.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Hoyle started her report with the Board's financial documents, stating that the financials are in good standing and the budget is attached to the last page of the agenda. We expect to eliminate the School Psychologist Limited license because the Department of Medical Assistance Services (DMAS) has permitted reimbursement of school psychologists, based only on the Board of Education endorsement. This will eliminate the need for a Board license for reimbursement of in-school activities and lead to many fewer licensure applicants in this category. While, a code change is needed to eliminate this license, this code change will be recommended

.

Ms. Hoyle reported that Dr. Wallace and she will be attending the ASPPB fall conference in late October in Washington, D.C., and she will be on two different panels throughout the conference. She discussed updated information on PSYPACT. Ms. Hoyle also stated that she was on many committees with the ASPPB and agreed with Dr. Ball's report that all other states are dealing with the same issues as the Virginia Board. Ms. Hoyle thanked her staff for their hard work and welcomed new Board members.

DISCIPLINE REPORT:

Ms. Lang reported on the disciplinary statistics for the Board of Psychology from June 11, 2022 through September 9, 2022. A copy of this report was included in the agenda packet. She noted that Dr. Morgan is doing well as the board's discipline reviewer, although there is still a large backlog of probable cause reviews. Psychology discipline cases are often voluminous and time-consuming. Additionally, she advised the board that continuing education audits have begun and she will provide an update on those statistics at the first or second meeting of 2023.

LICENSING REPORT:

Ms. Lenart started the Licensing Report by reviewing with the Board the satisfaction survey percentage and the number of applications received and processed for this reporting cycle. A copy of the report is attached to the agenda. Ms. Lenart thanked and complemented Ms. Harris for her efforts in assisting applicants and licensees.

Ms. Lenart reported on new technology that will be utilized by staff to help enhance communications and efficiencies. She anticipates Board staff starting to use the new BOT technology soon.

ELECTION OF OFFICERS:

Ms. Hoyle discuss the bylaws and information related to the nomination for the election of officers. Ms. Hoyle indicated that Dr. Ball is in his second term as vice-chair.

Motion: Dr. Ball made a motion, which was properly seconded by Ms. Payne, to elect Dr. Wallace as the Chairperson for the Board. The motion passed unanimously.

PRESENTATION

Virginia's Licensed Clinical Psychologist Workforce: 2022

Dr. Shobo provided a presentation on workforce data as presented in the agenda. Board members were very grateful for the effort and detail involved in this data collection and dissemination. There was a very active Board discussion of these valuable data.

Dr. Sibcy was particularly interested in being able to give students accurate information about what they could be expected to earn, once they had graduated and were in independent practice. Dr. Chapman observed that there seemed to be a greater percentage of part-time service provision over time, and she wondered whether this related to child care requirements of an increasingly larger percentage of women licensees. Dr. Ball wondered if more retirees had returned to some level of part-time practice, but Dr. Shobo's analysis suggested that this explanation was unlikely. Dr. Murdock-Kitt expressed chagrin that the percentage of care delivered to patients with Medicaid by licensed clinical psychologists in Virginia was low, and there was discussion about conveying that information to the Virginia Academy of Clinical Psychologists (VACP) to encourage that more services be offered to this population.

NEXT MEETING DATES:

The next Full Board Meeting is scheduled for December 6, 2022.

ADJOURNMENT:

Dr. Wallace noted that she will be making Board member appointments to specific Board sub-committees, and she asked new Board members to give her their preferences. Dr. Wallace then adjourned the meeting at 1:14 p.m.

_____ _____

Susan Brown Wallace, Ph.D., Chair Chairperson Date

_____ _____

Jaime Hoyle, JD, Executive Director Date

Attachment A

18VAC125-20-54 Education requirements for clinical psychologists

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical, ~~or~~ counseling, or school psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program, as specified in subsection A of this section, or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in § 54.1-3600 of the Code of Virginia and meets the following criteria:

1. 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. Graduates of programs that are not within the United States or Canada must provide documentation from an acceptable credential evaluation service that provides information that allows the board to determine if the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).

d. Psychological measurement.

e. Research methodology.

f. Techniques of data analysis.

g. Professional standards and ethics.

6. The program shall include a minimum of at least three or more graduate semester credit hours or five or more graduate quarter hours in each of the following clinical psychology content areas:

a. Individual differences in behavior (e.g., personality theory, cultural difference and diversity).

b. Human development (e.g., child, adolescent, geriatric psychology).

c. Dysfunctional behavior, abnormal behavior, or psychopathology.

d. Theories and methods of intellectual assessment and diagnosis.

e. Theories and methods of personality assessment and diagnosis including its practical application.

f. Effective interventions and evaluating the efficacy of interventions.

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical, counseling, or school psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA, or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Psychologists, or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65, in the doctoral practicum supervised experience, which occurs prior to the internship, and that meets the following standards:

1. The supervised professional experience shall be part of an organized sequence of training within the applicant's doctoral program that meets the criteria specified in this section.

2. The supervised experience shall include face-to-face direct client services, service-related activities, and supporting activities.

a. "Face-to-face direct client services" means treatment or intervention, assessment, and interviewing of clients.

b. "Service-related activities" means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.

c. "Supporting activities" means time spent under supervision of face-to-face direct services and service-related activities provided onsite or in the trainee's academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.

3. In order for pre-doctoral practicum hours to fulfill all or part of the residency requirement, the following shall apply:

a. Not less than one-quarter of the hours shall be spent in providing face-to-face direct client services;

b. Not less than one-half of the hours shall be in a combination of face-to-face direct service hours and hours spent in service-related activities; and

c. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities, and supporting activities.

4. A minimum of one hour of individual face-to-face supervision shall be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.

5. Two hours of group supervision with up to five practicum students may be substituted for one hour of individual supervision. In no case shall the hours of individual supervision be less than one-half of the total hours of supervision.

6. The hours of pre-doctoral supervised experience reported by an applicant shall be certified by the program's director of clinical training on a form provided by the board.

7. If the supervised experience hours completed in a series of practicum experiences do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate shall fulfill the remainder of the hours by meeting requirements specified in 18VAC125-20-65.

18VAC125-20-65 Residency

A. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours of supervised experience in the delivery of clinical or school psychology services acceptable to the board.

1. For clinical psychology candidates, the hours of supervised practicum experiences in a doctoral program may be counted toward the residency hours, as specified in 18VAC125-20-54. Hours acquired during the required internship shall not be counted toward the 1,500 residency hours. If the supervised experience hours completed in a practicum do not total 1,500 hours or if a candidate is deficient in any of the categories of hours, a candidate may fulfill the remainder of the hours by meeting requirements specified in subsection B of this section.

2. School psychologist candidates shall complete all the residency requirements after receipt of their final school psychology degree.

B. Residency requirements.

1. Candidates for clinical or school psychologist licensure shall have successfully completed a residency consisting of a minimum of 1,500 hours in a period of not less than 12 months and not to exceed three years of supervised experience in the delivery of clinical or school psychology services acceptable to the board, or the applicant may request approval to extend a residency if there were extenuating circumstances that precluded completion within three years.

2. Supervised experience obtained in Virginia without prior written board approval will not be accepted toward licensure. Candidates shall not begin the residency until after completion of the required degree as set forth in 18VAC125-20-54 or 18VAC125-20-56.

3. In order to have the residency accepted for licensure, an individual who proposes to obtain supervised post-degree experience in Virginia shall register with the board prior to the onset of such supervision by submission of:

a. A supervisory contract along with the application package;

b. The registration of supervision fee set forth in 18VAC125-20-30; and

c. An official transcript documenting completion of educational requirements as set forth in 18VAC125-20-54 or 18VAC125-20-56 as applicable.

4. If board approval was required for supervised experience obtained in another United States jurisdiction or Canada in which residency hours were obtained, a candidate shall provide evidence of board approval from such jurisdiction.

5. There shall be a minimum of two hours of individual supervision per 40 hours of supervised experience. Group supervision of up to five residents may be substituted for one of the two hours on the basis that two hours of group supervision equals one hour of individual supervision, but in no case shall the resident receive less than one hour of individual supervision per 40 hours.

6. Supervision shall be provided by a psychologist who holds a current, unrestricted license in the jurisdiction in which supervision is being provided and who is licensed to practice in the licensure category in which the resident is seeking licensure~~.~~, however, a resident seeking licensure as a school psychologist may be supervised by a clinical psychologist.

7. The supervisor shall not provide supervision for activities beyond the supervisor's demonstrable areas of competence nor for activities for which the applicant has not had appropriate education and training.

8. The supervising psychologist shall maintain records of supervision performed and shall regularly review and co-sign case notes written by the supervised resident during the residency period. At the end of the residency training period, the supervisor shall submit to the board a written evaluation of the applicant's performance.

9. The board may consider special requests in the event that the regulations create an undue burden in regard to geography or disability that limits the resident's access to qualified supervisors.

C. Residents shall not refer to or identify themselves as clinical psychologists or school psychologists, independently solicit clients, bill directly for services, or in any way represent themselves as licensed psychologists. Notwithstanding, this does not preclude supervisors or employing institutions from billing for the services of an appropriately identified resident.

During the residency period, residents shall use their names, the initials of their degree, and the title "Resident in Psychology" in the licensure category in which licensure is sought.

Board of Psychology
Current Regulatory Actions
As of January 26, 2023

VAC	Stage	Subject Matter	Date submitted*	Office; time in office	Notes
18VAC125-20	Fast-Track	Regulatory reduction (2022)	10/3/2022	OAG; 115 days	Eliminates language that is duplicative of statute or no longer applicable and provides additional language clarification.
18VAC125-20	Fast-Track	Reduction in barriers to licensure (2022)	10/6/2022	OAG; 112 days	Makes minor changes to licensure and residency requirements to reduce barriers to obtaining a clinical psychology license.

*Date submitted to current location

Agenda Item: Consideration of periodic review to amend 18VAC125-20

Included in your agenda package are:

- Petition for rulemaking to amend 18VAC125-20 to create a new category of registration
- Comments received in response to petition
- Va. Code § 54.1-3606

Staff Note: The Board of Psychology cannot create new categories of licensure, certification, or registration on its own. That is the province of the General Assembly and must be changed through legislation.

Action needed:

- Motion to either:
    - Take no action, specifying why; or
    - Initiate rulemaking.

Virginia Department of Health Professions
Board of Counseling

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www.dhp.virginia.gov/counseling

Email: coun@dhp.virginia.gov
(804) 367-4610 (Tel)
(804) 767-6225 (Fax)

Petition for Rule-making

The Code of Virginia (§ 2.2-4007) and the Public Participation Guidelines of this board require a person who wishes to petition the board to develop a new regulation or amend an existing regulation to provide certain information. Within 14 days of receiving a valid petition, the board will notify the petitioner and send a notice to the Register of Regulations identifying the petitioner, the nature of the request and the plan for responding to the petition. Following publication of the petition in the Register, a 21-day comment period will begin to allow written comment on the petition. Within 90 days after the comment period, the board will issue a written decision on the petition. If the board has not met within that 90-day period, the decision will be issued no later than 14 days after it next meets.

Please provide the information requested below. (Print or Type)

Petitioner's full name (Last, First, Middle initial, Suffix,)

Prof. Michael S. Moates, LP, LBA, LMHC, LADAC

Street Address	Area Code and Telephone Number	
6004 Oakland Bend Drive #116	254-966-2837	
City: Fort Worth	State: Texas	Zip Code: 76112

Email Address (optional)
mike@behaviorscientists.org

Respond to the following questions:

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

New Regulation

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

Creation of a new regulation that allows out of state providers to register with the board to engage in the practice of psychology via telehealth only based on their out of state psychology license scope of practice. Similarly to the way Vermont, Indiana, Alaska, Flordia, and South Carolina have enacted registires for this purpose. This would allow people who are in states where psypact has not passed to practice across state lines. It would limit practice only to telehealth and to the competence of the applicant.

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

§ 54.1-3605. Powers and duties of the Board - #7

Signature:  **Date:** 28 Sept 2022

Public Petition for Rulemaking: 376			
Commenter	**Title**	**Comment**	**Date/ID**
Rainn H	Support	I support this. There is a mental health crisis.	11/8/22 2:15 pm CommentID:205122
Tamica Terri Brown, LP	General	Most states have the same general requirements with the exception that there are some added requirements that are state specific. This would allow out of state professionals to contribute to the mental health in Virginia.	11/11/22 7:31 pm CommentID:205159
Prof. Michael Moates, EdD-Candidate, LP, LBA, LMHC, LADAC	Getting VA inline with other states	Hello, Board of Psychology Thank you for taking the time to read my post. I am writing you today to request that rules implemented during COVID-19 become permanent. As you know, the government's role is to serve its people. The courts have ruled for years that licensure is only appropriate to the extent that it protects people from harm. Many states have a different paths to licensure. Some examples include the following: • Direct Application - The typical application by which someone applies if they are new to the field. (See: https://www.lawinsider.com/dictionary/occupational-licensure) • Reciprocity - Where two states recognize each other out of state licenses. (See: https://www.lawinsider.com/dictionary/reciprocal-license) • Endorsement - Where a state recognizes any state's license. (See: https://code.dccouncil.gov/us/dc/council/code/sections/3-1205.07) • Universal - Where a state grants a license after someone has been licensed for a specific time in another state. (https://www.ncsl.org/research/labor-and-employment/universal-licensure-recognition.aspx) • Temporary - Where a state issues a temporary license based on an out-of-state license holder. (See: https://licensing.csg.org/covid-policy-responses/temporary-licensure/) • Telehealth - Where a state issues a license to practice telehealth based on an out-of-state license. (See: South Carolina - https://llr.sc.gov/cou/behavioral_telehealth.aspx) (See: Vermont - https://sos.vermont.gov/opr/about-opr/covid-19-response/telehealth-out-of-state-expired-license-registration/) (See: Florida - https://flhealthsource.gov/telehealth/) (See: Indiana - https://www.in.gov/pla/telehealth-home/) (See: Delaware - https://dprfiles.delaware.gov/documents/Medical%20Personnel%20Request%20Form%20post%20HB%20348.pdf) (See: New Jersey - https://dohlicensing.nj.gov/telehealthtelemedicine/) (See: Alaska - https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/TelemedicineBusinessRegistry.aspx) (See Arizona - https://psychboard.az.gov/psychologist-behavior-analyst-telehealth-registry) The Virginia General Assembly has already signaled that they are going this route. See: HB 537. According to § 54.1-3605. Powers and duties of the Board has to "Promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders."	11/23/22 7:57 pm CommentID:206081

		While a license is required by statute, there are exemptions to licensure that apply under § 54.1-3601. Exemption from requirements of licensure. However, some individuals are licensed in other states that would rather be under the jurisdiction of the board rather than practice under a qualified exemption. If the board denies the request, it creates multiple issues: First, psychologists may practice under an exemption outside the board's jurisdiction. Second, the need for mental health treatment in Virginia goes critical. Finally, Virginia signals to the other states that it believes their requirements are not good enough. It is time for Virginia to get on the same page as the many other states and allow its mental health crisis to be addressed by qualified practitioners.	

Code of Virginia
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions
Chapter 36. Psychology

§ 54.1-3606. License required

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, 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.

1979, c. 408, § 54-939.1; 1988, c. 765; 1996, cc. 937, 980;1999, cc. 967, 1005.

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

CATO BRIEFING PAPER

October 27, 2022 Number 142

Expand Access to Mental Health Care

Remove Barriers to Psychologists Prescribing Medications

By Jeffrey A. Singer

In his March 1, 2022, State of the Union address, President Biden focused the nation's attention on a "national mental health crisis."[1] Before the COVID-19 pandemic, mood disorders and suicidal thoughts and behaviors had been rising at alarming levels for years.[2] The pandemic and government-mandated lockdowns increased isolation, anxiety, and despair while also reducing access to mental health services. According to a 2022 Harris Poll conducted for the National Council on Mental Wellbeing, approximately 40 percent of Americans said they could not get mental health services in the past 12 months, particularly services requiring drug-based therapy.[3]

Clinical psychologists could be playing a greater role in meeting those needs. Some federal agencies, five states, and the territory of Guam authorize competent clinical psychologists to prescribe medications that treat mental illness by affecting mood and mental functions.

Unfortunately, most states prohibit competent clinical psychologists from prescribing such medications. To help address the mental health crisis, state lawmakers should expand the scope of practice of competent clinical psychologists to include prescribing.

THE PROBLEM

Mental illness is a serious and growing problem in the United States. The National Institute of Mental Health estimates that 52.9 million, or nearly 1 in 5, adults in the United States live with mental illness.[4] In 2021, nearly 48,000 U.S. residents died from suicide.[5] Suicide is the second-leading cause of death among people aged 10–34 in the United States.[6] The U.S. Department of Veterans Affairs reports that veterans die from suicide at twice the rate of non-veterans. The rate is nearly three times higher for veterans aged 18–34.[7]

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People with mental health disorders often develop substance use disorders, which contributes to the skyrocketing increase in drug overdose deaths.[8] Reports of anxiety, depression, feeling isolated, self-harm, and suicidal thoughts among young adults and adolescents began to increase beginning around 2012.[9] After rising 35 percent from 1999 to 2018, suicide rates declined 5 percent through 2020, though provisional data show suicide rates returning to pre-pandemic levels, increasing by 4 percent from 2020 to 2021.[10]

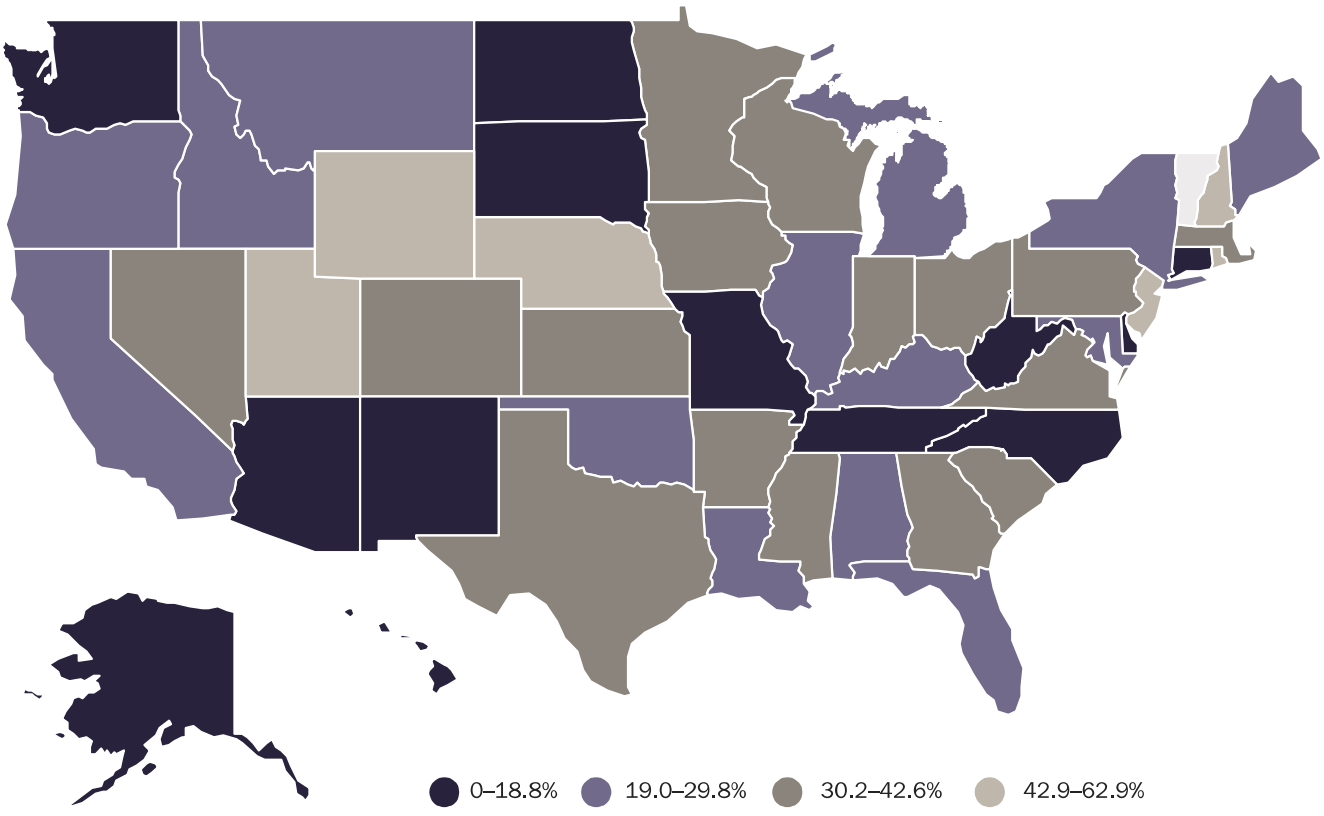
Research indicates that growing numbers of patients are seeking treatment for mental illness, yet supply is unable to meet existing needs. The Centers for Disease Control and Prevention estimates that 23.2 percent of adults aged 18–44 received mental health services during the past 12 months in 2021, an increase from 18.5 percent in 2019.[11] A 2020 report by the Kaiser Family Foundation concluded that the United States has only enough psychiatrists to meet 26 percent of the population's needs. The federal government estimates the need for mental health services and designates certain areas of each state to be "health provider shortage areas" if the number of psychiatrists cannot meet that level of need. Figure 1 presents, on a statewide basis, Kaiser Family Foundation estimates of how much of that need the existing stock of psychiatrists could meet. Lending credence to claims of mental health care shortages is the fact that states erect considerable barriers to entry that restrict the supply of mental health services.

THE ROLE OF CLINICAL PSYCHOLOGISTS IN MENTAL HEALTH CARE

Clinical psychologists diagnose and treat mental health disorders using various methods of talk therapy. States require clinical psychologists to obtain a doctoral degree in clinical psychology (PhD or PsyD) from a state-approved

Figure 1

Estimate: share of mental health needs that current supply of psychiatrists can meet



Source: "Mental Health Care Health Professional Shortage Areas (HPSAs)," State Health Facts, Kaiser Family Foundation, September 30, 2021.
Note: The Kaiser Family Foundation computes percent of need met "by dividing the number of psychiatrists available to serve the population of the area, group, or facility by the number of psychiatrists that would be necessary to eliminate the mental health Health Professional Shortage Area."

institution. Satisfying the requirements that states impose to become a clinical psychologist typically takes 8–12 years; many states also require a postdoctoral fellowship, which can add 1–2 years.[12]

In general, clinical psychologists do not prescribe medications. If they believe antidepressants, mood stabilizers, or other medications would facilitate therapy, they refer patients to a prescribing practitioner. Depending on the state, prescribing practitioners can include physician assistants and nurse practitioners in addition to physicians.[13]

Usually, the prescribing practitioner of choice is a psychiatrist. Psychiatrists are medical doctors with extensive training in using medication to treat mental illness. Nowadays, psychiatrists function primarily as prescribers. One survey found that only about 10.8 percent of psychiatrists offered any talk therapy.[14]

Psychiatrists are costly and in short supply. Initial consultations with a psychiatrist can cost as much as $500, and follow-up visits can range from $100 to $300 per hour.[15] Roughly half of psychiatrists don't accept insurance.[16] Per capita, there are about twice as many clinical psychologists as psychiatrists in the United States (30 versus 16.6 per 100,000 people) and nearly three times as many in rural areas (9.1 versus 3.4 per 100,000 people).[17] Many rural counties lack an adequate number of psychiatrists.[18] Patients must often travel long distances to see psychiatrists to whom their clinical psychologists refer them.

Clinical psychologists can also refer patients to other prescribing practitioners, including non-specialist physicians and, where state law permits, physician assistants and nurse practitioners. States allow these clinicians to prescribe antidepressants, mood stabilizers, and antipsychotics even though they often lack expertise in these medications. Referring clinical psychologists often advise and support these practitioners on which medication(s) to prescribe.[19] (See Appendix.) In some cases, clinical psychologists may have more expertise about these medications than the prescribing practitioners they advise.

ONE POTENTIAL SOLUTION: PRESCRIBING PSYCHOLOGISTS

"Prescribing psychologists" (RxPs) became a distinct psychology specialty in the United States in 1991 when the Department of Defense (DOD) trained 10 clinical psychologists to prescribe medications in a six-year trial program at certain military bases.[20] Military service can take a severe psychological toll on personnel. In 1989, in an effort to expand mental health care to military personnel, Congress directed the DOD to "establish a demonstration pilot training program under which military psychologists may be trained and authorized to issue appropriate psychotropic medications under certain circumstances."[21] The DOD developed a two-year program of classroom instruction and clinical training. The federal government asserts the authority to develop its own clinician categories and training programs for health professionals who work exclusively within federal agencies, including in cases where those clinicians' activities may not comply with state law.[22]

An American College of Neuropsychopharmacology panel consisting of three psychiatrists and three clinical psychologists, each of whom "had research and clinical experience" and "served as directors of training programs," continually evaluated the program. The panel found that RxPs "filled critical needs, and they performed with excellence wherever they were placed." Seven of the RxPs worked with psychiatrists. An eighth collaborated somewhat with "a staff psychiatrist [who] was less experienced in psychopharmacology than the [RxP] graduate—and openly admitted this." The remaining RxPs did not collaborate with psychiatrists. One worked with primary care physicians, and the other worked with other psychologists. Among the graduates, "eight out of 10 were serving as chiefs or assistant chiefs of an outpatient psychology clinic or a mental health clinic." Most had broad latitude to prescribe, with "no significant formulary restrictions." The panel considered the few restrictions the graduates faced to be "unfounded and unreasonable." Half of the graduates "advanced to independent provider status"; the panel disagreed with the reflexive denial of independent practice to other graduates. Importantly, the panel noted, "there have been no adverse effects associated with the practices of these graduates" in part because "they have shown impressively that they knew their own weaknesses, and that they knew when, where, and how to consult" with more-knowledgeable clinicians. The panel concluded, "it seems clear . . . that a 2-year program—one year didactic, one year clinical practicum that includes at least a 6-month inpatient rotation—can transform licensed clinical psychologists into

prescribing psychologists who can function effectively and safely in the military setting to expand the delivery of mental health treatment to a variety of patients and clients in a cost effective way."[23]

The U.S. General Accounting Office likewise reviewed the program. It concluded that the RxP graduates

> seem to be well integrated at their assigned military treatment facilities . . . generally serve in positions of authority, such as clinic or department chiefs . . . treat a variety of mental health patients; prescribe from comprehensive lists of drugs, or formularies; and carry patient caseloads comparable to those of psychiatrists and psychologists at the same hospitals and clinics. Also . . . the clinical supervisors, providers, and officials we spoke with at the graduates' current and prior locations—as well as a panel of mental health clinicians who evaluated each of the graduates—were complimentary about the quality of patient care provided by the graduates.[24]

Importantly, the RxPs "reduc[ed] the time patients must wait for treatment and [increased] the number of personnel and dependents who can be treated for illnesses requiring psychotropic medications."[25]

Since that demonstration project, other federal agencies have recognized, and allowed patients to benefit from access to, prescribing psychologists. The Indian Health Service and the Commissioned Corps of the U.S. Public Health Service have removed barriers to competent clinical psychologists prescribing medications to their patients.[26] Today, some of those pioneer RxPs are still prescribing and training other RxPs in the DOD and these other federal agencies. As of 2017, the DOD, the U.S. Public Health Service, and the Indian Health Service employed approximately 30 prescribing psychologists.[27]

Some state and territorial governments have also recognized the potential of prescribing psychologists. In 1999, the territory of Guam eased barriers to competent clinical psychologists prescribing medications. New Mexico became the first state to do so in 2002. Since then, Idaho, Louisiana, Illinois, and Iowa have followed suit.[28] According to Dr. Beth Rom-Rymer of the American Psychological Association, there were approximately 222 active prescribing psychologists across the United States as of mid-2022.[29]

These states still impose substantial requirements on RxPs. Requirements include completing specialized instruction and training, acquiring a master's degree in clinical psychopharmacology, and/or passing a national standardized exam, all on top of receiving a doctorate in clinical psychology. (See Figure 2 and Appendix.)

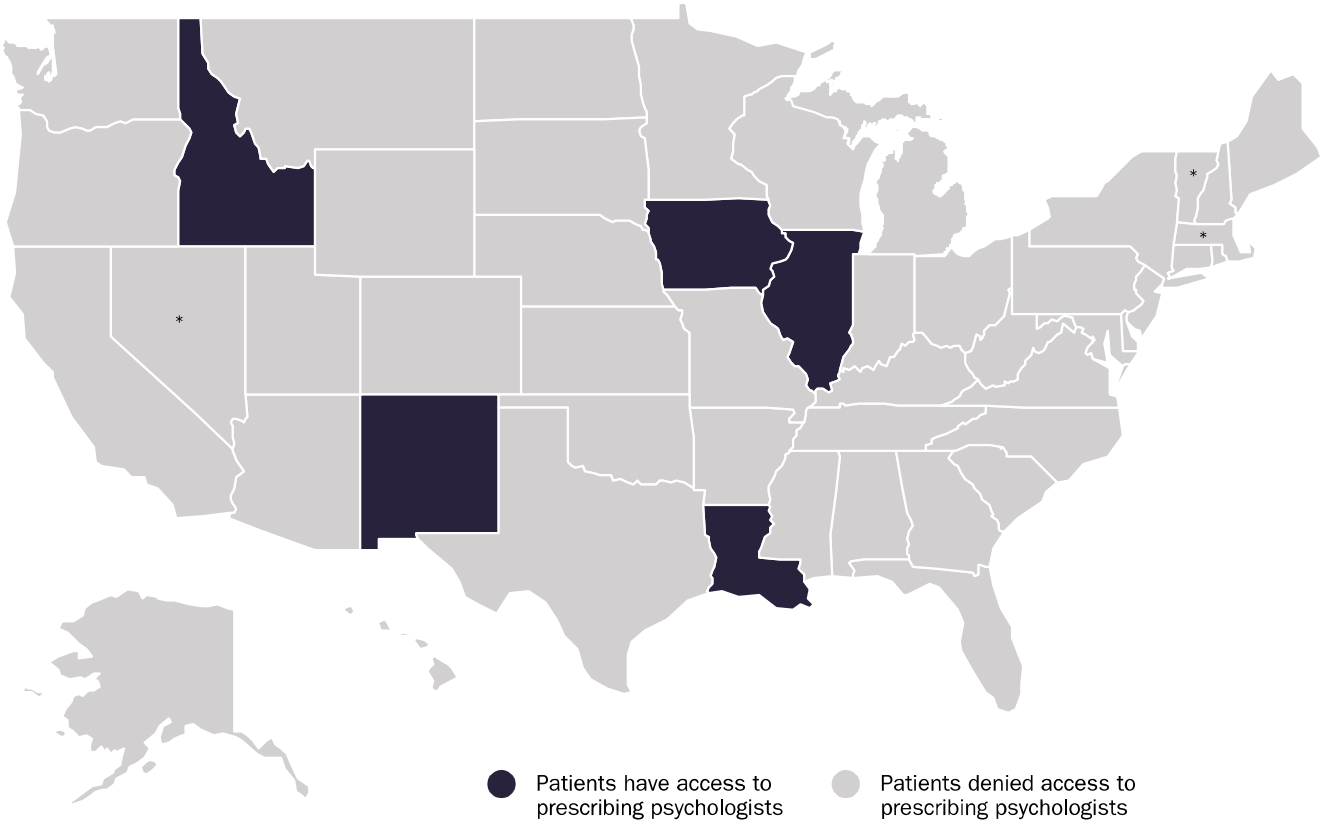
Even these requirements may be excessive. Illinois requires RxPs to pass the national standardized Psychopharmacology Exam for Psychologists (PEP) and to complete nine medical rotations (i.e., apprenticeships with medical doctors) accruing at least 1,620 hours of clinical experience within a span of 14–28 months. It is not immediately clear how rotations in, for example, obstetrics/gynecology and surgery enhance the quality of care of prescribing psychologists. The DOD recognized the potential for overtraining RxPs.[30] As its program progressed, the DOD shortened and tailored medical school courses in anatomy, biochemistry, endocrinology, histology, microscopic pathology, and other subjects to meet the needs of prescribing psychologists.[31]

Indeed, these states require RxPs to receive more training and evaluation in knowledge, diagnosis, and treatment of mental health disorders (including medication treatment) than they require medical doctors to receive. States do not require primary care doctors to pass the PEP. Yet they do not restrict primary care doctors' ability to prescribe psychotropic medications. Incongruously, in some cases, states require RxPs who did pass the PEP to coordinate care with a primary care physician who did not pass the PEP to obtain a conditional certification before they can prescribe independently.

The 45 states with complete bans on psychologists prescribing medications impose regulations that reduce access to mental health care and leave patients less safe. They reduce access by limiting the number of competent mental health practitioners who can prescribe medications. They leave patients less safe by allowing clinicians with less training to prescribe psychotropic medications but prohibiting clinical psychologists with more training from meeting that need. States permit primary care doctors, general surgeons, orthopedic surgeons, and other surgical specialists to prescribe psychotropic medications despite the fact that they have little knowledge or experience treating mental health problems. Those 45 states incongruously allow clinicians with less expertise to prescribe while prohibiting those with more expertise from prescribing. They prohibit RxPs who

Figure 2

Most states prohibit psychologists from prescribing medications



Source: See Appendix.

Note: In Nevada, Massachusetts, and Vermont, psychologists may not prescribe but may advise prescribing clinicians.

have *passed* a national exam on pharmacology from prescribing but impose no barrier to prescribing by medical doctors, and in some cases by nurse practitioners and physician assistants, who have *not* passed that exam.

Because the number of RxPs remains small, little data exist regarding how they prescribe relative to other health care professionals. The evidence to date suggests RxPs prescribe similarly to or more conservatively than psychiatrists. The American College of Neuropsychopharmacology panel found that in the DOD program, "The diagnoses made and the medications prescribed by the graduates . . . essentially mirrored what psychiatrists did with the same population, and, in fact, they differed little from the private practices of the psychiatrists on the Evaluation Panel."[32] One study in 2020 found that prescribing psychologists differ from psychiatrists and other health care practitioners in that they more often integrate prescribing medications with talk therapy. The study found that RxPs reduced the dosage or removed at least one medication for 57.8 percent of new patients who were already on medication. Nonprescribing mental health practitioners sometimes refer their patients to RxPs to prescribe medication. RxPs saw 35.8 percent of their patients for this reason. Nevertheless, the analysis found that only 0.8 percent of RxP patients' sessions lasted 15 minutes or less, compared to psychiatrists, with whom 21.5 percent of visits were 15 minutes or less.[33]

RECOMMENDATIONS

State lawmakers should remove regulatory barriers that block competent clinical psychologists from prescribing medications to their patients.

Ideally, states should repeal licensing laws and accredit third-party certifying bodies to perform licensing boards' functions. Such organizations review applicants' education and experience to certify that they are competent to provide various types of mental health services.[34] Existing third-party certifying organizations equipped to evaluate

RxPs include the American Board of Clinical Pharmacology, the American Board of Psychiatry and Neurology, the American Board of Professional Psychology, and the American Society of Clinical Psychopharmacology.[35] Even the American Psychiatric Association (which represents psychiatrists) and the American Medical Association (which represents medical doctors) could develop their own standards and certifications for RxPs to compete with those of other third-party organizations. RxPs could apply to one or more certifying organizations.

States should also enact laws recognizing practitioner licenses from other states and territories. Such laws should not require that practitioners reside in the state. This would enable licensed RxPs from the five states and Guam to provide talk therapy and prescribe medications to patients in the other states. In 2019, Arizona became the first state to recognize out-of-state occupational and professional licenses. Unfortunately, licensees must permanently reside in Arizona.[36]

As a second-best solution, states should work within existing law to reduce barriers to competent psychologists prescribing medications. Lawmakers should go even further than Idaho, Illinois, Iowa, Louisiana, and New Mexico have. States that require a master's degree in clinical psychopharmacology (MSCP) should remove requirements that prescribing psychologists obtain that degree only after obtaining a doctorate in clinical psychology; competent RxPs might also obtain an MSCP either before or at the same time as they obtain a doctorate. States should remove barriers to RxPs who have trained through apprenticeships and educational programs other than MSCP programs, if they pass the national PEP exam and provide convincing evidence of knowledge and experience. As the DOD did, states should eliminate requirements that RxPs undergo unnecessary didactic instruction and should tailor such requirements to what prescribing psychologists will face in their practices. States should likewise eliminate clinical-experience requirements, such as obstetrics/gynecology and surgery rotations, that are not relevant to prescribing psychologists' practices.

Lawmakers should not assume that existing educational paths or other paths that they might imagine are the only ways to produce competent prescribing psychologists. States should make licensing criteria flexible enough to accommodate educational innovations that academics, practitioners, and policymakers cannot foresee. For example, while an MSCP is one educational path RxPs can take, it is not the only path.

As a third-best solution, states should emulate New Mexico's approach to regulating prescribing psychologists. New Mexico has the fewest barriers of the five states in which competent clinical psychologists currently prescribe. The state requires RxPs to acquire at least 450 hours of postdoctoral didactic instruction and 400 hours of clinical experience in clinical psychopharmacology. New Mexico avoids extraneous didactic and clinical experience requirements. The state prefers American Psychological Association–accredited postdoctoral programs but approves graduates of nonaccredited programs on a case-by-case basis. Graduates must also pass the national standardized PEP to receive a two-year provisional license. The state allows RxPs to practice independently but only after a primary care provider supervises them for two years. New Mexico's regulations may still be unnecessarily burdensome, but applying them nationwide would dramatically expand access to vital mental health services.

Lobbyists for the incumbent prescribing professionals both reliably oppose efforts to remove these barriers and reliably support onerous or inflexible requirements for RxPs.[37] Lawmakers should avoid enacting needlessly burdensome licensing requirements that protect incumbent prescribers from competition at the expense of patients.

CONCLUSION

Medication can be vital to the treatment of many mental illnesses. Because most states license only physicians (and, in some states, nurse practitioners and physician assistants) to prescribe these medications, it can be difficult for many people with mental illnesses to access affordable therapy that coordinates talk therapy with medication therapy.

Government-imposed barriers to entry restrict access to mental health professionals who are competent to prescribe medications. Prescribing clinical psychologists have a nearly 30-year track record of providing skilled, comprehensive mental health care to people with mental illnesses. Amid growing mental health needs and a shortage of mental health resources, state lawmakers should prioritize removing barriers to psychologists prescribing medications. Doing so can increase the supply of competent mental health prescribers and reduce the costs and inconvenience of mental health care.

Appendix

States with less than total bans on prescribing psychologists

	State and year enacted	Statutory authority
Prescribe	Guam (1999)	Under 10 Guam Code §§ 121101–122530 (2019), psychopharmacology training required
	New Mexico (2002)	Under N.M. Code R. § 16.22.23 (2018), psychologists complete at least 450 hours of didactic instruction and 400 hours of supervised clinical experience in psychopharmacology · Supervised by a physician or designated primary care provider for two years under a conditional prescription certificate
	Louisiana (2004)	Under LA. Rev. Stat. Ann. § 37:1360.55, the State Board of Medical Examiners shall issue a medical psychologist license to applicants who are currently licensed and in good standing with the Louisiana State Board of Examiners of psychologists, graduated with a postdoctoral master's degree in clinical psychopharmacology or equivalent training as approved by the board, and passed a national exam in psychopharmacology
	Illinois (2014)	Under 225 Ill. Comp. Stat. § 15/4.2-4.3, psychologists to receive special training in the field of psychopharmacology · Completion of supervised clinical rotation, lasting 14 months covering a variety of settings: hospitals, prisons, mental health clinics, etc. · Requirements: passing the Psychopharmacology Exam for Psychologists, prescribing psychology residency (consisting of nine medical rotations in family medicine, internal medicine, psychiatry, pediatrics, geriatrics, obstetrics/gynecology, emergency medicine, surgery, and one other elective) between 14 and 28 months · Rotations must total at least 1,620 hours · Each resident must accumulate at least 20 hours per week while undertaking this residency · Prescribing psychologists may not prescribe to patients under 17 or older than 65, pregnant patients, or patients with a serious medical condition and may not prescribe Schedule II controlled substances
	Iowa (2016)	Under 4 Iowa Code § 154B.9–11 (2021), psychologists to complete a postdoctoral master's degree in psychopharmacology · Training requirements include 400 hours of supervised clinical training and practicum, with 25 percent being in a primary care or community mental health setting · Requirement of specific relevant clinical experience in clinical psychopharmacology · Special training in assessment and pathophysiology · Supervised by a physician or designated primary care provider for two years under a conditional prescription certificate
	Idaho	Under Idaho Code Ann. § 54-2317, psychologists must complete a postdoctoral master's degree in psychopharmacology from an American Psychological Association–designated training program · Supervised practicum in clinical assessment and pathophysiology · Pass a nationally recognized examination · Two-year supervised provisional prescribing period · No hourly requirements for psychopharmacology training · Psychologists prohibited from prescribing a list of illicit drugs
May advise and support prescribing clinicians	Massachusetts	Under Massachusetts Psychology Board opinion, psychologists may offer medication recommendations to a prescribing physician
	Nevada	Under Nev. Admin. Code § 641.208.14, psychologists may discuss medications with a patient or advise and support a physician regarding medication for the patient
	Vermont	Under Vt. Code R. § 04 030 270, psychologists may recommend prescriptions to a prescriber but may not prescribe themselves

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28. Louisiana labels prescribing psychologists "medical psychologists."

29. Beth Rom-Rymer, email message to Shivani Ekkanath, confirming the figure on August 23, 2022.

30. See Shirley Svorny and Michael F. Cannon, "Health Care Workforce Reform: COVID-19 Spotlights Need for Changes to Clinician Licensing," Cato Institute Policy Analysis no. 899, August 4, 2020. "Even if an additional increment of education or training could deliver some benefits to patients, that is not enough to justify requiring clinicians to undertake the additional time and expense required to receive that training. If it were, nurses would not exist—states would require all clinicians to obtain an medical doctorate plus board certification in their chosen specialty. The relevant question is whether any added benefits exceed the added costs that those requirements impose in terms of reduced employment opportunities, higher health care prices, and reduced access."

31. American College of Neuropsychopharmacology, "DoD Prescribing Psychologists," pp. 12–13.

32. American College of Neuropsychopharmacology, "DoD Prescribing Psychologists," p. 5.

33. Kylin Peck, Robert McGrath, and Bryan Holbrook, "Practices of Psychologists: Replication and Extension," *Professional Psychology Research and Practice* 52, no. 3 (October 2020): 195–201.

34. Svorny and Cannon, "Health Care Workforce Reform"; and Byron Schlomach, Christina Sandefur, and Murray Feldstein, "A Win-Win for Consumers and Professionals Alike: An Alternative to Occupational Licensing," Goldwater Institute, November 15, 2018.

35. American Board of Clinical Pharmacology Inc., https://www.abcp.net; "General Public," Check Physician Status, American Board of Psychiatry and Neurology; American Board of Professional Psychology, https://abpp.org; and "ASCP Exam in Advanced Clinical Psychopharmacology," American Society of Clinical Psychopharmacology.

36. Anne Ryman, "Universal Licensing: Here's What You Need to Know about Arizona's Law for Out-of-State Work Licenses," *Arizona Republic*, December 27, 2021.

37. Kate Mulligan, "AMA Vows to Prevent Future Psychologist Prescribing Laws," *Psychiatric News*, July 19, 2022.

Virginia Department of Health Professions
Board of Psychology

PSYCHOLOGY LICENSING REPORT

Satisfaction Survey Results	
2023 1st Quarter (July 1- September 30, 2022)	**100.0%**
2023 2nd Quarter (October 1 - December 31, 2022)	**91.7%**

Totals as of January 30, 2023*

Current Licenses	
Clinical Psychologists	4,259
Resident in Training	394
Applied Psychologist	22
School Psychologists	97
Resident in School Psychology	24
School Psychologist-Limited	568
Sex Offender Treatment Provider	431
Sex Offender Treatment Provider Trainee	93
Total	**5,888**

*Unofficial numbers (for informational purposes only)

Virginia Department of Health Professions
Board of Psychology

APPLICATIONS RECEIVED

Applications Received	August 2022*	September 2022*	October 2022*	November 2022*	December 2022*	January 2023*
Clinical Psychologists	34	44	44	35	24	26
Resident in Training	14	13	9	1	2	3
Applied Psychologist	0	1	0	0	0	0
School Psychologists	1	3	2	0	0	1
Resident in School Psychology	2	1	1	1	1	0
School Psychologist-Limited	1	3	2	1	4	1
Sex Offender Treatment Provider	4	1	1	2	3	2
Sex Offender Treatment Provider Trainee	4	4	1	1	2	1
Total	**60**	**70**	**60**	**41**	**36**	**34**

LICENSES ISSUED

Licensed Issued	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023*
Clinical Psychologists	28	27	48	29	30	29
Resident in Training	19	12	12	6	1	3
Applied Psychologist	0	0	0	0	0	0
School Psychologists	1	0	0	0	0	1
Resident in School Psychology	5	1	1	1	1	0
School Psychologist-Limited	2	2	4	0	5	0
Sex Offender Treatment Provider	3	1	1	1	2	3
Sex Offender Treatment Provider Trainee	4	4	3	1	1	3
Total	**62**	**47**	**69**	**38**	**40**	**39**

*Unofficial numbers (for informational purposes only)

Virginia Department of Health Professions
Board of Psychology

Additional Information:

- **Board of Psychology Staffing Information:**

  - The Board currently has one full-time to answer phone calls, emails and to process applications across all license types.
    - Licensing Staff:
      - Deborah Harris – Licensing Manager (Full-Time)

- **BOT Technology Enhancement:**

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

Virginia Department of
Health Professions
Board of Psychology

Discipline Reports

09/10/2022 - 01/20/2023

NEW CASES RECEIVED IN BOARD 09/10/2022 - 01/20/2023
39

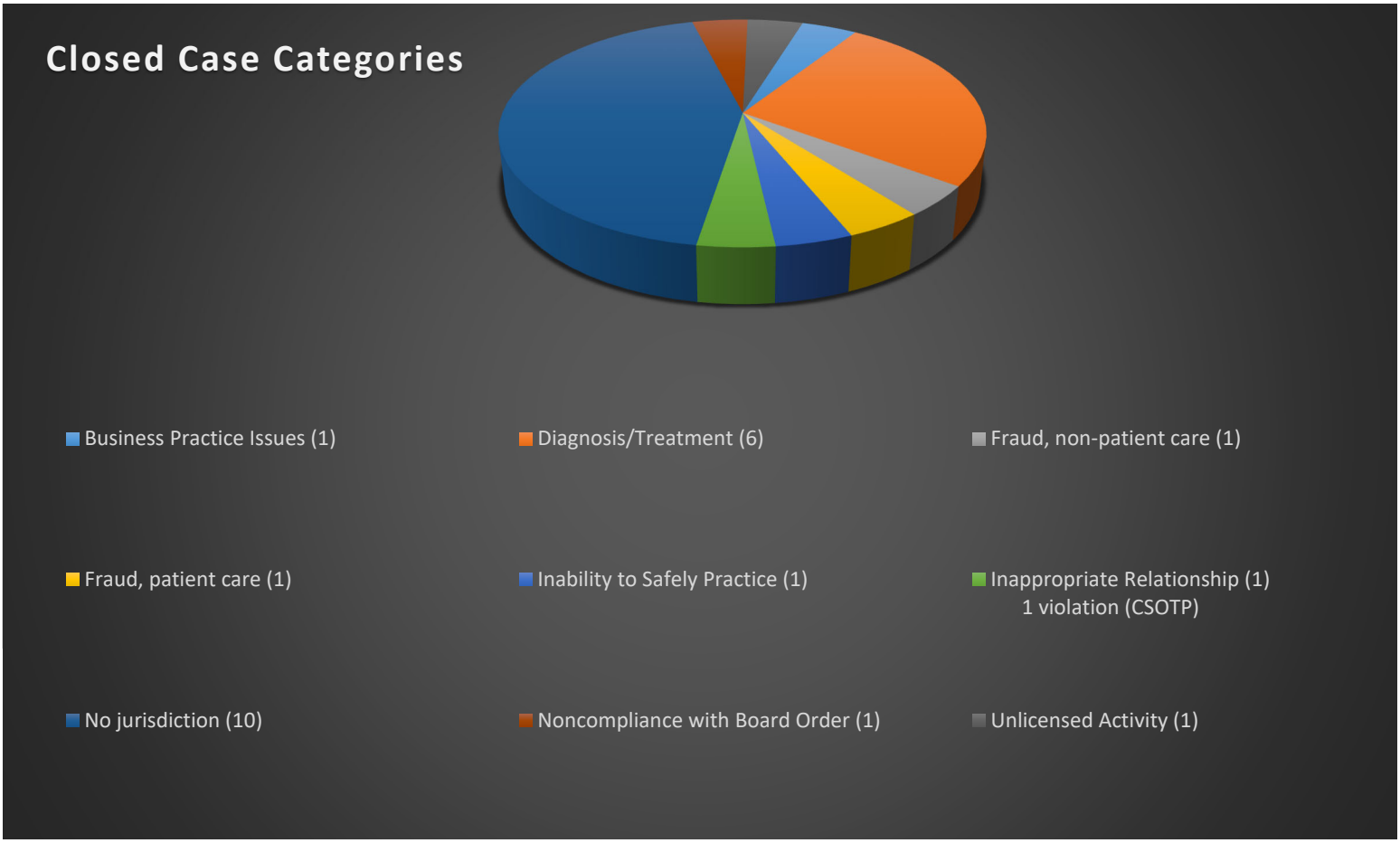
TOTAL OPEN INVESTIGATIONS (ENFORCEMENT)
21

OPEN CASE STAGES as of January 20, 2023	
Probable Cause Review	128
Scheduled for Informal Conferences	5
Scheduled for Formal Hearings	5
Other (pending CCA, PHCO, hold, etc.)	14
Cases with APD for processing (IFC, FH, Consent Order)	1
TOTAL CASES AT BOARD LEVEL	**153**

UPCOMING CONFERENCES AND HEARINGS		
Informal Conferences	Conferences Held:	n/a
	Scheduled Conferences:	February 24, 2023 (Special Conference Committee) March 24, 2023 (Agency Subordinate) June 16, 2023 (Ageny Subordinate)
Formal Hearings	Hearings Held:	n/a
	Scheduled Hearings:	September 19, 2023

CASES CLOSED (09/10/2022 - 01/20/2023)	
Closed – **no violation**	21
Closed – **undetermined**	1
Closed – **violation**	1
Credentials/Reinstatement – **Denied**	0
Credentials/Reinstatement – **Approved**	0
TOTAL CASES CLOSED	**23**

Virginia Department of
Health Professions
Board of Psychology



AVERAGE CASE PROCESSING TIMES (counted on closed cases)	
Average time for case closures	**465 days**
Avg. time in Enforcement (investigations)	102 days
Avg. time in APD (IFC/FH preparation)	23 days
Avg. time in Board (includes hearings, reviews, etc).	362 days

ASPPB
Association of State and Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

October 28, 2022

Dear ASPPB Member Boards:

The ASPPB Board of Directors ("Board") would like to update member jurisdictions on the status of the EPPP. As you know, the EPPP was updated to include two parts (knowledge and skills) as a comprehensive examination that allows jurisdictions to more completely measure competency of candidates for licensure. In 2018, the Board made the decision to allow jurisdictions to use the EPPP (Part 2- Skills) optionally with the promise to membership to revisit the future of the EPPP in 2022.

Over the past several years the Board has spent considerable time gathering feedback from its jurisdictional members, liaisons to ASPPB, and various other stakeholders in the psychology community. Some of these activities have included discussions about the EPPP at ASPPB membership meetings, jurisdictional question and answer sessions, engagement with the training and education community, and the creation of the collaborative Examination Stakeholder Technical Advisory Group (ESTAG). Most recently, ASPPB conducted four Town Hall meetings during the summer of 2022. During the meetings, ASPPB provided those in attendance with a summary of the rationale for the development for the EPPP (Part 2-Skills), and questions surrounding the exam that have been raised by ASPPB membership and other stakeholders. Time was taken to share how those questions have been and continue to be addressed, and an overview was provided on the examination development process. Lastly, comment periods were made available for those who attended the Town Halls to share their thoughts and concerns regarding anything they heard in the presentation. In an effort to extend access to this important information, a recording of the presentation is available at https://vimeo.com/743463541/0991a45ead. Attached is a factual overview of the EPPP processes related to the main concerns that have been reported to ASPPB.

ASPPB is guided by its mission to assist its members with their primary responsibility of protecting the health, safety, and welfare of the public. In this effort, the Board remains committed to the ongoing development, refinement, and use of a valid, reliable, state-of-the art competency assessment for those individuals that are seeking licensure to practice psychology. Consistent with the above, during its October 2022 meeting, the Board unanimously passed the following motion:

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

This means the EPPP will only be offered as a two-part examination effective January 1, 2026. We are aware that a number of jurisdictions are ready to move to the two-part model

immediately. Indeed, some already have. The transition in the registration portal can be accomplished fairly quickly. If your jurisdiction is ready to move forward, please notify Dr. Matt Turner at mturner@asppb.org.

Thank you for your continued efforts to ensure safe and competent practice in all of our jurisdictions.

The ASPPB Board of Directors

Alan B. Slusky, PhD, CPsych, President
Tomás R. Granados, PsyD, Past President
Herbert L. Stewart, PhD, President-Elect
Cindy Olvey, PsyD, Secretary-Treasurer
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ASPPB
Association of State and Provincial Psychology Boards

An Update on the EPPP from ASPPB: A Factual Overview

The following information is provided to address misinformation and misunderstandings currently being circulated by communities outside of the regulatory community. First, ASPPB is committed to the development, refinement, and maintenance of a valid, fair, and equitable examination of competence to practice. ASPPB has taken the last five years, since the initial introduction of a two-part national examination in 2017, to listen, learn and move forward thoughtfully. Moreover, we anticipate positive collaboration in the years to come, with various members of the psychology community in these efforts. This document addresses the issues raised in a recent mass email campaign initiated by some in the education and training community. Please take a moment to review the information below and contact ASPPB with any questions, suggestions, or concerns you may have.

ASPPB is committed to addressing concerns raised by stakeholder groups regarding the examination of an individual's competence to practice psychology. ASPPB has taken many specific action steps to respond and will continue to do so on behalf of its members and the public they serve.

In 2020, ASPPB established the Examination Stakeholder Technical Advisory Group (ESTAG) . ESTAG was charged with (a) providing information on issues/questions raised by the training community and collaborating on methods to address such issues/questions, (b) serving as an additional voice and resource to inform more substantive policy questions from or before EPPP committees, (c) serving as informal liaisons to and from their respective communities regarding the ASPPB Examination Program, and (d) serving as a "think tank" that provides potential research ideas for examination-related matters.

ASPPB intentionally established ESTAG membership to include sharp critics of the EPPP, representatives from the education and training community, representatives from the regulatory community, and experts in test and measures development. There are 11 advisory members on ESTAG with the majority representing the school, counseling, and clinical education and training communities.

ESTAG met numerous times over the course of the last 2 years and conducted extensive work during and in between meetings. Over the summer months of 2022, the members worked to prepare and finalize a report with recommendations to the ASPPB Board of Directors (Board) regarding research options and communication strategies for the EPPP (Part 1- Knowledge) and (Part 2-Skills). Concurrently, ASPPB held four town hall meetings explicitly inviting regulatory, education, training, ethnic identifying, and other professional stakeholder groups to listen to updates regarding the Examination Program and to bring questions and concerns. Attendees asked questions and raised any concerns either during a live Q & A or by an option to send questions or concerns by email. Notably, very few concerns were raised either during, or in response to, these town hall meetings.

Unfortunately, during the town hall presentation, a remark was made indicating that the ESTAG had come to a consensus that the EPPP "met the Standards" [for Educational and Psychological Testing], when in fact the ESTAG's

discussion on this issue was more nuanced and complex. Moreover, the ESTAG had not yet submitted its formal report to the ASPPB Board and, therefore, the remark was a premature one. Board President Alan Slusky apologized (see Appendix) to the education and training community. A video recording of the town hall giving a comprehensive review of the status of the EPPP that had been distributed, was revised to remove this misstatement, and then redistributed: https://vimeo.com/743463541/0991a45ead. Unfortunately, two members of the ESTAG elected to resign following this misstatement.

The ESTAG submitted its final report on August 22, 2022 and it was reviewed by the ASPPB Board at its October Meeting. The ASPPB Board greatly appreciates the work of ESTAG and is moving to promptly implement actionable, detailed recommendations. The Board will nominate people to fill the two vacant positions as it expects ESTAG's ongoing work to contribute greatly to the evolution of the EPPP.

The ASPPB Examination Program's procedures and evidence are rigorous and align with all generally accepted licensure examination development standards, including critical and foundational standards outlined by the *Standards for Educational and Psychological Testing.* [1] An independent evaluation was recently conducted by the California Office of Professional Examination Services (OPES) as part of its mandate to ensure that all examination programs used in the California licensure process comply with psychometric and legal standards for the development of professional licensure exams. **This thorough independent review clearly stated that the EPPP (Part 1- Knowledge) and (Part 2- Skills) meets the Standards:**

> OPES found that the procedures used to establish and support the validity and defensibility of the above examination program components 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.
>
> https://psychology.ca.gov/about_us/meetings/materials/20211022_materials.pdf pp. 103-143

A two-part examination will not create new barriers to practice. Rather, it promises to smooth the road to licensure amidst a national mental health crisis.

Amid a national mental health crisis driven in part by mental health provider shortages, the need for qualified providers has never been more important. ASPPB is committed to supporting an accessible, navigable, and efficient path to licensure for all qualified candidates. The EPPP (Part 2-Skills) was developed to assess the skills of individuals who desire to practice psychology. In other words, it assesses the work with which practitioners are actually tasked at the point of licensure. The methodology undertaken to develop the exam is sound, it involved over one hundred licensed psychologists in direct development, and it reflects the *minimum* level of skills that should be demonstrated to safely practice. Although all would agree that more mental health services are needed, the notion that the public should not expect these services to be delivered by individuals who have empirically demonstrated minimally competent knowledge and skills is dangerous.

Furthermore, 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. Still other jurisdictions utilized oral examinations to assess skills, which risk being more subjective and subject to legal challenges. The EPPP (Part 2-Skills) provides for consistent assessment of skills across jurisdictions, based on industry standards. It is expected to *replace* current steps to licensure, *not* add to them. Nevada, for example, eliminated a state-specific skills exam by replacing it with the EPPP (Part 2-Skills).

Moreover, in service of supporting a streamlined approach to licensing qualified individuals, ASPPB's recommended timing for delivery of the EPPP (Part 1-Knowledge) is as soon as foundational coursework is completed and prior to or during internship. This timing allows candidates to take Part 1 of the exam at the point of knowledge acquisition (when pass rates are highest) [2] as is done with other doctoral level health professions. Part 2 would then be delivered at the point of licensure (as is currently the case). Therefore, no additional delays in achieving licensure are anticipated.

The development of a fair, equitable, and accessible exam is a core value of ASPPB.

Significant time, energy, and resources have been put in place to develop processes and practices that reduce the chances of bias influencing exam performance [3]. These efforts have included:

- Intentional inclusion of a diversity of backgrounds, including race, ethnicity, and other identities; areas of expertise; and training backgrounds on all examination committees
- Training all item-writers to consider, among other things, cultural and linguistic issues
- In-person implicit bias training for all EPPP (i.e., Part 1- Knowledge and Part 2- Skills) item writers
- Repeated subject matter expert review of each item prior to appearing on an exam form, at multiple levels by several independent committees
- Pre-testing and statistical evaluation of *each* item prior to use as a scored item
- A statistical analysis, Differential Item Functioning (DIF), for each item across demographic variables
- Creation of an Item Review Committee (IRC) in 2020 to review those items identified by the DIF analysis for possible bias

Differential Item Functioning (DIF) analysis has been conducted since 2018 on each form of the EPPP. So far, over 1300 EPPP items have been subjected to DIF analyses. This process identifies items that perform differentially across demographic groups.

Next, any items that have been identified or flagged by the DIF analysis are reviewed by the 10-member Item Review Committee (IRC), an independent committee of psychologists with expertise in cultural competence, and experience working with underrepresented and marginalized populations. This committee was selected from well over 150 applicants. Items are reviewed blindly by committee members, and those that they deem potentially biased are removed from the exams.

To date, more than 1,300 items have been reviewed by DIF analysis; 34 items were flagged for review by the IRC. Committee members conducted a blind review of these 34 items and determined that 7 items should be omitted from the exam and item pool. This is an ongoing process, and DIF analyses will be conducted on every EPPP exam form going forward.

Although the current data suggest limited evidence of bias, ASPPB recognizes its responsibility in ensuring fair and equitable exams. This work must be multifaceted, ongoing, and expanded to eliminate inequities along the entire professional journey, beginning at recruitment, continuing through admissions and training, and ending in licensure. ASPPB will conduct future research on factors that may influence performance on the exam, will support test-takers in giving their best test performance, and will truly partner with stakeholders on research aimed at elucidating "the why" of differential performance across demographic groups.

ASPPB has also demonstrated its responsiveness to diversity and equity through a number of other actions. Although the ASPPB Board recognizes that these actions only represent a starting point, we wish to highlight examples of this work here:

- Regular education and outreach to the American Psychological Association of Graduate Students (APAGS) to assist students from diverse groups in understanding the licensure and examination process, including three presentations in 2022
- Consultation to A. Mihecoby and J. Thomas, authors of "*Lighting the Path" to Psychology Licensure: EPPP Handbook for Native Candidates*" published by The Society of Indian Psychologists
- Active participation in, and financial support for, the conference that culminated in the development of the Council of Chairs of Training Councils (CCTC) *Socially Responsive Toolkit* (2020)
- Ongoing work with CCTC to develop a network of PSYPACT holders to provide low-cost mental health services to graduate students in health service psychology programs
- Consistent with its commitment, approving financial support for students and early career psychologists through the:
    - 2022 National Multicultural Conference and Summit
    - 2022 Inez Beverly Prosser Scholarship for Women of Color, sponsored by PsiChi, The International Honor Society in Psychology

The ASPPB Board is actively exploring additional avenues to support successful licensure of candidates from under-represented racial and ethnically diverse backgrounds.

A two-part examination of knowledge ***and*** skills ensures a thorough assessment of competence and is good for the protection of public health and welfare.

At the point of licensure, regulatory boards have the responsibility to assess each individual applicant in real-time, to determine if they can safely practice psychology. Psychology has been an outlier among health care professions in not having had a standardized assessment of competency. Skills are not measured universally or in a standardized manner but instead through other methods such as supervisor ratings and letters of recommendation. The EPPP (Part 2-Skills) does, in fact, finally provide the measure that has been lacking. No better universal measure currently exists to ensure that a candidate demonstrates the minimal level of skills to practice independently, at a single point in time, across all expected profession-wide competencies (e.g., intervention and assessment, professionalism). This is particularly important given notable concerns raised by the training community that psychology trainees' development of skills has been increasingly inconsistent. Recent concerns expressed by the Association of Psychology Internship and Postdoctoral Centers (APPIC) over the lack of adequate preparation of students for internship highlight these concerns and further argue for the need for an independent measure of competence to safely practice psychology.

ASPPB is a non-profit organization that is mindful of cost and of responsibly stewarding its resources on behalf of the health and welfare of the public.

We agree that the cost of education, and subsequent substantial educational debt, are enormous problems for students and may disproportionately impact first generation and low-income candidates. In response to concerns raised by stakeholders, students, and member jurisdictions, the Board has taken steps over the past 3 years in service of reducing the financial burden for test-takers. These actions have included:

- A 25% reduction in the EPPP (Part-2 Skills) fee, with no current plans to increase that fee
- Practice examinations that are now provided at-cost, so that candidates may access both in-person and on-line exams at minimal expense

ASPPB also expects that administering the EPPP (Part 1-Knowledge) at the point of knowledge acquisition (as is now recommended) will result in significant cost-savings for students who would otherwise pay for expensive third-party test-preparation materials. As noted above, the two-part format will allow for early admittance to the EPPP (Part 1-Knowledge) exam at the time of knowledge acquisition, a time when our research shows that pass-rates are higher [2]. Higher initial pass rates and less reliance on expensive test preparation companies are expected to mitigate costs substantially. ASPPB also expects that students who do not pass the EPPP (Part 1-Knowledge) at the time of knowledge acquisition will benefit from remediation while they are still in the training phase, while still in their programs with access to that remediation. Further, training programs will benefit from real-time feedback regarding students' preparation in the foundational knowledge required for internship readiness at the individual level, and accreditation at the program level.

ASPPB appreciates this opportunity to outline these changes which we believe will serve the public interest and benefit the profession of psychology. We invite you to share additional questions or concerns you may have via email at asppb@asppb.org or telephone at (678) 216-1175. Thank you.

References

1. American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, eds. (2014). *Standards for Educational and Psychological Testing*. Lanham, MD: American Educational Research Association.

2. Schaffer, J., Rodolfa, E., Owen, J., Lipkins, R., Webb, C., & Horn, J. (2012). The Examination for Professional Practice in Psychology: New data–practical implications. *Training and Education in Professional Psychology*. 6. 1-7. 10.1037/a0026823.

3. Turner, M. D., Hunsley, J., & Rodolfa, E. R. (2021). Appropriate validation standards for licensure examinations: Comment on Callahan et al. (2020). *American Psychologist*, 76(1), 165–166.

ASPPB
Association of State and Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

August 31, 2022

Dear Examination Stakeholder Advisory Group Members,

I am writing on behalf of the ASPPB Board of Directors to apologize for the recent incorrect and ill-timed statement made in ASPPB's video regarding the status of the EPPP. In one segment of the video, a remark was made that the ESTAG had come to consensus that the EPPP "met *The Standards*"[1], when in fact the ESTAG's discussion on this issue was more nuanced and complex. Moreover, the ESTAG had not yet submitted its formal report to the ASPPB Board and, therefore, the remark was a premature one. We also recognize that the names and affiliations of ESTAG members were displayed in the video without providing the courtesy of advance notice. Lastly, we recognize that some have expressed concern that a response recently issued from ASPPB fell short of an apology. We are hopeful that this letter clearly communicates our sincere apology over what has happened.

Understandably, the trust that is so critical for collaboration between ASPPB and members of the ESTAG (and the stakeholder groups they represent) has been fractured. While we believe that this remark was not ill intentioned or malicious, we nevertheless take responsibility and regret the subsequent negative impact on ESTAG's membership and cohesion. In response to these concerns the video in question was immediately taken down, edited, and reposted without the statement or names and affiliations of ESTAG members. Further, we are committed to improving our processes to ensure that the work of ASPPB's committees and advisory groups is fully considered and represented before actions are taken.

The ESTAG was born out of ASPPB's desire, and the wishes of the psychology education and training community, to collaborate and advise the ASPPB Board on the ongoing development and validation of the EPPP. ASPPB did its best to intentionally constitute this working group with those who have expertise in psychometrics and those who are most critical of the examination. While advisory in nature, it was (and continues to be) our hope that the ESTAG would provide valuable outside perspectives on the exam, to ensure it continues to be a valid, reliable, and fair assessment of entry level knowledge and competence, so essential to the safe and ethical practice of psychology. Toward this end, we hope this error will not jeopardize ESTAG's continued work to meet its goals.

We understand that two members of ESTAG have elected to withdraw from the group in response. While we certainly respect their decisions, we

sincerely hope that they might either reconsider their decision or support their respective organizations in nominating individuals to take their place on this advisory group. ASPPB values the contributions that ESTAG has made and, we hope, will continue to make to the development and maintenance of the EPPP.

Finally, we remain open to dialogue with all members of the ESTAG over this or any other concerns it may have with regards to its efforts. We sincerely hope our efforts to acknowledge the error will facilitate rebuilding trust with this very important advisory group as well as the stakeholder communities it represents.

Sincerely,

Alan Slusky, Ph.D., C. Psych.
President, ASPPB Board of Directors

CC:
Danielle Keenan-Miller, PhD
Association of Psychology Training Clinics Council of Chairs of Training Councils
Timothy Strauman, PhD
Council of University Directors of Clinical Psychology

[1] American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. (2014). Standards for educational and psychological testing. Washington, DC: Author.

Commission News

VOL. 3, Issue 4
December 2022

PSYPACT

Executive Director Update: Janet Orwig

As 2022 comes to an end, I want to take this opportunity to provide a summary of a very busy year. We saw 8 bills enacted. We started the year with 26 jurisdictions being enacted and effective and ended the year with 33. The Commission has issued over 7,700 APITs (that is up from 3,400 at this time last year) and over 350 TAPs. Interest in PSYPACT continues to grow as can be seen by the number of visitors that come to the PSYPACT website. From January 1, 2022 through December 2, 2022, the PSYPACT site has welcomed over 173,000 visitors, up from 124,000 visitors for that time frame last year.

I also want to give a special thank you to Pam Groose, Commissioner from Missouri for serving as the first Vice-Chair of the PSYPACT Commission. Her leadership and knowledge of regulation helped us to grow to where we are now. Pam, thank you and as you step down from your role as Vice-Chair, we look forward to continuing to work with you in your role as Commissioner and as a member of the Rules Committee.

As always, thank you all for your hard work and support. Hope you all have a great holiday and look forward to working with you in 2023.

Janet P. Orwig, MBA, CAE
PSYPACT Executive Director

Message from The Chair: Don Meck

It has been a great year and we now have an active PSYPACT membership of 33 active jurisdictions. Early next year Rhode Island will be joining us (effective 01/01/2023). Thanks to those of you who have served on committees and your active involvement in the meetings that were scheduled. Without your assistance, PSYPACT would not have grown into the effective and functional organization that it has evolved into. Our citizens are benefiting from the increased access to necessary psychological services that are now able to be provided by those qualified psychologists who join PSYPACT. Have a great Holiday and lets all look forward to continued growth next year.

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

Upcoming Meetings

Executive Board Meeting	1/5/23
Training and PR Meeting	1/12/23
Rules Meeting	1/18/23
Requirements Meeting	1/30/23
Finance Meeting	2/6/23
Elections Meeting	3/6/23
Mid Year Commission Meeting	7/13/23

PSYPACT Commissioners

Lori Rall
Alabama

Heidi Paakkonen
Arizona

Lisa Fitzgibbons
Arkansas

Nate Brown
Colorado

Christian Anderson
Connecticut

To Be Named
CNMI

Shauna Slaughter
Deleware

LaTrice Herndon
District of Columbia

Don Meck
Georgia

Katie Stuart
Idaho

Cecilia Abundis
Illinois

Stephen Ross
Indiana

David Fye
Kansas

Brenda Nash
Kentucky

Jayne Boulos
Maine

Lorraine Smith
Maryland

Robin McLeod
Minnesota

Pam Groose
Missouri

Kris Chiles
Nebraska

Gary Lenkeit
Nevada

Deborah Warner
New Hampshire

To Be Named
New Jersey

Susan Hurt
North Carolina

Ronald Ross
Ohio

Teanne Rose
Oklahoma

Steven Erickson
Pennsylvania

Peter Oppenheimer
Rhode Island

Mark Fleming
Tennessee

Patrick Hyde
Texas

Jana Johansen
Utah

Jaime Hoyle
Virginia

Leslie Cohn
Washington

Scott Fields
West Virginia

Daniel Schroeder
Wisconsin

Mariann Burnetti-Atwell
ASPPB

Legislation Updates:

We have two states that have prefiled for the 2023 session! Florida has prefiled in both house and senate - FL H 33 and FL S 56. Wyoming has also prefilled with bill WY S 26. We closed 2022 with 33 effective PSYPACT jurisdictions. PSYPACT Commission Staff get requests daily for information on how to get PSYPACT introduced into new jurisdictions. It is refreshing to know that the interest in PSYPACT is not cooling down but continues to thrive.

Committee Updates:

Rules: *Patrick Hyde, Pam Groose, Deborah Warner, Lorraine Smith, Susan Hurt*
The Rules Committee met on Oct. 20th ahead of the annual Commission meeting. The Rules Committee will be considering a formal definition of telehealth at its second quarter meeting of 2023. The committee also reviewed and recommended Policy 1.23 - which would put an APIT/TAP on inactive status should the E. Passport/IPC move to an inactive status.

Finance: *Teanne Rose, Jaime Hoyle, Heidi Paakkonen*
The Finance Committee met on Nov 28th after the annual Commission meeting. Hart Johnson from Wells Fargo attended the meeting and advised on how to invest in CDs and educated the committee on various aspects of the investment strategy. The committee also asked that the PSYPACT staff daft examples of how the budget information might be presented going forward.

Requirements: *Gary Lenkeit, Christina Stuckey, Ron Ross*
The Chair meet with the ASPPB Mobility Committee at its September meeting to discuss concerns about education requirements that have been presented to the Executive Board from various jurisdictions. To ensure continued continuity between PSYPACT and ASPPB, Dr. Hugh Moore will serve as the liaison from the ASPPB Mobility Committee to the PSYPACT Requirements Review Committee.

Commission:
The Commission met on Nov 17th and was informed of the updates that had occurred since the mid-year meeting. The Commission was asked if they would like to resume in-person annual meetings and a majority of Commissioners were interested in doing so. Rules 4.7, 5.7, 4.11, 5.11, 4.12, and 5.12 were voted in by the Commission. The Commission voted to revise the Bylaws to add an Appeals committee. Lori Rall was elected Vice Chair and Gary Lenkeit was elected as Member at Large.

Executive Board: *Don Meck, Pam Groose, Teanne Rose, Gary Lenkeit, Patrick Hyde, Mariann Burnetti-Atwell*
The Executive Board met on Nov 2nd ahead of the Annual Commission meeting. The Board went over the 3rd Quarter compliance reports, as well as the public comments for the rules that were to be voted on during the Commission Annual Meeting. The Board also will be considering a rule/policy about requesting PSYPACT's endorsements and/or participation in surveys in future meetings.

Staff Contact Information:

Janet Orwig
PSYPACT Executive Director
jorwig@asppb.org

Magan Spearing
PSYPACT Specialist
mspearing@asppb.org

Executive Board Members

Chair - Don Meck

Vice Chair - Lori Rall

Treasurer - Teanne Rose

Member at Large - Gary Lenkeit

Member at Large - Patrick Hyde

Ex Officico Member - Mariann Burnetti - Atwell

PSYPACT by the Numbers

TELEPSYCHOLOGY

8479 ASPPB E. Passports Issued

7879 PSYPACT APITs Issued

TEMPORARY PRACTICE

509 ASPPB IPCs Issued

374 PSYPACT TAPs Issued

STATE LEVEL BREAKDOWN

State	APITs	TAPs	State	APITs	TAPs
ALABAMA	46	9	NEVADA	103	8
ARIZONA	245	20	NEW HAMPSHIRE	100	6
ARKANSAS	19	5	NEW JERSEY	467	12
COLORADO	439	16	NORTH CAROLINA	357	15
CONNECTICUT	68	2	OHIO	312	9
DELAWARE	116	2	OKLAHOMA	64	4
DISTRICT OF COLUMBIA	243	7	PENNSYLVANIA	828	31
GEORGIA	381	21	RHODE ISLAND	N/A	N/A
IDAHO	16	1	TENNESSEE	134	6
ILLINOIS	752	32	TEXAS	761	46
INDIANA	65	3	UTAH	173	22
KANSAS	75	7	VIRGINIA	582	32
KENTUCKY	61	3	WASHINGTON	149	6
MAINE	52	1	WEST VIRGINIA	34	3
MARYLAND	701	18	WISCONSIN	46	2
MINNESOTA	190	7			
MISSOURI	241	15			
NEBRASKA	59	3			

Numbers as of December 22, 2022

Things to Look Forward to in 2023:

- Application renewals will begin, including renewal fees.
- State assessment fees will be going out in January.
- 3 states have prefiled: Florida, Wyoming, and South Carolina.
- Rhode Island becoming effective.

Reminder!

Make sure to sign your Conflict of Interest forms!

The PSYPACT Commission Staff wishes you a happy and safe holiday season!

Sent VIA EMAIL

January 20, 2023

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

Re: Fourth Quarter PSYPACT Compliance Report

Good morning,

Attached, please find the fourth quarter 2022 compliance report issued by the PSYPACT Commission. These reports are generated each quarter to reflect compliance within the quarter reported.

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

Areas in compliance:

- All areas are in compliance for 4th quarter 2022.

Areas that are not in compliance:

- None known.

The following are offered as reminders:

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

At this time, no action is required by your jurisdiction since your jurisdiction is in compliance.

Please let me know if you have any questions.

Thank you,

Janet Orwig, MBA, CAE
PSYPACT Executive Director

Virginia

Area	Compliance Status	Key Compliance Factor Ranking	Notes			
Reporting of Any Adverse Actions	Compliant	Critical				
Reporting of Any Adverse Actions (within established timeframe	Compliant	Moderate				
Reporting Significant Investigatory Information	No information entered	Moderate				
Reporting Significant Investigatory Information (within established timeframe)	No information entered	Low				
Reporting Alternative Program Participation	No information entered	Critical				
Reporting Alternative Program Participation (within established timeframe)	No information entered	Moderate				
Pay State Assessment Fees within 90 days	Compliant	Low				
Pay State Assessment Fees within 180 days	N/A	Moderate				
State Assessment Fees Still Outstanding	N/A					
Conducts Background checks	Not Compliant	Critical				
PSYPACT Enactment Date	4/11/2020					

Commissioner Appointed	Compliant	Critical				
State Website Posting of Notice of PSYPACT Rules out for Public Comment	N/A	Low				

PSYPACT Commission

Meeting Minutes

November 17, 2022

PSYPACT Commission Meeting Minutes

Thursday, November 17th, 2022
Zoom Teleconference

Sitting Commissioners

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

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

Commissioners Not Yet Appointed

Not Yet Appointed, Commonwealth of the Northern Mariana Islands
Not Yet Appointed, New Jersey

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

PSYPACT Commission

Meeting Minutes

November 17, 2022

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

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

Commission Staff Present
Janet Orwig, PSYPACT Executive Director
Jessica Cheaves, PSYPACT Coordinator
Magan Spearing, PSYPACT Specialist

Others
Leslie Allen, Assistant Director and Licensing Manager, Kansas

Thursday, November, 17 2022

Welcome and Introductions

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

Call to Order

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

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

Overview and Adoption of Agenda

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

Opportunity for Public Comment and Questions

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

Review and Vote of Meeting Minutes

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

Executive Director's Report

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

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

Executive Board Report

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

revenue source and a way to possibly look at lowering the assessment fees. We would not know this for a few Yesrs. This would only affect those that are using the authorization.

- D. Warner – I am not sure as a growing organization we would need to reassess or repeat the fee since they started with the indication that there was a one-time fee. I think that it is too early to consider the renewal fee, perhaps if we had 90% of psychologists.
  - T. Rose – this information will be discussed more with the finance committee, but we are looking at making it more sustainable in the coming Yesrs.
- S. Slaughter – I don't think that too many people would find that cost as a surprise. It is customary that you would have to renew an authorization or license periodically.
- H. Paakkonen – It is a customary transaction; someone has to process what is submitted. There is always going to be an administrative cost associated with that. Even though we have a very nominal fee, we felt that there be a value with that transaction and authorization. Without the fee, there could be the perception that there is not a value to the authorization.

- G. Lenkeit (Nevada) Chair of the Requirements Review Committee, presented the PSYPACT Commission with the Requirements Review Committee Report.
  - D. Schroeder – I think this is a vitally important matter – I can speak on my own comings and goings as chair and on the board of ABPP. I would encourage us to explore the ramifications of this standard
  - D. Warner – I like the direction that this committee is going. I think that there is a knowledge that thinks we can't change the APA requirement. We are the only customer for the E.Passport, this is a problem, I think that we are in an awkward situation, ASPPB did not write this confirming to our statute. I would like for you to question your assumption that there is nothing we can do about it.
    - G. Lenkeit – there is not universal agreement that we should drop the APA accreditation. 1. to continue with APA or to go with APA or equivalent degree. Equivalency means different things in each state. The committee has done a very good job at being neutral and we are all not taking a position on this.
  - P. Oppenheimer – it feels like PSYPACT should be setting a standard and not looking to another organization. ASPPB is looking to find an equivalency. PSYPACT should be setting what the standard should be.
  - M. Burnetti-Atwell – I think that the comments that have been made are very important and I think that these issues are not stagnant or being looked at as stale. As APA begins to work with the equivalency group to get some order and is a very sensitive and important area and we continue to look at it.
- P. Hyde (Texas) Chair of the Rules Committee, presented the PSYPACT Commission with the Rules Committee Report.
  - D. Warner – are we voting on the Commissioner Code of Ethics?
    - J. Orwig – we have already approved this.
  - D. Warner – I have a few little edits that I emailed of things that are not clear and other things that needed to be added. Maybe send back to the Rules Committee or we can look at it today.
  - P. Hyde – we can bring it back at a later date and then look at it later.
  - J. Orwig – I will add it to the agenda for the Rules Committee's 1st quarter meeting.

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

Break 12:11 – 12:45

Review of Public Comments and Voting on Proposed Rules

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

- New Hampshire: Debi Warner – No
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not voting member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Lesli Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder – Yes

▪ The motion carried. The PSYPACT Commission voted to approve renewal fee addition to Rule 4.7 and 5.7.

- Rule 4.11 and 5.11 Attestation Form Addition
  - Chair D. Meck (Georgia) called for a motion to approve the attestation form addition to rule 4.11 and 5.11.
    - J. Orwig – when this was proposed this was a free-standing form that made the importance on the home state and the rules. We wanted to be sure that applicants understood how it works. Now it has been added into the application process through the database.
  - **Motion:** Texas moved to approve the attestation form in addition to rules 4.11 and 5.11. Oklahoma seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – Yes
    - Arizona: Heidi Paakkonen – Yes
    - Arkansas: Lisa Fitzgibbons – Yes
    - Colorado: Nate Brown – Yes
    - Connecticut: Christian Andresen – Not Present
    - Delaware: Shauna Slaughter –Yes
    - District of Columbia: LaTrice Herndon – Not Present
    - Georgia: Don Meck – Yes
    - Idaho: Katie Stuart – Yes
    - Illinois: Cecilia Abundis – Not Present
    - Indiana: Stephen Ross – Not Present
    - Kansas: David Fye – Not Present
    - Kentucky: Brenda Nash – Not Present
    - Maine: Jayne Boulos –Not Present
    - Maryland: Lorraine Smith – Yes
    - Minnesota: Robin McLeod – Yes

- Missouri: Pam Groose – Not Present
- Nebraska: Kris Chiles - Yes
- Nevada: Gary Lenkeit - Yes
- New Hampshire: Debi Warner – No
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not Voting Member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Lesli Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder –Yes

- The motion carried. The PSYPACT Commission voted to approve the attestation form addition to rules 4.11 and 5.11.

- Rule 4.12 and 5.12 Appeals Process
  - Chair D. Meck (Georgia) called for a motion to approve the appeals process to rules 4.12 and 5.12.
    - P. Hyde – currently there is not an appeals process, this would allow that.
  - **Motion:** Wisconsin moved to approve the appeals process to rules 4.12 and 5.12. Arizona seconded the motion.
  - Chair D. Meck (Georgia) asked for any further discussion. There was none.
  - A vote was called for the motion and is recorded below.
    - Alabama: Lori Rall – Yes
    - Arizona: Heidi Paakkonen – Yes
    - Arkansas: Lisa Fitzgibbons – Yes
    - Colorado: Nate Brown – Yes
    - Connecticut: Christian Andresen – Not Present
    - Delaware: Shauna Slaughter –Yes
    - District of Columbia: LaTrice Herndon – Not Present
    - Georgia: Don Meck – Yes
    - Idaho: Katie Stuart – Yes
    - Illinois: Cecilia Abundis –Not Present
    - Indiana: Stephen Ross – Not Present
    - Kansas: David Fye – Not Present
    - Kentucky: Brenda Nash – Not Present
    - Maine: Jayne Boulos –Not Present
    - Maryland: Lorraine Smith – Yes

- Minnesota: Robin McLeod – Yes
- Missouri: Pam Groose – Not Present
- Nebraska: Kris Chiles - Yes
- Nevada: Gary Lenkeit - Yes
- New Hampshire: Debi Warner – Yes
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not Voting Member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Lesli Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder –Yes

- The motion carried. The PSYPACT Commission voted to approve the appeals process to rules 4.12 and 5.12.

Bylaws Revision

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

- Maryland: Lorraine Smith – Abstain
- Minnesota: Robin McLeod – Yes
- Missouri: Pam Groose – Not Present
- Nebraska: Kris Chiles - Yes
- Nevada: Gary Lenkeit - Yes
- New Hampshire: Debi Warner – Yes
- North Carolina: Susan Hurt – Yes
- Ohio: Ronald Ross - Yes
- Oklahoma: Teanne Rose - Yes
- Pennsylvania: Christina Stuckey – Yes
- Rhode Island: Peter Oppenheimer – Not Voting Member
- Tennessee: Mark Fleming - Yes
- Texas: Patrick Hyde – Yes
- Utah: Jana Johansen – Not Present
- Virginia: Jaime Hoyle – Yes
- Washington: Leslie Cohn – Yes
- West Virginia: Scott Fields – Yes
- Wisconsin: Daniel Schroeder –Yes

  - The motion carried. The PSYPACT Commission voted for the addition of an appeals committee to the PSYPACT Commission Bylaws.

Elections

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

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

Dobbs Vs. Jackson Women's Health Organization

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

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

New Business

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

it to be looked at and see if it needs refining. I would like to refer this to a committee to look at.

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

Adjourn

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

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10800 - Psychology

For the Period Beginning July 1, 2021 and Ending June 30, 2022

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

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

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

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

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	June	Total
4002400	Fee Revenue													
4002401	Application Fee	6,890.00	9,630.00	14,005.00	9,705.00	7,565.00	6,560.00	6,535.00	9,495.00	8,255.00	6,460.00	6,925.00	8,245.00	100,270.00
4002406	License & Renewal Fee	22,185.00	5,895.00	5,740.00	1,620.00	1,900.00	1,620.00	1,945.00	850.00	1,525.00	2,575.00	260,600.00	340,870.00	647,325.00
4002407	Dup. License Certificate Fee	110.00	45.00	60.00	20.00	30.00	30.00	55.00	30.00	10.00	45.00	75.00	145.00	655.00
4002409	Board Endorsement - Out	375.00	725.00	475.00	425.00	225.00	375.00	400.00	300.00	500.00	300.00	640.00	500.00	5,240.00
4002421	Monetary Penalty & Late Fees	-	-	-	-	-	-	-	-	-	-	-	50.00	50.00
	Total Fee Revenue	29,560.00	16,295.00	20,280.00	11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	10,290.00	9,380.00	268,240.00	349,810.00	753,540.00
	Total Revenue	29,560.00	16,295.00	20,280.00	11,770.00	9,720.00	8,585.00	8,935.00	10,675.00	10,290.00	9,380.00	268,240.00	349,810.00	753,540.00
5011000	Personal Services													
5011100	Employee Benefits													
5011110	Employer Retirement Contrib.	1,204.01	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	815.62	407.81	9,768.02
5011120	Fed Old-Age Ins- Sal St Emp	675.39	474.20	452.41	452.40	452.41	452.77	452.40	452.40	452.40	452.41	452.40	229.48	5,451.07
5011140	Group Insurance	117.48	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	79.58	39.79	953.07
5011150	Medical/Hospitalization Ins.	1,052.50	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	709.00	354.50	8,497.00
5011160	Retiree Medical/Hospitalizatn	98.18	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	66.50	33.25	796.43
5011170	Long term Disability Ins	53.47	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	36.22	18.11	433.78
	Total Employee Benefits	3,201.03	2,181.12	2,159.33	2,159.32	2,159.33	2,159.69	2,159.32	2,159.32	2,159.32	2,159.33	2,159.32	1,082.94	25,899.37
5011200	Salaries													
5011230	Salaries, Classified	8,908.38	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	2,969.46	71,267.04
5011250	Salaries, Overtime	-	285.07	-	-	-	-	-	-	-	-	-	-	285.07
	Total Salaries	8,908.38	6,223.99	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	5,938.92	2,969.46	71,552.11
5011340	Specified Per Diem Payment	-	-	350.00	50.00	-	100.00	-	-	400.00	50.00	-	-	950.00
5011380	Deferred Compnstn Match Pmts	72.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	48.00	24.00	576.00
	Total Special Payments	72.00	48.00	398.00	98.00	48.00	148.00	48.00	48.00	448.00	98.00	48.00	24.00	1,526.00
5011600	Terminatn Personal Svce Costs													
5011660	Defined Contribution Match - Hy	63.69	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	21.57	516.66
	Total Terminatn Personal Svce Co	63.69	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	43.14	21.57	516.66
	Total Personal Services	12,245.10	8,496.25	8,539.39	8,239.38	8,189.39	8,289.75	8,189.38	8,189.38	8,589.38	8,239.39	8,189.38	4,097.97	99,494.14
5012000	Contractual Svs													-
5012100	Communication Services													-
5012120	Outbound Freight Services	-	-	-	-	-	-	-	-	-	-	-	2.33	2.33
5012130	Messenger Services	-	-	-	-	-	-	-	-	-	-	6.49	-	6.49
5012140	Postal Services	174.26	296.71	103.34	504.09	329.46	324.77	589.80	214.09	201.90	195.31	136.78	379.02	3,449.53
5012160	Telecommunications Svcs (VITA)	23.37	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	23.63	283.30
5012190	Inbound Freight Services	-	-	-	-	2.37	-	1.58	-	-	4.75	-	-	8.70
	Total Communication Services	197.63	320.34	126.97	527.72	355.46	348.40	615.01	237.72	225.53	223.69	166.90	404.98	3,750.35
5012200	Employee Development Services													
5012210	Organization Memberships	-	-	-	-	-	-	-	-	-	730.00	-	-	730.00
5012240	Employee Trainng/Workshop/Conf	-	-	-	-	-	-	-	4,230.00	-	2,750.00	-	-	6,980.00
	Total Employee Development Ser	-	-	-	-	-	-	-	4,230.00	-	3,480.00	-	-	7,710.00
5012400	Mgmnt and Informational Svcs													
5012420	Fiscal Services	5,486.45	546.29	109.27	112.33	34.09	34.78	9.64	28.17	17.09	31.08	59.64	75.13	6,543.96
5012440	Management Services	70.95	-	22.38	-	-	19.42	1.51	-	-	-	3.90	-	118.16
5012460	Public Infrmtnl & Relatn Svcs	6.00	403.11	-	-	-	-	-	-	150.23	-	-	-	559.34
	Total Mgmnt and Informational Sv	5,563.40	949.40	131.65	112.33	34.09	54.20	11.15	28.17	167.32	31.08	63.54	75.13	7,221.46
5012500	Repair and Maintenance Svcs													
5012510	Custodial Services	22.01	22.01	-	7.62	44.02	43.05	22.01	22.01	22.01	22.01	22.01	22.01	270.77
5012530	Equipment Repair & Maint Srvc	-	1.65	-	-	-	1.65	-	1.65	-	-	1.65	-	6.60
	Total Repair and Maintenance Svc	22.01	23.66	-	7.62	44.02	44.70	22.01	23.66	22.01	22.01	23.66	22.01	277.37
5012600	Support Services													
5012640	Food & Dietary Services	-	137.85	312.71	-	-	86.83	-	-	159.50	240.00	-	-	936.89
5012660	Manual Labor Services	-	-	-	-	-	-	14.81	-	-	7.98	-	-	22.79
5012670	Production Services	-	25.80	10.80	5.10	76.90	-	121.61	5.10	-	82.72	-	-	328.03
5012680	Skilled Services	592.82	593.69	592.36	-	1,184.72	592.36	592.36	610.14	610.14	610.14	610.14	610.14	7,199.01
	Total Support Services	592.82	757.34	915.87	5.10	1,261.62	679.19	728.78	615.24	769.64	940.84	610.14	610.14	8,486.72
5012700	Technical Services													
5012760	C.Operating Svs (By VITA)	5.10	-	-	-	-	-	-	-	-	-	-	-	5.10
	Total Technical Services	5.10	-	-	-	-	-	-	-	-	-	-	-	5.10
5012800	Transportation Services													
5012820	Travel, Personal Vehicle	-	-	873.60	10.64	-	315.84	-	-	1,136.07	81.90	-	-	2,418.05
5012850	Travel, Subsistence & Lodging	-	-	437.76	-	-	109.44	-	-	547.20	-	-	-	1,094.40
5012880	Trvl, Meal Reimb- Not Rprtble	-	-	214.75	-	-	77.25	-	-	238.00	-	-	-	530.00
	Total Transportation Services	-	-	1,526.11	10.64	-	502.53	-	-	1,921.27	81.90	-	-	4,042.45
	Total Contractual Svs	6,380.96	2,050.74	2,700.60	663.41	1,695.19	1,629.02	1,376.95	5,134.79	3,105.77	4,779.52	864.24	1,112.26	31,493.45
5013000	Supplies And Materials													
5013100	Administrative Supplies													-
5013120	Office Supplies	44.75	52.58	203.47	147.11	111.09	21.55	45.74	140.51	142.01	133.82	118.52	32.94	1,194.09
	Total Administrative Supplies	44.75	52.58	203.47	147.11	111.09	21.55	45.74	140.51	142.01	133.82	118.52	32.94	1,194.09
5013400	Medical and Laboratory Supp.													
5013420	Medical and Dental Supplies	-	-	-	-	-	1.06	-	-	-	-	-	-	1.06
	Total Medical and Laboratory Sup	-	-	-	-	-	1.06	-	-	-	-	-	-	1.06
	Total Supplies And Materials	44.75	52.58	203.47	147.11	111.09	22.61	45.74	140.51	142.01	133.82	118.52	32.94	1,195.15
5015000	Continuous Charges													
5015100	Insurance-Fixed Assets													-
5015160	Property Insurance	24.41	-	-	-	-	-	-	-	-	-	-	-	24.41
	Total Insurance-Fixed Assets	24.41	-	-	-	-	-	-	-	-	-	-	-	24.41
5015300	Operating Lease Payments													
5015340	Equipment Rentals	48.70	50.15	48.70	50.15	48.70	48.70	96.42	46.27	-	47.72	46.27	46.27	578.05
5015350	Building Rentals	4.80	-	-	-	-	-	-	-	4.80	-	-	2.40	12.00
5015390	Building Rentals - Non State	511.98	748.42	632.47	638.21	737.49	655.19	637.39	673.60	637.96	654.72	751.38	649.23	7,928.04
	Total Operating Lease Payments	565.48	798.57	681.17	688.36	786.19	703.89	733.81	719.87	642.76	702.44	797.65	697.90	8,518.09
5015500	Insurance-Operations													
5015510	General Liability Insurance	152.89	-	-	-	-	-	-	-	-	-	-	-	152.89
5015540	Surety Bonds	5.17	-	-	-	-	-	-	-	-	-	-	-	5.17
	Total Insurance-Operations	158.06	-	-	-	-	-	-	-	-	-	-	-	158.06
	Total Continuous Charges	747.95	798.57	681.17	688.36	786.19	703.89	733.81	719.87	642.76	702.44	797.65	697.90	8,700.56
5022000	Equipment													
5022170	Other Computer Equipment	-	-	-	-	-	-	-	-	-	-	3.32	0.76	4.08
	Total Computer Hrdware & Sftwar	-	-	-	-	-	-	-	-	-	-	3.32	0.76	4.08
	Total Equipment	-	-	-	-	-	-	-	-	-	-	3.32	0.76	4.08
5023000	Plant and Improvements													

5023200	Construction of Plant and Improvements													
5023280	Construction, Buildings Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Construction of Plant and Improve	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Plant and Improvements	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Expenditures	19,418.76	11,398.14	12,124.63	9,738.26	10,781.86	10,645.27	10,345.88	14,184.55	12,479.92	13,855.17	9,973.11	5,941.83	140,887.38
	Allocated Expenditures													
20100	Behavioral Science Executive Director	19,324.48	13,547.28	13,449.19	14,092.30	15,568.50	14,221.68	14,168.35	13,221.42	13,343.21	15,152.15	16,657.04	8,834.89	171,580.51
20200	Opt\Vet-Med\ASLP Executive Director	-	-	-	-	-	-	-	-	-	-	-	-	-
20400	Nursing / Nurse Aide	-	-	-	-	-	-	-	-	-	-	-	-	-
20600	Funeral\LTCA\PT Executive Director	-	-	-	-	-	-	-	-	-	-	-	-	-
30100	Technology and Business Services	12,461.82	10,054.17	9,274.16	6,484.57	13,332.30	12,904.62	13,782.33	5,956.21	10,084.28	9,251.64	15,271.26	10,105.05	128,962.41
30200	Human Resources	1,359.09	130.29	132.39	1,086.17	156.41	75.95	185.67	6,169.21	2,505.97	1,008.62	1,106.00	1,944.88	15,860.66
30300	Finance	4,457.69	3,457.41	3,543.98	3,242.00	2,325.04	4,502.29	2,980.19	3,030.87	2,023.57	3,112.99	3,736.81	1,961.54	38,374.38
30400	Director's Office	1,655.92	1,166.88	1,172.51	1,201.45	1,095.62	993.93	1,235.33	1,211.69	1,019.65	1,165.43	915.20	438.99	13,272.60
30500	Enforcement	21,064.62	13,365.07	11,929.67	9,982.15	8,651.42	7,704.60	9,405.31	9,522.32	9,868.80	7,652.05	6,603.22	3,649.00	119,398.23
30600	Administrative Proceedings	-	377.62	-	20.85	1,562.21	-	2,280.48	3,156.99	11,670.34	2,056.77	5,309.66	5,505.56	31,940.47
30700	Health Practitioners' Monitoring Program	4.16	3.61	2.96	6.55	55.01	46.98	47.33	42.73	49.93	69.98	44.62	19.14	393.00
30800	Attorney General	1,172.98	-	-	2,412.92	0.01	-	1,062.11	-	-	1,432.82	-	-	6,080.84
30900	Board of Health Professions	179.48	425.73	112.49	258.74	172.02	291.47	126.58	(318.66)	5.52	179.98	137.61	75.85	1,646.80
31000	SRTA	-	-	-	-	-	-	-	-	-	-	-	-	-
31100	Maintenance and Repairs	-	-	-	-	-	-	-	-	-	-	91.83	24.88	116.71
31300	Employee Recognition Program	20.40	137.08	4.15	27.56	-	267.97	2.07	2.88	1.13	125.85	527.20	73.97	1,190.24
31400	Conference Center	14.89	149.12	88.63	13.96	9.24	9.18	9.17	18.06	(3.59)	3,290.20	(1,532.89)	9.67	2,075.64
31500	Program Development and Implementation	495.18	382.68	369.48	352.48	216.06	246.89	279.94	243.83	400.03	500.17	442.43	331.99	4,261.15
31600	Healthcare Workforce	743.82	533.86	535.18	922.41	540.75	530.92	535.15	1,088.86	716.84	699.99	681.06	394.93	7,923.77
31800	CBC (Criminal Background Check Unit)	-	-	-	-	-	-	-	-	-	-	-	-	-
31900	31900 Not in Use	-	-	-	-	-	-	-	-	-	-	-	-	-
32000	32000 Not in Use	-	-	-	-	-	-	-	-	-	-	-	-	-
32100	32100 Not in Use	-	-	-	-	-	-	-	-	-	-	-	-	-
98700	Cash Transfers	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total Allocated Expenditures	62,954.51	43,730.79	40,614.80	40,104.11	43,684.59	41,796.48	46,100.01	43,346.42	51,685.67	45,698.65	49,991.04	33,370.36	543,077.42
	Net Revenue in Excess (Shortfall) of Expenditures	$ (52,813.27)	$ (38,833.93)	$ (32,459.43)	$ (38,072.37)	$ (44,746.45)	$ (43,856.75)	$ (47,510.89)	$ (46,855.97)	$ (53,875.59)	$ (50,173.82)	$ 208,275.85	$ 310,497.81	$ 69,575.20

DHP
Board Cash Balance Report

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Cash Balance as of June 30, 2021	$ 1,118,514
YTD FY 2022 Revenue	753,540
Less: YTD FY 2022 Direct and Allocated Expenditures	683,965
Cash Balance as of June 30, 2022	$ 1,188,089

Chapter 36 of Title 54.1 of the Code of Virginia

Psychology

Table of Contents

§ 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 services at a masters or higher educational level.

"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 §§ 54.1-2924.1, 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 improve individual, group, family, or organizational~~ment 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, and, upon referral from clinical psychologists, psychotherapy and assessment of individuals diagnosed with mental and emotional disorders.

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

1. "Testing and measuring" which 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 consists of the appropriate diagnosis of mental disorders and of known or suspected brain dysfunction 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, disorders of habit or conduct, as well as of the psychological aspects of physical illness, pain, injury or disability.

3. "Psychological consulting" which consists of interpreting or reporting on scientific theory or research in psychology, rendering expert psychological or clinical psychological opinion, evaluation, or engaging in applied psychological research, program or organizational development, 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 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 and psychotherapy" which consists of professional advisement and clinical ~~interpretive~~ services with children or adults for amelioration or prevention of mental and emotional disorders and problems that impact education.

Counseling and psychotherapy services relative to the practice of school psychology include but are not limited to the procedures of verbal interaction, interviewing, behavior modification, parent and family interaction, environmental manipulation and group processes.

3. "Consultation" which consists of educational or vocational consultation or direct educational services to schools, agencies, organizations or individuals. Psychological consulting as herein defined 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.

"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.

(1976, c. 608, § 54-936; 1987, cc. 522, 543; 1988, c. 765; 1994, c. 778; 1996, cc. 937, 980; 2004, c. 11.)

§ 54.1-3601. Exemption from requirements of licensure.

The requirements for licensure provided for in this chapter shall not be applicable to:

1. Persons who render services that are like or similar to those falling within the scope of the classifications or categories in this chapter, so long as the recipients or beneficiaries of such services are not subject to any charge or fee, or any financial requirement, actual or implied, and the person rendering such service is not held out, by himself or otherwise, as a licensed practitioner or a provider of clinical or school psychology services.

2. The activities or services of a student pursuing a course of study in psychology in an institution accredited by an accrediting agency recognized by the Board or under the supervision

of a practitioner licensed or certified under this chapter, if such activities or services constitute a part of his course of study and are adequately supervised.

3. The activities of rabbis, priests, ministers or clergymen of any religious denomination or sect when such activities are within the scope of the performance of their regular or specialized ministerial duties, and no separate charge is made or when such activities are performed, whether with or without charge, for or under the auspices or sponsorship, individually or in conjunction with others, of an established and legally cognizable church, denomination or sect, and the person rendering service remains accountable to its established authority.

4. Persons employed as salaried employees or volunteers of the federal government, the Commonwealth, a locality, or any agency established or funded, in whole or part, by any such governmental entity or of a private, nonprofit organization or agency sponsored or funded, in whole or part, by a community-based citizen group or organization, except that any such person who renders psychological services, as defined in this chapter, shall be (i) supervised by a licensed psychologist or clinical psychologist; (ii) licensed by the Department of Education as a school psychologist; or (iii) employed by a school for students with disabilities which is certified by the Board of Education. Any person who, in addition to the above-enumerated employment, engages in an independent private practice shall not be exempt from the licensure requirements.

5. Persons regularly employed by private business firms as personnel managers, deputies or assistants so long as their counseling activities relate only to employees of their employer and in respect to their employment.

6. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction consulting with licensed psychologists in this Commonwealth.

7. Any psychologist holding a license or certificate in another state, the District of Columbia, or a United States territory or foreign jurisdiction when in Virginia temporarily and such psychologist has been issued a temporary license by the Board to participate in continuing education programs or rendering psychological services without compensation to any patient of any clinic which is organized in whole or in part for the delivery of health care services without charge as provided in § 54.1-106.

8. The performance of the duties of any commissioned or contract clinical psychologist in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States while such individual is so commissioned or serving.

9. Any person performing services in the lawful conduct of his particular profession or business under state law.

10. Any person duly licensed as a psychologist in another state or the District of Columbia who testifies as a treating psychologist or who is employed as an expert for the purpose of possibly testifying as an expert witness.

11. Any psychologist who is licensed in another state, the District of Columbia, or a United States territory or possession and who is in good standing with the applicable regulatory agency in that state, the District of Columbia, or that United States territory or possession who provides behavioral health services, as defined in § 37.2-100, to a patient located in the Commonwealth when (i) such practice is for the purpose of providing continuity of care through the use of telemedicine services as defined in § 38.2-3418.16 and (ii) the psychologist has previously established a practitioner-patient relationship with the patient. A psychologist who provides behavioral health services to a patient located in the Commonwealth through use of telemedicine services pursuant to this subdivision may provide such services for a period of no more than one year from the date on which the psychologist began providing such services to such patient.

1976, c. 608, § 54-944; 1986, c. 581; 1988, c. 765; 1996, cc. 937, 980; 2000, c. 462; 2022, c. 275.

§ 54.1-3602. Administration or prescription of drugs not permitted.

This chapter shall not be construed as permitting the administration or prescribing of drugs or in any way infringing upon the practice of medicine as defined in Chapter 29 (§ 54.1-2900 et seq.) of this title.

(1976, c. 608, § 54-945; 1988, c. 765.)

§ 54.1-3603. Board of Psychology; membership.

The Board of Psychology shall regulate the practice of psychology. The membership of the Board shall be representative of the practices of psychology and shall consist of nine members as follows: five persons who are licensed as clinical psychologists, one person licensed as a school psychologist, one person licensed in any category of psychology, and two citizen members. At least one of the seven psychologist members of the Board shall be a member of the faculty at an accredited institution of higher education in the Commonwealth actively engaged in teaching psychology. The terms of the members of the Board shall be four years.

1976, c. 608, § 54-937; 1981, c. 447; 1982, c. 165; 1985, c. 159; 1986, cc. 464, 510; 1988, cc. 42, 765; 1996, cc. 937, 980; 2019, c. 169.

§ 54.1-3604. Nominations.

Nominations for professional members may be made from a list of at least three names for each vacancy submitted to the Governor by the Virginia Psychological Association, the Virginia Academy of Clinical Psychologists, the Virginia Applied Psychology Academy and the Virginia Academy of School Psychologists. The Governor may notify such organizations of any professional vacancy other than by expiration. In no case shall the Governor be bound to make any appointment from among the nominees.

(1986, c. 464, § 54-937.1; 1988, c. 765; 1996, cc. 937, 980.)

§ 54.1-3605. Powers and duties of the Board.

In addition to the powers granted in other provisions of this title, the Board shall have the following specific powers and duties:

1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.

2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.

3. To designate specialties within the profession.

4. To issue a temporary license for such periods as the Board may prescribe to practice psychology to persons who are engaged in a residency or pursuant to subdivision 7 of § 54.1-3601.

5. To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers.

6. To administer the mandatory certification of sex offender treatment providers for those professionals who are otherwise exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 and to promulgate regulations governing such mandatory certification. The regulations shall include provisions for fees for application processing, certification qualifications, certification issuance and renewal and disciplinary action.

7. To promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders.

(1976, c. 608, §§ 54-929, 54-931; 1983, c. 115; 1986, cc. 64, 100, 464; 1988, c. 765; 1993, c. 767; 1994, c. 778; 1996, cc. 937, 980; 1997, c. 556; 1999, c. 630; 2001, cc. 186, 198; 2004, c. 11.)

§ 54.1-3606. License required.

A. In order to engage in the practice of applied psychology, school psychology, or clinical psychology, 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.

(1979, c. 408, § 54-939.1; 1988, c. 765; 1996, cc. 937, 980; 1999, cc. 967, 1005.)

§ 54.1-3606.1. Continuing education.

A. The Board shall promulgate regulations governing continuing education requirements for psychologists licensed by the Board. Such regulations shall require the completion of the equivalent of 14 hours annually in Board-approved continuing education courses for any license renewal or reinstatement after the effective date.

B. The Board shall include in its regulations governing continuing education requirements for licensees a provision allowing a licensee who completes continuing education hours in excess of the hours required by subsection A to carry up to seven hours of continuing education credit forward to meet the requirements of subsection A for the next annual renewal cycle.

C. The Board shall approve criteria for continuing education courses that are directly related to the respective license and scope of practice of school psychology, applied psychology and clinical psychology. Approved continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders. Any licensed hospital, accredited institution of higher education, or national, state or local health, medical, psychological or mental health association or organization may submit applications to the Board for approval as a provider of continuing education courses satisfying the requirements of the Board's regulations. Approved course providers may be required to register continuing education courses with the Board pursuant to Board regulations. Only courses meeting criteria approved by the Board and offered by a Board-approved provider of continuing education courses may be designated by the Board as qualifying for continuing education course credit.

D. All course providers shall furnish written certification to licensed psychologists attending and completing respective courses, indicating the satisfactory completion of an approved continuing education course. Each course provider shall retain records of all persons attending and those persons satisfactorily completing such continuing education courses for a period of four years following each course. Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course

provider. The Board may require course providers or licensees to submit copies of such records or certification, as it deems necessary to ensure compliance with continuing education requirements.

E. The Board shall have the authority to grant exemptions or waivers or to reduce the number of continuing education hours required in cases of certified illness or undue hardship.
2000, c. 83; 2015, c. 359.

§ 54.1-3606.2. (Effective January 1, 2021) 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 telecommunications 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 an 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 Rules 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 Bylaws.

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 terms 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.

§ 54.1-3607. .

Repealed by Acts 1996, cc. 937 and 980.

§ 54.1-3608. .

Repealed by Acts 2001, cc. 186 and 198.

§§ 54.1-3609. , 54.1-3610.

Repealed by Acts 2004, c. 11.

§ 54.1-3611. Restriction of practice; use of titles.

No person, including licensees of the Boards of Counseling; Medicine; Nursing; Psychology; or Social Work, shall claim to be a certified sex offender treatment provider unless he has been so certified. No person who is exempt from licensure under subdivision 4 of §§ 54.1-3501, 54.1-3601 or § 54.1-3701 shall hold himself out as a provider of sex offender treatment services unless he is certified as a sex offender treatment provider by the Board of Psychology.

(1994, c. 778; 1999, c. 630; 2000, c. 473.)

§ 54.1-3612. .

Repealed by Acts 1997, c. 698.

§ 54.1-3613. .

Repealed by Acts 2004, cc. 40 and 68.

§ 54.1-3614. Delegation to unlicensed persons.

Any licensed psychologist may delegate to unlicensed personnel supervised by him such activities or functions as are nondiscretionary and do not require the exercise of professional judgment for their performance and which are usually or customarily delegated to such persons by psychologists, if such activities or functions are authorized by and performed for such psychologist and responsibility for such activities or functions is assumed by such psychologist.

(1996, cc. 937, 980.)

§ 54.1-3615. .

Repealed by Acts 2004, c. 64.

§ 54.1-3616. Use of title "Doctor.".

No person regulated under this chapter shall use the title "Doctor" or the abbreviation "Dr." in writing or in advertising in connection with his practice unless he simultaneously uses a clarifying title, initials, abbreviation or designation or language that identifies the type of practice for which he is licensed.

(1996, cc. 937, 980.)

POSSIBLE CHANGES TO REGULATIONS FOR VIRGINIA BOARD OF PSYCHOLOGY

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

A. The board has established fees for the following:

Clinical psychologists

~~School psychologists-limited~~

Applied psychologists

School psychologists

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

A. ....

B. In addition to fulfillment of the education and experience requirements, each applicant for licensure by examination 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...

~~**18VAC125-20-43. Requirements for licensure as a school psychologist-limited.**~~

~~A. Every applicant for licensure as a school psychologist-limited shall submit to the board:~~

~~1. A copy of a current license issued by the Board of education showing an endorsement in psychology.~~
~~2. An official transcript showing completion of a master's degree in psychology.~~
~~3. A completed Employment Verification Form of current employment by a school system under the Virginia Department of Education.~~
~~4. The application fee.~~

~~B. At the time of licensure renewal, school psychologists-limited shall be required to submit an updated Employment Verification Form if there has been a change in school district in which the licensee is currently employed.~~

18VAC125-20-54. Education requirements for clinical psychologists.

A. Beginning June 23, 2028, an applicant shall hold a doctorate in clinical, counseling, **or school** psychology from a professional psychology program in a regionally accredited university that was accredited at the time the applicant graduated from the program by the APA, CPA, or an accrediting body acceptable to the board. Graduates of programs that are not within the United States or Canada shall provide documentation from an

acceptable credential evaluation service that provides information verifying that the program is substantially equivalent to an APA-accredited program.

B. Prior to June 23, 2028, an applicant shall either hold a doctorate from an accredited program as specified in subsection A of this section or shall hold a doctorate from a professional psychology program that documents that the program offers education and training that prepares individuals for the practice of clinical psychology as defined in §54.1-3600 of the Code of Virginia and meets the following criteria: .....

C. Applicants shall submit documentation of having successfully completed practicum experiences involving assessment, diagnosis, and psychological interventions. The practicum experiences shall include a minimum of nine graduate semester hours or 15 or more graduate quarter hours or equivalent in appropriate settings to ensure a wide range of supervised training and educational experiences.

D. An applicant shall graduate from an educational program in clinical, **counseling, or school** psychology that includes an appropriate emphasis on and experience in the diagnosis and treatment of persons with moderate to severe mental disorders.

E. Candidates for clinical psychologist licensure shall have successfully completed an internship in a program that is either accredited by APA or CPA or is a member of APPIC, or the Association of State and Provincial Psychology Boards/National Register of Health Service Providers or one that meets equivalent standards. If the internship was obtained in an educational program outside of the United States or Canada, a credentialing service approved by the board shall verify equivalency to an internship in an APA-accredited program.

F. An applicant for a clinical psychologist license may fulfill the residency requirement of 1,500 hours, or some part thereof, as required for licensure in 18VAC125-20-65, in the doctoral practicum experience, which occurs prior to the internship and the meets the following standards: ....

~~**18VAC125-20-55. Education requirements for applied psychologists.**~~

~~A. The applicant shall hold a doctorate from a professional psychology program from a regionally accredited university that meets the following criteria:~~

~~1. 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. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the~~

~~board that demonstrates that the program meets the requirements set forth in this chapter.~~

~~2. The program shall be recognizable as an organized entity within the institution.~~

~~3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable boy of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.~~

~~4. The program shall encompass a minimum of three academic years of full-time graduate study or the equivalent thereof.~~

~~5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive areas:~~

~~a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).~~

~~b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).~~

~~c. Social bases of behavior (e.g., social psychology, group processes, organizational and systems theory, community and preventive psychology, multicultural issues).~~

~~d. Psychological measurement.~~

~~e. Research methodology.~~

~~f. Techniques of data analysis.~~

~~g. Professional standards and ethics.~~

~~B. Demonstration of competence in applied psychology shall be met by including a minimum of at least 18 semester hours or 30 quarter in a concentrated program of study in an identified area of psychology, for example developmental, social, cognitive, motivation, applied behavioral analysis, industrial/organizational, human factors, personal selection and evaluation, program planning and evaluation, teaching, research or consultation.~~

18VAC125-20-55. Education requirements for applied psychologists.

A. The applicant shall hold **a doctoral or a masters' degree in psychology** from a regionally accredited college or university **in which the psychology program is accredited by APA or CPA, or shall meet the requirements of subsection B of this section.**

B. If the applicant does not hold a doctoral or master's degree in psychology from a program that is accredited by APA or CPA, the applicant shall hold a doctoral or

master's degree from a psychology program that offers education and training to prepare individuals for the provision of psychology health services within agencies in which psychologists work side by side for consultation as needed. [this will become "as defined in $54.1-3600 of the Code of Virginia] and that meets the following criteria:

1. 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. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board that demonstrates that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entity within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable psychology faculty and a psychologist directly responsible for the program and shall have an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

4. **The program shall encompass a minimum of at least 60 semester hours or 90 quarter hours of full-time graduate study or the equivalent thereof.**

5. The program shall include a core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in **at least six** of the following substantive content areas:

    a. Biological bases of behavior (e.g., physiological psychology, comparative psychology, neuropsychology, sensation and perception, health psychology, pharmacology, neuroanatomy).

    b. Cognitive-affective bases of behavior (e.g., learning theory, cognition, motivation, emotion).

    c. Social bases of behavior (e.g., social psychology, group processes, organizational systems theory, community and preventive psychology, multicultural issues.)

    d. Psychological measurement, including psychometric properties in appropriate test development and usage (e.g., reliability, validity, standardized administration, normative values, and cultural considerations)

in the assessment of intellectual ability, academic achievement, personality functioning, vocational interest, and/or emotional/behavioral disorders.

e. Principles and practices of individual, group, marital or family psychotherapy.

f. Applied behavior analysis and behavior management.

g. Psychopathology, diagnoses, and treatment of severe mental disorders.

h. Research methodology.

i. Techniques of data analyses.

j. Professional standards and ethics.

6. **The program shall be committed to practicum experiences that shall include:**

a. Interviewing, evaluating, and diagnosing individuals with mental disorders;

b. Providing counseling/psychotherapy (e.g., individual, group, marital, and family) for individuals with diagnosed mental disorders; and

c. Some area of specialty training in assessment and healthcare service provision (e.g., pain, medical factors, substance abuse, trauma, depression, anxiety).

C. Candidates for applied psychologist licensure shall have successfully completed an internship in a program accredited by APA or APPIC or one that meets equivalent standards or shall meet requirements in subsection D of this section.

D. If an applicant has not successfully completed an internship in a program accredited by APA or APPIC or an equivalent internship, the applicant shall have completed a one-year residency under the close supervision of a licensed clinical psychologist, with that supervision arrangement pre-approved by the board as detailed in these regulations under 18VAC125-20.65.

18vac125-20-56. Education requirements for school psychologists.

A. The applicant shall hold at least a master's degree in school psychology, with a minimum of at least 60 semester credit hours or 90 quarter hours, from a college or university accredited by a regional accrediting agency **in a program that was** accredited by the

APA or CAEP or was approved by NASP, or shall meet the requirements of subsection B of this section.

B. If the applicant does not hold a master's **or doctoral degree** in school psychology from a program accredited by the APA or CAEP or approved by NASP, the applicant shall have **at least** a master's degree from a psychology program that offers education and training to prepare individuals for the practice of school psychology as defined in §54.1-3600 of the Code of Virginia and that meets the following criteria:

1. 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. Graduates of programs that are not within the United States or Canada must provide documentation from a credential evaluation service acceptable to the board that demonstrate that the program meets the requirements set forth in this chapter.

2. The program shall be recognizable as an organized entry within the institution.

3. The program shall be an integrated, organized sequence of study with an identifiable body of students who are matriculated in that program for a degree. The faculty shall be accessible to students and provide them with guidance and supervision. The faculty shall provide appropriate professional role models and engage in actions that promote the student's acquisition of knowledge, skills, and competencies consistent with program's training goals.

4. The program shall encompass a minimum of two academic years of full-time graduate study or the equivalent thereof.

5. The program shall include a general core curriculum containing a minimum of three or more graduate semester hours or five or more graduate quarter hours in each of the following substantive content areas:

    a. Psychological foundations (e.g., biological bases of behavior, human learning, social and cultural bases of behavior, child and adolescent development, individual differences).

    b. Educational foundations (e.g., instructional design, organization and operation of schools).

    c. Interventions/problem-solving (e.g., assessment, direct interventions, both individual and group, indirect interventions).

d. Statistics and research methodologies 9e.g, research and evaluation methods, statistics, measurement).

e. Professional school psychology (e.g., history and foundations of school psychology, legal and ethical issues, professional issues and standards, alternative models for the delivery of school psychological services, emergent technologies, roles and functions of the school psychologist).

6. The program shall be committed to practicum experiences that shall include:

a. Orientation to the educational process;

b. Assessment for intervention;

c. Direct intervention, including counseling and behavior management; and

d. Indirect intervention, including consultation.

C. Candidates for school psychologist licensure shall have successfully competed an internship in a program accredited by APA or CAEP, or approved by NASP, or is a member of APPIC or oen that meets equivalent standards.