STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGY

MEMORANDUM

TO: Examination Committee **Date:** January 26, 2011

FROM: Lavinia F. Snyder
Licensing/Registration Coordinator

SUBJECT: Review and Discuss Content Areas of the California Psychology Supplemental Examination (CPSE) as it relates to the Examination for Professional Practice in Psychology content areas

Attached are the following for your review:

1. Current EPPP and CPSE content areas
2. ASPPB's Executive Summary, Study for the Practice of Licensed Psychologists in the United States and Canada September 2010

Summary of Current Content Areas for the EPPP and CPSE

Summary of the EPPP Content Areas:

A). Biological Bases of Behavior (11%) — knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge.

Requires knowledge of:

1. Correlates and determinants of the biological and neural bases of behavior (e.g., [neuro] anatomy, [neuro] physiology, [neuro] endocrinology) pertaining to perception, action, attention, memory, temperament, and mood in normal, acute and chronic disordered states (e.g., drug or carbon monoxide intoxication, stroke and focal lesions); and/or acute and chronic disease (e.g., insulin shock, diabetes, mood disorders, dementia, schizophrenia, and Alzheimer's)
2. Drug classification (e.g., anti-anxiety, anti-depressant, anti-psychotic, anti-convulsant, cognitive enhancing, hallucinogenic, depressant, stimulant); pharmacokinetics (administration, distribution, metabolism, elimination) and pharmacodynamics (receptor actions, second and third messenger system actions, neural plasticity) as they relate to the desired and non-desired, acute and chronic effects of therapeutic drugs, abused drugs, and drug interactions
3. Guidelines for pharmacological treatment of mental disorders (e.g., disorders for which they are available, recognized pharmacological treatments, efficacy and outcome information, and combination with non-pharmacological treatments)
4. Behavioral genetics, transmission and expression of genetic information and its modification (e.g., gene-environment interactions), and the role of this information in understanding disorders (e.g., alcoholism, Autism) and diseases (e.g., Huntington's, Down Syndrome, Alzheimer's); population differences in genetic information (e.g., enzymatic polymorphisms)
5. Interaction of developmental, gender, ethnic, cultural, environmental, and experiential factors with the biological and neural bases of behavior
6. Applications and limitations of: brain imaging methods that describe structure and function (e.g., MRI, CT, fMRI, PET, SPECT, evoked potentials); electro-physiological methods (e.g., biofeedback); therapeutic drug monitoring techniques; genetic screening methodologies, and neuro-psychological assessment
7. Biological and neural bases of stress (e.g., endocrine glucocorticoid response and its neural effects); relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modification (e.g., cardiac rehabilitation, smoking cessation) and behavioral health; effects of stress on the immune system

B). Cognitive-Affective Bases of Behavior (13%) — knowledge of (a) cognition and its neural bases, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction .

Requires knowledge of:

1. Elements of cognition (e.g., sensation and perception, attention, learning, memory, language, spatial skills, intelligence, information processing, problem-solving, strategies for organizing information, executive function)
2. Neural bases of cognition, affect, and emotion
3. Major theories, models, and principles of learning (e.g., social learning, classical and operant conditioning, Rescorla-Wagner model) and their application (e.g., contingency reinforcement, interventions, cognitive behavioral therapy, training strategies, sports performance strategies)
4. Major theories and models of memory (e.g., multiple memory systems, expectancy theory, constructivist theory, levels of processing) and their application (e.g., use of mnemonics)

5. Major theories and models of motivation and emotion (e.g., need/value approaches, cognitive choice approaches, James-Lang theory of emotion) and their application (e.g., self-regulation, work motivation, anger management, social skills training, sports performance)
6. Interrelationships among cognitions/ beliefs, behavior, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, stress, and depression)
7. Influence of psychosocial factors (e.g., gender, social class, family styles and characteristics, academic/occupational success, ethnicity and culture) on beliefs/cognitions and behaviors

C). Social and Multicultural Bases of Behavior (12%) — knowledge of (a) intrapersonal, interpersonal, intragroup, and intergroup processes and dynamics, (b) theories of personality, and (c) issues in diversity.

Requires knowledge of:

1. Social cognition and perception (e.g., attribution theory and biases, information integration, confirmation bias, person perception, development of stereotypes, prejudice)
2. Social interaction (e.g., interpersonal relationships, attraction, aggression, altruism, procedural and distributive justice)
3. Group/team dynamics and organizational structures (e.g., school and family systems, family work interface and management, job satisfaction, team functioning, group thinking, conformity, persuasion, jury selection) and social influences on individual functioning
4. Environmental/ecological psychology (e.g., person-environment fit, rural-urban differences, crowding, pollution, noise)
5. Evolutionary perspectives on social behavior
6. Major theories of personality (e.g., psychodynamic, humanistic/existential, cognitive, behavioral, trait)
7. Cultural issues (e.g., cross-cultural and social class comparisons, universal and culture-specific formulations, political differences, international and global awareness)
8. Causes, manifestations, effects, and the prevention and reduction of oppression (e.g., racism and anti-racism, sexism, homophobia, ethnic conflicts, colonization, political persecution)
9. Racial and ethnic minority issues (e.g., theories of racial/ethnic identity, effects of culture on school motivation, differences in communication styles, differences in the psychosocial, political, and economic development of individuals, families, groups, and communities)
10. Sexual orientation (e.g., sexual identity development, gay/ lesbian/ bisexual/ transgender perspectives)
11. Psychology of gender (e.g., psychology of women, psychology of men, gender identity development)
12. Disability and rehabilitation issues (e.g., inclusion, accessibility, psychological impact of disability, conceptual models and assumption of disability, compliance with anti-discrimination laws and regulations, management of disabled persons in the workplace)

D). Growth and Lifespan Development (13%) — knowledge of (a) age-appropriate development across the lifespan, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental outcome for individuals

Requires knowledge of:

1. Normal growth and development (biological, physical, cognitive, perceptual, social, personality, moral, and emotional) across the lifespan
2. Role of genes, behavioral genetics, and impact of shared versus non-shared environmental factors in the study of development
3. Impact of parents, peers, siblings, schools, community, and media on socialization of aggression, pro-social behavior, antisocial conduct, and self-esteem

4. How development is influenced by the organism- environment interaction over time (e.g., understanding the relationship between the individual and the social, academic, or work environment)
5. Major theories of development (e.g., psychodynamic, constructivist, behavioral, social cognitive, evolutionary, ecological)
6. Influence of culture and cultural differences on development (e.g., determination of what is normal and abnormal, adaptive and non-adaptive, normative and age-expected behaviors)
7. Family development and functioning and its impact on the individual (e.g., family life cycle, family conflict, parent-child communication, sibling relationships, grandparenting)
8. Nontraditional families (e.g., single parent, reconstituted, gay/lesbian) and their effects on child and adolescent development
9. Life event changes that can alter the normal course of development (e.g., injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce)
10. Factors that promote problems or resilience in high-risk environments (e.g., abuse, poverty, war, trauma)
11. Risk factors that predict a problematic developmental course (e.g., nutritional deficiencies, poor prenatal care, poor health care, lack of social support, poverty, exposure to violence and abuse, parental alcohol/drug abuse, problem parenting)

E) Assessment and Diagnosis (14%) — knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations

Requires knowledge of:

1. Psychometric theory (e.g., classical test theory, item response theory), generalizability theory, and related concepts (e.g., test construction and standardization procedures, reliability and validity measures, examination of test fairness and bias, test and item characteristic, curve analysis, and application of test standards)
2. Assessment theories and models (e.g., psychometric behavioral, ecological, diagnostic, and other classification systems; assessment centers)
3. Assessment methods (e.g., self-report, report by others, psycho-physiological, work sample, direct observation, structured and semi-structured interviews)
4. Tests for the measurement of characteristics and behaviors of individuals (e.g., social, emotional, and behavioral functioning; cognitive and neuropsychological functioning; ability, aptitude, and achievement; personality; vocational interest; health behavior and various medical conditions; assessment of competence, criminal responsibility, risk of future violence, suicide evaluation), and the adaptation of these tests for use with various populations
5. Issues of differential diagnosis and integration of non-psychological information (e.g., medical evaluations, results of imaging procedures, laboratory test results) into psychological assessment
6. Instruments and methods for the measurement of characteristics and performance of jobs, organizations and systems of care, and educational and other social institutions (e.g., performance appraisal, work history, job analysis, job evaluation, need assessment, organizational frameworks, functional analysis of behavior)
7. Methods for evaluating environmental/ecological influences on individuals, groups or organizations (e.g., organizational frameworks, functional analysis of behavior)
8. Criteria for selection and adaptation of assessment methods (e.g., cultural appropriateness, trans-cultural adaptation, language accommodation, cost effectiveness, incremental validity, relevance to referral concern)
9. Utilization of various classification systems (e.g., DSM, WHO, AAMR, SEC, ICD) and their underlying rationales and limitations for evaluating client functioning

10. Factors influencing judgment and diagnostic decision-making (e.g., base rates, group differences, cultural biases and differences, availability heuristics)

11. Epidemiology of behavioral disorders, base rates of disorders in clinical or demographic populations; co-morbidity of mental illness with substance abuse; co-morbidity of behavioral disorders with medical disorders; co-morbidity rates, age ranges affected; associated features; natural course of disorders

12. Methods for the measurement of individual, couples, family, group, and organizational change due to intervention or prevention efforts (e.g., continuous monitoring, pre-, post-, and follow-up assessment, detection of relapse, patient compliance, organizational benchmarking)
13. Use of computers, the internet, and related technology in implementing tests, surveys, and other forms of assessment and diagnostic evaluation; validity, cost effectiveness, consumer acceptability

F). Treatment, Intervention, and Preve ntion (15%) — knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific concerns/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices, and (d) consultation models and processes

Requires knowledge of:

1. Treatment decision making processes and issues based on best available evidence (e.g., matching treatment to assessment / diagnosis, matching client/patient and therapist characteristics, cost-benefit, level of intervention)

2. Contemporary theories and models of treatment/intervention (e.g., behavioral, cognitive, cognitive-behavioral, psychodynamic, family-systems/ecological, humanistic, psychoeducational, time-limited/brief therapy, rehabilitation and recovery, biopsychosocial, and career development)

3. Treatment techniques/interventions and the evidence for their comparative effectiveness for specific disorders or functional concerns (e.g., exposure techniques for panic disorder, cognitive therapy for depression, parent training for oppositional defiant disorder, family psychoeducation for serious mental illness, approaches to integrating psychotherapy and psychopharmacology for bipolar disorder, structured organizational changes, adherence to medical regimes)

4. Interventions to enhance growth and performance for individuals, couples, families, groups, and organizations (e.g., personal coaching, executive coaching, enhancement of athletic performance, teaching cooperation and conflict resolution skills, teaching optimism)

5. Systems and organizational interventions (e.g., systemic family interventions, school or community systems interventions, organizational development and change, performance enhancement / management, organizational leadership)

6. Consultation models and processes for individuals, couples, families, groups, organizations, and communities (e.g., mental health, physical health, residential facilities, behavioral, instructional, organizational)

7. Human resource management interventions (e.g., risk management, management training, conflict resolution, compensation and benefits design)

8. Academic and career counseling (e.g., career assessment, career counseling, career development, vocational counseling, improving study habits, time management)

9. Interprofessional cooperation and appropriate referrals (e.g., education, health, mental health, social services, forensics, business and industry) including the roles of other professionals at all levels of care

10. Adjunctive and alternative interventions (e.g., inpatient or partial hospitalization, psychopharmacology, support groups, individual self-help, and spiritual and indigenous support systems)

11. Use of computers, the internet, and related electronic technologies in planning and delivery of treatment/ intervention, human factors design, clinical/research documentation, and authorized exchange of client/patient information (e.g., validity, cost-effectiveness, consumer acceptability)

12. Healthcare system structures (e.g., common models, provider networks), processes and procedures (e.g., quality improvement, documentation of assessment, treatment plans, and patient progress), and methods (e.g., specification of benefit coverage limitations, medical necessity criteria, and need for prior authorization)

13. Healthcare economics and policies impacting psychological services (e.g., funding sources and trends, cost/ benefit considerations, medical cost-offset; health care resource allocation)

14. Consumerism (e.g., impact of internet access to healthcare information, consumer involvement in treatment planning); patient empowerment

15. Health promotion, risk reduction, and goals (e.g., reduce substance abuse; reduce medical risk factors/promote health; reduce injury, violence, school dropout, job burnout; facilitate treatment adherence; manage the psychological and behavior impact of invasive treatments and chronic illnesses; increase resilience) and methods (e.g., stress management, medical monitoring techniques, family support following mastectomy, exercise schedules for chronic pain)

16. Interventions to reduce risk factors and to increase resilience and competence of individuals living in at-risk environments

17. Interventions for acute traumatic stress situations (e.g., counseling at disaster site; suicidal intervention, emergency room consultation)

G). Research Methods and Statistics (7%) - knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, and (c) statistical models, assumptions, and procedures

Requires knowledge of:

1. Research methods (e.g., sampling, instrument, instructions for research subjects, data collection procedures)
2. Research design (e.g., hypothesis generation; experimental, quasi-experimental, naturalistic inquiry; group and single-case research designs; randomized controlled trials; longitudinal and cross sectional designs)
3. Considerations for instrument selection and validation (e.g., reliability, sensitivity, and validity)
4. Statistics and analytic methods (e.g., qualitative, quantitative, descriptive; probability theory, univariate, bivariate, and multivariate methods; meta analysis; parametric and non-parametric statistics; regression analysis; causal modeling; time-series designs; survival analysis) and related issues (e.g., power, effect size, selection of appropriate statistical methodologies, interpretation of findings, causal vs. association, sensitivity and specificity, degree and nature of generalizability, clinical versus statistical significance)
5. Considerations for critical appraisal and utilization of research findings (e.g., technical adequacy, limitations to generalizations, threats to internal and external validity, design flaws)
6. Evaluation strategies and techniques (e.g., needs assessment, process/ implementation evaluation, formative and summative assessment program evaluation, outcome evaluation, cost-benefit analysis, public health benefit)
7. Presentation and dissemination of research findings (e.g., analyzing the data and interpreting results for publication in a journal or presentation to professional colleagues, dissemination of results via various appropriate avenues)

H). Ethical/ Legal/Professional Issues (15%) — knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision

Requires knowledge of:

1. APA Ethical Principles of Psychologists and Code of Conduct and/or Canadian Code of Ethics for Psychologists (e.g., confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping)

2. Professional standards and guidelines for the practice of psychology (e.g., APA/CPA Standards for Providers of Psychological Services, AERA/APA/ NCME Standards for Educational and Psychological Testing, ASPPB Code of Conduct, AP-LS Guidelines for Forensic Practice, APA Guidelines for Child Custody Assessment, model licensure acts, credentialing requirements for advanced specialties and proficiencies, published guidelines for special populations such as women and minorities)
3. Pertinent federal, state and/or provincial laws/statutes and/or judicial decisions that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, regulations for electronic exchange of patient information, duty to warn and privileged communication, commitment and least restrictive care, continuing education requirements, practice regulations, licensure regulations)
4. Ethical decision-making process (e.g., resolution of conflicts involving ethical issues, problems and ethics of practice on the internet and in the media, integration of ethical principles and legal/regulatory standards)
5. Models and approaches for professional development (e.g., methods for developing, updating, and enhancing knowledge in proficiencies and specialties, continuing education, professional self-management, clinical supervision, peer consultation and supervision; recognition of self-limits; appropriateness of credential.

Summary of the CPSE Content Areas:

Content Areas	Content Area Description	Percent Weight
Crisis Assessment and Intervention	This area addresses the candidate's ability to identify, evaluate, and manage the patient's immediate crisis(es) including but not limited to danger to self or others, and grave disability.	22
Clinical Assessment and Evaluation	This area addresses the candidate's ability to identify a patient's presenting problems and to collect and integrate information within the patient's interpersonal and cultural context. This area includes psychological testing, the ability to formulate diagnoses and provide recommendations.	22
Treatment Interventions	This area assesses the candidate's ability to develop a theoretically-derived treatment plan and prioritize treatment goals based on assessment and diagnoses. This area includes the ability to implement, evaluate, and modify clinical interventions as well as to identify the clinical impact of legal and ethical responsibilities on treatment.	17
Legal and Ethical Standards	This area assesses the candidate's ability to apply legal, ethical, and current professional standards in practice.	39
	TOTAL	100

Exam is based on the California Board of Psychology Laws and Regulations and the APA Code of Conduct and Ethical Principles.

Executive Summary

Study of the Practice of Licensed Psychologists in the United States and Canada
September 2010

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Professional Examination Service

Abstract

The Association of State and Provincial Psychology Boards sponsored a study of the practice of licensed psychologists in the United States and Canada. The underlying conceptual charge was:

- The identification and validation of underlying professional competencies (including but not limited to those related to professional knowledge)
- The identification of assessment methods to best measure underlying professional competencies (including but not limited to those related to professional knowledge)
- Revised test specifications for the EPPP updating the knowledge base and integrating additional relevant competencies

Professional Examination Service implemented the study under the direction of a Practice Analysis Advisory Committee and in conjunction with a Practice Analysis Task Force. The study consisted of two partially concurrent, partially sequential explorations. As in previous practice analyses, the first exploration examined the knowledge required for psychology practice with the goal of updating the EPPP test specifications, and retained a content-based organizational structure including eight content areas comprised of knowledge statements. The second exploration examined the competencies underlying the practice of psychology. Accordingly, a competency-based framework was developed and validated, including the delineation of six competency clusters, associated competencies, and behavioral exemplars typifying the development of competence.

A survey was developed and sent to approximately 5000 licensed psychologists in the United States and Canada in order to validate and update all elements in the comprehensive framework, including the content areas and knowledge statements, and the competency clusters, competencies, and exemplars. The return rate was 26%. Analysis of completed surveys produced information about (a) the demographic and professional background of licensed psychologists, (b) the critical knowledge licensed psychologists use, (c) comments about changes occurring in the profession, (d) the competencies required in professional practice, and (e) the validation of specific competencies and behavioral exemplars.. Results related to the first exploration were used to review and refine the test specifications to ensure that the knowledge assessed in the EPPP is required for the performance of critical behaviors and serves the public protection function of regulation. Results related to the second exploration were used to develop and validate a conceptual framework for the assessment of competence at various stages in professional development. Various types of assessments were identified as useful for the assessment of competence. Preliminary discussions focused both on alternate question types that might be integrated into the EPPP, and the development of complementary assessment that might be integrated into the assessment of licensed/registered either before, during, or after initial licensure/registration.

Key Findings and Conclusions

- Regardless of country, respondents were more likely to have been trained in the major areas of clinical, counseling, and educational psychology than they were to be currently practicing in those major areas; and were more likely to be currently practicing in the major areas of clinical neuropsychology, forensic psychology, geropsychology, health psychology, and rehabilitation psychology than to have initially been trained in those major areas.

- In the U.S., more than one-half of the respondents indicated cognitive/behavioral psychology (58%), and 9% and 11% indicated interpersonal psychology and psychodynamic psychology as their primary orientation, respectively. No more than 6% of the U.S. respondents indicated any of the other four specifically-delineated theoretical orientations as primary. In Canada, about two thirds of the respondents indicated cognitive/behavioral psychology (66%), and 8% indicated interpersonal psychology as their primary orientation. No more than 4% of the Canadian respondents indicated any of the other specifically-delineated orientations as primary.

- Regardless of country, respondents were most likely to describe themselves as being experts in clinical psychology and in assessment/diagnosis/evaluation, and somewhat less likely to indicate clinical child psychology; counseling psychology; and treatment, intervention, and prevention. With very few exceptions, respondents indicated that they had expertise in one or more of each of 57 specifically-delineated areas of expertise.

- Nearly one third of the U.S. respondents have participated in formal post-doctoral specialization and/or respecialization and 17% of Canadian respondents have done so as well. Recently licensed respondents are more likely to have trained in clinical, clinical child, and school psychology, and less likely to have trained in community, counseling, developmental, educational, experimental, industrial/organizational, and social psychology than less recently licensed/registered respondents.

- Regardless of country, the majority of respondents are female (62% and 70%, respectively), and the recently licensed/registered respondents are more likely to be female than less-recently licensed/registered respondents (72% and 58%).

- The eight content areas and 77 associated knowledge statements were validated as an organizing vehicle for the development of the EPPP. Exhibit 1 documents the recommended test specifications for the EPPP.

Exhibit 1
Recommended Test Specifications for Content Areas

	% of exam
Biological Bases of Behavior — knowledge of (a) biological and neural bases of behavior, (b) psychopharmacology, and (c) methodologies supporting this body of knowledge	12%
Cognitive-Affective Bases of Behavior— knowledge of (a) cognition, (b) theories and empirical bases of learning, memory, motivation, affect, emotion, and executive function, and (c) factors that influence cognitive performance and/or emotional experience and their interaction	13%
Social and Cultural Bases of Behavior — knowledge of (a) interpersonal, intrapersonal, intergroup, and intragroup processes and dynamics, (b) theories of personality, and (c) diversity issues	12%
Growth and Lifespan Development — knowledge of (a) development across the full life span, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental trajectories of individuals	12%
Assessment and Diagnosis — knowledge of (a) psychometrics, (b) assessment models and instruments, (c) assessment methods for initial status of and change by individuals, couples, families, groups, and organizations/systems, and (d) diagnostic classification systems and their limitations	14%
Treatment, Intervention, Prevention, and Supervision — knowledge of (a) individual, couple, family, group, organizational, or community interventions for specific problems/disorders in diverse populations, (b) intervention and prevention theories, (c) best practices and practice guidelines, (d) consultation and supervision models, and (e) evidence supporting efficacy and effectiveness of interventions	14%

Research Methods and Statistics — knowledge of (a) research design, methodology, and program evaluation, (b) instrument selection and validation, (c) statistical models, assumptions, and procedures, and (d) dissemination methods	8%
Ethical/Legal/Professional Issues — knowledge of (a) codes of ethics, (b) professional standards for practice, (c) legal mandates and restrictions, (d) guidelines for ethical decision-making, and (e) professional training and supervision	15%

- The competency-based model, including six competency clusters (Scientific Knowledge, Evidence-Based Decision Making/Critical Reasoning, Interpersonal and Multicultural Competence, Professionalism/Ethics, Assessment, and Intervention/Supervision/Consultation) was validated via the large-scale survey of practice.

- The competency clusters each represent competencies which are performed frequently-to-very frequently, are moderately-to-highly critical to optimizing outcomes for patient/client/public, and are moderately-to-very important to the practice of the respondents.

- The 37 competencies were generally validated and are performed frequently-to-very frequently, are moderately-to-highly critical to optimizing outcomes for patient/client/public, and are moderately-to-very important to the practice of the respondents.

- A detailed review of the results for the 277 behavioral exemplars associated with the competencies indicates a *general level of support* for the developmental unfolding of the competencies as operationalized by the exemplars.

- Methodologies for assessing competence were evaluated.

- The feasibility of enhancing the EPPP with alternate item types was explored as one way of augmenting the current licensure/registration process.

- The potential for developing new assessments to complement the EPPP was preliminarily discussed as was the use of such assessments at various points of time pre- and post-licensure/registration.

- Discussions amongst the members of the PATF and the PAAC confirmed the utility of the EPPP as an effective tool for the assessment of the Scientific Knowledge base underlying the practice of psychology. Recommendations for a revised set of test specifications for the EPPP were approved. Future directions in regard to alternate item types that might be built into this computer delivered examination were discussed.

- Discussions amongst the members of the PATF and the PAAC as well as key stakeholders involved in the assessment of competency in students, interns, and practica participants, and jurisdictional regulation confirmed interest in the assessment of competency via complementary assessments that might be integrated into pre- and post-licensure/registration activities and/or licensure/registration requirements.