

**NOTICE OF BOARD MEETING****February 29 – March 1, 2024****8:00 a.m. – 6:00 p.m. or until Completion of Business**

Department of Consumer Affairs – Evergreen Building  
2005 Evergreen St., Hearing Room (First Floor)  
Sacramento, CA 95815  
(916) 574-7720

Due to potential technical difficulties, please consider submitting written comments by February 22, 2024, to [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov) for consideration.

**Licensees attending the Board Meeting are required to sign in using the provided attendance sheet, including their first and last name, license number, time of arrival, and time of departure from the meeting in order to receive Continuing Professional Development (CPD) credit. For Board meetings lasting a full day, six (6) hours will be credited. In cases of Board meetings that are three (3) hours or less in duration, attendance will be credited on a one-to-one basis, with one (1) hour of attendance equating to 1 hour credited towards CPD.**

**Board Members**

Lea Tate, PsyD, President  
Shacunda Rodgers, PhD, Vice President  
Sheryll Casuga, PsyD, CMPC  
Marisela Cervantes, EdD, MPA  
Seyron Foo  
Mary Harb Sheets, PhD  
Julie Nystrom  
Stephen Phillips, JD, PsyD  
Ana Rescate

Antonette Sorrick, Executive Officer  
Jonathan Burke, Assistant Executive Officer  
Sandra Monterrubio, Enforcement Program Manager  
Cynthia Whitney, Central Services Manager  
Liesel McCockran, CPD/Renewals Coordinator  
Troy Polk, Legislative and Regulatory Analyst  
Mai Xiong, BreEZe Coordinator  
Anthony Pane, Board Counsel  
Sam Singh, Regulatory Counsel

**Board Staff**

Thursday, February 29, 2024
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**8:00 a.m. – 6:00 p.m. or until Completion of Business****AGENDA**

**Action may be taken on any item on the agenda.**

Unless noticed for a specific time, items may be heard at any time during the period of the Board meeting.

The Board welcomes and encourages public participation at its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

1. Call to Order/Roll Call/Establishment of a Quorum
2. President's Welcome
  - a) Mindfulness Exercise (S. Rodgers)
3. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].
4. Discussion and Possible Approval of the Board Meeting Minutes: November 2-3, 2023 (A. Sorrick)
5. President's Report (L. Tate)
  - a) Meeting Calendar
6. Executive Officer's Report (A. Sorrick)
  - a) Personnel Update

#### **8:30 a.m. - Petition Hearing**

7. Petition for Reinstatement of Revoked License – Elizabeth R. Lewis, Ph.D.

#### **10:30 a.m. - Petition Hearing**

8. Petition for Early Termination of Probation – Morella Bombardini, Ph.D.

#### **12:30 – 1:30 p.m. LUNCH/CLOSED SESSION**

9. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands.

#### **RETURN TO OPEN SESSION**

#### **1:30 p.m. - Petition Hearing**

10. Petition for Early Termination of Probation – Celena Horton, Psy.D.

#### **3:30 p.m. - Petition Hearing**

11. Petition for Early Termination of Probation – Charnea Crump

## **CLOSED SESSION**

12. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.

Friday, March 1, 2024

**9:00 a.m. – 5:00 p.m. or until Completion of Business**

13. Call to Order/Roll Call/Establishment of a Quorum

## **CLOSED SESSION**

14. Discussion and Possible Action on Board Executive Officer Classification Exempt Salary Level Increase. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Consider the Pay Range its Executive Officer.
15. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.

## **RETURN TO OPEN SESSION**

16. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].
17. DCA Update
18. DCA Budget Presentation (DCA Budget Office)
19. Enforcement Report (S. Monterrubio)
20. Licensure Committee Report and Consideration of Committee Recommendations (Harb Sheets – Chairperson, Nystrom, Tate)
  - a) Licensing Report
  - b) Continuing Professional Development and Renewals Report
  - c) Examination Report
  - d) OPES Presentation on Examination Performance: APA-accredited vs. Non-APA-accredited programs

- e) Barriers to Telehealth Survey Follow-Up: Review Competency Requirements for Doctoral Programs, Training Settings, and Supervised Experience
- 21. Discuss and Consider Mandatory EPPP2 on January 1, 2026 (S. Casuga)
  - a) History of EPPP2
  - b) Board Position from May 19, 2023
- 22. Review and Possible Approval of Draft 2024-2029 Strategic Plan
- 23. Legislative Proposals
  - a) Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260
  - b) Patient Privilege: Business and Professions Code section 2918
  - c) California Psychological Association Legislative Proposal 2023: Business and Professions Code section 2914
  - d) Legislative Items for Future Meeting. The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4.
- 24. Review Bills for Active Position Recommendations
  - a) AB 2051 (Bonta) Psychology interjurisdictional compact
- 25. Regulatory Update, Review, and Consideration of Additional Changes (M. Cervantes)
  - a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration
  - b) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
  - c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure
  - d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions
  - e) 16 CCR sections 1397.35 – 1397.40 – Corporations
  - f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2
- 26. Discussion of California Psychological Association (CPA) Survey Licensing Timeframes
- 27. Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public



Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

## **ADJOURNMENT**

Action may be taken on any item on the agenda. Items may be taken out of order or held over to a subsequent meeting, for convenience, to accommodate speakers, or to maintain a quorum. Meetings of the Board of Psychology are open to the public except when specifically noticed otherwise, in accordance with the Open Meeting Act.

In the event that a quorum of the Board is unavailable, the president may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code section 11125(c)].

The meeting is accessible to the physically disabled. To request disability-related accommodations, use the contact information below. Please submit your request at least five (5) business days before the meeting to help ensure availability of the accommodation.

You may access this agenda and the meeting materials at [www.psychology.ca.gov](http://www.psychology.ca.gov). The meeting may be canceled without notice. To confirm a specific meeting, please contact the Board.

Contact Person: Antonette Sorrick  
1625 N. Market Boulevard, Suite N-215  
Sacramento, CA 95834  
(916) 574-7720  
[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)

*The Board of Psychology protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.*

## MEMORANDUM

<b>DATE</b>	February 12, 2024
<b>TO</b>	Board of Psychology
<b>FROM</b>	Sarah Proteau Central Services Technician
<b>SUBJECT</b>	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: November 2-3, 2023

**Background:**

Attached are the draft minutes of the November 2-3, 2023, Board Meeting.

**Action Requested:**

Review and approve the minutes of the November 2-3, 2023, Board Meeting.

DRAFT November 2-3, 2023, Minutes

Sheraton Gateway LAX  
6101 West Century Boulevard  
Los Angeles, CA 90045  
(310) 642 – 1111

### **Board Members**

Lea Tate, PsyD, President  
Shacunda Rodgers, PhD, Vice President  
Sheryll Casuga, PsyD, CMPC  
Marisela Cervantes, EdD, MPA  
Seyron Foo  
Mary Harb Sheets, PhD  
Julie Nystrom  
Stephen Phillips, JD, PsyD  
Ana Rescate

### **Board Staff**

Antonette Sorrick, Executive Officer  
Stephanie Cheung, Licensing Manager  
Sandra Monterrubio, Enforcement Program Manager  
Liesel McCockran, CPD/Renewals Coordinator  
Troy Polk, Legislative and Regulatory Analyst  
Anthony Pane, Board Counsel  
Karen Halbo, Regulatory Counsel

Thursday, November 2, 2023

### **Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum**

President Tate called the meeting to order at 9:05 a.m., roll was taken, and a quorum established.

Ms. McCockran provided information regarding Continuing Professional Development (CPD) credit for the meeting.

There was no Board or public comment offered.

### **Agenda Item 2: President's Welcome**

President Tate welcomed all participants and provided some housekeeping items as to the meeting schedule and noted the attendance of former Board President, Dr. Richard Sherman.

a) Mindfulness Exercise

Dr. Rodgers provided a mindfulness exercise.

There was no Board or public comment offered.

**Agenda Item 3: Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].**

There was no Board or public comment offered on this item.

**Agenda Item 4: Discussion and Possible Approval of the Board Meeting Minutes: August 18, 2023**

Dr. Tate presented this item.

It was M/(Foo)/S(Phillips)/C to approve the August 18, 2023, Board Meeting Minutes with any non-substantive, technical corrections from Dr. Rodgers.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

Dr. Tate stated that Agenda Item 10 would be taken up next.

**Agenda Item 10: Licensing and Examination Report**

Ms. Cheung provided this update which was included in the meeting materials beginning on page 90.

Discussion ensued on how applicants could access application timeframes on the website to be better able to set expectations of when their application may be completed. It was noted by Ms. Cheung that this timeframe was updated every two weeks based on the current data and workflow.

Dr. Harb Sheets, Chair of Licensure Committee, thanked Ms. Cheung for her leadership of the Licensing Unit and provided comment that the process of obtaining licensure requires thoughtful consideration of each application and was not always a simple process.

Discussion ensued on Attachment E, which was included in the meeting materials beginning on page 99.

Public Comment

Dr. Elizabeth Winkelman, California Psychological Association (CPA), commented on the improved processing times of the Licensing Unit.

Discussion ensued on the Psychological Testing Technician registration. It was noted that the Board website would publish an FAQ page for the Testing Technician registration with detailed information for reference.

There was no further Board or public comment offered.

Dr. Tate thanked all participants for the discussion and stated that Agenda Item 7 would be taken next.

#### **Agenda Item 7: DCA Update**

Dr. Tate introduced Ms. Yvonne Dorantes, Assistant Deputy Director for Board and Bureau Relations at the Department of Consumer Affairs (DCA)

Ms. Dorantes provided this update which included staffing updates, training options and requirements, and changes to the Bagley Keene guidelines.

Dr. Tate thanked Ms. Dorantes for the update.

Ms. Sorrick thanked Ms. Dorantes for the efforts DCA has made on Diversity, Equity, and Inclusion (DEI) and stated that she and Mr. Burke had attended related trainings that they had found helpful.

There was no further Board or public comment offered.

#### **Agenda Item 5: President's Report**

a) Meeting Calendar

This item was not taken up in the interest of time.

#### **Agenda Item 6: Executive Officer's Report**

a) Personnel Update

This item was not taken up in the interest of time.

#### **Agenda Item 8: Budget Report**

This item was not taken up in the interest of time.

#### **Agenda Item 9: Enforcement Report**

This item was not taken up in the interest of time.

**Agenda Item 11: Continuing Professional Development and Renewals Report**

This item was not taken up in the interest of time.

**Agenda Item 12: Petition for Reinstatement - Barbara T. Kreedman, Ph.D.**

Administrative Law Judge Deena Ghaly presided. Deputy Attorney General Christine Friar Walt was present and represented the People of the State of California. Mr. Adam Brown was present and represented Dr. Barbara Terry Freedman, Ph. D, who was also present.

**Agenda Item 13: Petition for Early Termination of Probation - Fatima M Coley, Psy.D**

Administrative Law Judge Deena Ghaly presided. Deputy Attorney General Christine Friar Walt was present and represented the People of the State of California. Dr. Fatima M. Coley, Psy.D, was present and represented herself.

**Agenda Item 14: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands.**

**Agenda Item 15: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands.**

RETURN TO OPEN SESSION

**Agenda Item 16: Outreach and Communications Committee Report and Consideration of and Possible Action on Committee Recommendations**

a) Strategic Plan Action Plan Update

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 110. She noted that the Board had a Strategic Planning Session in Burlingame on December 7-8, 2023.

There was no Board or public comment offered.

b) Social Media Update

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 133. This included an update on limited analytics that were available to the Board from various social media sites.

Discussion ensued on the outreach efforts of the Board and it was determined a discussion and possible goal could be set at the Strategic Planning Session in December 2023.

There was no further Board or public comment offered.

#### c) Website Statistics Update

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 136.

There was no further Board or public comment offered.

#### d) Update on Newsletter

Dr. Tate provided this update and referenced the latest newsletter which was included in the meeting materials beginning on page 143.

There was no further Board or public comment offered.

#### e) Outreach Activities Update

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 160. She thanked CPA for the outreach opportunity for Board staff participation in two stakeholder events in 2023.

Ms. Sorrick stated her hope that when fees were aligned with revenue, there would once again be opportunity to travel out-of-state to Association of State and Provincial Psychology Boards (ASPPB) meetings and represent the Board.

Dr. Casuga expressed support for Board staff to be able to participate in outreach activities to dispel fear applicants and licensees may have and to put friendly faces to the people on the other side.

Dr. Phillips stated he had attended the Los Angeles Psychological Association (LACPA) convention and that staff in attendance had done a great job with providing information and direction.

Dr. Harb Sheets echoed Dr. Phillips and stated that she had attended the San Diego CPA convention and had similar compliments to staff.

#### Public comment

Scott Parker, CEO, CPA, stated his appreciation for Board Member and staff attendance at the conventions.

Dr. Andrea Davis commented that the Board consider more outreach directed to new applicants and younger people coming into the profession.

There was no further Board or public comment offered.

#### f) Review Barriers to Telehealth Survey and Identify Next Steps

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 161.

Dr. Phillips stated the intent to make four motions based on the recommendations of the Outreach and Communications Committee.

It was M/(Phillips)/S(Tate)/C to assign to the Licensure Committee the task of reviewing competency requirements for doctoral programs, training settings, and supervised experience within the context of the Barriers to Telehealth Survey results.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

It was M/(Phillips)/S(Tate)/C to assign to the enforcement committee to review compliance concerns in light of telehealth requirements including HIPPA, Business and Professions Code Section 2290.5 and California Code of Regulations Section 1396.8 in light of the telehealth survey results.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

It was M/(Phillips)/S(Rodgers)/C to assign to the Outreach and Communications Committee via webcast, podcast, newsletter articles, and social media to engage in partnerships with stakeholders such as the American Psychological Association, the Association of Black Psychologists, the Association of State and Provincial Psychology Boards, the California Psychological Association, and the Trust Regarding Practice Standards and Best Practices in light of the results of the telehealth survey.

Discussion ensued on an estimated timeframe for completion of each task which would be determined by each Committee based on their task.

Dr. Casuga suggested the Association of Regional Center Agencies be added to the list of stakeholders to include to have input regarding developmental delays.



There was no further Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

It was M/(Phillips)/S(Casuga)/C to assign to the Board to provide insight from the survey results for purposes of the board's Strategic Planning Session in December regarding telehealth and future practice issues in light of the results of the telehealth survey.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

**Agenda Item 17: Enforcement Committee Report and Consideration of Committee Recommendations**

a) Expert Recruitment Opportunities and Discuss whether active practice (which is defined as at least 80 hours per month) should be reduced to 40 hours per month.

Ms. Sorrick provided this update which was included in the meeting materials beginning on page 613.

Dr. Phillips, Enforcement Committee Chair, provided a summary of the discussion included in the materials and the committee recommendation that the Board consider adding additional functions to what constitutes the 80 hours of active practice instead of reducing the number of hours to 40.

It was M/(Foo)/S(Tate) to adopt the Enforcement Committee recommendation that the Board consider adding the additional functions to what constitutes the 80 hours of active practice instead of reducing the number of hours to 40.

Discussion ensued on functions to add to the list. Suggestions included:

- Participation on a Board or Committee of a professional organization
- Expertise in intellectual disabilities including autism or a similar diagnosis.

It was determined that this discussion would go back to Committee for further comment and a more complete list in the effort to broaden the candidate pool of subject matter experts and it would be brought back to the Board. As such, the motion died on the floor.

Public comment

Dr. Andrea Davis stated her support to expand the functions to what would constitute 80 hours of active practice.

There was no further public comment offered.

The Board went to Closed Session.

The meeting adjourned at 5:47 p.m.

Friday, November 3, 2023

9:30 a.m. – 5:00 p.m. or until Completion of Business

**Agenda Item 18: Call to Order/Roll Call/Establishment of a Quorum**

President Tate called the meeting to order at 9:31 a.m., roll was called, and a quorum established.

**Agenda Item 19: Pursuant to Government Code section 11126(a)(1) the Board will conduct the annual performance evaluation and consider the salary of its Executive Officer.**

CLOSED SESSION

**Agenda Item 20: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.**

RETURN TO OPEN SESSION

**Agenda Item 21: Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].**

Kathleen Russell, Executive Director of the Center for Judicial Excellence, made a comment which included a request for reconsideration on a disciplinary decision.

There was no further public comment offered.

Dr. Tate stated that Agenda Item 24 would be taken next.

**Agenda Item 24: Election of Officers**

Mr. Pane led the process of elections.

Dr. Casuga nominated Dr. Tate for the position of President. There were no other nominations for President.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

Dr. Casuga nominated Dr. Rodgers for the position of Vice-President. There were no other nominations for Vice-President.

There was no Board or public comment offered.

Vote

7 Ayes (Casuga, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes

Dr. Tate was re-elected as Board President and Dr. Rodgers was re-elected as Vice President.

## **Agenda Item 22: Legislative and Regulatory Affairs Committee Update**

a) Board-Sponsored Legislation

1) SB 816 (Roth) Professions and Vocations - Fee Schedule

Mr. Polk provided this update which was included in the meeting materials beginning on page 624 and provided as informational only, with no action required.

Discussion ensued on this item which included historical context of fees having not been raised in 30 years, the structural imbalance, and various increases and decreases which would go into effect in January 2024.

There was no further Board and no public comment offered.

2) SB 887 (Senate Committee on Business, Professions and Economic Development) Suicide Risk Assessment and Intervention Coursework and Aging and Long-Term Care Coursework: Business and Professions Code sections 2915.4 and 2915.5

Mr. Polk provided this update which was included in the meeting materials beginning on page 625 and provided as informational only, with no action required.

Discussion ensued about this bill and the hope that it would make the licensing process easier.

There was no further Board and no public comment offered.

b) Review of Bills for Active Position

1) AB 282 (Aguiar-Curry) Psychologists: licensure

Mr. Polk provided this update which was included in the meeting materials beginning on page 626 and provided as informational only, with no action required.

Dr. Elizabeth Winkelman, California Psychological Association (CPA), thanked Board for support on this bill and asked for anticipated date it would go into effect.

Ms. Cheung stated the anticipated date is Q4 in 2025 which would be just in time for implementation of the new structure of January 1, 2026.

Mr. Foo stated his understanding that the timeline was not a process the Board could control.

Ms. Cheung agreed and explained the lengthy regulatory process which typically takes 2-3 years.

There was no further Board or public comment offered.

#### 2) AB 665 (Carrillo) Minors: consent to mental health services

Mr. Polk provided this update which was included in the meeting materials beginning on page 627 and provided as informational only, with no action required.

Dr. Phillips stated that this was an interesting bill and provided a brief description of the benefits of the bill.

There was no further Board and no public comment offered.

#### 3) AB 883 (Mathis) Business Licenses: U.S. Department of Defense SkillBridge program

Mr. Polk provided this update which was included in the meeting materials beginning on page 629 and provided as informational only, with no action required.

There was no Board or public comment offered.

#### 4) SB 331 (Rubio) Child custody: child abuse and safety

Mr. Polk provided this update which was included in the meeting materials beginning on page 630 and provided as informational only, with no action required.

Kathleen Russell, Executive Director of the Center for Judicial Excellence, stated they would be having a follow up meeting with the DOJ and that she would keep the Board informed of the discussion.

Dr. Phillips congratulated Ms. Russell on her tireless efforts.

There was no further Board or public comment offered.

5) AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-interest policy

Mr. Polk provided this update which was included in the meeting materials beginning on page 632 and provided as informational only, with no action required.

There was no Board or public comment offered.

6) SB 372 (Menjivar) Department of Consumer Affairs: licensee and registrant records: name and gender changes

Mr. Polk provided this update which was included in the meeting materials beginning on page 633 and provided as informational only, with no action required.

There was no Board comment offered.

Dr. Elizabeth Winkelman, CPA, stated CPA co-sponsored this bill and asked about the implementation process.

Ms. Cheung stated that this would be a global process and that the Board currently did not have an implementation process but would keep the public updated.

Dr. Winkelman provided a brief description of the bill.

There was no further Board or public comment offered.

7) SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

Mr. Polk provided this update which was included in the meeting materials beginning on page 635 and provided as informational only, with no action required.

There was no Board or public comment offered.

8) SB 815 (Roth) Healing Arts

Mr. Polk provided this update which was included in the meeting materials beginning on page 637 and provided as informational only, with no action required.

Mr. Foo asked about the implementation plan and whether the Board would be inheriting staff from medical board as a result of inheriting this new registration category.

Dr. Phillips stated that unfortunately the Board would not receive more staff.

There was no further Board and no public comment offered.

9) SB 805 (Portantino) Health care coverage: pervasive developmental disorders or autism

Mr. Polk provided this update which was included in the meeting materials beginning on page 639 and provided as informational only, with no action required.

There was no Board comment offered.

Dr. Andrea Davis, President of the DIR/Floortime Coalition of California, expressed gratification of Board's support of the bill and offering support to work on the exact requirements.

Dr. Tate thanked Dr. Davis for her comment and feedback.

c) Watch Bills

1) AB 248 (Mathis) Individuals with intellectual or developmental disabilities: The Dignity for All Act

2) AB 1163 (Rivas) State forms: gender identity

3) AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on another state's law

4) SB 58 (Weiner) Controlled substances: decriminalization of certain hallucinogenic substances

5) SB 373 (Menjivar) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: licensee's and registrants' addresses

6) SB 802 (Roth) Licensing boards: disqualification from licensure: criminal conviction.

Mr. Polk asked if the Board had any questions on the Watch Bills.

Dr. Casuga appreciates staff taking on watch bills that were recommended by Board members, and specifically AB 248.

There was no further Board and no public comment offered.

d) Legislative Items for Future Meeting. The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4.

Mr. Foo requested a briefing of implications on Proposition 63 as well as accompanying measure of facilities. If staff finds nothing substantiative for staff to come back and say an analysis was done and there was no need for a full briefing.

Dr. Casuga asked the Board to watch bills related to anything that could affect the profession, such as drug assisted therapies, psychological services related to AI.

There was no further Board and no public comment offered.

**Agenda Item 23: Regulatory Update, Review, and Consideration of Additional Changes**

a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration

Mr. Polk provided a brief description of the package as well as the update of where this regulatory package is in in the rulemaking process.

There was no Board or public comment offered.

b) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Mr. Polk provided a brief description of the package as well as the update of where this regulatory package is in in the rulemaking process.

There was no Board or public comment offered.

c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure

Mr. Polk provided a brief description of the package as well as the update of where this regulatory package is in in the rulemaking process.

There was no Board or public comment offered.

d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions

Mr. Polk provided a brief description of the package as well as the update of where this regulatory package is in in the rulemaking process.

There was no Board or public comment offered.

e) 16 CCR sections 1397.35 – 1397.40 – Corporations

f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2

25. Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

Mr. Foo asked that in the future we have one administrative hearing in the morning and one in the afternoon.

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Dr. Casuga asked that we continue to have the mindfulness exercise.

Kathleen Russell asked for clarification if the packets she had provided would be delivered to the members.

Mr. Pane will make them available to the Board once they are reviewed and approved for distribution by legal counsel.

The meeting adjourned 1:58 p.m.

DRAFT



# 2024 Board Meeting/Event Calendar

## Board Meeting

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 29 – March 1, 2024	IN PERSON Sacramento, CA	<a href="#">Agenda</a>		
Board Meeting	May 10, 2024	IN PERSON Los Angeles, CA			
Board Meeting	August 16, 2024	IN PERSON Bay Area, CA			
Board Meeting	November 7-8, 2024	IN PERSON San Diego, CA			

## Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	February 2, 2024	Hybrid	<a href="#">Agenda</a> <a href="#">Materials</a>		<a href="#">Webcast</a>
Licensure Committee Meeting	July 19, 2024	Hybrid			

## Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 12, 2024	Webex			
Legislative and Regulatory Affairs Committee	June 14, 2024	Webex			

## Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 27, 2024	Webex			

## Research Psychoanalyst Ad hoc Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Research Psychoanalyst Ad hoc Committee	September 13, 2024	IN PERSON Sacramento, CA			

[Previous Years Board Meeting/Event Calendars](#)

## MEMORANDUM

<b>DATE</b>	February 8, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Antonette Sorrick, Executive Officer
<b>SUBJECT</b>	<b>Executive Officer's Report: Agenda Item 6(a)</b>

**Background:**

The following items are included in the memo below or attached.

- 1) Personnel Update

**Personnel Update**

Authorized Positions: 28.30

Temp Help: 3.0

Vacancies: 3.0

New Hires	
Classification	Program

Promotions

Vacancies
<ol style="list-style-type: none"><li>1. Licensing Analyst (SSA). The Board made a conditional offer to a candidate to fill the half time limited term vacancy.</li><li>2. Examinations Coordinator (AGPA). The Board will be seeking to fill the position recently vacated by Lavinia Snyder who retired with the Board.</li><li>3. Enforcement Analyst (AGPA). The Board will be seeking to fill the position vacated by Ashley Castleberry. After two rounds of interviews, an offer was made but the individual accepted a position at another agency. The Board will conduct interviews and hope to have the position filled by the end of April.</li></ol>

**Action Requested:**

This item is for informational purposes only.

## MEMORANDUM

<b>DATE</b>	February 14, 2023
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Jon Burke, Assistant Executive Officer
<b>SUBJECT</b>	Agenda Item 18 – Budget Report

### **Background**

As of Fiscal Month (FM) 6, the Board projects collecting \$7.250 million in revenue during the current Fiscal Year 2023-24. Board staff will continue to monitor revenue with the Budget Office monthly. As for expenditures for 2023-2024, based on FM 6, the Board is projected to spend approximately \$8,165 million of its budgeted appropriation of \$8.481 million leaving a balance of approximately \$316 thousand.

### **Action Requested**

This item is for informational purposes only. There is no action required at this time.

Attachment # 1: Fiscal Month 6 Expenditure Report  
Attachment # 2: Fiscal Month 6 Revenue Report  
Attachment # 3: Fund Condition  
Attachment # 4: Expenditure and Revenue Comparison

Department of Consumer Affairs  
Expenditure Projection Report  
Board of Psychology  
Reporting Structure(s): 11112100 Support  
Fiscal Month: 6  
Fiscal Year: 2023 - 2024

PERSONAL SERVICES

Fiscal Code	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100 PERMANENT POSITIONS	\$1,753,000	\$1,783,554	\$1,830,000	\$186,685	\$946,488	\$0	\$946,488	\$1,948,853	-\$118,853
5100 TEMPORARY POSITIONS	\$47,000	\$93,730	\$47,000	\$3,257	\$39,078	\$0	\$39,078	\$75,000	-\$28,000
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$31,392	\$22,000	\$5,606	\$9,986	\$0	\$9,986	\$33,800	-\$11,800
5150 STAFF BENEFITS	\$1,212,000	\$1,084,865	\$1,272,000	\$123,206	\$616,840	\$0	\$616,840	\$1,266,676	\$5,324
PERSONAL SERVICES	\$3,034,000	\$2,993,540	\$3,171,000	\$318,754	\$1,612,392	\$0	\$1,612,392	\$3,324,330	-\$153,330

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301 GENERAL EXPENSE	\$107,000	\$64,912	\$107,000	\$347	\$13,818	\$44,205	\$58,024	\$90,967	\$16,033
5302 PRINTING	\$55,000	\$20,661	\$55,000	\$2,858	\$5,327	\$16,079	\$21,405	\$23,905	\$31,095
5304 COMMUNICATIONS	\$31,000	\$3,895	\$31,000	\$80	\$1,072	\$0	\$1,072	\$4,275	\$26,725
5306 POSTAGE	\$19,000	\$4,314	\$19,000	\$0	\$2,460	\$0	\$2,460	\$4,500	\$14,500
5308 INSURANCE	\$0	\$38	\$0	\$0	\$0	\$0	\$0	\$38	-\$38
53202-204 IN STATE TRAVEL	\$25,000	\$9,520	\$25,000	\$2,367	\$3,877	\$0	\$3,877	\$10,484	\$14,516
5322 TRAINING	\$18,000	\$0	\$18,000	\$0	\$1,000	\$0	\$1,000	\$1,000	\$17,000
5324 FACILITIES	\$153,000	\$233,034	\$153,000	\$19,046	\$114,927	\$119,174	\$234,101	\$244,615	-\$91,615
53402-53403 C/P SERVICES (INTERNAL)	\$1,353,000	\$941,266	\$1,426,000	\$88,546	\$444,096	\$0	\$444,096	\$1,312,866	\$113,134
53404-53405 C/P SERVICES (EXTERNAL)	\$633,000	\$435,768	\$781,000	\$42,103	\$195,751	\$119,282	\$315,032	\$447,156	\$333,844
5342 DEPARTMENT PRORATA	\$2,431,000	\$2,019,243	\$2,581,000	\$613,250	\$1,839,750	\$0	\$1,839,750	\$2,581,000	\$0
5342 DEPARTMENTAL SERVICES	\$54,000	\$49,619	\$54,000	\$36	\$19,844	\$0	\$19,844	\$49,640	\$4,360
5344 CONSOLIDATED DATA CENTERS	\$15,000	\$17,962	\$15,000	\$0	\$0	\$0	\$0	\$17,962	-\$2,962
5346 INFORMATION TECHNOLOGY	\$7,000	\$1,774	\$7,000	\$718	\$1,823	\$0	\$1,823	\$3,402	\$3,598
5362-5368 EQUIPMENT	\$35,000	\$43,597	\$38,000	\$15,508	\$18,512	\$10	\$18,523	\$41,812	-\$3,812
5390 OTHER ITEMS OF EXPENSE	\$0	\$0	\$0	\$137	\$232	\$3,525	\$3,757	\$3,820	-\$3,820
54 SPECIAL ITEMS OF EXPENSE	\$0	\$2,833	\$0	\$0	\$339	\$0	\$339	\$3,500	-\$3,500
OPERATING EXPENSES & EQUIPMENT	\$4,936,000	\$3,848,435	\$5,310,000	\$784,995	\$2,662,827	\$302,275	\$2,965,102	\$4,840,942	\$469,058

OVERALL TOTALS	\$7,970,000	\$6,841,975	\$8,481,000	\$1,103,749	\$4,275,219	\$302,275	\$4,577,494	\$8,165,272	\$315,728
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3.75%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11112100 Support

Fiscal Month: 6

Fiscal Year: 2023 - 2024

Revenue

	Budget	July	August	September	October	November	December	Year to Date	Projection To Year End
Delinquent Fees	\$83,000	\$4,853	\$6,105	\$7,113	\$6,110	\$4,835	\$4,550	\$33,565	\$71,193
Other Regulatory Fees	\$102,000	\$10,565	\$17,125	\$15,175	\$22,049	\$12,030	\$11,791	\$88,735	\$151,402
Other Regulatory License and Permits	\$891,000	\$96,421	\$75,647	\$87,288	\$73,709	\$63,123	\$45,219	\$441,407	\$884,581
Other Revenue	\$63,000	\$75	\$125	\$960	\$55,268	\$56	\$35	\$56,519	\$156,879
Renewal Fees	\$6,205,000	\$429,139	\$446,062	\$614,596	\$734,597	\$417,604	\$366,495	\$3,008,493	\$5,985,636
Revenue	\$7,344,000	\$541,052	\$545,064	\$725,131	\$891,732	\$497,649	\$428,090	\$3,628,719	\$7,249,690

Reimbursements

	Budget	July	August	September	October	November	December	Year to Date	Projection To Year End
Scheduled Reimbursements	\$0	\$1,225	\$637	\$882	\$392	\$98	\$245	\$3,479	\$5,051
Unscheduled Reimbursements	\$0	\$40,166	\$15,502	\$21,589	\$22,976	\$28,972	\$10,461	\$139,666	\$163,866
Reimbursements	\$0	\$41,391	\$16,139	\$22,471	\$23,368	\$29,070	\$10,706	\$143,145	\$168,917

**0310 - Board of Psychology's Fund Analysis of Fund Condition**  
**(Dollars in Thousands)**  
**2024-25 Govenor's Budget W-FM6 FC**

Prepared 01.25.2024

	Actual 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26
<b>BEGINNING BALANCE</b>				
Prior Year Adjustment	\$ 6,296	\$ 5,661	\$ 4,340	\$ 4,652
Adjusted Beginning Balance	\$ -76	\$ -	\$ -	\$ -
	\$ 6,220	\$ 5,661	\$ 4,340	\$ 4,652
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>				
Revenues				
4121200 - Delinquent fees	\$ 68	\$ 71	\$ 96	\$ 96
4127400 - Renewal fees	\$ 4,611	\$ 5,986	\$ 7,750	\$ 7,750
4129200 - Other regulatory fees	\$ 145	\$ 151	\$ 102	\$ 102
4129400 - Other regulatory licenses and permits	\$ 743	\$ 885	\$ 998	\$ 998
4143500 - Miscellaneous Services to the Public	\$ 1	\$ -	\$ -	\$ -
4150500 - Interest Income from Interfund Loans	\$ 12	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 159	\$ 155	\$ 68	\$ 71
4171400 - Escheat of unclaimed checks and warrants	\$ 3	\$ 2	\$ -	\$ -
Totals, Revenues	\$ 5,742	\$ 7,250	\$ 9,014	\$ 9,017
Loan Repayment from the General Fund (0001) to the Psychology Fund (0310) per Item 1111-011-0310, Budget Act of 2020	\$ 900	\$ -	\$ -	\$ -
Totals, Transfers and Other Adjustments	\$ 900	\$ -	\$ -	\$ -
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	\$ 6,642	\$ 7,250	\$ 9,014	\$ 9,017
<b>TOTAL RESOURCES</b>	\$ 12,862	\$ 12,911	\$ 13,354	\$ 13,669
Expenditures:				
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 6,651	\$ 7,996	\$ 8,090	\$ 8,333
9892 Supplemental Pension Payments (State Operations)	\$ 94	\$ 94	\$ 67	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 456	\$ 481	\$ 545	\$ 545
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	\$ 7,201	\$ 8,571	\$ 8,702	\$ 8,878
<b>FUND BALANCE</b>				
Reserve for economic uncertainties	\$ 5,661	\$ 4,340	\$ 4,652	\$ 4,791
Months in Reserve	7.9	6.0	6.3	6.3

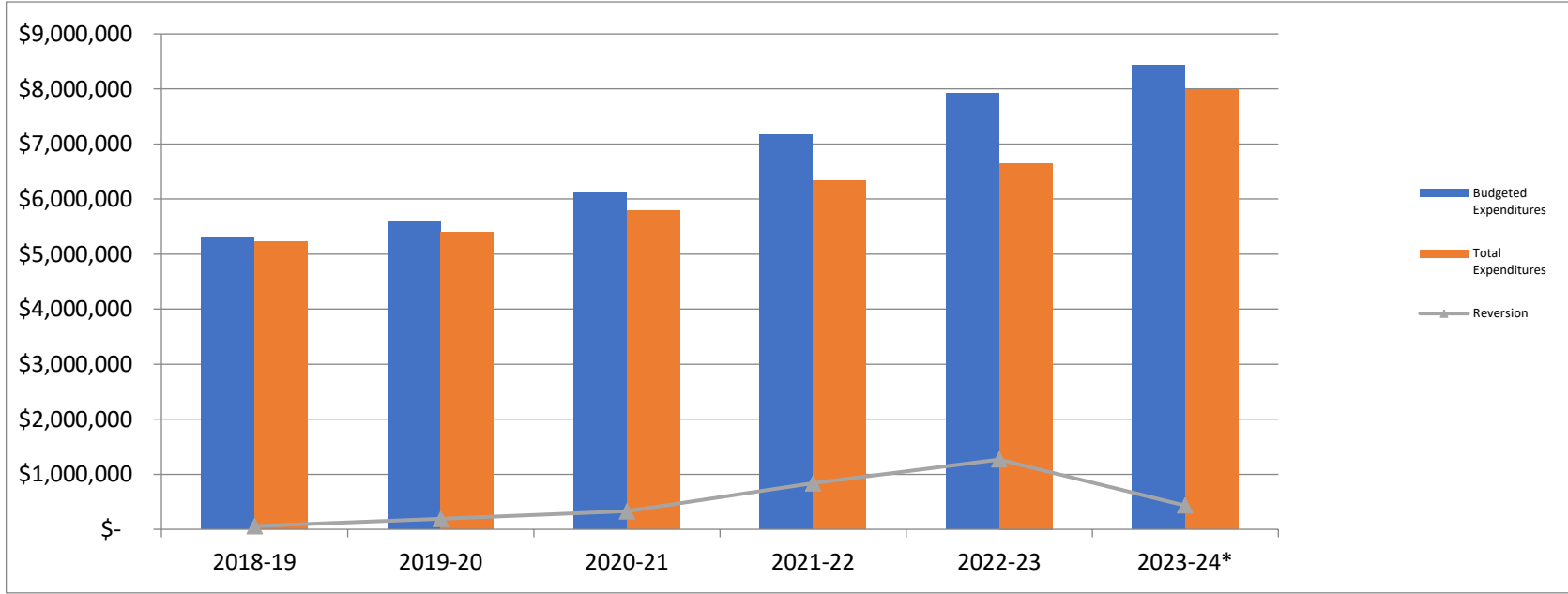
**NOTES:**

1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Expenditure growth projected at 3% beginning BY +1.
3. 1111 CY expenditure include total reimbursement projection of \$169,000 .



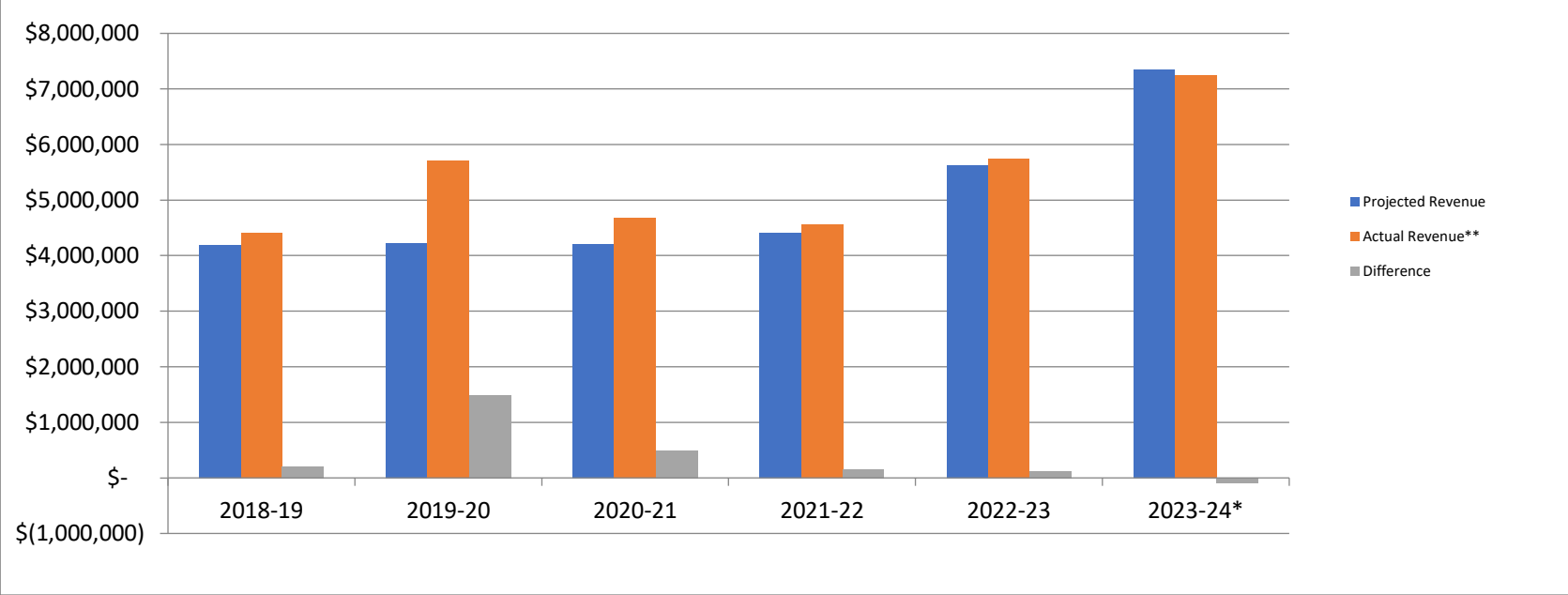
Psychology Expenditure Comparison (Budgeted vs. Actual)						
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24*
Budgeted Expenditures	\$ 5,290,000	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,430,000
Total Expenditures	\$ 5,232,000	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 7,996,000
Reversion	\$ 58,000	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 434,000

\*Based on FM 3 Projections



Psychology Revenue Comparison (Projected vs. Actual)						
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24*
Projected Revenue	\$ 4,195,000	\$ 4,219,000	\$ 4,201,689	\$ 4,411,000	\$ 5,623,000	\$ 7,344,000
Actual Revenue**	\$ 4,404,000	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,250,000
Difference	\$ 209,000	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ (94,000)

\*Based on FM 3 Projections





## MEMORANDUM

<b>DATE</b>	February 13, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
<b>SUBJECT</b>	Agenda Item 19, Enforcement Report

Please find attached the Overview of Enforcement Activity conveying complaint, investigation, and discipline statistics to date for the current fiscal year and the most recent Performance Measures.

The Enforcement Unit is still looking to backfill Ashley Castleberry's Enforcement Analyst position. We have held two rounds of interviews and made a conditional offer to an applicant. However, the applicant accepted another position with another state agency so we will hold another round of interviews in the next few weeks. Current staff has absorbed Ashley's workload and are doing their best to maintain their heavy workload.

### Complaint Program

Since July 1, 2023, the Board has received 706 complaints. All complaints received are opened and assigned to an enforcement analyst.

### Citation Program

Since July 1, 2023, the Board has issued thirteen (13) enforcement citations. Citation and fines are issued for minor violations.

### Discipline Program

Since July 1, 2023, the Board has referred sixteen (16) case to the Office of the Attorney General for formal discipline.

### Probation Program

Enforcement staff is currently monitoring 35 (thirty-five) active probationers and 14 (fourteen) tolled probationers. Of the 35 active probationers, two are out of compliance. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:

Overview of Enforcement Activity  
Performance Measures

Action Requested

This item is for informational purposes only.

# BOARD OF PSYCHOLOGY

## Overview of Enforcement Activity

LICENSES	19/20	20/21	21/22	22/23	23/24
Psychologist	18,763	22,058	22,289	22,610	22,731
Psychological Associates	1,344	1,348	1,450	1,701	1,837
Psychological Testing Technicians					7
<b>COMPLAINTS</b>					
Complaints Received <sup>1</sup>	1,092	1,130	742	820	706
Arrest Reports Received	43	32	34	14	20
Investigations Opened <sup>2</sup>	829	788	761	610	508
<b>ENFORCEMENT OUTCOMES</b>					
<b>Total Citations Issued</b>	<b>35</b>	<b>37</b>	<b>31</b>	<b>30</b>	<b>13</b>
<b>Total Cases Referred to AG</b>	<b>75</b>	<b>60</b>	<b>52</b>	<b>29</b>	<b>16</b>
Accusations	47	32	29	17	6
Statement of Issues	10	1	4	1	1
Petition to Revoke Probation	2	2	0	2	0
Petitions for Penalty Relief	4	8	4	3	1
Petition for Reinstatement	3	3	2	1	1
<b>Total Filings</b>	<b>66</b>	<b>46</b>	<b>28</b>	<b>24</b>	<b>9</b>
Accusations Withdrawn/Dismissed	1	3	3	1	
Statement of Issues Withdrawn	3	2	0	0	0
<b>Total Filings Withdrawn/Dismissed</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>0</b>
Revocations	9	1	4	1	1
Probation	16	14	12	5	6
Surrender	12	12	7	9	7
Reprovals	2	6	7	3	1
Interim Orders	2	0	1	0	0
Statement of Issues-License Denied	0	1	1	0	1
<b>Total Disciplinary Decisions</b>	<b>41</b>	<b>34</b>	<b>32</b>	<b>18</b>	<b>16</b>
Petitions for Penalty Relief Denied	3	2	3	3	1
Petitions for Penalty Relief Granted	2	0	1	0	0
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	1	0	3	1	1
<b>Total Other Decisions</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>4</b>	<b>2</b>
<b>VIOLATION TYPES</b>					
Gross Negligence/Incompetence	28	29	24	18	11
Repeated Negligent Acts	15	25	17	17	12
Self-Abuse of Drugs or Alcohol	1	12	7	2	3
Dishonest/Corrupt/Fraudulent Act	10	6	7	9	8
Mental Illness	1	0	2	1	2
Aiding Unlicensed Practice	0	1	3	2	0
General Unprofessional Conduct	25	26	25	16	8
Probation Violation	6	7	5	0	3
Sexual Misconduct	4	7	8	4	4
Conviction of a Crime	7	10	8	1	7
Discipline by Another State Board	0	2	2	3	0
Misrepresentation of License Status	3	1	3	0	0

\*\*Enforcement data pulled on February 14, 2024

<sup>1</sup> Complaints Received-refers to all complaints submitted to the Board even if the complaint does not fall within the Board's jurisdiction or if multiple complaints are filed regarding a single incident.

<sup>2</sup> Investigations Opened-refers to complaints where a desk investigation is initiated.

Select a DCA Entity

Board of Psychology

Select a Fiscal Year

FY2023/24

Select a Quarter

Q1

Case Type

Complaints Volume

Conviction/Arrest Volume

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

Board of Psychology New Cases Summary

Data last refreshed on 02/01/2024

Complaints Volume	Conviction/Arrest Volume	Total Volume
326	11	337

Board of Psychology

FY2023/24:Q1 - Case Volume

Month	Complaints Volume	Conviction/Arrest Volume	Total Volume
July	110	1	111
August	96	5	101
September	120	4	124

Board of Psychology

FY2023/24:Q1 - Case Volume % Distribution

Month	Complaints Volume %	Conviction/Arrest Volume %	Total Volume %
July	98.2%	1.8%	100%
August	95.0%	5.0%	100%
September	96.8%	3.2%	100%

Data Source:

California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instanc..

Select a DCA Entity  
Board of Psychology

Select a Fiscal Year  
FY2023/24

Select a Quarter  
Q1

Cycle Time  
☒ Actual ☐ Target

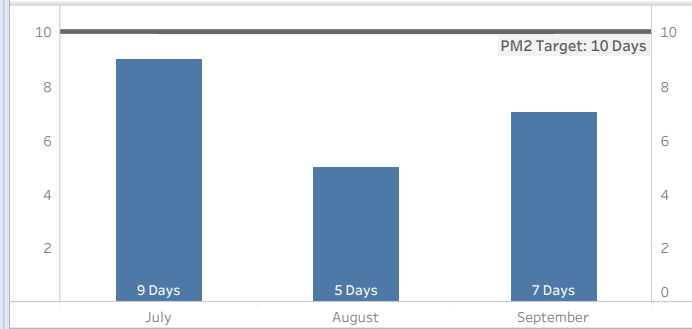
**Performance Measure 2** represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

#### Board of Psychology PM2 Performance Summary

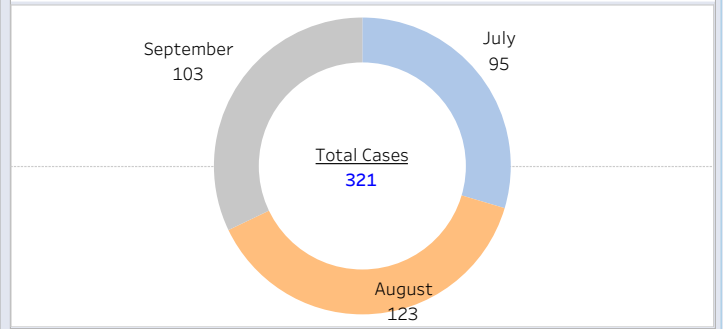
Data last refreshed on 02/01/2024

Case Volume	Target	Actual	Variance
321	10 Days	7 Day(s)	▼ -3 Day(s)

#### Board of Psychology FY2023/24: Q1 | PM2 - Intake Cycle Time



#### Board of Psychology FY2023/24: Q1 | PM2 - Volume



**Data Source:** California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity  
Board of Psychology

Select a Fiscal Year  
FY2023/24

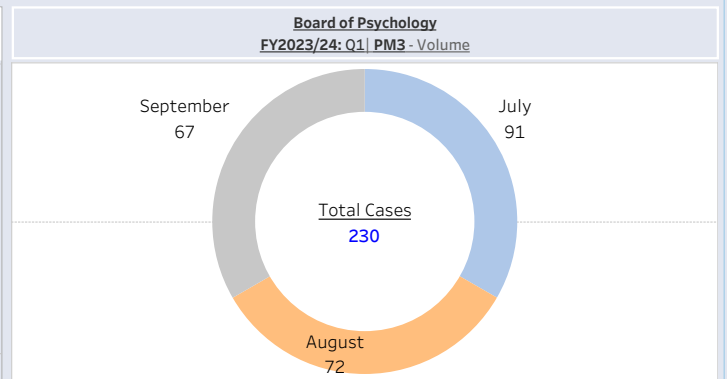
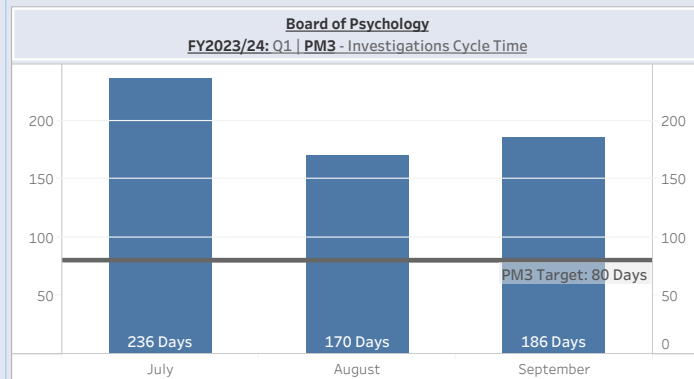
Select a Quarter  
Q1

Cycle Time  
Actual Target

**Performance Measure 3 (Investigation)** – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

**Board of Psychology PM3 Performance Summary**  
*Data last refreshed on 02/01/2024*

Case Volume	Target	Actual	Variance
230	80 Days	201 Day(s)	▲ 121 Day(s)



**Data Source:** [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instance..

Select a DCA Entity  
Board of Psychology

Select a Fiscal Year  
FY2023/24

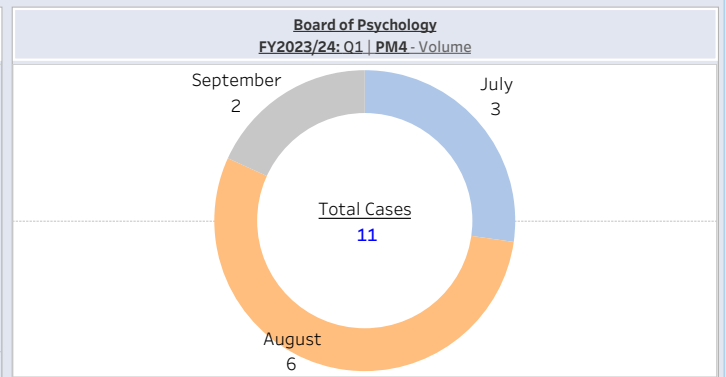
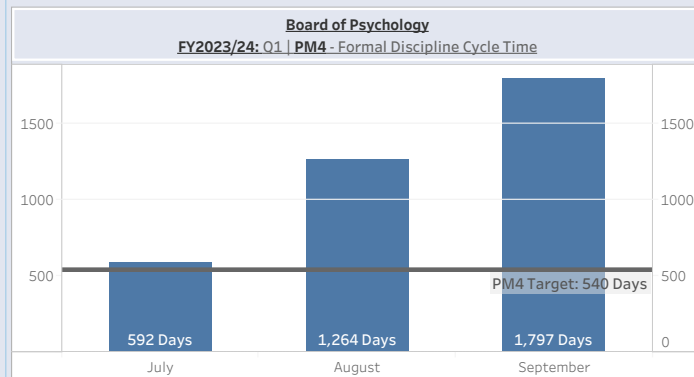
Select a Quarter  
Q1

Cycle Time  
Actual Target

**Performance Measure 4 (Formal Discipline)** – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

**Board of Psychology PM4 Performance Summary**  
*Data last refreshed on 02/01/2024*

Case Volume	Target	Actual	Variance
11	540 Days	1,178 Day(s)	▲ 638 Day(s)



**Data Source:** [California Department of Consumer Affairs, OIS/Data Governance Unit](#). The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instance..

Select a DCA Entity  
Board of Psychology

Select a Fiscal Year  
FY2023/24

Performance Measure  
PM7

Select a Quarter  
Q1

Cycle Time  
Actual Target

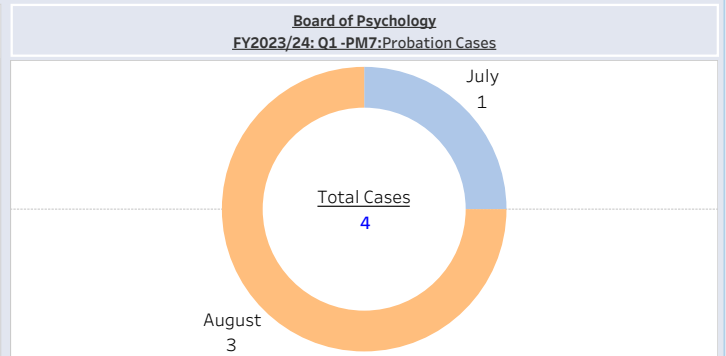
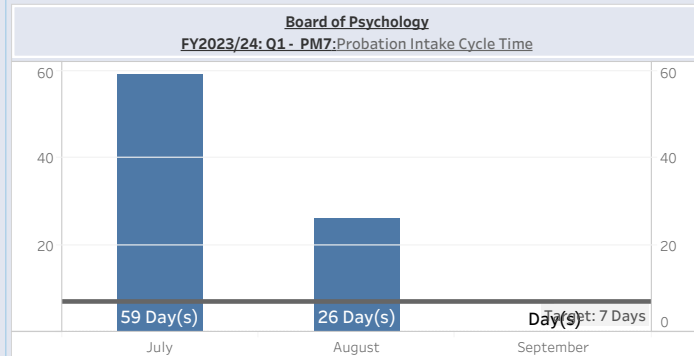
**Performance Measure 7 (Probation Case Intake)** – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

**Performance Measure 8 (Probation Violation Response)** – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

**Board of Psychology PM7 Performance Summary**

*Data last refreshed on 02/01/2024*

Case Volume	Target	Actual	Variance
4	7 Days	34 Day(s)	▲ 27 Day(s)



**Data Source:** California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.



## MEMORANDUM

<b>DATE</b>	February 12, 2024
<b>TO</b>	Board Members
<b>FROM</b>	Mai Xiong Licensing/BreEZe Coordinator
<b>SUBJECT</b>	<b>Agenda Item 20(a)</b> Licensing Report

### **BreEZe Update:**

The Board has launched the new Registered Psychological Testing Technician (PTT) applications on BreEZe as of January 4, 2024. Individuals can apply for a PTT registration and pay the application fee online. PTT applicants or registrants can request to add or change a supervisor and update their addresses of record. Online renewal functionality has also been enabled for PTT registrants.

### **License/Registration Data by Fiscal Year:**

License & Registration	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24**
<b>Psychologist*</b>	20,575	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,611	22,725
<b>Psychological Associate</b>	1,701	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,837
<b>Psychological Testing Technician***</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5

\*Includes licensees who are in Current and Inactive status

\*\*As of February 12, 2024

\*\*\*The psychological testing technician registration category became effective 1/1/2024, thus there are no data prior to 1/1/2024.

As of February 12, 2024, there are 22,725 licensed psychologists, 1,837 registered psychological associates, and 5 registered psychological testing technicians that are overseen by the Board. This includes 20,496 licensed psychologists who are in the “current” status and 2,229 licensed psychologists who are in the “inactive” status, which is provided in the Licensing Population Report (Attachment A). This report also provides a snapshot of the number of psychologists, psychological associates, and psychological testing technicians in each status at the time it was generated.

### **Application Workload Reports:**

The attached reports provide statistics from August 2023 through January 2024 on the application status by month for psychologist license, psychological associate, and psychological testing technician registrations (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board’s reference.

## Psychologist Application Workload Report

“Exam Eligible for EPPP” (Examination for Professional Practice in Psychology) is the first step towards licensure. In this step, an applicant has applied to take the EPPP. An application with an “open” status means it is deficient or pending initial review.

“Exam Eligible for CPLEE” is the second step towards licensure. In this step, the applicant has successfully passed the EPPP and has applied to take the CPLEE. An application with an “open” status means it is deficient or pending review.

“CPLEE Retake Transaction” is a process for applicants who need to retake the CPLEE due to an unsuccessful attempt. This process is also created for licensees who are required to take the CPLEE due to probation. An application with an “open” status means it is deficient, pending review, or an applicant is waiting for approval to re-take the examination when the new form becomes available in the next quarter.

“Initial App for Psychology Licensure” is the last step of licensure. This transaction captures the number of licenses that are issued if the status is “approved” or pending additional information when it has an “open” status.

## Psychological Associate Application Workload Report

Psychological Associate registration application is a single-step process. The “Initial Application” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Since all psychological associates hold a single registration number, an additional mechanism, the “Change of Supervisor” transaction, is created to facilitate the process for psychological associates who wish to practice with more than one primary supervisor or to change primary supervisor. A transaction is opened and processed when all information is received, thus there is no open status for this transaction type.

## Psychological Testing Technician Application Workload Report

The “Psychological Testing Tech Initial” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

The “Change of Supervisor” transaction for the Psychological Testing Technician is created to allow a psychological testing technician to practice with more than one supervisor or to request to remove a supervisor who the psychological testing technician is no longer providing services under. This transaction captures the number of approved notifications to add, change or remove a supervisor if the status is “approved” or pending additional information or initial review when it has an “open” status.

### **Applications and Notifications Received**

Attachment C provides the number of new applications and notifications received in the last 12-month period with the addition of the new psychological testing technician applications and notifications. In comparison to the same 12-month period in 2022/2023, there is a decrease of 67 psychologist applications and 28 psychological associate applications and an increase of 145 psychological associate notifications.

### **Average Application Processing Timeframes**

The Board reviews and processes applications based on a first-come, first-served basis. This includes, but not limited to, all applications, supporting materials, and responses to application deficiencies, are reviewed according to the date they are received.

Attachment D (Average Application Processing Timeframes) provides a 6-month overview of average application processing timeframes in business days. The processing timeframes are collected and posted on the Board's website approximately every two weeks. The monthly average application processing timeframes provided on Attachment D are based on the first set of data collected for that month.

The psychological testing technician application processing timeframes have been added on Attachment D; however, the psychological testing technician data is limited as the registration type has recently become effective on January 1, 2024.

### **Attachments:**

- A. Licensing Population Report as of February 12, 2024
- B. Application Workload Reports August 2023 – January 2024 as of February 12, 2024
- C. Applications and Notifications Received February 2023 – January 2024 as of February 12, 2024
- D. Average Application Processing Timeframes – September 2023 to February 2024 as of February 12, 2024

### **Action:**

This is for informational purposes only. No action is required.



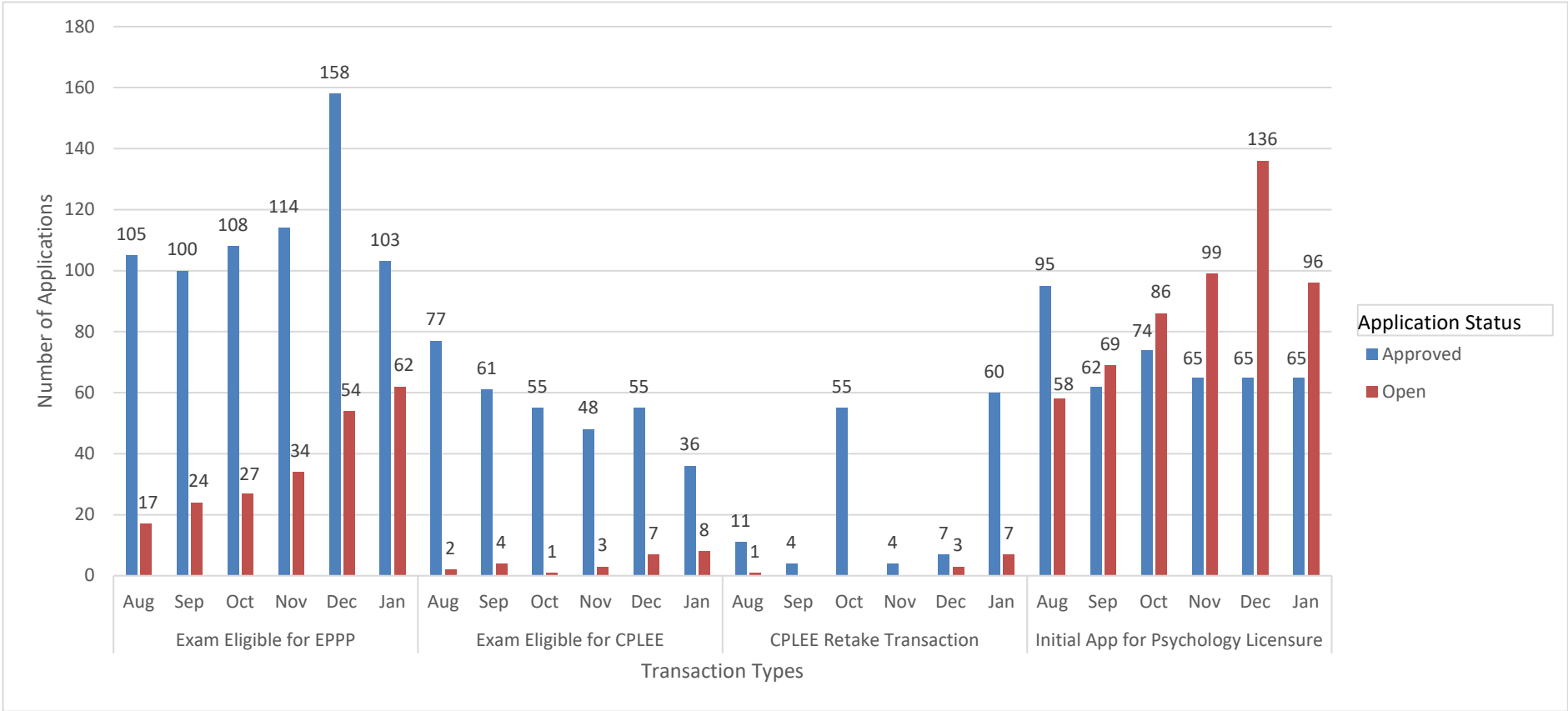
STATE DEPARTMENT OF CONSUMER AFFAIRS  
BREEZE SYSTEM



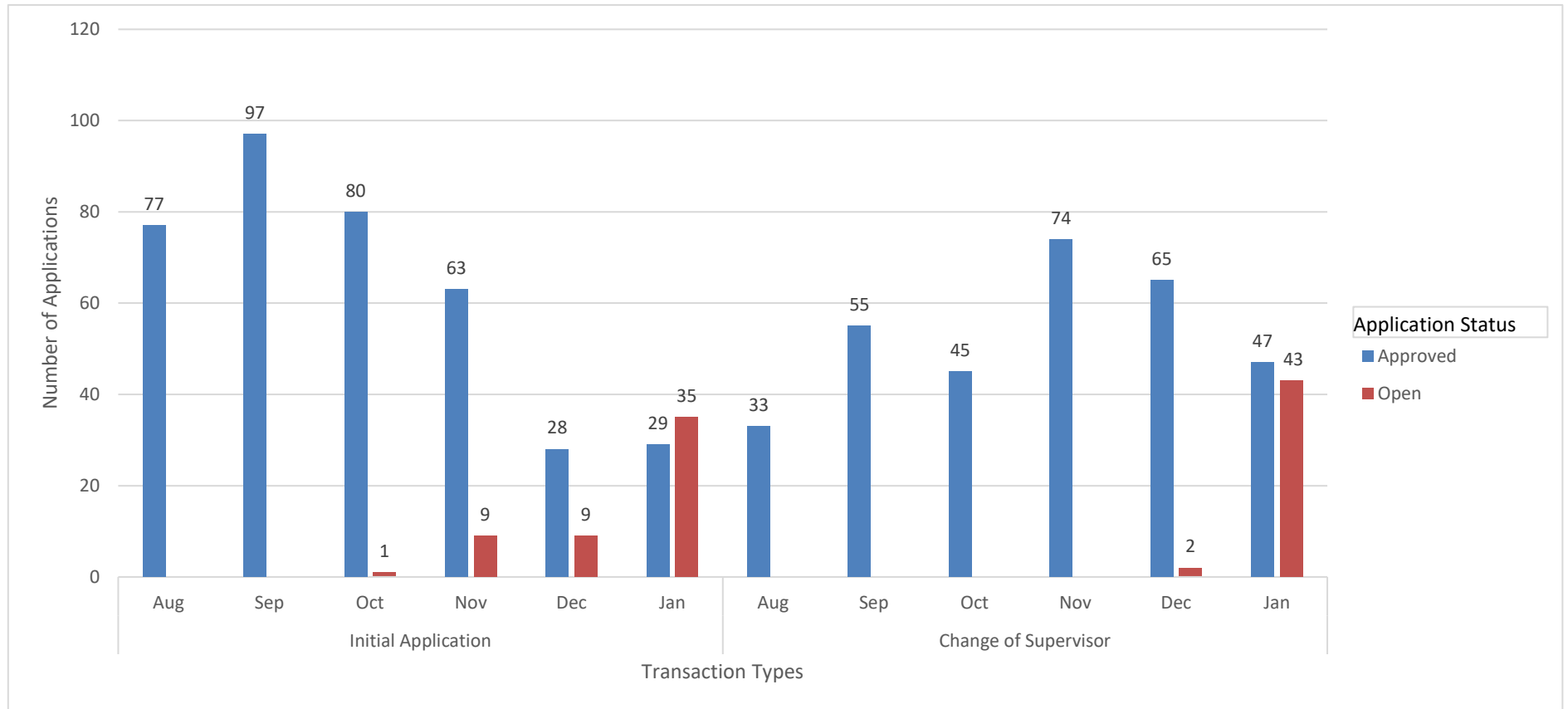
LICENSING POPULATION REPORT  
BOARD OF PSYCHOLOGY  
AS OF 2/12/2024

License Type	License Status									Total
	Licensing						Enforcement			
	Current	Inactive	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,496	2,229	1,620	7,931	328	1,082	269	163	123	34,241
Psychological Associate	1,837	0	65	24,065	0	8	15	8	19	26,017
Psychological Testing Technician	5	0	0	0	0	0	0	0	0	5
Total	22,333	2,229	1,685	31,996	328	1,090	284	171	142	60,258

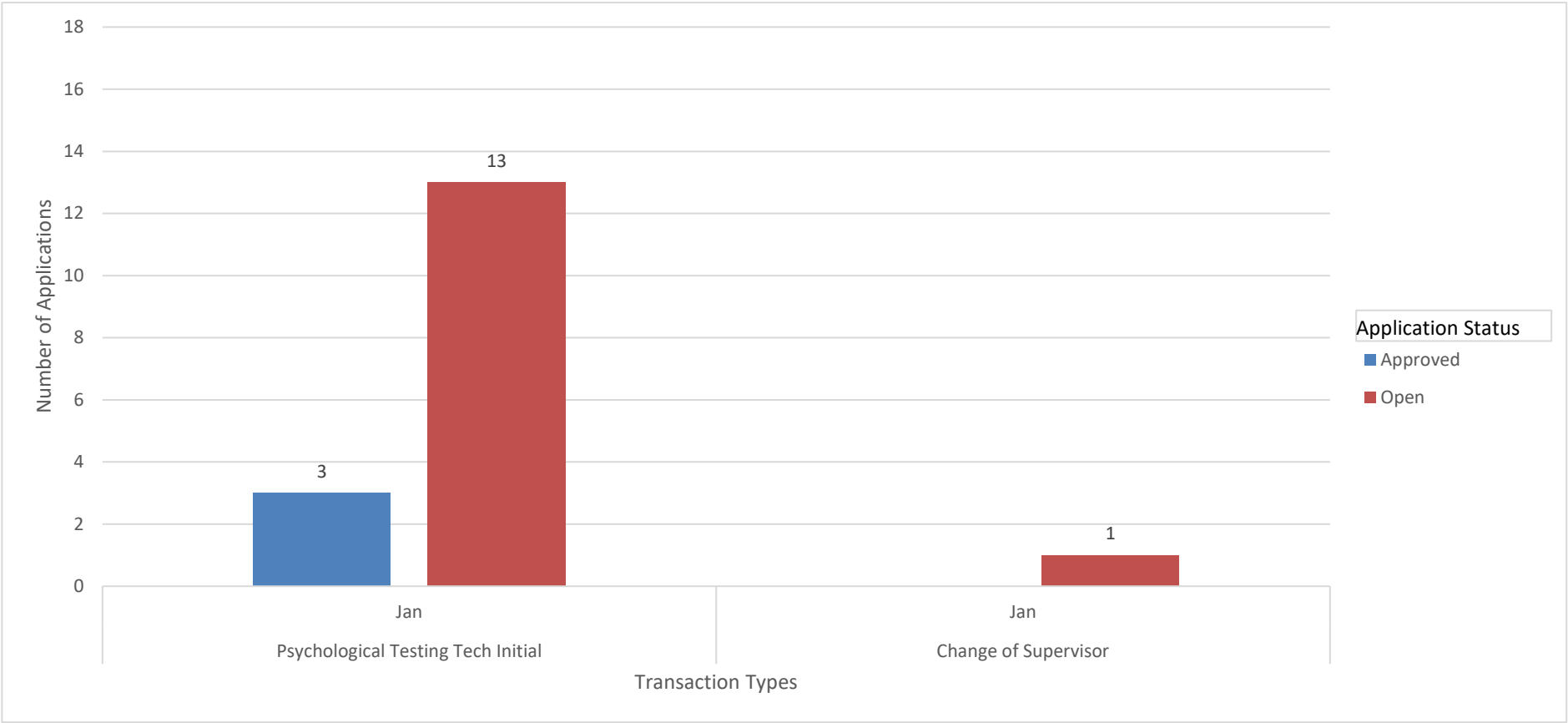
Psychologist Application Workload Report  
August 1, 2023 to January 31, 2024  
As of February 12, 2024



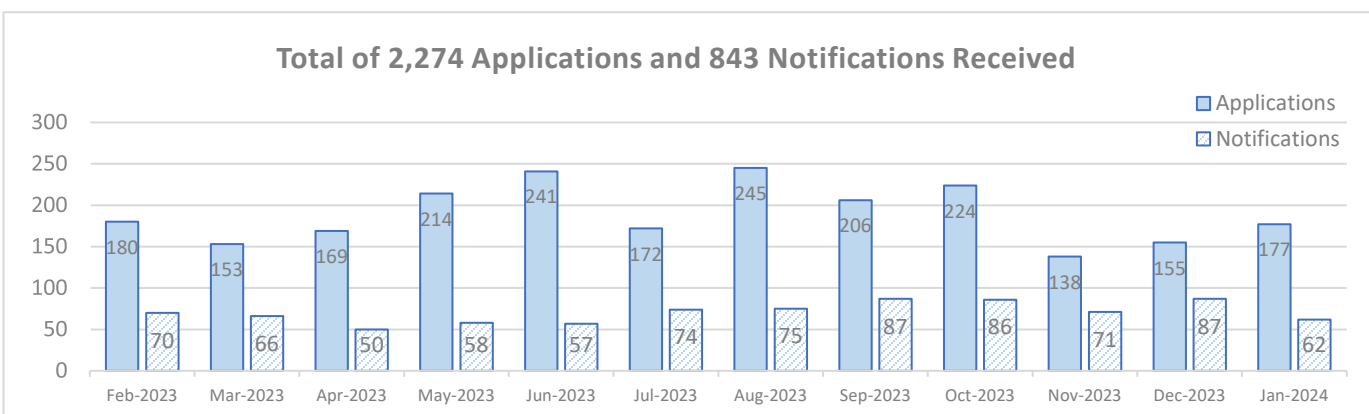
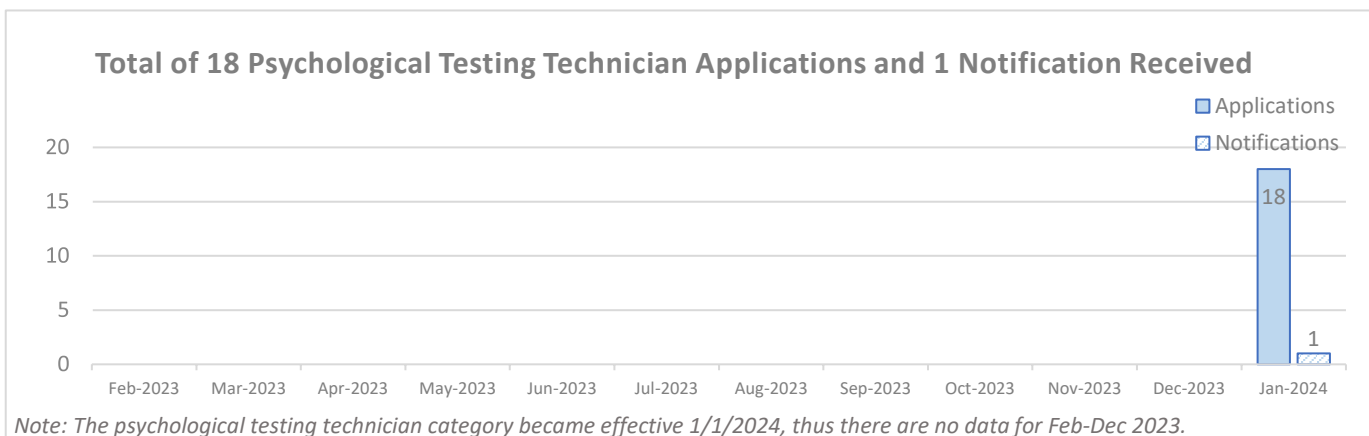
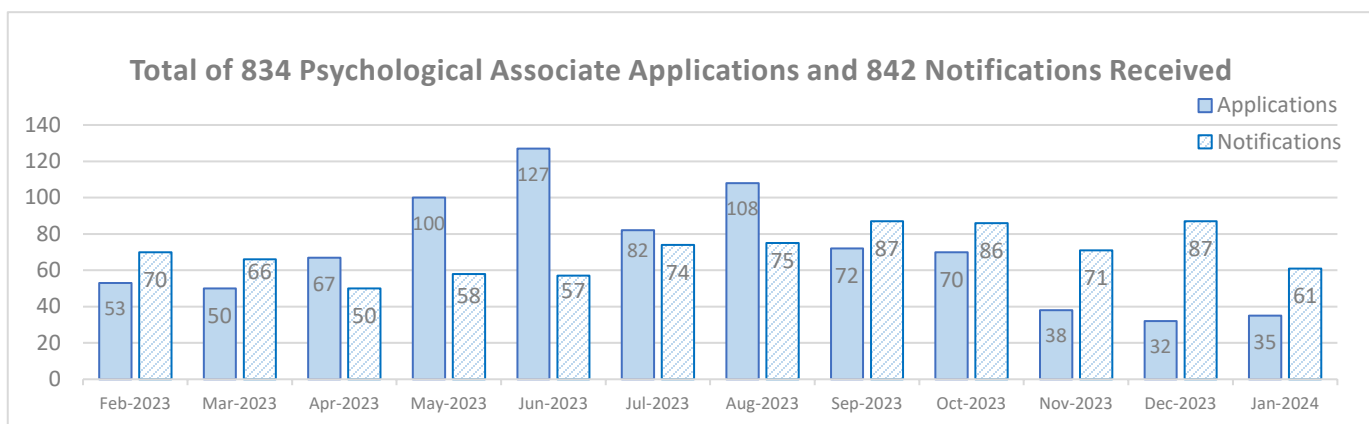
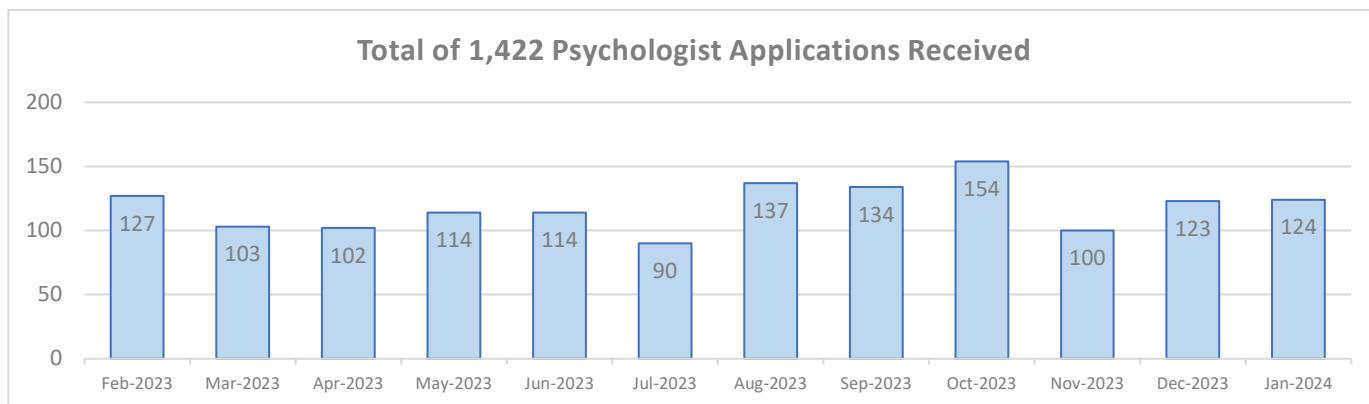
Psychological Associate Application Workload Report  
August 1, 2023 to January 31, 2024  
As of February 12, 2024



Psychological Testing Technician Application Workload Report  
January 1, 2024 to January 31, 2024  
As of February 12, 2024

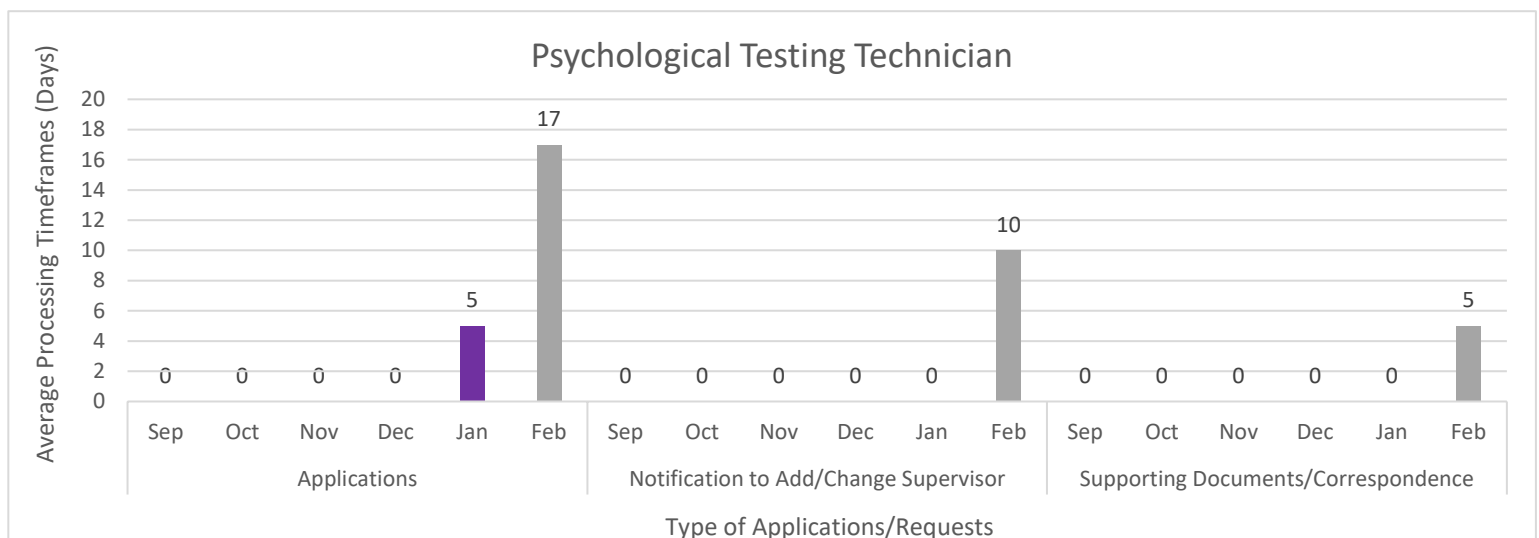
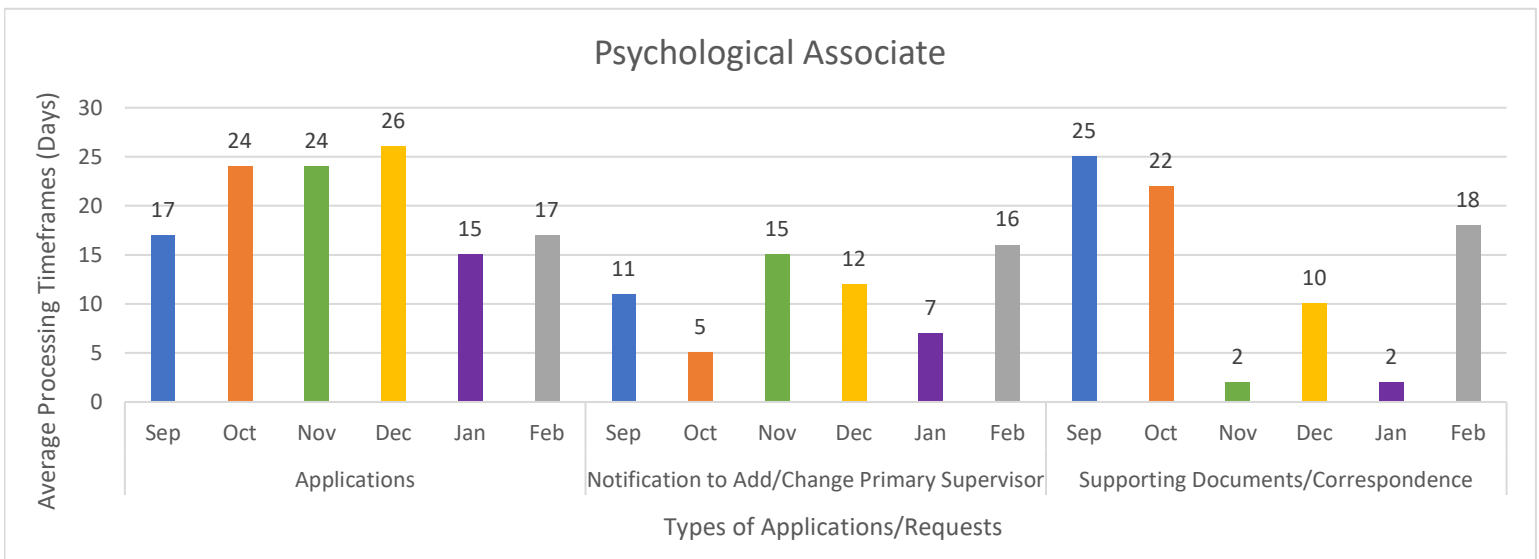
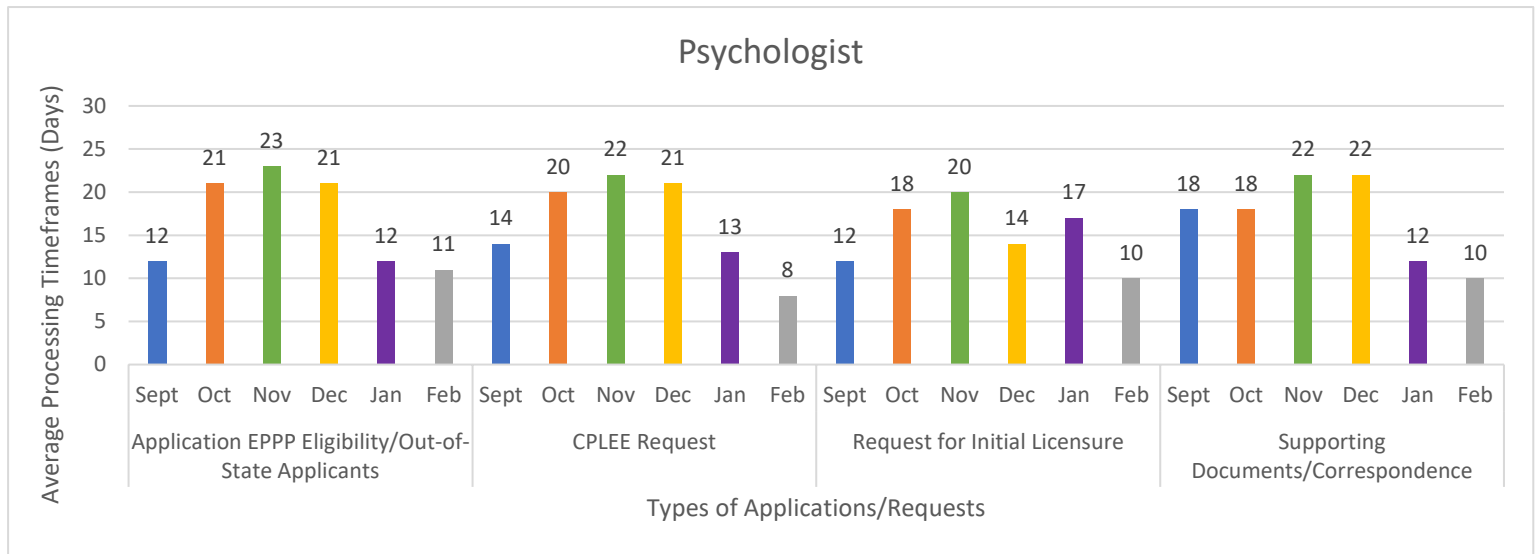


**Applications and Notifications Received from February 2023 to January 2024**  
**As of February 12, 2024**





**Average Application Processing Timeframes from September 2023 to February 2024  
As of February 12, 2024**



*Note: The psychological testing technician category became effective 1/1/2024, thus there are no data for Sep-Dec 2023.*

## MEMORANDUM

<b>DATE</b>	February 12, 2024
<b>TO</b>	Licensure Committee Members
<b>FROM</b>	Liezel McCockran CE/CPD and Renewals Coordinator
<b>SUBJECT</b>	Agenda Item #20(b) – Continuing Education (CE)/Professional Development (CPD) and Renewals Report

For renewals, between January 2023 through December 2023, 78% of Psychologists renewed as Active. Approximately 91% of Psychologists and Psychological Associates renewed their license online using BreEZe per month.

CE/CPD audits were sent out for June 2023 through January 2024. The pass rate stands as 66%. However, it's worth noting that 18% of audits are pending completion. Out of 183 audits conducted, 98% of licensees successfully submitted their audit documentation using CPD, totaling 40 submissions.

**Action Requested:**

These items are for information purposes only. No action requested.

**Attachments:**

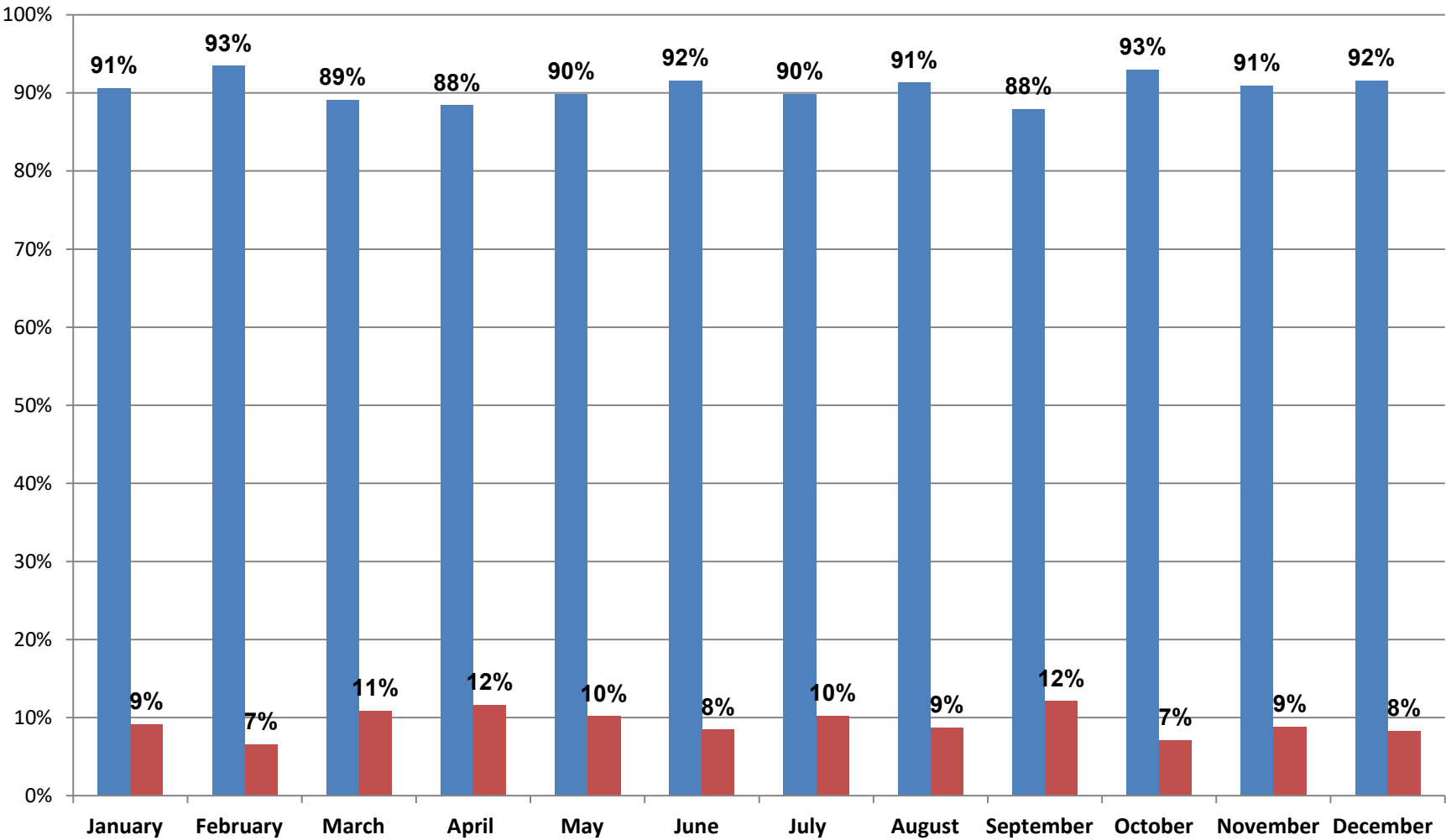
Attachment A: Online vs. Mailed in Renewals Processed

Attachment B: Psychologist and Psychological Associate Renewal Applications Processed:  
January 2023 – December 2023

Attachment C: CE/CPD Audits: June 2023 – January 2024

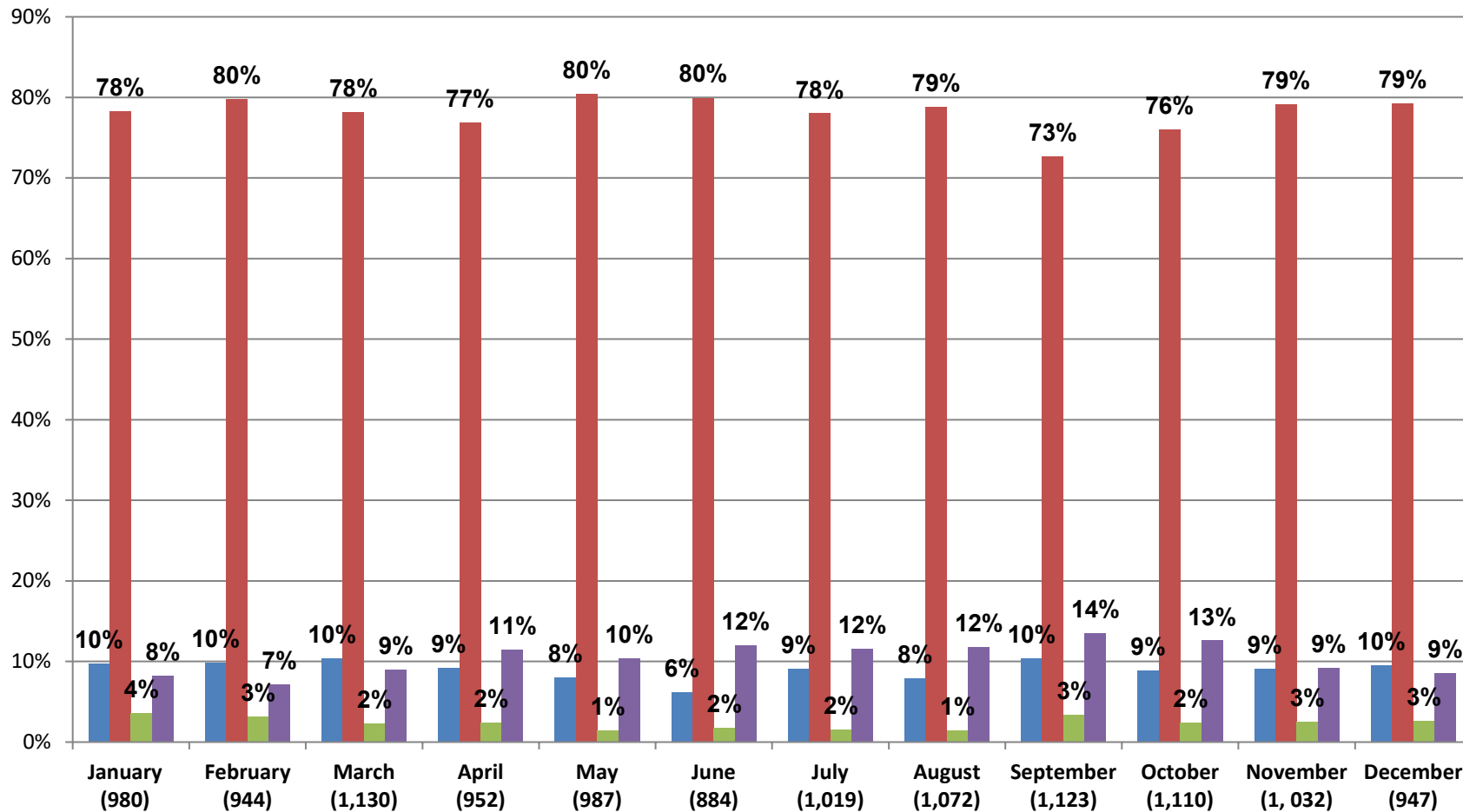
**Online vs. Mailed In Renewals  
January 2023 - December 2023**

■ Online ■ Mailed In



## Renewal Applications Processed January 2023 - December 2023

■ Inactive   ■ Active   ■ Retired   ■ Psych Associates



Every month, on average, 78% of Psychologists renew as Active. Additionally, an average 2% of renewal applications processed each month are for the Retired Status.

## Continuing Education Audits

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Not Yet Received:	% Failed:
June	18	89%	0%	0%	11%
July	24	96%	0%	0%	4%
August	20	90%	0%	0%	10%
September	25	88%	8%	0%	4%
October	25	76%	20%	0%	4%
November	25	64%	20%	0%	4%
December	20	35%	5%	35%	0%
January 2024	26	0%	0%	100%	0%
<b>Totals:</b>	<b>183</b>	<b>66%</b>	<b>7%</b>	<b>18%</b>	<b>4%</b>

Of the total of 183 audits sent out, the current pass rate is 66% with 18% not yet received. For November through January 2024, the number might not add up to 100% because the audit documentation may have been recieved but not yet reviewed.

## MEMORANDUM

<b>DATE</b>	February 14, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Lavinia Snyder Examination Coordinator
<b>SUBJECT</b>	Agenda 20(c) Examination Report

### 2023 Examination Statistics

#### EPPP Monthly Examination Statistics for January to December 2023

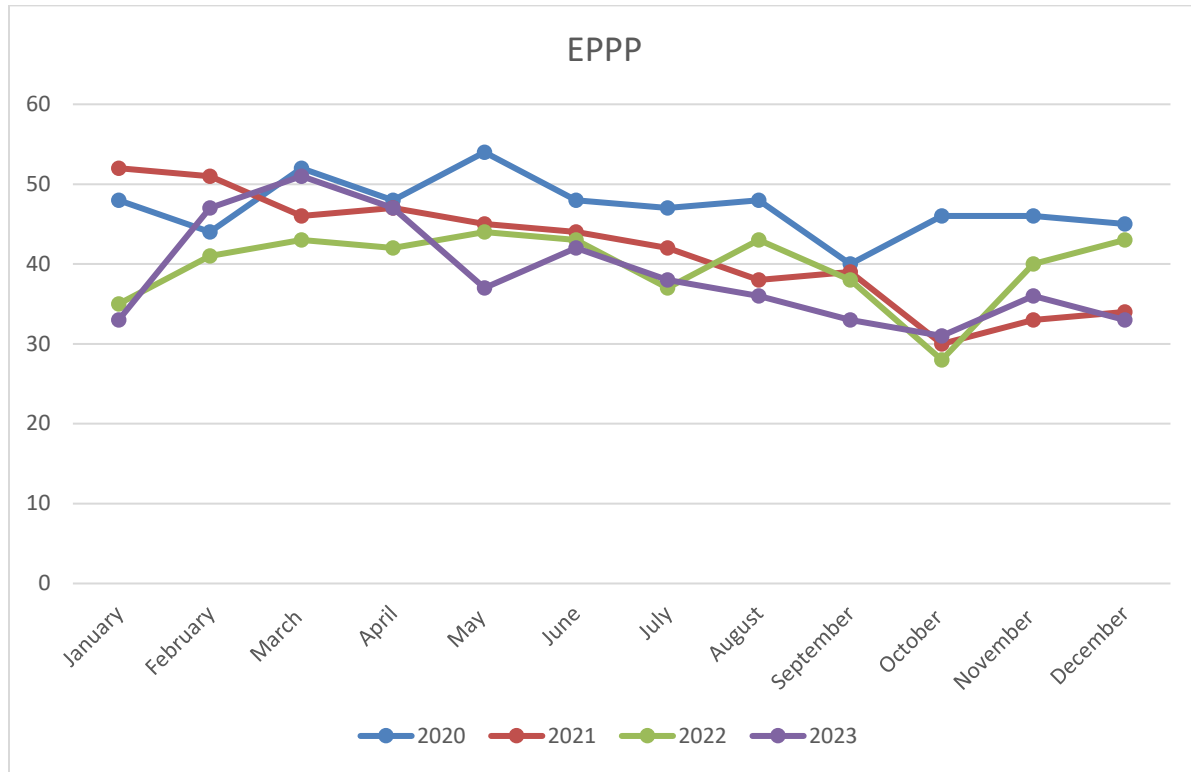
The Examination from Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam test candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in CA.

For 2023 the overall pass rate is 39.22% with an overall first-time pass rate 59.88%. First time pass rate tends to be higher than overall pass rates.

#### EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	116	39	33.62%	57	32	56.14%
February	126	59	46.83%	65	41	63.08%
March	166	85	51.20%	91	67	73.63%
April	186	88	47.31%	94	66	70.21%
May	194	72	37.11%	95	57	60.00%
June	137	61	44.53%	60	39	65.00%
July	179	68	37.99%	90	51	56.67%
August	174	62	35.63%	79	42	53.16%
September	129	42	32.56%	44	24	54.55%
October	139	43	30.94%	56	21	37.50%
November	112	40	35.71%	43	26	60.47%
December	132	43	32.58%	46	25	54.35%
<b>Totals</b>	<b>1,790</b>	<b>702</b>	<b>39.22%</b>	<b>820</b>	<b>491</b>	<b>59.88%</b>

The chart below depicts pass rate statistics of the EPPP for the past three years. We have an average pass rate between 30% to 50%.



The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc.

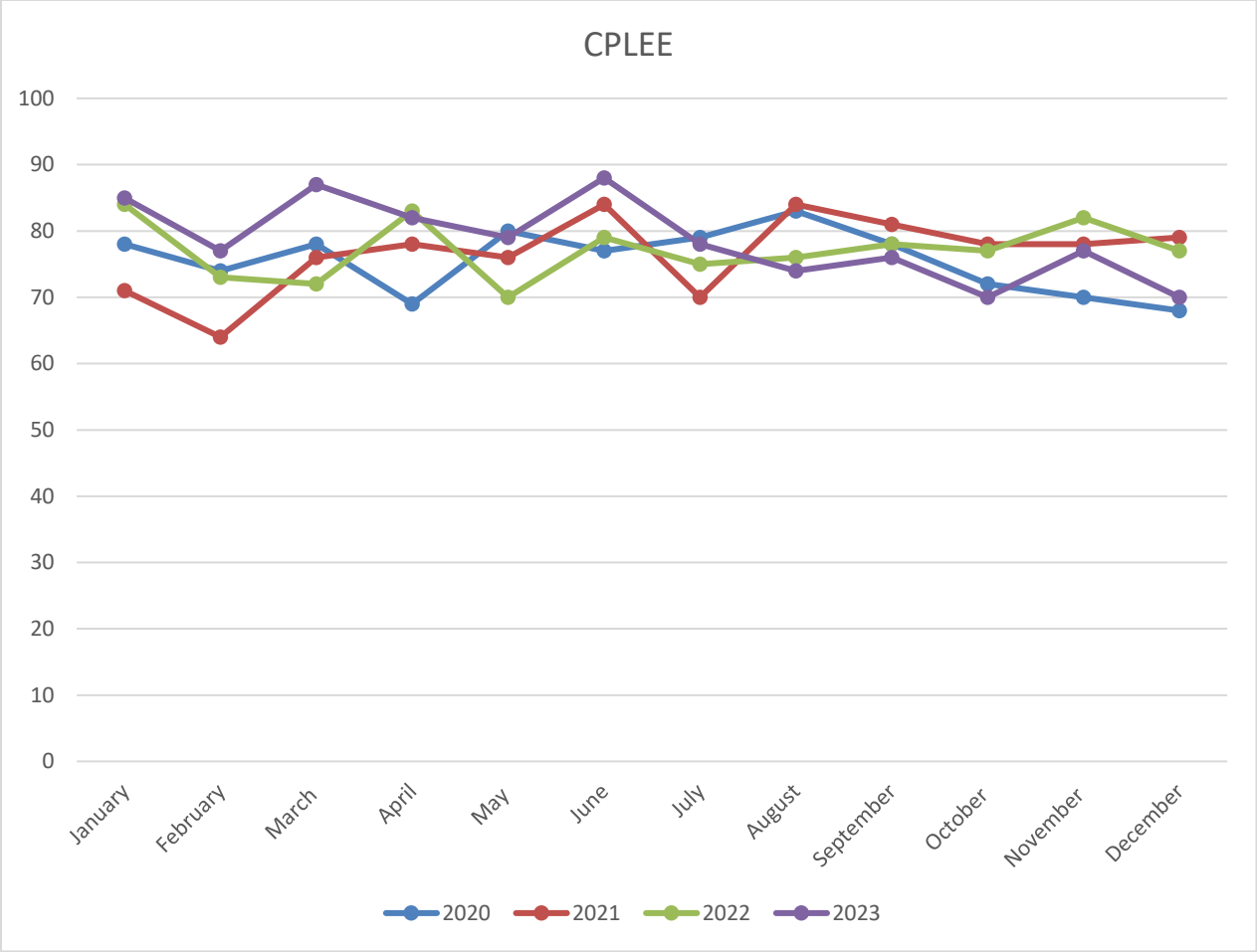
The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations. For the year 2023, the overall pass rate is 78.85% and the overall first-time pass rate is at 80.17%.

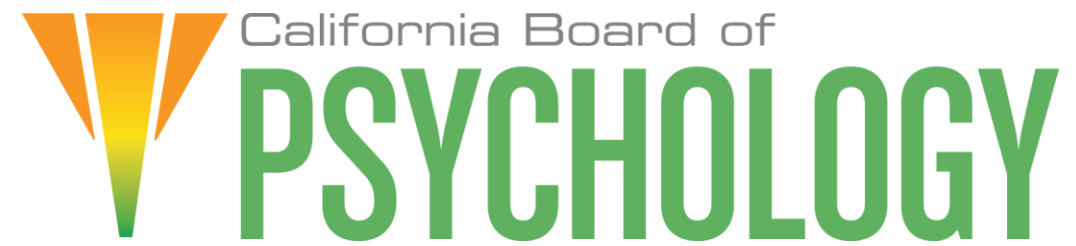
### CPLEE Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	54	46	85.19%	41	34	82.93%
February	75	58	77.33%	46	38	82.61%
March	84	73	86.90%	68	59	86.76%
April	61	50	81.97%	44	35	79.55%
May	66	52	78.79%	53	42	79.25%
June	134	118	88.06%	124	109	87.90%
July	88	69	78.41%	73	63	86.30%
August	101	75	74.26%	82	66	80.49%
September	98	76	77.55%	82	63	76.83%
October	87	61	70.11%	65	46	70.77%
November	77	59	76.62%	54	41	75.93%
December	87	61	70.11%	75	51	68.00%
<b>Totals</b>	<b>1,012</b>	<b>798</b>	<b>78.85%</b>	<b>807</b>	<b>647</b>	<b>80.17%</b>

The CPLEE pass rate for the past three years is more consistent with no noticeable deviation. We have a higher pass rate than the EPPP. Pass rate ranges between 64% to 88%.







# Factors That Affect California Pass Rates for the Examination for Professional Practice in Psychology

Robert Calvert, PhD, Senior Statistician

Heidi Lincer, PhD, Chief

February 2, 2024



# Overview

Purpose

Variables of  
Interest

Data  
Preparation

Trends and  
Charts

Questions

# About OPES and our purpose today

## Variables of Interest

### APA

Schools were coded as APA-accredited or not. Note that all online schools are not APA-accredited.

### Age

The candidates were separated into 8 even age categories by attempt.

### School

School used by candidate to qualify for examination.

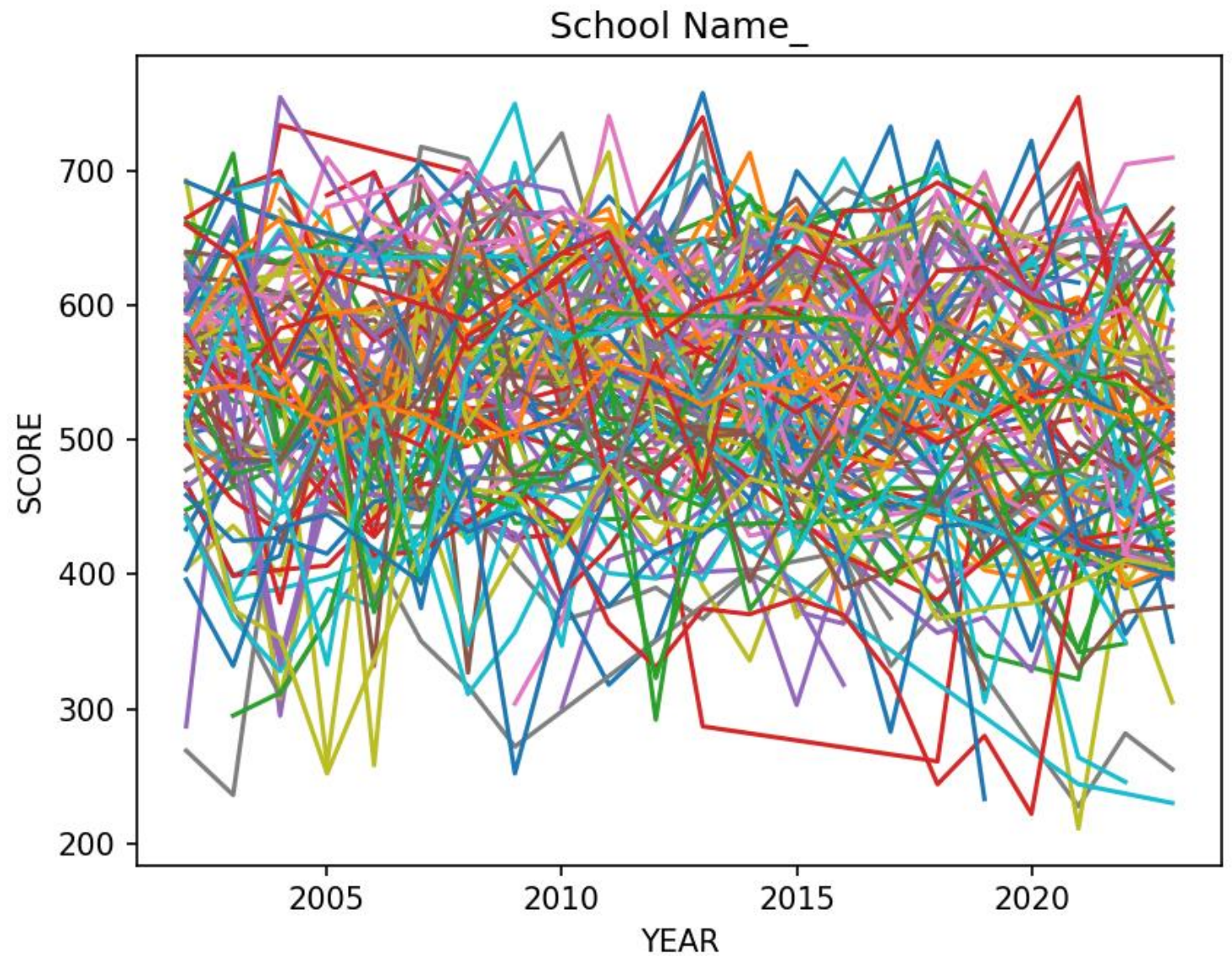
### Degree

Degree earned (PhD, PsyD, and EdD).

### Alliant

Schools were coded as either affiliated with Alliant or not.

# Where We Started





# Data Preparation

- Removed scores  $\leq 200$
- Removed entries with missing birth date, school score, or degree
- Removed entries with clearly incorrect information (e.g., birth date in the future)
- Consolidated degree codes (PSYD1 = PDSYD)
- Combined schools that had changed their names
- Added school information

## Types of Analysis

### First Attempt

This counts only a candidate's first attempt at the examination.

### Candidate Best

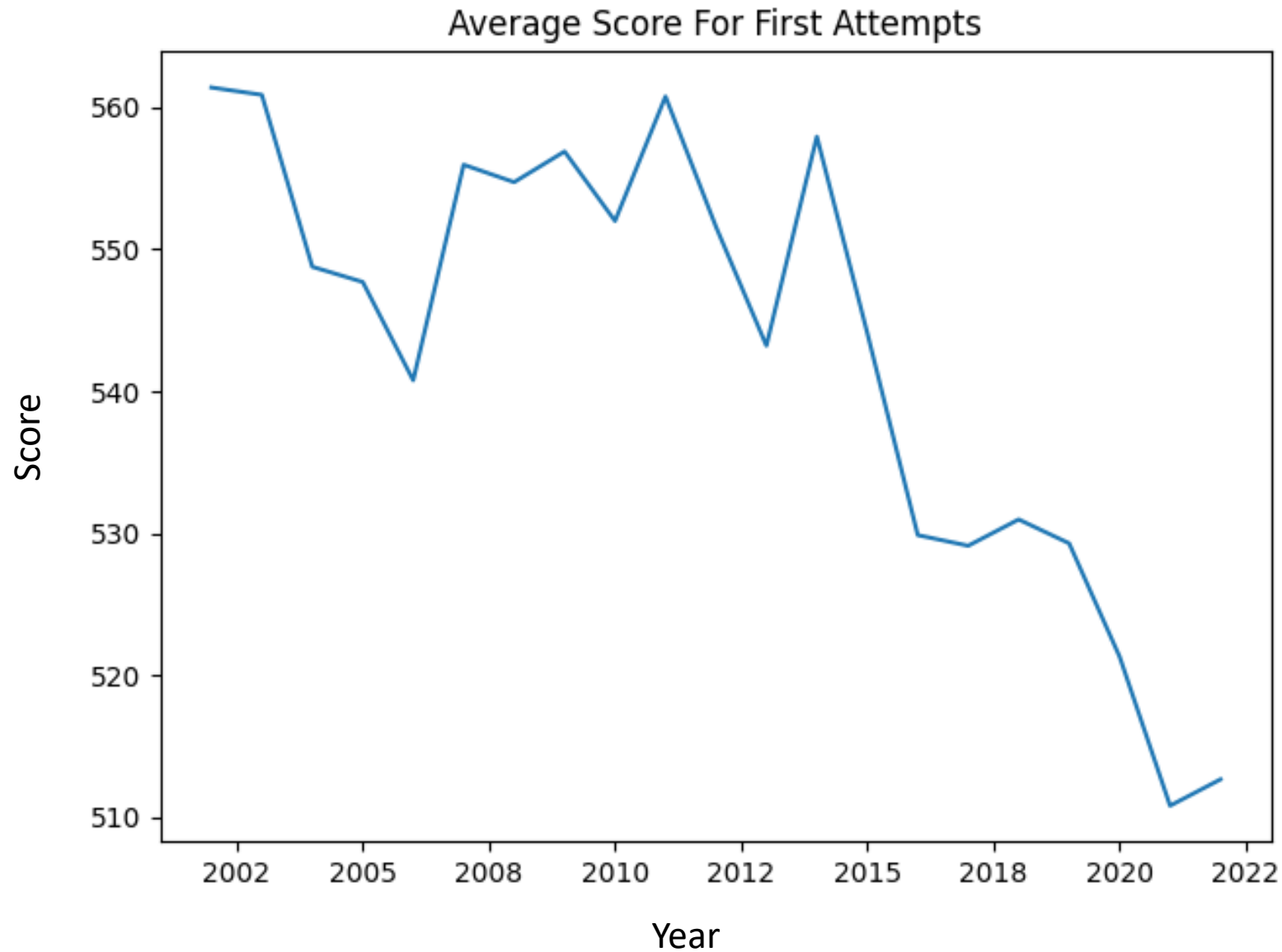
This is the highest score a candidate received regardless of the number of times they attempted the examination.

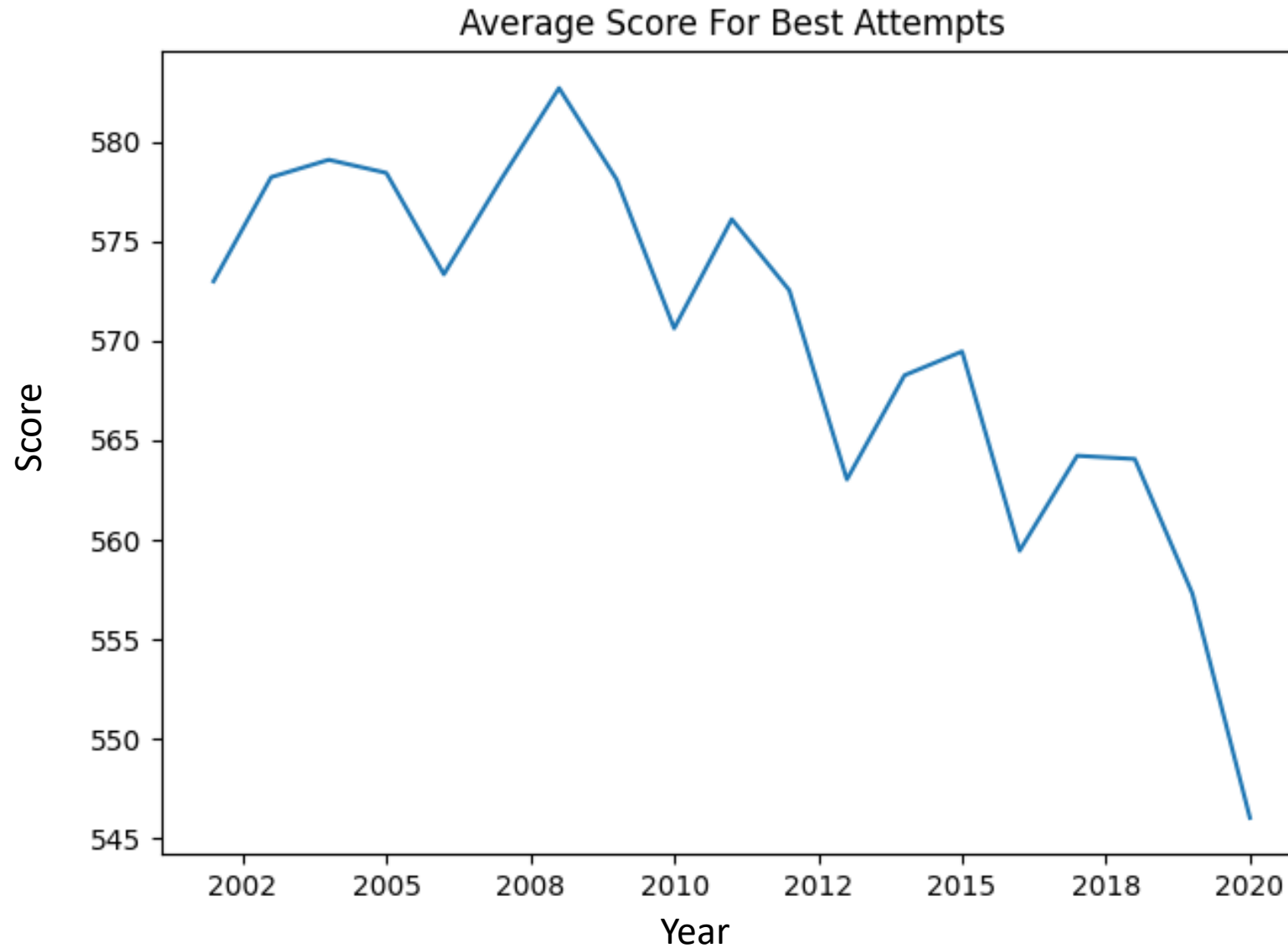
### Attempt

This section counts every time a candidate receives an examination score above 200, which is the score given to an empty submission.

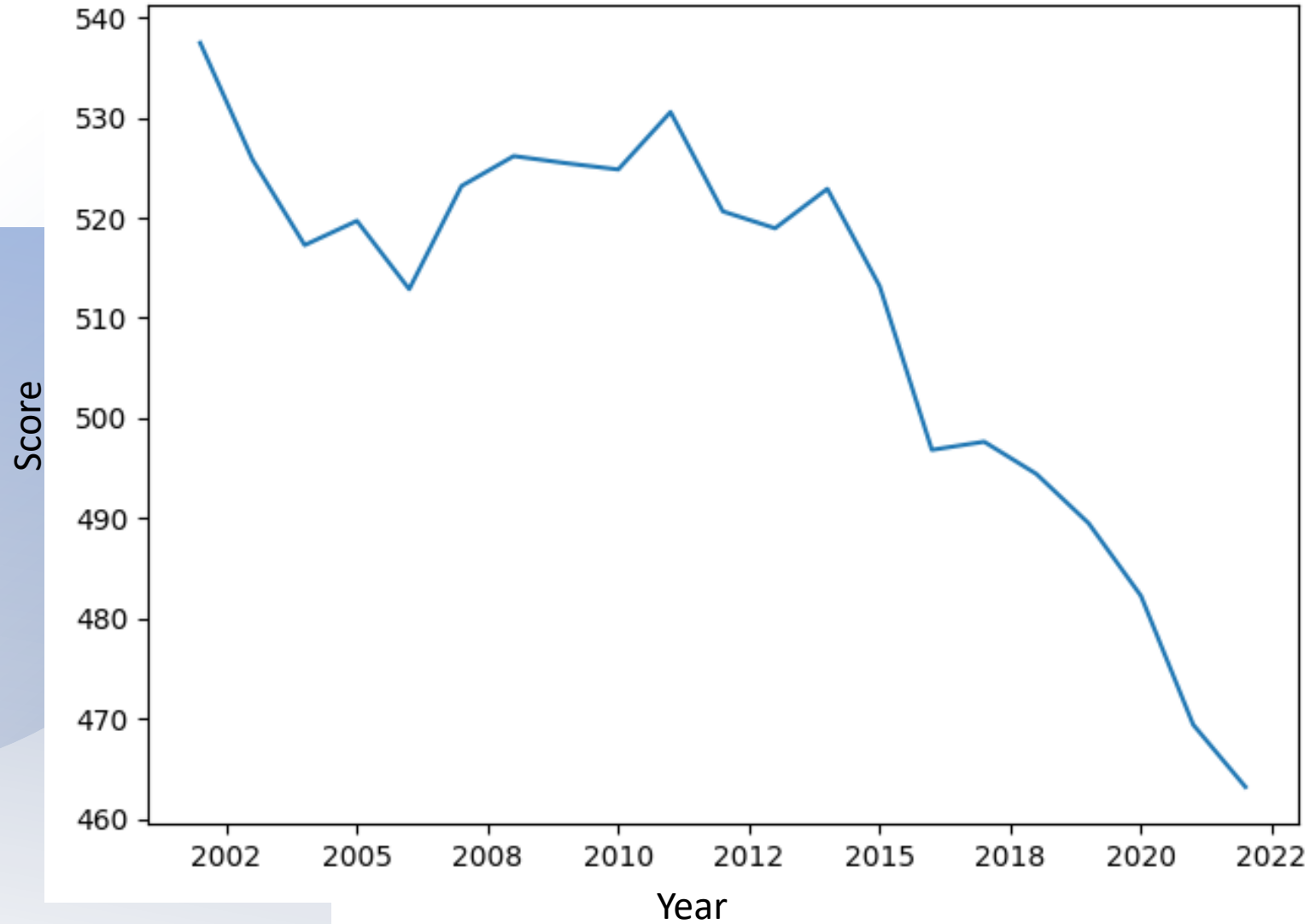


# Historical Trends - Scores

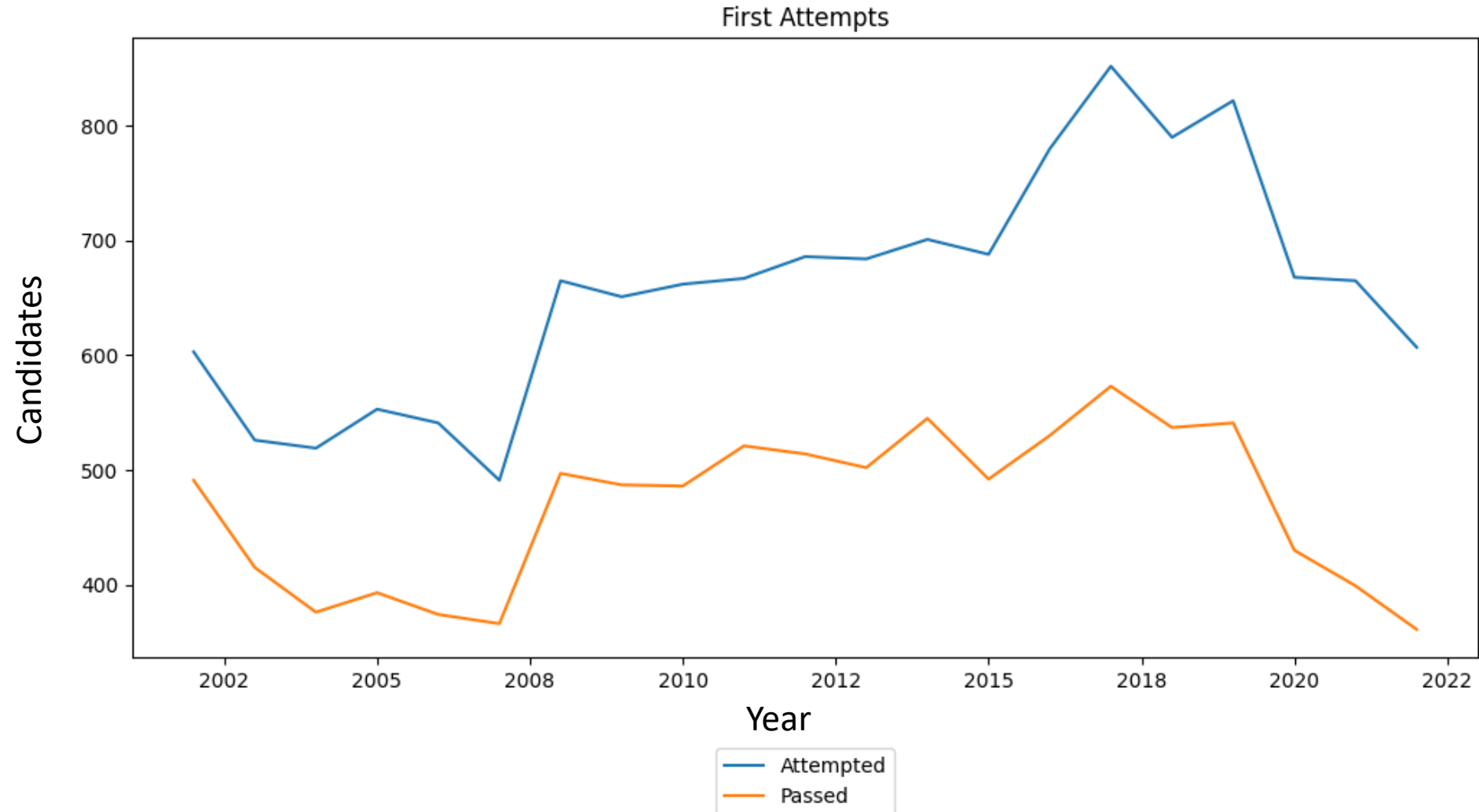


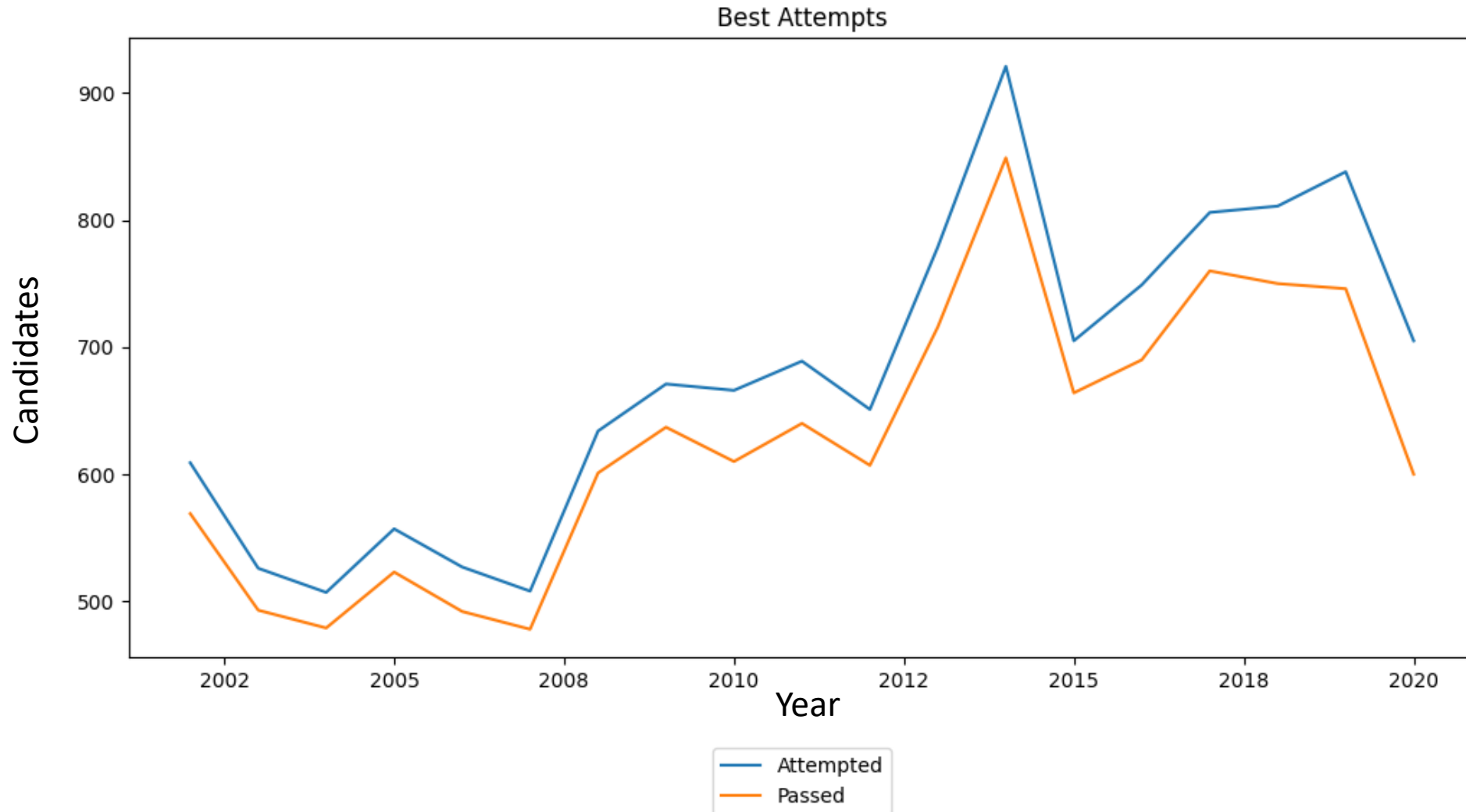


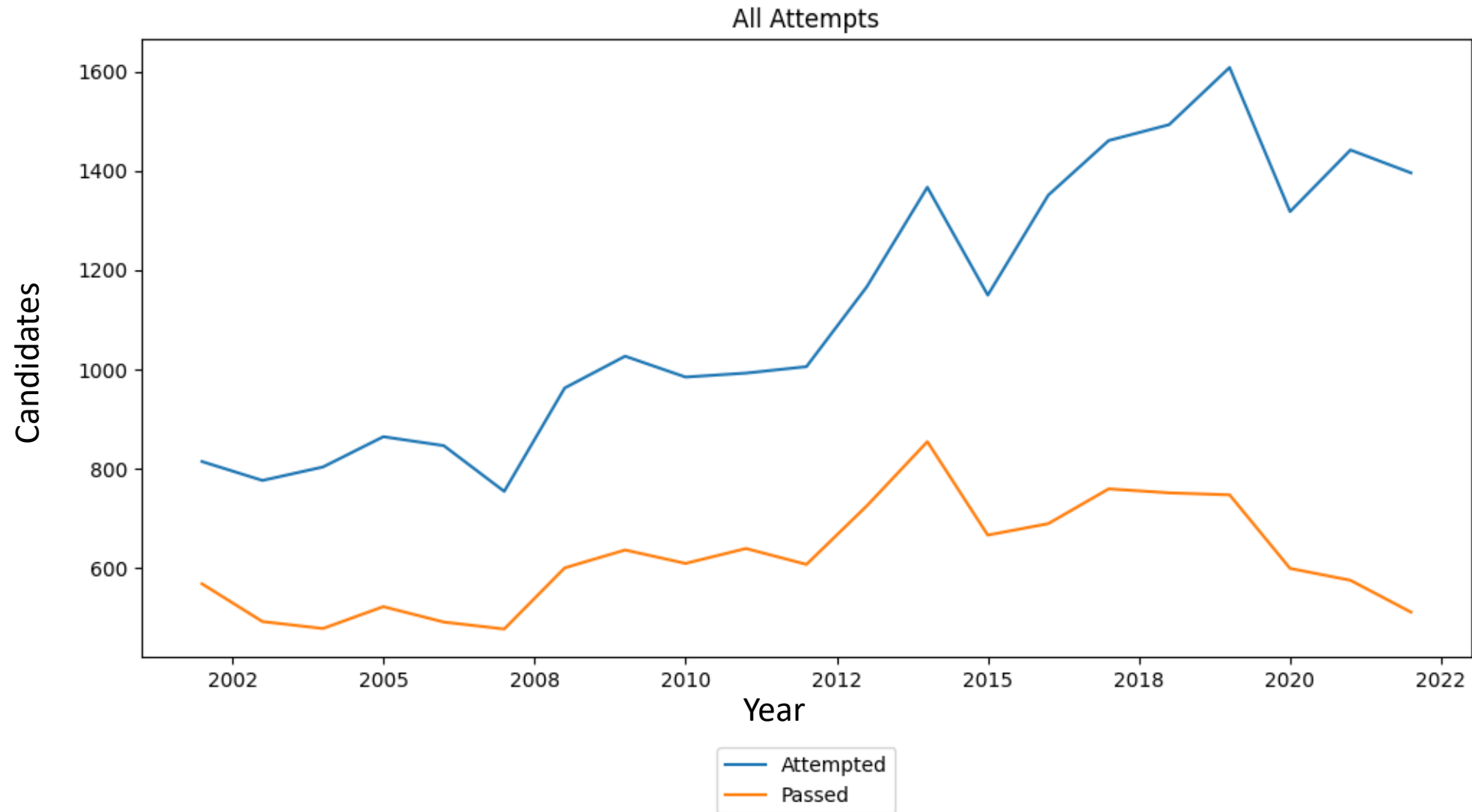
Average Score For All Attempts



# Historical Trends - Attempts

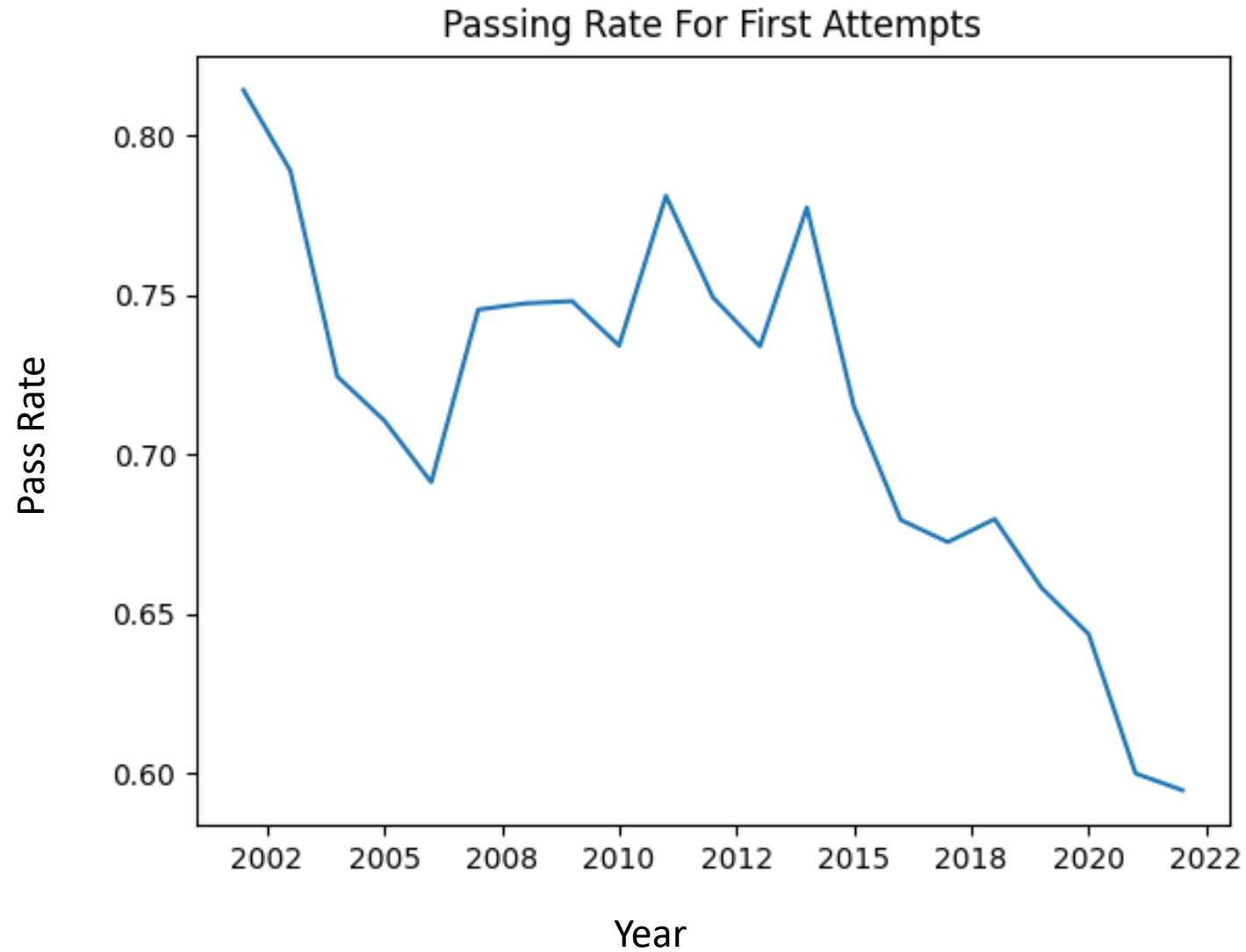


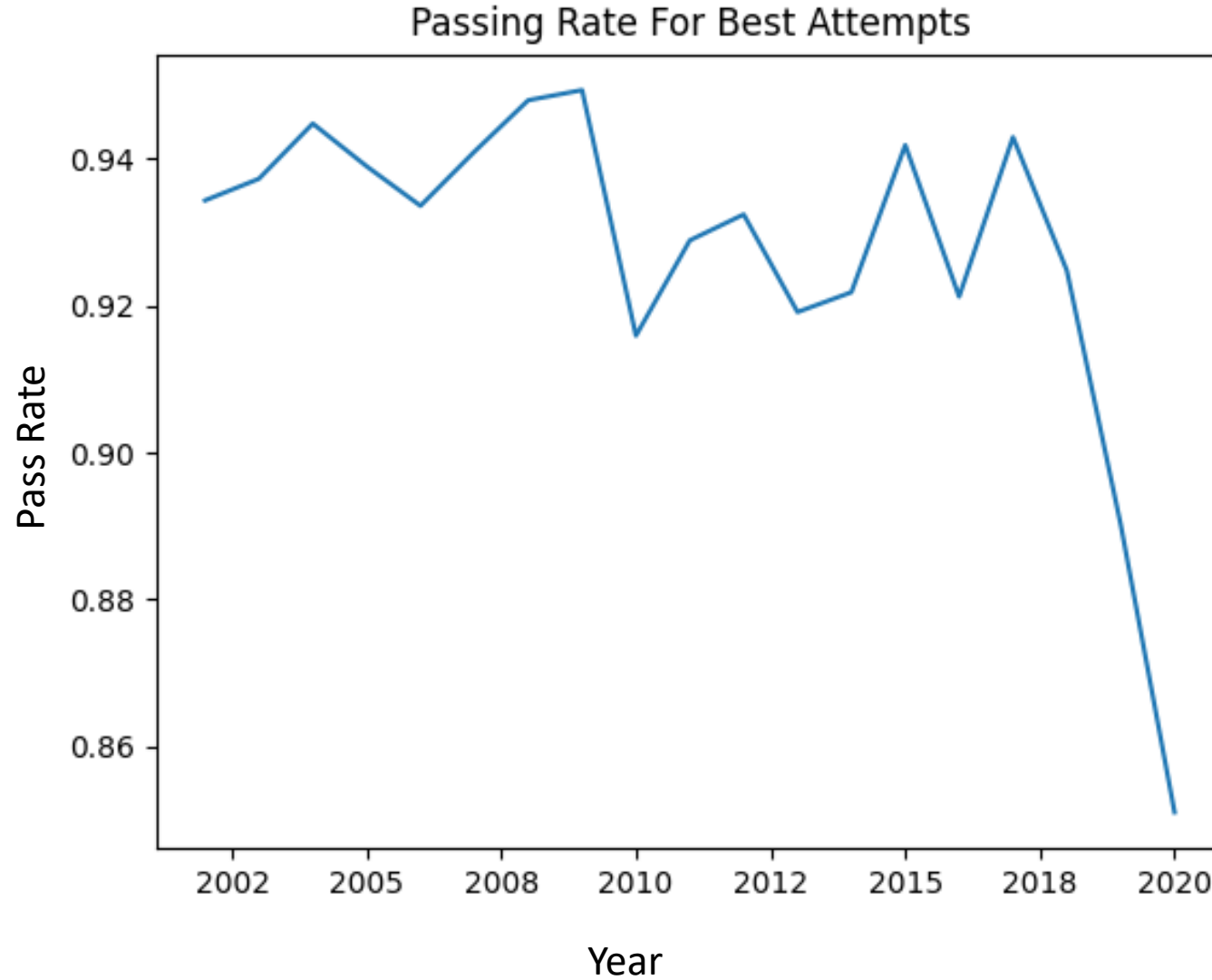


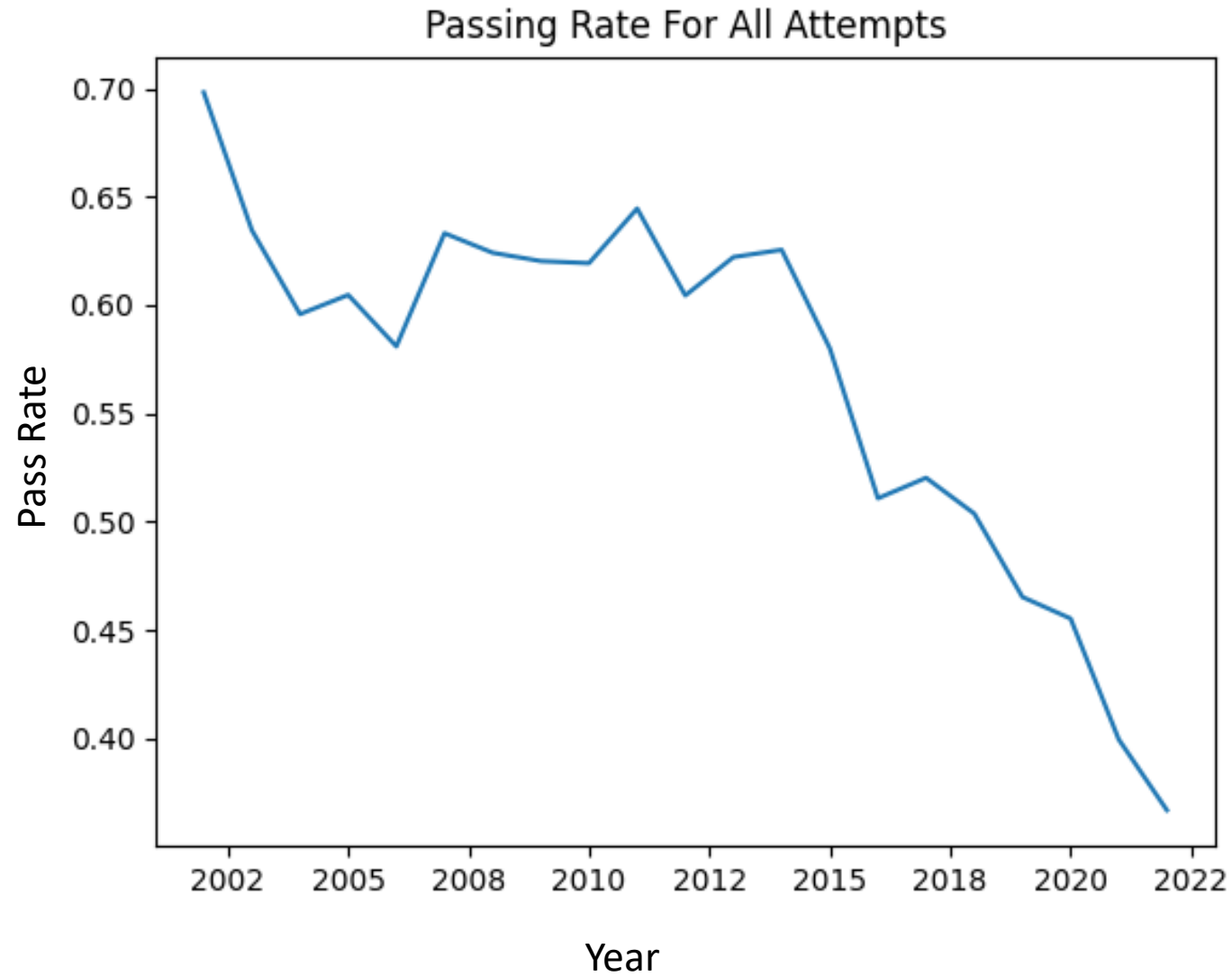




# Historical Trends – Pass Rate









## General Observations

### Candidates

The number of candidates has increased over time.

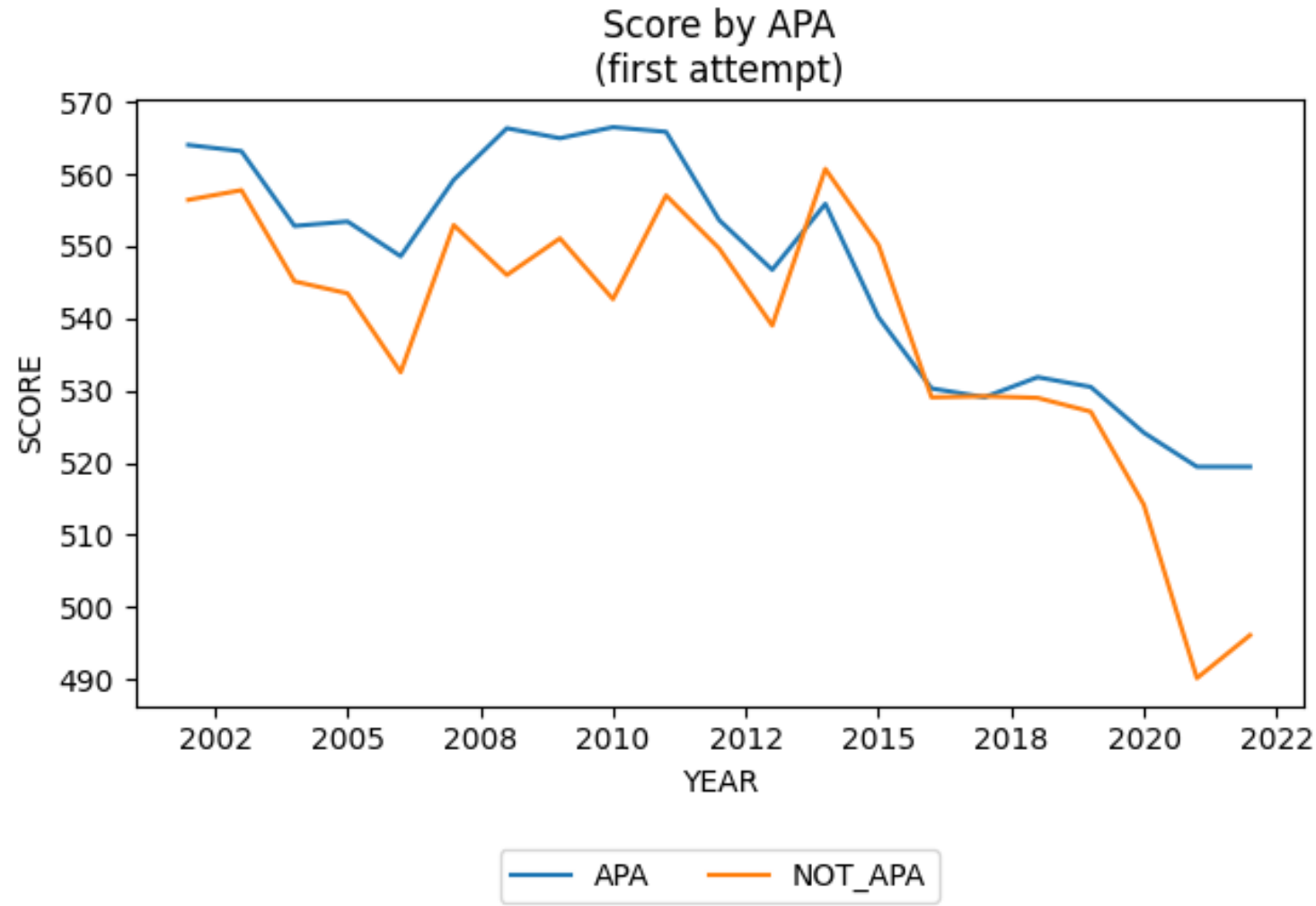
### Pass Rate

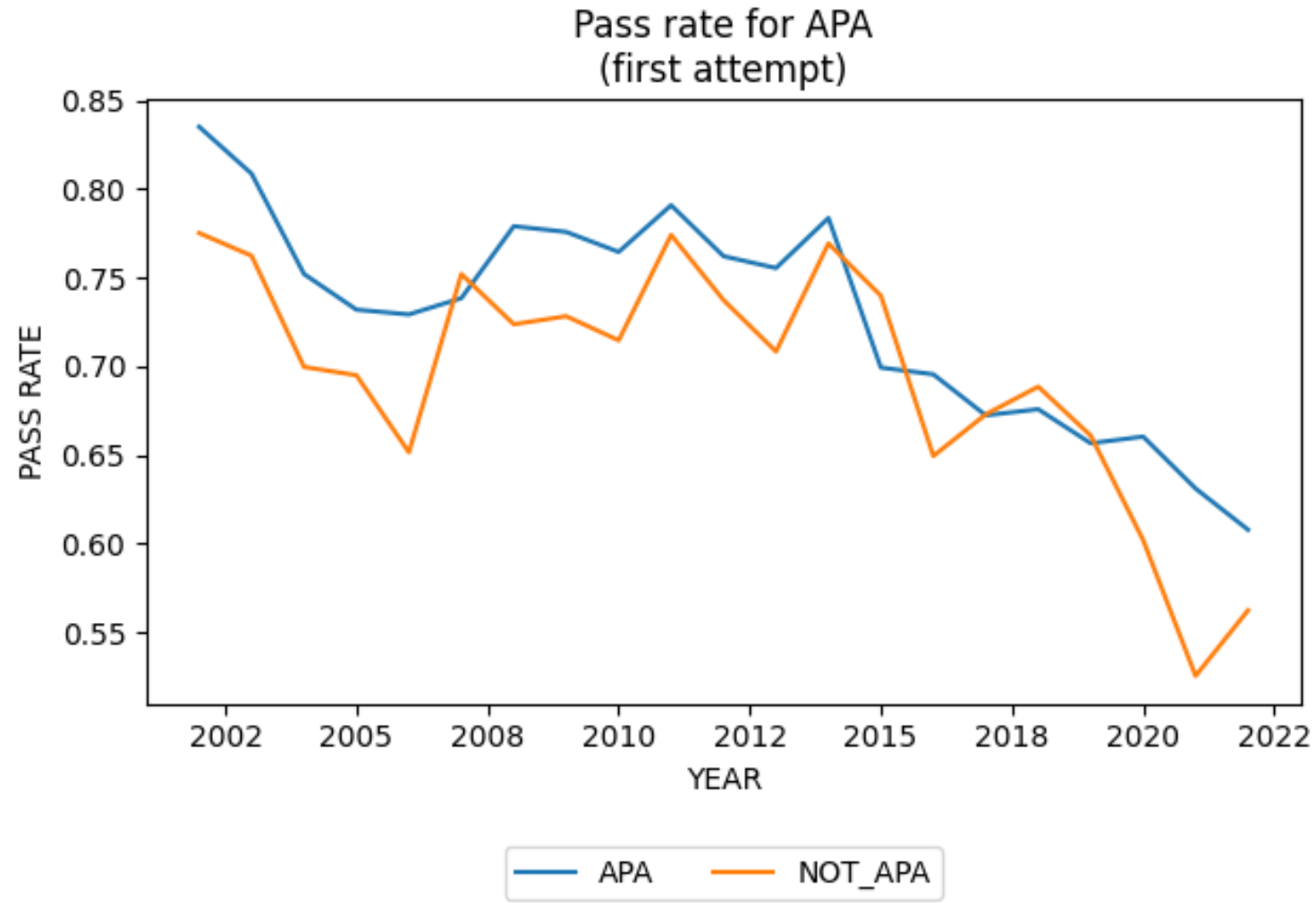
The pass rate has decreased over time. However, nearly 85% of candidates eventually pass.

### Score

The average score for the examination has decreased over time.

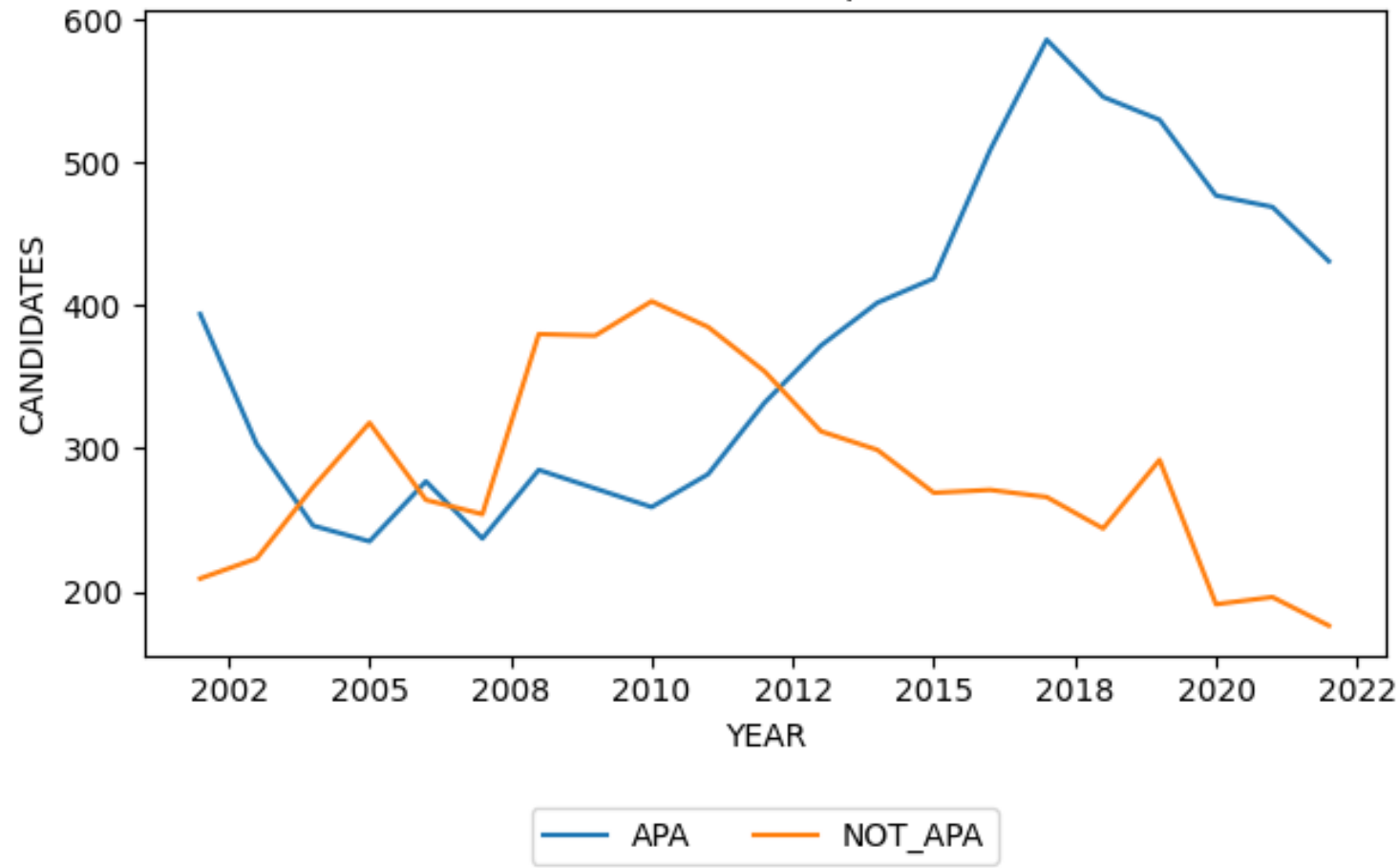
# APA Accreditation

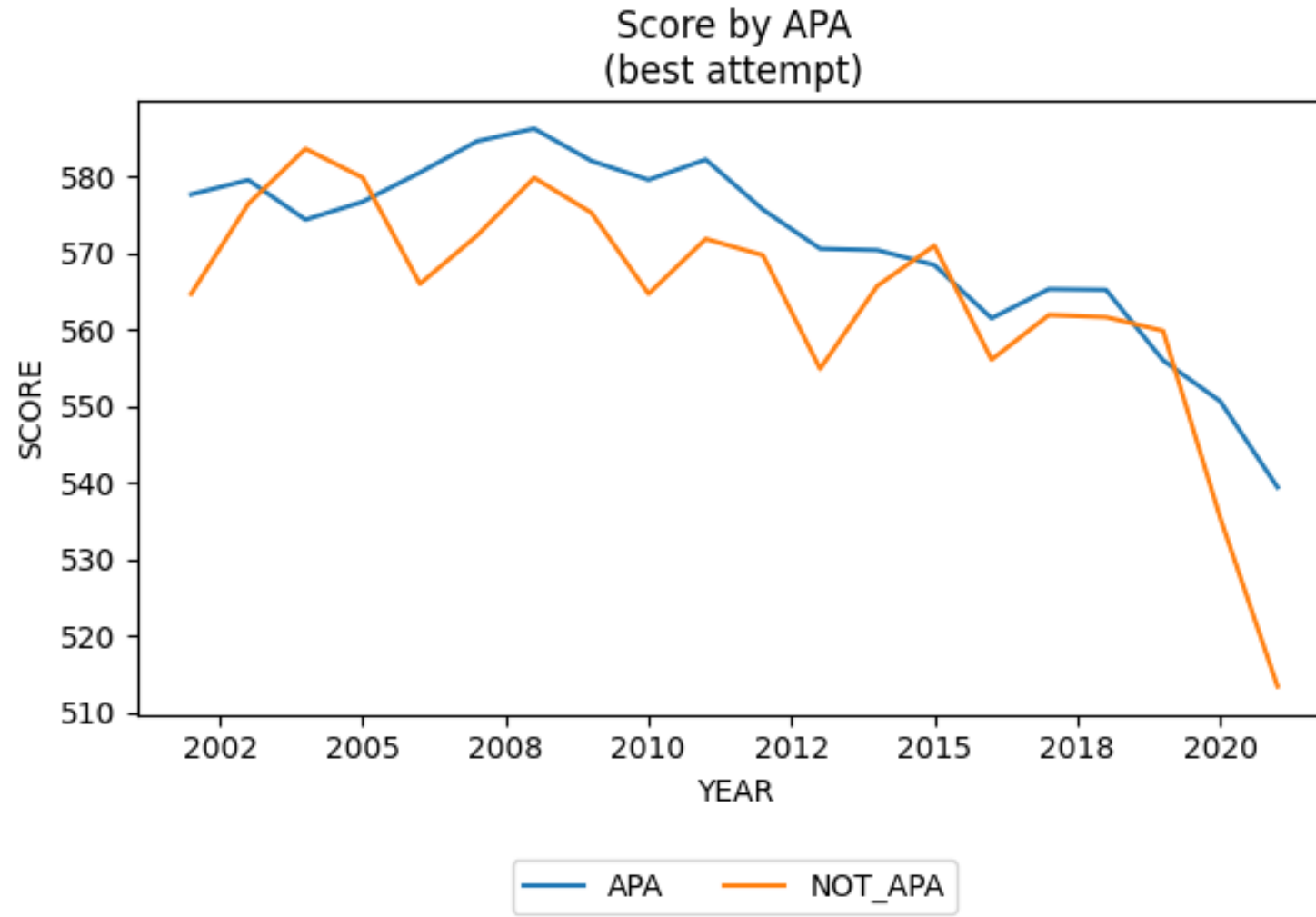


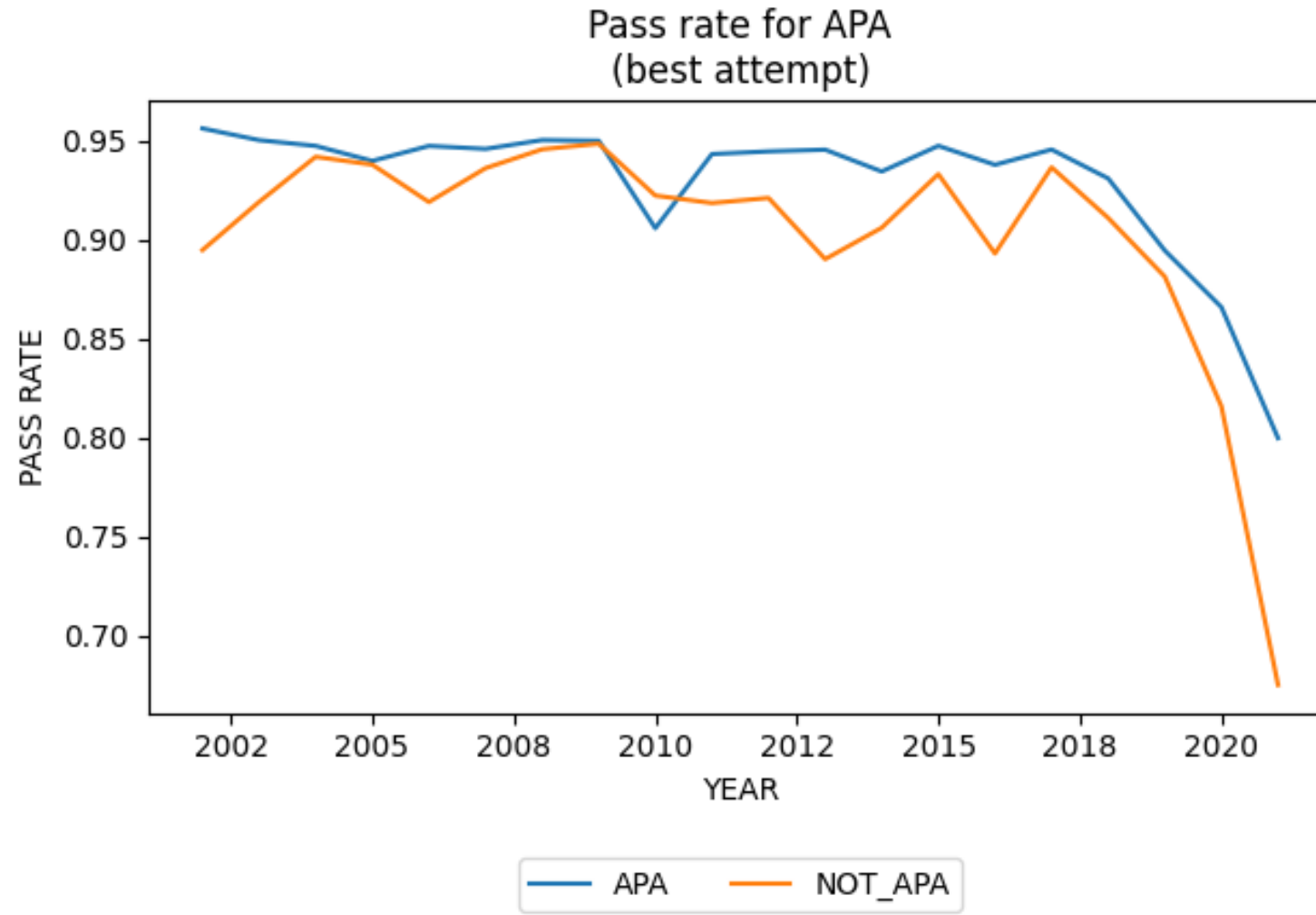


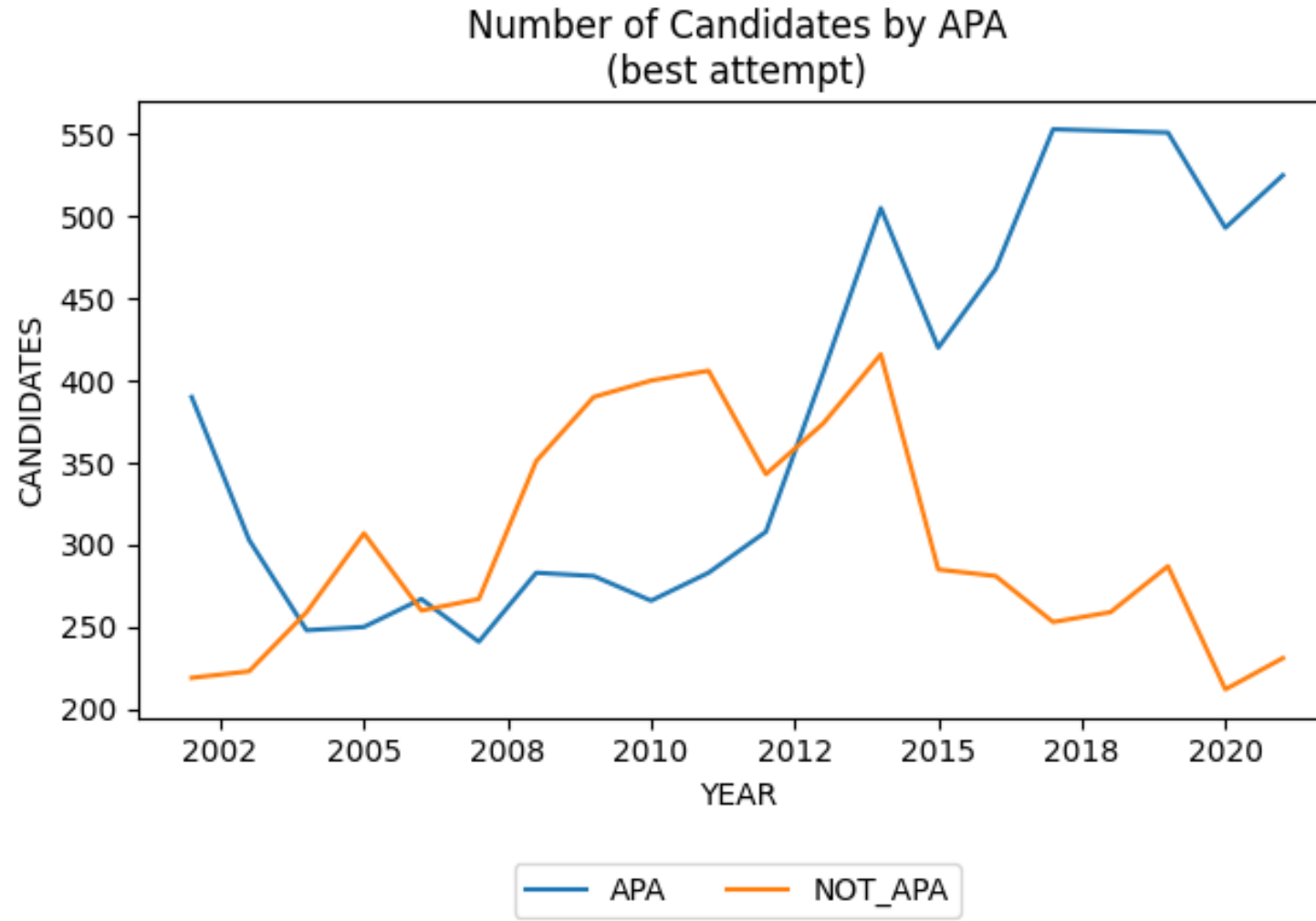


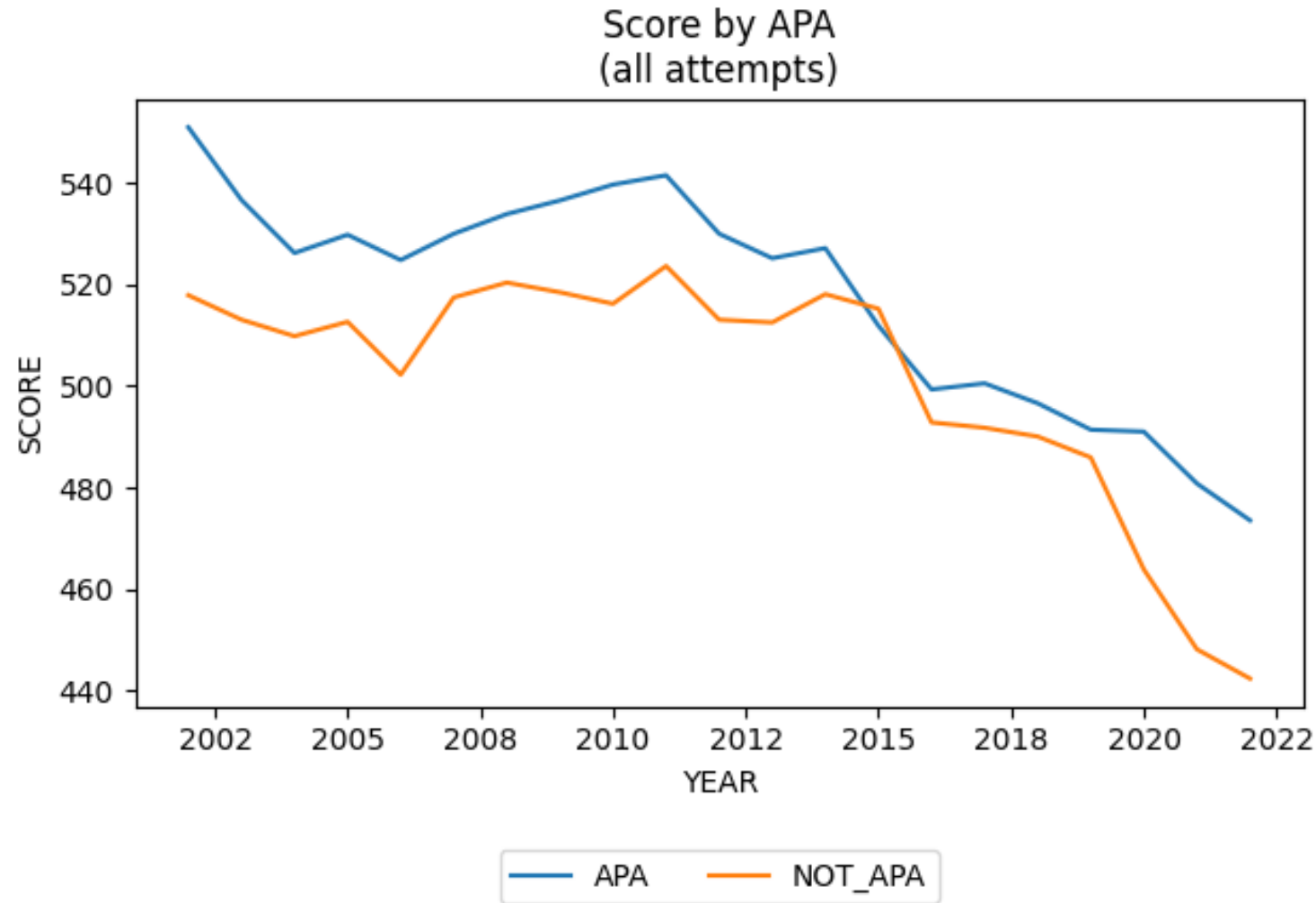
Number of Candidates by APA  
(first attempt)

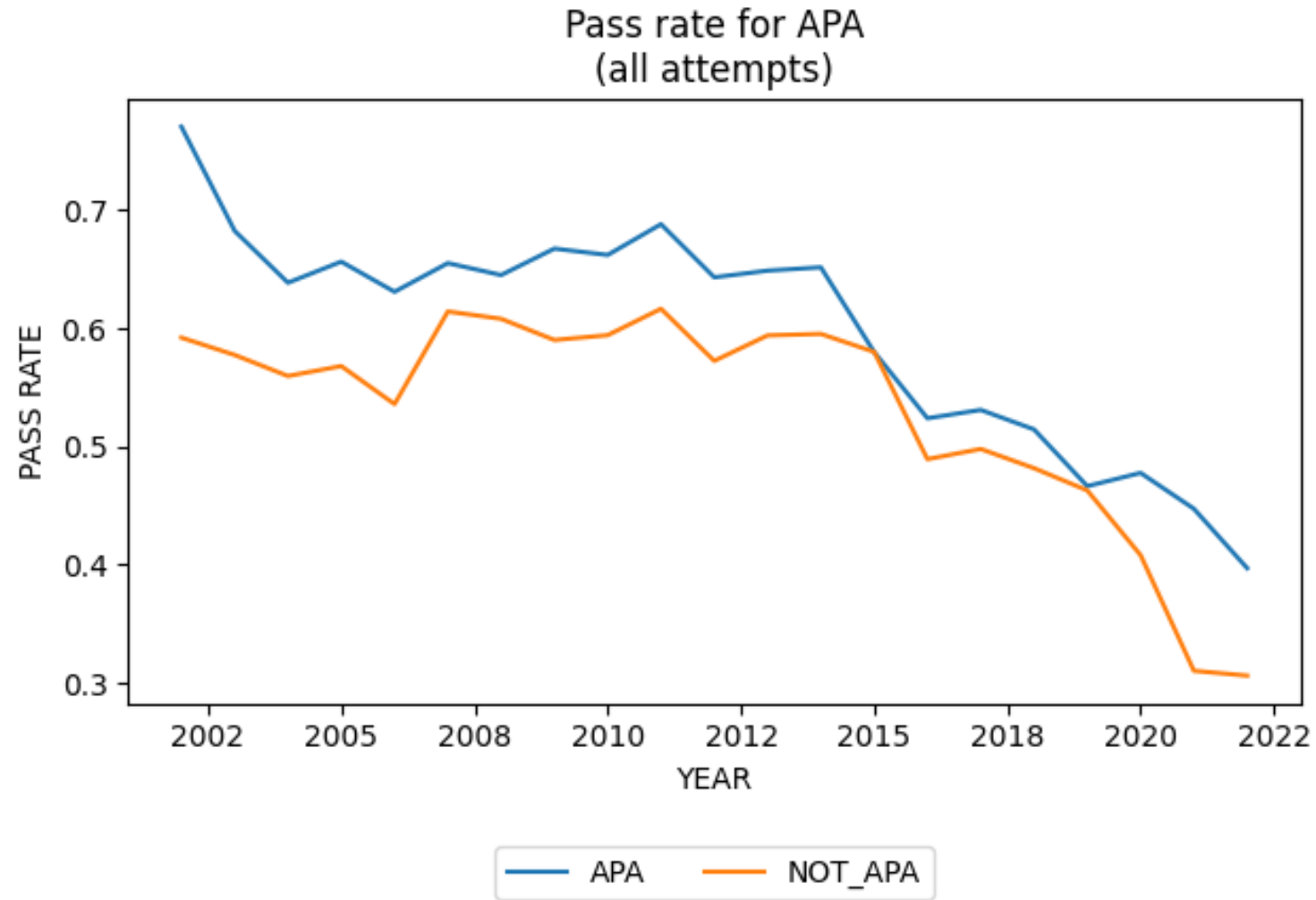


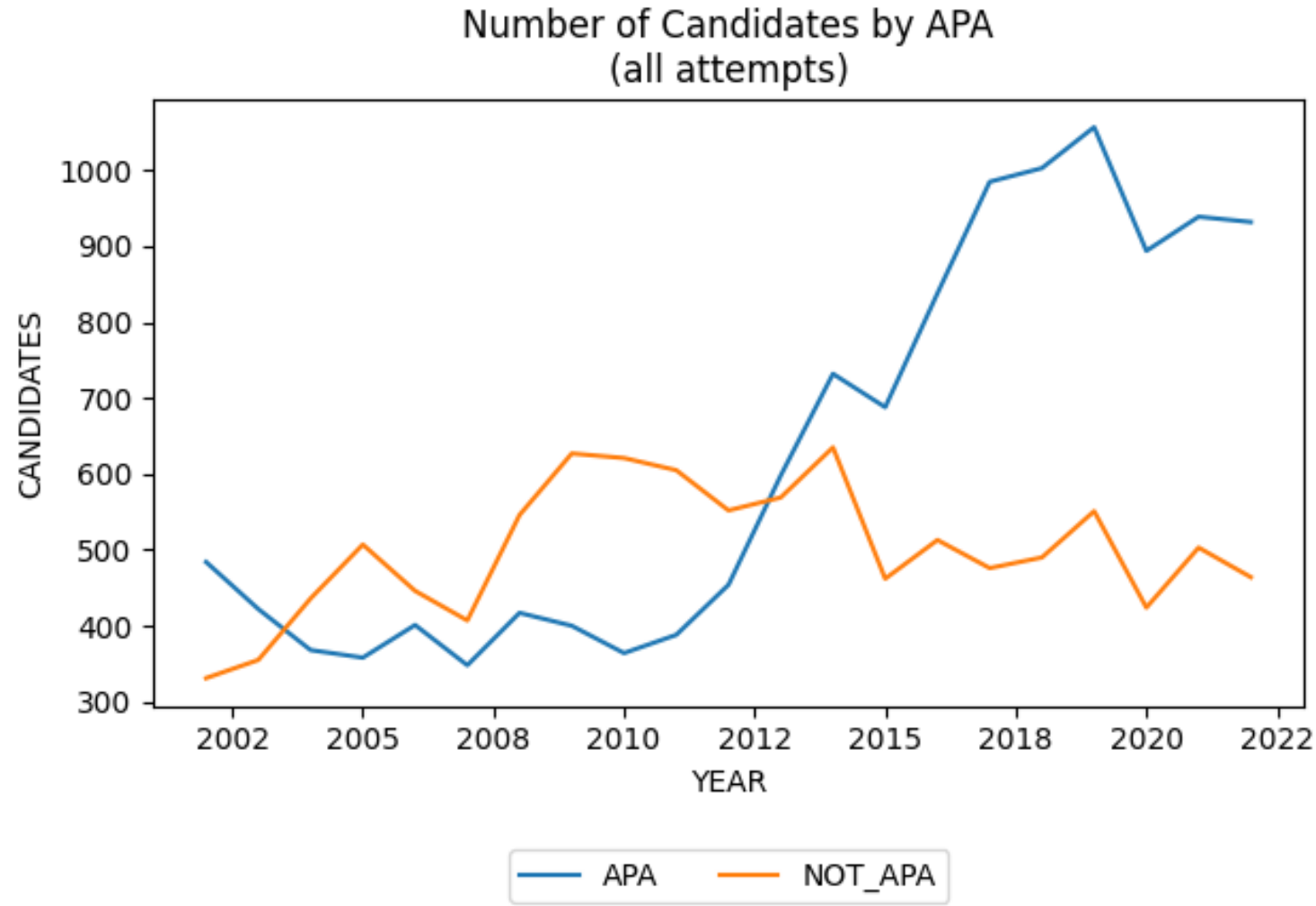












## APA Observations

### Relationship

Scores from candidates attending APA-accredited programs are slightly better than those for non-APA-accredited programs, but eventual pass rates are very close.

### Trend

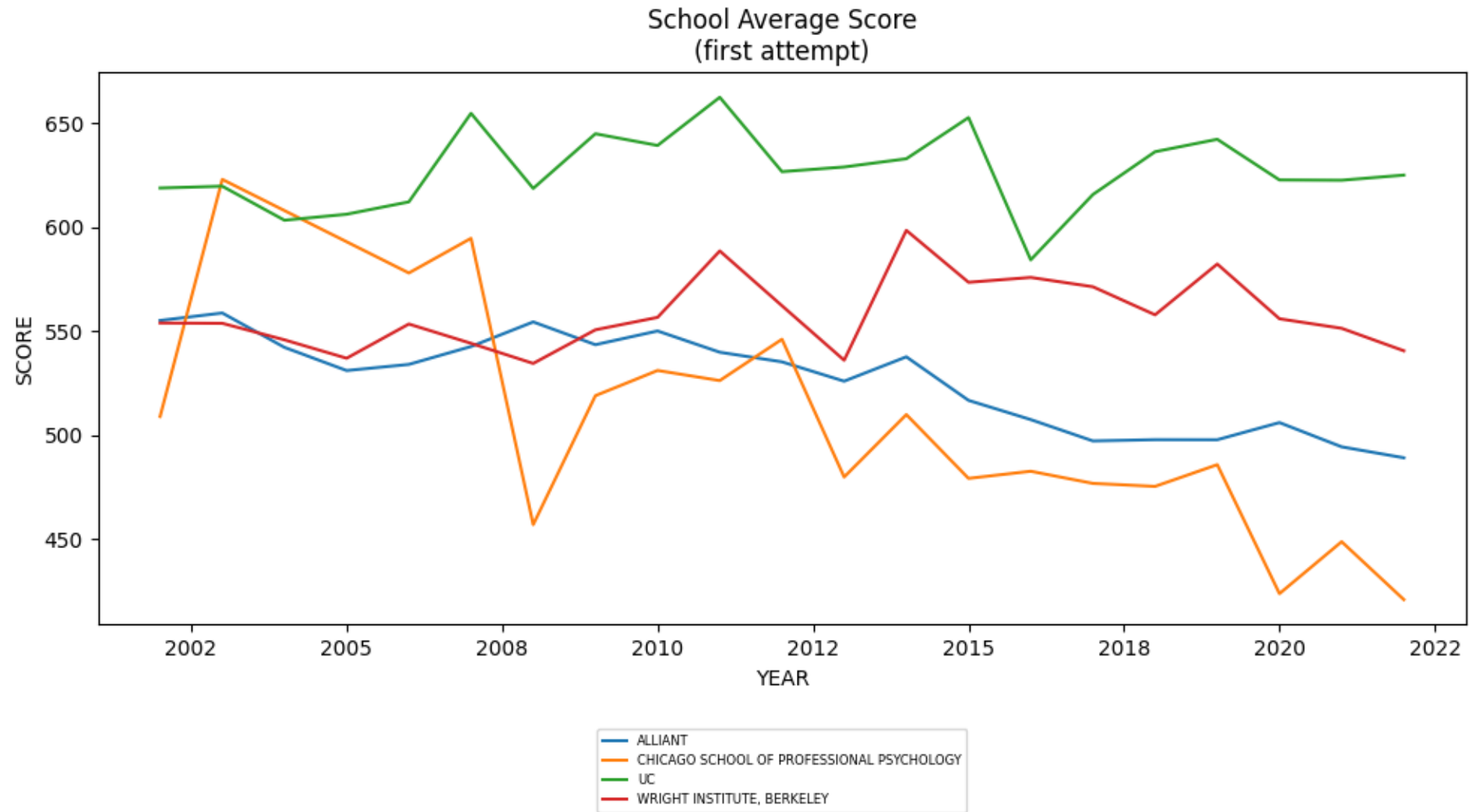
As time passed, performance decreased for all groups.

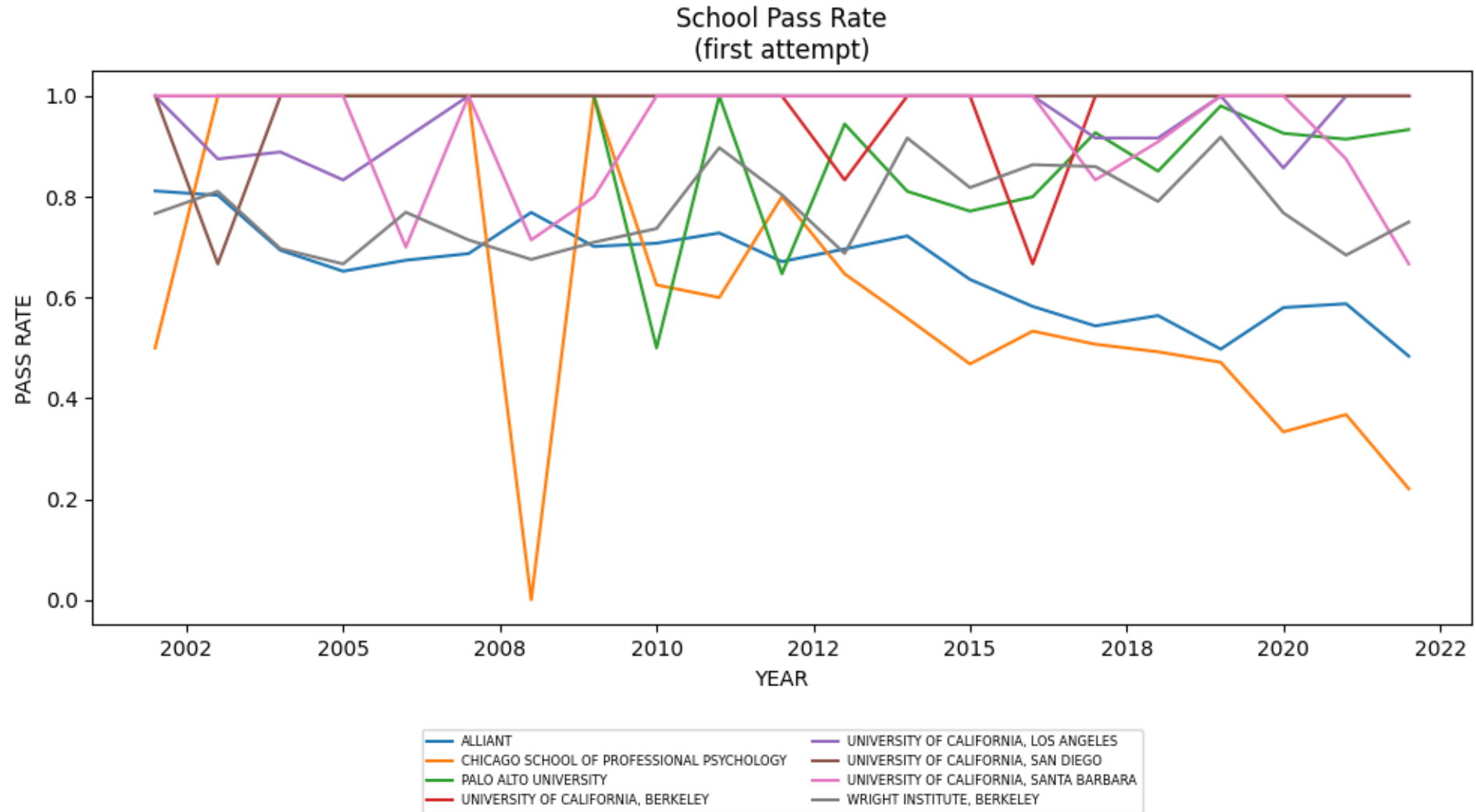
### Candidates

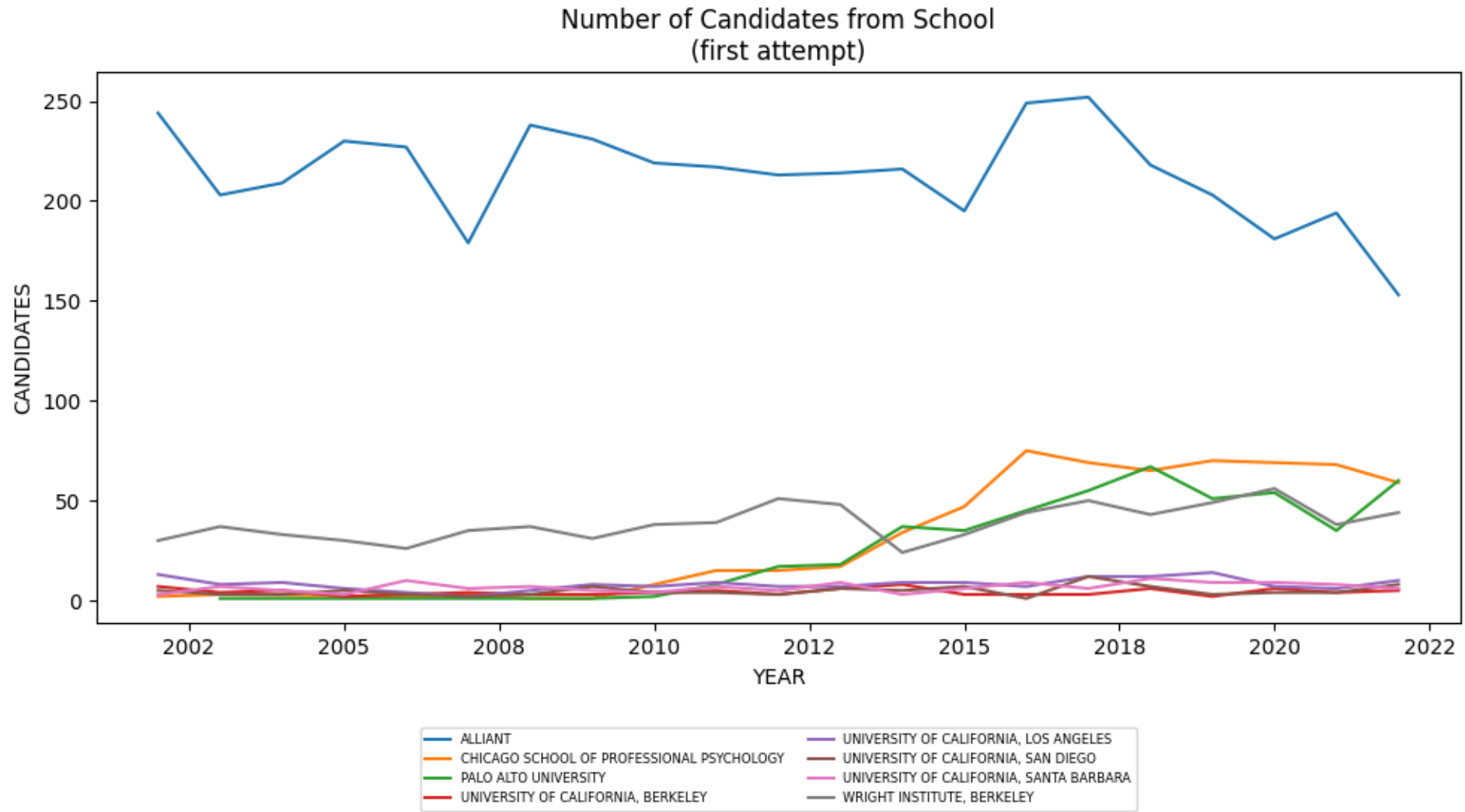
Most candidates attend APA-accredited programs.

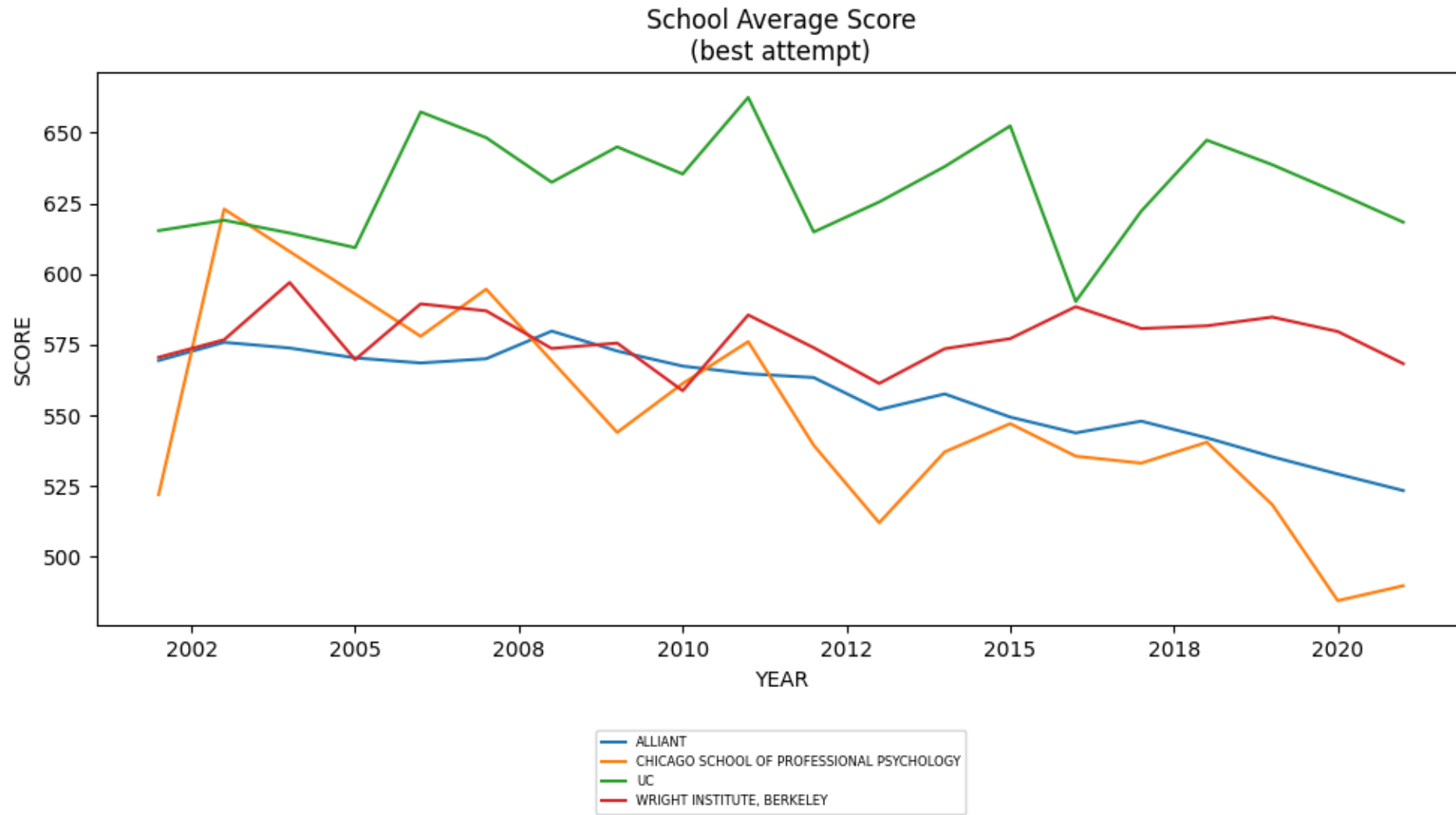


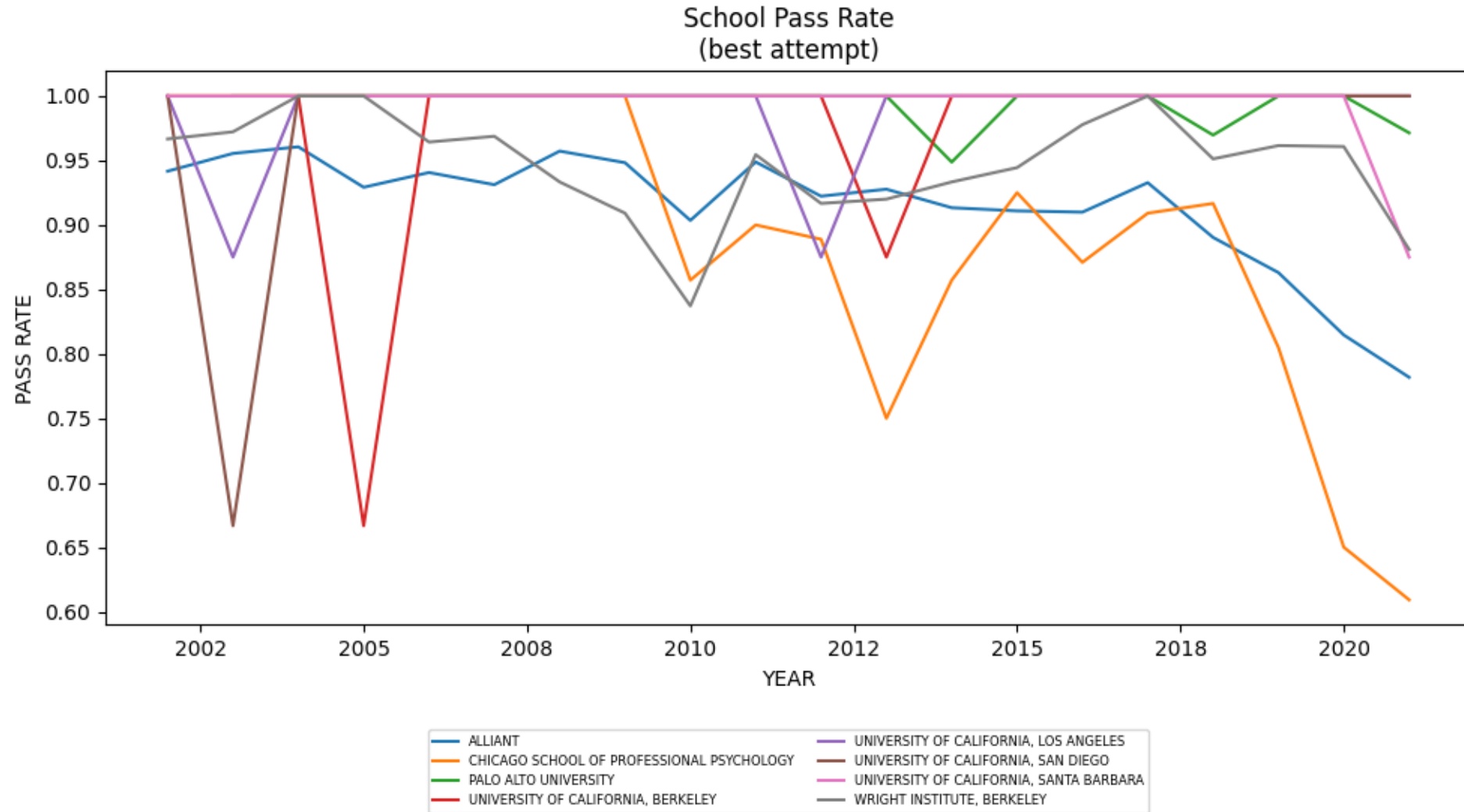
# Schools



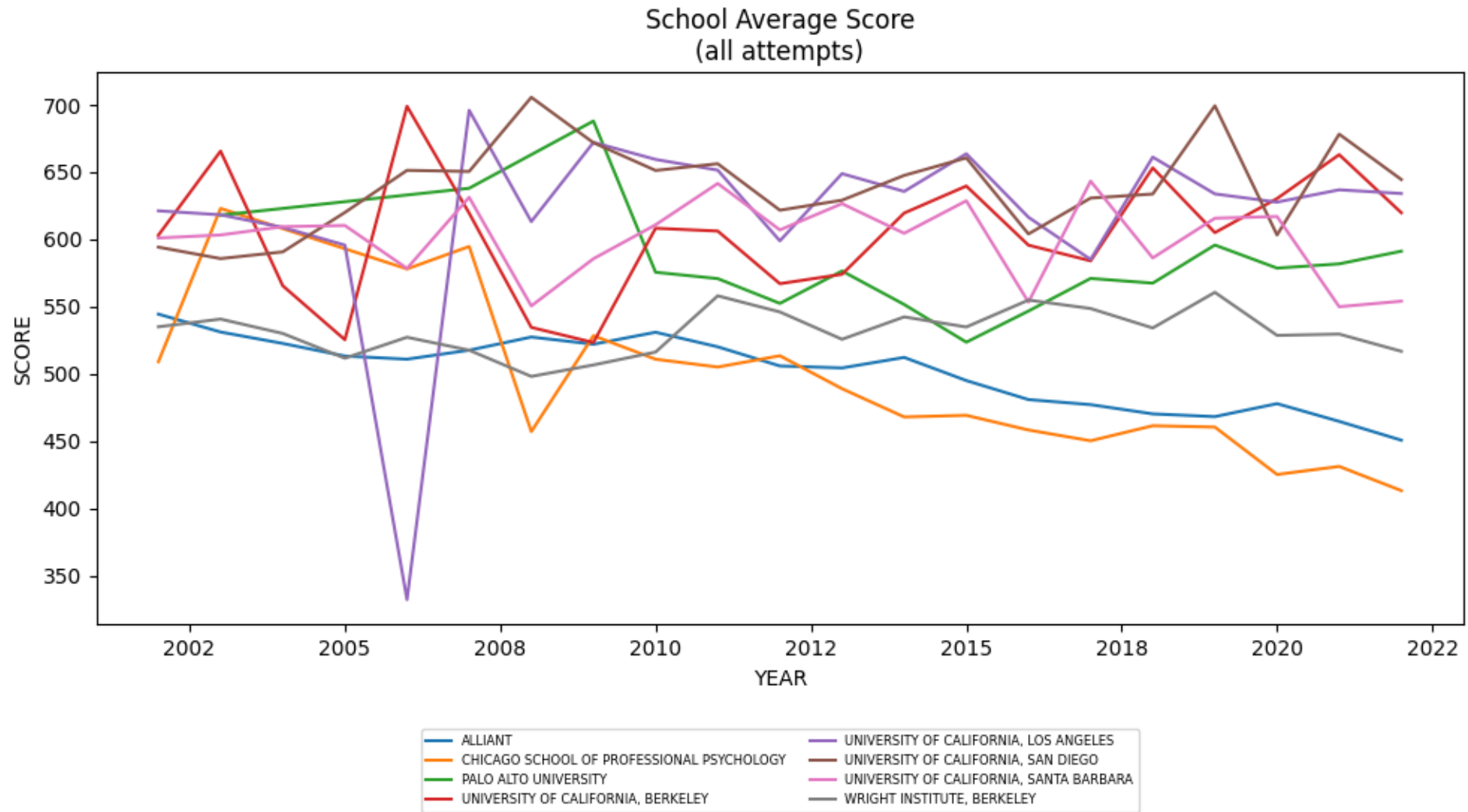














# School Observations

## Relationship

There is a clear relationship between school and performance on the examination.

## Trend

As time passes, some schools' performance changes, while other schools' performance remains consistently high.

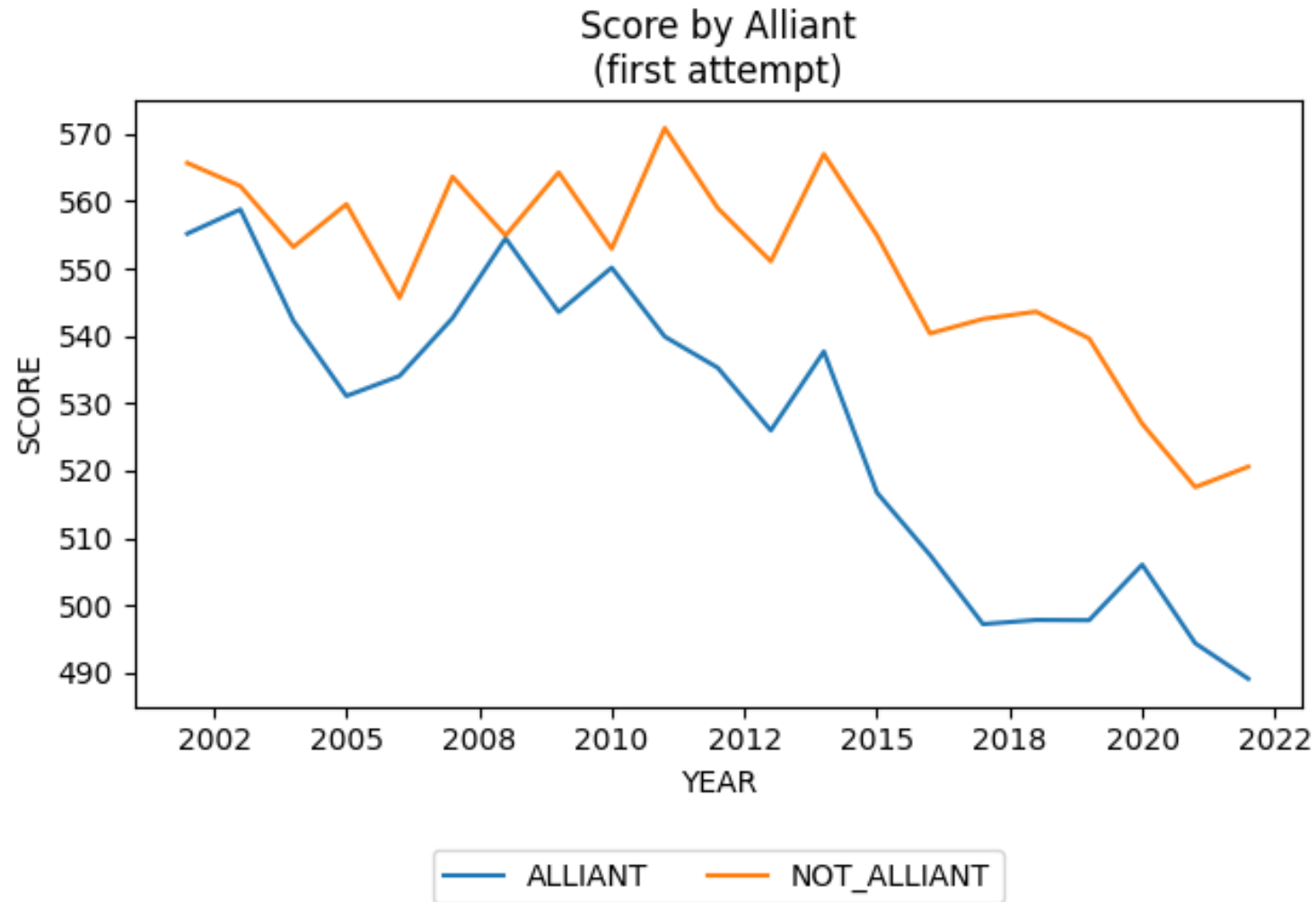
## Candidates

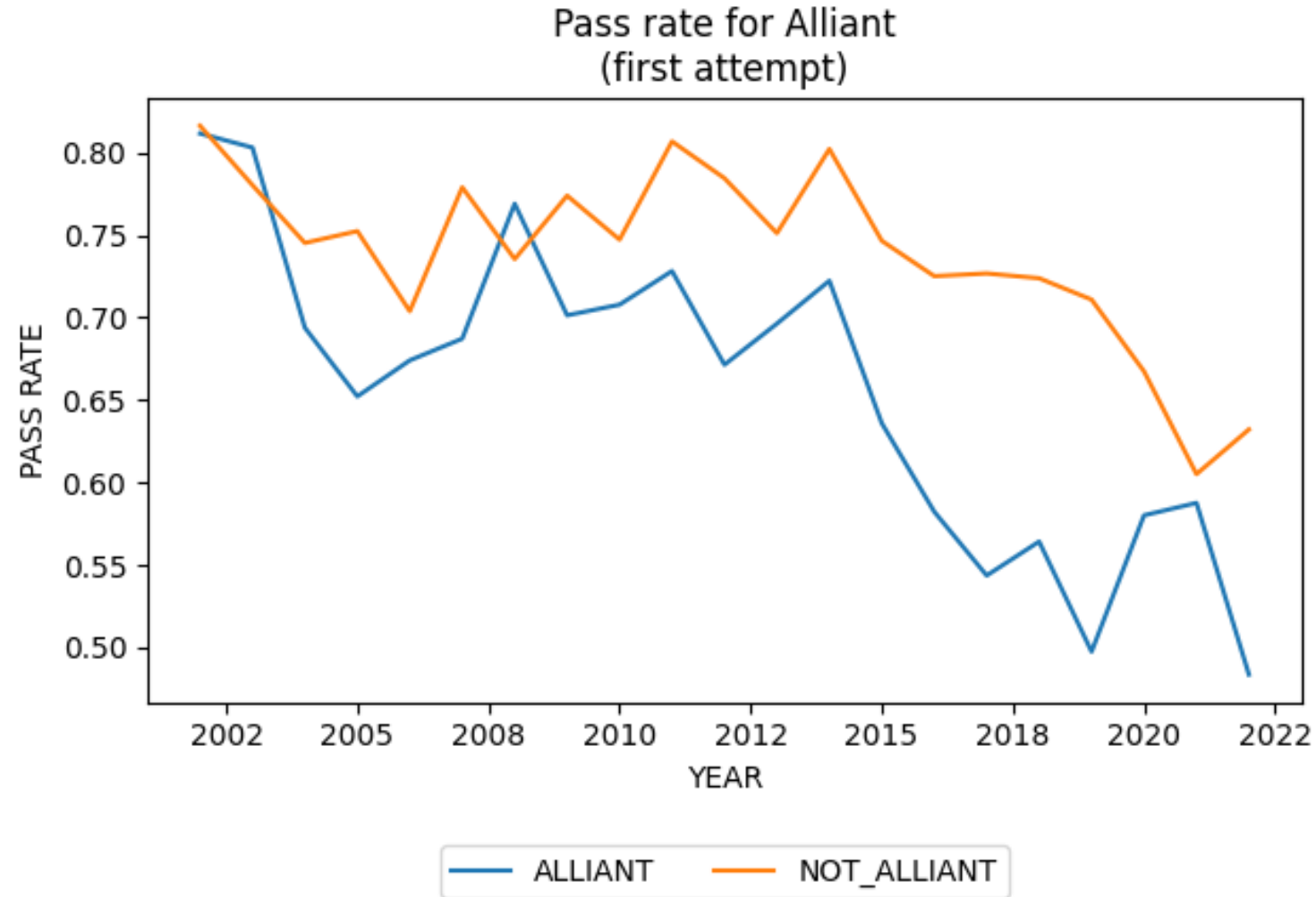
Alliant has more students than the next 5 largest schools. All UC schools combined account for approximately 30 attempts per year.



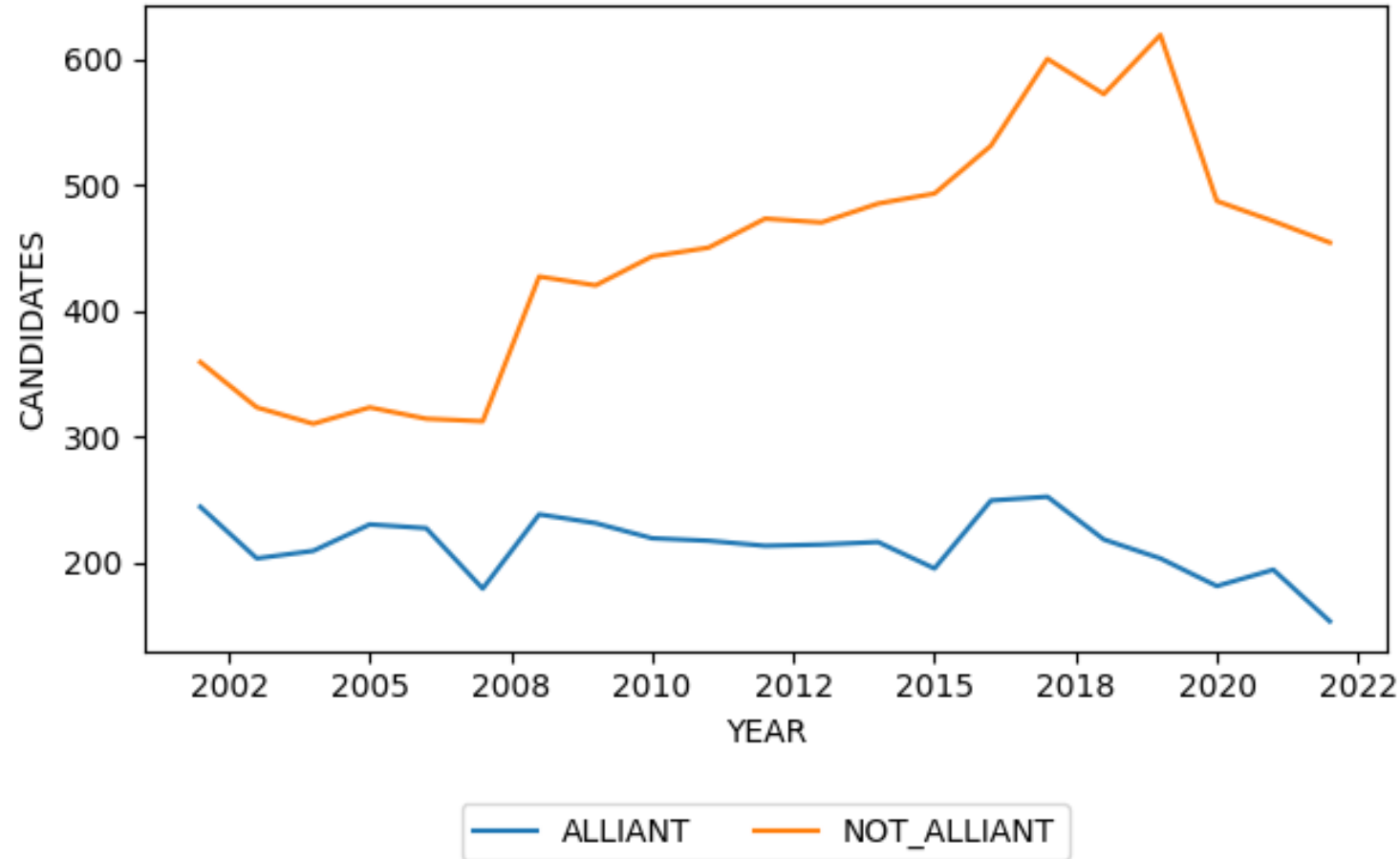
The word "Alliant" is written in a white, sans-serif font against a dark blue background. The background features a large, light blue circular graphic on the right side, partially obscured by a vertical dark blue bar on the left.

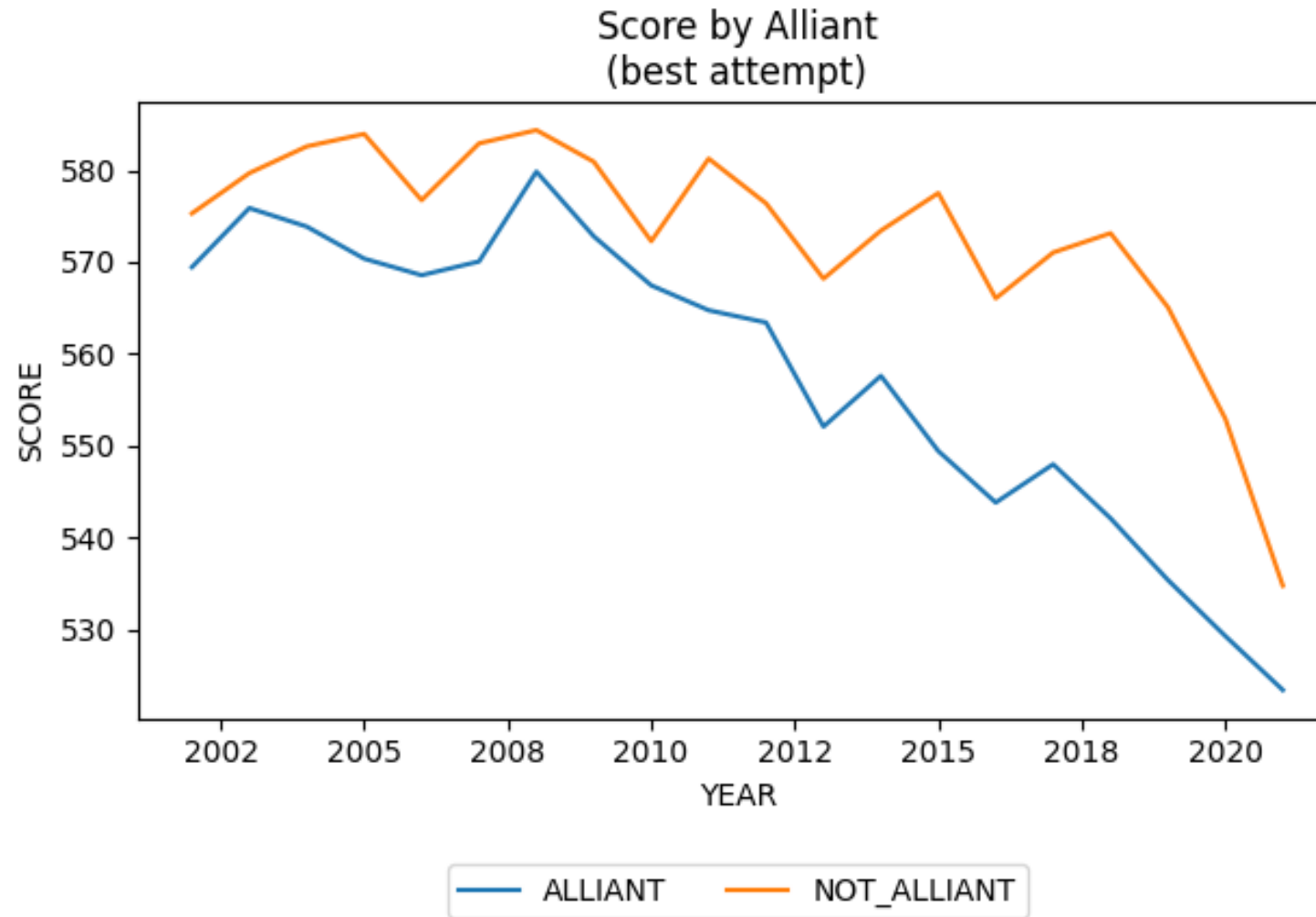
Alliant

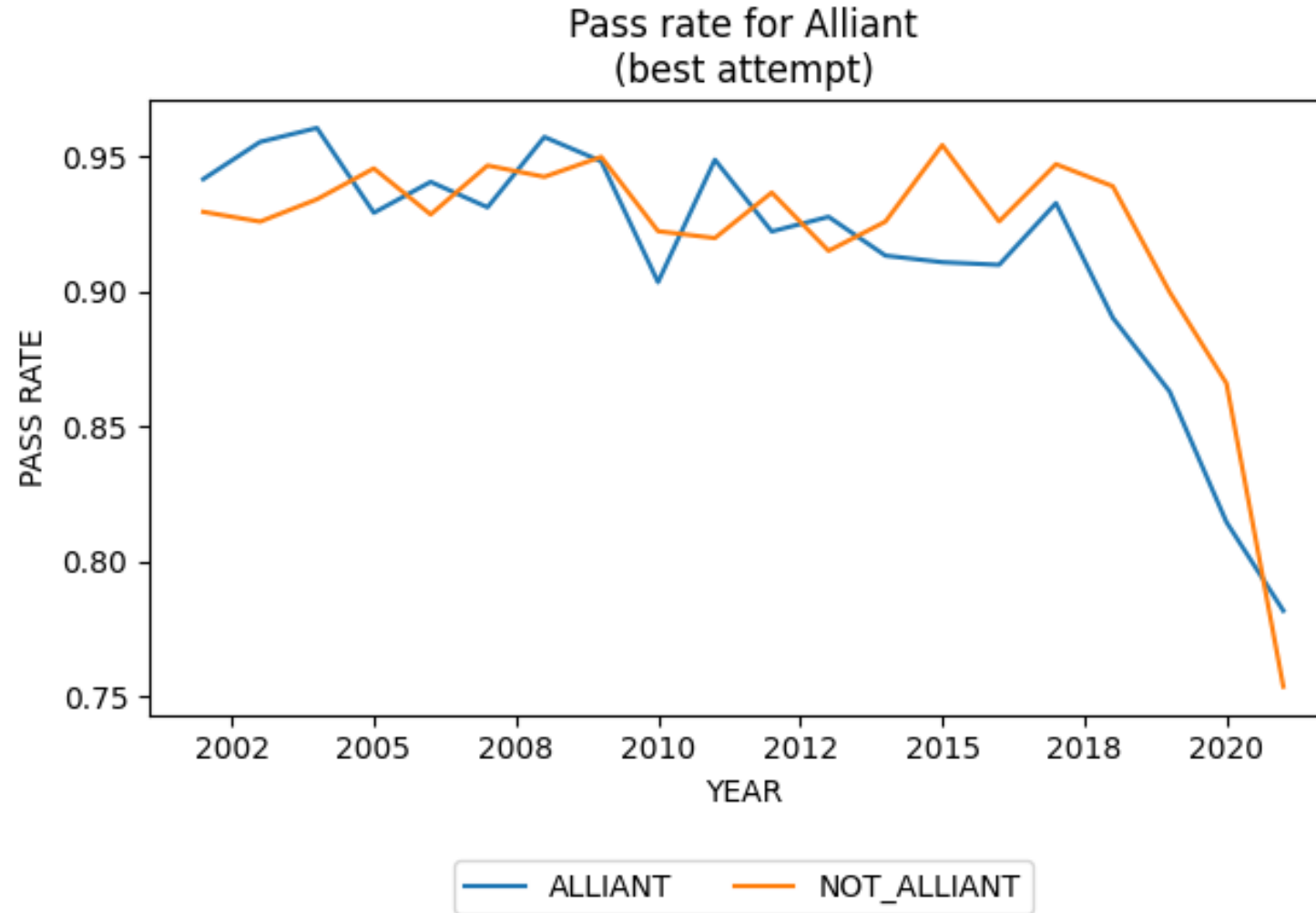


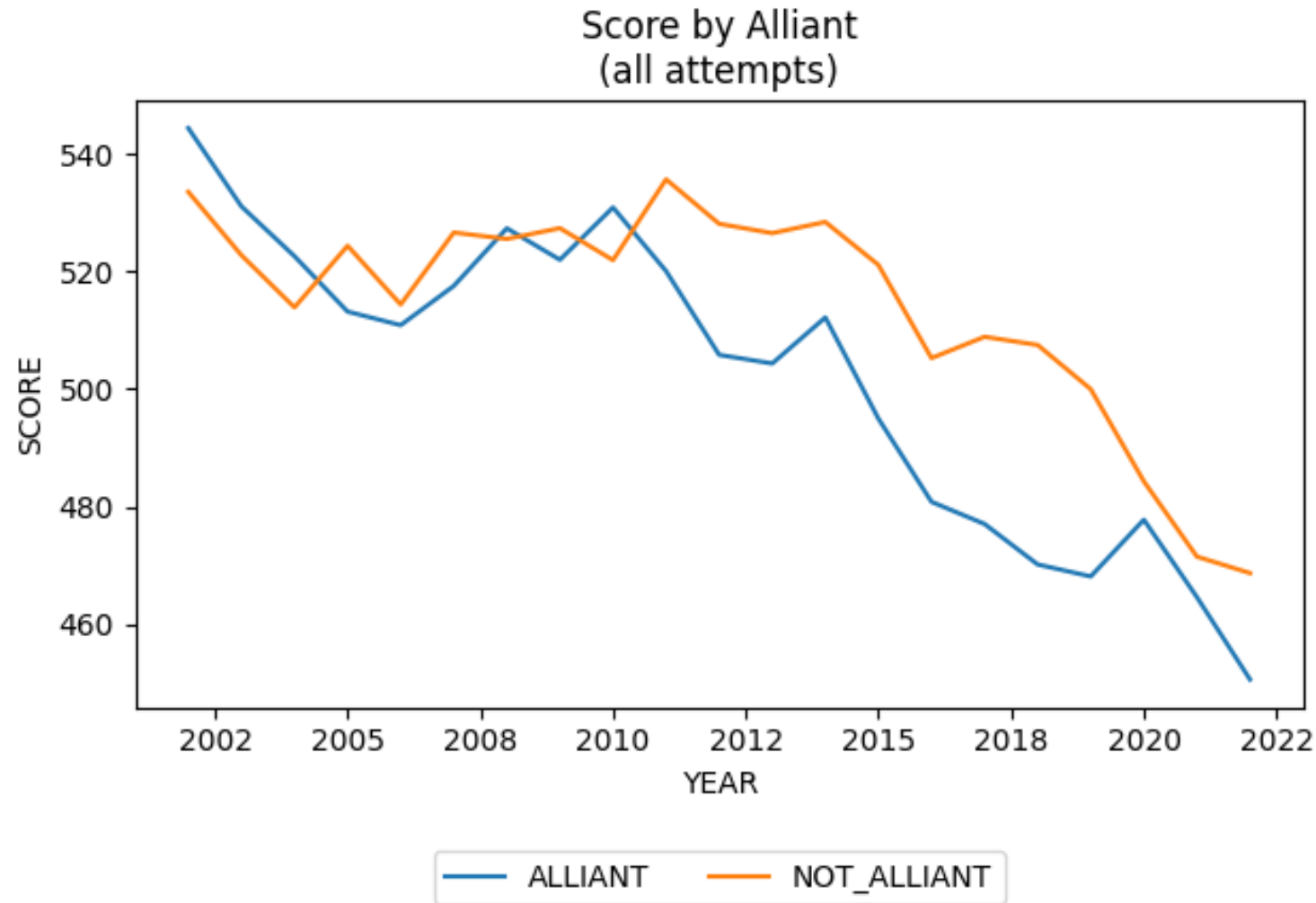


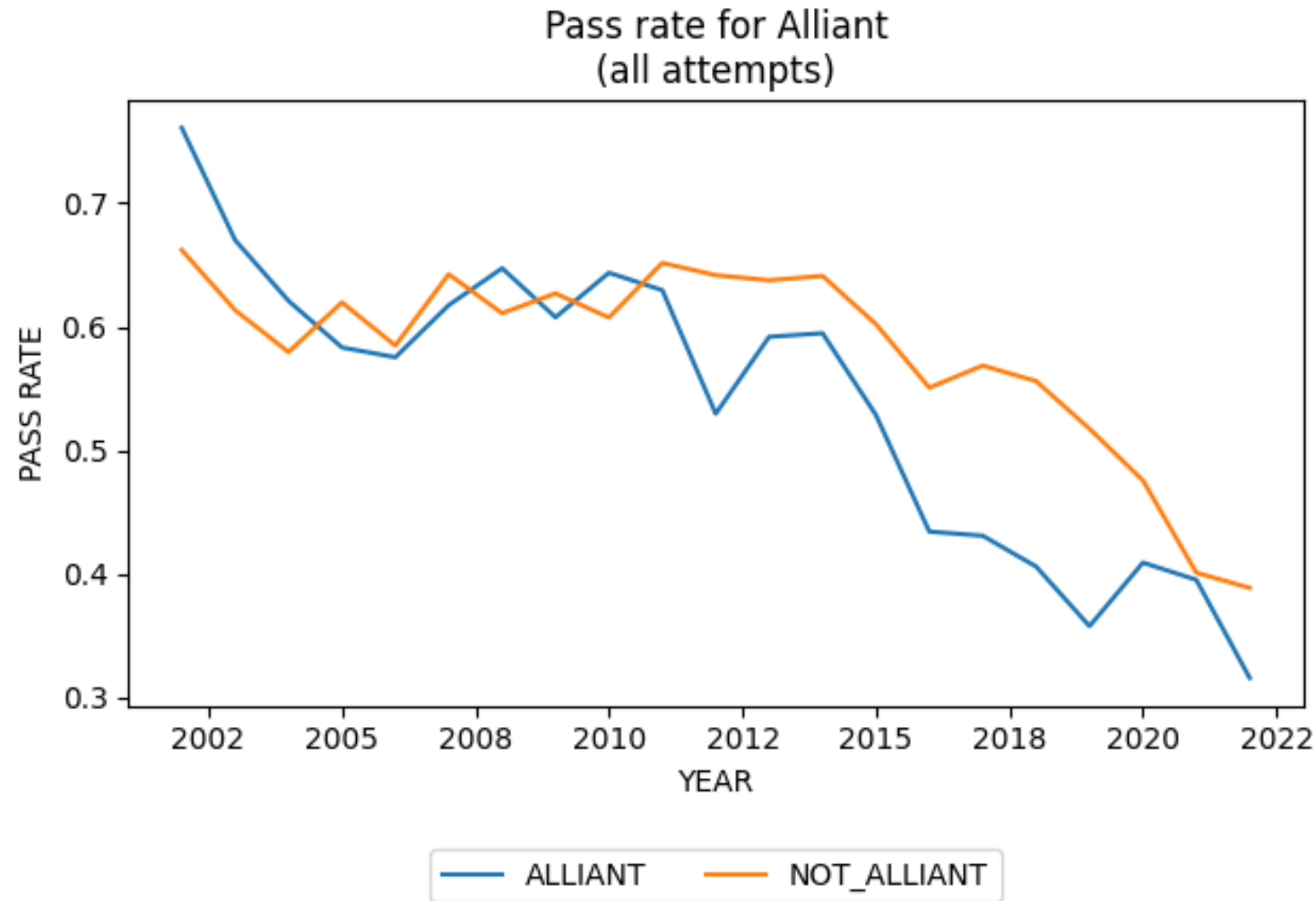
Number of Candidates by Alliant  
(first attempt)















# Alliant Observations

## Relationship

The comparison between Alliant and Non-Alliant shows a slight benefit to Non-Alliant schools.

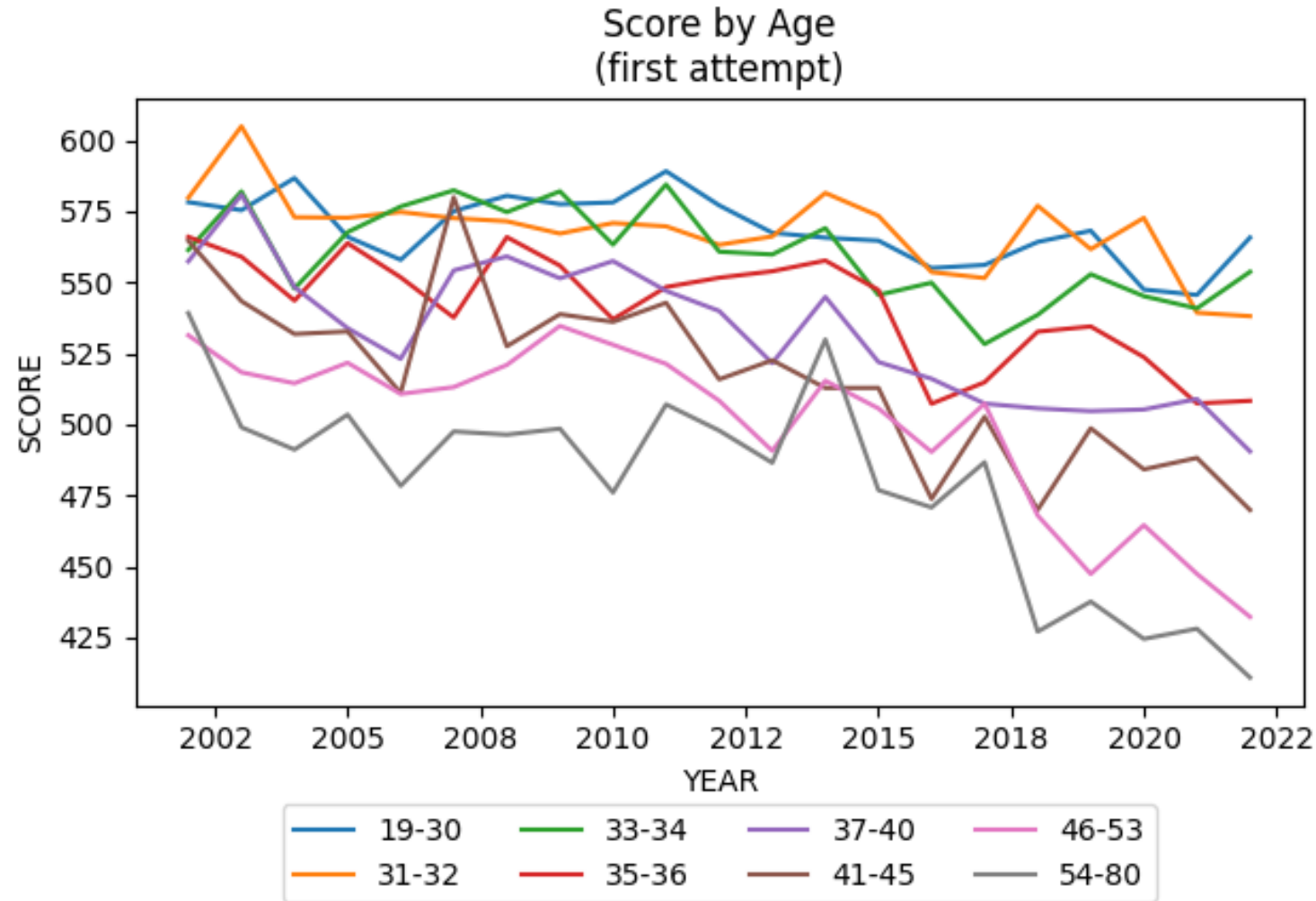
## Trend

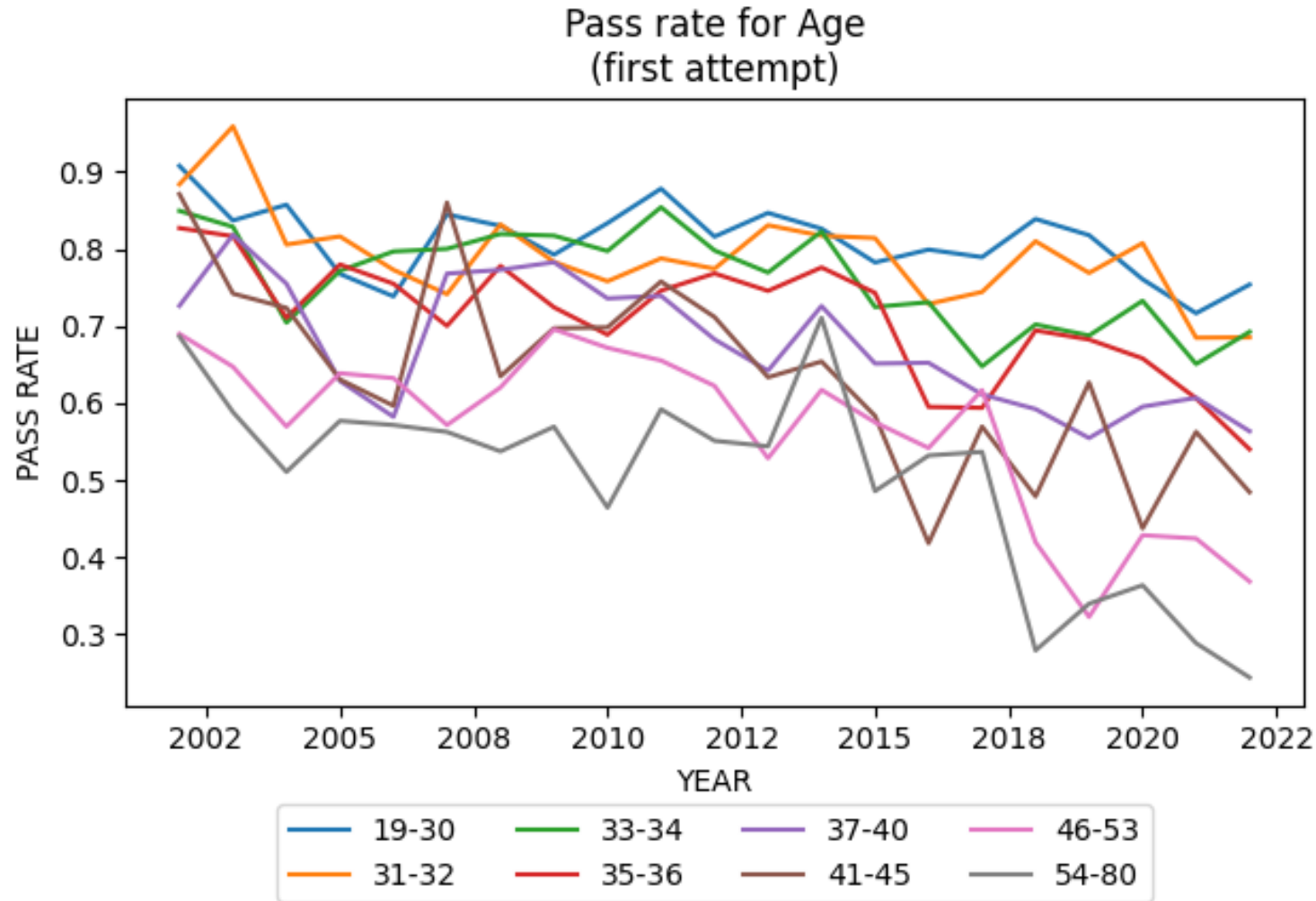
As time passed, performance decreased for both groups.

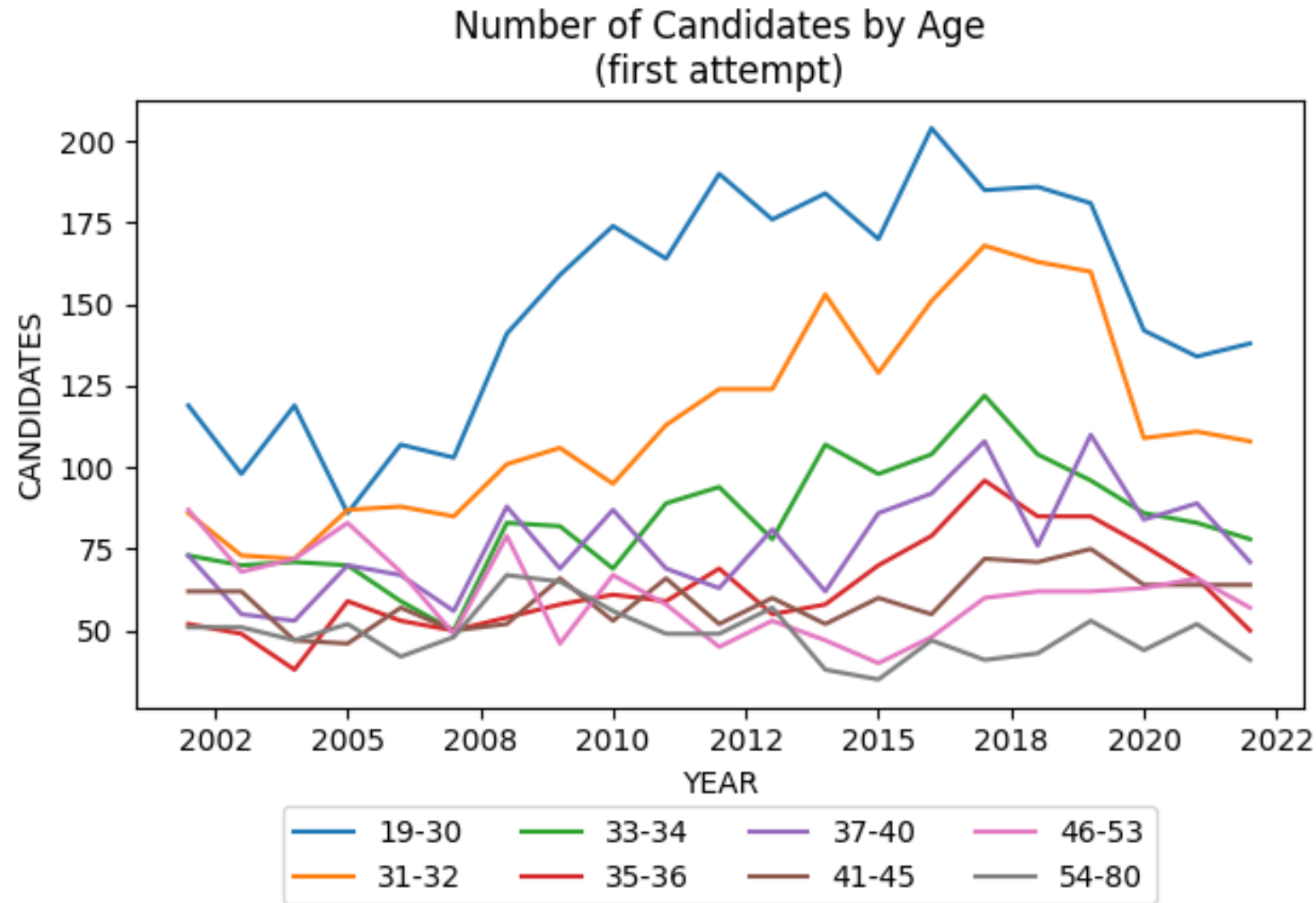
## Candidates

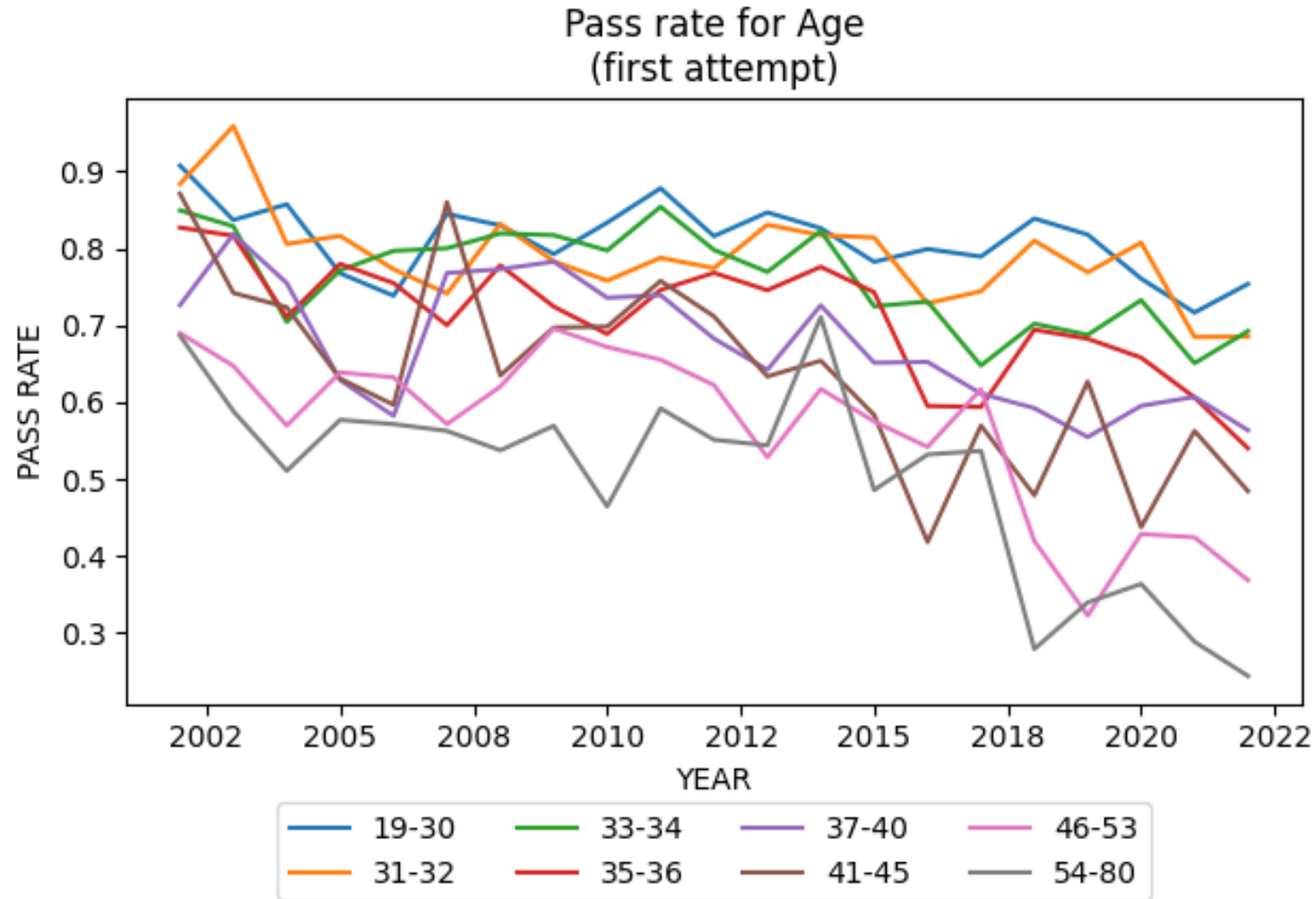
Alliant has decreased its proportion of first-time attempts over time.

Age

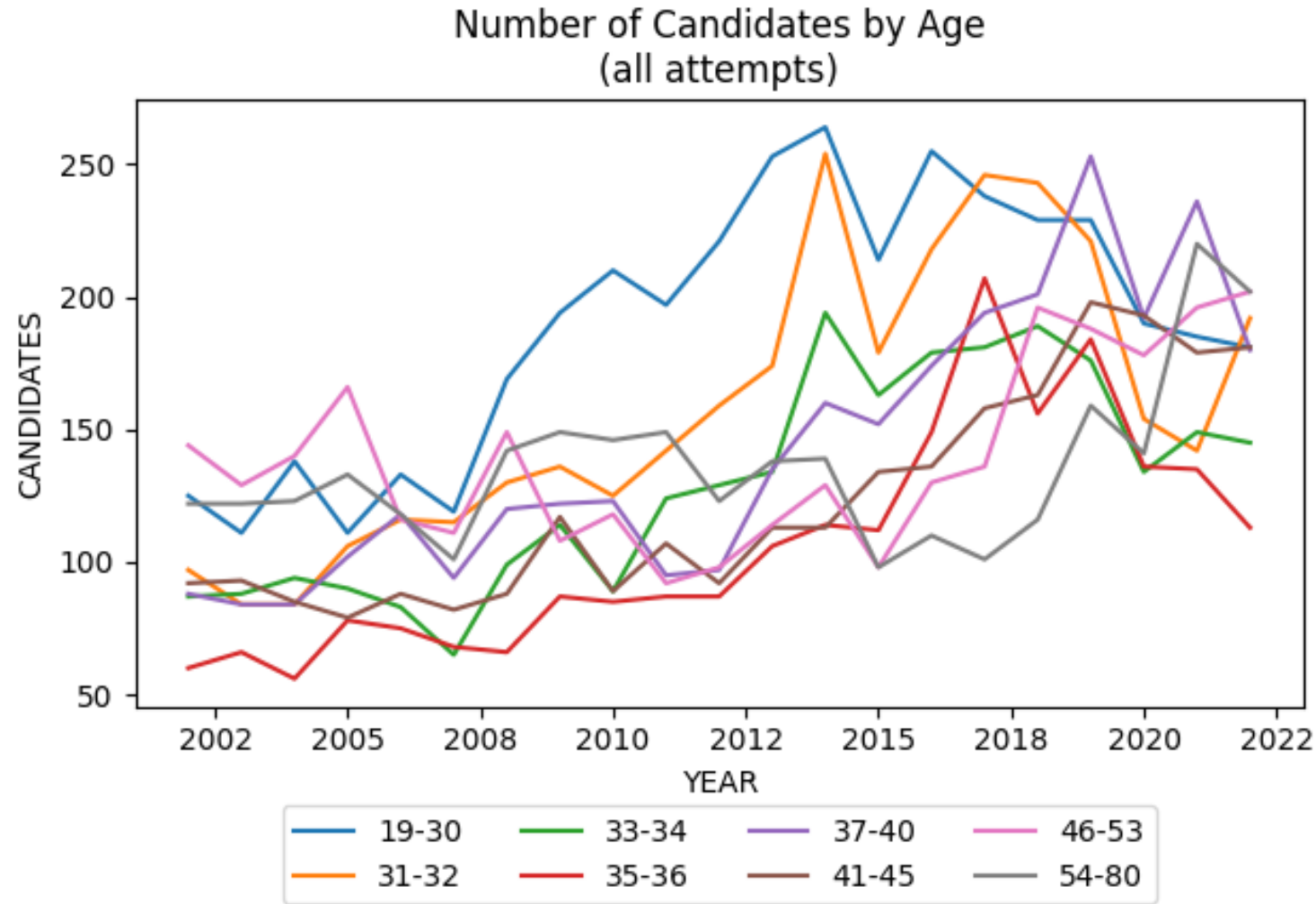


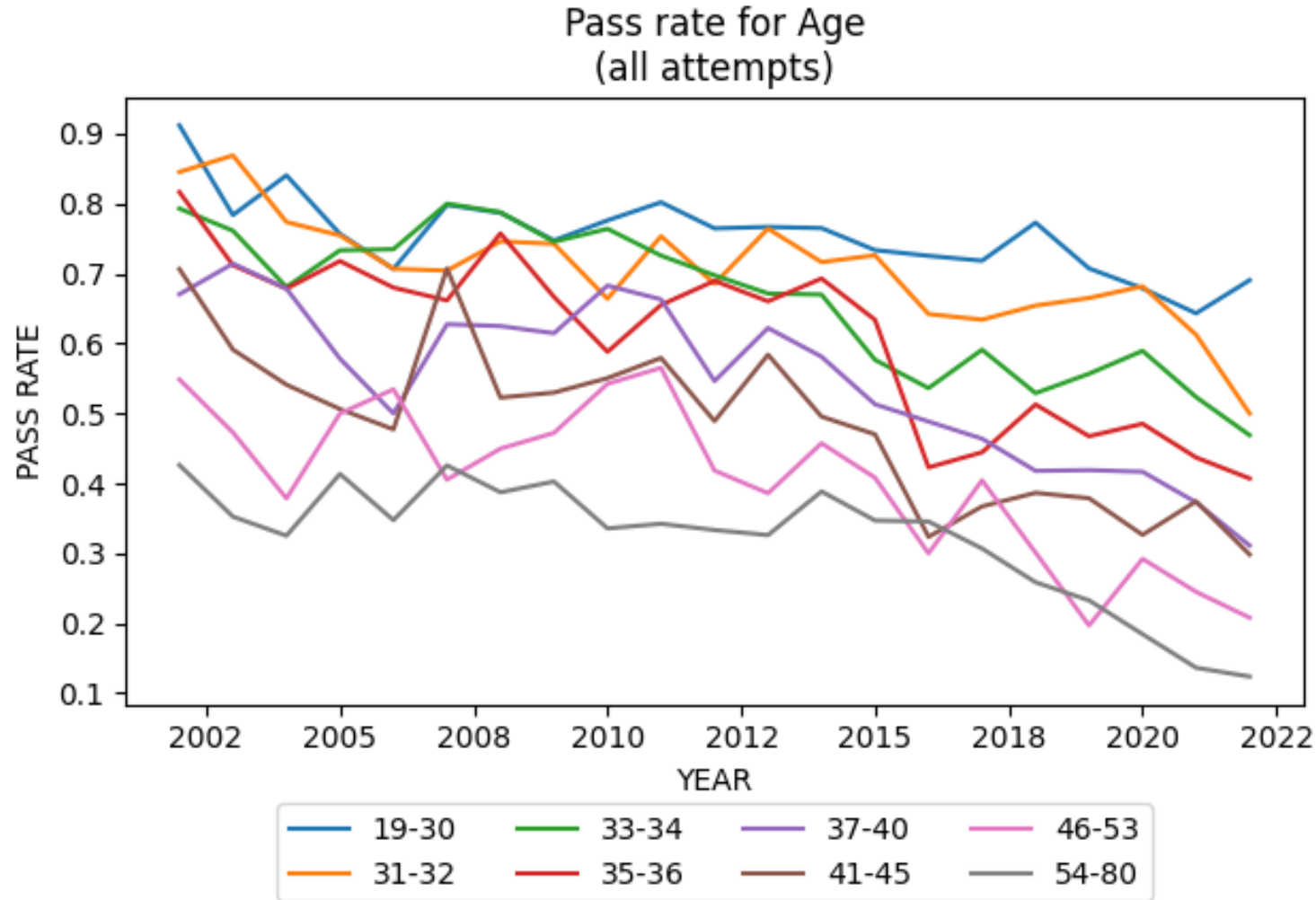
















# Age Observations

## Relationship

As age increases overall, score tends to decrease.

## Trend

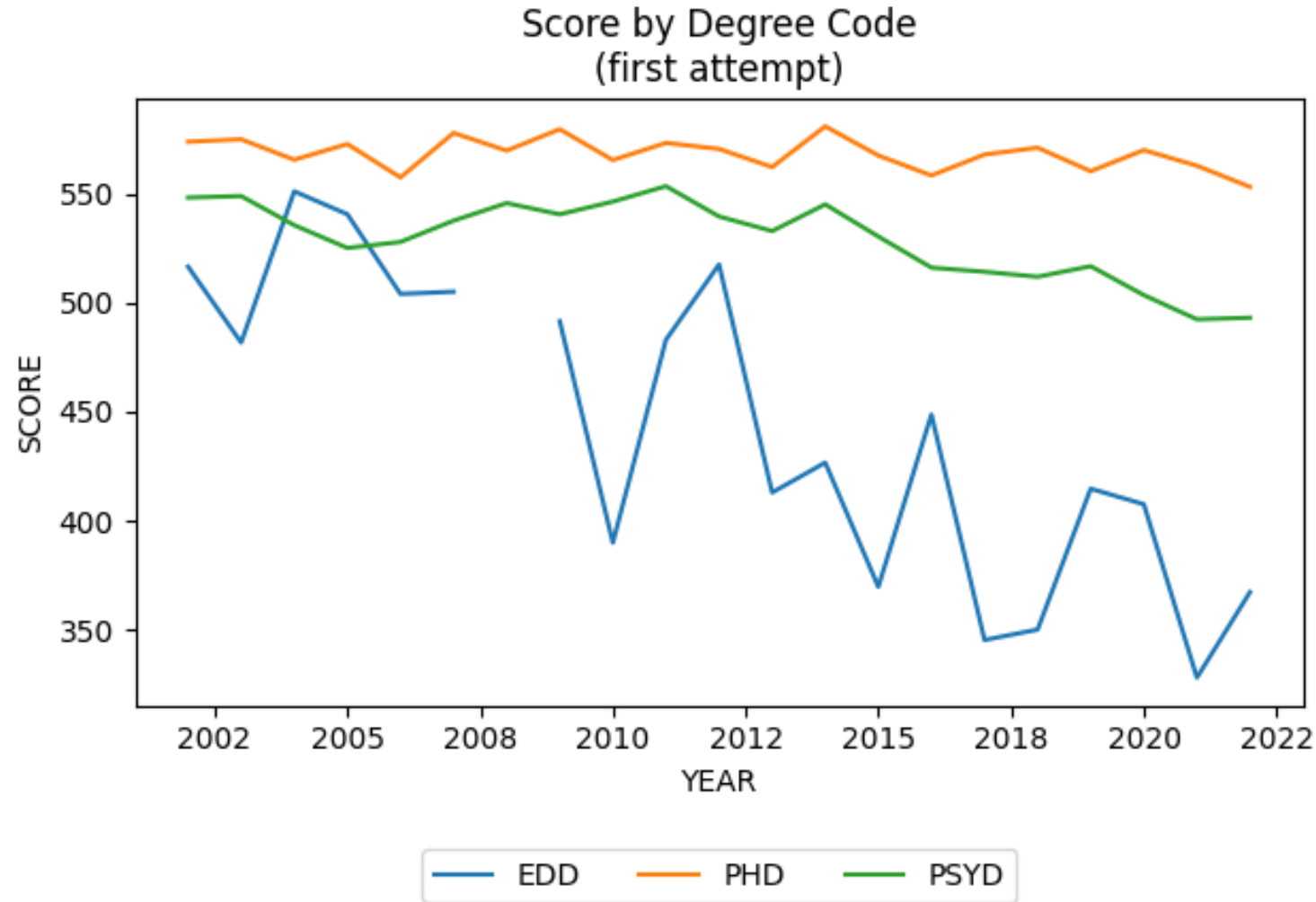
As time passed, performance decreased for all groups. The number of candidates decreases as age increases.

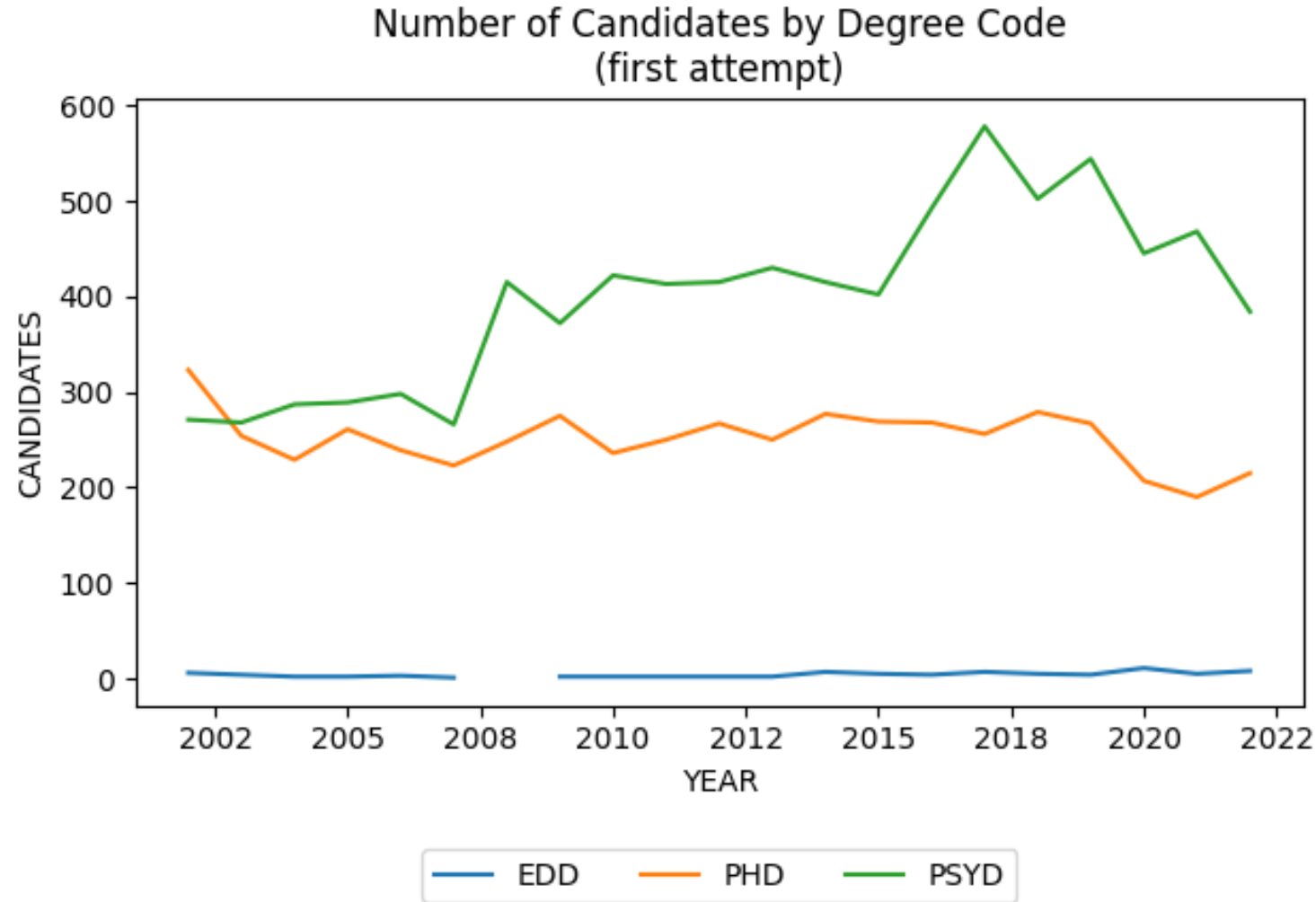
## Bias

Difference isn't bias.

There is a difference by age, but more analysis is needed to establish bias.

# Degree







# Degree Observations

## Relationship

PhD scores higher than PsyD, which scores higher than EdD. The sample size for EdD is small.

## Trend

As time passed, performance decreased for all groups.

# Summary

- There is evidence the test has changed over time.
- The school a candidate attends is a strong predictor of examination performance.
- Most candidates attend APA-accredited programs. These candidates perform slightly better than those attending non-APA-accredited programs.
- Older candidates pass the examination at lower rates, and account for a large proportion of the recent attempts.
- Degree type has become a stronger predictor of success as time has passed, but PhD and PsyD are still similar.



Thank You

Questions?

## MEMORANDUM

<b>DATE</b>	February 12, 2024
<b>TO</b>	Board Members
<b>FROM</b>	Stephanie Cheung Licensing Manager
<b>SUBJECT</b>	<b>Agenda Item 20(e)</b> Barriers to Telehealth Survey Follow-Up: Review Competency Requirements for Doctoral Programs, Training Settings, and Supervised Experience

### **Background:**

At the 2023 November Board meeting, the Board voted to assign to the Licensure Committee the task of reviewing competency requirements for doctoral programs, training settings, and supervised experience within the context of the Barriers to Telehealth Survey results.

Please find the survey results within the [meeting materials](#) for the 2023 November Board meeting from page 161 thru 611 for reference if needed.

The Licensure Committee met on February 2, 2024 and considered developing a one-page telehealth best practices guidelines. The Committee will continue their discussion about the content for the guidelines at the next Licensure Committee in July 2024.

### **Action Requested:**

For informational purposes only.



## MEMORANDUM

<b>DATE</b>	March 1, 2024
<b>TO</b>	Board Members
<b>FROM</b>	Lavinia Snyder Examination Coordinator
<b>SUBJECT</b>	Agenda Item # 21 (a): Overview of the History of the EPPP – Part 2 (Skills) Exam

In 2017, the Board determined that there was a need for stakeholder input regarding possible implementation of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology Part 2 (EPPP2). A Task Force with representatives from various stakeholders was created to provide input to the Board regarding consideration and possible implementation of the EPPP Part 2.

The Task Force's role was to consider the pros and cons of the proposed examination to the Board's prospective licensees and consumers, eligibility criteria, the application process, and the impact on the Board's process for licensure. The Task Force met on April 5th and June 29th, 2018 at the Department of Consumer Affairs' (DCA's) Headquarters in Sacramento. This Task Force was chaired by Board Member Dr. Sheryll Casuga.

The Examination for Professional Practice in Psychology, currently known as the EPPP Part 1 (Knowledge), is a computer-based examination developed and administered by ASPPB. This exam is one of two examinations required for licensure in California. The cost of the exam to the applicant is \$600.00.

EPPP Part 2 (Skills exam), per ASPPB, will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice and enhance consumer protection. The cost of this exam was initially set at \$600.00. ASPPB, at the time of the initial Task Force meeting, announced the plan to make this exam mandatory for all jurisdictions.

After several discussions, the Task Force did not believe the EPPP Part 2 was in the best interests of California consumers for the following reasons:

- Lack of a proven necessity for the examination;
- Concerns related to the exam's ability to assess skills resulting in negligible consumer protections;
- Costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students;
- New barriers to licensure and potentially detrimental impact on access to psychological services to California consumers; and

- Clarification on whether the optional Enhanced EPPP is an indefinite alternative or ASPPB is simply postponing the deadline for mandatory adoption. If the implementation date is merely being delayed, the Board would appreciate clarification on the anticipated date for mandatory implementation.

The Task Force also had significant concerns with the loss of license portability with other States if ASPPB decided to mandate the EPPP Part 2. Due to this concern, the Task Force recommended (should part 2 become mandatory) that the Board continue participation in the EPPP, and not create its own version of a national examination. For a copy of the full EPPP 2 task force report please reference attachment A.

In August 2018, ASPPB retracted its decision and made the EPPP Part 2 an optional exam for all state boards and proposed incentives for early adopters. Although ASPPB's announcement clarified that the EPPP Part 2 was now an optional component, it raised concerns regarding whether ASPPB would eventually make the examination mandatory.

These concerns were addressed in the letter dated December 2018 which stated as follows:

*“The Board of Psychology supports a competency-based examination but feels that certainty is required as to its mandatory implementation, and that a date certain for all member jurisdictions is necessary. Uncertainty as to implementation results in a current inability to move forward with the required statutory and regulatory changes.*

*ASPPB would aid its member jurisdictions if it were to identify all statutory and regulatory changes needed to implement the new examination (drafting and supporting statutory and regulatory changes through advocacy, etc.) over a set period of time calibrated to the expected implementation date and the time necessary to effect needed changes.*

*ASPPB should continue to evaluate the total cost of both examinations and establish a uniform lower total cost as to all jurisdictions, as of the mandatory effective date of the Enhanced EPPP.*

*In addition, the Board also requests that ASPPB make available to the Board and the Department of Consumer Affairs' Office of Professional Examination Services the following information as it becomes available:*

- *Data from Beta testing from participating jurisdictions to evaluate the validity of the Enhanced EPPP.*
- *Evidence of external validity that substantiates the need for the Enhanced EPPP. This information would help further clarify the need for and validity of the Enhanced EPPP and inform the Board's discussion regarding the prospect for adoption of the Enhanced EPPP.”*

ASPPB's response was noted in a letter (Attachment B) dated January 29, 2019. Summarily, ASPPB Board of Directors (BOD) had determined that the jurisdictional use of

the Enhanced EPPP would not be mandated during the initial implementation process. The BOD, however, would revisit the implementation process of the examination and determine whether or not to continue delivering the EPPP 1 as a stand-alone option or only to deliver the Enhanced EPPP. They would take into consideration the time it takes for California to develop and implement regulation changes and factor that into their decision.

ASPPB also reduced the exam fee for the EPPP2 from \$600.00 to \$450.00 and to allow the Board access to beta testing information from participating jurisdictions to enable the Department of Consumer Affairs, Office for Professional Examination Services (OPES) to conduct an audit of the EPPP.

This audit (Attachment C) was completed in April 2021. Summary of the audit is as follows:

“Overall, the SMEs concluded that the content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics. This general knowledge should continue to be tested on the California Psychology Law and Ethics Examination.

The SMEs were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items. Additionally, the SMEs favored the EPPP Part 2 over the EPPP Part 1 as a single-examination option. However, the SMEs concluded that while the EPPP Part 2 assesses a deeper measure of skills than those measured by the EPPP Part 1, that alone may not support adoption of the EPPP Part 2. The SMEs further concluded that the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure. OPES recommends that the Board continue to monitor the beta testing results of the EPPP Part 2 as part of their decision-making process for adopting the EPPP Part 2 as a requirement for licensure in California in the future.”

This audit was presented at the EPPP AdHoc Committee meeting held on October 21, 2021. However further discussion could not be made until the ASPPB Board of Directors decided on their plan for the EPPP2.

In October 2022, the ASPPB Board of Directors announced the implementation of the Enhanced EPPP two-part exam to become effective January 1, 2026, to all member jurisdictions. The announcement and factual overview (Attachment D) are attached for your convenience. ASPPB does not believe that the EPPP2 will create a barrier to practice and promises to smooth the road to licensure amidst a national mental health crisis. ASPPB's core value is to develop a fair, equitable and accessible exam and that the two-part exam ensures a thorough assessment of competence and promote consumer protection. They will be mindful of the cost and confirmed a 25% reduction in the EPPP2 fee with no current plans to increase the fee.

After the announcement, the Board received several letters of opposition and one in favor of implementing the EPPP2. Copies are attached for your review (Attachment E & F).

There were also requests for the following information:

- 1) How many active licensees hold licensure in another state?

The Board does not keep track of licensees that hold other state licenses. We can however identify the number of active CA licensees that hold out-of-state addresses. This is not a clear indicator that they have sought licensure in another state.

Number of Active Licensees as of 02/2024	20,488
Number of Active Licensees with addresses from out of state	1,461


In addition, the Board receives a few license verification requests from licensees interested in applying to another jurisdiction in the past three fiscal years. Approval of such a request however does not also confirm licensure in another State.

License Verification Requests	Year 2020 to 2023
Number of requests initiated	3,989
Number of Approved	3,464
*Number of Unprocessed	64

\*The number of unprocessed are requests received without payment. Unpaid requests expire after 3 months.


- 2) What is the percentage of the enforcement cases using current Licensure standards?

The Licensing Population report as of February 9, 2024, contains the current number of active psychologists and the number of enforcement cases. The total number of enforcement cases is at 2.71% less than 3% out of the total active licensee population that used our current licensure standards.



STATE DEPARTMENT OF CONSUMER AFFAIRS

BREEZE SYSTEM



LICENSING POPULATION REPORT

BOARD OF PSYCHOLOGY

AS OF 2/9/2024

	License Status									
	Licensing						Enforcement			
License Type	Current	Inactive	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	Total
Psychologist	20,488	2,231	1,624	7,776	326	1,081	269	163	123	34,081
Psychological Associate	1,840	0	66	24,060	0	8	15	8	19	26,016
Psychological Testing Technician	5	0	0	0	0	0	0	0	0	5
Total	22,328	2,231	1,690	31,836	326	1,089	284	171	142	60,097

The EPPP Ad Hoc Committee met on April 28, 2023, to discuss the EPPP part 2 and make recommendations to the Board. Implementation of the EPPP part 2 meant that statutory and regulatory changes were necessary to continue to conduct business and license portability remains. If the Board decides not to implement the EPPP part 2, this will require the creation of California's own practice base exam which would add additional cost to the Board's examination development process, and it would also eliminate license portability for California licensees.

Committee Recommendations are as follows:

- 1) To adopt the two-part EPPP exam for licensure for the State of California effective January 1, 2026, to avoid any interruption of service.
- 2) To have staff conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting.
- 3) Direct the executive officer to continue to work with ASPPB and communicate any barriers to licensure concerns from the Board.

The Committee also reviewed the proposed statutory and regulatory language that would enable Board staff to implement the two-part EPPP exam.

In May 2023, the Board accepted the committee's recommendation and agreed to adopt the two-part EPPP exam on January 1, 2026.

OPES will present a cost breakdown to the Board in August 2023.

**Attachments:**

Attachment A: Full Report of the EPPP Part 2 Task Force

Attachment B: January 29, 2019, letter from ASPPB

Attachment C: EO Summary of OPES Audit of the EPPP

Attachment D: October 2022 ASPPB's Announcement regarding the Enhanced EPPP and Factual Overview

Attachment E: Letters of Opposition

Attachment F: Letter in Favor

**Action Requested:**

No action required. Informational purposes only.

**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force**

**Task Force Report**

July 30, 2018



## **EPPP2 Task Force Members**

<b>Member Name</b>	<b>Organization Represented</b>
Dr. Sheryll Casuga	Task Force Chair, Board of Psychology, Board Member
Seyron Foo	Board of Psychology, Board Member
Dr. Andrew Harlem (Alternate: Dr. Allison Briscoe-Smith)	California Institute of Integral Studies
Dr. Olga Belik	California Psychological Association (CPA) Division II
Crystal Faith Cajilog (Alternate: Katherine Kruser)	California Psychological Association of Graduate Students (CPAGS), Chair
Rene Puliatti	CAPIC, Executive Director
Dr. Paul Marcille	CPA President
Sherri Sedler	CPAGS, School Representative for Cal Southern University
Anushree Belur	CPAGS, School Representative for The Chicago School of Professional Psychology
Alejandra Ojeda-Black	CPAGS, School Representative for UC Berkeley
Amy Welch-Gandy	DCA/OPES
William Bloxham	JFK University (CPAGS, Student representative for JFK University)
Dr. Jay Finkelman	The Chicago School of Professional Psychology, I-O Business Psychology, Professor and Chair
Dr. Sherry Johnson (Alternate: Dr. Cindy Yee-Bradbury)	UC System
Dr. Gilbert Newman (Alternate: Dr. Lani Chow)	Wright Institute

## **Origin and Purpose of the Task Force**

In Fall of 2017, Dr. Stephen Phillips, President of the Board of Psychology (Board), determined that there was a need for stakeholder input regarding possible implementation of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology Part 2 (EPPP2), which was still under development, and it was decided that a Task Force with representatives from various impacted stakeholders would be best to provide the necessary input to the Board.

The purpose of the EPPP2 Task Force, as provided by Dr. Phillips, was to provide stakeholder input for the consideration and possible implementation of the EPPP Part 2. The task force was tasked with considering the benefits and drawbacks of the proposed examination for the Board, prospective licensees, and consumers, eligibility criteria, the application process, and the impact on the Board's process for licensure.

## **Task Force Meetings**

The EPPP2 Task Force met on April 5, 2018 and June 29, 2018 at DCA's Headquarters in Sacramento, CA. The meetings were chaired by Dr. Sheryl Casuga (Chair), both meetings were open to the public, had a quorum of Task Force members present, and due notice had been sent to all interested parties prior to the meeting. See Appendix D and E for meeting minutes/draft meeting minutes from the respective meetings.

## **ASPPB Background and Necessity for the EPPP Part 2**

At the EPPP2 Task Force's April meeting, Dr. Matt Turner, Director of Examination Services for ASPPB, and Dr. Emil Rodolfa, Chair of ASPPB's Examination for Professional Practice in Psychology Part 2 Implementation Task Force, provided the EPPP2 Task Force with a presentation on the need for, development process of, sample test questions in Part 2 of the examination. The current Examination for Professional Practice in Psychology (soon to be EPPP Part 1) is a computer-based examination developed and proctored by ASPPB, passage of which is required for licensure in all but one state/territory in the United States. ASPPB stated that the EPPP Part 2 will enhance consumer protection and provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice. ASPPB also stated that EPPP Part 2 would be considered mandatory and that they could not in a legally defensible way provide these as standalone tests with EPPP Part 2 being optional.

<b>EPPP Examination Basic Information</b>		
	<b>EPPP Part 1</b>	<b>EPPP Part 2</b>
<b>Content of Exam is Designed to Assess</b>	Basic Knowledge Required of a Newly Licensed Practitioner to Practice Independently	Basic Skills Required of a Newly Licensed Practitioner to Practice Competently and Independently
<b>Eligibility Criteria</b>	Currently: Board of Psychology Eligibility Approval (Degree Completion and 1500 Hours Supervised Professional Experience)  ASPPB Proposal: Board of Psychology Eligibility Approval and/or Coursework Completion at an APA Approved Degree Program	ASPPB Proposed: Board of Psychology Eligibility Approval
<b>Exam Format</b>	Computer-based multiple choice	Computer-based, varied question types including avatars
<b>Exam Cost</b>	\$600	\$600

According to ASPPB, Part 2 of the EPPP was created because of the following factors:

- A move towards a culture of competence and corresponding lack of a standardized reliable method for determining competency due to the lack of standardization in graduate education and practicum training hours;
- Concerns over the reliability and validity of supervisor's written assessments of the competency of their trainees; research has shown a trend of overestimating supervisee competence and that supervisors have difficulty writing critical or constructive letters;
- The technology now exists to create a cost-efficient and computer-based examination to test the functional skills necessary for independent practice; and
- Having a skills examination that assesses competency puts Psychology in line with other healthcare professions.

*(Taken from ASPPB's presentation (Appendix A) and ASPPB's report "The EPPP Part 2, The Assessment of Skills Needed for the Independent Practice of Psychology" (Appendix B))*



Additionally, Dr. Turner and Dr. Rodolfa discussed the logic of moving the timeframe for when applicants would take the knowledge portion of the examination (EPPP Part 1) to earlier in the process and their reason for proposing to allow exam eligibility directly from ASPPB for pre-degree completion applicants from American Psychological Association (APA) approved degree programs.

The EPPP2 Task Force members asked Dr. Turner and Dr. Rodolfa a wide range of questions relating to the new part of the examination, including questioning the necessity of the new part of the examination, the structure and design of the examination and its question formats, the development process for the examination, and various questions about reliability and validity (content vs. predictive) for a skills examination. EPPP2 Task Force members also relayed to Dr. Turner and Dr. Rodolfa the following concerns:

- That the necessity of the new examinations was not well established and questioning the perceived deficiencies the new examination was supposed to be correcting;
- Worries that additional time and test preparation materials and classes would be needed by students to pass the new part of the examination
- The appropriateness of the new timeline for taking each part of the examination, as offered by ASPPB, and whether this would create negative effects on graduate programs, internship programs, and additional pressure and time constraints on students who would need to prepare for Part 1 of the examination earlier in their program.
- The reality that doubling the cost of the entry examinations would create additional barriers to licensure and further reduce access to care by licensed psychologists within California, especially for students from historically underrepresented populations and socio-economically disadvantaged students.
- The serious market inequity that providing only APA students early and direct eligibility for Part 1 of the examination creates.

Since Dr. Turner and Dr. Rodolfa could not speak on behalf of ASPPB's Board of Directors regarding all of the Task Force's concerns or the ASPPB Board's willingness to consider making changes to the costs, eligibility criteria, implementation timeline, and roll-out of the EPPP Part 2, the Task Force instructed Board staff to send a letter with its questions to the ASPPB Board of Directors. The Task Force members were able to review ASPPB's responses to their questions at the Task Force's second meeting. On the whole, ASPPB's answers to the Task Force's concerns did not wholly address Task Force concerns. The Task Force's Letter and ASPPB's response can be found in Appendix C.

### **Upholding the Best Interests of California Consumers of Psychological Services and Prospective Licensees**

During the Task Force's discussion of whether implementation of the EPPP Part 2 was in the best interest of California consumers of psychological services and prospective licensees, the following concerns were discussed:

- Uncertainty regarding whether the EPPP Part 2, from what Task Force members were shown regarding test design, would enhance consumer protection as Task Force

members did not believe the design of the EPPP Part 2 would accurately assess skills and ensure competency.

- Potentially detrimental impact on California consumer's already limited access to psychological services if the implementation of EPPP Part 2 creates additional significant barriers to entering the profession and licensure, especially for historically underrepresented populations and socio-economically disadvantaged students.
- Questionable value-added benefits (enhanced consumer protection and ensure competency) to outweigh the significant costs (financial costs and time burden on prospective licensees and detrimental impacts to access to care for consumers).
- Apprehension that the California psychology license would be diminished and potentially become less portable across other states and territories if California chose to create its own general knowledge examination and opt out of participation in the EPPP altogether.

During this discussion, the Task Force was made aware that as it stood during the two Task Force meetings, participation in EPPP Part 2 was not optional according to ASPPB. Thus, not implementing EPPP Part 2 would mean opting out of participation in EPPP as a whole, both the knowledge and skills parts, and force the Board to create their own general knowledge examination. Significant problems with California creating its own examination were provided verbally to the Task Force as follows:

- Significant costs and startup time needed to develop and implement the examination, which may not be a politically feasible solution acceptable to the Administration and Legislature in authorizing the funding;
- Reduction in licensure portability, as states and territories other than California will not administer the same examination, and therefore California licensees would not meet the criteria for licensure set by other states and territories, thus hindering licensees when they apply to become licensed elsewhere.

From these discussions, a general consensus emerged that due to the uncertainty of the information available to the Task Force on examination design and components, that implementation of the EPPP Part 2 by the 2020 deadline was not in the best interest of California consumers of psychological services and prospective licensees. However, the alternative of the Board abandoning the EPPP altogether and creating its own general knowledge exam was neither desirable due to its potential to diminish license portability nor feasible due to the significant costs (both with time and finances) for the Board and State.

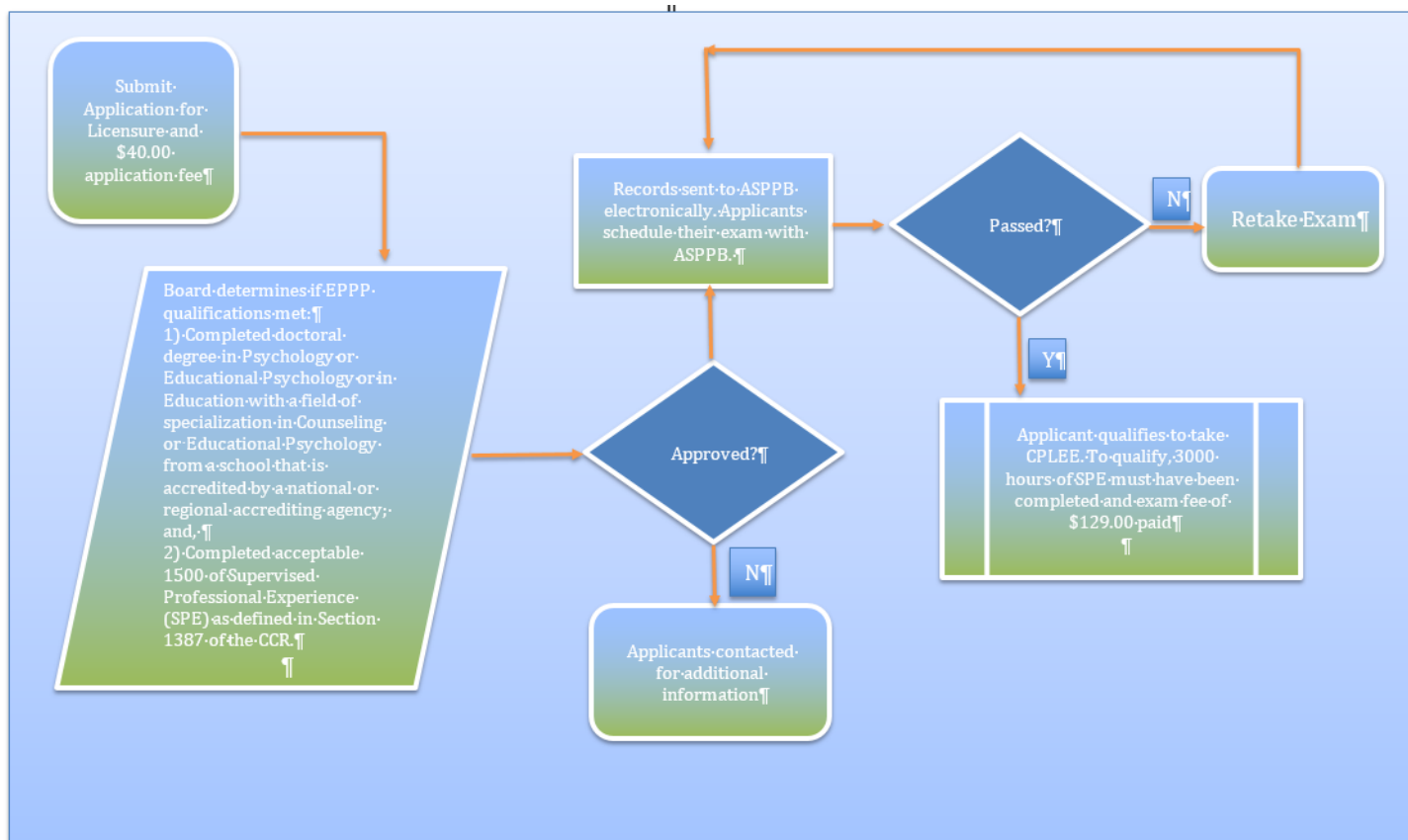
## **EPPP Part 2 Effects on Examination Sequencing and the Initial Licensure Process**

To show the effects of the EPPP Part 2 on the examination sequencing and length of the initial licensure process, Board staff developed a comparison chart (below) and four detailed flow charts to show the current examination sequencing required for licensure and three (3) potential implementation options incorporating EPPP Part 2 that could be instituted with/without statutory and regulatory changes depending on the option. What became apparent through the comparison charts is the inequity and delays in licensure, and thus market disadvantage, that Implementation Option 1 created for California applicants compared to out of state applicants, and Implementation Option 2 created for California applicants in non-APA approved programs compared to in-state applicants from APA approved schools or out of state applicants.

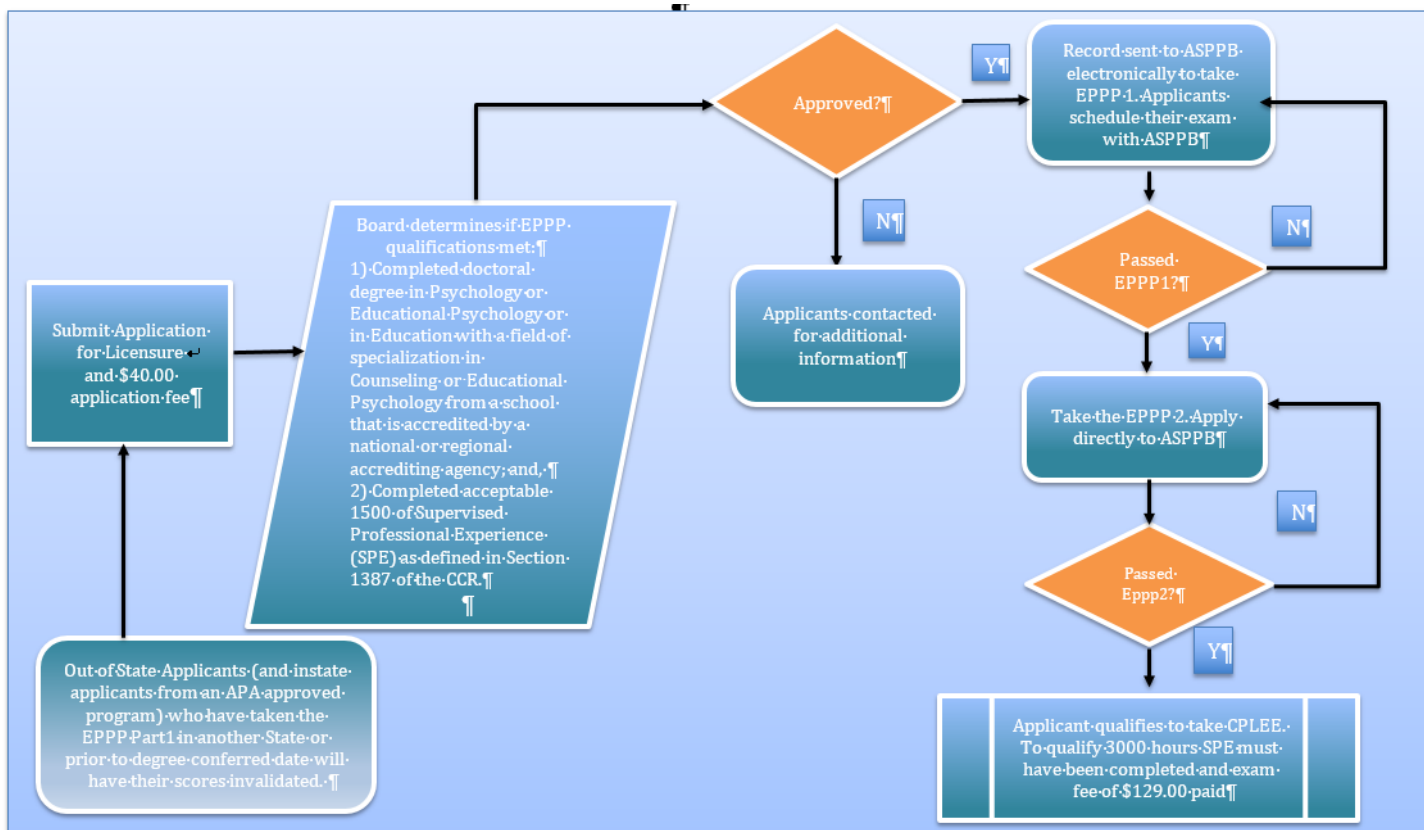
**Chart 1. Comparison Chart of the Three EPPP Part 2 Implementation Options**

<b>EPPP Examination Process as of 1/1/2020 without changes to the Regulations (Option 1)</b>	<b>EPPP Examination Process as of 1/1/2020 with ASPPB Pre-Registration (Option 2)</b>		<b>EPPP Examination Process as of 1/1/2020 with Board Pre-Registration (Option 3)</b>
<b>All Applicants</b>	<b>Non-APA approved program students</b>	<b>APA approved program students</b>	<b>All Applicants</b>
Coursework Completion	Coursework Completion		Coursework Completion
		Pre-application directly to ASPPB	Submit application and application fee for Licensure to the Board
		Schedule and Pass EPPP Part 1	Approval by the Board for EPPP Part 1 if applicant has completed all academic coursework
		Submit an application and application fee for Licensure	Schedule and Pass EPPP Part 1
Doctoral Degree Completion	Doctoral Degree Completion	Doctoral Degree Completion	Doctoral Degree Completion
1500 Supervised Professional Experience	1500 Supervised Professional Experience	1500 Supervised Professional Experience	1500 Supervised Professional Experience
Submit application and application fee for Licensure to the Board	Submit an application and application fee for Licensure	Take and pass EPPP Part 2	Submit application to apply for the EPPP Part 2
Take and Pass EPPP Part 1	Take and pass EPPP Part 1	Submit additional 1500 of SPE	Take and Pass the EPPP Part 2
Take and Pass EPPP Part 2	Take and pass EPPP Part 2	Take and Pass CPLEE	Submit additional 1500 of SPE
Submit additional 1500 of SPE	Submit additional 1500 of SPE	Meet all licensure requirements and pay licensure fee of \$400	Take and Pass CPLEE
Take and Pass CPLEE	Take and Pass CPLEE		Meet all licensure requirements and pay licensure fee of \$400
Meet all licensure requirements and pay licensure fee of \$400	Meet all licensure requirements and pay licensure fee of \$400		

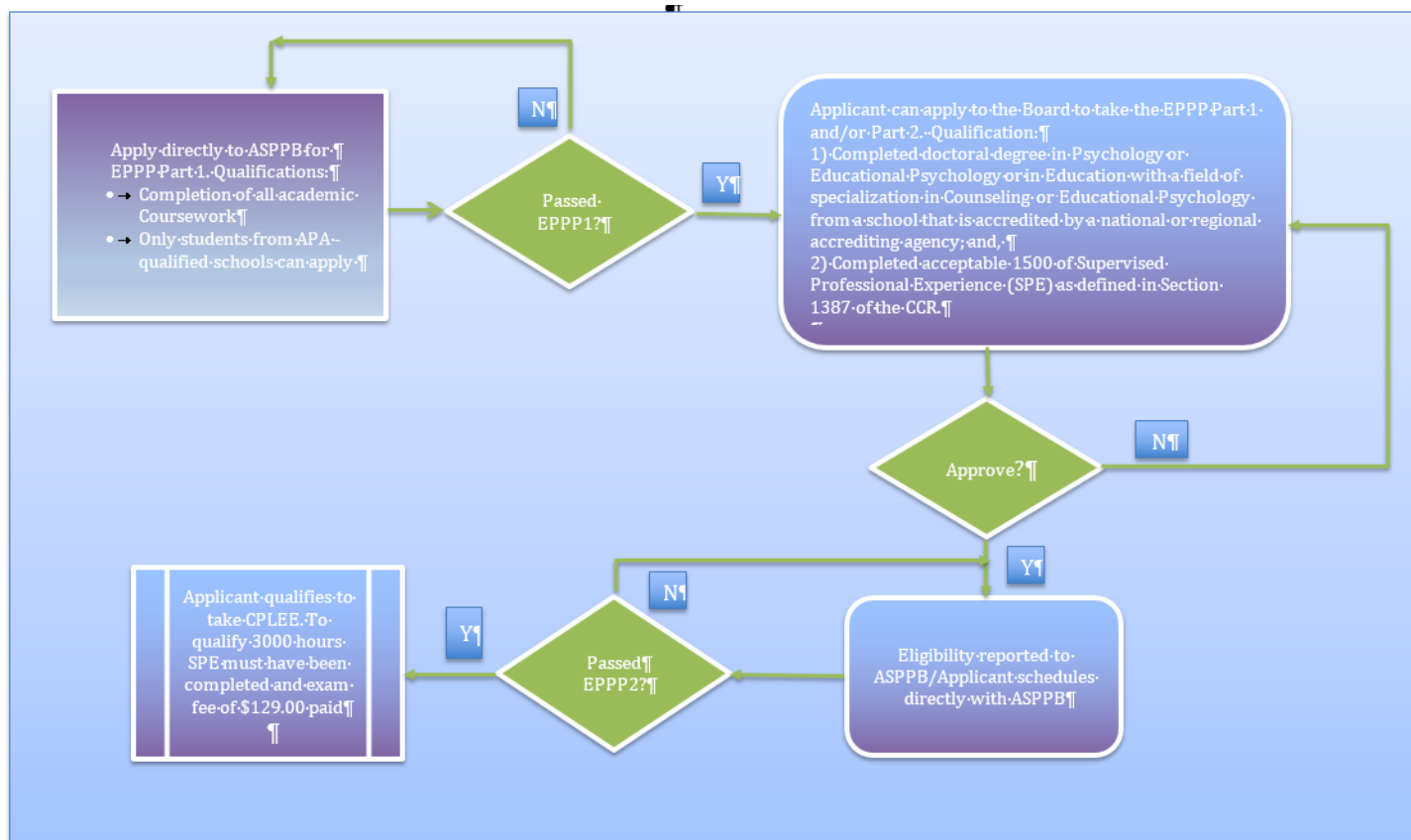
**Chart 2. Current California Examination Qualification for the EPPP**



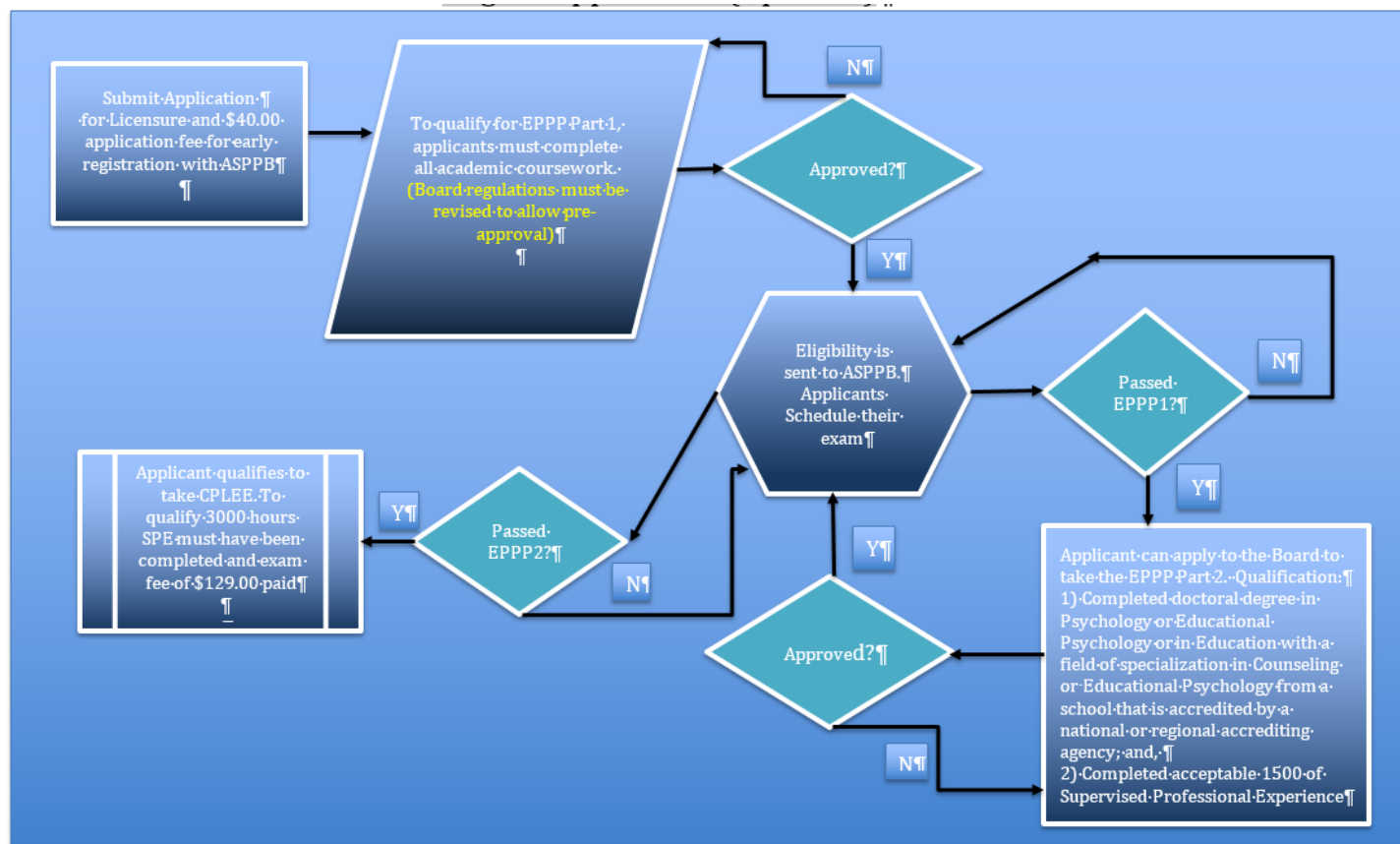
**Chart 3. EPPP Examination Process (1/1/2020) Without Changes to Regulations (Option 1)**



**Chart 4. EPPP Examination Process (1/1/2020) With ASPPB Pre-Degree Eligibility (Option 2)**



**Chart 5. EPPP Examination Process (1/1/2020) With Board Pre-Degree Eligibility (Option 3)**



## **Ensuring Exam Eligibility is Consistent and Equitable**

As seen in the Charts above, the options for implementation can have significant impacts on what body approves examination eligibility, the sequencing for examination eligibility, the length of the initial licensure process, and in some instances, giving differential advantages to different pools of prospective licensees in both the sequencing and length of the initial licensure process. At the Task Force meeting, Board staff highlighted the following concerns with the above options:

- Implementation Option 1 (no regulation changes) could result in an inconsistent application process where the examination results for applicants who have taken the EPPP Part 1 in another state could be invalidated if it was taken prior to degree completion, thus unfairly penalizing out of state applicants.
- Implementation Option 2 (pre-degree eligibility for APA students through ASPPB) was the most inconsistent and least equitable option as it creates a deliberate and unfair licensing process and market disadvantage for students who are in non-APA approved programs as it will extend the timeframe for completion of all licensure requirements for non-APA students and delays non-APA student's ability to start practicing professionally and earning professional wages, thus extending the time they will need to be paying for the associated student loans.
- Implementation Option 3 (pre-degree eligibility for all California applicants through the Board) was the most equitable solution for all applicants that also preserves the Board's ability to maintain a consistent licensure process and ensure that all applicants meet the same eligibility requirements without undue delay or denial.

During the Task Force's discussion of what entity should approve eligibility and determine the criteria for eligibility for California applicants, the Task Force members felt strongly that the Board should not cede authority to ASPPB for approval of eligibility and that any changes to eligibility should be equitable to all applicants. For this reason, the Task Force recommended that if the Board chooses to implement EPPP Part 2, that it use Implementation Option 3 to ensure a consistent and equitable process.

There were some concerns about the lack of specificity of the definition of "completion of all academic coursework" which would be used to certify eligibility to take the EPPP Part 1. After considerable discussion regarding whether the definition should be left to each program or be defined as excluding internship and dissertation, the Task Force members agreed that being more specific in the proposed regulations would be preferable in terms of defining what the Board means by the "completion of all academic coursework." Therefore, even if a program has a course and credits associated with internships and the dissertation, the certification by a program training director or school registrar is only certifying to the Board that the student has completed all coursework except those last two classes. Board staff added this definition into the proposed language provided to the Board for consideration.

## **The Need for More Information and Transparency from ASPPB**

If the Board determines that the EPPP2 Task Force needs to continue to meet and to consider additional items, the Task Force members would like the following information to be provided and discussed at a future meeting:

- Due to the way that the discussion of the items went, an official vote on whether the Task Force specifically recommends implementation of the EPPP Part 2 to the Board.
- Due to the verbal nature of the charge provided to members during the first two meetings, provide a written charge and scope of authority for the Task Force.
- The following information was also requested to be obtained from ASPPB:
  - More information from ASPPB on the items included in the test and how it will test for competency.
  - Asks ASPPB to provide information on how this exam will help protect CA consumers
  - Have ASPPB detail their decisions and alternatives they considered in developing EPPP2 and their current timelines for implementation of those considerations,
  - Provide more information on their timeline for rollout of the examination, including a true implementation plan with details, validating the test, and when materials will be available.
  - Provide clarification on the lack of PCSAS inclusion for early eligibility approval.
  - Provide clarification on when the beta testing will be happening and when would we get results on that beta testing.
  - Provide more information on their cost consideration decisions.

## **Summary of Task Force Recommendations**

The Task Force does not believe the EPPP Part 2 is in the best interest of California consumers for the following reasons:

- Lack of a proven necessity for the additional examination;
- Considerable concerns related to the examination designs ability to assess skills and thus potentially providing negligible consumer protections;
- The additional examination's additional costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students; and
- The additional examination's creation of new barriers to licensure and potentially detrimental impact on access to psychological services to California consumers.

However, if ASPPB continues to make the implementation of the EPPP Part 2 mandatory and not optional, the Task Force had significant concerns with the loss of license portability if the Board does not implement the EPPP Part 2. Therefore, the Task Force recommends that the Board does not discontinue participation in EPPP altogether.

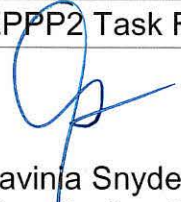
Last, if the Board decides to continue with EPPP (which will be both Part 1 and 2 effective 1/1/2020), then the Task Force recommends implementation Option 3, which would allow early Board eligibility approval of all applicants after completion of their academic coursework, as this option provides the most equitable and consistent process and the least delay in licensure for all prospective licensees.

**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force Report**

**Appendix A**



## MEMORANDUM

<b>DATE</b>	April 5, 2018
<b>TO</b>	EPPP2 Task Force
<b>FROM</b>	 Lavinia Snyder Examination Coordinator
<b>SUBJECT</b>	Agenda Item #4: Review and Discussion of the Development and Implementation of ASPPB's Enhanced EPPP (Presented by Dr. Emil Rodolfa, Chair of the ASPPB EPPP2 Implementation Task Force and Dr. Matthew Turner, ASPPB Director of Examination Program)

Below are brief bios of Dr. Turner and Dr. Rodolfa. Copies of their presentation is attached.

**Dr. Matt Turner** is the Director of Examination Services at the Association of State and Provincial Psychology Boards (ASPPB). Dr. Turner oversees the operations and the development of the Examination for Professional Practices in Psychology (EPPP) Part 1 and Part 2 and the Psychopharmacology Exam for Psychologists (PEP). He is a graduate of the University of Kentucky and has 12 years' experience as a school psychologist. Most recently, he served as a lead psychologist and then a part-time psychologist with the Gwinnett County (GA) Public Schools. He has also operated a private practice in child psychology since 2010.

**Emil Rodolfa, Ph.D.** is a Distinguished Professor of Psychology at Alliant International University's California School of Professional Psychology in Sacramento. He is the Chair of the Association of State and Provincial Psychology Boards' Examination for Professional Practice in Psychology Part 2 Implementation Task Force. He is a Past-President of the State of California Board of Psychology, a Fellow of ASPPB and APA, and the founding editor of *Training and Education in Professional Psychology*. He has been active in many professional associations and has numerous publications exploring education, training, and competency. He has received numerous professional acknowledgments for his contributions to psychology education and training. In his spare time Dr. Rodolfa enjoys spending time with his family, playing horseshoes, and BBQing (some might call it grilling) at his cabin in the mountains.

**Attachment:** "The Enhanced EPPP: What Got Us Here and Where Are We Headed"  
Presentation Slides

## The Enhanced EPPP

### What Got Us Here and Where Are We Headed?

Emil Rodolfa, PhD, Chair, Implementation Task Force  
Matt Turner, Ph.D., Director of Examination Services



## What is the Enhanced EPPP?

- One Exam: Two Parts
  - Part 1 (EPPP) = tests knowledge
  - Part 2 = tests skills
  - Needed for independent practice
- Most significant change in psychology licensing since EPPP launched in 1963.
- Enhanced EPPP (Part 1 and 2) will provide a thorough assessment package of competency to be used by all jurisdictions when Part 2 is available.
- A standardized, objective assessment of professional skills complements the assessment of professional knowledge.



## Why the EPPP Part 2?

- Licensing boards charged with public protection
- Public protection includes ensuring competence to practice
- Knowledge is one part of competence
- Skills, attitudes, and values comprise the rest of competence
- Psychology and most regulated professions have embraced the move to assessment of competence
- Doctoral healthcare professions have implemented the assessment of competence in licensure examination procedures

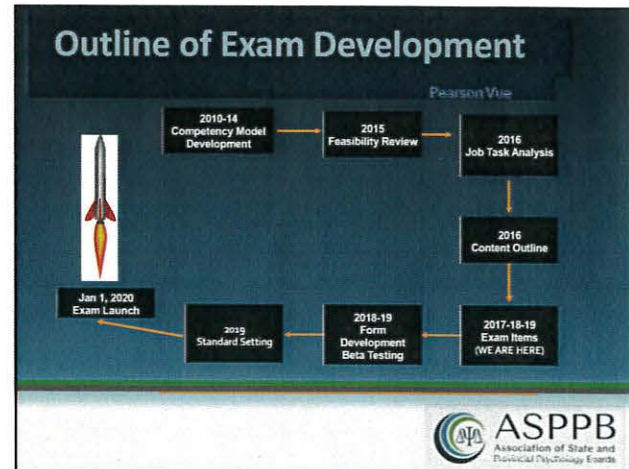
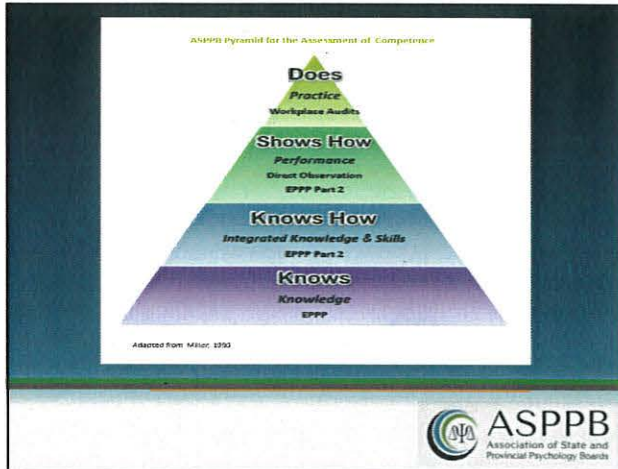


## Why the EPPP Part 2?

- ASPPB members - supportive
- Lack of standardization in
  - A) Graduate education: 13% to 100% EPPP Pass rates
  - B) Practicum training: AAPI hours
- Accreditation is for **programs**, licensing boards approve **individuals**
- Supervisors' difficulty writing critical or constructive letters of evaluation
- Technology now available to assess competency
- In the eyes of others, equalizes Psychology with other healthcare professions
- Greater understanding of how to assess competency







## EPPP Part Job Task Analysis Results

- 2736 licensed psychologists responded from 61 of 64 jurisdictions (95%)
- 84% from the US; 16% from Canada

The Blueprint for the EPPP Part 2: Competency Domains and Weights

• Scientific Orientation	6%
• Assessment and Intervention	33%
• Relational Competence	16%
• Professionalism	11%
• Ethical Practice	17%
• Collaboration, Consultation, Supervision	17%

**\*\*THIS BLUEPRINT IS THE FOUNDATION FOR THIS MEETING**

**ASPPB**  
Association of State and  
Provincial Psychology Boards

## QUESTIONS About the EPPP Part 2

- Many questions are answered on the ASPPB Website:
- [www.asppb.net/page/EPPPPart2](http://www.asppb.net/page/EPPPPart2)

**ASPPB**  
Association of State and  
Provincial Psychology Boards



**ASPPB is well on the way to  
developing a standardized,  
reliable, valid assessment of the  
skills needed for independent  
practice:  
The EPPP Part 2**



### **Contact Us:**

Please email me if I can provide you additional information:  
[erodolfa@alliant.edu](mailto:erodolfa@alliant.edu)

Or please feel free to email Carol Webb: [cwebb@asppb.org](mailto:cwebb@asppb.org)

More Information: [www.asppb.net/page/EPPPPart2](http://www.asppb.net/page/EPPPPart2)



**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force Report**

**Appendix B**

# The EPPP Part 2

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## The Assessment of Skills needed for the Independent Practice of Psychology

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October 2017

# **The EPPP Part 2: The Assessment of Skills needed for the Independent Practice of Psychology**

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## An Overview of the Rationale for the EPPP Part 2

Assessing competence to practice independently is a critical function of psychology licensing boards and colleges throughout the United States and Canada. Competence is the integrated and habitual use of knowledge, skills, attitudes, and values in psychology. The evaluation and establishment of competence is necessary to ensure the protection of the public.

Establishing competence is the key to ensuring that a professional is capable of practicing as part of the profession safely and effectively (Rodolfa et al., 2005).

A current component of the profession's assessment of readiness for independent practice is a test of knowledge, the Examination for Professional Practice in Psychology (EPPP). The EPPP has served the profession well for over 50 years, but as the profession has moved toward embracing a culture of competence it has become clear that a standardized method to assess the skills needed to practice independently is also required. Other professions that embrace a culture of competence utilize knowledge-based and skills-based exams to determine readiness to practice independently.

Currently there are a number of educational models used to train students in the field of psychology, many of which are accredited by the American Psychological Association (APA) and the Canadian Psychological Association (CPA). The APA and CPA accreditation systems do not require a prescribed course of education and training. Rather the focus of both accreditation systems is on ensuring that the core competencies for the profession are covered as opposed to prescribing the means by which they are covered. Thus, there is diversity in how students are trained, resulting in sometimes vastly different levels of knowledge and skills in students. ASPPB values these accreditation systems, and in fact has endorsed the position that "... graduation from an APA or CPA accredited program should be a minimum requirement for doctoral level licensure for health service providers".

It should be noted that accreditation systems accredit training programs, *not* individuals. As licensing boards license individuals, it is their duty to assure the public that each individual who is licensed is competent to practice independently.

Evidence of a lack of standardization in training can be seen in the range of EPPP pass rates for APA/CPA-accredited programs, which ranges from 13% to 100% (ASPPB, 2016). Additionally, as can be seen from summary data on the APPIC Application for Psychology Internship, there is great variability in the type and quantity of practicum experiences that are required by accredited programs (APPIC, 2015, 2016). This variability in training models and experiences results in students accruing anywhere from a few hundred hours, to several thousand hours of practicum experience.

Not all academic programs, internships or post-doctoral residencies are APA/CPA accredited; thus, some individuals who become licensed have received training from programs that have not been reviewed by an external agency. Students from these academic programs

consistently underperform on the EPPP when compared to the average student from an accredited doctoral program (Lightfoot, Rodolfa & Webb, 2016). This raises questions about the effectiveness of the training provided by these programs, and suggests the importance of programs being reviewed by an external agency.

Concern regarding the reliability and validity of supervisor written assessments of trainees has been raised for years, and it has been demonstrated that supervisors tend to overestimate their supervisees' competence (e.g., Gonsalvez, 2007; Miller, Rodney, Van Rybrock & Gregory, 1988). This tendency is perhaps the result of the inherent conflict of being in gatekeeper and mentor roles simultaneously. The problem of supervisors overvaluing the competence of their supervisees led APPIC to change its format for intern letters of evaluation to encourage a more accurate evaluation of competence. APPIC requires supervisor letters to address the strengths and weaknesses of their trainees as opposed to a general statement of their performance. The issues of variability in ratings, a lack of standardization in the evaluative process, and the questionable validity of supervisor ratings make it difficult for licensing boards to attest to the competence of the psychologists they license. The EPPP Part 2 will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice.

Critically, the profession of psychology's move towards a "culture of competence" has resulted in essential agreement among key stakeholder groups (e.g., APA's CoA, CPA's AP, ACPRO and ASPPB) regarding the necessary competencies for independent practice. This essential agreement was a necessary precondition to developing a skills examination. Lastly, the technology is now available to assess skills via a computer based examination, rather than the costlier and time-consuming examination using either real or standardized patients. Thus, ASPPB concluded that it is the optimal time to develop a **standardized** examination to assess the functional skills necessary for independent practice.

In January 2016, the Board of Directors (BOD) of the Association of State and Provincial Psychology Boards (ASPPB) approved the development of a skills-based exam. The skills exam will enhance the knowledge-based examination that is currently administered as part of the licensure process. The first part of the new and enhanced EPPP will be the knowledge-based exam, the current EPPP, and the second part will be the skills-based (functional skills) exam, the EPPP Part 2. With a test to assess skills in addition to the current test to assess knowledge, licensing boards will have available to them an *enhanced EPPP* that will offer a standardized, reliable and valid method of assessing competence.

This document provides an overview of the development of the EPPP Part 2.

## Developing an Empirical Base for a Competency Model

The historical efforts of the competency movement propelled the profession of psychology forward in its development of a conceptual basis for a competencies framework. ASPPB's initial attempt to use empirical evidence to inform the development of a competency model occurred in 2009 with the work of the ASPPB Practice Analysis Task Force (PATF). In addition to the task of revalidating the knowledge domains of the EPPP, the PATF was charged with: 1) identifying and validating underlying professional competencies in psychology, and 2) identifying assessment methods that would best measure these competencies. The goal of the EPPP practice analysis is to ensure that the exam reflects the knowledge necessary for competent practice, and in doing so the public interest is protected.

A competency model was proposed by the PATF based on the data obtained from the practice analysis. The PATF then developed a survey regarding the practice competencies identified in the model, and randomly sampled 4732 licensed psychologists from across Canada and the United States. Psychologists were asked to rate and comment on the relevance to the practice of psychology, of 37 competency statements and 276 behavioral exemplars in the following clusters:

- Scientific Knowledge
- Foundational competencies
  - Evidence-based decision making/critical reasoning cluster
  - Interpersonal and cultural competence cluster
  - Professionalism/ethics cluster
- Functional competencies
  - Assessment cluster
  - Intervention/supervision/consultation cluster

Survey respondents were asked to indicate the frequency with which they performed each competency in their practice during the previous year, the degree to which each competency was critical for optimizing outcomes for clients, and the importance of each competency to their psychology practice during the previous year. Respondents were also asked to comment on the point in their development at which a psychologist should be able to demonstrate each behavioral exemplar.

The ASPPB Competency Model and results of the survey were described in the Practice Analysis Report (ASPPB, 2010) and in an article written by members of the PATF (Rodolfa et al., 2013). The full report of the Practice Analysis is available on the ASPPB web site.

In 2010, the ASPPB Board of Directors appointed a task force to investigate the possibility of developing a method to assess functional skills. The Competency Assessment Task Force (CATF) used the PATF competency model as the basis of its continued development of an ASPPB Competency Model for Licensure. It reviewed the competency model, carefully exploring the data generated in the PAFT survey and comparing the model with other competency models, including the competency model utilized in Canada that is part of the Mutual Recognition Agreement (MRA).

The CATF developed criteria to focus the model to include only those competencies and behavioral exemplars that are the most relevant and needed at the point of initial licensure. The criteria chosen were based on empirical results from the PATF study. The CATF then conducted an in-depth examination of each competency and its related behavioral exemplars, eliminating redundancies and rewording for clarity when necessary. This process resulted in a model with 6 competency clusters, 32 competencies and 97 behavioral exemplars.

Once this was completed, the CATF sought the opinions stakeholders, conducting two surveys of the revised model of competency:

**CATF Regulator Survey:** The CATF surveyed the ASPPB membership to determine regulators' opinions regarding whether entry-level licensees/registrants should be able to demonstrate the 97 behaviors that defined in the model, and whether these behaviors are critical to public protection.

**CATF Training Director Survey:** The CATF subsequently surveyed the Association of Psychology Postdoctoral and Internship Centers (APPIC) membership (internship and postdoctoral residency training directors) and APPIC subscribers (academic program directors) regarding the competency model. Helpful ratings were received about which behavioral exemplars they felt trainees were expected to demonstrate at three different developmental levels (end of internship, end of postdoctoral residency, and post-licensure).

## Results of the Surveys and 2014 Competency Model

Seventy regulators from 42 jurisdictions in the United States (81%) and 6 jurisdictions in Canadian (60%) provided empirical support for the majority of the model. The data from the training director survey (N=216) substantially mirrored the results of the regulator survey, and also provided empirical support for the model. As a result of the survey feedback, the CATF made further modifications to the proposed ASPPB Competency Model and eliminated the Supervision competency. The model, *ASPPB Competencies Expected at the Point of Licensure*, was approved by the ASPPB BOD in 2014.

## 2016 Job Task Analysis

Another job task analysis (also known as a practice analysis) was initiated in 2016 to revalidate the knowledge base for the EPPP Part 1 and to validate the current form of the competencies model to be used to provide the blueprint for the new exam, the EPPP Part 2. The Job Task Analysis Advisory Committee with the assistance of the exam vendor (Pearson Vue) analyzed the results of survey responses received from 2736 licensed psychologists from across Canada and the USA. The responses were used to formulate the *2017 version of the ASPPB Competencies Expected at the Point of Licensure*. The respondents, all of whom were practicing psychologists rated the competencies in the model according to whether or not they are needed at the point of licensure, as well as on the criticality and utility of each. The results validate the original competency model, with the addition of a Supervision competency. Changes were made to the structure of the original competency domains based on the data received and the feedback of the expert panel advising the job task analysis. Thus, there are different names for some of the domains in this latest iteration of the model (e.g., Professional Practice is focused on two major areas of practice - Assessment and Intervention; Systems Thinking has been broadened to include Collaboration, Consultation and Supervision). While most of the language of the competencies and behavioral exemplars was retained, some of the actual competencies and behavioral exemplars were refined, moved, clarified and updated, or deleted based on the data received. The comments below provide an overview, and Appendix A contains the updated ASPPB competency model which was empirically based on the input from these various sources. This model was approved by the ASPPB BOD in February, 2017. A full report of the 2016 Job Task Analysis is available on the ASPPB website.

## 2017 ASPPB Competencies Expected of Psychologists

### at the Point of Licensure

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The 2017 version of the competency model contains the following competency domains:

- I. **Scientific orientation:** This competency domain involves an orientation to the knowledge developed through the science of psychology, including evidence-based practice, as well as a scientific method of looking at and responding to psychological problems. This general competency also involves the knowledge of the core areas of psychology, which will not be assessed by the new competency part of the EPPP as they are currently well assessed by the Part 1 of the Examination for Professional Practice in Psychology.
2. **Assessment and Intervention:** This competency domain involves the provision of psychological assessment and intervention services to the public.
3. **Relational competence:** This competency domain includes the ability to engage in meaningful and helpful professional relationships, as well as to understand and interact appropriately in a variety of diverse cultural and social contexts. It includes the two sub-categories of diversity and relationships.
4. **Professionalism:** This competency domain includes personal competence, the ability to identify and observe the boundaries of competence and reflective practice, the ability to be self-reflective and to receive feedback from others in relationship to one's psychological activities.
5. **Ethical practice:** This competency domain involves the ability to apply both the ethical codes of the profession and the laws and regulations that govern the practice of psychology.
6. **Collaboration, Consultation, and Supervision:** This competency domain involves the ability to understand and work with individuals within broader systems and includes the skills to operate effectively and ethically within organizational structures, to collaborate with others in a cooperative, multidisciplinary manner and to effectively and ethically provide supervision to students, trainees and other professionals.

Appendix A contains a complete list of competencies and the behavioral exemplars that were identified within each competency cluster.

## Comparison of Competency Models

A comparison of the competency clusters articulated in the current ASPPB Competency Model (2017), the competencies articulated in the Canadian Mutual Recognition Agreement (MRA, 2004), and the competency model contained in the APA Commission on Accreditation's (CoA) *Standards of Accreditation* (2015) is presented in Appendix B. In comparing these three models, it is clear that there is substantial overlap at the domain or cluster level of the models, as well as at the competency level. The comparison suggests that there is agreement among educators, practitioners, and regulators regarding the competencies required for the independent practice of psychology.

## Assessment of Competence

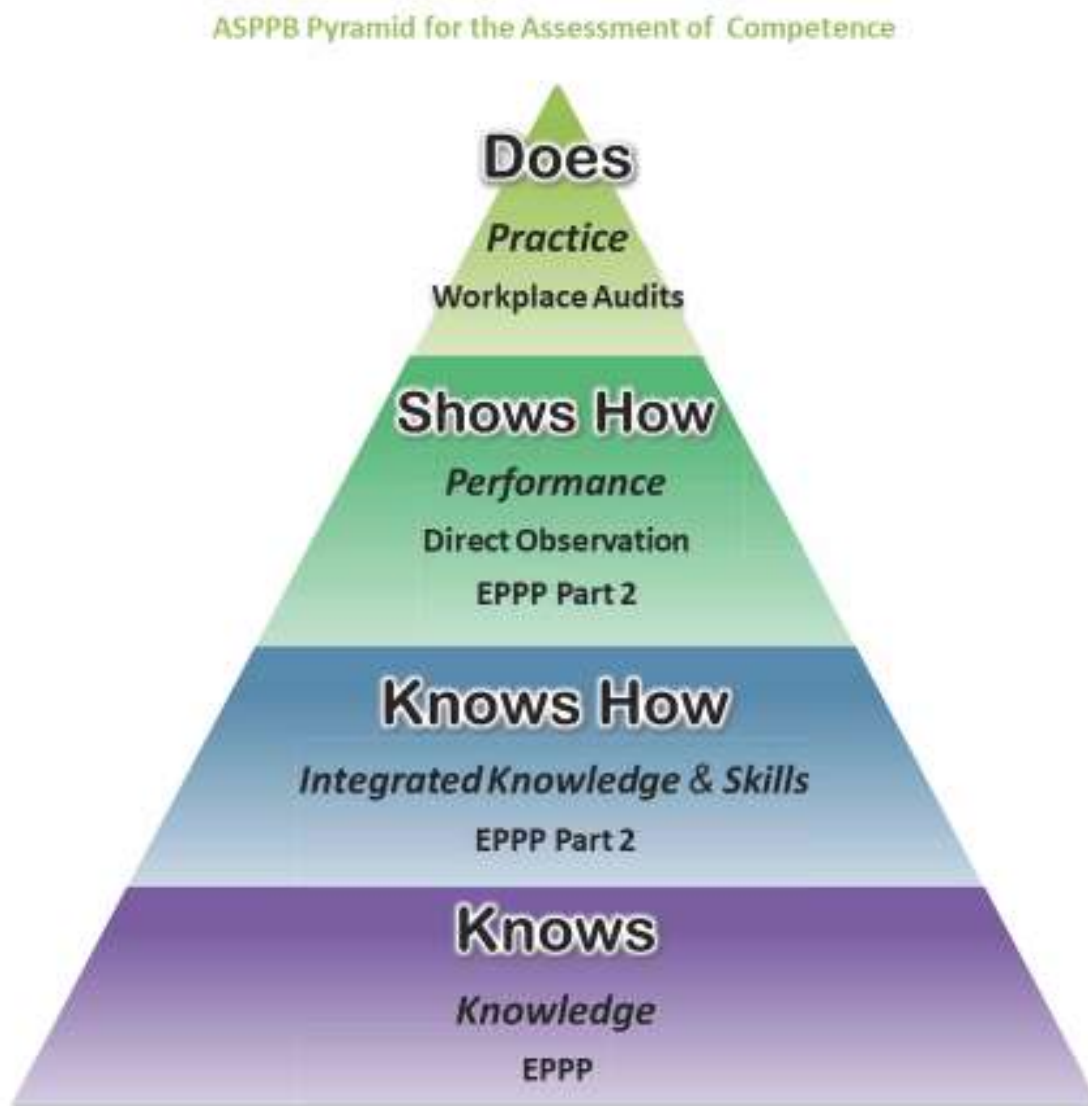
Miller's Pyramid (1990) is an assessment framework that was designed for use in the assessment of practitioner clinical skills, and was developed for use by the profession of medicine. This framework was adapted by the CATF to describe the developmental process that psychologists go through as they establish the competence necessary for independent practice. The CATF's adaptation of the Pyramid provides a simple representation of the manner in which the practice competencies develop, and provides a useful rubric for their assessment. As displayed in Figure 1, the first and foundational stage in the pyramid is "KNOWS", the second is "KNOWS HOW", the third is "SHOWS HOW", and the fourth and final level is "DOES".

The EPPP Part 1 is a test of core knowledge in the profession, and in essence forms the base of the pyramid – "KNOWS." In this stage of competency development, the candidate knows information (e.g., the tenets that are part of a well-known theory of personality development), and can demonstrate this knowledge on the test. The next stage of competency development reveals that the candidate "KNOWS HOW" to do something (e.g., can state the basic procedure for administering common intelligence tests and "apply" such information to an assessment situation). The EPPP Part 2 will be able to assess many of the competencies related to the "KNOWS HOW" stage of competency development and a number of the competencies in the third stage, "SHOWS HOW", (e.g., correctly using a standard score table). Other competencies in the "SHOWS HOW" stage will need to be assessed through direct observation, either with an Objective Structured Clinical Examination (OSCE) or similar type of assessment tool, or by enhanced supervisor assessments.

It is important to stress that no single method can measure all of the competencies needed to practice psychology. Thus, the CATF discussed a number of other methods to assess a candidate's skills at each of the levels of the Pyramid. The CATF encouraged the development of enhanced competency-based supervisory evaluation forms and processes to be included in the information provided to psychology licensing boards/colleges that demonstrates the candidate's competency in terms of the "SHOWS HOW" stage.

The “DOES” stage reflects the actual practice of psychology that may be assessed in an ongoing way through practice or workplace audits. Epstein and Hundert’s (2002) often quoted definition of competency sums up ‘DOES” as the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served (p. 226). ... Competence depends on habits of mind including attentiveness, critical curiosity, self-awareness, and presence (p.228).” In the world of psychology licensing, however, assessment of the “DOES” stage remains a future endeavor.

The CATF’s adapted version of Miller’s Pyramid for assessing competency for licensure in psychology is shown below.





## Reviewing Methodologies to Assess Competency

Based on a review of the literature and consideration of testing methods in other professions, the two general methodologies that appeared to be the most appropriate for a skills examination were computer-based testing and in-person testing. The CATF reviewed each of the ASPPB competencies to determine how a skill might best be tested and determined that the majority of competencies could be sufficiently assessed by a computer-based, written examination. When the ASPPB Competency Model changed as a result of the 2016 Job Task Analysis, the members of the EPPP Part-2 Implementation Task Force and the ASPPB Job Task Analysis Advisory Committee reviewed each of the competencies of the revised model. Based on this review, it was again determined that the majority of the competencies could be sufficiently assessed through computer-based testing.

## Computer-Based Testing Procedures

There is extensive information available in the literature about the use of innovative item types that can be administered to candidates via computer to assess competence (Parshall & Harmes, 2007, Parshall & Harmes, 2008). These innovative item types can be used to pose the “KNOWS HOW” questions and basic “SHOWS HOW” items as identified within the proposed assessment framework.

The current EPPP (now known as the EPPP Part 1) uses a multiple-choice examination format, but there are many other item type options for computer-based examinations. Such innovative item types include expanding the multiple-choice format to include a larger number of distractors or multiple correct responses, including sequencing questions (e.g., the best next steps to be taken in a series of actions). Other possibilities include fill-in-the-blank, short answer completion, or questions requiring the candidate to circle or highlight the most important information presented in a table, figure, or paragraph. Graphics and images (audio or video) and stimuli including short video vignettes with multiple serial questions can also be used. Although most commonly used as a summative evaluation of examinee’s mastery of the knowledge base (as the current EPPP does), carefully developed examinations can also evaluate a number of foundational and functional competencies.

## Review of Competency Assessment Procedures Used by Other Professions

A review of how other human service professions evaluate the competency of applicants for licensure revealed that typically skills examinations are utilized. Most other professions require both a test of knowledge and a test of skills in their assessment of candidate competence to practice independently. The number of examinations utilized in assessing competence varies between professions, and can be two or three separate examinations.

The first examination is most commonly a test of what the candidate “KNOWS”; the second is a “KNOWS HOW” skills test; and when there is a third examination, it is a “SHOWS HOW” examination that requires the application of “KNOWS HOW” skills when interacting with another human being, typically a standardized patient. The intent is that the EPPP Part 2 will allow for assessment at both the “KNOWS HOW” and the “SHOWS HOW” stages of competency development.

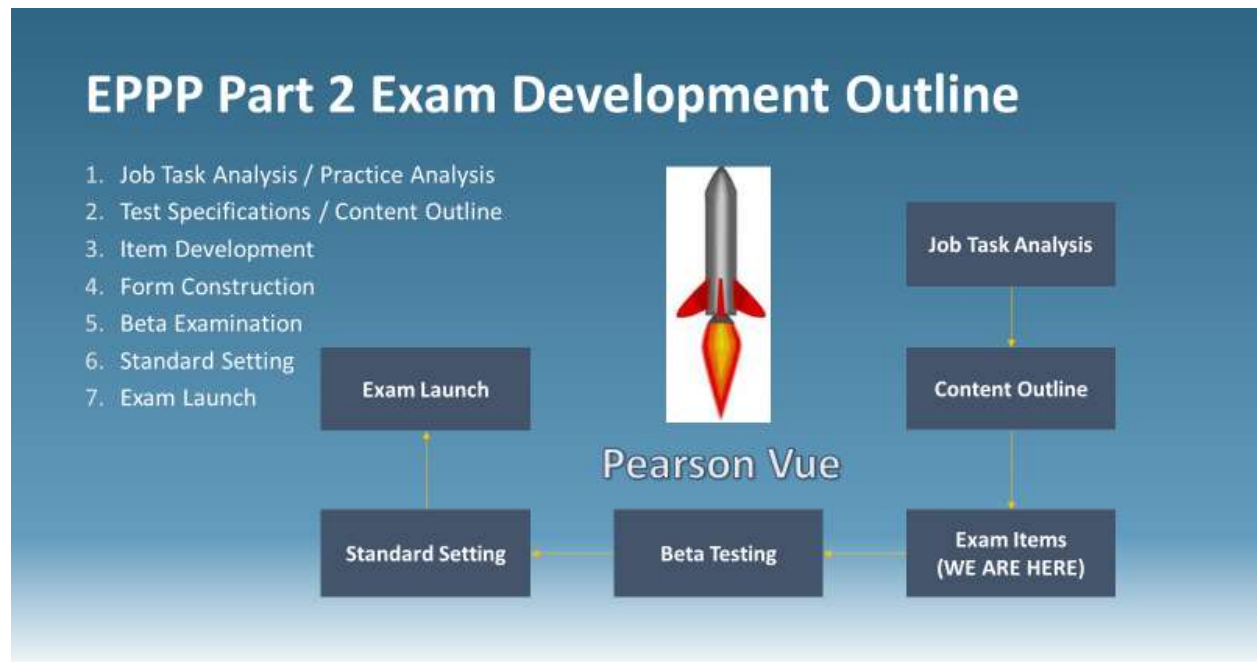
Other professions’ competency examinations are consistently based on their competency models. These competency models used to assess practice readiness typically include assessment, intervention, ethics, professional behavior and interpersonal behavior, and interprofessional consultations.

There were many different models for item development described by the professions. The CATF found that the most relevant model with the most utility for the development of a Knows How/Shows How Examination is used by the Medical Council of Canada. Their documents can be obtained at [http://meds.queensu.ca/assets/CDM\\_Guidelines\\_e.pdf](http://meds.queensu.ca/assets/CDM_Guidelines_e.pdf).

## **The Timeline for Skills Assessment in Psychology**

As one might imagine, there are many tasks involved with the development of a skills examination. The time line below outlines the exam development tasks accomplished to this point, what remains to be done, and when it will be done. From 2010-2014, ASPPB developed a competency model with significant input from psychology member boards. In 2015 ASPPB determined that developing the EPPP Part 2 was feasible, both conceptually and financially. In 2016, the competency model was tested and validated through the 2016 job task analysis project that resulted in the blueprint that will form the basis for the structure of the EPPP Part 2. Over the next several years ASPPB will be training licensed psychologists to write items for the new exam. Both traditional item types like multiple choice questions, and innovative item types such as the use of avatars to demonstrate a targeted skill, presentation of a section of a test manual or a test protocol to use in answering questions, written vignettes with cascading questions, or questions that require ordering of information will be utilized in the new exam. During the coming years, ASPPB will develop a robust item bank, will create exam policies and procedures, and will develop multiple exam forms. ASPPB will then conduct beta testing for the new exam, and use the results of that testing to help create the final forms of the EPPP Part 2. The target date for launching the exam is January 2020.

## EPPP Part 2 Exam Development Outline



## References and Resources

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A Competency Model for the Practice of Psychology. *Training and Education in Professional Psychology*. 7 (2).

## APPENDIX A: 2017 ASPPB Competencies Expected of Psychologists at the Point of Licensure

For ease of reading and understanding the model, the competencies are identified by the letter “C” and a number and the behavioral exemplars are identified by the letter “B” and a number.

### Domain 1: Scientific Orientation

- C1. Select relevant research literature and critically review its assumptions, conceptualization, methodology, interpretation, and generalizability
  - B1. Critically evaluate and apply research findings to practice, with attention to its applicability and generalizability
  - B2. Interpret and communicate empirical research results in a manner that is easily understood by non-scientific audiences
- C2. Acquire and disseminate knowledge in accord with scientific and ethical principles
  - B3. Critically evaluate the literature relevant to professional practice
  - B4. Share psychological knowledge with diverse groups (e.g., students, colleagues, clients, other professionals, the public) within professional settings in an unbiased manner

### Domain 2: Assessment and Intervention

- C3. Apply knowledge of individual and diversity characteristics in assessment and diagnosis
  - B5. Integrate knowledge of client characteristics in formulating assessment questions and understanding the reason for assessment
  - B6. Select assessment methods and instruments based on psychometric properties, available normed data and/or criterion-referenced standards, and address any limitations in that selection
- B7. Ensure that professional opinions, recommendations, and case formulations adequately reflect consideration of client characteristics
- C4. Demonstrate effective interviewing skills
  - B8. Adapt interview questions and behaviors in light of the characteristics of the interviewer and interviewee

- B9. Demonstrate flexible, empathic, and appropriate use of a broad range of interview techniques
  - B10. Consider contextual information (e.g., reason for assessment, possible legal or forensic considerations) in conducting an interview
- C5. Administer and score instruments following current guidelines and research
  - B11. Administer, score, and interpret a range of commonly used standardized assessment instruments
  - B12. Adapt relevant guidelines in situations requiring non-standard administration, scoring, interpretation, or communication of assessment results
- C6. Interpret and synthesize results from multiple sources (e.g., multiple methods of assessment, written documentation, interviewees, collateral sources of information) following current guidelines and research
  - B13. Interpret and integrate results from standardized tests and interviews following established guidelines and, as appropriate, multiple applicable norm sets
  - B14. Identify the strengths and limitations of various types of assessment data
  - B15. Reconcile or explain discrepancies between various sources of data and suggest alternative interpretations or explanations in light of any limitations of assessment instruments
  - B16. Synthesize client-specific and scientific data with contextual factors to refine working hypotheses and develop conclusions and recommendations across a range of problems
- C7. Formulate and communicate diagnoses, recommendations, and/or professional opinions using relevant criteria and considering all assessment data
  - B17. Formulate diagnoses using current taxonomies
  - B18. Provide recommendations that incorporate client and contextual factors, including diagnoses
  - B19. Communicate assessment results to clients, referral sources, and other professionals in an integrative manner
- C8. Select interventions for clients based on ongoing assessment and research evidence as well as contextual and diversity factors
  - B20. Conceptualize intervention or treatment on the basis of evidenced-based literature

- B21. Integrate client or stakeholder opinions, preferences, readiness for change, and potential for improvement into intervention plan
- C9. Apply and modify interventions based on ongoing assessment, research, contextual factors, client characteristics, and situational and environmental variables
  - B22. Articulate evidence-based rationale for decisions, recommendations, and opinions to clients and others as indicated
  - B23. Continually evaluate, modify, and assess the effectiveness of interventions, considering all relevant variables including biases and heuristics
  - B24. Consult with qualified peers when facing the need to modify interventions in unfamiliar situations

### Domain 3: Relational Competence

- C10. Integrate and apply theory, research, professional guidelines, and personal understanding about social contexts to work effectively with diverse clients
  - B25. Recognize, understand, and monitor the impact of one's own identities in professional situations
  - B26. Engage in respectful interactions with an awareness of individual, community, and organizational differences
  - B27. Modify one's own behavior based on self-reflection and an understanding of the impact of social, cultural, and organizational contexts
  - B28. Follow professional guidelines and the scientific literature, when available, for providing professional services to diverse populations
  - B29. Apply culturally appropriate skills, techniques, and behaviors with an appreciation of individual differences
- C11. Work effectively with individuals, families, groups, communities, and/or organizations
  - B30. Use relational skills to engage, establish, and maintain working relationships with arrange of clients
  - B31. Communicate respectfully, showing empathy for others
  - B32. Collaborate effectively in professional interactions
- C12. Demonstrate respect for others in all areas of professional practice



- B33. Consider differing viewpoints held by clients and others
- B34. Respond to differing viewpoints by seeking clarification to increase understanding before taking action
- C13. Identify and manage interpersonal conflict between self and others
  - B35. Manage difficult and complex interpersonal relationships between self and other
  - B36. Consult with peers to examine and address one's own reactions and behavior when managing interpersonal conflict

#### **Domain 4: Professionalism**

- C14. Identify and observe boundaries of competence in all areas of professional practice
  - B37. Identify limits of professional competence
  - B38. Use knowledge of professional competence to guide scope of practice
  - B39. Seek appropriate consultation when unsure about one's competence and additional needs for training and professional development
  - B40. Seek additional knowledge, training, and supervision when expanding scope of practice
  - B41. Update knowledge and skills relevant to psychological practice on an ongoing basis
- C15. Critically evaluate one's own professional practice through self-reflection and feedback from others
  - B42. Engage in systematic and ongoing self-assessment and skill development
  - B43. Accept responsibility for one's own professional work and take appropriate corrective action if needed
  - B44. Maintain awareness of personal factors that may impact professional functioning

#### **Domain 5: Ethical Practice**

- C16. Demonstrate and promote values and behaviors commensurate with standards of practice, including ethics codes, laws, and regulations
  - B45. Demonstrate integration and application of ethics codes and laws in all professional interactions

- B46. Communicate ethical and legal standards in professional interactions as necessary
- B47. Seek professional consultation on ethical or legal issues when needed
- B48. Discuss with peers or collaborators any ethical concerns with their behavior
- B49. Take appropriate Parts to resolve conflicts between laws or rules and codes of ethics in one's professional practice
- C17. Accurately represent and document work performed in professional practice and scholarship
  - B50. Maintain complete and accurate records
  - B51. Report research results accurately, avoiding personal biases
  - B52. Ensure adequate and appropriate credit is given to trainees and collaborators in scholarship
- C18. Implement ethical practice management
  - B53. Practice in a manner commensurate with laws, ethical standards, practice guidelines, and organizational constraints
  - B54. Manage billing practices in an ethical manner
- C19. Establish and maintain a process that promotes ethical decision-making
  - B55. Systematically identify the ethical and legal issues and conflicts that occur in professional practice
  - B56. Consult with peers to aid in ethical decision-making when needed
  - B57. Proactively address identified ethical issue

## **Domain 6: Collaboration, Consultation, and Supervision**

- C20. Work effectively within organizations and systems
  - B58. Recognize the organizational and systemic factors that affect delivery of psychological services
  - B59. Utilize knowledge of organizations and systems to optimize delivery of psychological services
- C21. Demonstrate interdisciplinary collaborations
  - B60. Collaborate with various professionals to meet client goals
- C22. Consult and collaborate within and across professions

- B61. Tailor consultation requests and provision of information based on knowledge of others' professional needs and viewpoints
- B62. Use evidence-based psychological theories, decision-making strategies, and interventions when consulting
- B63. Continually evaluate, modify, and assess the effectiveness of consultation, considering all relevant variables
- C23. Evaluate service or program effectiveness across a variety of contexts
  - B64. Develop plans for evaluating service or program effectiveness
  - B65. Assess outcome effectiveness in an ongoing way
- C24. Ensure supervisee compliance with policies and procedures of the setting, the profession, and the jurisdiction
  - B66. Provide a supervision plan that details the supervisory relationship and the policies and procedures of supervision, including procedures to manage high-risk situations
  - B67. Identify responsibilities of supervisees towards clients, including informed consent and supervisory status
- C25. Monitor, evaluate, and accurately and sensitively communicate supervisee performance to the supervisee, the organization, and the jurisdiction as needed
  - B68. Regularly provide behaviorally anchored feedback about supervisee strengths and areas that need further development
  - B69. Assure that supervisees who are trainees practice within the scope of supervisor's competence and license
- C26. Create and maintain a supportive environment in which effective supervision occurs for trainees and other professionals being supervised
  - B70. Attend to the interpersonal process between supervisor and supervisee
  - B71. Monitor possible multiple roles or conflicts of interest, and work toward resolution, if needed


## 2017 Comparison of Competency Models

ASPPB	MRA (Canadian)	CoA (US)
<b>Scientific Orientation</b> <ul style="list-style-type: none"> <li>Core Knowledge Domains</li> </ul>	<b>Research</b> <ul style="list-style-type: none"> <li>Core Content Areas</li> </ul>	<b>Research</b> <ul style="list-style-type: none"> <li>Discipline- Specific Knowledge (DSK)</li> </ul>
<b>Assessment and Intervention</b>	<b>Assessment and Evaluation Intervention</b>	<b>Assessment Intervention</b>
<b>Relational Competence</b>	<b>Interpersonal Relationships</b> <ul style="list-style-type: none"> <li>Knowledge of Others</li> </ul>	<b>Individual &amp; Cultural Diversity Communications &amp; Interpersonal Skills</b>
<b>Professionalism</b>	<b>Interpersonal Relationships</b> <ul style="list-style-type: none"> <li>Knowledge of Self</li> </ul>	<b>Professional Values, Attitudes &amp; Behaviors</b>
<b>Ethical Practice</b>	<b>Ethics and Standards</b>	<b>Ethical and Legal Standards</b>
<b>Collaboration, Consultation and Supervision</b>	<b>Supervision Consultation Interpersonal Relationships</b> <ul style="list-style-type: none"> <li>Macro-environment</li> </ul>	<b>Consultation &amp; Interprofessional/Interdisciplinary Skills Supervision</b>

**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force Report**

**Appendix C**

## MEMORANDUM

<b>DATE</b>	June 29, 2018
<b>TO</b>	EPPP2 Task Force
<b>FROM</b>	 Lavinia Snyder Examination Coordinator
<b>SUBJECT</b>	Agenda Item #5: Review and Discussion of ASPPB's Response to the EPPP2 Task Force Letter Regarding Questions and Concerns Raised at the April 5, 2018, Task Force Meeting

### **Background:**

The Board's first Examination for Professional Practice in Psychology Part 2 (EPPP2) Task Force meeting was held on April 5, 2018. The meeting was conducted by Dr. Sheryl Casuga (Chair) and Mr. Seyron Foo (Board member) to discuss issues related to the potential implementation of the EPPP2 and to assist the Board in promulgating regulations. At the meeting, the following issues were discussed:

- a) Is Implementation of a New National Licensing Examination in the Best Interests of California Consumers of Psychological Services and Prospective Licensees?
- b) Should the Board Allow ASPPB to Determine Eligibility for Taking the National Examination for California Applicants? Should There Be Different Eligibility Criteria?
- c) How Would California Licensing Requirements Be Impacted if ASPPB Allows Candidates to Directly Register for and Take the EPPP (Part 1) Prior to Graduation and Completion of 1,500 Hours of SPE?

After a lengthy discussion on these issues, Task Force members decided to send a letter to the Association for State and Provincial Psychology Boards (ASPPB) Board of Directors to address their questions and concerns. A copy of the letter is attached (Attachment A). ASPPB's response to the letter is also attached (Attachment B).

### **Action Requested:**

Discuss ASPPB's response to the Task Force's questions. This item is for informational purposes only, no further action is required.

**Attachment A:** EPPP2 Task Force Letter to ASPPB Board of Directors

**Attachment B:** ASPPB's EPPP2 Task Force Response

**Attachment A**  
EPPP2 Task Force Letter to ASPPB Board of Directors

April 9, 2018

Association of State and Provincial Psychology Boards (ASPPB)  
Board of Directors  
P.O. Box 849  
Tyrone, GA 30290

Dear Board Members:

The California Board of Psychology established the Examination for Professional Practice in Psychology Part 2 (EPPP2) Task Force (Task Force) at its February 2018 Board meeting to discuss issues and concerns surrounding the implementation of the EPPP2 and to provide feedback and recommendations to the full Board. The Task Force met on April 5, 2018. At this meeting, Matt Turner, PhD, ASPPB's Director of Examination Services, and Emil Roldolfa, PhD, Chair of ASPPBs EPPP2 Implementation Task Force, made a presentation on the EPPP2 and answered questions posed by the Task Force members.

After the meeting, a list of questions/concerns were developed, and the Task Force is respectfully requesting that the ASPPB Board of Directors address the following issues at its next Board of Directors' meeting:

- What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?

The concern was raised that having two examinations comes with additional cost to prospective licensees.

- Would ASPPB consider a mechanism to make the cost of the examination more affordable for low-income applicants or for those serving impoverished communities, underserved populations, or performing services in public agencies? For instance, would there be consideration to lower the cost of the EPPP Part 1 to off-set the cost of the whole examination?
- Would ASPPB reconsider its requirement of American Psychological Association (APA) or Canadian Psychological Association (CPA) accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?

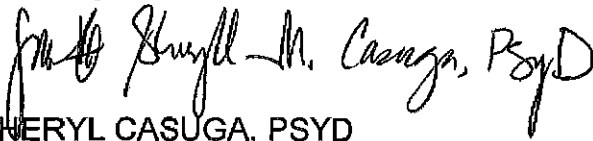
The concern was raised that having APA/CPA accreditation as a requirement impedes upon the regulatory function of state boards, given that many states including California do not require APA accreditation. Additionally, some doctoral programs without APA/CPA accreditation, but with regional accreditations, serve as accessible institutions from underrepresented communities, including communities of color, socioeconomically disadvantaged areas, and immigrant communities.



- Would ASPPB consider delaying the implementation of the EPPP2 to allow jurisdictions more time to develop processes, procedures, legislation and/or regulations for implementation?
- What was the formal process ASPPB used to solicit feedback from member boards and would the Task Force be able to review the feedback received?

The Task Force will be conducting another meeting on June 29, 2018 and would be grateful to receive feedback from the Board of Directors in advance for consideration by the Task Force.

Sincerely,

A handwritten signature in black ink, reading "Sheryl M. Casuga, PsyD". The signature is fluid and cursive, with the first name "Sheryl" being the most prominent part.

SHERYL CASUGA, PSYD  
Chairperson, EPPP2 Task Force  
California Board of Psychology

**Attachment B**  
ASPPB's EPPP2 Task Force Response



# ASPPB

Association of State and  
Provincial Psychology Boards

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Supporting member jurisdictions in fulfilling their responsibility of public protection.

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Dear California EPPP Task Force,

Thank you for the opportunity to discuss the enhanced EPPP. We appreciate your engagement and feedback in this important endeavor. The ASPPB Board of Directors has asked us to respond to your letter. We understand you have questions regarding the development, rationale and implementation of the EPPP. We hope that this letter will be responsive to your concerns.

Specifically, you raised questions about 1) the rationale for two separate examinations; 2) the cost of the EPPP; 3) the early admission requirements; 4) the implementation date of the EPPP Part 2; and 5) the membership feedback regarding the development of the skills examination. Each issue will be addressed below.

***What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?***

***The concern is that having two examinations comes with additional costs to prospective licensees.***

*The EPPP continues to be one exam. The exam will be a more comprehensive assessment of competency that is delivered in two parts. The Job Task Analysis drove the decision to lengthen the exam instead of incorporating the knowledge and skills into a single sitting of the examination. The results of the job task analysis revealed that an enormous amount of material will need to be assessed to incorporate a comprehensive assessment of skills. After completion of the Job Task Analysis, the following Blueprint was indicated:*

Scientific Orientation to Practice  
Relational Competence  
Assessment and Intervention  
Ethical Practice  
Collaboration  
Consultation  
Supervision  
Professionalism

*Within this blueprint, 71 skill statements were included. Conversely, 70 Knowledge statements were included in the EPPP part one. Collectively, this will require that 141 statements be thoroughly assessed in order to determine if a candidate meets a minimum, entry level of competence for the profession of psychology. A decision was made to include the addition of the skills assessment as a second part of the examination for several reasons. First, the EPPP as it is constructed now is a 175-item multiple choice examination. It would not be possible to adequately assess the additional skills statements within a reasonable amount of time. The length of the current EPPP is 4 hours and 15 minutes. Increasing this to a single session would lead to a very lengthy examination for the test takers. In addition, any test taker requiring an accommodated administration of extended time would have an extremely lengthy administration. This structure would be too taxing on candidates in general and specifically problematic for those with disabilities.*

*Second, by offering the exam in two parts, the knowledge portion of the examination could be moved earlier as an option for those that would prefer to take the exam prior to graduation from their academic program. This model is logical, in line with other professions that have competency assessment examinations and will allow candidates more flexibility in taking the exam.*

---

President, Board of Directors – Sharon Lightfoot, PhD

Chief Executive Officer – Stephen T. DeMers, EdD

*The proposed increase in examination fees is not related to whether or not the exam is administered in one or two sittings. The increase in fees is related to the significant startup and maintenance costs in the development of a new area of assessment. It is not possible to add this assessment without additional costs.*

*As ASPPB representatives mentioned in the meeting with the Task Force, the Early Admittance Option will have some benefits, including the following:*

- 1. increasing the overall number of candidates that pass the knowledge portion of the examination on their first attempt as our current data indicates that candidates pass at higher rates when the exam is taken closer to completion of academic coursework. This would result in financial savings as fewer individuals would need to retake the exam.*
- 2. decreasing dependence on and associated cost of third party test prep study programs because the knowledge portion of the examination will be taken closer to the foundational coursework and,*
- 3. allowing exam costs to be incorporated into educational loans.*

***Would ASPPB consider a mechanism to make the cost of the examination more affordable to low income applicants or those serving impoverished communities, underserved populations, or performing service in public agencies? For instance, would there be consideration of a lower cost for the EPPP Part 1 to offset the cost of the whole examination.***

*ASPPB is considering options to decrease the hardship associated with increased fees to candidates. No decisions have been made at this time.*

***Would ASPPB reconsider its requirement of APA or CPA accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?***

*The early entry option will be limited to students that are enrolled in APA or CPA accredited programs. This decision was based on the ASPPB Model Act which recommends that licensure applicants are trained in accredited training programs. In addition, this standard for an early entry option allowed for greatest acceptance by most jurisdictions.*

*For Jurisdictions that wish to allow an early admittance option for applicants from non-accredited training programs, ASPPB suggests that a rule change be made in those jurisdictions to allow those candidates to be able to take the Part 1 prior to degree. This will enable states and provinces to use criteria relevant in their particular jurisdiction. Jurisdictions would continue to register candidates as they do now but the timing would be prior to degree.*

***Would ASPPB consider delaying the implementation of the EPPP Part 2 to allow jurisdictions more time to implement processes, procedures, legislation, and or regulations for implementation?***

*The ASPPB Board of Directors continues to monitor the needs of member jurisdictions and the organization has been actively engaged in communication with jurisdictions about their concerns. In most jurisdictions, there does not appear to be a need to change regulations. At this time, the launch date is planned for January 2020. ASPPB encourages communication from jurisdictions that may be facing hurdles in implementation.*

***What was the formal process of soliciting feedback from member boards and would the task force be able to review the feedback.***

*Beginning in 2009 ASPPB has been in discussion with member jurisdictions about assessment of competencies through discussions at membership meetings, review of feedback at such meetings and various surveys of interest. As can be seen from the following data from ASPPB's most recent strategic plan, there was broad support from our member jurisdictions for developing an assessment of skills prior to becoming licensed.*

*70% of the respondents to the Strategic Plan rated that maintaining ASPPB's Examination Program and expanding it to measure skills was a top priority. This priority ranked as the second highest priority for ASPPB right behind pursuing more consistency in licensing standards to facilitate professional mobility. The skills exam was rated*

*second, but close to the knowledge exam in order of importance of priority for the next 3-5 years for the examination program.*

*The Board of Directors remains actively engaged in the process of member feedback and has recently sent out a letter alerting member jurisdictions that they will spend considerable time this summer reviewing all information received. The California EPPP Task Force's letter and any further communications will be included in the board's review.*

Thank you for the opportunity to answer your questions. We hope our comments address your concerns. Please feel free to contact us if the Task Force has additional questions or comments.

Matt Turner  
ASPPB, Director of Examination Services  
[mturner@asppb.org](mailto:mturner@asppb.org)

Emil Rodolfa  
ASPPB, Implementation Task Force Chair  
[erodolfa@alliant.edu](mailto:erodolfa@alliant.edu)

**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force Report**

**Appendix D**

**EPPP2 TASK FORCE MEETING MINUTES**

**Department of Consumer Affairs  
1747 N. Market Blvd., HQ2 Hearing Room #186  
Sacramento, CA 95834  
(916) 574-7720**

**THURSDAY, APRIL 5, 2018**

**Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum**

Sheryll Casuga, PsyD, Chairperson, called the EPPP 2 Task Force meeting to order at 9:36am. A quorum was present and due notice had been sent to all interested parties.

**Members Present:**

Sheryll Casuga, PsyD, Chairperson  
Seyron Foo, Board Member  
Amy Welch-Gandy, Office of Professional Examination Services (OPES)  
Crystal Faith Cajilog, Student Representative of California Psychological Association of Graduate Students  
Anushree Belur, Student Representative of California Psychological Association of Graduate Students for The Chicago School of Professional Psychology  
William Bloxham, Student Representative of JFK University 5<sup>th</sup> Year Student  
Sherry Johnson, Director of Clinical Training, Representative of University of California  
Rene Puliatti, Esq, Representative of California Psychology Internship Council (CAPIC)  
Andrew Harlem, PhD, Representative of California Institute of Integral Studies  
Gilbert Newman, PhD, Representative of The Wright Institute  
Alejandra Ojeda-Beck, Student Representative of California Psychological Association of Graduate Students, UC Berkeley  
Sherri Sedler, Student Representative of California Psychological Association of Graduate Students, California Southern University  
Olga Belik, PhD, Representative of California Psychological Association (CPA), Division II

**Others Present:**

Antonette Sorrick, Executive Officer  
Jeffrey Thomas, Assistant Executive Officer  
Stephanie Cheung, Licensing Manager  
Cherise Burns, Central Services Manager  
Lavinia Snyder, Examination Coordinator  
Jason Glasspiegel, Central Services Coordinator  
Norine Marks, Legal Counsel, Department of Consumer Affairs

**Agenda Item #2: Chairperson Welcome**

Dr. Casuga welcomed the Task Force members and those in attendance. Ms. Snyder provided an overview of the contents of the packet provided to the attendees of the Task Force meeting.

**Agenda Item #3: Public Comment(s) for Items not on the Agenda.**

There were no public comments.

**Agenda Item #4: Review and Discussion of the Development and Implementation of ASPPB's Enhanced EPPP (Presented by Dr. Emil Rodolfa, Chair of the ASPPB EPPP2 Implementation Task Force and Dr. Matthew Turner, ASPPB Director of Examination Program)**

Dr. Casuga introduced Dr. Rodolfa and Dr. Turner and advised of the presentation they will be providing for the Task Force.

Dr. Turner and Dr. Rodolfa began the presentation on behalf of the Association of State and Provincial Psychology Boards (ASPPB).

Task Force members asked a variety of questions of the presenters during the presentation. Discussion ensued regarding the following topics: ASPPB's perceived deficiency that the EPPP 2 is trying to correct, questions relating to the content validity of the new part of the examination, concerns related to the structure of the examination, increased cost of the examination, the additional time needed for students to pass the new part of the examination before licensure, and implementation timeline for the new part of the examination, and ASPPB's lack of communication with member Board's throughout the development process. Additional concerns were raised about when students would or should be able to take the two parts of the examination and if this would cause delays in licensure and the inequity of allowing students from graduate programs accredited by the American Psychological Association (APA) to take the exam before degree completion versus students from regionally accredited programs.

Ms. Sorrick assured that the Task Force was aware of the importance of license portability and not creating additional barriers to licensure while discussing this question. Additionally, she provided the Task Force with a spectrum of options regarding answers to the question. She advised that should the Task Force recommend to the Board not to adopt the EPPP 2, which would encompass both the knowledge and competency based examinations, that the Board would need to create their own general knowledge exam. She indicated that doing so may reduce licensure portability, as states other than California will not administer the same examination, and therefore licensees within California would not be expected to meet the criteria for licensure set by other states, thus hindering licensees from California becoming licensed elsewhere.

**Agenda Item #5: Task Force Discussion of the following issues:**

- a. **Is Implementation of a New National Licensing Examination in the Best Interests of California Consumers of Psychological Services and Prospective Licensees?**



Dr. Casuga introduced this question. After which she asked the Task Force members to provide their thoughts on the issue.

Task Force members provided input on the question and expressed concerns over the following issues: ensuring that the portability of California psychologist license is not diminished, disbelief that the value added of the new part of the examination will outweigh the additional costs and burdens it places on students and that the examination would actually assess skills, the new part of the examination creating additional barriers to entering the profession for socio-economically disadvantaged students, and uncertainty that the new part of the exam will actually ensure competency and enhance public protection.

Given the aforementioned comments by the Task Force members and Ms. Sorrick, Mr. Foo stated that the new part of the examination will need to be considered for implementation, but that there were significant concerns regarding ASPPB's anticipated 2020 start date as well as other items.

Discussion ensued and a sentiment was reached that introducing a secondary portion to the examination was not in the best interest of California consumers of psychological services and prospective licensees, but that the alternative of the Board abandoning the EPPP and creating its own general knowledge exam was not feasible or desirable due to potential issues with license portability.

It was M(Harlem)/S (Newman)/C to move to agenda item 5(b)

Vote: 17 Aye, No-0

**b. Should the Board Allow ASPPB to Determine Eligibility for Taking the National Examination for California Applicants? Should There Be Different Eligibility Criteria?**

Dr Casuga introduced this agenda item. She advised that based on the information provided by ASPPB, ASPPB plans to approve candidates to take the first part of the EPPP prior to the conferring of their degree, as long as they have completed their course requirements, and are attending an APA approved graduate program. Dr. Casuga asked Ms. Snyder to provide the Board's current process regarding providing ASPPB with the list of eligible applicants.

Ms. Snyder provided the Task Force with the Board's current process of review and approval for eligibility to take the EPPP, including the requirements that the applicant be awarded their degree and have accrued 1500 hours of supervised professional experience.

After this overview, discussion ensued regarding whether or not the Task Force should recommend the Board accept EPPP scores if Part 1 is taken prior to the confirmation of the degree and accrual of 1500 hours of supervised professional experience, or whether the Board would make the applicant take Part 1 of the EPPP again after approval by the Board.

After a discussion, the Task Force concluded that it did not approve of ASPPB approving applicants to take Part 1 of the EPPP prior to candidates meeting the Board's specified approval requirements. They also concluded that if ASPPB was going to provide early approvals for students of APA accredited programs, that they believed it would be necessary that the Board approve all applicants for licensure to take part 1 of the exam after completing their coursework but prior to degree conferment and accrual of all 1500 hours.

Additional discussion ensued regarding the Task Force's role and its ability to make an effective decision regarding the EPPP Part 2 with the information provided. The sentiment of the Task Force was that more information was needed to make an informed decision.

Dr. Casuga recommended to the Task Force that they ask staff to draft a letter of concern to ASPPB.

The Task Force agreed with Dr. Casuga and discussed what questions should be asked and agreed on the following questions to be sent to ASPPB:

What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?

Would ASPPB consider a mechanism to make the cost of the examination more affordable for low-income applicants or for those serving impoverished communities, underserved populations, or performing services in public agencies? For instance, would there be consideration to lower the cost of the EPPP Part 1 to off-set the cost of the whole examination?

Would ASPPB reconsider its requirement of American Psychological Association (APA) or Canadian Psychological Association (CPA) accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?

Would ASPPB consider delaying the implementation of the EPPP2 to allow jurisdictions more time to develop processes, procedures, legislation and/or regulations for implementation?

What was the formal process ASPPB used to solicit feedback from member boards and would the Task Force be able to review the feedback received?

The Task Force advised they wanted a response by their next meeting which will allow the responses to be included for discussion.

Dr. Casuga advised due to time constraints the Task Force will need to table the remaining agenda items for a future meeting.

**Agenda Item #7:** Recommendations for Agenda Items for Future Task Force Meetings.

Task Force members requested to see a flow chart to help visualize all of the possible ways that this new examination can be implemented. Additionally, they wanted to see how the Board's regulations might need to be updated.

**The Task Force adjourned at 5:10pm**

John B. M. Casara, PsyD  
Chair

7/3/18

Date

**Examination for Professional Practice  
in Psychology Part 2 (EPPP2)  
Task Force Report**

**Appendix E**

**EPPP2 TASK FORCE MEETING MINUTES**

**Department of Consumer Affairs**  
**1625 N. Market Blvd., HQ1 Hearing Room #117**  
**Sacramento, CA 95834**  
**(916) 574-7720**

**Friday, June 29, 2018****Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum**

Sheryll Casuga, PsyD, Chairperson, called the EPPP 2 Task Force meeting to order at 9:44 a.m. A quorum was present and due notice had been sent to all interested parties.

**Members Present:**

Sheryll Casuga, PsyD, Chairperson  
Seyron Foo, Board Member  
Amy Welch-Gandy, Office of Professional Examination Services (OPES)  
Paul Marcille, PhD, Representative of California Psychological Association (CPA)  
Representative  
Anushree Belur, Student Representative of California Psychological Association of Graduate Students for The Chicago School of Professional Psychology  
William Bloxham, Student Representative of JFK University 5<sup>th</sup> Year Student  
Cindy Yee-Bradbury, Director of Clinical Training, Representative of UCLA  
Rene Puliatti, Esq, Representative of California Psychology Internship Council (CAPIC)  
Lani Chow, PhD, Representative of California Institute of Integral Studies  
Allison Briscoe-Smith, Representative of The Wright Institute  
Jay Finkelman, PhD, Representative of The Chicago School of Professional Psychology  
Alejandra Ojeda-Beck, Student Representative of California Psychological Association of Graduate Students, UC Berkeley  
Sherri Sedler, Student Representative of California Psychological Association of Graduate Students, California Southern University  
Olga Belik, PhD, Representative of California Psychological Association (CPA), Division II

**Others Present:**

Antonette Sorrick, Executive Officer  
Stephanie Cheung, Licensing Manager  
Cherise Burns, Central Services Manager  
Lavinia Snyder, Examination Coordinator  
Jason Glasspiegel, Central Services Coordinator  
Norine Marks, Legal Counsel, Department of Consumer Affairs  
Jo Linder-Crow PhD, California Psychological Association

47 **Agenda Item #2: Chairperson Welcome**

48  
49 Dr. Casuga welcomed the Task Force members and those in attendance.

50  
51 **Agenda Item #3: Public Comment(s) for Items not on the Agenda**

52  
53 There were no public comments

54  
55 **Agenda Item #4: Approval of EPPP2 Task Force Minutes: April 5, 2018, meeting**

56  
57 It was M(Foo)/S(Puliati)/C to accept the minutes as written.

58  
59 Dr. Casuga opened the discussion for public comment.

60  
61 Mr. Foo asked for lines 100 and 101 to be amended to state: "Mr. Foo stated that the  
62 new part of the exam will need to be considered for implementation."

63  
64 The motion was amended as follows: it was M(Foo)/S(Puliati) to accept the minutes as  
65 amended.

66  
67 Vote: 14 Aye, No-0.

68  
69 **Agenda Item #5: Review and Discussion of ASPPB's Response to the EPPP2**  
70 **Task Force Letter Regarding Questions and Concerns Raised at the April 5, 2018,**  
71 **Task Force Meeting**

72  
73 Dr. Casuga provided an overview of the item and the response letter.

74  
75 Mr. Foo thanked Dr. Matthew Turner, from ASPPB, for attending and asked for an  
76 update on the cost of the examination.

77  
78 Dr. Turner stated the suggestion to review the different cost per examination options  
79 and/or scholarship opportunities was well received by ASPPB, and it is currently under  
80 review. No decision has been made, but the Board of Directors will meet again in  
81 August.

82  
83 Discussion ensued regarding the overall financial impact to students with the addition of  
84 the second part of the EPPP and the number of students that take a test prep course,  
85 and how this should be considered when discussing the total financial impact.

86  
87 Ms. Briscoe-Smith advised that cost is not the only issue. She is concerned about  
88 students incorporating the first part of the EPPP into when they would normally be  
89 working on their dissertation and applying for internships.

90  
91 Discussion ensued regarding how the change to when students can take the first part of  
92 the EPPP will affect students' completion of their dissertation and when they begin their  
93 internship.

94

Mr. Puliatti asked Dr. Turner why students at institutions accredited by Psychological Clinical Science Accreditation System (PCSAS) are not being allowed to apply to ASPPB to take the first part of the EPPP early.

Discussion ensued regarding concerns over ASPPB's proposal to approve of students at APA accredited institutions to take the first part of the EPPP, and not also approving students at universities that are accredited by PCSAS.

Mr. Foo clarified that although ASPPB does not plan to approve students at institutions not accredited by APA, each jurisdiction can establish eligibility for applicants.

Mr. Foo asked Dr. Turner about the response from ASPPB to the Task Force regarding the need for delayed implementation. Mr. Foo advised that the largest states that use the EPPP are California, Texas, and New York, and all three have stated that they will need to delay implementation due to their states respective statutory and regulatory processes.

Dr. Turner advised that ASPPB is currently reaching out to member boards regarding their specific process and how long it will take to make the changes, and how it will affect the current timeline.

Dr. Chow referenced a survey sent to the Board Administrators/Registrars Committee (BARC) by the California Board which was provided to the Task Force in the meeting materials. This survey asks which states will require legislative/regulatory change to allow the first part of the EPPP to be taken once coursework has been completed.

Discussion ensued regarding the responses to this survey, which led into a discussion of the ramifications of California not utilizing the EPPP and how that would affect licensure portability.

This discussion led into a question from Mr. Foo to Dr. Tracy Montez of the Office of Professional Examination Services, about the examination audit process California uses to verify that examinations meet the standards and suitability for California, and any known history of an examination failing an audit conducted by OPES. Dr. Montez provided information regarding a failed audit for one of the Board of Behavioral Sciences (BBS) license types and how that process worked. Dr. Montez did make the Task Force aware that since that time, the national examination provider has made changes that now allow the examination to be used by BBS as it meets all state standards.

**Agenda Item #6: Review and Discussion of Examination Sequencing and Timeline Scenarios That May Affect Applicants and the Board's Business Processes Relating to EPPP2 Implementation**

Ms. Snyder provided an overview of the different examination sequencing scenarios and staff's recommendation that Option 3 is the most equitable choice.

It was M(Foo)/S(Belur)/C to adopt option 3 if the Board decides to adopt EPPP step 2.

Dr. Casuga asked for discussion.

Dr. Chow asked who would be verifying the completion of academic coursework for the students, which based on the flowchart provided in option 3, would be necessary to take the first part of the EPPP.

Discussion ensued regarding whether the registrar or training director would be best suited to sign off on completion of academic coursework, and if it is appropriate to ask them to certify such information. Additional discussion ensued regarding how taking the first part of the EPPP early can unintentionally become a requirement to receive an internship.

Vote: 14 Aye, No-0.

**Agenda Item #7: Recommendation to the Board in Light of Discussion – Review and Determine Possible Statutory Changes to Business and Professions Code Sections 2940-2944, and Regulatory Changes to Title 16 of the California Code of Regulations, Sections 1388 -1389.1 – Examinations**

Ms. Snyder provided an overview of the materials. Ms. Sorrick highlighted the starting point for the statutory and regulatory revisions was the work of the Licensing Committee during their review of the pathways to licensure, and clarified that the statutory provisions are not required for EPPP2 adoption. Ms. Snyder read the changes to each section for the Task Force.

Discussion ensued during the review of section 1388(b) regarding the need for specific failsafe regulatory language that replicates Business and Professions Code sections 139 and 2942, which would describe the Board's process should an examination not meet the standards set forth by OPES upon the completion of an occupational analysis.

Discussion ensued during the review of section 1388(c) regarding the need to specify that completion of academic coursework does not include completion of a dissertation and internship, as these courses generally have a course number through the institution and can therefore be viewed as academic courses.

It was M(Foo)/S(Belur)/C to accept the language as amended which includes changes to Article 4 of Title 16 of the California Code of Regulations section 1388 to include failsafe regulatory option in section (b) and clarification to the reference of academic coursework in section (c) and refer this language for the Board to consider if the Board decides to continue with the EPPP.

Vote: 14 Aye, No-0

**Bus. & Prof. Code sections 2940-2944**

**§ 2940. Application and fee**



Each person desiring to obtain a license from the board shall make application to the board. The application shall be made upon a form and shall be made in a manner as the board prescribes in regulations duly adopted under this chapter.

The application shall be accompanied by the application fee prescribed by Section 2949. This fee shall not be refunded by the board.

To obtain a license from the board, an applicant shall submit any applications and pay any applicable fees as required by the board.

*(Amended by Stats. 1997, Ch. 758, Sec. 38. Effective January 1, 1998.)*

### **§ 2941. Examination and fee**

Each applicant for a psychology license shall be examined by the board, and shall pay to the board, at least 30 days prior to the date of examination, the examination fee prescribed by Section 2987, which fee shall not be refunded by the board.

Each applicant for licensure as a psychologist shall take and pass any examination required by the board. An applicant may be examined for knowledge in any theoretical or applied fields of psychology, as well as professional skills and judgment in the utilization of psychological techniques and methods, and the ethical practice of psychology, as the board deems appropriate.

Each applicant shall pay any applicable examination fees.

*(Amended by Stats. 1997, Ch. 758, Sec. 39. Effective January 1, 1998.)*

### **§ 2942. Time for examinations; Passing grades**

The board may examine by written or computer-assisted examination or by both. All aspects of the examination shall be in compliance with Section 139. The examination shall be available for administration at least twice a year at the time and place and under supervision as the board may determine. The passing grades for the examinations shall be established by the board in regulations and shall be based on psychometrically sound principles of establishing minimum qualifications and levels of competency.

Examinations for a psychologist's license may be ~~conducted~~ utilized by the board under a uniform examination system, and for that purpose the board may make arrangements with organizations to supply and administer ~~furnishing examination materials~~ material as ~~may in its discretion be desirable.~~

*(Amended by Stats. 2005, Ch. 658, Sec. 9. Effective January 1, 2006.)*

### **~~§ 2943. Examination subjects~~**

~~The board may examine for knowledge in whatever theoretical or applied fields in psychology as it deems appropriate. It may examine the candidate with regard to his or her professional skills and his or her judgment in the utilization of psychological techniques and methods.~~

~~(Amended by Stats. 1989, Ch. 888, Sec. 24.)~~

#### **~~§ 2944. Written examinations~~**

~~The board shall grade the written examination and keep the written examination papers for at least one year, unless a uniform examination is conducted pursuant to Section 2942.~~

~~(Amended by Stats. 1989, Ch. 888, Sec. 25.)~~

### **Article 4. of Title 16 of the California Code of Regulations, sections 1388-1389.1 – Examination**

#### **§ 1388. Examinations.**

(a) The Board recognizes the expertise of the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES). The Board shall utilize the services of the OPES in licensing examination development and validation through an interagency agreement.

(b) An applicant for examination shall successfully take and pass the licensing examinations prior to being licensed shall submit to the Board for its approval the required application (exam rev 6/18) and the applicable fee. The licensing examinations shall consist of the Association of State and Provincial Psychology Boards' (ASPPB) Examination for Professional Practice in Psychology (EPPP), which consists of two parts, and the California Psychology Laws and Ethics Examination (CPLÉE), except ~~that the EPPP shall be waived for those applicants who meet the criteria in section 1388.6 of this chapter. Such applicants shall be required to take and pass the CPLÉE.~~

(c) An applicant is eligible to take the first part of the EPPP upon completion of all academic coursework of a qualifying doctorate degree. To satisfy this requirement, the applicant shall submit to the Board a written certification from the registrar or training director of the educational institution or program stating that the applicant has completed all required academic coursework (exclusive of internship and dissertation) of a qualifying doctorate degree.

(ed) An applicant is eligible to take the second part of the EPPP upon passing the first part of the EPPP, completion of a qualifying doctorate degree, and accrual of 1500 hours of qualifying supervised professional experience.

(e) An applicant is eligible to take the CPLÉE upon passing shall pass both parts of the EPPP and completion all of 3000 hours of qualifying supervised professional

experience prior to being eligible for the CPLEE, whichever is applicable, pursuant to section 1388.6.

(df) ~~Upon application, the~~ The Bboard will notify applicants of their eligibility to take each examination ~~the EPPP~~. Applicants are responsible for completing any administrative requirements for taking the EPPP established by ASPPB or its agent, including paying any fees. This subsection applies to those re-taking the EPPP as well as to those taking it for the first time.

(eg) For forms of the EPPP taken prior to September 1, 2001, the passing score is the score that was recognized by the Bboard at that time. For computer administered forms of the EPPP, the Bboard shall accept the passing score recommended by ~~apply a scaled score as recommended by~~ ASPPB.

(fh) Qualified applicants desiring to take the CPLEE shall submit to the Bboard the fee set forth in section 1392 of this chapter. Applicants shall comply with all instructions established by the DCA examination vendor for taking the CPLEE.

(gi) The passing score on the CPLEE shall be determined for each form of the examination by a criterion referenced procedure performed by OPES.

(hj) An applicant for whom English is his or her second language may be eligible for additional time when taking the EPPP and/or the CPLEE. The applicant must complete and submit a request for additional time that states under penalty of perjury that English is his or her second language. The Test of English as a Foreign Language (TOEFL) certification score of 85 or below must be sent by Educational Testing Service directly to the Bboard. The TOEFL must have been taken within the previous two years prior to application. The Board will only consider the highest score of any TOEFL taken within the previous two years. If approved, the applicant will be allotted time-and-a-half (1.5x) when taking the examination.

Note: Authority cited: Sections 2930 and 2942, Business and Professions Code.

Reference:

Sections 123, 496, 2941, 2942, 2943 and 2960, Business and Professions Code.

#### **§ 1388.6. License Requirements and Waiver of Examination** **Licensure Requirements.**

~~(a) When a California licensed psychologist has been licensed for at least five years and has allowed his/her license to cancel by not renewing the license for at least three years, the psychologist shall not be required to take the EPPP.~~

~~(ab)~~ If an applicant for licensure as a psychologist has been is currently licensed at the doctoral level and has been so for at least two (2) years in another state, Canadian province, or U.S. territory, for at least five years the applicant shall not be required to take the EPPP submit documentation of a passing score on the EPPP.

(be) An applicant for licensure as a psychologist who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), shall ~~not be required to take the EPPP~~ submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(cd) An applicant for licensure as a psychologist who is credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and ~~has been who is currently licensed based on a doctoral degree at the doctoral level~~ in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(de) An applicant for licensure as a psychologist who is certified by the American Board of Professional Psychology (ABPP) and ~~has been who is currently licensed based on a doctoral degree at the doctoral level~~ in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(ef) Although the EPPP ~~is some requirements are deemed to have been met-waived~~ under this section, an applicant must file a complete application and meet all current licensing licensure requirements not addressed above, including payment of any fees, take and pass the California Psychology Law and Ethics Examination (CPLEE), and not been subject to discipline.

Note: Authority cited: Sections 2930 and 2946, Business and Professions Code.  
Reference: Section 2946, Business and Professions Code.

### **§ 1389. Reconsideration of Examinations.**

(a) ~~There shall be no reconsideration of the grade score received on the EPPP or on the CPLEE.~~

(b) ~~Nothing in this section shall be construed to deprive an applicant of his or her rights of appeal as afforded by other provisions of law.~~

Note: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code.

### **§ 1389.1. Inspection of Examinations.**

~~(a) All examination materials, except those owned by an examination service, shall be retained by the board at the board's office in Sacramento for a period of two (2) years after the date of the examination.~~

~~(b) No inspection is allowed of the written examination administered by the board~~

~~Note: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code; and Section 12944, Government Code~~

**Agenda Item #8: Recommendations for Agenda Items for Future Task Force Meetings.**

The following recommendations for future task force meetings were received from task force members:

- Ms. Briscoe-Smith – Requested a vote on whether the Task Force recommends implementation of the EPPP2
- Dr. Marcille – Requested that staff collect more information from ASPPB on the items included in the test and how it will test for competency.
- Mr. Puliatti – Requested that an item is included which asks ASPPB to provide information on how this examination will help protect California consumers.
- Dr. Belik - Different ASPPB decisions and alternatives and their timelines for implementation of those considerations, including ASPPB's timeline for rollout of the examination.
- Mr. Bloxham - Requested a true implementation plan with details, validating the test, and when materials will be available.
- A request to ASPPB for clarification on the lack of PCSAS inclusion.
- A request to ASPPB for clarification on when the beta testing will be happening and when would results of that beta testing be available.
- A request to ASPPB for their cost considerations decision.
- A request for the written charge of Task Force.

**ADJOURNMENT**

**The Task force adjourned at 4:12 pm.**



# ASPPB

Association of State and  
Provincial Psychology Boards

Supporting member jurisdictions in training their responsibility of public protection.

Dear Members of the California Board of Psychology:

Thank you for your inquiry regarding the Enhanced EPPP. We appreciate the ongoing dialogue on this important issue. We hope that our responses will provide some clarity to the concerns raised in your letter.

- *The Board of Psychology supports a competency-based examination but feels that certainty is required as to its mandatory implementation, and that a date certain for all member jurisdictions is necessary. Uncertainty as to implementation results in a current inability to move forward with the required statutory and regulatory changes.*

Thank you for your support of a competency-based examination. We also appreciate the clarity of your explanation regarding California's position on the Enhanced EPPP. Although the ASPPB Board of Directors (BOD) believes that adding a valid, reliable, and legally defensible assessment of skills will prove valuable to jurisdictions, the BOD determined that jurisdictional use of the Enhanced EPPP will not be required during the initial implementation period. Near the end of the early adoption period, the BOD plans to revisit the implementation process of the examination and will determine whether or not to continue delivering the EPPP 1 as a stand-alone option or only to deliver the Enhanced EPPP. Given that California has specific processes and regulatory changes that must occur, we will continue to keep you apprised of the development and status of the implementation of the Enhanced EPPP. ASPPB also recognizes that these regulatory changes may take time and we will work with California to ensure reasonable notice of any changes in requirements for the EPPP.

- *ASPPB would aid its member jurisdictions if it were to identify all statutory and regulatory changes needed to implement the new examination (drafting and supporting statutory and regulatory changes through advocacy, etc.) over a set period of time calibrated to the expected implementation date and the time necessary to effect needed changes.*

In preparation for the development of the Enhanced EPPP, ASPPB staff reviewed the regulations and legislation of the ASPPB member jurisdictions. As a result of that review, we found that most jurisdictions will need little or no statutory changes; however, we understand that is not the case for all jurisdictions. While each jurisdiction will have the specific knowledge about what changes may be needed in its own rules, ASPPB Staff have developed draft language, are available to consult on possible statutory and regulation language changes, and will provide samples of draft language and language that has been used in other jurisdictions.

President, Board of Directors – Gerald O'Brien, PhD | Chief Executive Officer – Mariann Burnetti-Atwell, PsyD

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- *ASPPB should continue to evaluate the total cost of both examinations and establish a uniform lower total cost as to all jurisdictions, as of the mandatory effective date of the Enhanced EPPP.*

The ASPPB BOD heard members' concerns regarding the cost of the EPPP Part 2 and re-evaluated the cost plan. Beginning January 1, 2022, the cost of the EPPP Part 2 will be \$450 for all jurisdictions, rather than \$600 as initially proposed. In addition, jurisdictions that adopt the EPPP part 2 between January 1, 2020 and December 31, 2021 will have a reduced fee (between \$100 and \$300) during this early adoption period.

- *In addition, the Board also requests that ASPPB make available to the Board and the Department of Consumer Affairs' Office of Professional Examination Services the following information as it becomes available:  
Data from Beta testing from participating jurisdictions to evaluate the validity of the Enhanced EPPP.  
Evidence of external validity that substantiates the need for the Enhanced EPPP.*

Beta testing data from participating jurisdictions will be provided to all member jurisdictions. This information will include data from the Standard Setting process that evaluates the pass point, pass rates, and item level psychometric data. The steps to develop these data will follow the standard procedures used to develop a licensing examination as recommended by the American Educational Research Association, The American Psychological Association, and the National Council on Measurement in Education.

With regard to external validity measures, ASPPB is not conducting these evaluations. External validity is not the standard for development of any licensure exam of any profession, and to the best of our knowledge, very few studies exist that even attempt to assess external validity of a licensing examination. As we mentioned to your Task Force on the EPPP, the primary difficulty with demonstrating external (criterion-related) validity is that establishing an appropriate reliable criterion for which to measure the test is extremely difficult (Raymond & Leucht, 2013). For example, supervisor ratings are known to be unreliable, and direct observations likely lack the psychometric rigor of the exam itself. Therefore, attempts to provide validity data by comparing to such measures are problematic. Because of this, researchers (e.g., Kane 1982, Stocker and Impara 1995, Raymond & Leucht, 2013) have reported for decades that evaluation of licensure exams as a predictive measure is not appropriate or warranted. In fact, Stoker and Impara (p. 184) evaluated the support for criterion related measures and concluded that "at present we would concur with most of our colleagues that licensure boards should not be concerned with criterion related validity." Instead the Enhanced EPPP is constructed based on a rigorous and thorough content validity methodology that follows industry standards. The empirical basis for the use of the Enhanced EPPP is the Job Task Analysis. The 2016 job task analysis surveyed approximately 2700 practicing psychologists in Canada and the United States to determine the knowledge and skills needed for entry level practice as a psychologist. Analysis of the data resulted in the final test specifications that comprise the Enhanced EPPP

(Part 1 and Part 2). Thus, the test specifications are produced through analysis of what practicing psychologists report is required for entry-level practice. Additionally, ASPPB incorporates Subject Matter Experts (licensed psychologists) at every step of the development process to ensure that the examination accurately represents the knowledge and skills required for entry-level practice.

Thank you again for the opportunity to respond to your concerns. As always, please feel free to contact us if we can provide you additional information about the Enhanced EPPP.

Sincerely,

Matt Turner, PhD  
ASPPB, Senior Director of Examination Services  
[mturner@asppb.org](mailto:mturner@asppb.org)

Emil Rodolfa, PhD  
ASPPB, Implementation Task Force Chair  
[erodolfa@alliant.edu](mailto:erodolfa@alliant.edu)

#### References

American Educational Research Association, American Psychological Association & National Council on Measurement in Education (2014). *Standards for educational and psychological testing: 2014 Edition*, Washington, DC: American Psychological Association

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REVIEW OF THE EXAMINATION FOR  
PROFESSIONAL PRACTICE IN PSYCHOLOGY





BOARD OF PSYCHOLOGY

# REVIEW OF THE EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY



April 2021

Heidi Lincer, Ph.D., Chief  
Amy Welch Gandy, M.A., Research Data Supervisor II





## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The California Board of Psychology (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP). The purpose of the OPES review was to evaluate the suitability of the EPPP (Part 1-Knowledge) for continued use in California licensure for psychologists and to evaluate the suitability of the EPPP (Part 2-Skills) for future use in California licensure for psychologists.

The EPPP consists of two parts, Part 1-Knowledge and Part 2-Skills. The Board requires that candidates pass the EPPP Part 1 for licensure in California. The EPPP Part 2 is a new component of the examination that is in the beta testing stage and is used only by states that have already adopted this component for licensure.

OPES, in collaboration with the Board, received and reviewed the ASPPB 2016 EPPP Job Task Analysis Report (2016 Job Task Analysis Report) and other documents provided by ASPPB. Follow-up emails (ASPPB, February–March 2021) were exchanged to clarify the procedures and practices used to validate and develop the EPPP Part 1 and Part 2. OPES performed a comprehensive evaluation of the documents to determine whether the following examination program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores and passing rates, (d) test administration, (e) examination scoring and performance, (f) information available to candidates, and (g) test security procedures.

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.

In October 2020, OPES convened a panel of California psychologists to serve as subject matter experts (SMEs) to review the content of the EPPP Part 1 and Part 2. The SMEs were selected by the Board based on their geographic location, years of experience, and practice specialty. The purpose of the review was to compare the content of the EPPP Part 1 and Part 2 with the California psychologist description of practice resulting from the 2019 California *Occupational Analysis of the Psychologist Profession* (2019 California Psychologist OA) performed by OPES.

Specifically, the SMEs performed a comparison by linking the task and knowledge statements of the 2019 California psychologist description of practice to the examination blueprint of the EPPP Part 1 and the examination blueprint of the EPPP Part 2. The linkage studies were performed to identify whether there were areas of California psychology practice not measured by the EPPP examinations.

Overall, the SMEs concluded that the content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics. This general knowledge should continue to be tested on the California Psychology Law and Ethics Examination.

The SMEs were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items. Additionally, the SMEs favored the EPPP Part 2 over the EPPP Part 1 as a single-examination option. However, the SMEs concluded that while the EPPP Part 2 assesses a deeper measure of skills than those measured by the EPPP Part 1, that alone may not support adoption of the EPPP Part 2. The SMEs further concluded that the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure. OPES recommends that the Board continue to monitor the beta testing results of the EPPP Part 2 as part of their decision-making process for adopting the EPPP Part 2 as a requirement for licensure in California in the future.

**President**

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Jaqueline B. Horn, PhD

**Director of Professional Affairs**

Alex Siegel, JD, PhD

**Business Director**

Lisa M. Fagan, MBA

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](mailto: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  
Michelle G. Paul, PhD, Member-at- Large  
Hugh D. Moore, PhD, MBA, Member-at-Large  
Jennifer C. Laforce, PhD, CPsych, Member- at-Large



**From:** Adina Goodman <[adina.goodman@gmail.com](mailto:adina.goodman@gmail.com)>

**Sent:** Tuesday, October 25, 2022 12:39 PM

**To:** bopmail@DCA <[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)>; [info@floridapsychology.gov](mailto:info@floridapsychology.gov); [psychbd@nysed.gov](mailto:psychbd@nysed.gov); [ST-PSYCHOLOGY@pa.gov](mailto:ST-PSYCHOLOGY@pa.gov); [info@psy.ohio.gov](mailto:info@psy.ohio.gov); [info@ncpsychologyboard.org](mailto:info@ncpsychologyboard.org); [BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**Subject:** Stop the adoption of the EPPP2

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Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

**From:** Boyd, Kenny (LLU) <[kboyd@llu.edu](mailto:kboyd@llu.edu)>  
**Sent:** Tuesday, October 25, 2022 11:02 AM  
**To:** bopmail@DCA <[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)>  
**Subject:** EPPP 2

**WARNING:** This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [kboyd@llu.edu](mailto:kboyd@llu.edu)

Dear CA Board of Psychology (this is not a form email):

In examining the studies of the EPPP, and what we know about the EPPP 2, it seems we should wait until the psychometric studies of the EPPP 2 are published before adopting it in California.

However, the predictive validity of the current EPPP (1) is not promising, as it seems to be related to SES and general intelligence most strongly, rather than professional skill or ability.

If the data on the EPPP2 is more predictive of professional skill or ability, you may want to substitute it for the EPPP 1!

This may not be possible, so at least I think it's reasonable to keep the status quo until actual data on the EPPP 2 comes in from states where it's been in use.

Thank you for your time and attention to these issues.

Kenny Boyd  
PSY 20626

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Kendal C. Boyd, Ph.D., M.A. (he/him)  
Associate Chair  
Program/Clinical Director, Psy.D.Degree  
Loma Linda University Psychology Dept.  
(909) 558-8574  
PSY 20626

**From:** Heidi Zetzer <[heidi.zetzer@ucsb.edu](mailto:heidi.zetzer@ucsb.edu)>

**Sent:** Wednesday, October 26, 2022 8:50 AM

**To:** bopmail@DCA <[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)>

**Subject:** Please please please vote against the adoption of the EPPP-2!

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**Dear BOP,**

**I am a licensed psychologist, university professor, former training clinic director, and former president of the Association of Psychology Training Clinics and the Santa Barbara County Psychological Association. I was president of APTC when we signed on with the Council of University Directors of Clinical Psychology (CUDCP), which submitted its first letter to ASPPB, opposing the adoption of the EPPP-2 (see attached letter dated October, 2018, signed by numerous training councils). Despite continued disagreement over the necessity, validity, and cost of the EPPP-2, ASPPB has continued to push it forward. ASPPB has failed to demonstrate the need for yet another barrier to licensure, which will be a greater impediment to potential licensees who cannot readily afford the cost of the exam or the test preparation that it requires. As a summary of the issues, I pasted in the letter that is currently being circulated among the training councils and across divisions of the American Psychological Association (see below). This is not the time to add yet another gate to the profession, especially one which has been examined carefully by experts in training and psychometrics, who have found no good reason to implement this additional exam and raised questions about its validity. I urge you to vote NO on its adoption.**

**Sincerely,  
Heidi A. Zetzer, Ph.D.**

We the undersigned, as stakeholders in the training of health service psychologists, take seriously the shared responsibility to engage in effective, fair, and unbiased processes of evaluation on the pathway to licensure as a psychologist. In light of those values and commitments, we are writing to express grave ongoing concerns about the proposed implementation of the EPPP-2. Many of these concerns have been expressed in prior publications and communications with the ASPPB, by multiple stakeholders across the profession and over several years. These concerns are amplified by ASPPB's current plans to pursue EPPP-2 implementation despite minimal progress and new barriers to mutually agreeable resolutions. As a result, we feel it is essential to highlight some of the most substantial ongoing concerns and to reiterate the critical importance of a truly collaborative approach to improving the licensure examination process if the profession wants to protect and serve a diverse public by ensuring a workforce that is both qualified and representative.

● **Prior attempts to address these concerns with ASPPB have not yielded substantive change.** The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

● **EPPP-2 will create new barriers to practice amidst a national mental health crisis.** Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages.<sup>1,2,3</sup> Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.

● **EPPP-2 will further restrict diversity in the field.** Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates.<sup>4,5,6,7</sup> Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.

● **EPPP-2 will not contribute meaningfully to enhancing protection of the public.** There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment.<sup>8</sup> In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery.<sup>4</sup> Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.

● **EPPP-2 creates new financial burdens for trainees.** The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress,<sup>9,10</sup> and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure

candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

In sum, as a group of nationwide training councils with member institutions that span all licensure jurisdictions, these co-signers remain deeply concerned about the negative impact of the proposed EPPP-2 on psychology candidates, the patients and communities we serve, and the field as a whole. We strongly advocate for a process that:

1. Implements specific action steps to address **each** of the concerns raised by the discipline's stakeholders. We recognize that ASPPB has taken some steps in this direction (e.g., altered fee structure), but the most critical and fundamental concerns remain.
2. Demonstrates readiness of ASPPB or whatever body ultimately oversees the discipline's licensure process to work with the communities of interest in a truly collaborative manner.

- 
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**Heidi A. Zetzer, Ph.D.**

Pronouns: she/her/hers

**Teaching Professor**

**Licensed Psychologist, PSY14216**

**Director, Carol Ackerman Positive Psychology Clinic**

[ucsbpositivepsych](https://ucsbpositivepsych.org)

**Fellow, American Psychological Association**

**Secretary, Society for Counseling Psychology (Div 17), APA**

**Co-Editor, *APTC Bulletin: Practicum Education & Training***

*The land on which I live and work is the ancestral territory of the Chumash People. "The federal government took possession of the ceded lands in California without acknowledgement or consent from the Indian nations traditionally living on those lands" ([Indian Country Today, Digital Version, Sept 12, 2018](#)). See also [Land Acknowledgement and the WISHTOYO Chumash Foundation](#) and [Santa Ynez Band of Chumash](#).*

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From: Jason L <[jclevine23@gmail.com](mailto:jclevine23@gmail.com)>  
Sent: Tuesday, October 25, 2022 12:18 PM  
To: bopmail@DCA <[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)>; [info@floridapsychology.gov](mailto:info@floridapsychology.gov); [psychbd@nysed.gov](mailto:psychbd@nysed.gov); [ST-PSYCHOLOGY@pa.gov](mailto:ST-PSYCHOLOGY@pa.gov); [info@psy.ohio.gov](mailto:info@psy.ohio.gov); [info@ncpsychologyboard.org](mailto:info@ncpsychologyboard.org); [BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)  
Subject: ADOPT the EPPP2

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [jclevine23@gmail.com](mailto:jclevine23@gmail.com)

Dear Board of Psychology,

I am writing to ask you to vote FOR the implementation of the EPPP Part 2 in our state. Critics are arguing that it will cause economic burden on graduates and "harm" to the public. This is hyperbole and simply unfounded conjecture.

Well conceived and justifiable barriers, such as standardized board licensing exams, are important to ensure competent training of professionals, and public and consumer safety. The current state of professional psychology is an embarrassing mess, with poorly operationalized standards and a lack of oversight from accrediting bodies. Expediting graduation and licensure is only exacerbating the problem and putting the public safety and trust at risk.

There is no evidence that the EPPP-2 is systemically discriminatory. Evidence of racial disparities in the field cannot be simply interpreted as "racist". This knee-jerk reaction turned criticism is intellectually dishonest and evidence of political creep in professional psychology.

The cost of EPPP-2 administration is an exaggeration and non-issue, especially in light of the cost of accredited for-profit professional schools.

Organizations such as APA and CUDCP have been unfortunately misguided in recent years. They have become intoxicated with political ideology and function as political activists, at the cost of slowing the advancement of graduate education in professional psychology and serving the public good.



## MEMORANDUM

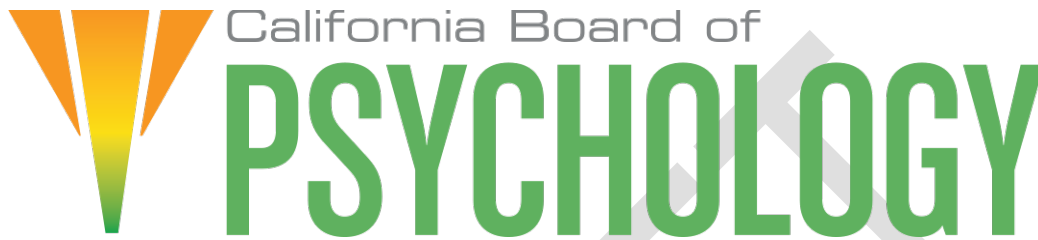
<b>DATE</b>	February 8, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Antonette Sorrick, Executive Officer
<b>SUBJECT</b>	<b>Review and Possible Approval of Draft 2024-2029 Strategic Plan: Agenda Item 22</b>

**Background:**

The Board convened for Strategic Planning on December 7-8, 2023. SOLID staff drafted the attached Strategic Plan and staff reviewed and made edits where appropriate.

**Action Requested:**

To approve the draft Strategic Plan as written.



# **Board of Psychology**

## 2024-2028 Strategic Plan

[once finalized, list adopted date here]

### **Prepared by:**

SOLID Planning Solutions

Department of Consumer Affairs

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## Board Members

Lea Tate, PsyD, President

Shacunda Rodgers, PhD, Vice President

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Julie Nystrom

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Mary Harb Sheets, PhD

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Stephen Phillips, JD, PsyD

**Gavin Newsom, Governor**

**Melissa Grant, Undersecretary, Business, Consumer Services and Housing Agency**

**Kimberly Kirchmeyer, Director, Department of Consumer Affairs**

**Antonette Sorrick, Executive Director, Board of Psychology**

# Board of Psychology

## About the Board

The California Board of Psychology (Board) regulates psychologists and registered psychological associates, psychological testing technicians, and in 2025 will also add research psychoanalysts, and student research psychoanalysts to its regulated population. Only licensed psychologists can practice psychology in California. Registered psychological associates are employed to provide psychological services under the primary supervision of a qualified licensed psychologist. Psychological testing technicians perform their services under the supervision of a licensed psychologist. Research psychoanalysts and student research psychoanalysts engage in psychoanalysis as an adjunct to teaching, training, or research and will receive primary supervision from a licensed psychologist.

With the Certification Act of 1958, the psychology profession became regulated in California. While the Certification Act protected the title "psychologist," it did not take into consideration the interests of the consumers of psychological services. Later, the regulation of the profession evolved when the California Legislature recognized the potential for consumer harm by those practicing psychology and shifted the focus of the regulation of the profession to protection of the public.

This redirection resulted in legislation in 1967 that protected the "psychologist" title, defined the practice, and required licensure in order to practice legally. During these early licensing days, the Board was an "examining committee" under the jurisdiction of what was then the Division of Allied Health Professions of The Board of Medical Quality Assurance (BMQA). During the 1970s, the Psychology Examining Committee gradually became more independent and began taking responsibility for its own operations, including the authority to adopt regulations and administrative disciplinary actions without the endorsement of BMQA. The Psychology Examining Committee officially became the Board of Psychology in 1990 (Assembly Bill 858, Margolin, 1989). Over the past several decades, there have been amendments to the licensing law that have enhanced the Board's ability to protect the public through appropriate discipline of those licensees who violate the licensing law.

The Board consists of nine members (five licensed psychologists and four public members) who are appointed to the Board for four-year terms. Each member may serve a maximum of two full terms. The five licensed members and two of the public members are appointed by the Governor. One public member is appointed by the Senate Rules Committee, and one public member is appointed by the Speaker of the Assembly.

## Message from the President

As President of the California Board of Psychology, it is a privilege to introduce the 2024-2028 Strategic Plan. I would like to express appreciation for the work and contribution of all Board members, staff, and stakeholders in developing our current Strategic Plan, which includes several areas for increased emphasis moving forward.

The Board will continue its primary focus on the following areas: Protecting the health, safety, and welfare of consumers; advocating for the highest principles of professional psychological service; and providing the best available information on current trends in psychological service options.

Additional areas of focus will include: continue to focus on reducing paperwork processing times, greater transparency about the disciplinary process, and additional outreach to licensees, stakeholders, and the public; continued involvement in the legislative process with proactive involvement on issues affecting the Board and psychology; supporting continuing professional development; and always understanding the value of providing excellent customer service.

In addressing these areas, the Board of Psychology intends to protect and empower the consumers of psychological services while advocating for the highest standards for, and the continuing competency of the profession.

I would like to thank the readers of the Strategic Plan for helping to achieve our goals and look forward to our continued communications over the next five years.

Lea Tate Psy. D.  
President  
California Board of Psychology

# Board Mission, Vision, and Values

## Mission

The Board of Psychology protects consumers of psychological services by licensing psychologists and associated professionals, regulating the practice of psychology, and supporting the ethical evolution of the profession.

## Vision

A healthy California where our diverse communities enjoy the benefits of the highest standard of psychological services.

## Values

- Collaboration
- Commitment
- Customer Service
- Diversity, Equity, Inclusion, and Belonging
- Ethics
- Transparency

## Goal 1: Licensing

**The Board establishes pathways to obtain and maintain a license to provide psychological and associated services in California.**

- 1.1 Reduce the processing time for the initial review and licensure of new psychologists and psychological associates.
- 1.2 Pursue adequate staffing to improve the quality and consistency of customer service and the processing time for applications.
- 1.3 Establish a pathway for the new licensing types to provide a smooth, transparent implementation process.
- 1.4 Promote the use of electronic processes in licensing to increase efficiencies and improve responsiveness.



## **Goal 2: Continuing Professional Development (CPD)**

**The Board ensures that licensees maintain competency to practice psychology in California.**

- 2.1 Refine communication channels to ensure that licensees receive clear and timely updates on the new CPD guidelines.

## Goal 3: Policy and Advocacy

**The Board advocates statutory and implements regulatory changes that assist the Board in protecting consumer health and safety, while facilitating access to psychological and associated services.**

- 3.1 Communicate the Board's stance on the Psychology Interjurisdictional Compact (PSYPACT) to explain the consumer protection challenges PSYPACT poses.
- 3.2 Seek partnerships to help advance the Board's legislative goals.
- 3.3 Monitor and prepare for the changing landscape of psychology to protect consumers and promote safe practices.

## Goal 4: Enforcement

**The Board investigates complaints and enforces the laws governing the practice of psychology and associated services in California.**

- 4.1 Improve communication to licensees involved in the enforcement process.
- 4.2 Expand licensee and consumers' understanding of the enforcement process to reduce confusion, provide better customer service, and improve relationships with stakeholders.
- 4.3 Provide complaint filing instructions and forms in multiple languages to maximize accessibility and make the complaint process more inclusive.
- 4.4 Build a larger pool of enforcement subject matter experts to increase knowledge of specialties and reduce turnaround times for enforcement cases.

## Goal 5: Outreach and Communication

**The Board engages and educates consumers, licensees, students, and other stakeholders about the practice of psychology and associated services and the laws that govern them.**

- 5.1 Educate the public about the differences between psychologists and other health care professionals to increase clarity regarding the different roles and to better inform consumers.
- 5.2 Increase access to the Board's informational materials.
- 5.3 Increase Board and staff attendance and engagement at events to elevate the Board's accessibility.
- 5.4 Expand the Board's outreach efforts by using a variety of communication methods.
- 5.5 Increase communication regarding the Board's objectives and achievements.

## Goal 6: Board Operations

**Board members and staff work together to maintain the resources necessary to implement the Board's mission.**

- 6.1 Establish an onboarding process for new licensees to increase understanding of the Board's role and strengthen relations.

## Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- Phone/online interviews with board members and executive leadership during August and September of 2023.
- Online surveys with board management and staff, as well as external stakeholders, during the month of September 2023.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership and staff, and members of the public during a strategic planning session facilitated by SOLID on December 7<sup>th</sup> and 8<sup>th</sup> of 2023. This information guided the Board in the development of its strategic objectives outlined in this 2024-2028 strategic plan.

### **Board of Psychology**

1625 North Market Blvd., Suite N-215

Sacramento, CA 95834

Phone: (916) 574-7720

<https://www.psychology.ca.gov/>

Strategic plan adopted on [date TBD].

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Board of Psychology on December 7<sup>th</sup> and 8<sup>th</sup> of 2023. Subsequent amendments may have been made after the adoption of this plan.



Prepared by:

**SOLID Planning Solutions**

1747 N. Market Blvd., Ste. 270

Sacramento, CA 95834

## MEMORANDUM

<b>DATE</b>	February 29, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Troy Polk, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 23(a) - Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260

### **Background**

On January 2, 2024, Board Staff submitted a proposal to the Senate Committee on Business, Professions and Economic Development (BP&ED) for technical, non-substantive changes to be included in the Committee's omnibus bill. The proposal included amendments to Business and Professions Codes (BPC) 2913, 2987, and Health and Safety Code (HSC) 124260.

On January 16, 2024, Board Staff met with the Committee Consultants to discuss the proposal and was advised the proposal would be presented to the Committee Members.

### **Action Requested**

Staff Recommendation: Board Staff recommends the Board review the attached proposal and approve the proposed text.

Attachment #1: Senate BP&ED Committee proposal



# Senate Business, Professions and Economic Development Committee

## COMMITTEE BILL: PROPOSED LEGISLATION

**Note:** Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

### **REQUESTOR & CONTACT INFORMATION:**

Antonette Sorrick

[Antonette.Sorrick@dca.ca.gov](mailto:Antonette.Sorrick@dca.ca.gov)

(916) 574-8938

### **DATE SUBMITTED:**

January 2, 2024

### **SUMMARY:**

In the passing of Senate Bill 816, which increased the Board of Psychology (Board) fees related to licensure, registration, and renewals; the \$25 fee associated with a request to change supervisors for psychological testing technicians was inadvertently removed from the amendments of Business and Professions Code (BPC) 2987. The fee was included in the passing of Senate Bill 1428 which established the registration category. By amending BPC 2987, all fees associated will be applied as established in the prior year approval of SB 1428 (Archuleta, Chapter 622, Statutes of 2022).

The current language in BPC 2913 related to the requirements of a foreign master's degree, and the advancement to candidacy has created confusion to not only applicants seeking registration as a psychological associate but, to also Licensing Staff when processing applications and answering inquiries from applicants. In amending BPC 2913 the Board believes it will alleviate any further confusion for both staff and applicants.

The current language in Health and Safety Code (HSC) 124260 references the registration categories for "registered psychologist" and "psychological assistant." The registration category for "registered psychologist" was eliminated, and the title of "registered psychological assistant" was amended to "registered psychological associate". These changes were effective January 1, 2022, with the passing of Senate Bill 801 (Archuleta, Chaptered 647, Statutes of 2021). By amending HSC 124260 to reflect current registration categories, the Board believes any confusion or errors on what qualifies as a "professional person" can be avoided.

### **IDENTIFICATION OF PROBLEM:**

In reviewing the anticipated workload related to the new registration category of psychological testing technicians and the workload associated with registrants changing their supervisors, the Board discovered that the language in SB 816 related the change of supervisor fee was deleted, as previously approved in SB 1428.

The Board has received inquiries from applicants that the language and placement as currently provided in BPC 2913, as related to the advancement to candidacy and the acceptance of a foreign master's degree is confusing. Licensing Staff has also expressed their concerns with the current language and placement currently provided in BPC 2913.

In reviewing the language in HSC 124260, Board staff discovered that the language had outdated registration categories when referencing BCP 2902.

### **PROPOSED SOLUTION:**

Amend sections of BPCs 2987, 2913 and HCS 124260 as described and provided below.

### **PROGRAM BACKGROUND & LEGISLATIVE HISTORY:**

The Board regulates psychologists, registered psychological associates, and psychological testing technicians. The Board protects consumers of psychological and associated services, regulates the practice of psychology, and supports the evolution of the profession.

SB 801 (Archuleta, Chapter 647, Statutes of 2021) repealed BCP 2909.5 by eliminating the registration category for Registered Psychologist, and amended BCP 2913 to amend the title of "registered psychological assistant" to "registered psychological associate"

SB 1428 (Archuleta, Chapter 622, Statutes of 2022) added Article 10 to the Psychology Licensing Law, commencing with BPC Section 2999.100 to create a new registration within the Board for psychological testing technicians.

SB 816 (Roth, Chapter 723, Statutes of 2023) amended BPC 2987 to increase the fees related to licensure, registration, and renewals.

### **JUSTIFICATION:**

This technical non-substantive proposal will allow the Board to continue the processing of psychological testing technician applications, change of supervisor forms, and registered psychological associate applications, and removes outdated terms in HSC 124260.

### **ARGUMENTS PRO & CON:**

Amending BPC 2987:

Pro:

- Allow the Board to charge the fee that is necessary to process the change supervisor form that was approved in SB 1428.

Con:

- The Board will not be able to charge the fee associated with the change of supervisor and in turn, there is no funding for the process.

Amending BPC 2913:

Pro:

- Will provide clarification for applicants seeking registration, and to Licensing Staff who are processing applications and responding to applicants.

Con:

- Applicants and Licensing Staff will continue to be unclear on the requirements, which will continue to cause unnecessary delays in the application process.

Amending HSC 124260:

Pro:

- Reflects current registration categories and registration title.

Con:

- Continues to reference an eliminated registration category and an incorrect registration title.

### **PROBABLE SUPPORT & OPPOSITION:**

The Board believes there will be support from the California Psychological Association (CPA) for amendments to BPC 2987 and 2913. CPA sponsored SB 1428 which established the psychological testing technician registration and related fees associated with the registration. CPA generally supports amendments that will decrease applicant confusion and delays in the application process. CPA also supported AB 665 (Carrillo, chapter 338, Statutes of 2023) which amended the current law to authorize minors to consent to mental health treatment or counseling services, which also referenced HSC 124260.

### **FISCAL IMPACT:**

The Board currently has processes and procedures in place to review and process the change of supervisor forms for psychological testing technicians. Amending BPC 2987 will fund the specific process to change a registrant's supervisor.

The Board currently has processes and procedures in place to review and process the applications for registered psychological associates. Amending BPC 2913 will provide clarification to applicants and licensing staff. In doing so, will make the application process more efficient.

All changes required in SB 801 have been implemented by the Board, and all required application and procedures changes have been made. Amending HSC 124260 will make the language consistent with current registration categories.

### **ECONOMIC IMPACT:**

This proposal does not impact new or existing businesses within the State of California. The proposal would only impact psychological testing technicians who are requesting to change their current supervisor, provide clarification regarding degree requirements to individuals who are applying to become registered psychological associates, and updates language in HSC 124260.

## **FINDINGS FROM OTHER STATES:**

Not Applicable.

## **PROPOSED TEXT (use underline & strikeout):**

Section 2913 of the Business and Professions Code is amended to read:

### **2913.**

A person other than a licensed psychologist may perform psychological functions in preparation for licensure as a psychologist only if all of the following conditions are met:

(a) The person is registered with the board as a “registered psychological associate.” This registration shall be renewed annually in accordance with regulations adopted by the board.

(b)(1) The person has completed or is any of the following:

(A) Completed a master’s degree in psychology. This degree shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(B) Completed a master’s degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology. This degree shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(C) Is an admitted candidate for a doctoral degree and after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, and that doctoral degree having been completed in any of the following:

(i) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(ii) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(iii) A field of specialization designed to prepare graduates for the professional practice of psychology ~~after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations.~~

(D) Completed a doctoral degree that qualifies for licensure under Section 2914.

(2) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(c)(1) The registered psychological associate is supervised by a licensed psychologist. Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. The registered psychological associate’s primary supervisor shall be responsible for ensuring that the extent, kind, and quality of the psychological services performed are consistent with the registered psychological associate’s and the primary supervisor’s training and experience. The primary supervisor shall be responsible for the registered psychological associate’s compliance

with this chapter and regulations. A primary supervisor may delegate supervision as prescribed by the board's regulations.

- (2) A licensed psychologist shall not supervise more than three registered psychological associates at any given time.
- (d) A registered psychological associate shall not do either of the following:
  - (1) Provide psychological services to the public except as a trainee pursuant to this section.
  - (2) Receive payments, monetary or otherwise, directly from clients.

Section 2987 of the Business and Professions Code is amended to read:

**2987.**

The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:

- (a) The application fee for a psychologist shall be two hundred thirty-six dollars (\$236).
- (b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.
- (c) The application fee for the California Psychology Law and Ethics Examination (CPLEE) shall be one hundred twenty-seven dollars (\$127).
- (d) The initial license fee for a psychologist shall be two hundred thirty-one dollars (\$231).
- (e) The biennial renewal fee for a psychologist shall be seven hundred ninety-five dollars (\$795). The board may adopt regulations to set the fee at a higher amount, up to a maximum of one thousand one hundred dollars (\$1,100).
- (f) The application fee for registration as a registered psychological associate under Section 2913 shall be four hundred twenty-four dollars (\$424).
- (g) The annual renewal fee for registration of a psychological associate shall be two hundred twenty-four dollars (\$224). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars (\$400).
- (h) The duplicate license or registration fee is five dollars (\$5).
- (i) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed three hundred ninety-seven dollars and fifty cents (\$397.50).
- (j) The endorsement fee is five dollars (\$5).
- (k) The file transfer fee is ten dollars (\$10).
- (l) The registration fee for a psychological testing technician shall be seventy-five dollars (\$75).

(m) The annual renewal fee for a psychological testing technician is seventy-five dollars (\$75).

~~(n) The fee for Fingerprint Hard Card Processing for Out of State Applicants shall be one hundred eighty-four dollars (\$184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation. The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars (\$25).~~

~~(o) The fee for a psychological associate to add or change their supervisor shall be two hundred ten dollars (\$210). The fee shall be the actual cost to the board of processing the addition or change. The fee for Fingerprint Hard Card Processing for Out of State Applicants shall be one hundred eighty-four dollars (\$184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation.~~

~~(p) Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate. The fee for a psychological associate to add or change their supervisor shall be two hundred ten dollars (\$210). The fee shall be the actual cost to the board of processing the addition or change.~~

~~(q) Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.~~

Section 124260 of the Health and Safety Code is amended to read:

**124260.**

(a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of outpatient mental health treatment or counseling by a professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist, as defined in Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist, as described in Section 49424 of the Education Code.

(E) A clinical psychologist licensed under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(F) Any of the following persons, while working under the supervision of a licensed professional specified in Section 2902 of the Business and Professions Code:

~~(i) A registered psychologist, as defined in Section 2909.5 of the Business and Professions Code.~~

~~(ii)~~ (i) A registered psychological ~~assistant~~ associate, as defined in Section 2913 of the Business and Professions Code.

~~(iii)~~ (ii) A psychology trainee, as defined in Section 1387 of Title 16 of the California Code of Regulations.

(G) A licensed clinical social worker, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code.

(H) An associate clinical social worker, or a social work intern, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in Section 4996.20 of the Business and Professions Code.

(I) A person registered as an associate marriage and family therapist or a marriage and family therapist trainee, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code.

(J) A board certified, or board eligible, psychiatrist.

(K) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(L) A person registered as an associate professional clinical counselor or a clinical counselor trainee, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code.

(b) (1) Notwithstanding any provision of law to the contrary, a minor who is 12 years of age or older may consent to mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.

(2) A marriage and family therapist trainee, a clinical counselor trainee, a psychology trainee, or a social work intern, as specified in paragraph (2) of subdivision (a), shall notify his or her supervisor or, if the supervisor is unavailable, an on-call supervisor at the site where the trainee or intern volunteers or is employed within 24 hours of treating or counseling a minor pursuant to paragraph (1). If upon the initial assessment of the minor the trainee or intern believes that the minor is a danger to self or to others, the trainee or intern shall notify the supervisor or, if the supervisor is unavailable, the on-call supervisor immediately after the treatment or counseling session.

(3) Nothing in paragraph (2) is intended to supplant, alter, expand, or remove any other reporting responsibilities required of trainees or interns under law.

(c) Notwithstanding any provision of law to the contrary, the mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian, unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(d) The minor's parent or guardian is not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian.

(e) This section does not authorize a minor to receive convulsive treatment or psychosurgery, as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.



## MEMORANDUM

<b>DATE</b>	February 29, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Troy Polk, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 23(b) - Patient Privilege: Business and Professions Code section 2918

### **Background**

As part of a commitment to our child custody stakeholders, the Board is pursuing a statutory change to remove barriers to access patient records that will help us investigate consumer complaints. This proposal has been in the works since 2018, when the Board convened a child custody stakeholder meeting with numerous entities, including the Assembly Business and Professions Committee, and Senate Business, Professions and Economic Development Committee.

In September 2020, the Board's Enforcement Committee recommended changes to the Business and Professions Code as well as the Evidence Code to the Board of Psychology. In May 2021, the Board approved an exception to the psychotherapist-client privilege set forth in Evidence Code, sections 1010-1015, and Business and Professions Code, section 2918, authorizing the Board to obtain psychotherapy records, where such records are needed in an investigation.

In the 2023 legislative session the proposed language was presented to members of both the Senate and Assembly Business and Professions Committees between January and February. No Members expressed an interest in authoring the bill by the February 17th deadline, and the Board would then try again to find an author in the next year's legislative session.

For the 2024 legislative session, Board staff once again presented the proposed language to both the Senate and Assembly Business and Professions Committees and met with numerous interested member offices. The deadline to have an author for the bill is February 16, 2024. If an author is not found by the deadline, the Board will then try again to find an author in the next year's legislative session.

**Action Requested**

This item is for informational purposes only. There is no action required at this time.

Attachment #1: Approved Patient Privilege language

## **Proposed Revised Business and Professions Code Section 2918**

(a) The confidential relations and communications between psychologist and client shall be privileged as provided by Article 7 (commencing with Section 1010) of Chapter 4 of Division 8 of the Evidence Code, except as set forth in subdivisions (b) through (f), herein.

(b) Exception to Psychotherapist-Client ~~Patient~~ Privilege for Investigatory and Disciplinary Purposes. Neither the privilege established in California Evidence Code Section 1014 nor any other law making a communication between a psychotherapist and their client ~~patient~~ privileged or confidential shall apply to investigations or proceedings conducted under this chapter. Such communications shall include, but are not limited to, recordings of the same, in physical or electronic format, in treatment records, progress notes, psychotherapy notes, correspondence, audio or video recordings, or any other record.

(c) Applicability. This exception shall only be available to the Board and its agents and representatives, as related to an investigation into any alleged violation of this chapter or any other state or federal law, regulation, or rule relevant to the practice of psychology, a disciplinary hearing, or any other proceeding under this chapter, or any other chapter under which proceedings may be brought on behalf of the Board, including but not limited to a proceeding for interim license suspension under Business and Professions Code section 494, and an appearance by or on behalf of the Board in a criminal proceeding against a licensee to recommend practice restriction under Penal Code section 23.

(d) Procedures for Accessing or Obtaining Records Subject to the Exception to the Psychotherapist-~~Patient~~-Client Privilege. In accordance with this section, documents and records relevant to an alleged violation of the Psychology Licensing Law, or any other federal or state law, regulation, or rule relevant to the practice of psychology, may be inspected and obtained for investigatory or disciplinary purposes in accordance with the following procedures:

1. Any psychotherapist-~~patient~~-client communication, or other relevant document or record, may be inspected, and copies may be obtained, where the holder of the privilege gives consent. If the ~~patient~~-client is deceased, consent may be obtained from the ~~patient~~-client's beneficiary or authorized representative. If the beneficiary or authorized representative of a deceased ~~patient~~-client cannot be located after reasonable efforts, the records may be inspected and copied without consent of the beneficiary or authorized representative, if the Board provides a written request to the recordholder that includes a declaration that the Board has been unsuccessful in locating or contacting the deceased ~~patient~~'s-client's beneficiary or authorized representative after reasonable efforts.

2. Regardless of ~~patient~~ client consent, the Board and its agents may issue an investigatory subpoena duces tecum for psychotherapist-~~patient~~ client communications, pursuant to Article 2 (commencing with Section 11180) of Chapter 2 of Part 1 of Division 3 of Title 2 of the Government Code.

i. Prior to the date called for in the subpoena duces tecum for the production of records, the Board must make a reasonable effort to give notice of the subpoena to the ~~patient~~-client who is the subject of the records, or if the ~~patient~~-client is a minor, to the ~~patient's~~ client's parent(s) or guardian(s), or if the ~~patient~~-client is deceased, to the beneficiary or authorized representative of the deceased ~~patient~~-client. ii. Where a party fails to produce subpoenaed communications, the Board or its agents may seek a court order compelling compliance, pursuant to Sections 11187 and 11188 of the Government Code.

3. Any document or record relevant to the business operations of a licensee, and not involving psychotherapy records attributable to identifiable ~~patients~~-clients, may be inspected, and copies may be obtained, if relevant to an investigation or proceeding under this chapter.

4. Any records related to a court-ordered or court-related evaluation will be subject to the exception as specified in this section. Examples of records include but are not limited to client notes, recordings, evaluation records – both current and previous, if appropriate, research, and test results. This section shall not be construed to create a psychotherapist-client relationship in a court-ordered or court-related evaluation where one does not otherwise exist.

(e) Protection of ~~Patient~~ Client Privacy. The names and identifying information of any ~~patients~~-clients whose communications are reviewed shall be kept in confidence, except as is necessary during the course of an investigation and proceeding. If proceedings are instituted, reasonable efforts shall be made to keep ~~patient~~ names in confidence.

#### (f) Rights of Recordholders

1. When requested documents or records are inspected or copies made or received under this section, their acquisition and review shall not unnecessarily disrupt the operations or recordkeeping of the licensee or facility where the records are kept.

2. Psychotherapists otherwise obligated to assert the psychotherapist-~~patient~~-client privilege for psychotherapist-~~patient~~-client communications under Evidence Code Section 1015 have no such obligation with respect

to communications subject to the exception to that privilege created by this section.

3. The Legislature finds and declares that the authority created in the Board pursuant to this section, and a psychotherapist's compliance with this section, are consistent with Sections 56 to 59 of the Civil Code and the federal Health Insurance Portability and Accountability Act (HIPAA). Recordholders shall be immune from claims of violating the psychotherapist-patient-client privilege arising from their compliance with investigatory requests, subpoenas duces tecum, and court orders issued pursuant to this section.

## MEMORANDUM

<b>DATE</b>	February 29, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Troy Polk, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 23(c) - California Psychological Association Legislative Proposal 2023

### **Background**

The California Psychological Association (CPA) is co-sponsoring a legislative proposal along with the Primary Care Association that will amend Section 14132.100 of the Welfare and Institution Code. The amendment would allow psychological associates to perform services in Federally Qualifies Health Centers (FQHCs) and Rural Health Centers (RHCs). Assemblymember Aguiar-Curry will be authoring the bill.

Current law does not specifically allow FQHCs and RHCs to be reimbursed for services provided by psychological associates. CPA provides that the current law limits training opportunities and limits the access to mental and behavioral health services to patients at FQHCs and RHCs.

### **Action Requested**

This item is for informational purposes only. There is no action required at this time.

Attachment #1: CPA fact sheet – Psychological Associates in FQHCs and RHCs  
Attachment #2: AB 2703 Bill Text

## **AB XXX Assemblymember Aguiar-Curry**

### **Psychological Associates in FQHCs and RHCs**

#### **Background**

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) provide access to the full spectrum of care, from primary care to dental to behavioral health, to every Californian who walks through their doors, regardless of their ability to pay, their immigration status, lack of health insurance, or their individual circumstances. They provide high-quality comprehensive care to 7.7 million people, more than 1 in 5 Californians, and more than 1 in 3 of those on Medi-Cal.

Psychological Associates are individuals registered with the Board of Psychology and who have completed their doctoral degree but must still complete 3,000 supervised clinical hours for their licensure.

#### **Issue**

Current law does not specifically allow FQHCs or RHCs to be reimbursed for services provided by Psychological Associates. This limits training opportunities for associates interested in working in public health. Allowing Psychological Associates to work in these settings would greatly increase training and employment opportunities. It would also expand access to needed mental and behavioral health services to safety net patients at FQHCs and RHCs.

Associates need to be registered with the Board of Psychology, supervised by a licensed psychologist and the services they provide would be billed under their supervisor.

#### **Solution**

Allow Associate Psychologists to work in FQHCs and RHCs, and for those healthcare facilities to be reimbursed for the services they provide.

The benefits of this bill include:

1. Provide new work locations for Associate Psychologists to complete their 3,000 clinical hours required for licensure. This is necessary because it can be hard to find location/employment to complete clinical hours, which often delays licensure.
2. Provide FQHCs and RHCs the opportunity to hire more behavioral health providers while the state is facing a shortage of professionals who provide this care.
3. Increase access to behavioral health services for individuals and families seeking treatment in FQHCs and RHCs.

#### **Sponsored by the CPCA Advocates and the California Psychological Association**

*CPCA Advocates is the advocacy affiliate of the California Primary Care Association. They advocate on behalf of California's over 1,270 community health centers (CHCs) which encompass California's federally qualified health centers (FQHCs), community clinics, tribal health centers, free clinics, and rural health centers (RHCs).*

*The California Psychological Association is a non-profit professional association for licensed psychologists and others affiliated with the delivery of psychological services. We advocate on behalf of the profession of psychology and the over 17,890 licensed psychologists in the state of California.*

**ASSEMBLY BILL**

**No. 2703**

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**Introduced by Assembly Member Aguiar-Curry**

February 14, 2024

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An act to amend Section 14132.100 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2703, as introduced, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.

This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to



supervision by a licensed psychologist as required by the Board of Psychology.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 14132.100 of the Welfare and Institutions  
2 Code is amended to read:

3 14132.100. (a) The federally qualified health center services  
4 described in Section 1396d(a)(2)(C) of Title 42 of the United States  
5 Code are covered benefits.

6 (b) The rural health clinic services described in Section  
7 1396d(a)(2)(B) of Title 42 of the United States Code are covered  
8 benefits.

9 (c) Federally qualified health center services and rural health  
10 clinic services shall be reimbursed on a per-visit basis in  
11 accordance with the definition of “visit” set forth in subdivision  
12 (g).

13 (d) Effective October 1, 2004, and on each October 1 thereafter,  
14 until no longer required by federal law, federally qualified health  
15 center (FQHC) and rural health clinic (RHC) per-visit rates shall  
16 be increased by the Medicare Economic Index applicable to  
17 primary care services in the manner provided for in Section  
18 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to  
19 January 1, 2004, FQHC and RHC per-visit rates shall be adjusted  
20 by the Medicare Economic Index in accordance with the  
21 methodology set forth in the state plan in effect on October 1,  
22 2001.

23 (e) (1) An FQHC or RHC may apply for an adjustment to its  
24 per-visit rate based on a change in the scope of services provided  
25 by the FQHC or RHC. Rate changes based on a change in the  
26 scope of services provided by an FQHC or RHC shall be evaluated  
27 in accordance with Medicare reasonable cost principles, as set  
28 forth in Part 413 (commencing with Section 413.1) of Title 42 of  
29 the Code of Federal Regulations, or its successor.

30 (2) Subject to the conditions set forth in subparagraphs (A) to  
31 (D), inclusive, of paragraph (3), a change in scope of service means  
32 any of the following:

1 (A) The addition of a new FQHC or RHC service that is not  
2 incorporated in the baseline prospective payment system (PPS)  
3 rate, or a deletion of an FQHC or RHC service that is incorporated  
4 in the baseline PPS rate.

5 (B) A change in service due to amended regulatory requirements  
6 or rules.

7 (C) A change in service resulting from relocating or remodeling  
8 an FQHC or RHC.

9 (D) A change in types of services due to a change in applicable  
10 technology and medical practice utilized by the center or clinic.

11 (E) An increase in service intensity attributable to changes in  
12 the types of patients served, including, but not limited to,  
13 populations with HIV or AIDS, or other chronic diseases, or  
14 homeless, elderly, migrant, or other special populations.

15 (F) Any changes in any of the services described in subdivision  
16 (a) or (b), or in the provider mix of an FQHC or RHC or one of  
17 its sites.

18 (G) Changes in operating costs attributable to capital  
19 expenditures associated with a modification of the scope of any  
20 of the services described in subdivision (a) or (b), including new  
21 or expanded service facilities, regulatory compliance, or changes  
22 in technology or medical practices at the center or clinic.

23 (H) Indirect medical education adjustments and a direct graduate  
24 medical education payment that reflects the costs of providing  
25 teaching services to interns and residents.

26 (I) Any changes in the scope of a project approved by the federal  
27 Health Resources and Services Administration (HRSA).

28 (3) A change in costs is not, in and of itself, a scope-of-service  
29 change, unless all of the following apply:

30 (A) The increase or decrease in cost is attributable to an increase  
31 or decrease in the scope of services defined in subdivisions (a) and  
32 (b), as applicable.

33 (B) The cost is allowable under Medicare reasonable cost  
34 principles set forth in Part 413 (commencing with Section 413) of  
35 ~~Subchapter B of Chapter 4~~ 413.1) of Title 42 of the Code of Federal  
36 Regulations, or its successor.

37 (C) The change in the scope of services is a change in the type,  
38 intensity, duration, or amount of services, or any combination  
39 thereof.

(D) The net change in the FQHC's or RHC's rate equals or exceeds 1.75 percent for the affected FQHC or RHC site. For FQHCs and RHCs that filed consolidated cost reports for multiple sites to establish the initial prospective payment reimbursement rate, the 1.75-percent threshold shall be applied to the average per-visit rate of all sites for the purposes of calculating the cost associated with a scope-of-service change. "Net change" means the per-visit rate change attributable to the cumulative effect of all increases and decreases for a particular fiscal year.

(4) An FQHC or RHC may submit requests for scope-of-service changes once per fiscal year, only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any approved increase or decrease in the provider's rate shall be retroactive to the beginning of the FQHC's or RHC's fiscal year in which the request is submitted.

(5) An FQHC or RHC shall submit a scope-of-service rate change request within 90 days of the beginning of any FQHC or RHC fiscal year occurring after the effective date of this section, if, during the FQHC's or RHC's prior fiscal year, the FQHC or RHC experienced a decrease in the scope of services provided that the FQHC or RHC either knew or should have known would have resulted in a significantly lower per-visit rate. If an FQHC or RHC discontinues providing onsite pharmacy or dental services, it shall submit a scope-of-service rate change request within 90 days of the beginning of the following fiscal year. The rate change shall be effective as provided for in paragraph (4). As used in this paragraph, "significantly lower" means an average per-visit rate decrease in excess of 2.5 percent.

(6) Notwithstanding paragraph (4), if the approved scope-of-service change or changes were initially implemented on or after the first day of an FQHC's or RHC's fiscal year ending in calendar year 2001, but before the adoption and issuance of written instructions for applying for a scope-of-service change, the adjusted reimbursement rate for that scope-of-service change shall be made retroactive to the date the scope-of-service change was initially implemented. Scope-of-service changes under this paragraph shall be required to be submitted within the later of 150 days after the adoption and issuance of the written instructions by the department, or 150 days after the end of the FQHC's or RHC's fiscal year ending in 2003.

1 (7) All references in this subdivision to “fiscal year” shall be  
2 construed to be references to the fiscal year of the individual FQHC  
3 or RHC, as the case may be.

4 (f) (1) An FQHC or RHC may request a supplemental payment  
5 if extraordinary circumstances beyond the control of the FQHC  
6 or RHC occur after December 31, 2001, and PPS payments are  
7 insufficient due to these extraordinary circumstances. Supplemental  
8 payments arising from extraordinary circumstances under this  
9 subdivision shall be solely and exclusively within the discretion  
10 of the department and shall not be subject to subdivision (l). These  
11 supplemental payments shall be determined separately from the  
12 scope-of-service adjustments described in subdivision (e).  
13 Extraordinary circumstances include, but are not limited to, acts  
14 of nature, changes in applicable requirements in the Health and  
15 Safety Code, changes in applicable licensure requirements, and  
16 changes in applicable rules or regulations. Mere inflation of costs  
17 alone, absent extraordinary circumstances, shall not be grounds  
18 for supplemental payment. If an FQHC’s or RHC’s PPS rate is  
19 sufficient to cover its overall costs, including those associated with  
20 the extraordinary circumstances, then a supplemental payment is  
21 not warranted.

22 (2) The department shall accept requests for supplemental  
23 payment at any time throughout the prospective payment rate year.

24 (3) Requests for supplemental payments shall be submitted in  
25 writing to the department and shall set forth the reasons for the  
26 request. Each request shall be accompanied by sufficient  
27 documentation to enable the department to act upon the request.  
28 Documentation shall include the data necessary to demonstrate  
29 that the circumstances for which supplemental payment is requested  
30 meet the requirements set forth in this section. Documentation  
31 shall include both of the following:

32 (A) A presentation of data to demonstrate reasons for the  
33 FQHC’s or RHC’s request for a supplemental payment.

34 (B) Documentation showing the cost implications. The cost  
35 impact shall be material and significant, two hundred thousand  
36 dollars (\$200,000) or 1 percent of a facility’s total costs, whichever  
37 is less.

38 (4) A request shall be submitted for each affected year.

39 (5) Amounts granted for supplemental payment requests shall  
40 be paid as lump-sum amounts for those years and not as revised

1 PPS rates, and shall be repaid by the FQHC or RHC to the extent  
2 that it is not expended for the specified purposes.

3 (6) The department shall notify the provider of the department's  
4 discretionary decision in writing.

5 (g) (1) An FQHC or RHC "visit" means a face-to-face  
6 encounter between an FQHC or RHC patient and a physician,  
7 physician assistant, nurse practitioner, certified nurse-midwife,  
8 clinical psychologist, licensed clinical social worker, or a visiting  
9 nurse. A visit shall also include a face-to-face encounter between  
10 an FQHC or RHC patient and a comprehensive perinatal  
11 practitioner, as defined in Section 51179.7 of Title 22 of the  
12 California Code of Regulations, providing comprehensive perinatal  
13 services, a four-hour day of attendance at an adult day health care  
14 center, and any other provider identified in the state plan's  
15 definition of an FQHC or RHC visit.

16 (2) (A) A visit shall also include a face-to-face encounter  
17 between an FQHC or RHC patient and a dental hygienist, a dental  
18 hygienist in alternative practice, or a marriage and family therapist.

19 (B) Notwithstanding subdivision (e), if an FQHC or RHC that  
20 currently includes the cost of the services of a dental hygienist in  
21 alternative practice, or a marriage and family therapist for the  
22 purposes of establishing its FQHC or RHC rate chooses to bill  
23 these services as a separate visit, the FQHC or RHC shall apply  
24 for an adjustment to its per-visit rate, and, after the rate adjustment  
25 has been approved by the department, shall bill these services as  
26 a separate visit. However, multiple encounters with dental  
27 professionals or marriage and family therapists that take place on  
28 the same day shall constitute a single visit. The department shall  
29 develop the appropriate forms to determine which FQHC's or  
30 RHC's rates shall be adjusted and to facilitate the calculation of  
31 the adjusted rates. An FQHC's or RHC's application for, or the  
32 department's approval of, a rate adjustment pursuant to this  
33 subparagraph shall not constitute a change in scope of service  
34 within the meaning of subdivision (e). An FQHC or RHC that  
35 applies for an adjustment to its rate pursuant to this subparagraph  
36 may continue to bill for all other FQHC or RHC visits at its existing  
37 per-visit rate, subject to reconciliation, until the rate adjustment  
38 for visits between an FQHC or RHC patient and a dental hygienist,  
39 a dental hygienist in alternative practice, or a marriage and family  
40 therapist has been approved. Any approved increase or decrease

1 in the provider's rate shall be made within six months after the  
2 date of receipt of the department's rate adjustment forms pursuant  
3 to this subparagraph and shall be retroactive to the beginning of  
4 the fiscal year in which the FQHC or RHC submits the request,  
5 but in no case shall the effective date be earlier than January 1,  
6 2008.

7 (C) An FQHC or RHC that does not provide dental hygienist,  
8 dental hygienist in alternative practice, or marriage and family  
9 therapist services, and later elects to add these services and bill  
10 these services as a separate visit, shall process the addition of these  
11 services as a change in scope of service pursuant to subdivision  
12 (e).

13 (3) Notwithstanding any other provision of this section, no later  
14 than July 1, 2018, a visit shall include a marriage and family  
15 therapist.

16 (4) (A) (i) Subject to subparagraphs (C) and (D), a visit shall  
17 also include an encounter between an FQHC or RHC patient and  
18 a physician, physician assistant, nurse practitioner, certified  
19 nurse-midwife, clinical psychologist, licensed clinical social  
20 worker, visiting nurse, comprehensive perinatal services program  
21 practitioner, dental hygienist, dental hygienist in alternative  
22 practice, or marriage and family therapist using video synchronous  
23 interaction, when services delivered through that interaction meet  
24 the applicable standard of care. A visit described in this clause  
25 shall be reimbursed at the applicable FQHC's or RHC's per-visit  
26 PPS rate to the extent the department determines that the FQHC  
27 or RHC has met all billing requirements that would have applied  
28 if the applicable services were delivered via a face-to-face  
29 encounter. An FQHC or RHC is not precluded from establishing  
30 a new patient relationship through video synchronous interaction.  
31 An FQHC patient who receives telehealth services shall otherwise  
32 be eligible to receive in-person services from that FQHC pursuant  
33 to HRSA requirements.

34 (ii) Subject to subparagraphs (C) and (D), a visit shall also  
35 include an encounter between an FQHC or RHC patient and a  
36 physician, physician assistant, nurse practitioner, certified  
37 nurse-midwife, clinical psychologist, licensed clinical social  
38 worker, visiting nurse, comprehensive perinatal services program  
39 practitioner, dental hygienist, dental hygienist in alternative  
40 practice, or marriage and family therapist using audio-only

1 synchronous interaction, when services delivered through that  
2 modality meet the applicable standard of care. A visit described  
3 in this clause shall be reimbursed at the applicable FQHC's or  
4 RHC's per-visit PPS rate to the extent the department determines  
5 that the FQHC or RHC has met all billing requirements that would  
6 have applied if the applicable services were delivered via a  
7 face-to-face encounter.

8 (iii) Subject to subparagraphs (C) and (D), a visit shall also  
9 include an encounter between an FQHC or RHC patient and a  
10 physician, physician assistant, nurse practitioner, certified  
11 nurse-midwife, clinical psychologist, licensed clinical social  
12 worker, visiting nurse, comprehensive perinatal services program  
13 practitioner, dental hygienist, dental hygienist in alternative  
14 practice, or marriage and family therapist using an asynchronous  
15 store and forward modality, when services delivered through that  
16 modality meet the applicable standard of care. A visit described  
17 in this clause shall be reimbursed at the applicable FQHC's or  
18 RHC's per-visit PPS rate to the extent the department determines  
19 that the FQHC or RHC has met all billing requirements that would  
20 have applied if the applicable services were delivered via a  
21 face-to-face encounter.

22 (iv) (I) An FQHC or RHC may not establish a new patient  
23 relationship using an audio-only synchronous interaction.

24 (II) Notwithstanding subclause (I), the department may provide  
25 for exceptions to the prohibition established by subclause (I),  
26 including, but not limited to, the exceptions described in  
27 sub-subclauses (ia) and (ib), which shall be developed in  
28 consultation with affected stakeholders and published in  
29 departmental guidance.

30 (ia) Notwithstanding the prohibition in subclause (I) and subject  
31 to subparagraphs (C) and (D), an FQHC or RHC may establish a  
32 new patient relationship using an audio-only synchronous  
33 interaction when the visit is related to sensitive services, as defined  
34 in subdivision (n) of Section 56.05 of the Civil Code, and when  
35 established in accordance with department-specific requirements  
36 and consistent with federal and state laws, regulations, and  
37 guidance.

38 (ib) Notwithstanding the prohibition in subclause (I) and subject  
39 to subparagraphs (C) and (D), an FQHC or RHC may establish a  
40 new patient relationship using an audio-only synchronous

1 interaction when the patient requests an audio-only modality or  
2 attests they do not have access to video, and when established in  
3 accordance with department-specific requirements and consistent  
4 with federal and state laws, regulations, and guidance.

5 (v) An FQHC or RHC is not precluded from establishing a new  
6 patient relationship through an asynchronous store and forward  
7 modality, as defined in subdivision (a) of Section 2290.5 of the  
8 Business and Professions Code, if the visit meets all of the  
9 following conditions:

10 (I) The patient is physically present at the FQHC or RHC, or at  
11 an intermittent site of the FQHC or RHC, at the time the service  
12 is performed.

13 (II) The individual who creates the patient records at the  
14 originating site is an employee or contractor of the FQHC or RHC,  
15 or other person lawfully authorized by the FQHC or RHC to create  
16 a patient record.

17 (III) The FQHC or RHC determines that the billing provider is  
18 able to meet the applicable standard of care.

19 (IV) An FQHC patient who receives telehealth services shall  
20 otherwise be eligible to receive in-person services from that FQHC  
21 pursuant to HRSA requirements.

22 (B) (i) Pursuant to an effective date designated by the  
23 department that is no sooner than January 1, 2024, an FQHC or  
24 RHC furnishing applicable health care services via audio-only  
25 synchronous interaction shall also offer those same health care  
26 services via video synchronous interaction to preserve beneficiary  
27 choice.

28 (ii) The department may provide specific exceptions to the  
29 requirement specified in clause (i), based on an FQHC's or RHC's  
30 access to requisite technologies, which shall be developed in  
31 consultation with affected stakeholders and published in  
32 departmental guidance.

33 (iii) Effective on the date designated by the department pursuant  
34 to clause (i), an FQHC or RHC furnishing services through video  
35 synchronous interaction or audio-only synchronous interaction  
36 shall also do one of the following:

37 (I) Offer those services via in-person, face-to-face contact.

38 (II) Arrange for a referral to, and a facilitation of, in-person care  
39 that does not require a patient to independently contact a different  
40 provider to arrange for that care.



(iv) In addition to any existing law requiring beneficiary consent to telehealth, including, but not limited to, subdivision (b) of Section 2290.5 of the Business and Professions Code, all of the following shall be communicated by an FQHC or RHC to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior to, or concurrent with, initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit; an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for nonmedical transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the FQHC or RHC.

(I) The FQHC or RHC shall document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.

(II) The department shall develop, in consultation with affected stakeholders, model language for purposes of the communication described in this subparagraph.

(C) The department shall seek any federal approvals it deems necessary to implement this paragraph. This paragraph shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized.

(D) This paragraph shall be operative on January 1, 2023, or on the operative date or dates reflected in the applicable federal approvals obtained by the department pursuant to subparagraph (C), whichever is later. This paragraph shall not be construed to limit coverage of, and reimbursement for, covered telehealth services provided before the operative date of this paragraph.

(E) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this paragraph by means of all-county letters, plan letters, provider

1 manuals, information notices, provider bulletins, and similar  
2 instructions, without taking any further regulatory action.

3 (F) Telehealth modalities authorized pursuant to this paragraph  
4 shall be subject to the billing, reimbursement, and utilization  
5 management policies imposed by the department.

6 (G) Services delivered via telehealth modalities described in  
7 this paragraph shall comply with the privacy and security  
8 requirements contained in the federal Health Insurance Portability  
9 and Accountability Act of 1996 found in Parts 160 and 164 of Title  
10 45 of the Code of Federal Regulations, the Medicaid state plan,  
11 and any other applicable state and federal statutes and regulations.

12 (5) For purposes of this section, “physician” shall be interpreted  
13 in a manner consistent with the federal Centers for Medicare and  
14 Medicaid Services’ Medicare Rural Health Clinic and Federally  
15 Qualified Health Center Manual (Publication 27), or its successor,  
16 only to the extent that it defines the professionals whose services  
17 are reimbursable on a per-visit basis and not as to the types of  
18 services that these professionals may render during these visits  
19 and shall include a physician and surgeon, osteopath, podiatrist,  
20 dentist, optometrist, and chiropractor.

21 (h) If FQHC or RHC services are partially reimbursed by a  
22 third-party payer, such as a managed care entity, as defined in  
23 Section 1396u-2(a)(1)(B) of Title 42 of the United States Code,  
24 the Medicare Program, or the Child Health and Disability  
25 Prevention (CHDP) Program, the department shall reimburse an  
26 FQHC or RHC for the difference between its per-visit PPS rate  
27 and receipts from other plans or programs on a contract-by-contract  
28 basis and not in the aggregate, and may not include managed care  
29 financial incentive payments that are required by federal law to  
30 be excluded from the calculation.

31 (i) (1) Provided that the following entities are not operating as  
32 intermittent clinics, as defined in subdivision (h) of Section 1206  
33 of the Health and Safety Code, each entity shall have its  
34 reimbursement rate established in accordance with one of the  
35 methods outlined in paragraph (2) or (3), as selected by the FQHC  
36 or RHC:

37 (A) An entity that first qualifies as an FQHC or RHC in 2001  
38 or later.

39 (B) A newly licensed facility at a new location added to an  
40 existing FQHC or RHC.

1 (C) An entity that is an existing FQHC or RHC that is relocated  
2 to a new site.

3 (2) (A) An FQHC or RHC that adds a new licensed location to  
4 its existing primary care license under paragraph (1) of subdivision  
5 (b) of Section 1212 of the Health and Safety Code may elect to  
6 have the reimbursement rate for the new location established in  
7 accordance with paragraph (3), or notwithstanding subdivision  
8 (e), an FQHC or RHC may choose to have one PPS rate for all  
9 locations that appear on its primary care license determined by  
10 submitting a change in scope of service request if both of the  
11 following requirements are met:

12 (i) The change in scope of service request includes the costs  
13 and visits for those locations for the first full fiscal year  
14 immediately following the date the new location is added to the  
15 FQHC's or RHC's existing licensee.

16 (ii) The FQHC or RHC submits the change in scope of service  
17 request within 90 days after the FQHC's or RHC's first full fiscal  
18 year.

19 (B) The FQHC's or RHC's single PPS rate for those locations  
20 shall be calculated based on the total costs and total visits of those  
21 locations and shall be determined based on the following:

22 (i) An audit in accordance with Section 14170.

23 (ii) Rate changes based on a change in scope of service request  
24 shall be evaluated in accordance with Medicare reasonable cost  
25 principles, as set forth in Part 413 (commencing with Section  
26 413.1) of Title 42 of the Code of Federal Regulations, or its  
27 successors.

28 (iii) Any approved increase or decrease in the provider's rate  
29 shall be retroactive to the beginning of the FQHC's or RHC's fiscal  
30 year in which the request is submitted.

31 (C) Except as specified in subdivision (j), this paragraph does  
32 not apply to a location that was added to an existing primary care  
33 clinic license by the State Department of Public Health, whether  
34 by a regional district office or the centralized application unit, prior  
35 to January 1, 2017.

36 (3) If an FQHC or RHC does not elect to have the PPS rate  
37 determined by a change in scope of service request, the FQHC or  
38 RHC shall have the reimbursement rate established for any of the  
39 entities identified in paragraph (1) or (2) in accordance with one  
40 of the following methods at the election of the FQHC or RHC:

1 (A) The rate may be calculated on a per-visit basis in an amount  
2 that is equal to the average of the per-visit rates of three comparable  
3 FQHCs or RHCs located in the same or adjacent area with a similar  
4 caseload.

5 (B) In the absence of three comparable FQHCs or RHCs with  
6 a similar caseload, the rate may be calculated on a per-visit basis  
7 in an amount that is equal to the average of the per-visit rates of  
8 three comparable FQHCs or RHCs located in the same or an  
9 adjacent service area, or in a reasonably similar geographic area  
10 with respect to relevant social, health care, and economic  
11 characteristics.

12 (C) At a new entity's one-time election, the department shall  
13 establish a reimbursement rate, calculated on a per-visit basis, that  
14 is equal to 100 percent of the projected allowable costs to the  
15 FQHC or RHC of furnishing FQHC or RHC services during the  
16 first 12 months of operation as an FQHC or RHC. After the first  
17 12-month period, the projected per-visit rate shall be increased by  
18 the Medicare Economic Index then in effect. The projected  
19 allowable costs for the first 12 months shall be cost settled and the  
20 prospective payment reimbursement rate shall be adjusted based  
21 on actual and allowable cost per visit.

22 (D) The department may adopt any further and additional  
23 methods of setting reimbursement rates for newly qualified FQHCs  
24 or RHCs as are consistent with Section 1396a(bb)(4) of Title 42  
25 of the United States Code.

26 (4) In order for an FQHC or RHC to establish the comparability  
27 of its caseload for purposes of subparagraph (A) or (B) of paragraph  
28 (1), the department shall require that the FQHC or RHC submit  
29 its most recent annual utilization report as submitted to the Office  
30 of Statewide Health Planning and Development, unless the FQHC  
31 or RHC was not required to file an annual utilization report. FQHCs  
32 or RHCs that have experienced changes in their services or  
33 caseload subsequent to the filing of the annual utilization report  
34 may submit to the department a completed report in the format  
35 applicable to the prior calendar year. FQHCs or RHCs that have  
36 not previously submitted an annual utilization report shall submit  
37 to the department a completed report in the format applicable to  
38 the prior calendar year. The FQHC or RHC shall not be required  
39 to submit the annual utilization report for the comparable FQHCs

1 or RHCs to the department, but shall be required to identify the  
2 comparable FQHCs or RHCs.

3 (5) The rate for any newly qualified entity set forth under this  
4 subdivision shall be effective retroactively to the later of the date  
5 that the entity was first qualified by the applicable federal agency  
6 as an FQHC or RHC, the date a new facility at a new location was  
7 added to an existing FQHC or RHC, or the date on which an  
8 existing FQHC or RHC was relocated to a new site. The FQHC  
9 or RHC shall be permitted to continue billing for Medi-Cal covered  
10 benefits on a fee-for-service basis under its existing provider  
11 number until it is informed of its FQHC or RHC enrollment  
12 approval, and the department shall reconcile the difference between  
13 the fee-for-service payments and the FQHC's or RHC's prospective  
14 payment rate at that time.

15 (j) (1) Visits occurring at an intermittent clinic site, as defined  
16 in subdivision (h) of Section 1206 of the Health and Safety Code,  
17 of an existing FQHC or RHC, in a mobile unit as defined by  
18 ~~paragraph (2) of~~ in subdivision (b) of Section 1765.105 of the  
19 Health and Safety Code, or at the election of the FQHC or RHC  
20 and subject to paragraph (2), a location added to an existing  
21 primary care clinic license by the State Department of Public  
22 Health prior to January 1, 2017, shall be billed by and reimbursed  
23 at the same rate as the FQHC or RHC that either established the  
24 intermittent clinic site or mobile unit, or that held the clinic license  
25 to which the location was added prior to January 1, 2017.

26 (2) If an FQHC or RHC with at least one additional location on  
27 its primary care clinic license that was added by the State  
28 Department of Public Health prior to January 1, 2017, applies for  
29 an adjustment to its per-visit rate based on a change in the scope  
30 of services provided by the FQHC or RHC as described in  
31 subdivision (e), all locations on the FQHC's or RHC's primary  
32 care clinic license shall be subject to a scope-of-service adjustment  
33 in accordance with either paragraph (2) or (3) of subdivision (i),  
34 as selected by the FQHC or RHC.

35 (3) This subdivision does not preclude or otherwise limit the  
36 right of the FQHC or RHC to request a scope-of-service adjustment  
37 to the rate.

38 (k) An FQHC or RHC may elect to have pharmacy or dental  
39 services reimbursed on a fee-for-service basis, utilizing the current  
40 fee schedules established for those services. These costs shall be

1 adjusted out of the FQHC's or RHC's clinic base rate as  
2 scope-of-service changes. An FQHC or RHC that reverses its  
3 election under this subdivision shall revert to its prior rate, subject  
4 to an increase to account for all Medicare Economic Index  
5 increases occurring during the intervening time period, and subject  
6 to any increase or decrease associated with applicable  
7 scope-of-service adjustments as provided in subdivision (e).

8 (l) Reimbursement for Drug Medi-Cal services shall be provided  
9 pursuant to this subdivision.

10 (1) An FQHC or RHC may elect to have Drug Medi-Cal services  
11 reimbursed directly from a county or the department under contract  
12 with the FQHC or RHC pursuant to paragraph (4).

13 (2) (A) For an FQHC or RHC to receive reimbursement for  
14 Drug Medi-Cal services directly from the county or the department  
15 under contract with the FQHC or RHC pursuant to paragraph (4),  
16 costs associated with providing Drug Medi-Cal services shall not  
17 be included in the FQHC's or RHC's per-visit PPS rate. For  
18 purposes of this subdivision, the costs associated with providing  
19 Drug Medi-Cal services shall not be considered to be within the  
20 FQHC's or RHC's clinic base PPS rate if in delivering Drug  
21 Medi-Cal services the clinic uses different clinical staff at a  
22 different location.

23 (B) If the FQHC or RHC does not use different clinical staff at  
24 a different location to deliver Drug Medi-Cal services, the FQHC  
25 or RHC shall submit documentation, in a manner determined by  
26 the department, that the current per-visit PPS rate does not include  
27 any costs related to rendering Drug Medi-Cal services, including  
28 costs related to utilizing space in part of the FQHC's or RHC's  
29 building, that are or were previously calculated as part of the  
30 clinic's base PPS rate.

31 (3) If the costs associated with providing Drug Medi-Cal  
32 services are within the FQHC's or RHC's clinic base PPS rate, as  
33 determined by the department, the Drug Medi-Cal services costs  
34 shall be adjusted out of the FQHC's or RHC's per-visit PPS rate  
35 as a change in scope of service.

36 (A) An FQHC or RHC shall submit to the department a  
37 scope-of-service change request to adjust the FQHC's or RHC's  
38 clinic base PPS rate after the first full fiscal year of rendering Drug  
39 Medi-Cal services outside of the PPS rate. Notwithstanding  
40 subdivision (e), the scope-of-service change request shall include

1 a full fiscal year of activity that does not include Drug Medi-Cal  
2 services costs.

3 (B) An FQHC or RHC may submit requests for scope-of-service  
4 change under this subdivision only within 90 days following the  
5 beginning of the FQHC's or RHC's fiscal year. Any  
6 scope-of-service change request under this subdivision approved  
7 by the department shall be retroactive to the first day that Drug  
8 Medi-Cal services were rendered and reimbursement for Drug  
9 Medi-Cal services was received outside of the PPS rate, but in no  
10 case shall the effective date be earlier than January 1, 2018.

11 (C) The FQHC or RHC may bill for Drug Medi-Cal services  
12 outside of the PPS rate when the FQHC or RHC obtains approval  
13 as a Drug Medi-Cal provider and enters into a contract with a  
14 county or the department to provide these services pursuant to  
15 paragraph (4).

16 (D) Within 90 days of receipt of the request for a  
17 scope-of-service change under this subdivision, the department  
18 shall issue the FQHC or RHC an interim rate equal to 90 percent  
19 of the FQHC's or RHC's projected allowable cost, as determined  
20 by the department. An audit to determine the final rate shall be  
21 performed in accordance with Section 14170.

22 (E) Rate changes based on a request for scope-of-service change  
23 under this subdivision shall be evaluated in accordance with  
24 Medicare reasonable cost principles, as set forth in Part 413  
25 (commencing with Section 413.1) of Title 42 of the Code of  
26 Federal Regulations, or its successor.

27 (F) For purposes of recalculating the PPS rate, the FQHC or  
28 RHC shall provide upon request to the department verifiable  
29 documentation as to which employees spent time, and the actual  
30 time spent, providing federally qualified health center services or  
31 rural health center services and Drug Medi-Cal services.

32 (G) After the department approves the adjustment to the FQHC's  
33 or RHC's clinic base PPS rate and the FQHC or RHC is approved  
34 as a Drug Medi-Cal provider, an FQHC or RHC shall not bill the  
35 PPS rate for any Drug Medi-Cal services provided pursuant to a  
36 contract entered into with a county or the department pursuant to  
37 paragraph (4).

38 (H) An FQHC or RHC that reverses its election under this  
39 subdivision shall revert to its prior PPS rate, subject to an increase  
40 to account for all Medicare Economic Index increases occurring

1 during the intervening time period, and subject to any increase or  
2 decrease associated with the applicable scope-of-service  
3 adjustments as provided for in subdivision (e).

4 (4) Reimbursement for Drug Medi-Cal services shall be  
5 determined according to subparagraph (A) or (B), depending on  
6 whether the services are provided in a county that participates in  
7 the Drug Medi-Cal organized delivery system (DMC-ODS).

8 (A) In a county that participates in the DMC-ODS, the FQHC  
9 or RHC shall receive reimbursement pursuant to a mutually agreed  
10 upon contract entered into between the county or county designee  
11 and the FQHC or RHC. If the county or county designee refuses  
12 to contract with the FQHC or RHC, the FQHC or RHC may follow  
13 the contract denial process set forth in the Special Terms and  
14 Conditions.

15 (B) In a county that does not participate in the DMC-ODS, the  
16 FQHC or RHC shall receive reimbursement pursuant to a mutually  
17 agreed upon contract entered into between the county and the  
18 FQHC or RHC. If the county refuses to contract with the FQHC  
19 or RHC, the FQHC or RHC may request to contract directly with  
20 the department and shall be reimbursed for those services at the  
21 Drug Medi-Cal fee-for-service rate.

22 (5) The department shall not reimburse an FQHC or RHC  
23 pursuant to subdivision (h) for the difference between its per-visit  
24 PPS rate and any payments for Drug Medi-Cal services made  
25 pursuant to this subdivision.

26 (6) For purposes of this subdivision, the following definitions  
27 apply:

28 (A) “Drug Medi-Cal organized delivery system” or  
29 “DMC-ODS” means the Drug Medi-Cal organized delivery system  
30 authorized under the California Medi-Cal 2020 Demonstration,  
31 Number 11-W-00193/9, as approved by the federal Centers for  
32 Medicare and Medicaid Services and described in the Special  
33 Terms and Conditions.

34 (B) “Special Terms and Conditions” has the same meaning as  
35 set forth in subdivision (o) of Section 14184.10.

36 (m) Reimbursement for specialty mental health services shall  
37 be provided pursuant to this subdivision.

38 (1) An FQHC or RHC and one or more mental health plans that  
39 contract with the department pursuant to Section 14712 may  
40 mutually elect to enter into a contract to have the FQHC or RHC



1 provide specialty mental health services to Medi-Cal beneficiaries  
2 as part of the mental health plan's network.

3 (2) (A) For an FQHC or RHC to receive reimbursement for  
4 specialty mental health services pursuant to a contract entered into  
5 with the mental health plan under paragraph (1), the costs  
6 associated with providing specialty mental health services shall  
7 not be included in the FQHC's or RHC's per-visit PPS rate. For  
8 purposes of this subdivision, the costs associated with providing  
9 specialty mental health services shall not be considered to be within  
10 the FQHC's or RHC's clinic base PPS rate if in delivering specialty  
11 mental health services the clinic uses different clinical staff at a  
12 different location.

13 (B) If the FQHC or RHC does not use different clinical staff at  
14 a different location to deliver specialty mental health services, the  
15 FQHC or RHC shall submit documentation, in a manner  
16 determined by the department, that the current per-visit PPS rate  
17 does not include any costs related to rendering specialty mental  
18 health services, including costs related to utilizing space in part of  
19 the FQHC's or RHC's building, that are or were previously  
20 calculated as part of the clinic's base PPS rate.

21 (3) If the costs associated with providing specialty mental health  
22 services are within the FQHC's or RHC's clinic base PPS rate, as  
23 determined by the department, the specialty mental health services  
24 costs shall be adjusted out of the FQHC's or RHC's per-visit PPS  
25 rate as a change in scope of service.

26 (A) An FQHC or RHC shall submit to the department a  
27 scope-of-service change request to adjust the FQHC's or RHC's  
28 clinic base PPS rate after the first full fiscal year of rendering  
29 specialty mental health services outside of the PPS rate.  
30 Notwithstanding subdivision (e), the scope-of-service change  
31 request shall include a full fiscal year of activity that does not  
32 include specialty mental health costs.

33 (B) An FQHC or RHC may submit requests for a  
34 scope-of-service change under this subdivision only within 90  
35 days following the beginning of the FQHC's or RHC's fiscal year.  
36 Any scope-of-service change request under this subdivision  
37 approved by the department is retroactive to the first day that  
38 specialty mental health services were rendered and reimbursement  
39 for specialty mental health services was received outside of the

1 PPS rate, but the effective date shall not be earlier than January 1,  
2 2018.

3 (C) The FQHC or RHC may bill for specialty mental health  
4 services outside of the PPS rate when the FQHC or RHC contracts  
5 with a mental health plan to provide these services pursuant to  
6 paragraph (1).

7 (D) Within 90 days of receipt of the request for a  
8 scope-of-service change under this subdivision, the department  
9 shall issue the FQHC or RHC an interim rate equal to 90 percent  
10 of the FQHC's or RHC's projected allowable cost, as determined  
11 by the department. An audit to determine the final rate shall be  
12 performed in accordance with Section 14170.

13 (E) Rate changes based on a request for scope-of-service change  
14 under this subdivision shall be evaluated in accordance with  
15 Medicare reasonable cost principles, as set forth in Part 413  
16 (commencing with Section 413.1) of Title 42 of the Code of  
17 Federal Regulations, or its successor.

18 (F) For the purpose of recalculating the PPS rate, the FQHC or  
19 RHC shall provide upon request to the department verifiable  
20 documentation as to which employees spent time, and the actual  
21 time spent, providing federally qualified health center services or  
22 rural health center services and specialty mental health services.

23 (G) After the department approves the adjustment to the FQHC's  
24 or RHC's clinic base PPS rate, an FQHC or RHC shall not bill the  
25 PPS rate for any specialty mental health services that are provided  
26 pursuant to a contract entered into with a mental health plan  
27 pursuant to paragraph (1).

28 (H) An FQHC or RHC that reverses its election under this  
29 subdivision shall revert to its prior PPS rate, subject to an increase  
30 to account for all Medicare Economic Index increases occurring  
31 during the intervening time period, and subject to any increase or  
32 decrease associated with the applicable scope-of-service  
33 adjustments as provided for in subdivision (e).

34 (4) The department shall not reimburse an FQHC or RHC  
35 pursuant to subdivision (h) for the difference between its per-visit  
36 PPS rate and any payments made for specialty mental health  
37 services under this subdivision.

38 (n) The department shall seek any necessary federal approvals  
39 and issue appropriate guidance to allow an FQHC or RHC to bill,  
40 under a supervising licensed behavioral health practitioner, for an

1 encounter between an FQHC or RHC patient and ~~an associate~~  
2 ~~clinical social worker~~ *a psychological associate, associate clinical*  
3 *social worker*, or associate marriage and family therapist when all  
4 of the following conditions are met:

5 (1) ~~The associate clinical social worker or the psychological~~  
6 ~~associate, associate clinical social worker, or~~ associate marriage  
7 and family therapist is supervised by the licensed behavioral health  
8 practitioner, as required by the Board of ~~Behavioral Sciences.~~  
9 *Psychology or the Board of Behavioral Sciences, as applicable.*  
10 *For purposes of this subdivision, in the case of a psychological*  
11 *associate, “licensed behavioral health practitioner” shall be a*  
12 *licensed psychologist.*

13 (2) The visit is billed under the supervising licensed behavioral  
14 health practitioner of the FQHC or RHC.

15 (3) The FQHC or RHC is otherwise authorized to bill for  
16 services provided by the supervising licensed behavioral health  
17 practitioner as a separate visit.

18 (o) FQHCs and RHCs may appeal a grievance or complaint  
19 concerning ratesetting, scope-of-service changes, and settlement  
20 of cost report audits, in the manner prescribed by Section 14171.  
21 The rights and remedies provided under this subdivision are  
22 cumulative to the rights and remedies available under all other  
23 provisions of law of this state.

24 (p) The department shall promptly seek all necessary federal  
25 approvals in order to implement this section, including any  
26 amendments to the state plan. To the extent that any element or  
27 requirement of this section is not approved, the department shall  
28 submit a request to the federal Centers for Medicare and Medicaid  
29 Services for any waivers that would be necessary to implement  
30 this section.

31 (q) The department shall implement this section only to the  
32 extent that federal financial participation is available.

33 (r) Notwithstanding any other law, the director may, without  
34 taking regulatory action pursuant to Chapter 3.5 (commencing  
35 with Section 11340) of Part 1 of Division 3 of Title 2 of the  
36 Government Code, implement, interpret, or make specific  
37 subdivisions (l) and (m) by means of a provider bulletin or similar  
38 instruction. The department shall notify and consult with interested  
39 parties and appropriate stakeholders in implementing, interpreting,

1 or making specific the provisions of subdivisions (l) and (m),  
2 including all of the following:

3 (1) Notifying provider representatives in writing of the proposed  
4 action or change. The notice shall occur, and the applicable draft  
5 provider bulletin or similar instruction, shall be made available at  
6 least 10 business days prior to the meeting described in paragraph  
7 (2).

8 (2) Scheduling at least one meeting with interested parties and  
9 appropriate stakeholders to discuss the proposed action or change.

10 (3) Allowing for written input regarding the proposed action or  
11 change, to which the department shall provide summary written  
12 responses in conjunction with the issuance of the applicable final  
13 written provider bulletin or similar instruction.

14 (4) Providing at least 60 days advance notice of the effective  
15 date of the proposed action or change.

## MEMORANDUM

<b>DATE</b>	February 29, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Troy Polk, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 24(a) - Review Bills for Active Position Recommendations AB 2051 (Bonta) Psychology interjurisdictional compact

### **Background**

On February 2, 2024, Assembly Bill (AB) 2051 was introduced by Assemblymember Bonta.

This bill would make California a compact state under the Psychology Interjurisdictional Compact (PSYPACT), to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines.

### **Action Requested**

Staff Recommendation: Board Staff recommends the Board take a Oppose position on AB 2051.

Attachment #1: AB 2051 Bill Analysis  
Attachment #2: PSYPACT historical information  
Attachment #3: Bill Text  
Attachment #4: PSYPACT Commission Rules  
Attachment #5: PSYPACT Commission Bylaws

**BOARD OF PSYCHOLOGY – EXECUTIVE OFFICE**

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January 22, 2015

Janet P. Orwig, MBA,  
Association Executive Officer for Member Services  
Association of State and Provincial Psychology Boards (ASPPB)  
P. O. Box 3079  
Peachtree City, GA 30269

RE: INTERJURISDICTIONAL TELEPSYCHOLOGY COMPACT

Dear Ms. Orwig:

The California Board of Psychology (Board) formed a Telepsychology Committee (Committee) to discuss and analyze the Interjurisdictional Telepsychology Compact (Compact) put forward by the Association of State and Provincial Psychology Boards (ASPPB). The Committee presented its opinions on the Compact at the January 9<sup>th</sup> Board Meeting.

The Board would like to commend ASPPB for the time and effort that went into the generation of the proposed Compact. The Board agrees with ASPPB that it is important to increase license portability and consumer access to psychological services. However, the Board's review raised a number of fundamental concerns which are outlined below;

- Article IX addresses the creation of the "Interjurisdictional Telepsychology Compact Commission" (Commission). The Compact States would pay for the operations of the Commission via (as yet unspecified) fees through a currently unspecified "formula". There will be costs associated with reporting to a database and additional administrative costs to the Board while all fees paid by licensees and state contributions to the administration of the Commission, under the proposed scheme, will go to ASPPB and the Commission. In other words, the Board takes up additional burdens and costs while all of the fees go elsewhere.
- The Commission would also have the ability to promulgate regulations which would have the force of law in Compact States.
- Article X of the Compact grants the Commission to grant "emergency rules". The definition and implementation of the clause is vague and is another example of the extraordinary regulatory authority ceded to the Commission by the Compact States.
- Article XIII of the Compact addresses the "Coordinated Licensure Information Exchange." States would be forced to rely on a complex national database for



licensing, complaint, and discipline information exchange. The system, which is not yet developed and would be owned and operated by a nongovernmental agency. It is unclear at this time who will be the "administrator" of the database.

- The current Compact language does not require any Continuing Education (CE) of Home State licensees. The E.Passport has a 6 (six) hour requirement once a renewal cycle (two years). Licensees from jurisdictions that do not require CE (e.g., New York) would be able to practice on California consumers with only three hours of CE per year in the area of technology and psychological practice.
- That the Compact would also place responsibilities on the Board to report information regarding our licensees and possibly even complainants which may currently be classified as confidential under our existing statutory and regulatory scheme. This would alter some protections afforded to licensees and complainants, with little knowledge on our part as to the safeguards for confidential information undertaken by other Compact States. This would need to be addressed in advance of a recommendation to the legislature regarding joining the Compact. Since reporting can be required in advance of resolution of a complaint in some instances, the Committee believes this requires further clarification.

The Board recognizes the need for statutes and regulations that address the issue of Telepsychology; however, it is the Board's opinion that the Compact unnecessarily cedes too much regulatory control and licensee information to non-governmental out-of-state entities.

The Board looks forward to exploring other Interjurisdictional Telepsychology possibilities, but will not seek to join the Compact at this time.

Sincerely,



MICHAEL ERICKSON, PHD  
President, Board of Psychology

cc: Ms. Nicole J. Jones (Vice President)  
Ms. Lucille Aquaye-Baddoo  
Ms. Johanna Arias-Bhatia  
Miguel Gallardo, PsyD  
Andrew Harlem, PhD  
Jacqueline Horn, PhD  
Stephen Phillips, PhD, JD  
Ms. Linda Starr



# PSYPACT

## Advancing the Interjurisdictional Practice of Psychology

Created by the Association of State and Provincial Psychology Boards (ASPPB), the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

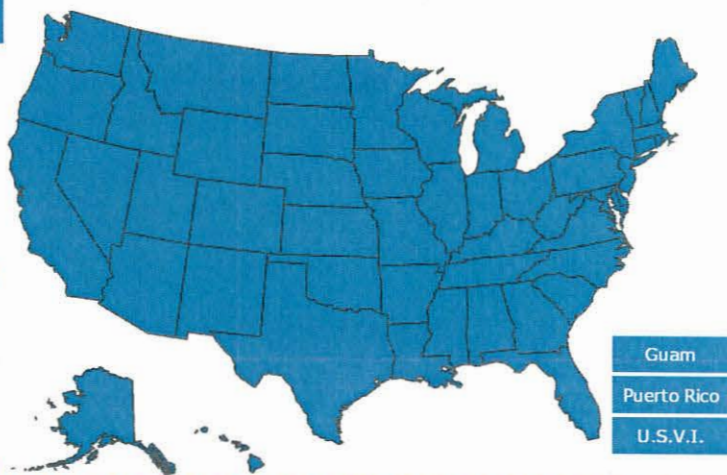
### About PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



### How PSYPACT Works

PSYPACT becomes operational when seven states enact PSYPACT into law



Psychologists who wish to practice under PSYPACT obtain:

E.Passport Certificate for telepsychology

Interjurisdictional Practice Certificate (IPC) for temporary in-person, face-to-face practice



PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

### Benefits of PSYPACT



Increases client/patient access to care



Facilitates continuity of care when client/patient relocates, travels, etc.



Certifies that psychologists have met acceptable standards of practice



Promotes cooperation between PSYPACT states in the areas of licensure and regulation



Offers a higher degree of consumer protection across state lines

### How PSYPACT Impacts Psychologists

Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states

Permits psychologists to provide services to populations currently underserved or geographically isolated

Standardizes time allowances for temporary practice regulations in PSYPACT states

EMAIL: [info@psypact.org](mailto:info@psypact.org)

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

SOCIAL: [@PSYPACT](https://twitter.com/PSYPACT)



# PSYPACT

## Advancing the Interjurisdictional Practice of Psychology

### Purpose

- Allows for Telepsychological Communications from providers to patients in separate states.
- Allows for up to 30 days of In-Person Face-to-Face Practice
- Recognizes that states have vested interest in protection public health and safety and through this compact and regulation will afford the best available protection.
- Only applies to person not holding licenses in both home and receiving jurisdictions
- Compact does not apply to permanent In-Person Face-to-Face practice

### Article II

#### Definitions

This article is used to define the terms as used throughout the compact. This was done in an effort to alleviate confusion on the part of the states and practitioners.

### Article III

#### Home State Licensure

This article denotes what home state licensure means and further requirements to provide services through the compact.

This section defines the Home state. "Home state in which a psychologist is licensed shall be a compact state where a psychologist is licensed to practice psychology." To provide the services allowed by this compact the professional must hold a license in a compact state.

Section E. Allows for practice to the receiving jurisdiction to practice telepsychology only if the state requires:

- That the psychologist holds an active E. Passport
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

Section F. Allows for temporary face-to-face practice in a distant state if requires:

- That the psychologist holds active Interjurisdictional Practice Certificate (IPC).
- Has a mechanism in place for receiving and investigating complaints about licensed individuals.
- Notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual.
- Requires an identity history summary of all applicants at initial licensure.
- Complies with the bylaws and rules of the commission.

### Article IV

#### Compact Privilege to Practice Telepsychology

This section lays out the requirements of education and training to provide services through the Compact.

This section allows for the practice of telepsychology in a “receiving state” in which the psychologist is not licensed. Only if the psychologist:

- Holds a graduate degree in psychology from an institute of higher education that was at the time the degree was awarded;
  - Regionally accredited by an accrediting body recognized by the US Department of Education to grant graduate degrees or authorize by provincial statute or royal charter to grant doctoral degrees.
  - A foreign college or university deemed to be equivalent by a foreign credential evaluation service that is a member of the NACES or by a recognize foreign credential evaluation.
- Hold a graduate degree in psychology that meets designated criteria
- Possess current, full and unrestricted license to practice psychology in a home state which is a compact state
- Have no history of adverse action that violate the rules of the commission
- Have no criminal record history that violates the rules of the commission
- Possess a current and active E. Passport
- Provide attestations regarding 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
- Meet other criteria as defined by the rules of the Commission.

This section also requires a psychologist practicing under the compact must practice within the areas of competencies and is subject to the scope of practice of the receiving state.

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.

If a psychologist’s license in any home state or 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

By accepting the compact the jurisdiction will allow for temporary face-to-face practice.

The education requirements are like those listed in Article IV with the substitution of a psychologist to be required to hold an Interjurisdictional Practice Certificate (IPC) instead of the E. Passport. The other components are similar to those in Article IV.

## Article VI

### Condition of Telepsychological Practice in a Receiving State.

A psychologist must practice interjurisdictional telepsychology in accordance with the scope of practice of the receiving jurisdiction and within the rules of the commission, as well as;

- The psychologist initiates a client/patient contact in home state via telecommunications technologies with a client/patient in a receiving state or



- other condition regarding telepsychology as determined by rule promulgated by the commission.

## Article VII

### Adverse Actions

This section covers how the compact, home and receiving states will conduct and report adverse actions. As well as the consequences for a psychologist who receives adverse actions.

- The home state may take adverse actions against a psychologist license. A receiving state may take adverse action on a psychologist authority to practice interjurisdictional telepsychology and temporary authorization to practice within that receiving state.
- If home state does take adverse action a psychologist's authority to practice interjurisdictional telepsychology is terminated and the E. Passport is revoked. In addition, that psychologist's temporary practice is terminated, and the IPC is revoked.
  - All adverse actions taken should be reported to the Commission. In accordance to the rules of the Commission.
  - If Discipline is reported against a psychologist, the psychologist will not be eligible for telepsychology or temporary practice in accordance with the rules of the Commission.
  - Other actions may be imposed as determined by the rules promulgated by the commission.
- 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.
- A license revoked, surrendered in lieu of discipline or suspended following investigation of all services granted through the compact would be terminated.
- Nothing in the compact will 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. The psychologist must cease providing services while in an alternative program.

## Article VIII

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

This section provides all compact states the right to maintain their psychology regulatory authority.

- Issue Subpoenas, for both hearings and investigations.
- Issue Cease and Desists and injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or through temporary authorization.

It also states if an investigation is taking place, a psychologist may not change their home state status. The conclusion of all investigations should be reported to the Commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall remain confidential, filed under seal and used for investigatory or disciplinary matters. The commission may create additional rules for mandated discretionary sharing of information by compact states.

## Article IX

### Coordinated Licensure Information System

This section denotes the requirement of sharing licensee information for all compact states. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform dataset to the Coordinated Database on all

psychologists to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of adverse action against compact psychologists. The coordinated database information will be expunged by the law of the reporting compact state.

## Article X

### Establishment of the Psychology Interjurisdictional Compact Commission

This section establishes the ruling commission of the compact. The compact is not a waiver of sovereign immunity.

- The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. Appointed by each states regulatory Board.
- Vacancies of Commissioners must be filled in accordance of the laws of the compact state.
- Each commissioner is granted (1) vote in regard to creation of rules and bylaws and shall otherwise have the opportunity to participate in the business and affairs of the Commission.

## Article XI

### Rulemaking

This section lays out the requirements for rules made to the current compact once accepted by the first 7 states.

## Article XII

### Oversight, Dispute Resolution and Enforcement

This section details the oversight and enforcement of the compact by accepting states.

## Article XIII

### Date of Implementation of Psychology Interjurisdictional Compact Commission and Associated Rules, Withdrawal and Amendment

The compact becomes effective on the date of enactment in the seventh compact state. States that join after the adoption of the rules shall be subject to the rules as they exist on the date which the compact becomes law in that state.

## 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.

## MEMORANDUM

<b>DATE</b>	April 14, 2021
<b>TO</b>	Telepsychology Committee
<b>FROM</b>	Jonathan Burke Assistant Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 6 a &amp; b. Historical Overview of the Psychology Interjurisdictional Compact (PSYPACT)</b>

### **Background:**

The Board formed a Telepsychology Committee (Committee) at its meeting on November 21, 2014 to discuss and analyze the content and requirements of the proposed PSYPACT. The Committee met on December 16, 2014 and reported its findings to the full Board at its January 9, 2015 meeting. Numerous concerns were raised by the Committee, and these concerns were reported to ASPPB in a letter dated January 22, 2015. In addition to raising the concerns of the Board, the letter informed ASPPB that the Board would not be seeking to join the PSYPACT at that time.

### **Telemedicine History in California**

In California, the Telemedicine Development Act of 1996 (TDA) was established by SB 1665 (Thompson, Chapter 864, Statutes of 1996), making California one of the first states to utilize telemedicine (now referred to as “telehealth”).

AB 415 (Logue, Chapter 547, Statutes of 2011) updated the TDA by removing the term “telemedicine,” and its corresponding outdated definition. In its place, the term “telehealth” was used, and telehealth was defined to include a broader, more current range of services.

AB 809 (Logue, Chapter 404, Statutes of 2014), which became effective on September 18, 2014, amended the TDA to delete the requirement that the health care provider obtain informed consent at the originating site, and permitted consent to be made verbally or in writing. In addition, this statute corrected the problem of requiring consent prior to every instance of telehealth by making an amendment stating that the initial consent applies to subsequent instances of telehealth. Instead, it requires the documented written or oral permission to have been received prior to beginning telehealth.

### **Existing California Law:**

1) Requires valid licensure to provide telehealth services to California residents; telehealth includes live interactive and store and forward technologies; patient’s verbal consent must be obtained prior to delivery of telehealth services and documented in the patient’s medical record. Failure to obtain patient consent in advance constitutes unprofessional conduct (BPC §§ 2904.5, 2290.5)

2) Allows any person who is licensed as a psychologist at the doctoral level in another state or territory of the United States or in Canada can provide psychological services in this state for a period not to exceed 30 days in any calendar year (BPC §2912)

3) Defines "telehealth" as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

4) Requires a health care provider to verbally inform the patient that telehealth may be used, obtain verbal or written consent from the patient for this use and requires the consent to be documented.

5) Establishes that failure to inform the patient that telehealth may be used and to obtain their informed consent constitutes unprofessional conduct.

6) States that all laws regarding the confidentiality of health care information and a patient's rights to his/her medical information apply to telehealth interactions.

### **Proposed Addition to Board of Psychology Regulations**

In 2011, as part of the Board's Sunset Review, the Legislature asked the Board if legislative or regulatory changes needed to be made to address telehealth or online practice. In its report back to the Legislature, the Board stated it was researching and analyzing the use of telehealth as a mode for the practice of psychology and what impact this newer mode of psychotherapy delivery would have on the consumer of psychological services.

In 2016, as part of its next Sunset Review, the Board committed to developing telepsychology regulations that would instruct licensees how to provide telehealth to Californians and give additional opportunities to provide care to underserved populations. In its efforts to meet its commitment, the Board established the ad hoc Telepsychology Committee (Committee).

The Committee considered the American Psychological Association Guidelines (APA Guidelines) for the Practice of Telepsychology and the Association of State and Provincial Psychology Board (ASPPB) Telepsychology Task Force Principles and Standards when developing draft regulatory language.

This package was noticed for the initial 45-day comment period on August 14, 2020. This comment period ended on September 29, 2020. Staff conducted a hearing on September 30, 2020.

While this package was in review by the Department of Consumer Affairs (DCA), the Telepsychology Committee met and developed potential amendments to the package in review by DCA, with the intention of introducing these amendments after the initial comment period.

After reviewing the public comments received during the noticed comment period, staff made additional modifications to the Telepsychology Committee amendments to address these comments.

The Board considered the comments at the December 2020, Board meeting, and issued a notice of modified text was filed on December 4, 2020. The 15-day comment period ended on



December 22, 2020. The Board considered these comments at its February 2021 meeting and adopted the modified text.

Consequently, the Board is seeking to add Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1396.8. Standards of Practice for Telehealth Services

- (a) A licensee is permitted to provide psychological health care services via telehealth subject to the laws and regulations of the other jurisdiction where either the licensee and/or the client is located, including, but not limited to, the following circumstances:

  - (1) To a client at an originating site in this State, as defined in section 2290.5 of the Code, when a licensee is located at a distant site within this state
  - (2) To a client who has received services in California, and who is temporarily located outside of this State
  - (3) To a client who is located in this State when a licensee is temporarily located outside of this State.
- (b) As used in this section, a licensee shall include a licensee, registrant, psychology trainee, or other supervised individual permitted to provide psychological services under the Psychology Licensing Law, beginning with section 2900 of the Code.
- (c) The provision of psychological health care services under subdivision (a) are subject to the following conditions:

  - (1) The licensee holds a valid and current license issued by the Board or is otherwise allowed to practice under this section.
  - (2) The licensee obtains and documents informed consent for the provision of psychological health care services via telehealth from the client. Such consent shall cover concerns unique to the receipt of psychological health care services via telehealth, including risks to confidentiality and security, data storage policies and procedures specific to telehealth, the possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other issues that the licensee can reasonably anticipate regarding the non-comparability between psychological health care services delivered in person and those delivered via telehealth.
  - (3) The licensee determines that delivery of psychological health care services via telehealth is appropriate after considering at least the following factors:

    - (A) The client's diagnosis, symptoms, and medical/psychological history;
    - (B) The client's preference for receiving psychological health care services via telehealth;
    - (C) The nature of the psychological health care services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth;
    - (D) The benefits, risks, or constraints posed by the client's physical location. These include the availability of appropriate physical space for the receipt of psychological health care services via telehealth, accessibility of local emergency psychological health care services, and other considerations related to the client's diagnosis, symptoms, or condition.
    - (E) The provision of telehealth services is within the scope of competency of a psychology trainee, or other supervised individuals as specified in (b) above, who provides psychological health care services under the supervision of the licensee.

- (4) The licensee is competent to deliver such services based upon whether the licensee possesses the appropriate knowledge, skills, and abilities relating to delivery of psychological health care services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.
- (5) The licensee takes reasonable steps to ensure that electronic data is transmitted securely and informs the client immediately of any known data breach or unauthorized dissemination of data.
- (6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations, and all other applicable provisions of law and standards of care in this state and the other jurisdiction, if any, where either the licensee or the client is located.

Authority: 2930 Business and Professions Code

Reference: Business and Profession Code sections 686, 2290.5, 2904.5, 2960, 2960.6

**Action Requested:**

This item is informational purposes only. No action is required.

**Attachments:**

- January 22, 2015 Letter to ASPPB
- SB 1665 (Thompson, Chapter 864, Statutes of 1996) Bill text
- AB 415 (Logue, Chapter 547, Statutes of 2011) Bill text
- AB 809 (Logue, Chapter 404, Statutes of 2014) Bill text





January 22, 2015

Janet P. Orwig, MBA,  
Association Executive Officer for Member Services  
Association of State and Provincial Psychology Boards (ASPPB)  
P. O. Box 3079  
Peachtree City, GA 30269

RE: INTERJURISDICTIONAL TELEPSYCHOLOGY COMPACT

Dear Ms. Orwig:

The California Board of Psychology (Board) formed a Telepsychology Committee (Committee) to discuss and analyze the Interjurisdictional Telepsychology Compact (Compact) put forward by the Association of State and Provincial Psychology Boards (ASPPB). The Committee presented its opinions on the Compact at the January 9<sup>th</sup> Board Meeting.

The Board would like to commend ASPPB for the time and effort that went into the generation of the proposed Compact. The Board agrees with ASPPB that it is important to increase license portability and consumer access to psychological services. However, the Board's review raised a number of fundamental concerns which are outlined below;

- Article IX addresses the creation of the "Interjurisdictional Telepsychology Compact Commission" (Commission). The Compact States would pay for the operations of the Commission via (as yet unspecified) fees through a currently unspecified "formula". There will be costs associated with reporting to a database and additional administrative costs to the Board while all fees paid by licensees and state contributions to the administration of the Commission, under the proposed scheme, will go to ASPPB and the Commission. In other words, the Board takes up additional burdens and costs while all of the fees go elsewhere.
- The Commission would also have the ability to promulgate regulations which would have the force of law in Compact States.
- Article X of the Compact grants the Commission to grant "emergency rules". The definition and implementation of the clause is vague and is another example of the extraordinary regulatory authority ceded to the Commission by the Compact States.
- Article XIII of the Compact addresses the "Coordinated Licensure Information Exchange." States would be forced to rely on a complex national database for

licensing, complaint, and discipline information exchange. The system, which is not yet developed and would be owned and operated by a nongovernmental agency. It is unclear at this time who will be the "administrator" of the database.

- The current Compact language does not require any Continuing Education (CE) of Home State licensees. The E.Passport has a 6 (six) hour requirement once a renewal cycle (two years). Licensees from jurisdictions that do not require CE (e.g., New York) would be able to practice on California consumers with only three hours of CE per year in the area of technology and psychological practice.
- That the Compact would also place responsibilities on the Board to report information regarding our licensees and possibly even complainants which may currently be classified as confidential under our existing statutory and regulatory scheme. This would alter some protections afforded to licensees and complainants, with little knowledge on our part as to the safeguards for confidential information undertaken by other Compact States. This would need to be addressed in advance of a recommendation to the legislature regarding joining the Compact. Since reporting can be required in advance of resolution of a complaint in some instances, the Committee believes this requires further clarification.

The Board recognizes the need for statutes and regulations that address the issue of Telepsychology; however, it is the Board's opinion that the Compact unnecessarily cedes too much regulatory control and licensee information to non-governmental out-of-state entities.

The Board looks forward to exploring other Interjurisdictional Telepsychology possibilities, but will not seek to join the Compact at this time.

Sincerely,



MICHAEL ERICKSON, PHD  
President, Board of Psychology

cc: Ms. Nicole J. Jones (Vice President)  
Ms. Lucille Aquaye-Baddoo  
Ms. Johanna Arias-Bhatia  
Miguel Gallardo, PsyD  
Andrew Harlem, PhD  
Jacqueline Horn, PhD  
Stephen Phillips, PhD, JD  
Ms. Linda Starr

# **Assembly Bill No. 415**

## **CHAPTER 547**

An act to repeal and add Section 2290.5 of the Business and Professions Code, to repeal and add Section 1374.13 of the Health and Safety Code, to repeal and add Section 10123.85 of the Insurance Code, and to amend Sections 14132.72 and 14132.725 of the Welfare and Institutions Code, relating to telehealth.

[ Approved by Governor October 07, 2011. Filed with Secretary of State October 07, 2011.]

### **LEGISLATIVE COUNSEL'S DIGEST**

AB 415, Logue. Healing arts: telehealth.

(1) Existing law provides for the licensure and regulation of various healing arts professions by various boards within the Department of Consumer Affairs. A violation of specified provisions is a crime. Existing law defines telemedicine, for the purpose of its regulation, to mean the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Existing law requires a health care practitioner, as defined, to obtain verbal and written informed consent from the patient or the patient's legal representative before telemedicine is delivered. Existing law also imposes various requirements with regard to the provision of telemedicine by health care service plans, health insurers, or under the Medi-Cal program, including a prohibition on requiring face-to-face contact between a health care provider and a patient for services appropriately provided through telemedicine, subject to certain contracts or policies. Existing federal regulations, for the purposes of participation in the Medicare and Medicaid programs, authorize the governing body of a hospital whose patients are receiving telemedicine services to grant privileges based on its medical staff recommendations that rely on information provided by the distant-site hospital. Existing state regulations require medical staff, appointed by the governing body of a hospital, to adopt procedures for the evaluation of staff applications for credentials and privileges. Existing law provides that health care service plans and health insurers shall not be required to pay for consultations provided by telephone or facsimile machines. Existing law provides that a willful violation of the provisions governing health care service plans is a crime.

This bill would delete the provisions of state law regarding telemedicine as described above, and would instead set forth provisions relating to telehealth, as defined. This bill would require a health care provider, as defined, prior to the delivery of health care via telehealth, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient. This bill would provide that failure to comply with this provision constitutes unprofessional conduct. This bill would, subject to contract terms and conditions, also preclude health care service plans and health insurers from imposing prior to payment, certain requirements regarding the manner of service delivery. This bill would establish procedures for granting privileges to, and verifying and approving credentials for, providers of telehealth services. By changing the definition of a crime applicable to health care service plans, the bill would impose a state-mandated local program.

(2) Existing law prohibits a requirement of face-to-face contact between a health care provider and a patient under the Medi-Cal program for services appropriately provided through telemedicine, subject to reimbursement policies developed by the Medi-Cal program to compensate licensed health care providers who provide health care services, that are otherwise covered by the Medi-Cal program, through telemedicine.

This bill would, instead, prohibit a requirement of in-person contact between a health care provider and patient under the Medi-Cal program for any service otherwise covered by the Medi-Cal program when the service is appropriately provided by telehealth, as defined, and would make related changes.

(3) Existing law, until January 1, 2013, and to the extent that federal financial participation is available, authorizes, under the Medi-Cal program, teleophthalmology and teledermatology by store and forward, as defined.

This bill would delete the repeal of the above-described authorization.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

## DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

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## BILL TEXT

### THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

#### SECTION 1.

This act shall be known, and may be cited, as the Telehealth Advancement Act of 2011.

#### SEC. 2.

The Legislature finds and declares all of the following:

(a) Lack of primary care providers, specialty providers, and transportation continue to be significant barriers to access to health services in medically underserved rural and urban areas.

(b) Parts of California have difficulty attracting and retaining health professionals, as well as supporting local health facilities to provide a continuum of health care.

(c) Many health care providers in medically underserved areas are isolated from mentors, colleagues, and the information resources necessary to support them personally and professionally.

(d) It is the intent of the Legislature to create a parity of telehealth with other health care delivery modes, to actively promote telehealth as a tool to advance stakeholders' goals regarding health status and health system improvement, and to create opportunities and flexibility for telehealth to be used in new models of care and system improvements.

(e) Telehealth is a mode of delivering health care services and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.

(f) Telehealth is part of a multifaceted approach to address the problem of inadequate provider distribution and the development of health systems in medically underserved areas by improving communication capabilities and providing convenient access to up-to-date information, consultations, and other forms of support.

(g) The use of information and telecommunication technologies to deliver health services has the potential to reduce costs, improve quality, change the conditions of practice, and improve access to health care, particularly in rural and other medically underserved areas.

(h) Telehealth will assist in maintaining or improving the physical and economic health of medically underserved communities by keeping the source of medical care in the local area, strengthening the health infrastructure, and preserving health care-related jobs.

(i) Consumers of health care will benefit from telehealth in many ways, including expanded access to providers, faster and more convenient treatment, better continuity of care, reduction of lost work time and travel costs, and the ability to remain with support networks.

(j) It is the intent of the Legislature that the fundamental health care provider-patient relationship cannot only be preserved, but can also be augmented and enhanced, through the use of telehealth as a tool to be integrated into practices.

(k) Without the assurance of payment and the resolution of legal and policy barriers, the full potential of telehealth will not be realized.

### **SEC. 3.**

Section 2290.5 of the Business and Professions Code is repealed.

### **SEC. 4.**

Section 2290.5 is added to the Business and Professions Code, to read:

#### **2290.5.**

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is

at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider at the originating site shall verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. The verbal consent shall be documented in the patient's medical record.

(c) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(d) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(e) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(f) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(g) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

## **SEC. 5.**

Section 1374.13 of the Health and Safety Code is repealed.

## **SEC. 6.**

Section 1374.13 is added to the Health and Safety Code, to read:

### **1374.13.**

(a) For the purposes of this section, the definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code shall apply.

(b) It is the intent of the Legislature to recognize the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the health care provider.

(c) No health care service plan shall require that in-person contact occur between a health care provider and a patient before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups.



(d) No health care service plan shall limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the enrollee or subscriber and the health care service plan, and between the health care service plan and its participating providers or provider groups.

(e) The requirements of this subdivision shall also be operative for health care service plan contracts with the department pursuant to Article 2.7 (commencing with Section 14087.3), Article 2.8 (commencing with Section 14087.5), Article 2.81 (commencing with Section 14087.96), or Article 2.91 (commencing with Section 14089) of Chapter 7, or Chapter 8 (commencing with Section 14200) of, Part 3 of Division 9 of the Welfare and Institutions Code.

(f) Notwithstanding any other provision, this section shall not be interpreted to authorize a health care service plan to require the use of telehealth when the health care provider has determined that it is not appropriate.

## **SEC. 7.**

Section 10123.85 of the Insurance Code is repealed.

## **SEC. 8.**

Section 10123.85 is added to the Insurance Code, to read:

### **10123.85.**

(a) For purposes of this section, the definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code shall apply.

(b) It is the intent of the Legislature to recognize the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the health care provider.

(c) No health insurer shall require that in-person contact occur between a health care provider and a patient before payment is made for the services appropriately provided through telehealth, subject to the terms and conditions of the contract entered into between the policyholder or contractholder and the insurer, and between the insurer and its participating providers or provider groups.

(d) No health insurer shall limit the type of setting where services are provided for the patient or by the health care provider before payment is made for the covered services appropriately provided by telehealth, subject to the terms and conditions of the contract between the policyholder or contract holder and the insurer, and between the insurer and its participating providers or provider groups.

(e) Notwithstanding any other provision, this section shall not be interpreted to authorize a health insurer to require the use of telehealth when the health care provider has determined that it is not appropriate.

## **SEC. 9.**

Section 14132.72 of the Welfare and Institutions Code is amended to read:

### **14132.72.**

(a) For purposes of this section, the definitions in subdivision (a) of Section 2290.5 of the Business and Professions Code shall apply.

(b) It is the intent of the Legislature to recognize the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the provider.

(c) In-person contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telehealth, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. Nothing in this section or the Telehealth Advancement Act of 2011 shall be construed to conflict with or supersede the provisions of Section 14091.3 of this code or any other existing state laws or regulations related to reimbursement for services provided by a noncontracted provider.

(d) The department shall not require a health care provider to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth.

(e) For the purposes of payment for covered treatment or services provided through telehealth, the department shall not limit the type of setting where services are provided for the patient or by the health care provider.

(f) Nothing in this section shall be interpreted to authorize the department to require the use of telehealth when the health care provider has determined that it is not appropriate.

(g) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, provider bulletins, and similar instructions.

## **SEC. 10.**

Section 14132.725 of the Welfare and Institutions Code is amended to read:

### **14132.725.**

(a) Commencing July 1, 2006, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for teleophthalmology and teledermatology by store and forward. Services appropriately provided through the store and forward process are subject to billing and reimbursement policies developed by the department.

(b) For purposes of this section, “teleophthalmology and teledermatology by store and forward” means an asynchronous transmission of medical information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology or, for teleophthalmology, by an optometrist who is licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, where the physician or optometrist at the distant site reviews the medical information without the patient being present in real time. A patient receiving teleophthalmology or teledermatology by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician or optometrist, and shall receive an interactive communication with the distant specialist physician or optometrist, upon request. If requested, communication with the distant specialist physician or optometrist may occur either at the time of the consultation, or within 30 days of the patient’s notification of the results of the consultation. If the reviewing optometrist identifies a disease or condition requiring consultation or referral pursuant to Section 3041 of the Business and Professions Code, that consultation or referral shall be with an ophthalmologist or other appropriate physician and surgeon, as required.



(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, provider bulletins, and similar instructions.

(d) On or before January 1, 2008, the department shall report to the Legislature the number and type of services provided, and the payments made related to the application of store and forward telemedicine as provided, under this section as a Medi-Cal benefit.

**SEC. 11.**

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

# **Assembly Bill No. 809**

## **CHAPTER 404**

An act to amend Section 2290.5 of the Business and Professions Code, relating to telehealth, and declaring the urgency thereof, to take effect immediately.

[ Approved by Governor September 18, 2014. Filed with Secretary of State September 18, 2014.]

### **LEGISLATIVE COUNSEL'S DIGEST**

AB 809, Logue. Healing arts: telehealth.

Existing law requires a health care provider, as defined, prior to the delivery of health care services via telehealth, as defined, to verbally inform the patient that telehealth may be used and obtain verbal consent from the patient for this use. Existing law also provides that failure to comply with this requirement constitutes unprofessional conduct.

This bill would require the health care provider initiating the use of telehealth to obtain verbal or written consent from the patient for the use of telehealth, as specified. The bill would require that health care provider to document the consent.

This bill would declare that it is to take effect immediately as an urgency statute.

### **DIGEST KEY**

Vote: 2/3 Appropriation: no Fiscal Committee: no Local Program: no

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### **BILL TEXT**

**THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:**

#### **SECTION 1.**

Section 2290.5 of the Business and Professions Code is amended to read:

#### **2290.5.**

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means a person who is licensed under this division.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to telehealth interactions.

(g) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(h) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

## **SEC. 2.**

This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to protect the health and safety of the public due to a lack of access to health care providers in rural and urban medically underserved areas of California, the increasing strain on existing providers that occurred with the implementation of the federal Patient Protection and Affordable Care Act, and the assistance that further implementation of telehealth can provide to help relieve these burdens, it is necessary for this act to take effect immediately.

## **Senate Bill No. 1665**

### **CHAPTER 864**

An act to amend Section 2060 of, and to add Section 2290.5 to, the Business and Professions Code, to amend Sections 1367 and 1375.1 of, and to add Sections 1374.13 and 123149.5 to, the Health and Safety Code, to amend Section 10123.13 of, and to add Section 10123.85 to, the Insurance Code, and to add and repeal Section 14132.72 of the Welfare and Institutions Code, relating to telemedicine.

[Approved by Governor September 24, 1996. Filed  
with Secretary of State September 25, 1996.]

#### **LEGISLATIVE COUNSEL'S DIGEST**

SB 1665, M. Thompson. Medicine: telemedicine.

Existing law provides that the Medical Practice Act does not apply to any practitioner when in actual consultation with a licensed practitioner of this state, and would prohibit the practitioner from opening an office, a place to meet patients, and from receiving calls from patients within the limits of this state.

This bill would instead provide that the act does not apply to any practitioner located outside the state when in actual consultation either within this state or across state lines with a licensed practitioner of this state, and would also prohibit the out-of-state practitioner from having ultimate authority over the care or primary diagnosis of a patient who is located within this state.

Existing law provides for the licensure and regulation of physicians and surgeons and other health care professionals and provides that various actions constitute unprofessional conduct. Existing law also regulates health care service plans, disability insurers, and nonprofit hospital service plans and requires each of them to provide certain prescribed benefits. Existing law provides that a violation of the provisions governing health care service plans is subject to criminal sanction. Existing law establishes the Medi-Cal program which provides for health care services for individuals who meet certain financial eligibility criteria.

This bill would enact the "Telemedicine Development Act of 1996" by imposing several requirements governing the delivery of health care services through telemedicine, as defined. It would require a health care practitioner, as defined, prior to providing health care services through telemedicine, as defined, to obtain the verbal and written consent of the patient, and would provide that the failure to do so would constitute unprofessional conduct. This requirement would not apply when the patient is not directly involved in the telemedicine interaction, with a specified exception. The bill would

impose various requirements in regard to the provision of, or payment for, telemedicine services by health care service plans, disability insurers, and, until January 1, 2001, the Medi-Cal program.

Existing law establishes procedures regarding the maintenance of a patient's medical records and for the patient's access to medical records.

This bill would state that it is the intent of the Legislature that all medical information transmitted through telemedicine be maintained as a part of the patient's medical record. The bill would also provide that it should not be construed to alter the scope of practice of any health care provider or to authorize the delivery of health care services in a setting or in a manner not otherwise authorized by law.

By changing the definition of a crime applicable to health care service plans, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would incorporate additional changes in Section 10123.13 of the Insurance Code, proposed by SB 1478, to be operative only if SB 1478 and this bill are both chaptered and become effective on January 1, 1997, and this bill is chaptered last.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

(a) Lack of primary care, specialty providers, and transportation continue to be significant barriers to access to health services in medically underserved rural and urban areas.

(b) Parts of California have difficulty attracting and retaining health professionals, as well as supporting local health facilities to provide a continuum of health care. As of June, 1995, 49 counties received federal designation as having medically underserved areas or populations.

(c) Many health care providers in medically underserved areas are isolated from mentors, colleagues, and the information resources necessary to support them personally and professionally.

(d) Telemedicine is broadly defined as the use of information technology to deliver medical services and information from one location to another.

(e) Telemedicine is part of a multifaceted approach to address the problem of provider distribution and the development of health systems in medically underserved areas by improving

communication capabilities and providing convenient access to up-to-date information, consultations, and other forms of support.

(f) The use of telecommunications to deliver health services has the potential to reduce costs, improve quality, change the conditions of practice, and improve access to health care in rural and other medically underserved areas.

(g) Telemedicine has been utilized in one form or another for 30 years, and telemedicine projects currently exist in at least 40 states.

(h) Telemedicine will assist in maintaining or improving the physical and economic health of medically underserved communities by keeping the source of medical care in the local area, strengthening the health infrastructure, and preserving health care-related jobs.

(i) Consumers of health care will benefit from telemedicine in many ways, including expanded access to providers, faster and more convenient treatment, better continuity of care, reduction of lost work time and travel costs, and the ability to remain with support networks.

(j) Telemedicine does not change the existing scope of practice of any licensed health professional.

(k) It is the intent of the Legislature that telemedicine not replace health care providers or relegate them to a less important role in the delivery of health care. The fundamental health care provider-patient relationship can not only be preserved, but also augmented and enhanced, through the use of telemedicine.

(l) Without the assurance of payment and the resolution of legal and policy barriers, the full potential of telemedicine will not be realized.

(m) This act shall be known as the “Telemedicine Development Act of 1996.”

SEC. 2. This act shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

SEC. 3. Section 2060 of the Business and Professions Code is amended to read:

2060. Nothing in this chapter applies to any practitioner located outside this state, when in actual consultation, whether within this state or across state lines, with a licensed practitioner of this state, or when an invited guest of the California Medical Association or the California Podiatric Medical Association, or one of their component county societies, or of an approved medical or podiatric medical school or college for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if he or she is, at the time of the consultation, lecture, or demonstration a licensed physician and surgeon in the state or country in which he or she resides. This practitioner shall not open an office, appoint a place to

meet patients, receive calls from patients within the limits of this state, give orders, or have ultimate authority over the care or primary diagnosis of a patient who is located within this state.

SEC. 4. Section 2290.5 is added to the Business and Professions Code, to read:

2290.5. (a) For the purposes of this section, “telemedicine” means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

(b) For the purposes of this section, “health care practitioner” has the same meaning as “licentiate” as defined in paragraph (2) of subdivision (a) of Section 805.

(c) Prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient. The informed consent procedure shall ensure that at least all of the following information is given to the patient verbally and in writing:

(1) The individual retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the individual would otherwise be entitled.

(2) A description of the potential risks, consequences, and benefits of telemedicine.

(3) All existing confidentiality protections apply.

(4) Patient access to all medical information transmitted during a telemedicine consultation is guaranteed, and copies of this information are available for a reasonable fee.

(5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient.

(d) A patient shall sign a written statement prior to the delivery of health care via telemedicine, indicating that the patient understands the written information provided pursuant to subdivision (a), and that this information has been discussed with the health care practitioner, or his or her designee.

(e) The written consent statement signed by the patient shall become part of the patient’s medical record.

(f) The failure of a health care practitioner to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(g) Where the patient is a minor, or is incapacitated or mentally incompetent such that he or she is unable to give informed consent, this section shall apply to the patient’s representative.

(h) Except as provided in paragraph (3) of subdivision (c), this section shall not apply when the patient is not directly involved in the



telemedicine interaction, for example when one health care practitioner consults with another health care practitioner.

(i) This section shall not apply in an emergency situation in which a patient is unable to give informed consent and the representative of that patient is not available.

(j) This section shall not apply to a patient under the jurisdiction of the Department of Corrections.

SEC. 5. Section 1367 of the Health and Safety Code is amended to read:

1367. Each health care service plan, and where applicable, each specialized health care service plan, shall meet the following requirements:

(a) All facilities located in this state including, but not limited to, clinics, hospitals, and skilled nursing facilities to be utilized by the plan shall be licensed by the State Department of Health Services, where licensure is required by law. Facilities not located in this state shall conform to all licensing and other requirements of the jurisdiction in which they are located.

(b) All personnel employed by or under contract to the plan shall be licensed or certified by their respective board or agency, where licensure or certification is required by law.

(c) All equipment required to be licensed or registered by law shall be so licensed or registered and the operating personnel for that equipment shall be licensed or certified as required by law.

(d) The plan shall furnish services in a manner providing continuity of care and ready referral of patients to other providers at times as may be appropriate consistent with good professional practice.

(e) (1) All services shall be readily available at reasonable times to all enrollees. To the extent feasible, the plan shall make all services readily accessible to all enrollees.

(2) To the extent that telemedicine services are appropriately provided through telemedicine, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, these services shall be considered in determining compliance with Section 1300.67.2 of Title 10 of the California Code of Regulations.

(f) The plan shall employ and utilize allied health manpower for the furnishing of services to the extent permitted by law and consistent with good medical practice.

(g) The plan shall have the organizational and administrative capacity to provide services to subscribers and enrollees. The plan shall be able to demonstrate to the department that medical decisions are rendered by qualified medical providers, unhindered by fiscal and administrative management.

(h) All contracts with subscribers and enrollees, including group contracts, and all contracts with providers, and other persons furnishing services, equipment, or facilities to or in connection with

the plan, shall be fair, reasonable, and consistent with the objectives of this chapter. All contracts with providers shall contain provisions requiring a dispute resolution mechanism under which providers may submit disputes to the plan, and requiring the plan to inform its providers upon contracting with the plan, or upon change to these provisions, of the procedures for processing and resolving disputes, including the location and telephone number where information regarding disputes may be submitted.

(i) Each health care service plan contract shall provide to subscribers and enrollees all of the basic health care services included in subdivision (b) of Section 1345, except that the commissioner may, for good cause, by rule or order exempt a plan contract or any class of plan contracts from that requirement. The commissioner shall by rule define the scope of each basic health care service which health care service plans shall be required to provide as a minimum for licensure under this chapter. Nothing in this chapter shall prohibit a health care service plan from charging subscribers or enrollees a copayment or a deductible for a basic health care service or from setting forth, by contract, limitations on maximum coverage of basic health care services, provided that the copayments, deductibles, or limitations are reported to, and held unobjectionable by, the commissioner and set forth to the subscriber or enrollee pursuant to the disclosure provisions of Section 1363.

Nothing in this section shall be construed to permit the commissioner to establish the rates charged subscribers and enrollees for contractual health care services.

The commissioner's enforcement of Article 3.1 (commencing with Section 1357) shall not be deemed to establish the rates charged subscribers and enrollees for contractual health care services.

SEC. 6. Section 1374.13 is added to the Health and Safety Code, to read:

1374.13. (a) It is the intent of the Legislature to recognize the practice of telemedicine as a legitimate means by which an individual may receive medical services from a health care provider without person-to-person contact with the provider.

(b) For the purposes of this section, the meaning of "telemedicine" is as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code.

(c) On and after January 1, 1997, no health care service plan contract that is issued, amended, or renewed shall require face-to-face contact between a health care provider and a patient for services appropriately provided through telemedicine, subject to all terms and conditions of the contract agreed upon between the enrollee or subscriber and the plan. The requirement of this subdivision shall be operative for health care service plan contracts with the Medi-Cal managed care program only to the extent that both of the following apply:



(1) Telemedicine services are covered by, and reimbursed under, the Medi-Cal fee-for-service program, as provided in subdivision (c) of Section 14132.72.

(2) Medi-Cal contracts with health care service plans are amended to add coverage of telemedicine services and make any appropriate capitation rate adjustments.

(d) Health care service plans shall not be required to pay for consultation provided by the health care provider by telephone or facsimile machines.

SEC. 7. Section 1375.1 of the Health and Safety Code is amended to read:

1375.1. (a) Every plan shall have and shall demonstrate to the commissioner that it has all of the following:

(1) A fiscally sound operation and adequate provision against the risk of insolvency.

(2) Assumed full financial risk on a prospective basis for the provision of covered health care services, except that a plan may obtain insurance or make other arrangements for the cost of providing to any subscriber or enrollee covered health care services, the aggregate value of which exceeds five thousand dollars (\$5,000) in any year, for the cost of covered health care services provided to its members other than through the plan because medical necessity required their provision before they could be secured through the plan, and for not more than 90 percent of the amount by which its costs for any of its fiscal years exceed 115 percent of its income for that fiscal year.

(3) A procedure for prompt payment or denial of provider and subscriber or enrollee claims, including those telemedicine services, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, covered by the plan. Except as provided in Section 1371, a procedure meeting the requirements of Subchapter G of the regulations (29 C.F.R. Part 2560) under Public Law 93-406 (88 Stats. 829-1035, 29 U.S.C. Secs. 1001 et seq.) shall satisfy this requirement.

(b) In determining whether the conditions of this section have been met, the commissioner shall consider, but not be limited to, the following:

(1) The financial soundness of the plan's arrangements for health care services and the schedule of rates and charges used by the plan.

(2) The adequacy of working capital.

(3) Agreements with providers for the provision of health care services.

(c) For the purposes of this section, "covered health care services" means health care services provided under all plan contracts.

SEC. 8. Section 123149.5 is added to the Health and Safety Code, to read:

123149.5. (a) It is the intent of the Legislature that all medical information transmitted during the delivery of health care via

telemedicine, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, become part of the patient's medical record maintained by the licensed health care provider.

(b) This section shall not be construed to limit or waive any of the requirements of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

SEC. 9. Section 10123.13 of the Insurance Code is amended to read:

10123.13. Every insurer issuing group or individual policies of disability insurance that covers hospital, medical, or surgical expenses, including those telemedicine services covered by the insurer as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, shall reimburse claims or any portion of any claim, whether in state or out of state, for those expenses, as soon as practical, but no later than 30 working days after receipt of the claim by the insurer unless the claim or portion thereof is contested by the insurer in which case the claimant shall be notified, in writing, that the claim is contested or denied, within 30 working days after receipt of the claim by the insurer. The notice that a claim is being contested shall identify the portion of the claim that is contested and the specific reasons for contesting the claim.

If an uncontested claim is not reimbursed by delivery to the claimants' address of record within 30 working days after receipt, interest shall accrue at the rate of 10 percent per annum beginning with the first calendar day after the 30 working day period.

For purposes of this section, a claim, or portion thereof, is reasonably contested where the insurer has not received a completed claim and all information necessary to determine payer liability for the claim, or has not been granted reasonable access to information concerning provider services. Information necessary to determine liability for the claims includes, but is not limited to, reports of investigations concerning fraud and misrepresentation, and necessary consents, releases, and assignments, a claim on appeal, or other information necessary for the insurer to determine the medical necessity for the health care services provided to the claimant.

SEC. 9.5. Section 10123.13 of the Insurance Code is amended to read:

10123.13. Every insurer issuing group or individual policies of disability insurance that covers hospital, medical, or surgical expenses, including those telemedicine services covered by the insurer as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, shall reimburse claims or any portion of any claim, whether in state or out of state, for those expenses, as soon as practical, but no later than 30 working days after receipt of the claim by the insurer unless the claim or portion thereof is contested by the insurer in which case the claimant shall be notified, in writing, that the claim is contested or denied, within 30 working days after receipt



of the claim by the insurer. The notice that a claim is being contested shall identify the portion of the claim that is contested and the specific reasons for contesting the claim.

If an uncontested claim is not reimbursed by delivery to the claimants' address of record within 30 working days after receipt, interest shall accrue at the rate of 10 percent per annum beginning with the first calendar day after the 30-working-day period.

For purposes of this section, a claim, or portion thereof, is reasonably contested where the insurer has not received a completed claim and all information necessary to determine payer liability for the claim, or has not been granted reasonable access to information concerning provider services. Information necessary to determine liability for the claims includes, but is not limited to, reports of investigations concerning fraud and misrepresentation, and necessary consents, releases, and assignments, a claim on appeal, or other information necessary for the insurer to determine the medical necessity for the health care services provided to the claimant.

The obligation of the insurer to comply with this section shall not be deemed to be waived when the insurer requires its contracting entities to pay claims for covered services.

SEC. 10. Section 10123.85 is added to the Insurance Code, to read:

10123.85. (a) It is the intent of the Legislature to recognize the practice of telemedicine as a legitimate means by which an individual may receive medical services from a health care provider without person-to-person contact with the provider.

(b) For the purposes of this section, the meaning of "telemedicine" is as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code.

(c) On and after January 1, 1997, no disability insurance contract that is issued, amended, or renewed for hospital, medical, or surgical coverage shall require face-to-face contact between a health care provider and a patient for services appropriately provided through telemedicine, subject to all terms and conditions of the contract agreed upon between the policyholder or contractholder and the insurer.

(d) Disability insurers shall not be required to pay for consultation provided by the health care provider by telephone or facsimile machines.

SEC. 11. Section 14132.72 is added to the Welfare and Institutions Code, to read:

14132.72. (a) It is the intent of the Legislature to recognize the practice of telemedicine as a legitimate means by which an individual may receive medical services from a health care provider without person-to-person contact with the provider.

(b) For the purposes of this section, the meaning of "telemedicine" is as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code.



(c) Commencing July 1, 1997, face-to-face contact between a health care provider and a patient shall not be required under the Medi-Cal program for services appropriately provided through telemedicine, subject to reimbursement policies developed by the Medi-Cal program to compensate licensed health care providers who provide health care services, that are otherwise covered by the Medi-Cal program, through telemedicine.

(d) The Medi-Cal program shall not be required to pay for consultation provided by the health care provider by telephone or facsimile machines.

(e) The Medi-Cal program shall pursue private or federal funding to conduct an evaluation of the cost-effectiveness and quality of health care provided through telemedicine by those providers who are reimbursed for telemedicine services by the program.

(f) This section shall remain in effect only until January 1, 2001, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2001, deletes or extends that date.

SEC. 12. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Notwithstanding Section 17580 of the Government Code, unless otherwise specified, the provisions of this act shall become operative on the same date that the act takes effect pursuant to the California Constitution.

SEC. 13. Section 9.5 of this bill incorporates amendments to Section 10123.13 of the Insurance Code proposed by both this bill and SB 1478. It shall only become operative if (1) both bills are enacted and become effective on January 1, 1997, (2) each bill amends Section 10123.13 of the Insurance Code, and (3) this bill is enacted after SB 1478, in which case Section 9 of this bill shall not become operative.



## MEMORANDUM

<b>DATE</b>	April 14, 2021
<b>TO</b>	Telepsychology Committee
<b>FROM</b>	Jonathan Burke Assistant Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 7. Review of and Possible Action on PSYPACT Model Legislation for a Report to the Full Board on November 18- 19, 2021</b>

### **Background:**

The Board formed a Telepsychology Committee (Committee) at its meeting on November 21, 2014 to discuss and analyze the content and requirements of the proposed Interjurisdictional Compact (PSYPACT). Six areas of concerns were raised by the Committee, and these concerns were reported to ASPPB by the Board in a letter dated January 22, 2015. The areas of concern were;

- The make up and financing of the Commission;
- The ability of the Commission to promulgate regulations that would have the force of law in California;
- The extraordinary regulatory authority ceded to the Commission by the Compact States;
- The Coordinated Licensure Information Exchange which would be owned and operated by a nongovernmental agency.
- The lack of continuing education requirements for home state licensees. Licensees from certain jurisdictions could practice on California consumers with only three hours of CE per year in the area of technology and psychological practice.
- That the Compact would also place responsibilities on the Board to report information regarding our licensees and possibly even complainants which may currently be classified as confidential under our existing statutory and regulatory scheme.

These historical concerns are discussed in the analysis of the PSYPACT.

### **Action Requested:**

Board staff recommends the Telepsychology Committee recommend the Board not participate in PSYPACT.

### **Attachments:**

- PSYPACT Model Legislation Language
- PSYPACT Bylaws
- PSYPACT Analysis
- Letters in Support and Opposition from Stakeholders



# **California State Board of Psychology**

## **Association of State and Provincial Psychology Boards (ASPPB) Interjurisdictional Telepsychology Compact Analysis**

The mission of the Board of Psychology (Board) is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. As such, the Board supports strategies that encourage innovation and access to care.

The COVID-19 Pandemic has changed the way healthcare professionals have had to adapt to using technological means to treat their patients. The inability to see a patient in person has led to the widespread use of computer-based methods of providing healthcare services.

Notwithstanding the COVID-19 Pandemic, the advent of telemedicine, or telehealth, has made it possible for doctors and medical professionals to provide medical services to their regular patients and to those who may have had difficulty in reaching a medical office.

### **Psychological Interjurisdictional Compact (PSYPACT)**

#### **Analysis**

The U.S. Constitution (Art. 1, Sec. 10, Clause 3) grants states the right to enter into multistate agreements for their common benefit. Congress must approve any compact that would increase the states' political power in a manner that would encroach upon the federal government's power. When entering compacts, states must adhere to state constitutional requirements, particularly regarding separation of powers, delegation of power, and debt limitations. In 1951, the Supreme Court affirmed in *West Virginia v. Sims* that states have the authority to enter compacts and to delegate authority to an interstate agency.

There are more than 200 active interstate compacts. Twenty-two of them are national in scope, including several with 35 or more member states and an independent commission to administer the agreement. More than 30 compacts are regional, with eight or more member states. For information about existing compacts, visit [www.csg.org](http://www.csg.org) (keyword: interstate compacts).

Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. Two examples involve the professions of medicine and nursing. Medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license.

Like most healthcare professions in the U.S., licensure in psychology is based on state licensing laws and systems for identifying and credentialing competent psychologists and regulating their professional conduct once licensed. Because licensure requirements for psychologists vary significantly across the various states and territories, and change within a state over time, obtaining a license to practice in multiple states or in subsequent states years after graduate training has ended, can be a complicated, tedious, and cumbersome process for a psychologist.

The Association of State and Provincial Psychology Boards (ASPPB) realized early on the need for a mechanism for expedited licensure. ASPPB is the consortium or alliance of the statutorily created state psychology licensing boards of all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands, and Guam, as well as all 10 Canadian provinces.

At this time, one must be licensed in each state in order to offer psychological services in that state. This requirement makes the possibility of offering psychological services via telepsychology across state lines impractical. Requiring psychologists to obtain licensure in every state where a client and psychologist may make contact, represents a significant barrier to the feasibility of telepsychology and temporary in-person, face-to-face practice and increases the complications and redundancies of the licensure process for qualified psychologists.

### **ASPPB's Arguments for PSYPACT**

The Psychology Interjurisdictional Compact (PSYPACT) seeks to address the following issues:

- **State Licensure Eligibility Inconsistencies:** Different states use different criteria for licensure eligibility particularly in the areas of academic education and supervised work experience. These inconsistencies in criteria restrict licensure by endorsement between the states, in that states often do not accept each other's licensees when psychologists seek licensure in a state with differing requirements from where they first became licensed.
- **Differences in State Licensure Evaluation Procedures:** Each state psychology licensing board, as part of its duty to protect the public, has traditionally found it necessary to review and accept candidates for licensure based only on its own evaluation of credentials. These evaluations may result in different outcomes of similar applications based on different legislative or regulatory requirements or different understandings of acceptable criteria.
- **Differences in State Licensure Application Processes:** Each psychology licensing board has its own unique licensure application and procedures. Each time a psychologist applies for licensure to a state they must complete a different application. This inefficient licensure application method can result in the unnecessary drain of scarce resources and duplicative efforts in the licensure process.
- **Issues in Disciplining Psychologists:** Disciplinary procedures and rules vary from state to state. The current solution is to require psychologists to be licensed in all states where they and the client are located no matter the delivery method. This is untenable to both psychologists and the public.
- **Differences in State Disciplinary Processes:** To protect the public from harm, state psychology licensing boards are empowered to utilize disciplinary processes and procedures to investigate public complaints against psychologists. Since licensing laws are state specific, the laws enabling those powers vary from state to state. Due to these differences, a mechanism is needed to give the state psychology licensing boards power to discipline, where none currently exists, in order to ensure public protection.

- Differences in State Statutes and Regulations: As seen with both licensure requirements and disciplinary procedures, state psychology licensing boards' statutes and regulations pertaining to the practice of psychology also vary from state to state. These differences make it very difficult for psychologist to know what standard to apply when practicing telepsychology and make the practice of telepsychology across jurisdiction boundaries complicated to negotiate.

PSYPACT will also address compact administration and enforcement, data sharing, and finances. PSYPACT establishes an independent operating authority, the Psychology Interjurisdictional Compact Commission, to administer and enforce the compact and to address future issues surrounding telepsychology and temporary in-person, face-to-face practice as needed.

Creating consistencies among temporary in-person, face-to-face practice requirements and practice time allowances are needed to relieve the confusion around all variations among the states. PSYPACT not only addresses telepsychology, it addresses the inconsistencies regarding temporary in-person, face-to-face practice by further developing the Interjurisdictional Practice Certificate.

PSYPACT seeks to reduce existing licensure barriers to psychologists using advanced telecommunication technologies to deliver psychological services across state lines and to create consistency around the requirements regarding temporary in-person, face-to-face practice while maintaining state sovereignty over licensure matters.

### **Status of PSYPACT:**

PSYPACT became fully operational in July 2020. Psychologists can now apply for the Authorization to Practice Telepsychology (APIT) and Temporary Authorization to Practice (TAP), which are required to practice telepsychology and/or temporary in-person, face-to-face practice in PSYPACT states.

States that have enacted PSYPACT Legislation include: Arizona, Colorado, Delaware, District of Columbia, Georgia, Illinois, Missouri, Nebraska, Nevada, New Hampshire, North Carolina, Oklahoma, Pennsylvania, Texas, Utah and Virginia. Alabama and Kentucky will become effective in June 2021.

States that have pending PSYPACT legislation: Connecticut, Indiana, Iowa, Kansas, Maryland, Minnesota, New Jersey, New Mexico, Ohio, Rhode Island, South Carolina, Tennessee, Washington.

States that currently have Telehealth/ Telepsychology statutes and/or regulations include: Arizona, California, Delaware, Georgia, Idaho, Kentucky, New Hampshire, Ohio, Oklahoma, Texas, and Vermont.

States that currently specifically include telepsychology in the definition of the "Practice of Psychology" include: California, Florida, Georgia, Kansas, Kentucky, Mississippi, Montana, New Hampshire, North Dakota, Ohio, South Carolina, Utah, Vermont, and Wisconsin.

States that currently have Telehealth Coverage Mandate include: Arizona, California, Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota (only for Medicaid), Mississippi, Missouri, Montana, Nebraska (only for Medicaid), New Hampshire, New Mexico, Oklahoma, Oregon, Texas, Vermont, and Virginia.

States that currently provide a Temporary/Guest Practice Provision include all states EXCEPT Arkansas and Connecticut.

### **Model Legislation:**

#### **Article I: Purpose and Objectives of the Compact.**

1. Increase public access to professional psychological services by allowing for tele-psychological practice across state lines as well as temporary in-person, face-to-face services into a state 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 of terms used in the Compact.** Items of note include:

**Association of State and Provincial Psychology Boards (ASPPB):** 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

**Compact State:** 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

**Coordinated Licensure Information System** also referred to as "Coordinated Database": 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

**Distant State:** 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

**Home State:** 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 tele-psychological 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

**Identity History Summary:** 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

**Executive Board:** a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission

**Interjurisdictional Practice Certificate (IPC):** 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

**Receiving State:** A Compact State where the client/patient is physically located when the tele-psychological services are delivered

**Rule:** a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Section 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

**State Psychology Regulatory Authority:** The Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.

**Temporary Authorization to Practice:** 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

**Temporary In-Person, Face-to-Face Practice:** 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.

The Home State is the state in which the Psychologist is physically located and where the services are delivered as authorized by the Authority to Practice Interjurisdictional Psychology.

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 ten years after activation of the Compact; and
5. Complies with the Bylaws and Rules of the Commission.

A Home State's license grants Temporary Authorization to Practice to a psychologist in a Distant State only if the Compact State abides by the aforementioned criteria.

#### Article IV: Compact Privilege to Practice Telepsychology.

This section lists the requirements necessary for a psychologist to practice in a Compact State. These requirements include a graduate degree in psychology from an accredited institution, possession of a current, full, unrestricted license to practice psychology in a Home State that is a Compact State, have no history of adverse action, have no criminal record, possess a current, active E.Passport, and provide attestations certifying area of intended practice, and knowledge and adherence to legal requirements in the home and receiving states.

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

These are the same as those listed in Article IV.

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

A psychologist may practice in a Receiving State only in the performance of the scope of practice for psychology as assigned by an appropriate State Psychology Regulatory Authority. The psychologist must initiate a client/patient contact in a Home State via telecommunications technologies with a client/patient in a Receiving State.

#### Article VII: Adverse Actions

In the event an adverse action must be taken against a psychologist, a Home State has the discretion to impose an action against a psychologist from that Home State. As it pertains to a Distant State, it can take adverse action on a psychologist's Temporary Authorization to Practice within that Distant State. Additionally, a Receiving State has the authority to take an adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State's Psychology Regulatory Authority, such as the Board of Psychology, will be responsible for investigating and taking 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 will determine any adverse action against a psychologist's license.

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

Under the PSYPACT, a Compact State's Psychology Regulatory Authority will be able to issue subpoenas for 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 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. This is an expense we do not currently have listed in our budget and would be difficult to quantify. The Compact State's Psychology Regulatory Authority can also 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. While an investigation is underway, a psychologist may not change their 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. Once the investigation is complete, the Home State Psychology Regulatory Authority shall promptly report the conclusions of the investigations to the Commission. The psychologist may change his/her Home State licensure once an investigation has been completed. 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.

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

The Coordinated Database, or PSYPACT Directory, has been created and is live. PSYPACT language notes that the states will provide a uniform data set. Currently, in order to meet this requirement, the Commission will need access to state's licensure data (which is already available on the California Board of Psychology website) and for disciplinary data to be entered into the ASPPB Disciplinary Data System, which is currently being done by Board staff. The goal of this section is to ensure that any information needed regarding the application processes associated with the issuance of authorizations under PSYPACT is shared among the compact states. The data in the system includes the following: identifying information; licensure data; significant investigatory information; adverse actions against a psychologist's license; an indicator that a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice is revoked; non-confidential information related to alternative program participation information; any denial of application for licensure, and the reasons for such denial; and other information which may facilitate the administration of this Compact, as determined by the Rules of the Commission. 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. 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

In order to administer the PSYPACT, the Compact States created and established a joint public agency known as the Psychology Interjurisdictional Compact Commission. The Commission serves to provide a mechanism for solving interstate matters and meets once a year. Each Compact State has one vote. The voting member serves as the state's Commissioner. The State Psychology Regulatory Authority appoints its delegate, who can act on behalf of its Compact State. The delegate must be the Executive Director or Executive Secretary; a current member of the State Psychology Regulatory Authority of a Compact State; or a designee empowered with the appropriate delegate authority to act on behalf of the Compact State. Each Commissioner is entitled to one (1) vote.

All meetings are open to the public and should be noticed accordingly. Rules and bylaws are created and voted upon by the Commission. The bylaws must be published and provided to each Compact State. The Commission has a number of powers; they include: to purchase and maintain insurance and bonds; to borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State; to establish a budget and make expenditures; to borrow money; to provide and receive information from, and to cooperate with, law enforcement agencies.

The Executive Board is comprised of six (6) members. Five voting members are elected from the current membership of the Commission; and one member who is an ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities. The Executive Board meets annually and has a number of duties. They recommend changes to the Rules or Bylaws, changes to Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees. They also prepare and recommend the budget and maintain financial records for the Commission.

The Commission is financed through an annual assessment paid by each Compact State. Based upon the Revenue Assumptions in the PSYPACT 2021 Annual Budget and Narrative Report, if California were to join PSYPACT, the Board would be expected to pay an annual assessment of approximately \$3,765.92. This is based on the following formula: total number of licensees (23,537) multiplied by 1%; this number (235.37) is then multiplied by \$40.00; this figure (\$9,414.80) is then multiplied by 40%. The result is the aforementioned \$3,765.92.

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



#### Article XI: Rulemaking

Commission rules are limited to Compact administration and do not constitute new rules for the State Regulatory Authority as to its state responsibilities. The rules of PSYPACT would only supersede any state law pertaining to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice pursuant to the compact.

#### Article XII: Oversight, Dispute Resolution and Enforcement

Oversight of the Compact is provided by the Executive, Legislative and Judicial branches of each Compact State as the rules and provisions of the Compact are in statute. Disputes between Compact and non-Compact states are handled by the Commission.

#### Article XIII: Date of Implementation and Associated Rules, Withdrawal and Amendments

The Compact became fully operational in July 2020. States that join after the adoption of the rules shall be subject to the rules as they exist on the date which the compact becomes law in that state.

#### Article XIV: Construction and Severability

This compact shall be liberally construed to effectuate the purposes thereof. If this Compact is found to be contrary to the constitution of any state member, the compact will remain in full force and effect for the remaining compact states.

#### Items for Consideration:

1. Since Board staff last reviewed the PSYPACT (2015), much has changed. When staff first reviewed the PSYPACT, much of it was conceptual and many of the details had not been determined. Since then, the Compact has been finalized and became effective in July of 2020. The Board previously expressed concerns regarding the following issues: (a) payment of fees for operations of the PSYPACT; (b) the promulgation of regulations by the Commission which would have the force of law in Compact States; (c) the coordinated national licensure database; (d) the lack of continuing education requirements; and (e) confidentiality issues. Most of the concerns listed in the initial analysis of the Compact have been addressed in some fashion, however, concerns remain.
  - a. The formula for fees to be paid has been determined, as outlined previously, and assessments will be calculated in December of 2021 and invoiced in January 2022. This year, 2021, will be the first full year of PSYPACT program implementation. Per the MOU between ASPPB and the commission, ASPPB will continue to assume most of the operating expenses and will thus receive 40% of the fees collected for providing services per the agreement. Payment of assessment fees will commence in early 2022. The formula to determine the assessment for each member state is based on the number of licensees within a state. For California the assessment fee would be approximately \$3,765.92.

- b. The promulgation of regulations by the Commission would occur based on a vote made by the Commission and its member states. If California were to join PSYPACT, it would get one vote regardless of the number of licensees.
  - c. The coordinated national licensure database is live. PSYPACT staff currently pulls data from the state Board of Psychology websites however Board staff would be expected to enter any disciplinary data into the ASPPB Disciplinary Data System. PSYPACT Commission staff functions as the administrator of the coordinated licensure database.
  - d. The lack of continuing education requirements remains a concern. In order to obtain an E.Passport to practice telepsychology under the authority of PSYPACT, a licensee only needs three (3) hours of continuing education training in technology. Per PSYPACT Staff, all continuing education must be directly relevant to the practice of telepsychology and would include, but not be restricted to any one or more of the following areas as defined in the APA/ASPPB/APAIT Telepsychology Guidelines: i. Competence of the Psychologist ii. Standards of Care in the Delivery of Telepsychology Services iii. Informed Consent v. Confidentiality of Data and Information v. Security and Transmission of Data and Information vi. Disposal of Data and Information and Technologies vii. Testing and Assessment when Providing Telepsychology Services viii. Interjurisdictional Practice. When staff and the Board first reviewed the PSYPACT in 2015, the E.Passport had a 6-hour continuing education requirement (technology and psychological practice) once a renewal cycle (2 years).
  - e. Per Article VIII, Section 3 of the Model Legislation, 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/her 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.
2. Per Article IV, a graduate degree in psychology is required in order to practice under PSYPACT. In order to be licensed in California, a psychologist must hold a doctoral degree.
  3. Per ASPPB, PSYPACT does not impact a state's right or ability to issue a license. It is applicable to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice and only takes precedence over state laws regarding this type of interjurisdictional practice. For example, any licensed psychologist must obtain an E.Passport to practice telepsychology under the authority of PSYPACT and must have three (3) hours of continuing education training in technology as required by the

E.Passport. Should a PSYPACT state not require continuing education, this requirement of PSYPACT would supersede the State's authority.

4. Article V, P. 20-21 of the Compact would potentially deprive some California psychologists of the ability to perform interjurisdictional telepsychology if they graduated from a California "approved school". Article V of the Compact reads in part;

Hold a graduate degree in psychology from an institute of higher education that was, at the time of 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 (Article V, p. 20);

Section 2914 of the Business and Professions Code requires each applicant for licensure to possess an earned doctorate degree in psychology, in educational psychology, or in education with the field of specialization in counseling psychology or educational psychology from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

5. The model presumes and requires the Board to recognize the E. Passport (see below).
6. Joining PSYPACT requires legislative involvement and concurrence by each state whenever a change in compact language is necessary. (Article IX, P. 26)
7. Similar compacts have been initiated in other practice areas such as nursing (BRN). California is not part of the 33 participating states in the compact for boards of registered nursing. In 2020, Senator Moorlach introduced legislation (SB 1053) to enact the Nursing Licensure Compact under the BRN. The Board of Nursing along with the CA Nurses Association opposed that bill. This year, Assemblymember Fong introduced AB 410 and it is currently going through the legislative committee process. The language of this bill is the same as SB 1053. Board staff has spoken with BRN staff to gather information regarding the Nursing Compact and their concerns. CNA cited the following reasons for opposing SB 1053: joining the NLC would inhibit the State's ability to protect consumers from harm, it would decrease pathways to licensure, and it would diminish the State's ability to set high standards for safety and care.
8. The Psychology Interjurisdictional Compact Commission – the governing body for PSYPACT is composed of one representative from each Compact state. The Commission provides oversight of PSYPACT as well as creates and enforces rules governing the operation of PSYPACT. Each Compact State has one vote. The Commission will serve to provide a mechanism to solve interstate matters.

9. Currently, our Board's Enforcement Division receives, processes and investigates all disciplinary complaints. Joining the PSYPACT could potentially increase Enforcement's workload as out of state licensees who hold an E.Passport could potentially provide psychological services to California consumers, thus increasing the number of licensees the Enforcement Division would have to monitor. As it pertains to fiscal considerations, the Board would be expected to pay an annual assessment to the PSYPACT Commission. Given the Board's current fiscal condition, paying an annual assessment could prove unwise.

### **E.Passport**

The Compact will only be possible between states that recognize the E.Passport. The E.Passport will allow licensees who are eligible to qualify to practice telepsychology on patients in other states that recognize the E.Passport.

"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.

"E.Passport" is the credential vetted and issued by ASPPB granting authorization to practice interjurisdictional telepsychology in a "Receiving State" where the psychologist with this credential is not currently licensed.

A psychologist must be licensed at the doctoral level to qualify for the E.Passport.

### **Staff Recommendation:**

Given the considerations listed above, Board Staff recommends the Board not join PSYPACT at this time.

# MODEL LEGISLATION

## Model Legislation

### 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;

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;

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;

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 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.

# MODEL LEGISLATION

## ARTICLE II DEFINITIONS

- A. “Adverse Action” means: Any action taken by a State Psychology Regulatory Authority which 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 Section 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 healthcare, corporate, supervision, and/or consulting services.
- F. “Commissioner” means: the voting representative appointed by each State Psychology Regulatory Authority pursuant to Section 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.

# MODEL LEGISLATION

- 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.

# MODEL LEGISLATION

- 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 Section 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, the District of Columbia.
- 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.



# MODEL LEGISLATION

## 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 ten 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;

# MODEL LEGISLATION

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 ten years after activation of the Compact; and
5. Complies with the Bylaws and Rules of the Commission.

# MODEL LEGISLATION

## 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) 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;

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- 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;
  - 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.

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- 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.

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## 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;

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- 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 degree;
  - 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.

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## 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.



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## 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 which 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 which 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

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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, above.

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## 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.
  3. During the course of any investigation, a psychologist may not change his/her 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/her 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.

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## 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 which 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.

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## 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.

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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, 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.

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- 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

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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;



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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

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.

1. 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.

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## 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

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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.

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## 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 sixty (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 twenty-five (25) persons who submit comments independently of each other;

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2. A governmental subdivision or agency; or
  3. A duly appointed person in an association that has having at least twenty-five (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 less than five (5) 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;

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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.

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## ARTICLE XIII 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

# MODEL LEGISLATION

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.



# MODEL LEGISLATION

## 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 (6) 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.

**PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)**  
**BYLAWS**  
**(Adopted July 22, 2019;**  
**Revised February 27, 2020 and November 19, 2020)**

**ARTICLE I**

**NAME**

The name of this organization is the Psychology Interjurisdictional Compact (PSYPACT) Commission, hereinafter referred to as the Commission.

**ARTICLE II**

**COMMISSION PURPOSE**

Pursuant to the terms of the Psychology Interjurisdictional Compact (“the Compact”), the Commission is established to fulfill the objectives of the Compact through a means of joint cooperative action among the Member States. The purpose of the Compact is to facilitate the interstate practice of telepsychology and the temporary in-person, face-to-face practice of psychology with the goal of improving access to mental health services in a manner that preserves the regulatory authority of each Member State to protect the public health and safety.

**ARTICLE III**

**FUNCTIONS**

In pursuit of the fundamental objectives set forth in the Compact, the Commission shall, as necessary or required, exercise all of the powers and fulfill all of the duties delegated to it by the Member States. The Commission’s activities shall include, but are not limited to, the following:

- A. Promulgation of binding rules and operating policies and procedures;
- B. Equitable distribution of the costs, benefits, and obligations of the Compact among the Member States;
- C. Enforcement of Commission Bylaws, Rules, and other Operating Policies and Procedures as established;
- D. Provision of dispute resolution;
- E. Coordination of training and education as it relates to the Compact; and
- F. Collection and dissemination of information concerning the activities of the Compact, as provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and provisions of the Compact.

## **ARTICLE IV**

### **BYLAWS**

As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain at all times subject to, and limited by, the terms of the Compact.

## **ARTICLE V**

### **MEMBERSHIP**

#### **Section 1. Member State Representation**

- A. The Commission Membership shall be comprised as provided by the Compact. Each Member State shall have and be limited to one (1) voting representative, selected by the State Psychology Regulatory Authority (Member Board) in the Member State, who shall be the Commissioner of the Member State.
- B. Each Member State shall appoint its Commissioner no later than 90 days after the effective date of the legislation.
- C. Each Member State shall forward the name of its Commissioner to the Commission staff within ten (10) business days of selecting a Commissioner. Member States should consider whether any real or potential conflict of interest exists when selecting their Commissioner.
- D. The Member Board of the member state shall provide notice to the Commission staff within ten (10) business days whenever a vacancy occurs.
- E. Commission staff shall promptly advise the Member Board of the Member State of the need to appoint a new Commissioner whenever a vacancy occurs.

#### **Section 2. Non-Voting, Ex Officio Representation**

- A. In addition to the Commissioner identified in Section 1.A. of this Article, the Commission Membership shall also be comprised of one representative appointed by the organization identified in Article X of the Compact. This individual shall be appointed by his/her respective organization and serve as an ex officio non-voting member.
- B. The organization identified in Article X of the compact shall forward the name of his/her appointed representative to the Commission staff within ten (10) business days of the appointment. The organization identified in Article X should consider whether any real or potential conflict of interest exists when selecting their appointed representative.
- C. The organization identified in Article X of the Compact shall provide reasonable notice to the Commission staff whenever a vacancy occurs.
- D. Commission staff shall promptly advise the appropriate staff of this organization identified in Article X of the need to appoint a new representative whenever vacancy occurs.

### **Section 3. Withdrawal of Membership in the Compact**

A Member State may withdraw from the Commission by enacting legislation repealing the Compact language. As provided in the Compact, the withdrawal will not take effect until six (6) months after the enactment of the legislation repealing the Compact language.

## **ARTICLE VI**

### **COMPACT COMMISSION, OFFICERS, AND EXECUTIVE BOARD**

#### **Section 1. Officers**

The Officers of the Commission shall be the Chair, Vice Chair, and Treasurer. The officers shall be duly appointed Commissioners from Member States.

#### **Section 2. Executive Board**

The Executive Board will consist of the Officers of the Commission, two At Large Members, one ex officio non-voting member selected by and representing the organization listed in Article X of the Compact, as identified in Rules. The At Large Members shall be duly appointed Commissioners from Member States.

A majority of the voting members of the Executive Board will constitute a quorum. The Executive Board has the power to act on behalf of the Commission according to the terms of the Compact.

#### **Section 3. Election and Succession of the Executive Board**

- A. Members of the Executive Board will be elected for a term of two (2) years or until their successors are elected and assume office.
- B. Members of the Executive Board cannot serve more than two (2) consecutive full terms in the same office.
- C. Elections for the Chair, Treasurer, and 1 At Large Member positions shall occur at the annual meeting in odd-numbered years.
- D. Elections for the Vice Chair and 1 At Large member positions shall occur at the annual meeting in even-numbered years. The individuals elected to these positions at the first annual meeting in November 2020 shall serve until the annual meeting in November 2022.
- E. Members of the Executive Board will assume office at the close of the annual meeting at which the individuals are elected.
- F. Members of the Executive Board so elected shall serve without compensation or remuneration, except as provided by the Compact.

#### **Section 4. Duties of the Officers and At Large Members of the Executive Board**

The Commission's officers shall perform all duties of their respective offices as the compact and these Bylaws provide. Their duties shall include but are not limited to the following:

**A. Chair**

The Chair shall call and preside at Commission and Executive Director meetings; prepare agendas for the meetings; act on Commission's behalf between Commission meetings; review minutes from meetings.

**B. Vice Chair**

The Vice Chair shall perform the Chair duties in their absence or at the Chair's direction. In the event of a vacancy in the Chair's office, the Vice Chair shall serve until the Commission elects a new Chair.

**C. Treasurer**

The Treasurer, with the assistance of the Executive Director of the Compact, shall monitor the Commission's fiscal policies and procedures. If the Commission does not have an Executive Director of the Compact, the Treasurer will also serve as secretary and perform the duties of the secretary.

The Executive Board shall:

Administer the affairs of the Commission in a manner consistent with the Bylaws and purpose of the Commission:

1. Propose budgets, provide fiscal oversight and provide for an annual fiscal review;
2. Propose policies and procedures for consideration by the Commission;
3. Contract for services and monitor contract compliance;
4. Monitor and enforce member compliance with the Compact;
5. Propose standing and ad hoc committees.
6. Approve and maintain its minutes;
7. Perform such other functions as are necessary or appropriate to carry out the purpose of the Commission.

**Section 5. Removal from Office**

**A. Member of the Executive Board**

1. The Executive Board may, by a vote of two-thirds (2/3rds) of the membership of the Executive Board, decide that a member of the Executive Board: has a conflict of interest; has become incapacitated and unable to fulfill his/her duties; or has engaged in conduct constituting cause. In that event, the Executive Board member will be removed or, in the case of conflict of interest, resolve the conflict of interest to the satisfaction of the Executive Board. The affected Executive Board member will not vote on, and may be excluded from the discussion of, the issues. The decision of the Executive Board is final.
2. A member of the Executive Board may be removed from office for cause by a two-thirds (2/3rds) vote of the Commissioners voting at any meeting of the Commission. Cause is defined as conduct that is or could be detrimental to the good name of the organization, potentially or actually disturbs its wellbeing or potentially or actually hampers its work.
3. The removal of a member of the Executive Board in accordance with this section of the Bylaws does not impact that individual's status as the Commissioner from the

Member State or as the ex officio non-voting member appointed by one of the organizations identified Article X of the Compact.

**B. Member State Commissioner**

The Commissioner from a Member State may be removed or suspended from office as provided by the law in that Member State.

**Section 6. Vacancies in Office**

**A. Chair**

The Vice Chair will fill a vacancy occurring in the office of Chair for the remainder of the unexpired term.

**B. Vice Chair or Treasurer**

A vacancy occurring in the position of Vice Chair or Treasurer between meetings of the Commission may be filled by appointment by the Executive Board. The appointee will serve for the remainder of the unexpired term.

**C. At Large Members**

A vacancy occurring in the position of At Large Member between meetings of the Commission may be filled by appointment by the Executive Board. The appointee will serve for the remainder of the unexpired term.

**D. Vacancy Due to Election**

If a vacancy occurs on the Executive Board as a result of an election, a second election shall be required. All candidates who were slated for any position on the Executive Board and were not elected in the first election will be slated in the second election unless they have indicated otherwise.

**Section 7. Conduct of Business of the Executive Board**

**A. Public Notice of Meetings**

1. The Executive Board shall meet at least once each calendar year at a time and place to be determined by the Executive Board.
2. Additional meetings may be scheduled at the discretion of the Chair, or may be called upon the request of a majority of the Executive Board.
3. Notice of meetings shall be made at least thirty (30) days before the scheduled meeting date. The meeting notice shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.
4. The meeting agenda, including meeting start time and telecommunications information, shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States no later than seven (7) days before the meeting date. Additional agenda items requiring Executive Board action may not be added to the final agenda, except by an affirmative vote of a majority of the Executive Board.
5. If a special meeting is called, the notice shall be made at least twenty-four (24) hours before the scheduled meeting. The notice shall include the topic(s) that will be discussed at the special meeting. No additional agenda items may be added to the agenda. The notice of a special meeting shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.

**B. Closed Session and Up for Discussion**

1. Except as provided for in the Compact, all meetings of the Executive Board are open to the public. The Executive Board may meet in closed session only after a majority of the Executive Board votes to convene in a closed, non-public meeting. The vote to convene in a closed session must be done by a roll call vote that reveals the vote of each member of the Executive Board.
2. As authorized in Article X.B.6 of the Compact the Executive Board may convene in a closed, non-public meeting for ten (10) reasons. The Commission's legal counsel or designee will certify which of the ten (10) reasons for which the meeting, or portions of the meeting, is being closed.

### **Section 8. Compact Commission**

The Psychology Interjurisdictional Compact Commission is a joint public agency created and established by the Member States. A majority of the Commission will constitute a quorum.

### **Section 9. Duties of the Compact Commission Commissioners**

- A. Represent their Member State in all meetings of the Commission.
- B. Attend the annual meeting of the Commission and any other meetings of the Commission.
- C. Participate in the business and affairs of the Commission.
- D. Vote on the promulgation of Rules and creation of Bylaws.

### **Section 10. Conduct of Business of the Compact Commission**

#### **A. Public Notice of Meetings**

1. The Commission shall meet at least once each calendar year at a time and place to be determined by the Commission.
2. Additional meetings may be scheduled at the discretion of the Chair and must be called upon the request of a majority of the Commission.
3. Notice of meetings shall be made at least thirty (30) days before the scheduled meeting date. The meeting notice shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.
4. The meeting agenda, including meeting start time and telecommunications information, shall be published on the Commission's website and sent to the Board administrator of the Member Board in all Member States no later than seven (7) days before the meeting date. Additional agenda items requiring Commission action may not be added to the final agenda, except by an affirmative vote of a majority of the Commission.
5. If a special meeting is called, the notice shall be made at least twenty-four (24) hours before the scheduled meeting. The notice shall include the topic(s) that will be discussed at the special meeting. No additional agenda items may be added to the agenda. The notice of a special meeting shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.

#### **B. Notice of Proposed Rulemaking**

1. Notice of Proposed Rulemaking shall be made at least sixty (60) days before a meeting at which the Commission reviews and plans to adopt, amend, or rescind a rule.

2. The meeting notice shall be published on the Commission's website and sent to the Member Board in all Member States for publishing on the board's website.
3. The meeting notice shall include information about the meeting time and location, the text of the proposed changes, and the mechanism and timeframe in which interested parties may indicate intention to attend the public meeting and/or submit written comments on the proposed changes.
4. The Commission may proceed with the proposed changes without a public hearing if no written notice of intent to attend by interested parties is timely received.
5. The Commission must hold a public hearing if it is requested in the manner outlined in Article XI of the Compact.

**C. Closed Session**

1. Except as provided for in the Compact, all meetings of the Commission are open to the public.
2. As authorized in as authorized in Article X.B.6 of the Compact, a closed, non-public meeting may be convened. The Commission's legal counsel or designee will certify which of the ten (10) reasons for which the meeting is being closed.
3. The Commission may meet in closed session only after a majority of the Commission votes to convene in a closed, non-public meeting.

**D. Rights and Privileges of Individuals Other than Commissioners and Non-Commissioners**

1. Adding Item to the Agenda  
Upon written request to the Commission at least ten (10) business days prior to the meeting date, any person who desires to add an item to the agenda and present a statement shall be afforded an opportunity to present an oral statement to the Commission at an open meeting. If the request is not made at least ten (10) business days prior to the meeting date, the Chair will determine whether to add the item to the agenda.
2. Speaking During a Public Meeting  
Non-Commissioners may attend Commission meetings and speak during the public comment period.
3. At the discretion of the Chair, consultants, staff, resource individuals, or other guests may speak to address an issue on the agenda, other than the situations identified in Article X of this Article of the Bylaws.
4. The Chair may limit the time and manner of any statements from non-commissioners at any open meeting.
5. Nothing in this Section of the Bylaws shall apply to public rules hearings held in accordance with Article X of the Compact.

**E. Conduct of Business by Mail or Electronically**

1. When business is conducted by telecommunications, all members must be notified in advance. Commission staff will establish an electronic mechanism for Commissioners to participate in the meeting.
2. If a Commissioner is unable to attend an in-person meeting of the Commission, the Member States must notify Commission staff at least ten (10) business days prior to the date of the meeting to allow sufficient time for Commission staff to establish an electronic mechanism for the Commissioner to participate in the meeting.



3. For ballot votes, the Commissioner will electronically submit his or her vote to Commission staff. For voice votes, the Commissioner will vote via phone.

**F. Duties of the Commission**

1. Adopt changes to the Rules or Bylaws.
2. Adopt in rule the fees/dues to be paid by Member States.
3. Adopt the budget based on the recommendation from the Executive Board.
4. Enter into contracts for the provision of personnel and other administrative services.
5. Enforce Member State compliance with the terms of the Compact, including these Bylaws and Rules adopted by the Commission.
6. Perform any other necessary or appropriate duties authorized by the Compact.

**Section 11. Conflict of Interest**

The Commission shall adopt a conflict of interest policy that addresses how to resolve potential conflicts of interest.

**ARTICLE VII**

**COMMITTEES AND TASK FORCES**

**Section 1. Standing Committees of the Commission**

The Commission shall establish committees, as it deems necessary, to carry out its objective which shall include, but not be limited, to:

**A. Executive Board**

An Executive Board shall be established as a standing committee which shall be comprised of the officers of the Commission as well as those members specified in Article X of the Compact.

**B. Rules Committee**

A Rules Committee shall be established as a standing committee to develop uniform Compact rules for consideration by the Commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.

**C. Compliance Committee**

The Compliance Committee shall be established as a standing committee responsible for administering the provisions of the Compact related to compliance and enforcement.

**D. Finance Committee**

The Finance Committee shall be established as a standing committee to audit needs, finances, develop state-specific materials, etc.

**E. Training and Public Relations Committee**

The Training and Public Relations Committee shall be established as a standing committee to administer training and public relations on behalf of the Commission.

**F. Elections Committee**

An Elections Committee shall be established as a standing committee to:

1. Inform the Commission on the responsibilities of the office;
2. Encourage participation by the Commissioners in the elections process;

3. Announce nominations deadline and anticipated vacancies of the Executive Director of the Commission;
4. Communicate with incumbents to determine if they wish to run for re-election;
5. Accept qualified nominees and prepare a slate of candidates for the election of the officers or members at large of the Executive Director;
6. Present a list of candidates to the Commission including the terms of office expiration dates; and
7. Tally/verify the election results and report to the Commission.

**G. Requirements Review Committee**

A Requirements Review Committee shall be established as a standing committee to review of denials for authorization, review ongoing standards for reasonableness and interface with Association and Provincial Psychology Boards regarding E.Passport and Interjurisdictional Practice Certificate Requirements as needed.

The composition, procedures, duties, budget and tenure of all committees shall be determined by the Commission. The Commission may dissolve any committee it determines is no longer needed.

## **ARTICLE VIII**

### **COMMISSION PERSONNEL**

**Section 1. Commission Staff**

The Executive Board may engage in services provided by an Executive Director, who shall serve at the pleasure of the Executive Board. The Executive Director shall hire and supervise such other staff as may be needed.

**Section 2. Duties of the Executive Director**

As the Commission's principal administrator, the Executive Director shall also perform such other duties as may be delegated by the Commission or required by the Compact and the Bylaws, including, but not limited to, the following:

- A. Serve at its discretion and act as Secretary to the Commission, but shall not be a Member of the Commission;
- B. Establish and manage the Commission's office or offices as determined by the Commission;
- C. Recommend general policies and program initiatives for the Commission's consideration;
- D. Recommend for the Commission's consideration administrative personnel policies governing the recruitment, hiring, management, compensation, and dismissal of Commission staff;
- E. Implement and monitor administration of all policies, programs, and initiatives adopted by the Commission;
- F. Prepare draft annual budgets for the Commission's consideration;
- G. Monitor the Commission's financial performance for compliance with approved budgets and policies, and maintain accurate records of the Commission's financial account(s);
- H. Execute contracts on behalf of the Commission as directed;

- I. Receive service of process on behalf of the Commission;
- J. Prepare and disseminate all required reports and notices directed by the Commission;
- K. Assist the members of the Executive Director in the performance of its duties;
- L. Speak on behalf and represent the Commission;
- M. In collaboration with legal counsel, ensure the legal integrity of the Commission and
- N. Report about policy, regulatory, political, legal or other developments of relevance to the Commission's operation.

## **ARTICLE IX**

### **QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION**

#### **Section 1. Immunity**

The Commission, its Members, officers, Executive Director, and employees 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 or arising out of or relating to any actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that any such person shall not be protected from suit or liability, or both, for any damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of any such person.

#### **Section 2. Defense**

Subject to the provisions of the Compact and Rules promulgated thereunder, the Commission shall defend the Commissioner of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees in any civil action seeking to impose liability against such person arising out of or relating to 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 gross negligence or intentional wrongdoing on the part of such person.

#### **Section 3. Indemnification**

The Commission shall indemnify and hold the Commissioner of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees, harmless in the amount of any settlement or judgement obtained against such person arising out of or relating to any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities 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 gross negligence or intentional wrongdoing on the part if such person.

## **ARTICLE X**

### **FINANCE**

#### **Section 1. Fiscal Year**

The Fiscal Year of the Commission shall be January 1 through December 31.

#### **Section 2. Budget**

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years only after notice and comment as provided by the Compact.

#### **Section 3. Dues**

Each Member State shall pay an annual assessment in accordance with Article X of the Compact. The amount of the annual assessment will be specified in the Rules adopted by the Commission and shall be sent timely to be received no later than ninety (90) days after the start of the fiscal year. A Member State will be ineligible to vote on any matter that come before the Commission if the annual assessment is not received within the 90-day timeframe. Voting rights will be restored once the Member State pays the annual assessment. If the assessment is not paid within six (6) months after the start of the fiscal year, the Commission will take appropriate enforcement action in accordance with the Rules adopted by the Commission.

#### **Section 4. Authority to Expend and Disperse Money**

No Commissioner or employee of the Commission will have the right or authority to expend any money of the Commission, to incur any liability in its behalf, or to make any commitment which binds the Commission to any expense or financial liability, unless such expenditure, liability, or commitment has been incorporated in the budget or the Executive board has made an appropriation or has approved a policy to pay same. The Commission may assume debt as a means of financing operations, including credit facilities such as a line of credit. The Commission shall monitor its own and its committees' affairs for compliance with all provisions of the Compact, its Rules, and these Bylaws governing the incursion of debt and the pledging of credit.

#### **Section 5. Accounting and Audit**

The financial records of the Commission will be audited annually by an independent certified public accountant. The audit report will be presented to the Executive Board when the report is received and to the full Commission at the Commission's annual meeting. The report shall also be made available to the public and shall be included in and become part of the annual report to the Governors, legislatures, and judiciary of the Member States.

The Commission's internal accounts, any workpapers related to any internal audit, and any workpapers related the independent audit shall be confidential; provided, that such materials shall be available: (1) in compliance with the order of any court of competent jurisdiction; (2) pursuant to such reasonable Rules as the Commission shall promulgate; and (3) to any Commissioner of a Member State, or their duty authorized representatives.

**Section 6. Travel Reimbursements.**

Subject to the availability of budgeted funds and unless otherwise provided by the Commission, Commissioners may be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at all duly convened meetings of the Commission, its committees as provided by the Compact, or the Executive Board.

**ARTICLE XI****WITHDRAWAL, DEFAULT, AND TERMINATION**

Member States may withdraw from the Compact only as provided by the Compact. The Commission may suspend and/or terminate a Member State as provided by the Compact.

**ARTICLE XII****PARLIAMENTARY AUTHORITY**

Matters of parliamentary procedure not covered by these Bylaws shall be governed by the current edition of Robert's Rules of Order.

**ARTICLE XIII****ADOPTION AND AMENDMENT OF BYLAWS**

Any Bylaws may be adopted, amended, or repealed by a majority vote of the Commission, provided that written notice and the full text of the proposed action is provided to all Commissioners of member States at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-third (2/3rds) vote of the Commissioners of Member States shall be required for such action.

**ARTICLE XIV****DISSOLUTION OF THE COMPACT**

The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a Member State which reduces Membership in the Compact to one Member State as provided by the Compact.

Upon dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable law.

**ARTICLE XV****AFFILIATION WITH THE ASSOCIATION OF STATE AND PROVINCIAL  
PSYCHOLOGY BOARDS**

The Commission shall be affiliated with and supported by the Association of State and Provincial Psychology Boards (ASPPB). The Commission shall negotiate payment for secretariat services by the ASPPB. Payment for the secretariat services shall be made from the funds collected by the Commission.

April 16, 2021

State of California Board of Psychology

To the Board of Psychology,

Regarding the recent proposal for the Psychology Inter-jurisdictional Compact (PSYPACT), I wish to submit this written comment.

PSYPACT does not currently require all member states to impose a criminal history background check as a licensure requirement. As criminal history background checks will not be required for 10 years from the activation date for PSYPACT, it appears that such checks will not be a requirement until 2028.

The Board should therefore oppose attempts to enter into the PSYPACT compact as criminal history background checks are necessary to protect the health, safety, and welfare of clients who receive psychological services.

Sincerely yours,

A handwritten signature in black ink, reading "Joseph D. Salerno". The signature is fluid and cursive, with the first name "Joseph" and last name "Salerno" clearly legible, and "D." as a middle initial.

Joseph D. Salerno, PsyD

**From:** [Sorrick, Antonette@DCA](mailto:Sorrick.Antonette@DCA)  
**To:** [Burke, Jonathan@DCA](mailto:Burke.Jonathan@DCA)  
**Subject:** FW: tele psychology meeting opinion  
**Date:** Friday, April 16, 2021 2:15:09 PM

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**From:** bopmail@DCA <bopmail@dca.ca.gov>  
**Sent:** Friday, April 16, 2021 1:37 PM  
**To:** Sorrick, Antonette@DCA <Antonette.Sorrick@dca.ca.gov>  
**Cc:** Glasspiegel, Jason@DCA <Jason.Glasspiegel@dca.ca.gov>  
**Subject:** FW: tele psychology meeting opinion

**From:** Hillary Wright <[hwrightpsych@gmail.com](mailto:hwrightpsych@gmail.com)>  
**Sent:** Friday, April 16, 2021 1:28 PM  
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**Subject:** tele psychology meeting opinion

[EXTERNAL]: [hwrightpsych@gmail.com](mailto:hwrightpsych@gmail.com)

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To Whom It May Concern,

Before Covid, I was very against doing psychotherapy via video. However, over this year, I have learned all of the benefits and pitfalls of doing telemedicine. And while there are some important downfalls, I believe the benefits outweigh the shortcomings. I believe PSYPACT is an important way for us to be moving into the future with tele psychology and hope that the board can move towards participation in it.

Hillary Wright  
310-633-1295  
Clinical Psychologist  
pronouns: she/her

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**ANDREW HARLEM, PH.D.**

3610 Sacramento Street  
San Francisco, CA 94118  
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5313 College Avenue  
Oakland, CA 94618  
510.435.5273

April 21, 2021

Stephen Phillips, JD, PsyD  
Chair, Board of Psychology Telepsychology Committee  
1625 North Market Blvd., Suite N-215  
Sacramento, CA 95834

Dear Dr. Phillips,

I am writing in regard to the Board of Psychology's potential adoption of the Psychology Interjurisdictional Compact (PSYPACT).

I understand that a Telepsychology Committee has been convened to review the PSYPACT's potential benefits to the citizens of California, including licensed psychologists within the State, as well as identify outstanding issues, conflicts or negative impacts that adoption of the PSYPACT may present. My purpose is to alert the Committee to one such devastating impact for thousands of California licensees and hundreds of students who are currently earning their credentials to practice in the State.

Stated succinctly, adoption of the PSYPACT would introduce profound marketplace discrimination against the thousands of us who earned our doctoral degrees from regionally accredited institutions. It effectively excludes thousands of psychologists, many of whom work in community mental health, from the most important emerging practice area of our generation. And it does so by means of a *de facto* licensing standard enacted not by yourselves, appointees of California elected officials to serve Californians, but by a private organization that has no direct responsibility to the public, let alone the consumers and psychologists of our state.

Approximately 23% of the psychologists in this country reside in California. Our practitioners and our regulatory bodies have always been at the forefront – the forefront of social justice in psychology education and practice; the recognition that the public is best served by multiple voices and multiple psychological approaches; and the confidence in our ability to create new methods, innovate into new forms. Beginning with the Governors and State Senators who appoint, we have a history on the Board of Psychology of valuing and protecting educational models that integrate, reach into new areas, and orient themselves to the specific needs of California consumers. These commitments have been strong enough to resist the pressures exerted by professional guilds and organizations. This sensibility is, in fact, enshrined in our state law (see bolded section):

§ 2914. Applicant's requirements Each applicant for licensure shall comply with all of the following requirements: (a) Is not subject to denial

of licensure under Division 1.5 (commencing with Section 475). (b)(1) Possess an earned doctorate degree (A) in psychology, (B) in educational psychology, or (C) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school. The board shall make the final determination as to whether a degree meets the requirements of this section. **(2) No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists,** and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology (bolding added).

Regionally-accredited institutions span the State: Antioch University (Santa Barbara), the California Institute of Integral Studies, Pacifica Graduate Institute, Saybrook University, Sophia University, The Chicago School of Professional Psychology (Applied Clinical Psychology), The Chicago School of Professional Psychology (Clinical Forensic Psychology), and California Southern University. Together they produce hundreds of graduates every year and provide tens of thousands of clinical hours serving disadvantaged and disenfranchised Californians through the public mental health system. Their value to our consumers is enormous. Unlike students in APA-accredited programs, most of whom leave the State for internship, students from regionally-accredited institutions serve us; CAPIC, the internship placement system recognized in California law and now abandoned by APA programs, is now largely directed and financed by regionally-accredited schools and their faculty.

This year of pandemic has taught all of us many lessons; indeed, our worlds have been turned upside down. Amidst all of that suffering, only now are we beginning to imagine the future again and take account of the changes that have been set in motion. One of those changes is the disruption to how health services are delivered. It now seems inevitable that a significant portion of psychological service provision is going to happen through electronic means. It is likely that psychologists are going to depend increasingly upon telehealth to earn a living. Furthermore, it is not difficult to imagine, should the Board sign on, that the PSYPACT credential may eventually come to serve as an employment requirement in California.

It makes sense, of course, to revisit the issue of interjurisdictional telepsychology practice at this time. However, it is essential to recognize that the potential benefits of interjurisdictional practice afforded by a mechanism like the PSYPACT *need not entail the adoption of a de facto licensing law that discriminates against such a large number of California psychologists, essentially superseding the priorities expressed in California law and regulation.* The fact that the PSYPACT ties the ability to practice in this emerging marketplace to an educational standard we have clearly and repeatedly rejected in this state should alert the Board to its obligations, the importance of consistency in law and, perhaps, to the efforts by non-governmental organizations to supersede, through indirect measure, the position the Board has always taken on its role in determining the educational requirements that enable California psychologists to practice.

This responsibility was, indeed, a motivating force behind the Board's 2015 firm decision to decline adoption of the PSYPACT. Written following a process of lengthy

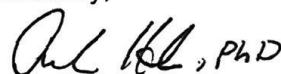
and comprehensive review, the Board's January 22, 2015, letter to the ASPPB concludes with a statement of the determining factor in the Board's decision: "[I]t is the Board's opinion that the Compact unnecessarily cedes too much regulatory control and licensee information to non-governmental out-of-state entities."

While the pandemic has certainly altered how we go about our daily lives and led to many changes in how we relate to one another, I believe the trust invested in the California Board of Psychology to protect the interests of its citizens, including its licensees and the educational institutions that serve its public, remains steadfast and unchanged. Signing on to an agreement that so clearly discriminates against thousands of psychologists in the State, while it may provide benefit to some in the short run, lays the groundwork for a system that is unfairly restrictive in both principle and impact.

The future of telepsychology is being built now. I urge the Board to refrain from entering into an interjurisdictional agreement that effectively delegates to a non-governmental organization the authority to establish educational standards for its own licensees, and thereby cedes regulatory control of this emerging area of practice. Let's ensure, instead, that the Board acts in accordance with its primary mission, in lockstep with its established commitments, and in recognition of the need to ensure fairness and equity among its licensees and the State's educational institutions. Let's get this right.

Thank you for this opportunity to address the Committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Harlem, PhD".

Andrew Harlem, PhD  
California Psychologist #19482  
Professor, California Institute of Integral Studies  
San Francisco, CA

cc: Lea Tate, PsyD  
Julie Nystrom

ANGEL ENRIQUE PACHECO, PH.D., C.PSYCH.  
CLINICAL PSYCHOLOGIST[REDACTED]  
CANADA**SENT VIA FAX**

11 August 2021

Taja S. Slaughter, MPA  
*Director of Credentialing*  
ASPPB Mobility Committee  
PO Box 849, Tyrone, GA 30290  
Office: 678-216-1186  
Fax: 678-216-1184  
E-Mail: [tslaughter@asppb.org](mailto:tslaughter@asppb.org)  
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Dear Madam or Sir:

I am in receipt of your e-mail communication dated 23 March 2021, in which you inform me that the ASPPB Mobility Committee has placed my ASPPB e.Passport application under PSYPACT in *Denied* status.

I have patiently waited the ninety (90) days you gave me to submit an appeal, as I do not wish this document to be construed as such. Again, this is not an appeal to your decision, but an appeal to the common sense and sense of justice of the ASPPB authorities. My kind request to you is that you present this document to the proper ASPPB authorities.

The intent of this communication is to point out, most respectfully, that the ASPPB Mobility Committee, by applying its current requirement criteria, is *actively and blatantly discriminating* against *bona fide* graduates of doctoral programs accredited in the United States and Canada, while concurrently offering foreign graduates the opportunity of proving such requirement criteria equivalency, regardless of their provenance or quality of educational systems.

Had my degree-granting program been from an international institution, I would have had the recourse to have its equivalency established, but not so for a degree from a USA institution.

I have already submitted to you, with my application, a letter from the authorities at my *Alma Mater* indicating that my CSPP-SF doctoral program of studies was equivalent at the time of graduation (1976) to a program from an institution accredited by APA. This request was to satisfy the requirements for my ASPPB e.Passport application under PSYPACT. Part of my endeavors also included informing you of my current application for licensure as psychologist in the State of Pennsylvania (in process), in addition to being licensed as Psychologist in California and registered as such in Ontario, Canada.

However, although I have a proven and positive history of over forty-five (45) years of doctoral-level engagement in my profession as a Clinical Psychologist, credentialed by the California Board of Psychology and the College of Psychologists of Ontario, as well as by

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Director of Credentialing  
ASPPB Mobility Committee  
PO Box 849, Tyrone, GA 30290  
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Web: [www.asppb.org](http://www.asppb.org)

11 August 2021

**SENT VIA FAX**

the NRHSP and CRHSP, my application was deemed as *not qualifying* for approval by your Program.

Graduate students in psychology have to endure a myriad of requirements prior to graduation, only to have to prove, by successfully passing the EPPP, that their academic education was indeed a solid one based on nationally recognized standards. This all not being enough, the satisfactory completion of multiple requirements and the passing of a Laws and Ethics Examination and an Oral Exam in the State or Province for which licensure or registration is sought, is also generally required.

Nevertheless, this denial of an opportunity for professional growth feels like having been branded with a *Scarlet Letter* that I cannot ever escape regardless of my efforts. If I had not passed any of my independently qualifying exams, even the EPPP or Board/College exams, I could have remedied the situation and be made whole again. Not in my case. By believing in a dream, I received a sentence for life from you. Fair?

This situation is unjust and discriminates against all the hard-working faculty and students who believed in an idea and are now barred for life for following a dream, even though they have amply proven their worth as psychologists by all other accepted measurable standards.

Having chosen CSPP-SF as the place I wanted to receive my doctoral degree from, because I believed—and still do—in the ideals espoused by the institution, has branded me for life, and there is *nothing* I can do.

I feel and I am *actively* discriminated against by your program requirements. This is, in my view, an elitist and discriminatory position that is not consonant with my human rights and my rights as a professional psychologist who has fulfilled all legal and professional requirements. I believe that a challenge is in order, but it has to come from within the ASPPB.

I have now done my part by positing to you a minority perspective you may have not considered. I trust that you will receive this document and its contents with good will, and with an open mind to consider the need to make changes. That is my hope.

My plea to you, in the name of all alumni of CSPP and all the thousands of graduates of other recognized and duly-accredited programs in Psychology in the United States and Canada that do not meet your program criteria, is to revise and revert your requirements to an inclusive set of criteria that does not foster discrimination. Please allow us to prove to you that we are indeed qualified under the eyes of your Program.

Yours respectfully,



Angel Enrique Pacheco, Ph.D., C.Psych.

cc: The California Board of Psychology, the College of Psychologists of Ontario, and CSPP-SF



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ATTENTION TO:

Seyron Foo, President

Lea Tate, PsyD, Vice President

Dear Mr. Foo and Dr. Tate,

I am writing to express my strong support for the adoption of the Psychology Interjurisdictional Compact (PSYPACT) legislation in California. I am a psychologist licensed and living in CA. I trained and then served as staff at the San Francisco VA

Medical Center/UCSF, taught at the Wright Institute in Berkeley, and am currently the program director of a national pilot program to expand psychological care for traumatized journalists based at Columbia University. I also maintain my private practice in CA. My experience providing services through the COVID-19 pandemic convinced me that it is time for PSYPACT in CA.

Like many of my colleagues, during COVID I sought temporary licensure in a third state in order to provide continuity of care to an existing client and to support populations within my areas of competence at a time of great consumer need. I spoke to numerous colleagues who did the same -- in order to continue care with an adolescent whose college shut down, to continue supporting a family who left CA due to loss of employment, or to provide care in a region severely lacking in their area of expertise. I will give one example from my own experience:

“Sarah” is a celebrated journalist at a major news outlet who, after years of fearless crisis reporting, experienced an overwhelming occupational trauma and feared she could not continue working. She was referred to me because of my unique specialization in journalist mental health, my willingness to treat her for a low fee during a time of professional crisis, and my license in her state of employment. But due to COVID restrictions and family obligations, Sarah was now working from her family home across the border in another state. That state granted me a temporary license under COVID emergency orders, and we were given several months to work together, during which time Sarah stabilized and was able to adapt to a new “beat” without missing work.

Sarah often tells me how lucky she feels to have connected with an expert in journalist mental health at such a crucial time, and I am honored to support her wellbeing and contributions to society through her reporting. We have both experienced the benefit of relaxed interjurisdictional regulations; but the emotional “whiplash” of the looming expiration of this privilege, while Sarah is still healing and negotiating family and work stressors, has itself necessitated processing in therapy. Seeking full licensure in Sarah’s now semi-permanent state of residence is out of the question due to time constraints. It is truly a shame that we must end treatment soon due to lack of reciprocity among the states.

I have educated myself about PSYPACT, and I work with several psychologists through my current job that live in PSYPACT states and have their E-Passports, who attest to the benefits of this program for them and their respective states. The arguments for adopting PSYPACT legislation are compelling: even in the years preceding Covid, among the 51 million U.S. adults with mental illness, only about [45% received treatment](#); we now have an explosion of need secondary to the ravages of COVID and recent political upheaval; continuity of care with our current patients is seriously compromised by inter-state restrictions; the excellent specialized training we receive in CA could benefit many more clients currently out of reach of this care (e.g., those with autism spectrum disorder, ADHD, posttraumatic stress disorder, and opioid addiction); and there is already a strong national movement in the direction of interstate reciprocity: [26 states have already enacted PSYPACT](#) and more are pending legislation.



Importantly, MANY CA psychologists want PSYPACT. In late May this year I felt that the California Psychological Association was not responsive enough to member requests for information and discussion about PSYPACT, so I started an online [petition](#) to alert CPA to the CA psychologists who want PSYPACT. I only circulated the petition on the few professional psychology listservs of which I am a member - yet it was signed by over 400 California residents. CPA subsequently held an informational Town Hall about PSYPACT, which was attended by over 200 CA psychologists.

I have also looked into the arguments against adopting PSYPACT in CA.

The first objection often cited is that PSYPACT restricts participation to psychologists who graduated from APA or CPA-accredited programs. As you know, psychologists who did not graduate from such programs would not *lose* any of their current telehealth privileges in CA or across state lines, but they could not participate in the additional interstate privileges afforded by PSYPACT. (CPA has been unable to offer an estimate of how many psychologists would be affected by this rule. The most relevant data I have been able to find is the roster of new CA licenses in 2018, of which approximately 6% of licensees came from excluded programs.)

This is indeed a problem. Psychologists licensed in previous generations and those from differently-accredited programs are our valued colleagues, and excluding them eliminates many qualified professionals from helping patients outside CA. However, I do not believe this is a good reason not to support PSYPACT legislation, considering the benefits it confers to a large majority of CA psychologists, and the urgent consumer needs it addresses. There is no evidence that refusing to support the legislation will change the policy, and there is nothing to stop psychologists from continuing to advocate for expanding the privileges after PSYPACT is enacted.

The second current objection I am aware of is the fear of market competition: that psychologists with lower cost-of-living in other states could now practice in CA, offering similar services for lower fees. I acknowledge that reciprocity introduces the *possibility* of a more competitive, or at any rate different, marketplace for therapy in California over time. Yet I believe the very real public interest concerns -- the access and continuity problems we are *currently* seeing -- outweigh the hypothetical financial concerns. As of [2018 reporting](#) on mental illness and access to care in California, about  $\frac{2}{3}$  of adults with mental illness and  $\frac{2}{3}$  of adolescents with major depressive episodes did not get treatment. When full fee means \$200-325 and sliding scale means \$150-200 per session, many Californians are not getting full therapeutic treatments due to inability to pay. For suffering individuals who could never afford a California private practice therapist, why should they not have access to a therapist in Arkansas?

In terms of competition and regulation issues, we must also acknowledge that thousands of therapists without a CA license are *currently* operating in CA, unregulated, through online therapy startups, and the Board has no reliable way of tracking them. Through the E-Passport program, PSYPACT provides the services of vetting out-of-state psychologists to ensure they have no criminal or child abuse

history, have the requisite education and training experience, and are willing to be tracked to ensure legal and ethical conduct.

What's needed to address this country's current mental health crisis is major change, and all changes come with growing pains. For years I have simply explained and apologized for our current system to frustrated consumers. But as our societal problems progress -- climate disasters, pandemic, loss of industry, people being priced out of metropolitan areas -- with the attending population movements, and concurrent advances in telehealth technology, this is becoming harder to justify. And now that there exists a centralized system, which has solved many of the problems of regulation and disciplinary mechanisms, and which has been subject to piloting in many U.S. states, I feel the burden is on us to justify why it doesn't make sense for CA to join this effort.

For all of these reasons, advocating for PSYPACT legislation in CA aligns with the Board's mission and strategic goals of supporting the evolution of the profession, while protecting the health, safety, and welfare of consumers (who are now at increased risk). As a CA psychologist, I believe it is worth contending with some possible struggle in order to vote with what for so many of us amounts to core values: to provide and advocate for appropriate treatment for people in need, in California and beyond.

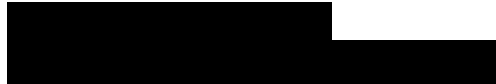
Sincerely,

Emily Sachs, Ph.D.

Licensed Psychologist CA 25721, NY 012598

Program Director, Journalist Trauma Support Network (JTSN), US

Dart Center for Journalism and Trauma, Columbia University



Website: [www.jtsn.org](http://www.jtsn.org)



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ATTENTION:

Seyron Foo, President

Lea Tate, Psy.D., Vice President

Dear Mr. Foo, Dr. Tate and members of the California Board of Psychology,

I am writing to express my strong support for the adoption of the Psychology Interjurisdictional Compact (PSYPACT) legislation in California. I am a psychologist licensed and living in Oakland, California. I previously earned my doctorate at The Wright Institute in Berkeley, completed my postdoctoral training at Kaiser Permanente in San Rafael, and then spent 3 years as a supervisor and

staff psychologist at Kaiser before leaving to start my private practice. I believe that PSYPACT would significantly lower the barriers to providing continuity of care to Californians when they move out of state, and I am strongly in favor of California joining the 26 current PSYPACT states.

My specialty is adolescent mental health, so a large percentage of my practice is comprised of teens, many of whom eventually leave California to attend college in other states. Leaving home to attend college is a stressful life event, and many colleges offer limited mental health services to students, so many of my patients request to continue seeing me via teletherapy after they leave California. Many states offered pathways for obtaining temporary licensure during the COVID pandemic, which has enabled me to continue my treatments with many of my college-aged patients, but this is only a temporary solution that will no longer be available once the pandemic ends. PSYPACT would offer a lasting mechanism for providing continuity of care to my California teens who leave the state to attend college (and many of whom eventually return to California to work and raise families).

The broader arguments for adopting PSYPACT legislation are compelling. Even in the years preceding the COVID pandemic, among the 51 million U.S. adults with mental illness, only about 45% received treatment (<https://www.nimh.nih.gov/health/statistics/mental-illness>). We now have an explosion of need secondary to the ravages of COVID and recent political upheaval; continuity of care with our current patients is seriously compromised by inter-state restrictions; and there is already a strong national movement in the direction of interstate reciprocity: 26 states have already enacted PSYPACT (<https://www.apaservices.org/practice/legal/technology/psypact-interstate-practice-telehealth>) and more are considering legislation.

My understanding is that the major objection to adopting PSYPACT in California is that PSYPACT restricts participation to psychologists who graduated from APA or CPA-accredited programs, and that California psychologists who did not attend such programs will be unable to participate. To be sure, psychologists licensed in previous generations and those from differently-accredited programs are our valued colleagues, and excluding them eliminates many qualified professionals from helping patients outside California. However, I do not believe this is a good reason not to support PSYPACT legislation, considering the benefits it confers to a large majority of California psychologists, and the urgent consumer needs it addresses. Were California to join PSYPACT, psychologists who did not graduate from such programs would not lose any of their current telehealth privileges in California or across state lines. Moreover, there is no evidence that refusing to support the legislation will change the policy, and there is nothing to stop psychologists from continuing to advocate for expanding the privileges after PSYPACT is enacted.

I believe that advocating for PSYPACT legislation in California aligns with the Board's mission and strategic goals of supporting the evolution of the profession, while protecting the health, safety, and welfare of consumers. As a California psychologist, I am strongly in favor of providing and advocating for appropriate mental health treatment for people in need, in California and beyond. As the COVID pandemic has reminded us, we are all in this together.

Thank you for your consideration.

Sincerely,

Ian Faerstein, Psy.D.

Licensed Psychologist (PSY 28785)

[REDACTED]

[REDACTED]

[www.drianfaerstein.com](http://www.drianfaerstein.com)

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Dear members of the CA Board of Psychology,

I am writing to express my strong support for the adoption of the PSYPACT inter-jurisdictional compact in California. I am a CA licensed psychologist who has practiced here for over two decades, treating children, adults, and families, many of whom are diagnosed with Autism Spectrum Disorder. This population along with many others, is vastly underserved and is particularly negatively impacted by the need to switch therapists if they move out of state.

For people on the autism spectrum, transitions are inherently difficult, and for many older, "high functioning" clients, the need to terminate a close relationship with a therapist and begin a new one is

especially challenging. I work with many young adults who have had to discontinue therapy when facing the already difficult transition of leaving the state for college or a new job. This is often the worst possible time for them to lose that support but gaining access to practice in other states has in the past been expensive, time-consuming, and greatly delayed. As a result, I have typically had to stop therapy when these clients moved - a loss of support that has sometimes played a role in their "failure to launch". PSYCPACT would hopefully alleviate these issues, at least for clients who moved to a member state.

I am deeply concerned as my understanding is that the board is expected to vote against pursuing this compact, a decision that does not seem to square with the board's mandate to protect consumers in our state. Instead, it puts the interests of a tiny minority of psychologists who could not participate above the interests of those who use our services. Clients are genuinely shocked when told that I cannot see them through teletherapy across state lines, a reaction that is even more pronounced since the start of the COVID-19 pandemic when nearly all services have been delivered this way. In addition, in many parts of the country, therapists with expertise in clients on the autism spectrum are sorely lacking, and so many of my clients moving out of state have simply done without therapy. While there is admittedly some risk to having therapists from out of state serve CA clients, it is striking that this legislation is being argued against because CA wants to keep LOWER standards of education and training than that required by PSYPACT. In addition, psychologists have argued that out-of-state practitioners will undercut our fees, but again I cannot see this as anything but a boon to consumers in our state.

I urge you to vote to pursue this legislation and begin the process of having CA join the 26 other PSYPACT states. This move is long overdue and honestly seems inevitable as the expansion of telehealth and the increasingly mobile population requires. Please help CA psychologists and the clients who depend on us move into the 21st century. Please vote to urge adoption of the PSYCPACT legislation.

Thank you,

Kent Grelling PhD  
PSY15497

[REDACTED]

**Kent Grelling, PhD**

Grelling Psychology Associates

[REDACTED]

[REDACTED]

[www.DrGrelling.com](http://www.DrGrelling.com)

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Dear Mr. Foo, Dr. Tate, and members of the California Board of Psychology,

I am writing to express my strong support for the adoption of the Psychology Interjurisdictional Compact (PSYPACT) legislation in California. Quite frankly, California should be LEADING the process to expand services rather than restricting services. I am a psychologist licensed and living in CA. I oversee a

training program serving survivors of intimate partner violence. My clients have experienced trauma and must often relocate in order to escape abusive partners. My experience providing services through the COVID-19 pandemic convinced me that it is time for PSYPACT in CA. It is absolutely in the best interest of clients to maintain mental health services despite arbitrary state boundaries.

Like many of my colleagues, during COVID I sought temporary licensure in multiple other states including Texas, Washington, Massachusetts and Arizona in order to provide continuity of care to existing clients and to support populations within my areas of competence at a time of great consumer need. I spoke to numerous colleagues who did the same- we are ethically bound not to abandon clients and yet we are forced to do that simply because of an arbitrary decision that limits our services to our state. You have the capacity to change that by joining PsyPact!

The reasons previously stated by the Board to not join PsyPact (market competition, accreditation status of applicants) are simply insufficient given the scope of the need for mental health services across this country. California psychologists want the capacity to serve their clients no matter where they live. No one is forced to join PsyPact- it simply offers the opportunity to expand services to a broader market in the interest of best client care.

There will be growing pains in this process. However, advocating for PSYPACT legislation in CA aligns with the Board's mission and strategic goals of supporting the evolution of the profession, while protecting the health, safety, and welfare of consumers (who are now at increased risk). As a CA psychologist, I believe it is worth contending with some possible struggle in order to vote with what for so many of us amounts to core values: to provide and advocate for appropriate treatment for people in need, in California and beyond.

Thank you.

Respectfully submitted,

Diane Anderson  
CA 18142

***Diane Anderson, PhD  
Research and Grants Specialist  
Director of Clinical Services***

Pronouns: She/Her/Hers ([What is this?](#))



SAVE (Safe Alternatives to Violent Environments)



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To Whom It May Concern:

I am a licensed psychologist practicing in the Bay Area writing in **strong support of PSYPACT** legislation in California. I became licensed shortly before the pandemic and have already experienced the ways that our current licensing restrictions negatively impact continuity of care and mental healthcare access for those who most need it. I believe that interstate licensing is the future for our field and hope that the CA board will not hesitate to do the right thing and join forces with other states.

Over the past two years, I have been offering therapy both to highly resourced families and families

living at or below the poverty line. During the pandemic, I had private practice folks spend time in Truckee or Hawaii, and community clients move to live with family or find work wherever they could. In both cases, there was a strong ethical imperative to maintain continuity of treatment during a uniquely stressful and disruptive time. Being part of PSYPACT would have ensured that I could offer unbroken access to remote treatment, critical for all families, but especially those who relocated to areas with poorer access to quality mental health care.

The issue of mental healthcare access has reached crisis proportions for our country at this time, and it is clear to me that the high density of CA clinicians becoming part of PSYPACT will mean greater access to care for rural areas and communities in the heartland who urgently need care, including specialized care that is most abundant in coastal cities. I strongly believe that a public health mission is at the core of what it means to be an ethical psychologist, and that joining PSYPACT is an obvious way to be in alignment with these values.

On a personal level, I have beloved aging relatives out of state whom I would love to be able to live with and care for as they need more care. Knowing that I could offer remote services across state lines would mean the world to me and my family in this age of greater mobility and a need for greater flexibility to care for one another.

Thank you for your consideration and for making this choice in alignment with our professional values.  
Best regards,  
Arielle Balbus

--

Arielle Balbus, Psy.D.  
Licensed Clinical Psychologist (PSY#32171)

[REDACTED]

Website: [www.ariellebalbus.com](http://www.ariellebalbus.com)

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ATTENTION:

Seyron Foo, President

Lea Tate, Psy.D., Vice President

Dear Mr. Foo, Dr. Tate and members of the CA Board of Psychology,

I'm writing to express my support for the PSYPACT (Psychology Interjurisdictional Compact) legislation here in California.

I support adopting PSYPACT (as 26 other states have) because I see how it would benefit my patients and expand access to those who either cannot afford rates here or who have had to move.

As this pandemic has shown, telehealth is an important way to increase our effectiveness but that effectiveness is limited by the lack of reciprocity we currently have here in our state.

Not only is this good for our clients and ourselves, but I believe that **advocating for PSYPACT legislation in CA aligns with the Board's mission to protect the health, safety, and welfare of consumers while supporting the evolution of this profession.**

It would be wonderful to know that your actions reflect what many of your psychologists want, one that will enhance our ability to provide treatment for those in need.

**Please vote to adopt PSYPACT.**

Thank you,

--

Warmly,

Dr. Loi C. Medvin (she/her)

PSY#26392

Awaken the Joy of Being

[REDACTED]

[REDACTED]

Video: Google Meet/Zoom

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Alex Siegel, PhD, JD

**TO: ASPPB Member Board Offices, ASPPB Member Board Chairs and ASPPB Individual Members**

**RE: Call for Nominations for ASPPB Board of Directors**

Dear ASPPB Member Boards and ASPPB Member Board Chairs:

I am writing to announce that nominations will be accepted from the floor for the offices of President-Elect, 1st-Year Member-at-Large and Secretary-Treasurer on the Association's Board of Directors, with terms beginning January 2022, at the upcoming 61<sup>st</sup> Annual Meeting of Delegates.

**Timeframes and Deadlines**

Nominations must be made no later than **Friday, October 15, 2021** at the Call for Nominations from the floor at the Annual Meeting, which is currently scheduled to occur at approximately 3:00 PM Eastern Daylight Time. The Nominations Committee will meet following this time to make its recommendations to the Board of Directors. We hope that you will take the time to read through each area and nominate those individuals who you believe fit any of the following criteria. Elections will be held the following day and candidates will be given time for a three-minute speech to membership.

**ASPPB Board Positions**

We are seeking nominees for the ASPPB Board with elections to be held at the virtual, 61<sup>st</sup> ASPPB Annual Meeting of Delegates on Saturday, October 16, 2021. These elections will be held to fill three (3) vacancies caused by the expiration of terms for the offices of President-Elect, 1<sup>st</sup> Year Member-at-Large and Secretary-Treasurer.

Nominations for Board positions will be accepted from ASPPB member boards, although individuals may submit additional letters in support of a nomination.

The Nominations Committee adheres to the following language in the Bylaws:

*"Article VI.*

*C. Eligibility Requirements - To be eligible for election as a Director of the Association, the Director must, when elected, be either:*

*1. A current professional or public member, staff or counsel of the board/college that regulates psychology in a member jurisdiction; or*



2. *An individual member of the Association who is a current or former professional or public member, staff or counsel of the board/college that regulates psychology in a member jurisdiction;*

AND

1. *Must have no history of disciplinary action that has been reported to any professional disciplinary data bank; and*
2. *Must meet criteria specified in the Association's Policies and Procedures Manual.*

Those criteria are (excerpted from the ASPPB Policies & Procedures Manual):

- *Must ensure that a completed nomination packet has been submitted by a member jurisdiction on behalf of the nominee with a letter of nomination on **official Board/College letterhead**.*
- *For Member-at-Large and Secretary-Treasurer, at the time of nomination, must have:*
  - *Attended at least one ASPPB Annual Meeting of Delegates as a representative of a member board (current professional or public member, staff or counsel of a member jurisdiction) or ASPPB Individual Member, and*
  - *Served in their qualifying capacity with the regulatory board for a minimum of one year.*
- *For President-Elect, President and Past-President, at the time of nomination, must have:*
  - *Attended at least three ASPPB Membership Meetings, one of which must be an Annual Meeting of Delegates as a representative of a Member Board (current professional or public member, staff or counsel of a member jurisdiction) or ASPPB Individual Member, and*
  - *Served in their qualifying capacity with the regulatory board for a minimum of one year.*
  - *Served on a minimum of two ASPPB committees, task forces and/or workgroups.*

d) In addition to the required criteria above, the Nominations Committee has developed the following criteria for evaluating nominees (excerpted from the ASPPB Policies & Procedures Manual):

- a. *The Committee considers prior involvement and interest in ASPPB by the nominee to be a critical factor. Experience of the nominee with ASPPB is evaluated by taking the following into consideration:*
  - i. *Service as a delegate from a member jurisdiction*
  - ii. *Participation in ASPPB meetings and initiatives*
  - iii. *Service on an ASPPB committee, task force and/or workgroup*
  - iv. *A contributor to the profession who has been honored by ASPPB (e.g., Fellow, awardee)*
  - v. *Previously nominated for an office but not chosen for the slate*
  - vi. *A prior candidate for office*

The Nominations Committee adheres to the following language in the Bylaws and the Association's Policies and Procedures Manual:

*From the Bylaws: "Article VI.*

*D. Nominations for positions on the Board of Directors will be accepted:*

1. *in advance of the published deadline for nominations, from ASPPB member jurisdictions. Letters from individuals in support of a member jurisdiction's nomination will be accepted as supplemental information; and*
2. *prior to the annual meeting, from the Board of Directors, if there are no qualified nominees received from ASPPB member jurisdictions;*
3. *at the Annual Meeting from the floor, by an official delegate on behalf of their member jurisdiction, as specified in the Association's Policies and Procedures Manual.*

- *From the Association's Policies and Procedures Manual 6, h:*

*All established criteria for nomination must be met, including submission of a completed nomination packet, prior to nomination.*

Although it is typical for the Third-Year Member-at-Large to seek the nomination for President-Elect, other eligible individuals are not precluded from seeking the nomination for that office and are invited to do so.

Below is a detailed description of each of the Board positions available:

**A. President-Elect (Three-year term)**

The President-Elect serves in this office starting January 1st of the year following their election at the Annual Meeting, then automatically becomes President on January 1st the year after that, and then serves a third year as Past-President. As a member of the Board of Directors, the President-Elect, President, and Past-President will attend six Board of Directors meetings each year, and the Annual and Midyear Meetings. In addition, and as determined by the Board of Directors (in consultation with the President), the President-Elect serves on other Association committees and task forces as assigned in the *Game Plan*, and may serve as ASPPB liaison or representative to other professional groups. Time spent on committees, task forces and liaison activities will vary during the President-Elect, Presidential and Past-Presidential year, and may be adjusted to the individual needs and interests of the Board member at the discretion of the Board. The members of the Board in the Presidential sequence generally spend approximately 50-70 days a year in meetings and travel for the Association. Additional time is spent preparing for meetings and reviewing documents important to the functioning of the Association.

**B. Secretary/Treasurer (Three-year term)**

As a member of the Board of Directors, the Secretary-Treasurer will attend six Board of Directors meetings, one Finance and Audit Committee meeting, the Annual and Midyear Meetings. In addition, and as determined by the Board of Directors (in consultation with the President), the Secretary/Treasurer serves on other Association committees and task forces as assigned in the *Game Plan*, as well as serve as ASPPB liaison or representative to other professional groups. The Secretary-Treasurer generally spends a minimum of 45 days a year in Association activities. Additional time for travel is clearly a necessity. The Secretary-Treasurer is further responsible for chairing several committees, and will be primarily responsible for the activities of those committees.

**C. Member-at-Large (Three-year term)**

As a member of the Board of Directors, the Member-at-Large will attend six Board of Directors meetings each year, the Annual and Midyear Meetings, will serve on other Association committees and task forces as assigned in the *Game Plan*, and may serve as ASPPB liaison or representative to other professional groups. Several years ago, the Board of Directors began a new system whereby each new Member-at-Large will take on certain duties assigned to various tracks. The three tracks are: 1) Mobility Program, 2) Examination Program, and 3) Education and Training. The current vacancy is in the Examination Program. More details about this track system can be found in the accompanying document entitled "Considering a Run for the Association of State and Provincial Psychology Boards (ASPPB) Board of Directors (BOD)". The Member-at-Large generally spends a minimum of 50 days a year in meetings and travel for the Association. Additional time is spent preparing for meetings. A Member-at-Large is elected for a three-year term, but may run for another office prior to completing the term. It is typical, although entirely optional, for the outgoing Member-at-Large to seek and obtain the nomination for President-Elect at the end of their three-year term as Member-at-Large.

★ **To make a nomination for the ASPPB President-Elect, 1<sup>st</sup>-Year Member-at-Large or Secretary-Treasurer, please send the following items to Leslie Browning at the ASPPB Central Office no later than Friday, October 15, 2021 at 3:00 PM EDT, by email ([lbrowning@asppb.org](mailto:lbrowning@asppb.org)), fax (678-216-1176), or mail (P.O. Box 849, Tyrone, GA 30290). Early submissions are accepted and encouraged.**

1. A cover letter on official Board/College letterhead from the nominator outlining the contributions made by the nominee with as much specificity as possible;
2. Any additional letters of support;

3. The fully completed ASPPB Board Member Nomination Form (copy attached); and
4. The nominee's most recent curriculum vitae/résumé.

### Deadline for Nominations

It is important for you to know that the deadlines for nominations are strictly adhered to, as the slates must be completed in time for the Nominations Committee to convene, and for the Board of Directors to vote on the officer slates prior to the ballot being made available to delegates on October 16, 2021. Please send all your nominations and accompanying documents to the attention of **Leslie Browning at the ASPPB Central Office, by email ([lbrowning@asppb.org](mailto:lbrowning@asppb.org)), fax (678-216-1176), or mail (P.O. Box 849, Tyrone, GA 30290), for receipt by Friday, October 15, 2021 at 3:00 PM EDT.**

I am happy to answer any questions you may have about running for office. I can be reached at [syoung@asppb.org](mailto:syoung@asppb.org). The Nominations Committee greatly appreciates your input and looks forward to receiving your nominations.

Sincerely,



Sheila G. Young, PhD  
Chair, ASPPB Nominations Committee

#### Attachments:

1. ASPPB Call for Nominations
  - a. Considering a Run for the ASPPB Board of Directors
2. ASPPB Board Nomination Form

**ASSEMBLY BILL**

**No. 2051**

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**Introduced by Assembly Member Bonta**

February 1, 2024

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An act to amend Section 2903 of, to add Section 2948.5 to, and to add Article 11 (commencing with Section 2999.110) to Chapter 6.6 of Division 2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2051, as introduced, Bonta. Psychology interjurisdictional compact.

Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate the practice of psychology. Existing law, except as specified, prohibits persons without a license under existing law from practicing psychology or representing themselves to be a psychologist in this state. Existing law requires an applicant for licensure as a psychologist to possess specified degrees, have engaged in supervised professional experience, pass an examination, and complete particular coursework or provide evidence of training.

This bill would ratify and approve the Psychology Interjurisdictional Compact, an interstate compact that is operational under its terms, to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Under this bill, the compact would require this state, as a compact state, to recognize the right of a psychologist, licensed in a compact state in conformance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as

provided in the compact. Under the bill, the compact would also require this state to recognize the right of a psychologist, licensed in a compact state in conformance with the compact, to practice temporarily in other compact states in which the psychologist is not licensed, as provided in the compact. Under the bill, the compact would require the board to appoint a commissioner to the Psychology Interjurisdictional Compact Commission, a joint body with powers and responsibilities as established by the compact, including rulemaking authority, as prescribed.

This bill would require the board to comply with the requirements of the compact and to adopt regulations as necessary to implement the compact. Under the bill, a person without a license granted under existing state law, but holding a privilege to practice under the compact, would not be prohibited from engaging in the practice of psychology or representing themselves to be a psychologist.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 2903 of the Business and Professions  
2 Code is amended to read:  
3 2903. (a) No person may engage in the practice of psychology,  
4 or represent ~~himself or herself~~ *themselves* to be a psychologist,  
5 without a license granted under this chapter, except as otherwise  
6 provided in this ~~chapter~~. *The chapter, including, but not limited*  
7 *to, holding a privilege to practice under the Psychology*  
8 *Interjurisdictional Compact (PSYPACT) adopted pursuant to*  
9 *Article 11 (commencing with Section 2999.110).*  
10 (b) The practice of psychology is defined as rendering or offering  
11 to render to individuals, groups, organizations, or the public any  
12 psychological service involving the application of psychological  
13 principles, methods, and procedures of understanding, predicting,  
14 and influencing behavior, such as the principles pertaining to  
15 learning, perception, motivation, emotions, and interpersonal  
16 relationships; and the methods and procedures of interviewing,  
17 counseling, psychotherapy, behavior modification, and hypnosis;  
18 and of constructing, administering, and interpreting tests of mental  
19 abilities, aptitudes, interests, attitudes, personality characteristics,  
20 emotions, and motivations.

21 (b)

(c) The application of these principles and methods includes, but is not restricted to, assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organizations.

~~(e) Psychotherapy within~~

(d) “*Psychotherapy*,” within the meaning of this chapter, means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes, and behaviors that are emotionally, intellectually, or socially ineffectual or maladaptive.

SEC. 2. Section 2948.5 is added to the Business and Professions Code, to read:

2948.5. The board shall comply with the requirements of the Psychology Interjurisdictional Compact (PSYPACT) adopted pursuant to Article 11 (commencing with Section 2999.110) and shall adopt regulations necessary to implement the requirements of the compact.

SEC. 3. Article 11 (commencing with Section 2999.110) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:

Article 11. Psychology Interjurisdictional Compact (PSYPACT)

2999.110. Psychology Interjurisdictional Compact (PSYPACT) as set forth in Section 2999.111 is hereby ratified and approved.

2999.111. The provisions of the Psychology Interjurisdictional Compact (PSYPACT) between the State of California and other states that are parties to the compact are as follows:

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

1 across state boundaries for 30 days within a calendar year in the  
2 performance of their psychological practice as assigned by an  
3 appropriate authority;

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

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

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

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

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

19 1. Increase public access to professional psychological services  
20 by allowing for telepsychological practice across state lines as well  
21 as temporary in-person, face-to-face services into a state which  
22 the psychologist is not licensed to practice psychology;

23 2. Enhance the states' ability to protect the public's health and  
24 safety, especially client/patient safety;

25 3. Encourage the cooperation of Compact States in the areas of  
26 psychology licensure and regulation;

27 4. Facilitate the exchange of information between Compact States  
28 regarding psychologist licensure, adverse actions and disciplinary  
29 history;

30 5. Promote compliance with the laws governing psychological  
31 practice in each Compact State; and

32 6. Invest all Compact States with the authority to hold licensed  
33 psychologists accountable through the mutual recognition of  
34 Compact State licenses.

## 35 ARTICLE II. DEFINITIONS

36 A. "Adverse Action" means: Any action taken by a State  
37 Psychology Regulatory Authority which finds a violation of a  
38 statute or regulation that is identified by the State Psychology  
39 Regulatory Authority as discipline and is a matter of public record.

1 B. “Association of State and Provincial Psychology Boards  
2 (ASPPB)” means: the recognized membership organization  
3 composed of State and Provincial Psychology Regulatory  
4 Authorities responsible for the licensure and registration of  
5 psychologists throughout the United States and Canada.

6 C. “Authority to Practice Interjurisdictional Telepsychology”  
7 means: a licensed psychologist’s authority to practice  
8 telepsychology, within the limits authorized under this Compact,  
9 in another Compact State.

10 D. “Bylaws” means: those Bylaws established by the Psychology  
11 Interjurisdictional Compact Commission pursuant to Article X for  
12 its governance, or for directing and controlling its actions and  
13 conduct.

14 E. “Client/Patient” means: the recipient of psychological services,  
15 whether psychological services are delivered in the context of  
16 healthcare, corporate, supervision, and/or consulting services.

17 F. “Commissioner” means: the voting representative appointed  
18 by each State Psychology Regulatory Authority pursuant to Article  
19 X.

20 G. “Compact State” means: a state, the District of Columbia, or  
21 United States territory that has enacted this Compact legislation  
22 and which has not withdrawn pursuant to Article XIII, Section C  
23 or been terminated pursuant to Article XII, Section B.

24 H. “Coordinated Licensure Information System” also referred  
25 to as “Coordinated Database” means: an integrated process for  
26 collecting, storing, and sharing information on psychologists’  
27 licensure and enforcement activities related to psychology licensure  
28 laws, which is administered by the recognized membership  
29 organization composed of State and Provincial Psychology  
30 Regulatory Authorities.

31 I. “Confidentiality” means: the principle that data or information  
32 is not made available or disclosed to unauthorized persons and/or  
33 processes.

34 J. “Day” means: any part of a day in which psychological work  
35 is performed.

36 K. “Distant State” means: the Compact State where a  
37 psychologist is physically present (not through the use of  
38 telecommunications technologies), to provide temporary in-person,  
39 face-to-face psychological services.



1 L. “E.Passport” means: a certificate issued by the Association  
2 of State and Provincial Psychology Boards (ASPPB) that promotes  
3 the standardization in the criteria of interjurisdictional  
4 telepsychology practice and facilitates the process for licensed  
5 psychologists to provide telepsychological services across state  
6 lines.

7 M. “Executive Board” means: a group of directors elected or  
8 appointed to act on behalf of, and within the powers granted to  
9 them by, the Commission.

10 N. “Home State” means: a Compact State where a psychologist  
11 is licensed to practice psychology. If the psychologist is licensed  
12 in more than one Compact State and is practicing under the  
13 Authorization to Practice Interjurisdictional Telepsychology, the  
14 Home State is the Compact State where the psychologist is  
15 physically present when the telepsychological services are  
16 delivered. If the psychologist is licensed in more than one Compact  
17 State and is practicing under the Temporary Authorization to  
18 Practice, the Home State is any Compact State where the  
19 psychologist is licensed.

20 O. “Identity History Summary” means: a summary of information  
21 retained by the FBI, or other designee with similar authority, in  
22 connection with arrests and, in some instances, federal  
23 employment, naturalization, or military service.

24 P. “In-Person, Face-to-Face” means: interactions in which the  
25 psychologist and the client/patient are in the same physical space  
26 and which does not include interactions that may occur through  
27 the use of telecommunication technologies.

28 Q. “Interjurisdictional Practice Certificate (IPC)” means: a  
29 certificate issued by the Association of State and Provincial  
30 Psychology Boards (ASPPB) that grants temporary authority to  
31 practice based on notification to the State Psychology Regulatory  
32 Authority of intention to practice temporarily, and verification of  
33 one’s qualifications for such practice.

34 R. “License” means: authorization by a State Psychology  
35 Regulatory Authority to engage in the independent practice of  
36 psychology, which would be unlawful without the authorization.

37 S. “Non-Compact State” means: any State which is not at the  
38 time a Compact State.

39 T. “Psychologist” means: an individual licensed for the  
40 independent practice of psychology.

1 U. “Psychology Interjurisdictional Compact Commission” also  
2 referred to as “Commission” means: the national administration  
3 of which all Compact States are members.

4 V. “Receiving State” means: a Compact State where the  
5 client/patient is physically located when the telepsychological  
6 services are delivered.

7 W. “Rule” means: a written statement by the Psychology  
8 Interjurisdictional Compact Commission promulgated pursuant to  
9 Article XI of the Compact that is of general applicability,  
10 implements, interprets, or prescribes a policy or provision of the  
11 Compact, or an organizational, procedural, or practice requirement  
12 of the Commission and has the force and effect of statutory law  
13 in a Compact State, and includes the amendment, repeal or  
14 suspension of an existing rule.

15 X. “Significant Investigatory Information” means:

16 1. investigative information that a State Psychology Regulatory  
17 Authority, after a preliminary inquiry that includes notification  
18 and an opportunity to respond if required by state law, has reason  
19 to believe, if proven true, would indicate more than a violation of  
20 state statute or ethics code that would be considered more  
21 substantial than minor infraction; or

22 2. investigative information that indicates that the psychologist  
23 represents an immediate threat to public health and safety  
24 regardless of whether the psychologist has been notified and/or  
25 had an opportunity to respond.

26 Y. “State” means: a state, commonwealth, territory, or possession  
27 of the United States, the District of Columbia.

28 Z. “State Psychology Regulatory Authority” means: the Board,  
29 office or other agency with the legislative mandate to license and  
30 regulate the practice of psychology.

31 AA. “Telepsychology” means: the provision of psychological  
32 services using telecommunication technologies.

33 BB. “Temporary Authorization to Practice” means: a licensed  
34 psychologist’s authority to conduct temporary in-person,  
35 face-to-face practice, within the limits authorized under this  
36 Compact, in another Compact State.

37 CC. “Temporary In-Person, Face-to-Face Practice” means: where  
38 a psychologist is physically present (not through the use of  
39 telecommunications technologies), in the Distant State to provide

1 for the practice of psychology for 30 days within a calendar year  
2 and based on notification to the Distant State.

3 ARTICLE III. HOME STATE LICENSURE

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

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

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

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

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

24 1. Currently requires the psychologist to hold an active  
25 E.Passport;

26 2. Has a mechanism in place for receiving and investigating  
27 complaints about licensed individuals;

28 3. Notifies the Commission, in compliance with the terms herein,  
29 of any adverse action or significant investigatory information  
30 regarding a licensed individual;

31 4. Requires an Identity History Summary of all applicants at  
32 initial licensure, including the use of the results of fingerprints or  
33 other biometric data checks compliant with the requirements of  
34 the Federal Bureau of Investigation FBI, or other designee with  
35 similar authority, no later than ten years after activation of the  
36 Compact; and

37 5. Complies with the Bylaws and Rules of the Commission.

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

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

14 ARTICLE IV. COMPACT PRIVILEGE TO PRACTICE  
15 TELEPSYCHOLOGY

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

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

25 1. Hold a graduate degree in psychology from an institute of  
26 higher education that was, at the time the degree was awarded:

27 a. Regionally accredited by an accrediting body recognized by  
28 the U.S. Department of Education to grant graduate degrees, OR  
29 authorized by Provincial Statute or Royal Charter to grant doctoral  
30 degrees; OR

31 b. A foreign college or university deemed to be equivalent to 1  
32 (a) above by a foreign credential evaluation service that is a  
33 member of the National Association of Credential Evaluation  
34 Services (NACES) or by a recognized foreign credential evaluation  
35 service; AND

36 2. Hold a graduate degree in psychology that meets the following  
37 criteria:

38 a. The program, wherever it may be administratively housed,  
39 must be clearly identified and labeled as a psychology program.  
40 Such a program must specify in pertinent institutional catalogues

- 1 and brochures its intent to educate and train professional
- 2 psychologists;
- 3 b. The psychology program must stand as a recognizable,
- 4 coherent, organizational entity within the institution;
- 5 c. There must be a clear authority and primary responsibility for
- 6 the core and specialty areas whether or not the program cuts across
- 7 administrative lines;
- 8 d. The program must consist of an integrated, organized sequence
- 9 of study;
- 10 e. There must be an identifiable psychology faculty sufficient
- 11 in size and breadth to carry out its responsibilities;
- 12 f. The designated director of the program must be a psychologist
- 13 and a member of the core faculty;
- 14 g. The program must have an identifiable body of students who
- 15 are matriculated in that program for a degree;
- 16 h. The program must include supervised practicum, internship,
- 17 or field training appropriate to the practice of psychology;
- 18 i. The curriculum shall encompass a minimum of three academic
- 19 years of full- time graduate study for doctoral degree and a
- 20 minimum of one academic year of full-time graduate study for
- 21 master's degree;
- 22 j. The program includes an acceptable residency as defined by
- 23 the Rules of the Commission.
- 24 3. Possess a current, full and unrestricted license to practice
- 25 psychology in a Home State which is a Compact State;
- 26 4. Have no history of adverse action that violate the Rules of the
- 27 Commission;
- 28 5. Have no criminal record history reported on an Identity History
- 29 Summary that violates the Rules of the Commission;
- 30 6. Possess a current, active E.Passport;
- 31 7. Provide attestations in regard to areas of intended practice,
- 32 conformity with standards of practice, competence in
- 33 telepsychology technology; criminal background; and knowledge
- 34 and adherence to legal requirements in the home and receiving
- 35 states, and provide a release of information to allow for primary
- 36 source verification in a manner specified by the Commission; and
- 37 8. Meet other criteria as defined by the Rules of the Commission.
- 38 C. The Home State maintains authority over the license of any
- 39 psychologist practicing into a Receiving State under the Authority
- 40 to Practice Interjurisdictional Telepsychology.

1 D. A psychologist practicing into a Receiving State under the  
2 Authority to Practice Interjurisdictional Telepsychology will be  
3 subject to the Receiving State's scope of practice.

4 A Receiving State may, in accordance with that state's due  
5 process law, limit or revoke a psychologist's Authority to Practice  
6 Interjurisdictional Telepsychology in the Receiving State and may  
7 take any other necessary actions under the Receiving State's  
8 applicable law to protect the health and safety of the Receiving  
9 State's citizens. If a Receiving State takes action, the state shall  
10 promptly notify the Home State and the Commission.

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

18 ARTICLE V. COMPACT TEMPORARY AUTHORIZATION  
19 TO PRACTICE

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

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

28 1. Hold a graduate degree in psychology from an institute of  
29 higher education that was, at the time the degree was awarded:

30 a. Regionally accredited by an accrediting body recognized by  
31 the U.S. Department of Education to grant graduate degrees, OR  
32 authorized by Provincial Statute or Royal Charter to grant doctoral  
33 degrees; OR

34 b. A foreign college or university deemed to be equivalent to 1  
35 (a) above by a foreign credential evaluation service that is a  
36 member of the National Association of Credential Evaluation  
37 Services (NACES) or by a recognized foreign credential evaluation  
38 service; AND

39 2. Hold a graduate degree in psychology that meets the following  
40 criteria:

- 1 a. The program, wherever it may be administratively housed,  
2 must be clearly identified and labeled as a psychology program.  
3 Such a program must specify in pertinent institutional catalogues  
4 and brochures its intent to educate and train professional  
5 psychologists;
- 6 b. The psychology program must stand as a recognizable,  
7 coherent, organizational entity within the institution;
- 8 c. There must be a clear authority and primary responsibility for  
9 the core and specialty areas whether or not the program cuts across  
10 administrative lines;
- 11 d. The program must consist of an integrated, organized sequence  
12 of study;
- 13 e. There must be an identifiable psychology faculty sufficient  
14 in size and breadth to carry out its responsibilities;
- 15 f. The designated director of the program must be a psychologist  
16 and a member of the core faculty;
- 17 g. The program must have an identifiable body of students who  
18 are matriculated in that program for a degree;
- 19 h. The program must include supervised practicum, internship,  
20 or field training appropriate to the practice of psychology;
- 21 i. The curriculum shall encompass a minimum of three academic  
22 years of full- time graduate study for doctoral degrees and a  
23 minimum of one academic year of full-time graduate study for  
24 master's degree;
- 25 j. The program includes an acceptable residency as defined by  
26 the Rules of the Commission.
- 27 3. Possess a current, full and unrestricted license to practice  
28 psychology in a Home State which is a Compact State;
- 29 4. No history of adverse action that violate the Rules of the  
30 Commission;
- 31 5. No criminal record history that violates the Rules of the  
32 Commission;
- 33 6. Possess a current, active IPC;
- 34 7. Provide attestations in regard to areas of intended practice  
35 and work experience and provide a release of information to allow  
36 for primary source verification in a manner specified by the  
37 Commission; and
- 38 8. Meet other criteria as defined by the Rules of the Commission.

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

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

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

19 ARTICLE VI. CONDITIONS OF TELEPSYCHOLOGY  
20 PRACTICE IN A RECEIVING STATE

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

27 1. The psychologist initiates a client/patient contact in a Home  
28 State via telecommunications technologies with a client/patient in  
29 a Receiving State;

30 2. Other conditions regarding telepsychology as determined by  
31 Rules promulgated by the Commission.

32 ARTICLE VII. ADVERSE ACTIONS

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

38 B. A Receiving State may take adverse action on a psychologist's  
39 Authority to Practice Interjurisdictional Telepsychology within  
40 that Receiving State. A Home State may take adverse action against



1 a psychologist based on an adverse action taken by a Distant State  
2 regarding temporary in-person, face-to-face practice.

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

8 1. All Home State disciplinary orders which impose adverse  
9 action shall be reported to the Commission in accordance with the  
10 Rules promulgated by the Commission. A Compact State shall  
11 report adverse actions in accordance with the Rules of the  
12 Commission.

13 2. In the event discipline is reported on a psychologist, the  
14 psychologist will not be eligible for telepsychology or temporary  
15 in-person, face-to-face practice in accordance with the Rules of  
16 the Commission.

17 3. Other actions may be imposed as determined by the Rules  
18 promulgated by the Commission.

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

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

34 F. Nothing in this Compact shall override a Compact State's  
35 decision that a psychologist's participation in an alternative  
36 program may be used in lieu of adverse action and that such  
37 participation shall remain non-public if required by the Compact  
38 State's law. Compact States must require psychologists who enter  
39 any alternative programs to not provide telepsychology services  
40 under the Authority to Practice Interjurisdictional Telepsychology

1 or provide temporary psychological services under the Temporary  
2 Authorization to Practice in any other Compact State during the  
3 term of the alternative program.

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

7 ARTICLE VIII. ADDITIONAL AUTHORITIES INVESTED  
8 IN A COMPACT STATE'S PSYCHOLOGY REGULATORY  
9 AUTHORITY

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

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

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

28 3. During the course of any investigation, a psychologist may  
29 not change his/her Home State licensure. A Home State Psychology  
30 Regulatory Authority is authorized to complete any pending  
31 investigations of a psychologist and to take any actions appropriate  
32 under its law. The Home State Psychology Regulatory Authority  
33 shall promptly report the conclusions of such investigations to the  
34 Commission. Once an investigation has been completed, and  
35 pending the outcome of said investigation, the psychologist may  
36 change his/her Home State licensure. The Commission shall  
37 promptly notify the new Home State of any such decisions as  
38 provided in the Rules of the Commission. All information provided  
39 to the Commission or distributed by Compact States pursuant to  
40 the psychologist shall be confidential, filed under seal and used

1 for investigatory or disciplinary matters. The Commission may  
2 create additional rules for mandated or discretionary sharing of  
3 information by Compact States.

4 ARTICLE IX. COORDINATED LICENSURE INFORMATION  
5 SYSTEM

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

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

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

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

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

38 E. Any information submitted to the Coordinated Database that  
39 is subsequently required to be expunged by the law of the Compact

1 State reporting the information shall be removed from the  
2 Coordinated Database.

3 ARTICLE X. ESTABLISHMENT OF THE PSYCHOLOGY  
4 INTERJURISDICTIONAL COMPACT COMMISSION

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

8 1. The Commission is a body politic and an instrumentality of  
9 the Compact States.

10 2. Venue is proper and judicial proceedings by or against the  
11 Commission shall be brought solely and exclusively in a court of  
12 competent jurisdiction where the principal office of the  
13 Commission is located. The Commission may waive venue and  
14 jurisdictional defenses to the extent it adopts or consents to  
15 participate in alternative dispute resolution proceedings.

16 3. Nothing in this Compact shall be construed to be a waiver of  
17 sovereign immunity.

18 B. Membership, Voting, and Meetings

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

24 a. Executive Director, Executive Secretary or similar executive;  
25 b. Current member of the State Psychology Regulatory Authority  
26 of a Compact State;

27 OR

28 c. Designee empowered with the appropriate delegate authority  
29 to act on behalf of the Compact State.

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

35 3. Each Commissioner shall be entitled to one (1) vote with  
36 regard to the promulgation of Rules and creation of Bylaws and  
37 shall otherwise have an opportunity to participate in the business  
38 and affairs of the Commission. A Commissioner shall vote in  
39 person or by such other means as provided in the Bylaws. The

1 Bylaws may provide for Commissioners' participation in meetings  
2 by telephone or other means of communication.

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

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

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

10 a. Non-compliance of a Compact State with its obligations under  
11 the Compact;

12 b. The employment, compensation, discipline or other personnel  
13 matters, practices or procedures related to specific employees or  
14 other matters related to the

15 Commission's internal personnel practices and procedures;

16 c. Current, threatened, or reasonably anticipated litigation against  
17 the Commission;

18 d. Negotiation of contracts for the purchase or sale of goods,  
19 services or real estate;

20 e. Accusation against any person of a crime or formally censuring  
21 any person;

22 f. Disclosure of trade secrets or commercial or financial  
23 information which is privileged or confidential;

24 g. Disclosure of information of a personal nature where  
25 disclosure would constitute a clearly unwarranted invasion of  
26 personal privacy;

27 h. Disclosure of investigatory records compiled for law  
28 enforcement purposes;

29 i. Disclosure of information related to any investigatory reports  
30 prepared by or on behalf of or for use of the Commission or other  
31 committee charged with responsibility for investigation or  
32 determination of compliance issues pursuant to the Compact; or

33 j. Matters specifically exempted from disclosure by federal and  
34 state statute.

35 7. If a meeting, or portion of a meeting, is closed pursuant to  
36 this provision, the Commission's legal counsel or designee shall  
37 certify that the meeting may be closed and shall reference each  
38 relevant exempting provision. The Commission shall keep minutes  
39 which fully and clearly describe all matters discussed in a meeting  
40 and shall provide a full and accurate summary of actions taken, of

1 any person participating in the meeting, and the reasons therefore,  
2 including a description of the views expressed. All documents  
3 considered in connection with an action shall be identified in such  
4 minutes. All minutes and documents of a closed meeting shall  
5 remain under seal, subject to release only by a majority vote of  
6 the Commission or order of a court of competent jurisdiction.

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

- 12 1. Establishing the fiscal year of the Commission;
- 13 2. Providing reasonable standards and procedures:
  - 14 a. for the establishment and meetings of other committees; and
  - 15 b. governing any general or specific delegation of any authority
- 16 or function of the Commission;
- 17 3. Providing reasonable procedures for calling and conducting  
18 meetings of the Commission, ensuring reasonable advance notice  
19 of all meetings and providing an opportunity for attendance of  
20 such meetings by interested parties, with enumerated exceptions  
21 designed to protect the public's interest, the privacy of individuals  
22 of such proceedings, and proprietary information, including trade  
23 secrets. The Commission may meet in closed session only after a  
24 majority of the Commissioners vote to close a meeting to the public  
25 in whole or in part. As soon as practicable, the Commission must  
26 make public a copy of the vote to close the meeting revealing the  
27 vote of each Commissioner with no proxy votes allowed;
- 28 4. Establishing the titles, duties and authority and reasonable  
29 procedures for the election of the officers of the Commission;
- 30 5. Providing reasonable standards and procedures for the  
31 establishment of the personnel policies and programs of the  
32 Commission. Notwithstanding any civil service or other similar  
33 law of any Compact State, the Bylaws shall exclusively govern  
34 the personnel policies and programs of the Commission;
- 35 6. Promulgating a Code of Ethics to address permissible and  
36 prohibited activities of Commission members and employees;
- 37 7. Providing a mechanism for concluding the operations of the  
38 Commission and the equitable disposition of any surplus funds  
39 that may exist after the termination of the Compact after the  
40 payment and/or reserving of all of its debts and obligations;

1     8. The Commission shall publish its Bylaws in a convenient  
2 form and file a copy thereof and a copy of any amendment thereto,  
3 with the appropriate agency or officer in each of the Compact  
4 States;

5     9. The Commission shall maintain its financial records in  
6 accordance with the Bylaws; and

7     10. The Commission shall meet and take such actions as are  
8 consistent with the provisions of this Compact and the Bylaws.

9     D. The Commission shall have the following powers:

10     1. The authority to promulgate uniform rules to facilitate and  
11 coordinate implementation and administration of this Compact.  
12 The rule shall have the force and effect of law and shall be binding  
13 in all Compact States;

14     2. To bring and prosecute legal proceedings or actions in the  
15 name of the Commission, provided that the standing of any State  
16 Psychology Regulatory Authority or other regulatory body  
17 responsible for psychology licensure to sue or be sued under  
18 applicable law shall not be affected;

19     3. To purchase and maintain insurance and bonds;

20     4. To borrow, accept or contract for services of personnel,  
21 including, but not limited to, employees of a Compact State;

22     5. To hire employees, elect or appoint officers, fix compensation,  
23 define duties, grant such individuals appropriate authority to carry  
24 out the purposes of the Compact, and to establish the Commission's  
25 personnel policies and programs relating to conflicts of interest,  
26 qualifications of personnel, and other related personnel matters;

27     6. To accept any and all appropriate donations and grants of  
28 money, equipment, supplies, materials and services, and to receive,  
29 utilize and dispose of the same; provided that at all times the  
30 Commission shall strive to avoid any appearance of impropriety  
31 and/or conflict of interest;

32     7. To lease, purchase, accept appropriate gifts or donations of,  
33 or otherwise to own, hold, improve or use, any property, real,  
34 personal or mixed; provided that at all times the Commission shall  
35 strive to avoid any appearance of impropriety;

36     8. To sell, convey, mortgage, pledge, lease, exchange, abandon  
37 or otherwise dispose of any property real, personal or mixed;

38     9. To establish a budget and make expenditures;

39     10. To borrow money;

1 11. To appoint committees, including advisory committees  
2 comprised of Members, State regulators, State legislators or their  
3 representatives, and consumer representatives, and such other  
4 interested persons as may be designated in this Compact and the  
5 Bylaws;

6 12. To provide and receive information from, and to cooperate  
7 with, law enforcement agencies;

8 13. To adopt and use an official seal; and

9 14. To perform such other functions as may be necessary or  
10 appropriate to achieve the purposes of this Compact consistent  
11 with the state regulation of psychology licensure, temporary  
12 in-person, face-to-face practice and telepsychology practice.

13 E. The Executive Board

14 The elected officers shall serve as the Executive Board, which  
15 shall have the power to act on behalf of the Commission according  
16 to the terms of this Compact.

17 1. The Executive Board shall be comprised of six members:

18 a. Five voting members who are elected from the current  
19 membership of the Commission by the Commission;

20 b. One ex-officio, nonvoting member from the recognized  
21 membership organization composed of State and Provincial  
22 Psychology Regulatory Authorities.

23 2. The ex-officio member must have served as staff or member  
24 on a State Psychology Regulatory Authority and will be selected  
25 by its respective organization.

26 3. The Commission may remove any member of the Executive  
27 Board as provided in Bylaws.

28 4. The Executive Board shall meet at least annually.

29 5. The Executive Board shall have the following duties and  
30 responsibilities:

31 a. Recommend to the entire Commission changes to the Rules  
32 or Bylaws, changes to this Compact legislation, fees paid by  
33 Compact States such as annual dues, and any other applicable fees;

34 b. Ensure Compact administration services are appropriately  
35 provided, contractual or otherwise;

36 c. Prepare and recommend the budget;

37 d. Maintain financial records on behalf of the Commission;

38 e. Monitor Compact compliance of member states and provide  
39 compliance reports to the Commission;

40 f. Establish additional committees as necessary; and



1 g. Other duties as provided in Rules or Bylaws.

2 F. Financing of the Commission

3 1. The Commission shall pay, or provide for the payment of the  
4 reasonable expenses of its establishment, organization and ongoing  
5 activities.

6 2. The Commission may accept any and all appropriate revenue  
7 sources, donations and grants of money, equipment, supplies,  
8 materials and services.

9 3. The Commission may levy on and collect an annual  
10 assessment from each Compact State or impose fees on other  
11 parties to cover the cost of the operations and activities of the  
12 Commission and its staff which must be in a total amount sufficient  
13 to cover its annual budget as approved each year for which revenue  
14 is not provided by other sources. The aggregate annual assessment  
15 amount shall be allocated based upon a formula to be determined  
16 by the Commission which shall promulgate a rule binding upon  
17 all Compact States.

18 4. The Commission shall not incur obligations of any kind prior  
19 to securing the funds adequate to meet the same; nor shall the  
20 Commission pledge the credit of any of the Compact States, except  
21 by and with the authority of the Compact State.

22 5. The Commission shall keep accurate accounts of all receipts  
23 and disbursements. The receipts and disbursements of the  
24 Commission shall be subject to the audit and accounting procedures  
25 established under its Bylaws. However, all receipts and  
26 disbursements of funds handled by the Commission shall be audited  
27 yearly by a certified or licensed public accountant and the report  
28 of the audit shall be included in and become part of the annual  
29 report of the Commission.

30 G. Qualified Immunity, Defense, and Indemnification

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

1 injury or liability caused by the intentional or willful or wanton  
2 misconduct of that person.

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

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

25 ARTICLE XI. RULEMAKING

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

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

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

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

40 1. On the website of the Commission; and

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

4 E. The Notice of Proposed Rulemaking shall include:

5 1. The proposed time, date, and location of the meeting in which  
6 the rule will be considered and voted upon;

7 2. The text of the proposed rule or amendment and the reason  
8 for the proposed rule;

9 3. A request for comments on the proposed rule from any  
10 interested person; and

11 4. The manner in which interested persons may submit notice  
12 to the Commission of their intention to attend the public hearing  
13 and any written comments.

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

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

20 1. At least twenty-five (25) persons who submit comments  
21 independently of each other;

22 2. A governmental subdivision or agency; or

23 3. A duly appointed person in an association that has having at  
24 least twenty-five (25) members.

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

28 1. All persons wishing to be heard at the hearing shall notify the  
29 Executive Director of the Commission or other designated member  
30 in writing of their desire to appear and testify at the hearing not  
31 less than five (5) business days before the scheduled date of the  
32 hearing.

33 2. Hearings shall be conducted in a manner providing each person  
34 who wishes to comment a fair and reasonable opportunity to  
35 comment orally or in writing.

36 3. No transcript of the hearing is required, unless a written  
37 request for a transcript is made, in which case the person requesting  
38 the transcript shall bear the cost of producing the transcript. A  
39 recording may be made in lieu of a transcript under the same terms  
40 and conditions as a transcript. This subsection shall not preclude

1 the Commission from making a transcript or recording of the  
2 hearing if it so chooses.

3 4. Nothing in this section shall be construed as requiring a  
4 separate hearing on each rule. Rules may be grouped for the  
5 convenience of the Commission at hearings required by this  
6 section.

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

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

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

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

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

31 M. The Commission or an authorized committee of the  
32 Commission may direct revisions to a previously adopted rule or  
33 amendment for purposes of correcting typographical errors, errors  
34 in format, errors in consistency, or grammatical errors. Public  
35 notice of any revisions shall be posted on the website of the  
36 Commission. The revision shall be subject to challenge by any  
37 person for a period of thirty (30) days after posting. The revision  
38 may be challenged only on grounds that the revision results in a  
39 material change to a rule.

1 A challenge shall be made in writing, and delivered to the Chair  
2 of the Commission prior to the end of the notice period. If no  
3 challenge is made, the revision will take effect without further  
4 action. If the revision is challenged, the revision may not take  
5 effect without the approval of the Commission.

6 ARTICLE XII. OVERSIGHT, DISPUTE RESOLUTION AND  
7 ENFORCEMENT

8 A. Oversight

9 1. The Executive, Legislative and Judicial branches of state  
10 government in each Compact State shall enforce this Compact and  
11 take all actions necessary and appropriate to effectuate the  
12 Compact's purposes and intent. The provisions of this Compact  
13 and the rules promulgated hereunder shall have standing as  
14 statutory law.

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

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

24 B. Default, Technical Assistance, and Termination

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

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

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

35 2. If a state in default fails to remedy the default, the defaulting  
36 state may be terminated from the Compact upon an affirmative  
37 vote of a majority of the Compact States, and all rights, privileges  
38 and benefits conferred by this Compact shall be terminated on the  
39 effective date of termination. A remedy of the default does not

1 relieve the offending state of obligations or liabilities incurred  
2 during the period of default.

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

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

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

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

22 C. Dispute Resolution

23 1. Upon request by a Compact State, the Commission shall  
24 attempt to resolve disputes related to the Compact which arise  
25 among Compact States and between Compact and Non-Compact  
26 States.

27 2. The Commission shall promulgate a rule providing for both  
28 mediation and binding dispute resolution for disputes that arise  
29 before the commission.

30 D. Enforcement

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

33 2. By majority vote, the Commission may initiate legal action  
34 in the United States District Court for the State of Georgia or the  
35 federal district where the Compact has its principal offices against  
36 a Compact State in default to enforce compliance with the  
37 provisions of the Compact and its promulgated Rules and Bylaws.  
38 The relief sought may include both injunctive relief and damages.  
39 In the event judicial enforcement is necessary, the prevailing

1 member shall be awarded all costs of such litigation, including  
2 reasonable attorney's fees.

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

6 ARTICLE XIII. DATE OF IMPLEMENTATION OF THE  
7 PSYCHOLOGY INTERJURISDICTIONAL COMPACT  
8 COMMISSION AND ASSOCIATED RULES, WITHDRAWAL,  
9 AND AMENDMENTS

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

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

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

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

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

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

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

40 ARTICLE XIV. CONSTRUCTION AND SEVERABILITY

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

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# PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

## PSYPACT RULES

UPDATED  
November  
16,2023



# PSYPACT Commission Rules

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Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Rule on Rulemaking

**Drafted:** July 22, 2019

**Effective:** October 9, 2019

**Amended:**

**History for Rule:** Introduced at public meeting on July 22, 2019  
Public hearing October 9, 2019  
Revisions introduced at public meeting on November 21-22, 2019

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**Section 1:** Purpose and Authority

**Authority:** Article I: Purpose  
Article X: Establishment of the Psychology Interjurisdictional Compact Commission  
Article XI: Rulemaking

**1.0 Purpose:** **Pursuant to Article I**, the Psychology Interjurisdictional Compact is intended to regulate the day to day practice of telepsychology and the temporary in-person, face-to-face practice of psychology.  
**Pursuant to Article XI**, the Psychology Interjurisdictional Compact Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Psychology Interjurisdictional Compact (PSYPACT). The rule will become effective upon passage by the Psychology Interjurisdictional Compact Commission.

**1.1 Definition(s):** (A) **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.  
(B) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).  
(C) **“Compact State”** means: a state, the District of Columbia, or United States territory that has enacted this Compact legislation and which has



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*not withdrawn pursuant to Article XIII, Section C or has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.*

*(D) “**Commissioner**” means: the appointed delegate from each state as described in Article X.B.1. of the Compact.*

*(E) “**Rule**” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.*

*(F) “**State**” means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.*

**1.2 Proposed Rules or Amendments:** Rules shall be adopted by majority vote of the members of the Commission in the following manner:

(A) Proposed new rules and amendments to existing rules shall be submitted to the Commission office for referral to the Rules Committee as follows:

- (1) Any Commissioner may submit a proposed rule or rule amendment for referral to the Rules Committee during the next scheduled Commission meeting.
- (2) Standing committees of the Commission may propose rules or rule amendments by majority vote of that committee.
- (3) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or rule 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 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.

**1.3 The Rules Committee:** The Rules Committee shall prepare a draft of all proposed rules and/or amendments and provide the draft to all Commissioners for review and comments. Based on the comments made by the Commissioners, the Rules Committee shall prepare a final draft of the proposed rule(s) or amendment(s) for consideration by the Commission not later than 30 days



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prior to the next Commission meeting.

**1.4 Prior to Promulgation and Adoption of a Final Rule:** In accordance with Article XI of the Compact, the Commission shall publish the text of the proposed rule(s) or rule amendment(s) prepared by the Rules Committee not later than 60 days prior to the meeting at which the vote is scheduled, on the official web site of the Commission and on the website of each Compact States' Psychology Regulatory Authority or publication in which each state would otherwise publish proposed rules. All written comments received by the Rules Committee on proposed rules shall be posted on the Commission's website upon receipt. In addition to the text of the proposed rule(s) or amendment(s), the reason for the proposed rule(s) or amendment(s) shall be provided.

**1.5 Each Posting for Public Comment of Rule or Amendment shall State:**

- (A) The proposed time, date and location of the scheduled public meeting;
- (B) The manner in which interested persons may submit notice to the Commission of their intention to attend the public meeting and any written comments; and
- (C) The name, position, physical and electronic mail address, telephone, and, telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.

**1.6 Public Hearings:** Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. In accordance with Article XI H. of the Compact, specifically:

- (A) If a hearing is held on the proposed rule(s) or amendment(s), the Commission shall publish the place, time, and date of the scheduled public hearing.
- (B) 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 less than five (5) business days before the scheduled date of the hearing.
- (C) 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.
- (D) No transcript of the public hearing is required, unless a written request for a transcript is made; in which case the person or entity making the request shall pay for 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 public hearing.
- (E) 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.
- (F) 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



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oral comments as received.

(G) The Commission shall, by majority vote of a quorum of the Commissioners, take final action on the proposed rule(s) and amendment(s) and shall determine the effective date of the rule(s) or amendment(s), if any, based on the rulemaking record and the full text of the rule(s) or amendment(s).

**1.7 Status of Rules upon Adoption of Compact Additional Member States:** Any state that 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 that 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.

**1.8 Emergency Rulemaking:** Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule that shall become effective immediately upon adoption, 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, no later than 90 days after the effective date of the rule. An emergency rule is one that must be made effective immediately in order to:

- (A) Meet an imminent threat to public health, safety, or welfare;
- (B) Prevent a loss of federal or state funds;
- (C) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
- (D) Protect public health and safety.

**1.9 Purpose and Authority:** These rules are promulgated by the Commission pursuant to the Compact. These rules shall become effective upon adoption by the Commission. Nothing in the Compact or these rules authorizes a psychologist to practice in a non-member state.

**1.10 Publication of Rules.** A copy of the Commission's current rules shall be available on its website.

Italicized definitions are mirrored directly from the PSYPACT Compact Language.



**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Definitions

**Drafted:** November 21, 2019

**Effective:** February 27, 2020

**Amended:**

**History for Rule:** Introduced at public meeting on November 21-22, 2019  
Public hearing February 27, 2020

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**Section 2:** Definitions

**Authority:** Article II: Definitions

**2.0 Purpose:** Pursuant to Article II and for the purpose of the rules adopted by the PSYPACT Commission, the following definitions shall apply. Terms not specifically defined in these Rules shall have the definition as set forth in the Compact. In an event of a conflict with definitions found elsewhere in these Rules, definitions found in Section 2.1 shall control and prevail.

**2.1 Definition(s):**

- (A) **“Adverse Action”** means: any action taken by a State Psychology Regulatory Authority which 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) **“Alternative Program”** means: any non-disciplinary monitoring program intended to remediate the licensee that is not a matter of public record and to which a State Psychology Regulatory Authority refers a licensee, or of which the State Psychology Regulatory Authority is aware of the licensee’s participation.
- (C) **“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.
- (D) **“Authority to Practice Interjurisdictional Telepsychology”** means: a licensed psychologist’s Authority to Practice Telepsychology, within the limits authorized

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

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- under this Compact, in another Compact State. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.
- (E) **“Authorization Holder”** means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact.
  - (F) **“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.*
  - (G) **“Client/Patient”** means: *the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.*
  - (H) **“Commissioner”** means: *the voting representative appointed by each State Psychology Regulatory Authority pursuant in Article X.*
  - (I) **“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. For purposes of this Compact, Compact State and Member State may be used interchangeably.*
  - (J) **“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.*
  - (K) **“Confidentiality”** means: *the principle that data or information is not made available or disclosed to unauthorized persons and/or processes.*
  - (L) **“Day”** means: *any part of a day in which psychological work is performed.*
  - (M) **“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.*
  - (N) **“Encumbrance”** means: *any action taken by the State Psychology Regulatory Authority that limits the practice or work of a psychologist. An encumbrance may be disciplinary or non-disciplinary in nature.*
  - (O) **“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.*
  - (P) **“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.*
  - (Q) **“Ex-Officio Member”** means: *the non-voting representative from the membership*





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- organization composed of State and Provincial Psychology Regulatory Authorities. The Ex-Officio Member serves on the Commission Executive Board.
- (R) **“Graduate Degree”** means: for the purpose of this Compact, a doctoral degree.
- (S) **“Home of Record”** means: for the purpose of this Compact, the active duty military personnel’s or spouse’s state of legal residence on record with the military.
- (T) **“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.
- (U) **“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 services.
- (V) **“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.
- (W) **“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.
- (X) **“License”** means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.
- (Y) **“Non-Compact State”** means: any State which is not at the time a Compact State.
- (Z) **“Permanent Change of Station” or “PCS”** means: the state of the duty station noted in the active duty military personnel’s PCS orders.
- (AA) **“Psychologist”** means: an individual licensed for the independent practice of psychology.
- (BB) **“Psychology Interjurisdictional Compact Commission”** also referred to as “Commission” means: the national administration of which all Compact States are members.
- (CC) **“Receiving State”** means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.
- (DD) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Section 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



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- includes the amendment, repeal or suspension of an existing rule.*
- (EE) **“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. *Investigate 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.*
- (FF) **“State”** means: *a state, commonwealth, territory, or possession of the United States, the District of Columbia.*
- (GG) **“State of Current Residence”** means: *the state in which the active duty military personnel or spouse is currently physically residing.*
- (HH) **“State Psychology Regulatory Authority”** means: *the Board, office or other agency with the legislative mandate to license and regulate the practice of psychology.*
- (II) **“Telepsychology”** means: *the provision of psychological services using telecommunications technologies.*
- (JJ) **“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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.*
- (KK) **“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.*

Italicized definitions are mirrored directly from the PSYPACT Compact Language.

**Psychology Interjurisdictional Compact (PSYPACT)**  
**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Compact Privilege to Practice Telepsychology

**Drafted:** November 21, 2019

**Effective:** February 27, 2020

**Amended:** November 19, 2021  
November 17, 2022  
November 16, 2023

**History for Rule:** Introduced at public meeting on November 21-22, 2019  
Public hearing February 27, 2020  
Amendments introduced at Commission Meeting on August 5, 2021  
Annual Commission meeting on November 19, 2021  
Amendments introduced at Commission Meeting on July 14, 2022  
Annual Commission meeting November 17, 2022  
  
Amendments introduced at Commission Meeting on November 16, 2023

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**Section 4:** Compact Privilege to Practice Telepsychology

**Authority:** Article IV: Compact Privilege to Practice Telepsychology  
Article II: Definitions  
Article III: Home State Licensure

**4.0 Purpose:** Pursuant to Article IV, the Compact State shall recognize the right of a psychologist to practice telepsychology in other Compact States under the Authority to Practice Interjurisdictional Telepsychology as provided in the Compact and further defined in these Rules.

**4.1 Definition(s):** (A) ***“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.  
(B) ***“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. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

(C) “**Authorization Holder**” means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact.

(D) “**Commission**” means: the national administrative body of which all states that have enacted the Compact are members.

(E) “**Compact**” means: Psychology Interjurisdictional Compact (PSYPACT).

(F) “**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 has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.

(G) “**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.

(H) “**Graduate Degree**” means: For the purpose of this Compact, a doctoral degree.

(I) “**Home of Record**” means: for the purpose of this Compact, the active duty military personnel’s or spouse’s state of legal residence on record with the military.

(J) “**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.

(K) “**License**” means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(L) “**Permanent Change of Station**” or “**PCS**” means: the state of the duty station noted in the active duty military personnel’s PCS orders.

(M) “**Receiving State**” means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

(N) “**Rule**” means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission

*and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.*

*(O) “Scope of Practice” means: the procedures, actions, and processes a psychologist licensed in a state is permitted to undertake in that state and the circumstances under which the psychologist is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, rules and regulations, case law, and other processes available to the State Psychologist Regulatory Authority or other government agency.*

*(P) “State” means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.*

*(Q) “State Law to Protect the Health and Safety of its Citizens” means: a state statute, regulation, court decision or other controlling authority within a state that has binding legal force and which has as its purpose the protection of the health and safety of citizens of the state.*

*(R) “State of Current Residence” means: the state in which the active duty military personnel or spouse is currently physically residing.*

*(S) “State Psychology Regulatory Authority” means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.*

*(T) “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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.*

**4.2 Exercising Authority to Practice Interjurisdictional Telepsychology:** A psychologist must apply for an Authority to Practice Interjurisdictional Telepsychology as required by the Commission and pay all applicable fees.

**4.3 Qualifications for Authority to Practice Interjurisdictional Telepsychology:** A psychologist licensed in a Compact State must meet all qualifications as defined in the Psychology Interjurisdictional Compact Language Article IV, Section B.

**4.4 Home State Licensure:**

- A. A psychologist must identify the Home State which has been designated as such by the psychologist for purposes of practicing interjurisdictional telepsychology and participation in the Compact at the point of initial application and provide an update regarding any Home State changes.
- B. A psychologist having an Authority to Practice Interjurisdictional Telepsychology may be audited at any time by the Commission to verify compliance with Home State licensure verification requirements.
- C. A psychologist holding a temporary permit, temporary license or other equivalent status does not allow the psychologist to practice under the authority of the Psychology

Interjurisdictional Compact (PSYPACT).

- D. In addition to complying with reporting name and address changes as required by the Home State, psychologists holding an Authority to Practice Interjurisdictional Telepsychology must also notify the Commission of a change of name and/or Home State address within 30 days of the change.
- E. The Home State maintains authority over the license of any psychologist practicing into a Receiving State under the Authority to Practice Interjurisdictional Telepsychology.

**4.5 Scope of Practice:** A psychologist practicing under an Authority to Practice Interjurisdictional Telepsychology into a Receiving State is subject to the Scope of Practice of the Receiving State.

**4.6 E.Passport:** As required in Psychology Interjurisdictional Compact Language Article IV Section B.6., a psychologist must possess a current active E.Passport. The E.Passport must be applied to and issued by the Association of State and Provincial Psychology Boards (ASPPB).

**4.7 Fee for Authority to Practice Interjurisdictional Telepsychology:**

- A. The Commission shall charge an application fee for the Authority to Practice Interjurisdictional Telepsychology (APIT).
- B. The Commission shall charge an annual renewal fee for the Authority to Practice Interjurisdictional Telepsychology (APIT)
- C. The Commission's Authority to Practice Interjurisdictional Telepsychology (APIT) application and renewal fees shall be posted on the Commission's website (<http://www.psypact.org>).
- D. The Commission shall give 30 days' notice before modifying the Authority to Practice Interjurisdictional Telepsychology (APIT) application and/or renewal fees by posting notice of the new fee(s) on the Commission's website.

**4.8 Impact of Non-Payment on Eligibility:** If a psychologist fails to pay any applicable fees, the Commission may:

- A. Terminate the existing Authority to Practice Interjurisdictional Telepsychology; and
- B. Prevent the psychologist from purchasing a Temporary Authorization to Practice under PSYPACT as well until the non-payment is remedied.

**4.9 Active Duty Military Personnel or Their Spouses:** A licensed psychologist who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the Home State as long as the Receiving State and the Home State are members of the Compact:

- A. Home of Record;
- B. Permanent Change of Station (PCS); or
- C. State of Current Residence if it is different than the PCS state or Home of Record.
- D. The active duty military personnel or spouse of an individual who is active duty military may change the Member State designated as the individual's Home State by notifying the

Commission.

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

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

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

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

**4.13 Authorization Validity:** Authorization to Practice Interjurisdictional Telepsychology (APIT) that is issued by the PSYPACT Commission only applies to that specific authorization holder. Authorization cannot be delegated to any other individual.

*Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

**Psychology Interjurisdictional Compact (PSYPACT)**  
**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Compact Temporary Authorization to Practice

**Drafted:** November 21, 2019

**Effective:** February 27, 2020

**Amended:** November 18, 2021  
November 17, 2022  
November 16, 2023

**History for Rule:** Introduced at public meeting on November 21-22, 2019  
Public hearing February 27, 2020  
Amendments introduced at Commission Meeting on August 5, 2021  
Commission Meeting November 18, 2021  
Amendments introduced at Commission Meeting on July 14, 2022  
Commission Meeting November 17, 2022  
Amendments introduced at Commission Meeting on November 16, 2023

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**Section 5:** Compact Temporary Authorization to Practice

**Authority:** Article V: Compact Temporary Authorization to Practice  
Article II: Definitions  
Article III: Home State Licensure

**5.0 Purpose:** Pursuant to Article V, the Compact State shall recognize the right of a psychologist licensed in a Compact State to practice temporarily in other Compact States under the Compact Temporary Authorization to Practice as provided in the Compact and further defined in these Rules.

**5.1 Definition(s):** (A) ***“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.  
(B) **“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. This Authority to Practice Interjurisdictional Telepsychology is deemed valid



until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

(C) “**Authorization Holder**” means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact.

(D) “**Commission**” means: *the national administrative body of which all states that have enacted the Compact are members.*

(E) “**Compact**” means: Psychology Interjurisdictional Compact (PSYPACT).

(F) “**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 has been terminated pursuant to Article XII, Section B.* For purposes of this Compact, Compact State and Member State may be used interchangeably.

(G) “**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.*

(H) “**Distant State’s Authority and Law**” means: law in a Distant State that applies to an individual due to that individual’s physical presence in the Distant State.

(I) “**Graduate Degree**” means: For the purpose of this Compact, a doctoral degree.

(J) “**Home of Record**” means: for the purpose of this Compact, the active duty military personnel’s or spouse’s state of legal residence on record with the military.

(K) “**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.*

(L) “**Interjurisdictional Practice Certificate (IPC)**” means: *a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB).*

(M) “**License**” means: *authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.*

(N) “**Permanent Change of Station**” or “**PCS**” means: the state of the duty station noted in the active duty military personnel’s PCS orders.

(O) “**Rule**” means: *a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets,*

*or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.*

(P) **“Scope of Practice”** means: the procedures, actions, and processes a psychologist licensed in a state is permitted to undertake in that state and the circumstances under which the psychologist is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established by various means, including, but not limited to statute, rules and regulations, case law, and other processes that may be available to the State Psychologist Regulatory Authority or other government agency.

(Q) **“State”** means: *any state, commonwealth, territory, or possession of the United States, the District of Columbia.*

(R) **“State Law to Protect the Health and Safety of its Citizens”** means: a state statute, regulation, court decision or other controlling authority within a state that has binding legal force and which has as its purpose the protection of the health and safety of citizens of the state.

(S) **“State of Current Residence”** means: the state in which the active duty military personnel or spouse is currently physically residing.

(T) **“State Psychology Regulatory Authority”** means: *the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.*

(U) **“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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

**5.2 Exercising Temporary Authorization to Practice:** Psychologist must apply for Temporary Authorization to Practice as required by the Commission and pay all applicable fees.

**5.3 Qualifications for Temporary Authorization to Practice:** A psychologist licensed in a Compact State must meet all qualifications as defined in the Psychology Interjurisdictional Compact Language Article V, Section B. A psychologist holding an Interjurisdictional Practice Certificate (IPC) in good standing that was issued prior to July 1, 2019 is considered to have met the educational qualifications.

**5.4 Home State Licensure:**

- A. A psychologist must identify the Home State which has been designated as such by the psychologist for purposes of the Temporary Authorization to Practice and participation in the Compact at the point of initial application and provide an update regarding any Home State changes.

- B. A psychologist having a Temporary Authorization to Practice may be audited at any time by the Commission to verify compliance with Home State licensure verification requirements.
- C. A psychologist holding a temporary permit, temporary license or other equivalent status does not allow the psychologist to practice under the authority of the Psychology Interjurisdictional Compact (PSYPACT).
- D. In addition to complying with reporting name and address change as required by the Home State, psychologists holding a Temporary Authorization to Practice must also notify the Commission of a change of name and/or Home State address within 30 days of the change.

**5.5 Scope of Practice:** A psychologist practicing under the Temporary Authorization to Practice is subject to Scope of Practice authorized by the Distant State and is subject to the Distant State's Authority and Law.

**5.6 Interjurisdictional Practice Certificate (IPC):** As required in PSYPACT Language Article V, Section B. 6., a psychologist must possess a current active IPC. The IPC must be applied to and issued by the Association of State and Provincial Psychology Boards (ASPPB).

**5.7 Fee for Temporary Authorization to Practice:**

- A. The Commission shall charge an application fee for the Temporary Authorization to Practice (TAP).
- B. The Commission shall charge an annual renewal fee for the Temporary Authorization to Practice (TAP).
- C. The Commission's Temporary Authorization to Practice (TAP) application and renewal fees shall be posted on the Commission's website (<http://www.psypact.org>).
- D. The Commission shall give thirty (30) days' notice before modifying the Temporary Authorization to Practice (TAP) application and/or renewal fees by posting notice of the new fee(s) on the Commission's website.

**5.8 Impact of Non-Payment on Eligibility:** If a psychologist fails to pay any applicable fees, the Commission may:

- A. Terminate the existing Temporary Authorization to Practice; and
- B. Prevent the psychologist from purchasing an Authority to Practice Interjurisdictional Telepsychology under PSYPACT as well until the non-payment is remedied.

**5.9 Active Duty Military Personnel or Their Spouses:** A licensed psychologist who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the Home State as long as the Distant State and the Home State are members of the Compact:

- A. Home of Record;
- B. Permanent Change of Station (PCS); or
- C. State of Current Residence if it is different than the PCS state or Home of Record.

- D. The active duty military personnel or spouse of an individual who is active duty military may change the Member State designated as the individual's Home State by notifying the Commission.

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

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

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

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

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

**5.13 Authorization Validity:** Temporary Authorization to Practice (TAP) that is issued by the PSYPACT Commission only applies to that specific authorization holder. Authorization cannot be delegated to any other individual.

*Italicized definitions are mirrored directly from the PSYPACT Compact Language.*



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Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Conditions of Telepsychology Practice into a Receiving State

**Drafted:** November 21, 2019

**Effective:** February 27, 2020

**Amended:**

**History for Rule:** Introduced at public meeting on November 21-22, 2019  
Public hearing February 27, 2020

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**Section 6:** Conditions of Telepsychology Practice into a Receiving State

**Authority:** Article VI Conditions of Telepsychology Practice in a Receiving State  
Article II: Definitions  
Article III: Home State Licensure  
Article IV: Compact Privilege to Practice Telepsychology

**6.0 Purpose:** Pursuant to Article VI, 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 the appropriate State Psychology Regulatory Authority as defined in these Rules.

**6.1 Definition(s):** (A) “**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. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.  
(B) “**Client/Patient**” means: the recipient of psychological services, whether psychological services are delivered in the context of healthcare, corporate, supervision, and/or consulting services.  
(C) “**Commission**” means: the national administrative body of which all states that have enacted the Compact are members.  
(D) “**Compact**” means: Psychology Interjurisdictional Compact (PSYPACT).

(E) **“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 has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.

(F) **“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.

(G) **“Receiving State”** means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

(H) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(I) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(J) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

**6.2 Initiation of Psychological Services:** A psychologist must initiate a client/patient contact in a psychologist’s Home State via telecommunications technologies when treating a client/patient in a Receiving State.

**6.3 Provision of Psychological Services:** For the purposes of this Compact, the provision of psychological services is deemed to take place at the physical location of the psychologist.

**6.4 Scope of Practice:** For the purposes of this Compact, a psychologist practices under the scope of practice of the State Psychology Regulatory Authority of the Receiving State.

Italicized definitions are mirrored directly from the PSYPACT Compact Language.



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Reducing Regulatory Barriers. Increasing Access to Mental Health  
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**Psychology Interjurisdictional Compact**  
**(PSYPACT) Psychology Interjurisdictional**  
**Compact Commission**

**Title of Rule:** Adverse Actions  
**Drafted:** November 21, 2019  
**Effective:** February 27, 2020  
**Amended:**  
**History for Rule:** Introduced at public meeting on November 21-22,  
2019 Public hearing February 27, 2020

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**Section 7:** Adverse Actions

**Authority:** Article VII: Adverse  
Actions Article II:  
Definitions

**7.0 Purpose:** **Pursuant to Article VII**, the Home State shall have the power to impose adverse action against a psychologist's license issued by the Home State. A Distant and/or Receiving State shall have the power to take adverse action on a psychologist's authority to practice under the Psychology Interjurisdictional Compact (PSYPACT).

**7.1 Definition(s):** (A) ***“Adverse Action”*** means: any action taken by a State Psychology Regulatory Authority which 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) ***“Alternative Program”*** means: any non-disciplinary monitoring program intended to remediate the licensee that is not a matter of public record and to which a State Psychology Regulatory Authority refers a licensee, or of which the State Psychology Regulatory Authority is aware of the licensee's participation.



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(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. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

(D) **“Authorization Holder”** means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact.

(E) **“Commission”** means: *the national administrative body of which all states that have enacted the Compact are members.*

(F) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).

(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 has been terminated pursuant to Article XII, Section B.* For the purpose of this compact, Compact State and Member State may be used interchangeably.

(H) **“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.*

(I) **“Encumbrance”** means: any action taken by the State Psychology Regulatory Authority that limits the practice or work of a psychologist. An encumbrance may be disciplinary or non-disciplinary in nature.

(J) **“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.*

(K) **“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*



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*Authorization to Practice, the Home State is any Compact State where the psychologist is licensed.*

(L) **“License”** means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(M) **“Receiving State”** means: a Compact State where the client/patient is physically located when the telepsychological services are delivered.

(N) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(O) **“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. Investigate 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.

(P) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(Q) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

(R) **“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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

### 7.2 Investigations:

- A. In cases where a psychologist holds a license in more than one Compact State,



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the Compact State identified as the Home State shall have the responsibility for the investigation(s).

- B. Upon discovery that the psychologist is under investigation in another Compact State, the other Compact States may contact the investigating Compact State and request investigative documents and information.
- C. This section shall not be construed as limiting any Compact State's authority to investigate any conduct within that state or to investigate any licensee.

**7.3 Joint Investigations:** Compact States may collaborate in investigating alleged misconduct. When participating with other Compact States in joint investigations, the Compact State that the psychologist has declared as their home state will take the lead on any investigation.

**7.4 Availability of Significant Investigatory Information:** A Compact State shall notify the Commission that investigatory information is available to other Compact States when it has determined that probable cause exists that the allegations against the psychologist may constitute a violation of that Compact State's statute or regulations. The actual investigatory information shall be shared directly with the other Compact State and not through the Commission.

**7.5 Reporting:**

- A. Reporting of adverse actions by Compact States shall be made in compliance with the law, rules and policies of this Commission.
- B. A psychologist holding an Authority to Practice Interjurisdictional Telepsychology and/or a Temporary Authorization to Practice must report to the Commission any encumbrance or adverse action placed upon any license held in a non-Compact State within 30 days of the effective date.

**7.6 Eligibility after an Adverse Action:**

- A. A psychologist immediately loses the Authority to Practice Interjurisdictional Telepsychology and Temporary Authorization to Practice upon the effective date of either of the following actions taken by the State Psychology Regulatory Authority:
  - 1. Adverse action taken against a license or Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice;
  - or
  - 2. Encumbrance placed upon the psychologist's license or Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.
- B. A psychologist regains eligibility for the Authority to Practice



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Interjurisdictional Telepsychology and/or Temporary Authorization to Practice immediately after the removal of all non-disciplinary encumbrance(s), provided there are no current adverse actions against the license or the Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice and reporting to the Commission of the same.

- C. An adverse action against a psychologist's license that is disciplinary in nature shall result in the psychologist no longer being eligible for the Authority for Interjurisdictional Telepsychology and/or Temporary Authorization to Practice.

**7.7 Alternative Program Participation:** A Home State entering into an agreement with a psychologist to participate in an Alternative Program must:

- A. Add language to any alternative program agreement(s) with a licensee or an Authorization Holder prohibiting practice or work in any Member State during participation;
- B. State that the provision of psychological services under the Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice shall cease until the Compact State as ascertained the psychologist has met the requirements of the agreement and notified the Commission of the satisfactory completion; and
- C. Report information to the Coordinated Database as stated in Rule 9.8.

Italicized definitions are mirrored directly from the PSYPACT Compact Language.



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Reducing Regulatory Barriers. Increasing Access to Mental Health Care

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**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

**Title of Rule:** Additional Authority Vested in State Psychology Regulatory Authorities

**Drafted:** November 21, 2019

**Effective:** February 27, 2020

**Amended:**

**History for Rule:** Introduced at public meeting on November 21-22, 2019  
Public hearing February 27, 2020

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**Section 8:** Additional Authority Vested in State Psychology Regulatory Authorities

**Authority:** Article VIII: Additional Authorities Invested in a Compact States  
Psychology Regulatory Authority  
Article II: Definitions

**8.0 Purpose:** In addition to other powers granted under state law, a Compact State's Psychology Regulatory Authority shall have additional authority under the Compact.

**8.1 Definition(s):** (A) **"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. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

(B) **"Commission"** means: the national administrative body of which all states that have enacted the Compact are members.

(C) **"Compact"** means: Psychology Interjurisdictional Compact (PSYPACT).

(D) **"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 has been terminated pursuant to Article XII, Section B. For the purposes of this Compact,

Compact State and member State may be used interchangeably.

(E) **“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.

(F) **“License”** means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(G) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(H) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(I) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

(J) **“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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

### 8.2 Subpoena:

- A. A subpoena issued by a Compact State’s Psychology Regulatory Authority shall be enforceable in other Compact States.
- B. Should an individual or entity refuse to comply with an enforceable subpoena, the Compact State’s Psychology Regulatory Authority that issued the subpoena may request the Compact State’s Psychology Regulatory Authority where the individual or entity is located to issue a subpoena on the investigating Compact State’s behalf. That Compact State shall issue the subpoena and shall share the resulting information with the



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investigating Compact State's Psychology Regulatory Authority.

**8.3 Home State during Investigations:** A psychologist with an Authority to Practice Interjurisdictional Telepsychology may not change their Home State as designated in Rule 4.4 during an investigation. A psychologist with a Temporary Authorization to Practice may not change their Home State as designated in Rule 5.4 during an investigation.

**8.4 Home State Status upon Investigation Completion:**

- A. A Home State Psychology Regulatory Authority shall notify and promptly report the conclusions of any investigations to the Commission. If the psychologist changes their Home State within 30 days after the conclusion of any investigation, the Commission will notify the new Home State of the decisions associated with the investigation via electronic means.

Italicized definitions are mirrored directly from the PSYPACT Compact Language.



**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

<b>Title of Rule:</b>	Coordinated Licensure Information System
<b>Drafted:</b>	July 22, 2019
<b>Effective:</b>	February 27, 2020
<b>Amended:</b>	
<b>History for Rule:</b>	Introduced at public meeting on July 22, 2019 Public hearing October 9, 2019 Amendments introduced at public meeting on November 21-22, 2019 Public hearing February 27, 2020

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<b>Section 9</b>	Coordinated Licensure Information System
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<b>Authority:</b>	Article IX: Coordinated Licensure Information System Article II: Definitions
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<b>9.0 Purpose:</b>	<b>Pursuant to Article IX</b> , the Commission shall provide for the development and maintenance of a Coordinated Licensure Information System and reporting system containing licensure and disciplinary action information on all psychologists to whom the Compact is applicable in all Compact States.
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<b>9.1 Definition(s):</b>	(A) <b>“Alternative Program”</b> means: any non-disciplinary monitoring program intended to remediate the licensee that is not a matter of public record and to which a State Psychology Regulatory Authority refers a licensee, or of which the State Psychology Regulatory Authority is aware of the licensee’s participation. (B) <b>“Association of State and Provincial Psychology Boards ASPPB”</b> 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) <b>“Authority to Practice Interjurisdictional Telepsychology”</b>
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means: a licensed psychologist's Authority to Practice Telepsychology, within the limits authorized under this Compact, in another Compact State. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission. **"Authorization Holder"** means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact.

(D) **"Commission"** means: the national administrative body of which all states that have enacted the Compact are members.

(E) **"Compact"** means: Psychology Interjurisdictional Compact (PSYPACT).

(F) **"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 has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.

(G) **"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.

(H) **"PSY|PRO"** means: ASPPB Proprietary credentials management system

(I) **"Rule"** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(J) **"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.*

*(K) “State” means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.*

*(L) “State Psychology Regulatory Authority” means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.*

*(M) “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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.*

**9.2 Method of Data Submission:** Compact States shall submit data as described in this section of these rules to the Coordinated Licensure Information System in accordance with the Compact Data Participation Agreement.

**9.3 Access to the Coordinated Database:** Only Compact States shall have access to the data submitted by other Compact States. The system will be accessible through PSY|PRO and will contain at a minimum the following data:

- (A) Psychologist name;
- (B) States where licensed;
- (C) Authority to Practice Interjurisdictional Telepsychology holder status;
- (D) Authority to Practice Interjurisdictional Telepsychology home state;
- (E) Temporary Authorization to Practice holder status;
- (F) Temporary Authorization to Practice home state;
- (G) ASPPB E.Passport status;
- (H) ASPPB IPC status;
- (I) Adverse action status;
- (J) Current significant investigative information; and
- (K) Non-confidential information related to alternative program participation

information.

**9.4 Coordinated Licensure Information System – Dataset:** A Compact State shall provide the following in accordance with the Compact Data Participation Agreement:

- (A) proof of current and active psychology license based on a doctoral degree for any psychologists applying for authorization to practice under the authority of this compact. Proof may be provided from a State Psychology Regulatory Authority website that is deemed to be a primary source or written official licensure verification from a State



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- Psychology Regulatory Authority including proper signatures and state seals;  
(B) significant investigatory information;  
(C) non-confidential information related to alternative program participation information;  
and  
(D) adverse actions against a psychologist's license.

**9.5 Required use of ASPPB PSY|PRO System:** A Compact State shall use the ASPPB PSY|PRO software system to report the following:

- (A) adverse actions;
- (B) significant investigatory information; and
- (C) non-confidential information related to alternative program participation information.

**9.6 Frequency of Reporting Adverse Actions:** A Compact State shall report any adverse action as required against a licensee or an Authorization Holder through the interface described in 9.5 above within ten (10) business days of the effective date of the adverse action.

**9.7 Frequency of Reporting Significant Investigatory Information:** A Compact State shall report any significant investigatory information as required against a licensee or an Authorization Holder through the interface described in 9.5 above within ten (10) business days of the effective date of the beginning of the determination of significant investigatory information.

**9.8 Frequency of Reporting Non-confidential Information Related to Alternative Program Participation:** A Compact State shall report any non-confidential information related to alternative program participation as required against a licensee or Authorization Holder through the interface described in 9.5 above within ten (10) business days of the receipt by the Compact State of notification of participation in a program by a licensee and/or an Authorization Holder.

**9.9 Discrepancy with Coordinated Licensure Information System Data Set:** A psychologist holding an Authority to Practice Interjurisdictional Telepsychology and/or a Temporary Authorization to Practice under PSYPACT may request from their Home State Psychology Regulatory Authority in writing a review of the data relating to them in the Coordinated Licensure Information System.

- A. In the event psychologist holding an Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice asserts the data related to them is inaccurate, the burden of proof shall be upon the psychologist to provide evidence that substantiates such a claim.
- B. The Compact State Psychology Regulatory Authority shall verify within ten (10) business days and submit corrected information to the Commission for inclusion in the Coordinated Licensure Information System.

Italicized definitions are mirrored directly from the PSYPACT Compact Language.



**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

<b>Title of Rule:</b>	<b>Psychology Interjurisdictional Compact Commission</b>
<b>Drafted:</b>	July 22, 2019
<b>Effective:</b>	February 27, 2020
<b>Amended:</b>	
<b>History for Rule:</b>	Introduced at public meeting on July 22, 2019 Public hearing October 9, 2019 Amendments introduced at public meeting on November 21-22, 2019 Public hearing February 27, 2020 Amendments introduced at Commission meeting on August 5, 2021 Annual Commission Meeting November 18, 2021

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<b>Section 10</b>	Establishment of the Psychology Interjurisdictional Compact Commission
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<b>Authority:</b>	Article X: Establishment of the Psychology Interjurisdictional Compact Commission Article II: Definitions
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<b>10.0 Purpose:</b>	<b>Pursuant to Article X</b> , the Compact States create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.
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<b>10.1 Definition(s):</b>	(A) <b>“Authority to Practice Interjurisdictional Telepsychology”</b> means: a licensed psychologist’s Authority to Practice Telepsychology, within the limits authorized under this Compact, in another Compact State. This Authority to Practice Interjurisdictional Telepsychology is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission. (B) <b>“Authorization Holder”</b> means: a licensed psychologist who has been granted Authority to Practice Interjurisdictional Telepsychology or Temporary Authorization to Practice under this Compact. (C) <b>“Commission”</b> means: <i>the national administrative body of which all states that have enacted the Compact are members.</i>
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(D) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).

(E) **“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 has been terminated pursuant to Article XII, Section B. For purposes of this Compact, Compact State and Member State may be used interchangeably.

(F) **“Ex-Officio Member”** means: the non-voting representative from the membership organization composed of State and Provincial Psychology Regulatory Authorities. The member serves on the Commission Executive Board.

(G) **“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.

(H) **“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.

(I) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(J) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(K) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

(L) **“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. This Temporary Authorization to Practice is deemed valid until the psychologist is no longer eligible under the Compact Statute and/or the Rules and/or Policies established by the Commission.

**10.2 Annual Assessment of Compact States:** Commission shall determine the annual assessment to be paid by Compact States.

(A) Compact States will be charged an assessment of \$10 per Authorization Holder licensed in their Home State per fiscal year to be no greater than \$6,000 annually.

(B) The Commission may choose to have a zero (\$0) dollar assessment.

(C) The Commission shall provide public notice of any proposed revision to the annual assessment fee at least 90 calendar days prior to the Commission meeting to consider the proposed revision. The annual assessment must be paid by the Compact State within ninety (90) days of the date of the invoice sent by the Commission.

**10.3 Ex-Officio Non-Voting Member:** For the purposes of maintaining communication, the Association of State and Provincial Psychology Boards is the recognized membership organization of State and Provincial Psychology Regulatory Authorities and appoints its representative.

**10.4 Recognition of New Compact States:** The Commission shall notify all Compact States within 15 calendar days when a new state enacts the Compact.

**10.5 Process for Review of New State Laws or Amendments to Compacts:**

- A. Upon enactment by a state of a law intended as that state's adoption of the Compact, the Executive Board shall review the enacted law to determine whether it contains any provisions which materially conflict with the Compact model legislation.
  1. To the extent possible and practicable, this determination shall be made by the Executive Board after the date of enactment but before the effective date of such law. If the timeframe between enactment and effective date is insufficient to allow for this determination to be made by the Executive Board prior to the law's effective date, the Executive Board shall make the determination required by this paragraph as soon as practicable after the law's effective date. The fact that such a review may occur subsequent to the law's effective date shall not impair or prevent the application of the process set forth in this Section 10.5.
  2. If the Executive Board determines that the enacted law contains no provision which materially conflicts with the Compact model legislation, the state shall be admitted as a party to the Compact and to membership

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in the Commission pursuant to Article X of the Compact upon the effective date of the state's law and thereafter be subject to all rights, privileges, benefits and obligations of the Compact, these Rules and the bylaws.

3. In the event the enacted law contains one or more provisions which the executive Board determines materially conflicts with the Compact model legislation, the state shall be ineligible for membership in the Commission or to become a party to the Compact, and the state shall be so notified within fifteen (15) days of the Executive Board's decision.
  4. A state deemed ineligible for Compact membership and Commission participation pursuant to this Section 10.5 shall not be entitled to any of the rights, privileges or benefits of a Compact State as set forth in the Compact, these Rules and/or the bylaws. Without limiting the foregoing, a state deemed ineligible for membership and participation shall not be entitled to appoint a Commissioner, to submit to and/or receive data from the Coordinated Licensure Information System and/or to avail itself of the default and technical assistance provisions of the Compact. Psychologists licensed in a state deemed ineligible for membership and participation hereunder shall be ineligible for the Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice set forth in the Compact and these Rules.
- B. A state determined to be ineligible for Commission membership and Compact participation pursuant to this Section 10.5 may, within thirty (30) days of the date of the decision, appeal in writing the Executive Board's decision to the Commission. An appeal received by the Commission shall be deemed filed on the date it is sent to the Commission. If there is an appeal to the Commission, the Commission shall review de novo whether the state's enacted law materially conflicts with the model Compact legislation. The provisions of 10.5(A)(4) of these Rules shall apply during the pendency of any such appeal. The decision of the Commission may be appealed within thirty (30) days of the date of its decision to a court of competent jurisdiction subject to the venue provisions of Article X(A)(2) of the Compact.
- C. Subsequent to the determination that a state's enacted law contains provision(s) which materially conflict(s) with the Compact model legislation, the state may enact new legislation to remove the conflict. The new legislation shall be reviewed as set forth in this Section 10.5(A) and (B) above.

- D. In the event a Compact State, subsequent to its enactment of the Compact, enacts amendment(s) to its Compact law, or enacts another law or laws which may in any way alter or impact any provision or application of the state's enacted Compact law, the Compact State shall so inform the Commission within fifteen (15) days of the enactment of such amendment(s) or law(s). After being so informed by the Compact State, or learning of such amendment(s) or law(s) from any other source, the Commission shall review the amendment(s) or law(s) to determine if such amendment(s) or law(s) materially conflict with the state's enacted Compact law. In the event the Commission determines such amendment(s) or law(s) materially conflict(s) with the Compact, the Commission shall determine if the amendment(s) or law(s) constitute a condition of default pursuant to Article XII of the Compact and, if so, proceed according to the process established in Article XII and Commission Rules.
- E. For the purpose of determining whether a provision of any enacted law or amendment materially conflicts with the Compact, the Executive Board and the Commission shall consider the following, among other factors:
1. Whether the provision constitutes a material alteration of the rights and obligations of the enacting state or of member states.
  2. Whether the provision enlarges the liability or compromises the immunity of the Commission or any authorized agent of the Commission.
  3. Whether the provision modifies venue in proceedings involving the Commission.
  4. Whether the provision restricts the privileges or authorizations to practice as set forth in the Compact model legislation.
  5. Whether the provision would allow the state to negate or delay the applicability of a duly promulgated Commission rule in the state.
  6. Whether the provision would result in the reduction or elimination of fees, levies or assessments payable by the state and/or licensed psychologists in the state.
  7. Whether the provision fundamentally alters the nature of the agreement entered into by member states that have adopted the Compact.



8. Whether there is a remedial mechanism, satisfactory to the Executive Board and/or Commission, whereby the effect of such law or amendment can be mitigated so as to minimize or eliminate the practical effect of any material conflict.
9. Whether the provision strikes or amends Compact model legislation language based upon a provision of the Compact model legislation being contrary to the Constitution of that state, and the Executive Board and/or Commission determines that the remainder of the Compact can be implemented effectively, and without compromising the rights of the Commission and the member states, without such unconstitutional provision.

**10.6 Executive Board Duties and Responsibilities:** in addition to the duties and responsibilities of the Executive Board set forth in Article X, Section E.(5), and in the Bylaws, the Executive Board shall have the authority to act on behalf of, and exercise the powers and duties of the Commission during the interim between Commission meetings, except for rulemaking or amendment of the Compact or the bylaws.

*Italicized definitions are mirrored directly from the PSYPACT Compact Language.*





**Psychology Interjurisdictional Compact (PSYPACT)**

**Psychology Interjurisdictional Compact Commission**

<b>Title of Rule:</b>	Oversight, Dispute Resolution and Enforcement
<b>Drafted:</b>	November 21, 2019
<b>Effective:</b>	February 27, 2020
<b>Amended:</b>	
<b>History for Rule:</b>	Introduced at public meeting on November 21-22, 2019 Public hearing February 27, 2020

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**Section 13:** Oversight, Dispute Resolution and Enforcement

**Authority:** Article XIII: Additional Authorities Invested in a Compact States’  
Psychology Regulatory Authority  
Article II: Definitions

**13.0 Purpose:** **Pursuant to Article XIII**, Executive, Legislative and Judicial branches of the state governments in each Compact State shall enforce the Compact. The provisions of the Compact and the rules promulgated shall have standing as statutory law.

**13.1 Definition(s):** (A) **“Commission”** means: the national administrative body of which all states that have enacted the Compact are members.  
(B) **“Compact”** means: Psychology Interjurisdictional Compact (PSYPACT).  
(C) **“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 has been terminated pursuant to Article XII, Section B. For the purposes of this Compact, Compact State and Member State may be used interchangeably.  
(D) **“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.

(E) **“License”** means: authorization by a State and Psychology Regulatory Authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

(F) **“Party State”** means: a state that is a party to a dispute.

(G) **“Rule”** means: a written statement by the Psychology Interjurisdictional Compact Commission promulgated pursuant to Article XI of this Compact that is of general applicability; implements, interprets, or prescribes a policy or provision of the Compact; or is an organizational, procedural, or practice requirement of the Commission and has the force and effect of statutory law in a member state and includes the amendment, repeal, or suspension of an existing rule.

(H) **“State”** means: any state, commonwealth, territory, or possession of the United States, the District of Columbia.

(I) **“State Psychology Regulatory Authority”** means: the Board, office or agency with the legislative mandate to license and regulate the practice of psychology.

### 13.2 Dispute Resolution Process – Informal, Mediation and Arbitration:

- A. The Commissioner from each Compact State shall enforce the Compact and take all actions necessary and appropriate to carry out the Compact’s purpose and intent. The Commission supports efforts to resolve disputes between and among Compact States and encourages communication directly between Compact States prior to employing formal resolution methods.
- B. Any Compact State may submit a written request to the Executive Board for assistance in interpreting the law, rules, and policies of the Compact. The Executive Board may seek the assistance of the Commission’s legal counsel in interpreting the Compact. The Executive Board shall issue the Commission interpretation of the Compact to all parties to the dispute.
- C. Before submitting a complaint to the Executive Board, the complaining Compact State and responding Compact State shall attempt to resolve the issues without intervention by the Commission.
- D. When disputes among party Compact States are unresolved through informal attempts, the Commission shall request assistance from the Executive Board.
  - (1) It is the duty of the Executive Board to address disputes between or among the Compact States concerning the Compact when informal attempts between the Compact States to resolve disputes have been unsuccessful.
  - (2) The Executive Board, on behalf of the Commission, in the reasonable exercise of its discretion, has the authority to assist in the resolution of disputes between and among Compact States concerning the Compact.
- E. Informal Resolution
  - (1) The Commissioner of the state disputing another Compact State’s interpretation or



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application of the Compact shall contact the Commissioner of the Compact State with which the dispute has arisen. A written statement describing the situation should be provided and enough time allowed for response and opportunity for the other Commissioner to review and investigate the issues raised in the dispute.

(2) If interpretation of the Compact is necessary, the Commissioner shall contact the Executive Board and request assistance in interpreting relevant provisions. This communication to the Executive Board should be made through the Executive Director.

(3) The Commissioner raising the concern shall document all attempts to resolve the issues.

- F. If all issues are resolved to the satisfaction of all party Compact States involved, no further action is required. Disputes between two (2) or more Compact States which cannot be resolved through informal resolution or through the Executive Board, may be referred to mediation and/or an arbitration panel to resolve the issues.

G. Mediation

(1) A Compact State that is a party to a dispute may request, or the Executive Board may require, the submission of a matter in controversy to mediation.

(2) If a member of the Executive Board is a party to the dispute, that individual must recuse him or herself from participation in the matter.

(3) Mediation shall be conducted by a mediator appointed by the Executive Board from a list of mediators approved by the National Association of Certified Mediators, or a mediator otherwise agreed to by all parties to the dispute and pursuant to procedures customarily used in mediation proceedings.

(4) If all issues are resolved through mediation to the satisfaction of all party Compact States involved, no further action is required.

H. Arbitration:

(1) In the event of a dispute between Compact States that cannot be resolved through informal means or by mediation, and upon the recommendation by the Executive Board, the Commissioner of the initiating Compact State(s) shall submit an Arbitration Request form to the Executive Director with a copy to be sent by the initiating state to the other party Compact State(s) involved.

(2) Each Compact State party to the dispute and the Executive Board shall submit a signed Arbitration Agreement.

(3) The Executive Director shall coordinate the arbitration process.

(4) The decision of the arbitration panel shall be final and binding.

(5) In the event arbitration is necessary, and unless otherwise agreed by the parties, at the discretion of an independent arbitration panel, the prevailing party or parties may be entitled to recover the costs of such arbitration, including reasonable attorneys' fees, to the extent permitted by state law of the prevailing party state.

(6) Arbitration award decisions may be enforced in a court of competent jurisdiction.



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### **13.3 Compliance and Enforcement:**

- A. The Commissioner in each party Compact State shall enforce the Compact and shall take all actions necessary and appropriate to carry out the Compact's purposes and intent. The Commission supports voluntary, collaborative efforts to resolve compliance and enforcement issues in lieu of formal dispute resolution procedures or other legal enforcement action between and among all party Compact States. All affected parties are encouraged to communicate with each other directly and make every effort to resolve issues.
- B. Any Compact State may submit a written request to the Executive Board for assistance in interpreting the Compact. The Executive Board may seek the assistance of legal counsel in interpreting the Compact, particularly concerning compliance and enforcement. The Executive Board's interpretation of the Compact will be issued in writing to all parties to the dispute.
- C. At the discretion of the Executive Board, appropriate technical assistance and training may be provided to any party Compact State seeking to voluntarily address a compliance issue. When compliance or enforcement is unresolved through informal attempts, the Commissioner shall request assistance from the Executive Board.
  - (1) It is the duty of the Executive Board to address alleged substantive or recurrent violations of the Compact when informal attempts to attain compliance have been unsuccessful.
  - (2) The Executive Board shall make recommendations to the parties to resolve the issue.
  - (3) If the parties are unable to resolve the issues, the Commission, in the reasonable exercise of its discretion, shall enforce the Compact.
- D. Compliance and enforcement issues that cannot be resolved through informal resolution or through the Executive Board shall be referred to an arbitration panel or other appropriate legal action as provided in Article X of the Compact at the discretion of the Executive Board.
- E. Dispute Arbitration:
  - (1) In the event that a Compact State's Compact default/non-compliance cannot be resolved through the procedures described above in this section, the Executive Board may order arbitration before a three (3) member independent arbitration panel for determination of the default/non-compliance and enforcement of the Compact.
  - (2) Each involved Compact State shall submit a signed Arbitration Agreement form.
  - (3) The Executive Director shall coordinate the arbitration process.
  - (4) The decision of the arbitration panel is final and binding.
  - (5) Unless otherwise agreed by the parties, and at the discretion of the arbitration panel, the prevailing party or parties may be entitled to recover the costs of the arbitration, including reasonable attorneys' fees, if permitted by the laws of the prevailing state.

**13.4 Enforcement Remedies Against a Defaulting State:** If the Commission determines that a Compact State has at any time defaulted in the performance of any of its obligations or



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

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responsibilities under the Compact, Bylaws or duly promulgated Rules, the Commission may impose any or all of the following remedies:

- A. Remedial training and technical support as directed by the Commission;
- B. Damages and/or costs in such amounts as are deemed to be reasonable as fixed by the Commission;
- C. Suspension of membership in the Compact; and
- D. Termination of membership in the Compact.

**13.5 Grounds for Default.** Grounds for default include but are not limited to, failure of a Compact State to perform obligations or responsibilities imposed by the Compact, Commission Bylaws, or duly promulgated Rules. The Commission shall notify the defaulting Compact State in writing of any penalty imposed by the Commission on the defaulting Compact State pending a cure for the default in a reasonable time as stipulated by the Commission.

**13.6 Costs.** The Commission shall not bear any costs relating to the defaulting Compact State unless otherwise mutually agreed upon between the Commission and the defaulting Compact State.

**13.7 Judicial Enforcement.** The Commission may by majority vote of the Commissioners, initiate legal action in the United District Court for the State of Georgia to enforce compliance with the provisions of the Compact, its duly promulgated Rules and Bylaws against any Compact State in default. In the event that judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

*Italicized definitions are mirrored directly from the PSYPACT Compact Language.*

**PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)  
BYLAWS**

**(Adopted July 22, 2019; Revised February 27, 2020, November 19, 2020,  
November 17, 2022, and November 16, 2023)**

**ARTICLE I**

**NAME**

The name of this organization is the Psychology Interjurisdictional Compact (PSYPACT) Commission, hereinafter referred to as the Commission.

**ARTICLE II**

**COMMISSION PURPOSE**

Pursuant to the terms of the Psychology Interjurisdictional Compact (“the Compact”), the Commission is established to fulfill the objectives of the Compact through a means of joint cooperative action among the Member States. The purpose of the Compact is to facilitate the interstate practice of telepsychology and the temporary in-person, face-to-face practice of psychology with the goal of improving access to mental health services in a manner that preserves the regulatory authority of each Member State to protect the public health and safety.

**ARTICLE III**

**FUNCTIONS**

In pursuit of the fundamental objectives set forth in the Compact, the Commission shall, as necessary or required, exercise all of the powers and fulfill all of the duties delegated to it by the Member States. The Commission’s activities shall include, but are not limited to, the following:

- A. Promulgation of binding rules and operating policies and procedures;
- B. Equitable distribution of the costs, benefits, and obligations of the Compact among the Member States;
- C. Enforcement of Commission Bylaws, Rules, and other Operating Policies and Procedures as established;
- D. Provision of dispute resolution;
- E. Coordination of training and education as it relates to the Compact; and
- F. Collection and dissemination of information concerning the activities of the Compact, as provided by the Compact, or as determined by the Commission to be warranted by, and consistent with, the objectives and provisions of the Compact.

## **ARTICLE IV**

### **BYLAWS**

As required by the Compact, these Bylaws shall govern the management and operations of the Commission. As adopted and subsequently amended, these Bylaws shall remain at all times subject to, and limited by, the terms of the Compact.

## **ARTICLE V**

### **MEMBERSHIP**

#### **Section 1. Member State Representation**

- A. The Commission Membership shall be comprised as provided by the Compact. Each Member State shall have and be limited to one (1) voting representative, selected by the State Psychology Regulatory Authority (Member Board) in the Member State, who shall be the Commissioner of the Member State.
- B. Each Member State shall appoint its Commissioner no later than 90 days after the effective date of the legislation.
- C. Each Member State shall forward the name of its Commissioner to the Commission staff within ten (10) business days of selecting a Commissioner. Member States should consider whether any real or potential conflict of interest exists when selecting their Commissioner.
- D. The Member Board of the member state shall provide notice to the Commission staff within ten (10) business days whenever a vacancy occurs.
- E. Commission staff shall promptly advise the Member Board of the Member State of the need to appoint a new Commissioner whenever a vacancy occurs.

#### **Section 2. Non-Voting, Ex Officio Representation**

- A. In addition to the Commissioner identified in Section 1.A. of this Article, the Commission Membership shall also be comprised of one representative appointed by the organization identified in Article X of the Compact. This individual shall be appointed by his/her respective organization and serve as an ex officio non-voting member.
- B. The organization identified in Article X of the compact shall forward the name of his/her appointed representative to the Commission staff within ten (10) business days of the appointment. The organization identified in Article X should consider whether any real or potential conflict of interest exists when selecting their appointed representative.
- C. The organization identified in Article X of the Compact shall provide reasonable notice to the Commission staff whenever a vacancy occurs.
- D. Commission staff shall promptly advise the appropriate staff of this organization identified in Article X of the need to appoint a new representative whenever vacancy occurs.

### **Section 3. Withdrawal of Membership in the Compact**

A Member State may withdraw from the Commission by enacting legislation repealing the Compact language. As provided in the Compact, the withdrawal will not take effect until six (6) months after the enactment of the legislation repealing the Compact language.

## **ARTICLE VI**

### **COMPACT COMMISSION, OFFICERS, AND EXECUTIVE BOARD**

#### **Section 1. Officers**

The Officers of the Commission shall be the Chair, Vice Chair, and Treasurer. The officers shall be duly appointed Commissioners from Member States.

#### **Section 2. Executive Board**

The Executive Board will consist of the Officers of the Commission, two At Large Members, one ex officio non-voting member selected by and representing the organization listed in Article X of the Compact, as identified in Rules. The At Large Members shall be duly appointed Commissioners from Member States.

A majority of the voting members of the Executive Board will constitute a quorum.

The Executive Board has the power to act on behalf of the Commission according to the terms of the Compact.

#### **Section 3. Election and Succession of the Executive Board**

- A. Members of the Executive Board will be elected for a term of two (2) years or until their successors are elected and assume office.
- B. Members of the Executive Board cannot serve more than two (2) consecutive full terms in the same office.
- C. Elections for the Chair, Treasurer, and 1 At Large Member positions shall occur at the annual meeting in odd-numbered years.
- D. Elections for the Vice Chair and 1 At Large member positions shall occur at the annual meeting in even-numbered years. The individuals elected to these positions at the first annual meeting in November 2020 shall serve until the annual meeting in November 2022.
- E. Members of the Executive Board will assume office at the close of the annual meeting at which the individuals are elected.
- F. Members of the Executive Board so elected shall serve without compensation or remuneration, except as provided by the Compact.



#### **Section 4. Duties of the Officers and At Large Members of the Executive Board**

The Commission's officers shall perform all duties of their respective offices as the compact and these Bylaws provide. Their duties shall include but are not limited to the following:

##### **A. Chair**

The Chair shall call and preside at Commission and Executive Director meetings; prepare agendas for the meetings; act on Commission's behalf between Commission meetings; review minutes from meetings.

##### **B. Vice Chair**

The Vice Chair shall perform the Chair duties in their absence or at the Chair's direction. In the event of a vacancy in the Chair's office, the Vice Chair shall serve until the Commission elects a new Chair.

##### **C. Treasurer**

The Treasurer, with the assistance of the Executive Director of the Compact, shall monitor the Commission's fiscal policies and procedures. If the Commission does not have an Executive Director of the Compact, the Treasurer will also serve as secretary and perform the duties of the secretary.

The Executive Board shall:

Administer the affairs of the Commission in a manner consistent with the Bylaws and purpose of the Commission:

1. Propose budgets, provide fiscal oversight and provide for an annual fiscal review;
2. Propose policies and procedures for consideration by the Commission;
3. Contract for services and monitor contract compliance;
4. Monitor and enforce member compliance with the Compact;
5. Propose standing and ad hoc committees.
6. Approve and maintain its minutes;
7. Perform such other functions as are necessary or appropriate to carry out the purpose of the Commission.

#### **Section 5. Removal from Office**

##### **A. Member of the Executive Board**

1. The Executive Board may, by a vote of two-thirds (2/3rds) of the membership of the Executive Board, decide that a member of the Executive Board: has a conflict of interest; has become incapacitated and unable to fulfill his/her duties; or has engaged in conduct constituting cause. In that event, the Executive Board member will be removed or, in the case of conflict of interest, resolve the conflict of interest to the satisfaction of the Executive Board. The affected Executive Board member will not vote on, and may be excluded from the discussion of, the issues. The decision of the Executive Board is final.
2. A member of the Executive Board may be removed from office for cause by a two-thirds (2/3rds) vote of the Commissioners voting at any meeting of the Commission. Cause is defined as conduct that is or could be detrimental to the good name of the

- organization, potentially or actually disturbs its wellbeing or potentially or actually hampers its work.
3. The removal of a member of the Executive Board in accordance with this section of the Bylaws does not impact that individual's status as the Commissioner from the Member State or as the ex officio non-voting member appointed by one of the organizations identified Article X of the Compact.

**B. Member State Commissioner**

The Commissioner from a Member State may be removed or suspended from office as provided by the law in that Member State.

**Section 6. Vacancies in Office**

**A. Chair**

The Vice Chair will fill a vacancy occurring in the office of Chair for the remainder of the unexpired term.

**B. Vice Chair or Treasurer**

A vacancy occurring in the position of Vice Chair or Treasurer between meetings of the Commission may be filled by appointment by the Executive Board. The appointee will serve for the remainder of the unexpired term.

**C. At Large Members**

A vacancy occurring in the position of At Large Member between meetings of the Commission may be filled by appointment by the Executive Board. The appointee will serve for the remainder of the unexpired term.

**D. Vacancy Due to Election**

If a vacancy occurs on the Executive Board as a result of an election, a second election shall be required. All candidates who were slated for any position on the Executive Board and were not elected in the first election will be slated in the second election unless they have indicated otherwise.

**Section 7. Conduct of Business of the Executive Board**

**A. Public Notice of Meetings**

1. The Executive Board shall meet at least once each calendar year at a time and place to be determined by the Executive Board.
2. Additional meetings may be scheduled at the discretion of the Chair, or may be called upon the request of a majority of the Executive Board.
3. Notice of meetings shall be made at least thirty (30) days before the scheduled meeting date. The meeting notice shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.
4. The meeting agenda, including meeting start time and telecommunications information, shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States no later than seven (7) days before the meeting date. Additional agenda items requiring Executive Board action may not be added to the final agenda, except by an affirmative vote of a majority of the Executive Board.
5. If a special meeting is called, the notice shall be made at least twenty-four (24) hours before the scheduled meeting. The notice shall include the topic(s) that will be discussed at the special meeting. No additional agenda items may be added to the

agenda. The notice of a special meeting shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.

#### **B. Closed Session and Up for Discussion**

1. Except as provided for in the Compact, all meetings of the Executive Board are open to the public. The Executive Board may meet in closed session only after a majority of the Executive Board votes to convene in a closed, non-public meeting. The vote to convene in a closed session must be done by a roll call vote that reveals the vote of each member of the Executive Board.
2. As authorized in Article X.B.6 of the Compact the Executive Board may convene in a closed, non-public meeting for ten (10) reasons. The Commission's legal counsel or designee will certify which of the ten (10) reasons for which the meeting, or portions of the meeting, is being closed.

### **Section 8. Compact Commission**

The Psychology Interjurisdictional Compact Commission is a joint public agency created and established by the Member States. A majority of the Commission will constitute a quorum.

### **Section 9. Duties of the Compact Commission Commissioners**

- A. Represent their Member State in all meetings of the Commission.
- B. Attend the annual meeting of the Commission and any other meetings of the Commission.
- C. Participate in the business and affairs of the Commission.
- D. Vote on the promulgation of Rules and creation of Bylaws.

### **Section 10. Conduct of Business of the Compact Commission**

#### **A. Public Notice of Meetings**

1. The Commission shall meet at least once each calendar year at a time and place to be determined by the Commission.
2. Additional meetings may be scheduled at the discretion of the Chair and must be called upon the request of a majority of the Commission.
3. Notice of meetings shall be made at least thirty (30) days before the scheduled meeting date. The meeting notice shall be published on the Commission's website and sent to the board administrator of the Member Board in all Member States.
4. The meeting agenda, including meeting start time and telecommunications information, shall be published on the Commission's website and sent to the Board administrator of the Member Board in all Member States no later than seven (7) days before the meeting date. Additional agenda items requiring Commission action may not be added to the final agenda, except by an affirmative vote of a majority of the Commission.
5. If a special meeting is called, the notice shall be made at least twenty-four (24) hours before the scheduled meeting. The notice shall include the topic(s) that will be discussed at the special meeting. No additional agenda items may be added to the agenda. The notice of a special meeting shall be published on the Commission's

website and sent to the board administrator of the Member Board in all Member States.

**B. Notice of Proposed Rulemaking**

1. Notice of Proposed Rulemaking shall be made at least sixty (60) days before a meeting at which the Commission reviews and plans to adopt, amend, or rescind a rule.
2. The meeting notice shall be published on the Commission's website and sent to the Member Board in all Member States for publishing on the board's website.
3. The meeting notice shall include information about the meeting time and location, the text of the proposed changes, and the mechanism and timeframe in which interested parties may indicate intention to attend the public meeting and/or submit written comments on the proposed changes.
4. The Commission may proceed with the proposed changes without a public hearing if no written notice of intent to attend by interested parties is timely received.
5. The Commission must hold a public hearing if it is requested in the manner outlined in Article XI of the Compact.

**C. Closed Session**

1. Except as provided for in the Compact, all meetings of the Commission are open to the public.
2. As authorized in as authorized in Article X.B.6 of the Compact, a closed, non-public meeting may be convened. The Commission's legal counsel or designee will certify which of the ten (10) reasons for which the meeting is being closed.
3. The Commission may meet in closed session only after a majority of the Commission votes to convene in a closed, non-public meeting.

**D. Rights and Privileges of Individuals Other than Commissioners and Non-Commissioners**

1. Adding Item to the Agenda  
Upon written request to the Commission at least ten (10) business days prior to the meeting date, any person who desires to add an item to the agenda and present a statement shall be afforded an opportunity to present an oral statement to the Commission at an open meeting. If the request is not made at least ten (10) business days prior to the meeting date, the Chair will determine whether to add the item to the agenda.
2. Speaking During a Public Meeting  
Non-Commissioners may attend Commission meetings and speak during the public comment period.
3. At the discretion of the Chair, consultants, staff, resource individuals, or other guests may speak to address an issue on the agenda, other than the situations identified in Article X of this Article of the Bylaws.
4. The Chair may limit the time and manner of any statements from non-commissioners at any open meeting.
5. Nothing in this Section of the Bylaws shall apply to public rules hearings held in accordance with Article X of the Compact.

#### **E. Conduct of Business by Mail or Electronically**

1. When business is conducted by telecommunications, all members must be notified in advance. Commission staff will establish an electronic mechanism for Commissioners to participate in the meeting.
2. If a Commissioner is unable to attend an in-person meeting of the Commission, the Member States must notify Commission staff at least ten (10) business days prior to the date of the meeting to allow sufficient time for Commission staff to establish an electronic mechanism for the Commissioner to participate in the meeting.
3. For ballot votes, the Commissioner will electronically submit his or her vote to Commission staff. For voice votes, the Commissioner will vote via phone.

#### **F. Duties of the Commission**

1. Adopt changes to the Rules or Bylaws.
2. Adopt in rule the fees/dues to be paid by Member States.
3. Adopt the budget based on the recommendation from the Executive Board.
4. Enter into contracts for the provision of personnel and other administrative services.
5. Enforce Member State compliance with the terms of the Compact, including these Bylaws and Rules adopted by the Commission.
6. Perform any other necessary or appropriate duties authorized by the Compact.

#### **Section 11. Conflict of Interest**

The Commission shall adopt a conflict of interest policy that addresses how to resolve potential conflicts of interest.

### **ARTICLE VII**

#### **COMMITTEES AND TASK FORCES**

##### **Section 1. Standing Committees of the Commission**

The Commission shall establish committees, as it deems necessary, to carry out its objective which shall include, but not be limited, to:

##### **A. Executive Board**

An Executive Board shall be established as a standing committee which shall be comprised of the officers of the Commission as well as those members specified in Article X of the Compact.

##### **B. Rules Committee**

A Rules Committee shall be established as a standing committee to develop uniform Compact rules for consideration by the Commission and subsequent implementation by the states and to review existing rules and recommend necessary changes to the Commission for consideration.

##### **C. Compliance Committee**

The Compliance Committee shall be established as a standing committee responsible for administering the provisions of the Compact related to compliance and enforcement.

##### **D. Finance Committee**

The Finance Committee shall be established as a standing committee to audit needs, finances, develop state-specific materials, etc.

#### **E. Training and Public Relations Committee**

The Training and Public Relations Committee shall be established as a standing committee to administer training and public relations on behalf of the Commission.

#### **F. Elections Committee**

An Elections Committee shall be established as a standing committee to:

1. Inform the Commission on the responsibilities of the office;
2. Encourage participation by the Commissioners in the elections process;
3. Announce nominations deadline and anticipated vacancies of the Executive Director of the Commission;
4. Communicate with incumbents to determine if they wish to run for re-election;
5. Accept qualified nominees and prepare a slate of candidates for the election of the officers or members at large of the Executive Director;
6. Present a list of candidates to the Commission including the terms of office expiration dates; and
7. Tally/verify the election results and report to the Commission.

#### **G. Requirements Review Committee**

A Requirements Review Committee shall be established as a standing committee to review denials for authorization before the denial is communicated to the applicant, review ongoing standards for reasonableness and interface with Association and Provincial Psychology Boards regarding E.Passport and Interjurisdictional Practice Certificate Requirements as needed.

#### **H. Appeals Committee**

An Appeals Committee shall be established as a separate standing committee that will convene to review the appeals of applicants who were denied authorization, and appeals from authorization holders whose authorization has been suspended or terminated.

The composition, procedures, duties, budget and tenure of all committees shall be determined by the Commission. The Commission may dissolve any committee it determines is no longer needed.

## **ARTICLE VIII**

### **COMMISSION PERSONNEL**

#### **Section 1. Commission Staff**

The Executive Board may engage in services provided by an Executive Director, who shall serve at the pleasure of the Executive Board. The Executive Director shall hire and supervise such other staff as may be needed.

#### **Section 2. Duties of the Executive Director**

As the Commission's principal administrator, the Executive Director shall also perform such other duties as may be delegated by the Commission or required by the Compact and the Bylaws, including, but not limited to, the following:

- A. Serve at its discretion and act as Secretary to the Commission, but shall not be a Member of the Commission;

- B. Establish and manage the Commission's office or offices as determined by the Commission;
- C. Recommend general policies and program initiatives for the Commission's consideration;
- D. Recommend for the Commission's consideration administrative personnel policies governing the recruitment, hiring, management, compensation, and dismissal of Commission staff;
- E. Implement and monitor administration of all policies, programs, and initiatives adopted by the Commission;
- F. Prepare draft annual budgets for the Commission's consideration;
- G. Monitor the Commission's financial performance for compliance with approved budgets and policies, and maintain accurate records of the Commission's financial account(s);
- H. Execute contracts on behalf of the Commission as directed;
- I. Receive service of process on behalf of the Commission;
- J. Prepare and disseminate all required reports and notices directed by the Commission;
- K. Assist the members of the Executive Director in the performance of its duties;
- L. Speak on behalf and represent the Commission;
- M. In collaboration with legal counsel, ensure the legal integrity of the Commission and
- N. Report about policy, regulatory, political, legal or other developments of relevance to the Commission's operation.

## **ARTICLE IX**

### **QUALIFIED IMMUNITY, DEFENSE, AND INDEMNIFICATION**

#### **Section 1. Immunity**

The Commission, its Members, officers, Executive Director, and employees 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 or arising out of or relating to any actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that any such person shall not be protected from suit or liability, or both, for any damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of any such person.

#### **Section 2. Defense**

Subject to the provisions of the Compact and Rules promulgated thereunder, the Commission shall defend the Commissioner of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees in any civil action seeking to impose liability against such person arising out of or relating to 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 gross negligence or intentional wrongdoing on the part of such person.

### **Section 3. Indemnification**

The Commission shall indemnify and hold the Commissioner of a Member State, his or her representatives or employees, or the Commission, and its representatives or employees, harmless in the amount of any settlement or judgement obtained against such person arising out of or relating to any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities 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 gross negligence or intentional wrongdoing on the part of such person.

## **ARTICLE X**

### **FINANCE**

#### **Section 1. Fiscal Year**

The Fiscal Year of the Commission shall be January 1 through December 31.

#### **Section 2. Budget**

The Commission shall operate on an annual budget cycle and shall, in any given year, adopt budgets for the following fiscal year or years only after notice and comment as provided by the Compact.

#### **Section 3. Dues**

Each Member State shall pay an annual assessment in accordance with Article X of the Compact. The amount of the annual assessment will be specified in the Rules adopted by the Commission and shall be sent timely to be received no later than ninety (90) days after the start of the fiscal year. A Member State will be ineligible to vote on any matter that come before the Commission if the annual assessment is not received within the 90-day timeframe. Voting rights will be restored once the Member State pays the annual assessment. If the assessment is not paid within six (6) months after the start of the fiscal year, the Commission will take appropriate enforcement action in accordance with the Rules adopted by the Commission.

#### **Section 4. Authority to Expend and Disperse Money**

No Commissioner or employee of the Commission will have the right or authority to expend any money of the Commission, to incur any liability in its behalf, or to make any commitment which binds the Commission to any expense or financial liability, unless such expenditure, liability, or commitment has been incorporated in the budget or the Executive board has made an appropriation or has approved a policy to pay same. The Commission may assume debt as a means of financing operations, including credit facilities such as a line of credit. The Commission shall monitor its own and its committees' affairs for compliance with all provisions of the Compact, its Rules, and these Bylaws governing the incursion of debt and the pledging of credit.



**Section 5. Accounting and Audit**

The financial records of the Commission will be audited annually by an independent certified public accountant. The audit report will be presented to the Executive Board when the report is received and to the full Commission at the Commission's annual meeting. The report shall also be made available to the public and shall be included in and become part of the annual report to the Governors, legislatures, and judiciary of the Member States.

The Commission's internal accounts, any workpapers related to any internal audit, and any workpapers related the independent audit shall be confidential; provided, that such materials shall be available: (1) in compliance with the order of any court of competent jurisdiction; (2) pursuant to such reasonable Rules as the Commission shall promulgate; and (3) to any Commissioner of a Member State, or their duty authorized representatives.

**Section 6. Travel Reimbursements.**

Subject to the availability of budgeted funds and unless otherwise provided by the Commission, Commissioners may be reimbursed for any actual and necessary expenses incurred pursuant to their attendance at all duly convened meetings of the Commission, its committees as provided by the Compact, or the Executive Board.

**ARTICLE XI****WITHDRAWAL, DEFAULT, AND TERMINATION**

Member States may withdraw from the Compact only as provided by the Compact. The Commission may suspend and/or terminate a Member State as provided by the Compact.

**ARTICLE XII****PARLIAMENTARY AUTHORITY**

Matters of parliamentary procedure not covered by these Bylaws shall be governed by the current edition of Robert's Rules of Order.

**ARTICLE XIII****ADOPTION AND AMENDMENT OF BYLAWS**

Any Bylaws may be adopted, amended, or repealed by a majority vote of the Commission, provided that written notice and the full text of the proposed action is provided to all Commissioners of member States at least thirty (30) days prior to the meeting at which the action is to be considered. Failing the required notice, a two-third (2/3rds) vote of the Commissioners of Member States shall be required for such action.

## **ARTICLE XIV**

### **DISSOLUTION OF THE COMPACT**

The Compact shall dissolve effective upon the date of the withdrawal or the termination by default of a Member State which reduces Membership in the Compact to one Member State as provided by the Compact.

Upon dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Commission shall be concluded in an orderly manner and according to applicable law. Each Member State in good standing at the time of the Compact's dissolution shall receive a pro rata distribution of surplus funds based upon a ratio, the numerator of which shall be the amount of its last paid annual assessment, and the denominator of which shall be the sum of the last paid annual assessments of all Member States in good standing at the time of the Compact's dissolution. A Member State is in good standing if it has paid its assessments timely.

## **ARTICLE XV**

### **AFFILIATION WITH THE ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGY BOARDS**

The Commission shall be affiliated with and supported by the Association of State and Provincial Psychology Boards (ASPPB). The Commission shall negotiate payment for secretariat services by the ASPPB. Payment for the secretariat services shall be made from the funds collected by the Commission.

## MEMORANDUM

<b>DATE</b>	February 29, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Troy Polk, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 25(a),(b),(c),(d),(e),(f) – Regulatory Update

The following is a list of the Board of Psychology's (Board) remaining regulatory packages, and their status in the regulatory process:

**a) Update on 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package is in the Production Stage. Revised proposed regulatory language was adopted at the May 19, 2023, Board Meeting. At the August 18, 2023, Board Meeting the Board resolved additional issues regarding the inactive timeframe, and voted to adopt the proposed regulatory language as amended. On December 15, 2023, the DCA Budget Office completed the fiscal impact of this rulemaking.

On January 18, 2024, Board Staff submitted the regulation package to the Regulations Coordinator to be submitted for review by the DCA Director and the Business Consumer Services and Housing Agency (Agency).

On January 28, 2024, the regulation package was approved by the DCA Director, and on January 30, 2024, the regulations package was submitted to Agency.

**b) Update on 16 CCR sections 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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This package is in the Production Stage. This phase includes Board-approved Text, and collaborative reviews by Board staff, legal counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

At the August 18, 2023, Board Meeting the Board voted to adopt the proposed regulatory language and staff is preparing the initial submission documents for DCA and Agency review before filing with OAL for notice publication.

c) **Update on 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

d) **Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

e) **Update on 16 CCR sections 1397.35 – 1397.40 - Corporations**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

f) **Update on 16 CCR sections 1381, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

On May 19, 2023, the Board approved the statutory and regulatory changes to implement the EPPP part 2 Skills Exam, effective January 1, 2026.

**Action Requested:**

No action required at this time. This is for informational purposes only.

## MEMORANDUM

<b>DATE</b>	February 8, 2024
<b>TO</b>	Psychology Board Members
<b>FROM</b>	Antonette Sorrick, Executive Officer
<b>SUBJECT</b>	<b>CPA Survey: Agenda Item 26</b>

**Background:**

At the November 17, 2022 Board Meeting, the California Psychological Association (CPA) shared a satisfaction survey of its membership with the Board. This survey included feedback on the Board's licensing, central services, and enforcement programs. Ms. Sorrick asked Dr. Winkelman if CPA would be willing to do a follow-up survey one year after the initial survey conduction in order to compare to the established baseline from the first survey. It was determined that if CPA were to do another survey, the Board would like to see the data received. As such, CPA completed a survey in October 2023 and provided the results to the Board. Included in the materials are the first and second surveys conducted.

**Action Requested:**

This item is for informational purposes only.

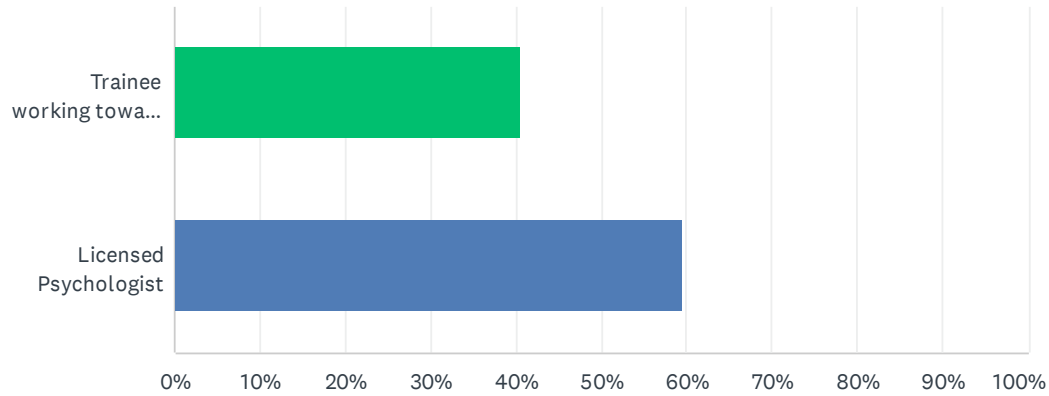
**Attachments:**

Attachment A: CPA Survey – July 2022

Attachment B: CPA Survey – October 2023

## Q1 Current Licensure Status

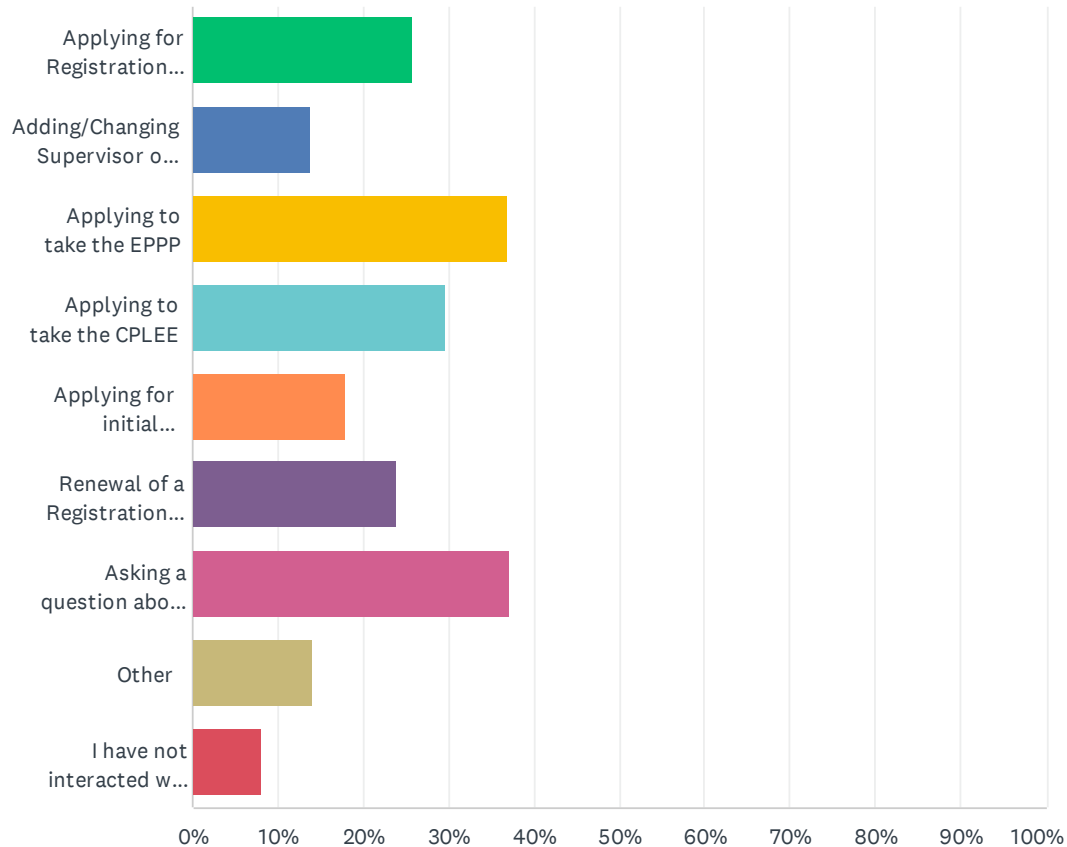
Answered: 402 Skipped: 0



ANSWER CHOICES	RESPONSES	
Trainee working toward licensure as a Psychologist (includes interns, post-docs, psychological associates, employees in exempt setting, and trainees working under a DMHC waiver)	40.55%	163
Licensed Psychologist	59.45%	239
Total Respondents: 402		

## Q2 Please identify your reason(s) for interacting with the Board of Psychology (BoP) within the past 12 months (check all that apply)

Answered: 402 Skipped: 0

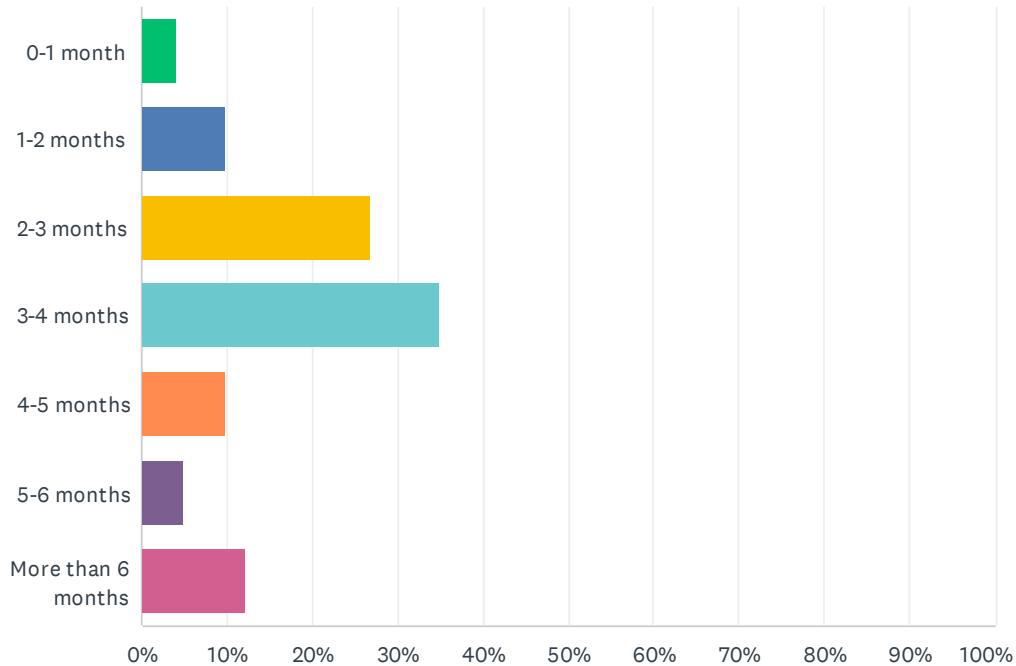


ANSWER CHOICES	RESPONSES	
Applying for Registration as a Psychological Associate	25.87%	104
Adding/Changing Supervisor or Service Location for a Psychological Associate	13.93%	56
Applying to take the EPPP	36.82%	148
Applying to take the CPLEE	29.60%	119
Applying for initial licensure as a Psychologist (once both exams have been passed)	17.91%	72
Renewal of a Registration or License	23.88%	96
Asking a question about or seeking clarification regarding any component of the above processes	37.06%	149
Other	14.18%	57
I have not interacted with the BoP within the past 12 months	8.21%	33
Total Respondents: 402		



### Q3 If you applied for Registration as a Psychological Associate within the past 12 months, how long did it take for your Registration to be approved?

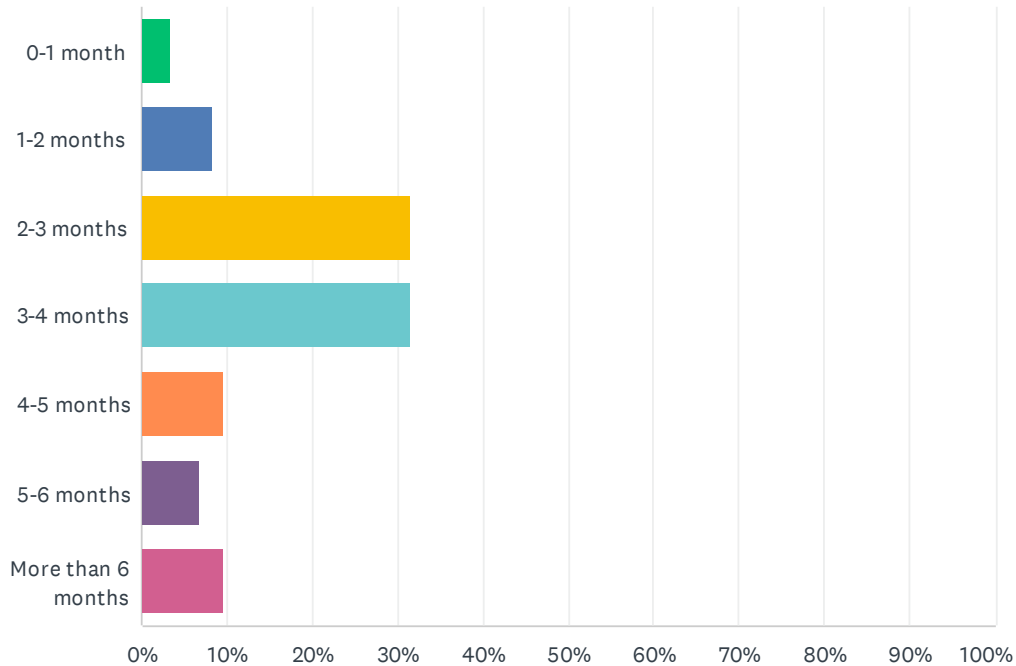
Answered: 123 Skipped: 279



ANSWER CHOICES	RESPONSES	
0-1 month	4.07%	5
1-2 months	9.76%	12
2-3 months	26.83%	33
3-4 months	34.96%	43
4-5 months	9.76%	12
5-6 months	4.88%	6
More than 6 months	12.20%	15
Total Respondents: 123		

## Q4 If you applied to take the EPPP within the past 12 months, how long did it take to receive approval?

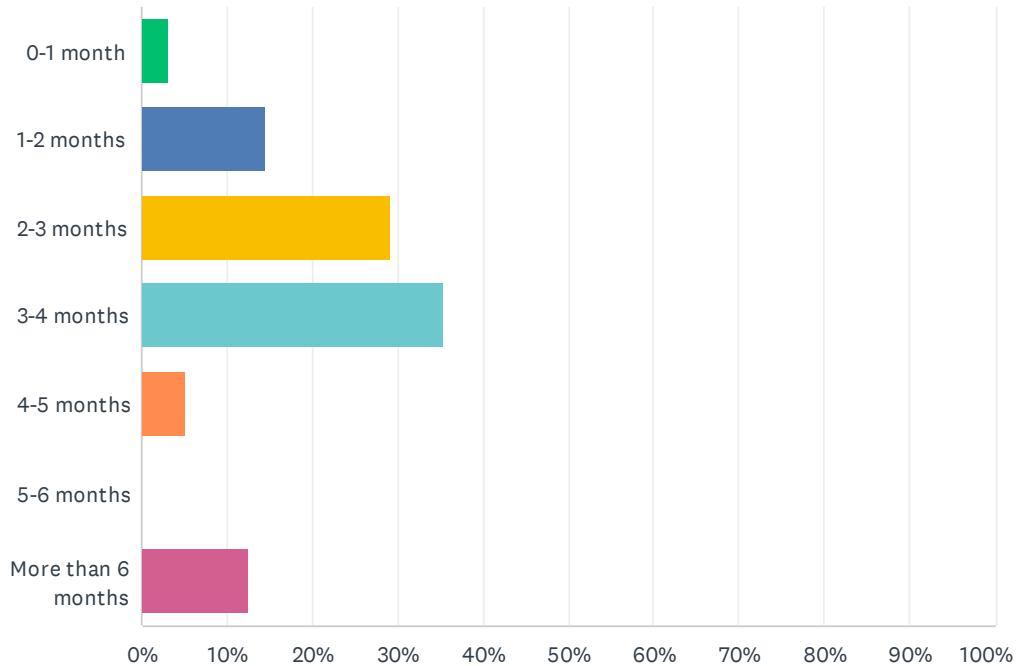
Answered: 146 Skipped: 256



ANSWER CHOICES	RESPONSES	
0-1 month	3.42%	5
1-2 months	8.22%	12
2-3 months	31.51%	46
3-4 months	31.51%	46
4-5 months	9.59%	14
5-6 months	6.85%	10
More than 6 months	9.59%	14
Total Respondents: 146		

## Q5 If you applied to take the CPLEE within the past 12 months how long did it take to receive approval?

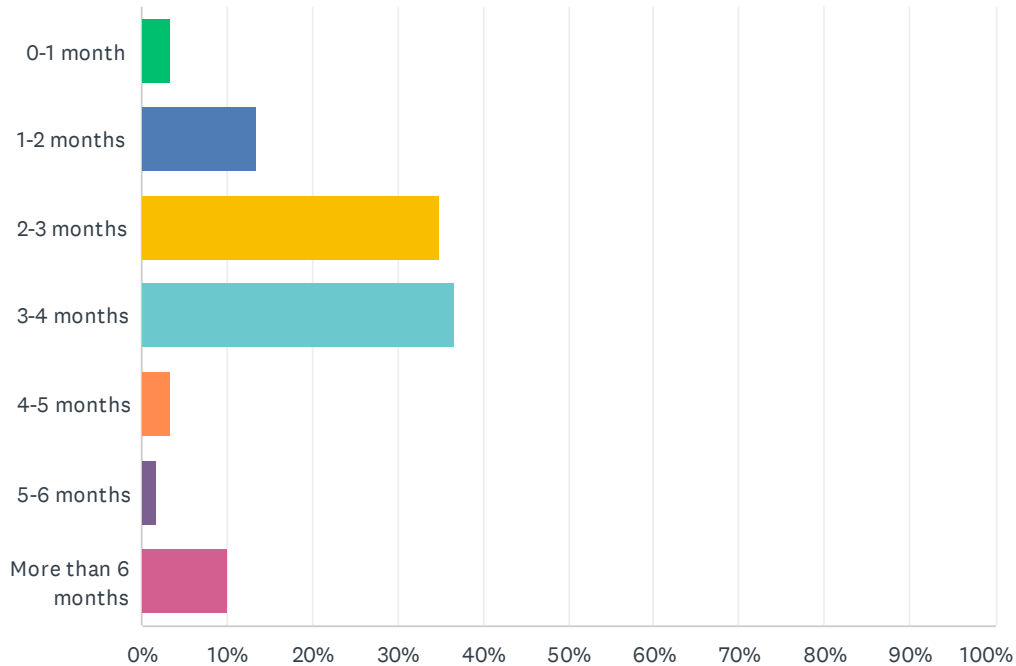
Answered: 96 Skipped: 306



ANSWER CHOICES	RESPONSES	
0-1 month	3.13%	3
1-2 months	14.58%	14
2-3 months	29.17%	28
3-4 months	35.42%	34
4-5 months	5.21%	5
5-6 months	0.00%	0
More than 6 months	12.50%	12
Total Respondents: 96		

## Q6 If you applied for your initial Psychologist License within the past 12 months, how long did it take to receive it?

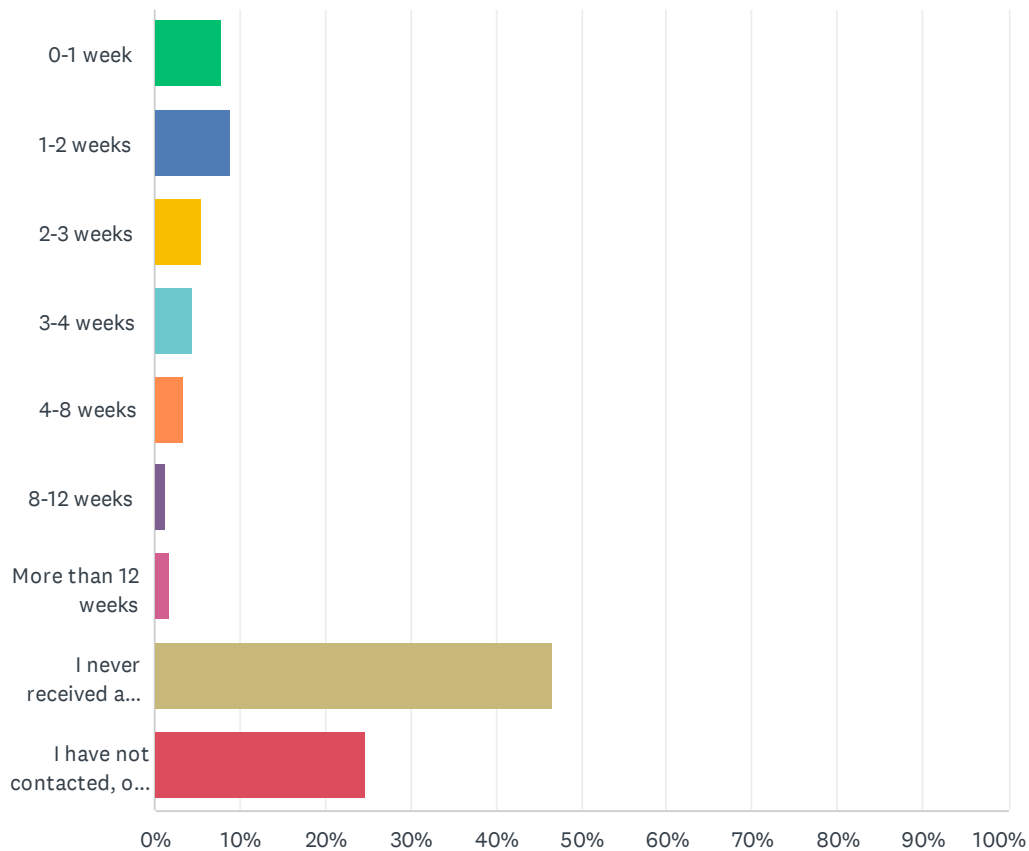
Answered: 60 Skipped: 342



ANSWER CHOICES	RESPONSES	
0-1 month	3.33%	2
1-2 months	13.33%	8
2-3 months	35.00%	21
3-4 months	36.67%	22
4-5 months	3.33%	2
5-6 months	1.67%	1
More than 6 months	10.00%	6
Total Respondents: 60		

## Q7 If you have contacted, or attempted to contact, the BoP by phone within the last 12 months, how long did it take to receive an answer to your inquiry?

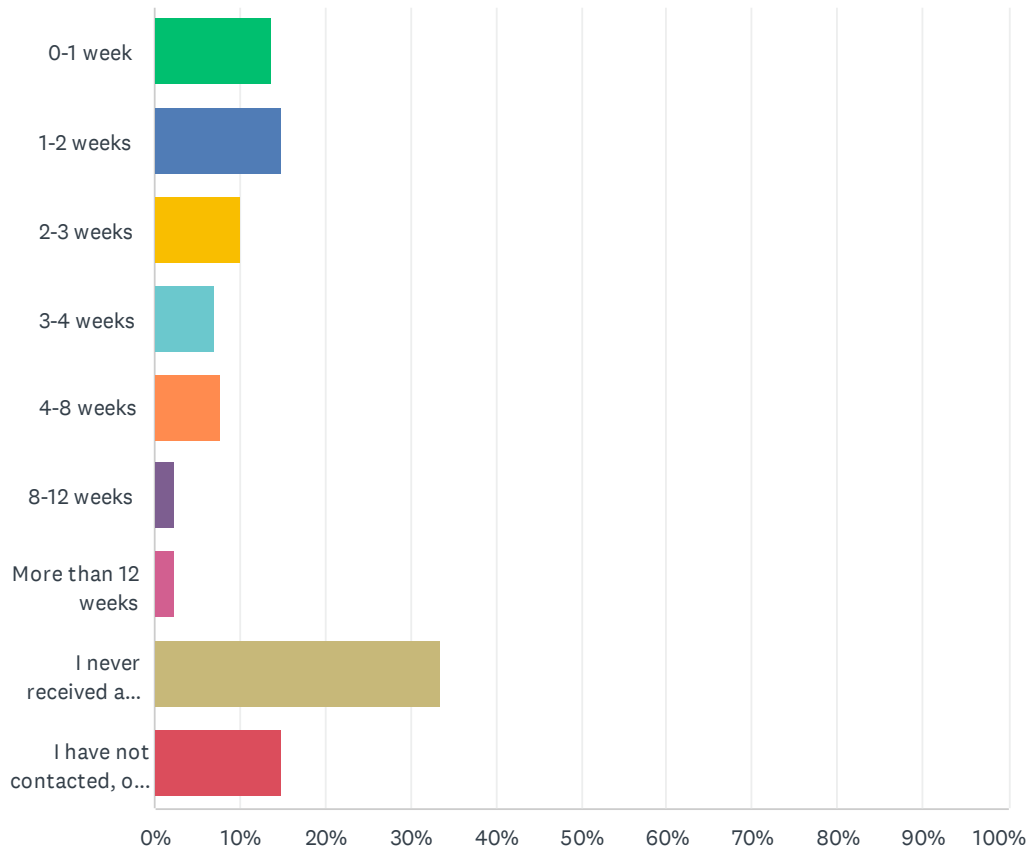
Answered: 291 Skipped: 111



ANSWER CHOICES	RESPONSES	
0-1 week	7.90%	23
1-2 weeks	8.93%	26
2-3 weeks	5.50%	16
3-4 weeks	4.47%	13
4-8 weeks	3.44%	10
8-12 weeks	1.37%	4
More than 12 weeks	1.72%	5
I never received a response	46.74%	136
I have not contacted, or attempted to contact, the BoP within the past 12 months	24.74%	72
Total Respondents: 291		

## Q8 If you have contacted, or attempted to contact, the BoP by e-mail within the last 12 months, how long did it take to receive an answer to your inquiry?

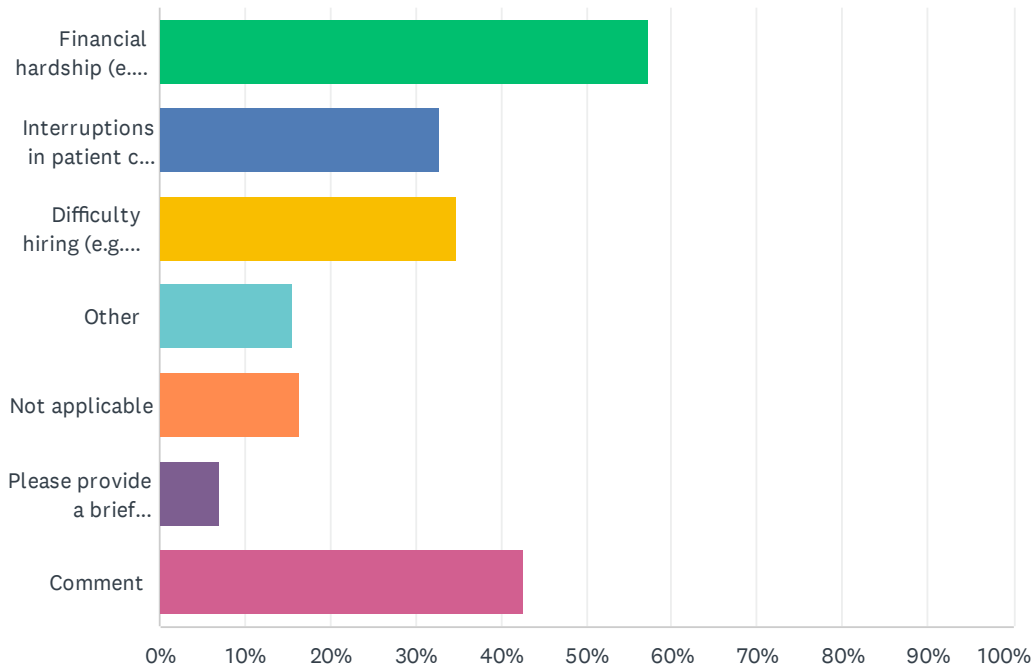
Answered: 329 Skipped: 73



ANSWER CHOICES	RESPONSES	
0-1 week	13.68%	45
1-2 weeks	14.89%	49
2-3 weeks	10.03%	33
3-4 weeks	6.99%	23
4-8 weeks	7.60%	25
8-12 weeks	2.43%	8
More than 12 weeks	2.43%	8
I never received a response	33.43%	110
I have not contacted, or attempted to contact, the BoP within the past 12 months	14.89%	49
Total Respondents: 329		

**Q9 Please identify any detrimental consequences you, our supervisee(s), or your employer(s) have experienced within the past 12 months due to extended BoP processing times or delays in BoP responses to e-mail or phone inquiries (check all that apply).**

Answered: 359 Skipped: 43



ANSWER CHOICES	RESPONSES	
Financial hardship (e.g. due to delay in qualifying for employment opportunities)	57.38%	206
Interruptions in patient care (e.g. due to delay in supervisee becoming Registered or Licensed)	32.87%	118
Difficulty hiring (e.g., due to delay in applicant becoming Registered or Licensed)	34.82%	125
Other	15.60%	56
Not applicable	16.43%	59
Please provide a brief description of any such detrimental consequences	6.96%	25
Comment	42.62%	153
Total Respondents: 359		

#	COMMENT	DATE
1	Because of the delays I needed to request having an extension for my psychological assistant position, because I still have not been approved to take the CPLEE. My job requires that you are licensed by a certain time period or you are fired. It has taken 3 months for them to review my application to tell me that they want something minor corrected. I now have to wait for who knows how long to for the correction to be processed, which prolongs the process further. I feel that they are nitpicky, in addition to a very slow response time.	8/1/2022 12:21 PM

2	I applied in February to be approved to take the EPPP. I emailed and called the board on March 18th to ask clarifying questions about the correct application materials to submit as I completed my internship in another state. I received a call back from the board on May 11th. On May 16th I was assigned a licensing analyst. By that time, the board had not received my correct materials because of the delayed response to my questions. I was then re-entered to the processing queue once my materials were complete, which has put me on a timeline of an August approval to take the EPPP. I hope to take the exam in September. The delay from the board has prohibited me from being able to apply to jobs and to enter into an income bracket beyond my post-doc pay. At this time, I am extending my post-doc until I am licensed.	7/28/2022 5:04 PM
3	I have ADA accommodations for testing that were approved, but these testing accommodations expire after a year. The board took >6 mos to approve the EPPP, then >6mos to approve the CPLEE. When they finally approved the CPLEE, they told me that my accommodations will expire in less than a month and if I cannot schedule the test by then, I will need to restart the application process and resubmit ADA paperwork and application paperwork.	7/26/2022 4:06 PM
4	An incredible amount and anxiety and stress surrounding whether or not I will be able to begin my next job, which is contingent on licensure. I have sent things in the moment I have met the hour requirement and it is incredibly frustrating that even when I have done everything on time on my end, the wait times are impacting my professional and personal time. It is also incredibly frustrating because the CABOP person assigned to my application has taken 4 months to approve me to just take the CPLEE, when my colleague who applied a week later than me was approved after 3 months. We formed and sent our application packets together, so they are identical, so I know that application quality is not the reason.	7/26/2022 11:28 AM
5	reduced pay, financial hardship, almost loss of position.	7/25/2022 5:27 PM
6	Significant financial consequences. I will be unemployed after postdoc because of the processing delays.	7/20/2022 7:37 AM
7	Foreign trained Psychologist left in limbo	7/19/2022 8:39 AM
8	Marked delay in employment opportunities and financial impact as well as healthcare access.	7/18/2022 5:49 PM
9	I decided to go on Inactive. I have had heart surgery on May 16, 2022, and needed some help with CEU's as I haven't been well enough to pay much attention. My heart is great now.	7/18/2022 10:41 AM
10	Since it is impossible to actually speak to a live person I was unable to ask that my credentials be sent to the State of Illinois directly from the California BOP. This is the only way Illinois will accept it, but I can only get it sent to me.	7/18/2022 9:56 AM
11	Due to lack of responsiveness from the BOP despite many attempts to connect by email and phone, our trainee lost hundreds of hours toward licensure, had his Registered Psychologist status cancelled after only 30days, and discovered we could have been granted a DHCS waiver months later from a county health employee, not in any conversation with the BOP.	7/18/2022 8:43 AM
12	I am a supervisor and applied for registration for two psychological associates in the past year. Waiting times were 4-5 months for each of them. For one associate in particular, this caused significant financial hardship, stress, and demoralization. Attempting to reach the Board for information was challenging, and usually meant multiple calls and emails.	7/17/2022 9:35 PM
13	I applied for and got my dream job, but I can't start until several months after my postdoctoral fellowships ends due to the excessive wait times of eppp, cplee approval. It's maddening that the BOP can cash my check within a few days, but it takes 4 months to get an approval to take an exam?	7/17/2022 6:32 PM
14	Pushing back my start date and not being able to work.	7/17/2022 5:14 PM
15	I was stressed and wanted to make sure that deadlines and procedures were in place.	7/17/2022 1:19 PM
16	I have been overlooked, unable to apply for jobs and have lost my job due to not being licensed. I finally passed my EPPP and was planning to take the CPLEE immediately, but found out that I need approval just to take the exam. I stopped studying until I receive approval, because I was told it would be at least 3 months. I am currently unemployed, would like to start practicing clinically, am not military, but have several military families who wish to work with me that I am unable to work with. I am upset since I will be missing the summer/fall cycle of job applications.	7/17/2022 11:54 AM



CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)		SurveyMonkey
17	Extended wait times for CPLEE approval (and then subsequent request for initial licensure) greatly impact how much we can earn. By delaying our ability to become licensed significantly due to long wait times, my earning potential is drastically impacted.	7/17/2022 10:36 AM
18	My future employer is awaiting my licensure to provide me a full-time position.	7/17/2022 8:08 AM
19	I am pregnant so it is really important for me to be able to take my exams before my baby is born and the extremely long wait times to get approval for these has added a layer of stress that I really didn't need.	7/16/2022 9:42 PM
20	not actually addressing my question adequately which led to confusion, lack of confidence in BOP and lost time to seek counsel for answer to my question that they should have been able to answer.	7/16/2022 2:43 PM
21	Internship hiring start dates have been delayed due to delay in applicants becoming Registered or Licensed.	7/16/2022 12:27 AM
22	I made a complaint to the board of psychology and made numerous phone calls and sent numerous emails to all the contact numbers and emails that were listed and I never received 1 email or 1 phone call back. It was so infuriating and so disappointing.	7/15/2022 7:40 PM
23	I have been licensed PsyD for 16 years. With the interruptions from COVID and other health conditions, attempted to better understand how to better access the appropriate 36 hrs required for licensing. All my attempts on-line or by phone have gone unanswered. I have used the internet.	7/15/2022 7:15 PM
24	Even military expedite is taking a long time?	7/15/2022 7:05 PM
25	I stayed as a psychological associate, unable to bill for services directly for another 2 months after passing the CPLEE because of the delay in processing times. Also, a student training at my organization was not able to gather her predoctoral hours for an entire training year due to delayed registration as a psychological associate.	7/15/2022 4:56 PM
26	Difficulty scheduling EPPP	7/15/2022 4:22 PM
27	It wasted a lot of my time and effort when my request to have a copy of my CA BoP records sent to another state's BoP (because I was planning to relocate to that other state) was "lost at the bottom of a pile on a CA [BoP staff person's] desk." I had already learned when I was a psych assistant that one should avoid ruffling the feathers of CA BoP staff, because they can and will wreck havoc on your life if they so choose. Resistance is futile (and can be like shooting yourself in the foot), so you just have to wait. But I also understood and emphasized with the difficulties faced by all of us during COVID. So I did what I had to do, tried to be polite and patient but persistent, and it finally worked out (but relocating did not).	7/15/2022 4:21 PM
28	Truly awful wait times to get my PA registered. Any questions take months to answer. It's become a running joke among all psychologists that there are may be two people working there if at all.	7/15/2022 3:29 PM
29	I emailed to clarify a psychologist's license status who was listed as Current-Inactive. Because this psychologist completed an evaluation in May 2022, I needed to know how long the license was inactive. I heard back from BOP in two working days to my delight. However, it took three more emails for the responder to answer my question because they didn't read my email carefully. Nonetheless, given what I've been reading, BOP was responsive quickly.	7/15/2022 3:26 PM
30	We understand these are difficult times for employing new staff or making other organizational changes to meet the needs of our professionals. However we respectfully want the Board to be aware of the impact of the delays experienced on the path to licensure. While providing postdoctoral training for associates, we also rely on them to provide vital mental health services for our community. Delays in PA numbers and licensing has a downstream cost to accessibility to very needed mental health services in our community. This is deeply disturbing in a time when we are committed to greater equity and access in care. In addition, we are very concerned about the professional impact for the next generation of therapists whose career trajectories are stalled due to delays with the board. Thank you for your serious attention to these major concerns.	7/15/2022 3:05 PM
31	Was forced to wait 6 months to hire a psych assistant due to delay in registration process. Had to hire a psychologist at the assistant level and provide supervision even though she completed all licensure requirements and passed exams. Cost time and income as we wait for a basic approval that should be instantaneous after passing exam. Have to wait to hire a	7/15/2022 2:34 PM

psychologist who is also waiting for board to acknowledge completion of requirements and exam. Loss of income.

32	BoP unduly put my license on probation because of an ambitious, unfair, inaccurate and harsh evaluation of two complaints against my license by a board appointed evaluator. The other evaluator found no fault and within normal limits functioning on my part. We chose not to challenge the board's allegations due to time and expense of trial. Otherwise the probation monitor has worked within reasonable limits.	7/15/2022 2:32 PM
33	Inquired about my supervisee's psych associate application applied for July 2021 but still have never received a reply	7/15/2022 2:29 PM
34	Due to long delays in getting my CPLEE approved I lost job opportunities that would have otherwise been available if I had completed all the pre licensure steps. I did eventually get hired as a psychologist by a practice that would supervise me as a psych associate. I am still waiting on the psych associate app, no response from the BOP to many calls and emails, and I cannot work until I get my psych associate approved. For this reason I am an employable person who is UNEMPLOYED, I have had to take a personal loan to cover my monthly expenses. I am also not eligible for health insurance from my employer Until I am a licensed psychologist so I am praying I do not break my arm while the BOP processes my materials!!	7/14/2022 6:13 AM
35	They just don't response by email or phone	7/13/2022 3:26 PM
36	Stress due to worrying that my renewal would not come fast enough and my clients would have an interruption, as well as an interruption in my income. It came at the last minute after I sent several emails. The communication with the board was unclear and they were sporadic with their responses. Also, stress due to worrying that it would take too long to be licensed at the end of my formal postdoc position, and therefore I would be unemployed, as a result of the slow processing times at the board during each step towards licensure.	7/13/2022 2:15 PM
37	These delays have made it so that I am faced with 4-5 months of not having income and being unable to see my clients, even when I do everything in my control in as timely a fashion as possible. My colleagues in other states are not having this problem and it is incredibly frustrating to have to delay work and income for this long when it does not have to be this way. It makes it very challenging to plan for my own finances and for my client care.	7/13/2022 1:14 PM
38	After graduating I was not able to get paid "clinical pay" as the BOP took about 5 months to process my "ADD/REMOVE supervisor form". I was so stressed because I was pregnant and I was planning to go on maternity leave at the end of the year. So this meant that due to their delay in processing my paperwork, I was not able to accrue hours for licensing during those five months and I was not able to save as much for my leave due to the low "admin pay" I was receiving since I was not able to see clients directly. Because of this, I then had to end my maternity leave early (two months off only) because I did have enough money to sustain my family and I. I don't think they realize how much damage they have caused to us and our families and this is simply not acceptable because our career and financial status depends on them.	7/12/2022 3:01 PM
39	Companies have no knowledge of how the registration process works, and abandon employment opportunities offered. Companies want us to be already registered, and then have their location added for VOE. I have literally been asked to provide the information to companies about registration.	7/12/2022 10:26 AM
40	I am set to begin my post doc training on August 1, 2022. I submitted my application to become registered as a psychological associate on May 18, 2022. I have not been able to reach anyone in the office via phone or email despite calling (and leaving detailed Voicemail) and emailing multiple times a week. As a result, I am not sure I will be able to begin my post-doctoral training experience on time.	7/12/2022 10:14 AM
41	Unable to accrue post-doc hours for 9 months	7/12/2022 10:11 AM
42	Several months of waiting for psychological associate to get their registration number in order to start seeing clients creates delay in client care, delay in income both for supervisee and supervisor.	7/12/2022 4:55 AM
43	Extreme psychological/emotional distress (stress, anxiety)	7/12/2022 3:39 AM
44	I retired from CHCF Stockton on 06/26/21 and CalPERS indicated that I cannot have a full position at Kaiser Permanente Medical Group as I have less than 1 year of retirement. Now,	7/11/2022 8:21 PM

after one year of retirement I came back as retired annuitant in CHCF Stockton and I am opening a Private Practice.

45	Unable to accrue predoctoral licensure hours which prolongs my ability to seek full licensure.	7/11/2022 8:18 PM
46	1) I was diagnosed with Multiple Myeloma and Colon Cancer within 2 years of one another, this significantly impacted my ability to obtain Post-Doc hours; and lets not forget Covid-19 and the ability to meet face to face with clients	7/11/2022 3:57 PM
47	I applied well in advance for my psychological assistant number but due to a minor error had to start over again with my application and wait time. This caused a significant delay in being able to provide care to patients and accrue hours towards licensure. My supervisor was unable to sign my supervision agreement because postdoctoral fellows from the previous year were still waiting to get approved for their licenses despite meeting all requirement and he was therefore still their supervisor. Due to all of these delays, I have been unable to apply for a licensed position and am forced to stay at a less desirable postdoctoral position for longer as I continue to wait for approval to take the CPLEE and then apply for licensure. It's frustrating and costly.	7/11/2022 3:33 PM
48	I emailed Dr. Linder-Crow on 4/20/22 regarding the crisis in forensic psychology. I explained that attorneys are getting increasing access to test data and using that to coach their clients how to manipulate the test data to achieve more favorable results in litigation. I explained that since the CCP allows for the recording of testing, this further enables the attorney to coach their client how to manipulate the testing. I explained how case law from Carpenter v. Yamaha allowed attorneys to get copies of the tests, test manuals and test data which further enables them in this process. I attached a 2021 position paper by AACN & NAN which explained why testing should not be recorded. I attached a position paper by AACN which explained why it is unethical to produce test materials to attorneys. I explained that the laws need to be changed. I never got a response. Now matters are getting worse as attorneys are now getting court orders to not only audiotape, but videotape neuropsychological examinations. If this process is not stopped, in a short time our tests will have no value whatsoever. Every day this problem is not addressed it is getting worse. Since you asked for my opinion, I have provided it. It is my sincere hope that you will read this response and take immediate action. As you know, the BBP requires all psychologists to adhere the the APA ethics. The current CCP and case law undermine our ethics and demand that act unethically as psychologists. It is my hope you will take this seriously. I am happy to assist in any way I can.	7/11/2022 2:42 PM
49	I have had friends who passed the EPPP around the same time I did and they have already taken their jardiance prudence exam and are waiting to be licensed at this time. I am still waiting to hear back if I am approved for the CPLEE or not. This is frustrating because this means that I will enter my first job at a VA with a lower Grade Scale (~ 25k lower pay) than my friends/peers due to my attempts to be licensed in California taking longer than planned.	7/11/2022 2:40 PM
50	I also have questions regarding clarification re:ethical issues and do not receive response.	7/11/2022 1:30 PM
51	We have post-docs who come to CA from around the country and then have to wait months for their psychology assistantship without pay. A few times we had to provide stipends even though the applicant could not work in order to cover living expenses.	7/11/2022 1:27 PM
52	I applied for a copy of my pocket license. Never got it, even though I paid for it.	7/11/2022 1:26 PM
53	I have been licensed Ph..D many decades, As my renewal date approached , I noticed I didn't receive renewal Notice. My subsequent calls and e-mails were bot responded to. for 2-3 months. Finally, I received a notice citing license renewal fee PLUS a hefty late fee, which I was obligated to pay ! Finally I had my re-newed license. is there an excuse for this ?.	7/11/2022 1:15 PM
54	No guidance on procedural matter - had to pay lawyer for clarification	7/11/2022 11:35 AM
55	Wanted to clarify required CEU's for my current licensing period which will end in august/2023. I know there is a recent new required set of options, but at this time I am trying to complete my CEU'S under the current set of required courses.	7/11/2022 10:58 AM
56	Deferred my regulatory questions to their website, which was not helpful in any way because the response to my inquiry was not available on their website, hence my reaching out to them. I asked them about the CA state specific guidelines on HIPAA and on a separate question, state specific guidelines on statue of limitations on clients consent forms for authorization to release information, both of which they responded with "we don't provide that information."	7/11/2022 10:27 AM

CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)

SurveyMonkey

57	I had to take out extra student loan money since I was not getting paid for the 5 months when I was unable to be hired for my postdoc. I was working as a practicum student and extended working on my dissertation so that there would not be a disruption of patient services.	7/10/2022 10:01 PM
58	My registered psychologist registration ended (the BoP had informed registered psychologists that this title would be disappearing with sufficient time) and the wait time had significantly increased for the processing of a psychological associate application. I was unable to practice for 1.5 weeks because the registration had expired and the BoP had not processed my P.A. application.	7/10/2022 8:48 PM
59	It has delayed my ability to apply for jobs and get offers, which has delayed my knowledge of my financial situation. I chose to delay purchasing a house until I knew my salary and in the meantime interest rates have risen substantially.	7/7/2022 4:48 PM
60	Waiting as long as I did to take the EPPP, then when I didn't pass, I had to wait 2-3 months just to be able to re-register to take it again! I can't explain how demoralizing that is, to have not passed the exam, and then wait months on end for a logistical step to be completed. I had the same experience with the CPLEE too, although that one got processed a little quicker. Each important step, the processing took at least 2 months and usually much longer.	7/7/2022 8:59 AM
61	I applied for my psych assistant number July 2021 they said they never received it. I reapplied September 2021, I sent them paperwork that they said they never received, called for several months they did not respond to emails or calls. I contacted the governor's office (no response), and finally spoke to someone at the BOP who gave me a manager at the CBOP. The manager responded and I received a lengthy email that they never received the paperwork and I would have to reapply. I reapplied in April and received my psych assistant number in June. In between I was not able to start Postdoc, I will not be able to take part in a training overseas, I have suffered financially. When contacting the Board, if you are able to speak with someone, I did not have the most pleasant experience. I never received a call back from the analyst who was supposed to be handling my paperwork. It seemed as though my paperwork went into the abyss. If my supervisor at my postdoc site did not step in I think I would still be waiting.	7/7/2022 5:18 AM
62	The BOP has been very difficult to contact or get a reply from. They seem to ignore all email correspondence and never reply. Even the analyst I am assigned to does not reply to anything or answer his phone or respond to voicemails. I have often wondered how a consumer agency such as the BOP is allowed to act in this manner. It is inexcusable and until now, there has been no forum for this kind of discussion. Thank you for the survey for whatever it is worth.	7/6/2022 7:37 PM
63	Have not received a pocket license. They want to charge me 5.00 to get one.	7/6/2022 7:32 PM
64	Stress and hesitancy to even try to reach out to the board.	7/6/2022 7:30 PM
65	I am a supervisor of a psychological associate and it took over 4 months for her to receive her registration #. Though we applied early, the processing time still delayed her start date and impacted when clients could start working with her. Recently, I'm in the process of helping another supervisee become a psychological associate and she submitted her fingerprinting two months ago, but now the BOP cannot find it.	7/6/2022 5:48 PM
66	Ignoring complaints filed regarding ethical standards of practice against company owner who is a psychologist	7/6/2022 8:38 AM
67	My supervisees have experienced up 8 months in delay. Several others simply found alternative placements out of state.	7/5/2022 10:52 PM
68	I help with recruitment, hiring, and new hire onboarding/training at a large group private practice. Our new hires have to wait several months to work after graduation, which impacts them financially and personally. Additionally, we have a long waiting list of patients who would benefit greatly from mental health services, and their care is delayed due a shortage of available providers. It also of course affects the business when employees can not begin to work.	7/5/2022 5:07 PM
69	I am unable to take the CPLEE because I have not rec'd word from BOP about my finalized postdoctoral hours (which I completed and mailed in 6 months ago). So, I cannot get licensed or transfer my license.	7/5/2022 3:12 PM
70	Due to the delay in the processing of my EPPP application, my timeline for the whole process of becoming licensed has been extended beyond the end of postdoc (it's taking over a year to complete the process!!). I have been offered a position to continue at my place of work after	7/5/2022 3:05 PM

postdoc, but I did have extra difficulty with the hiring process due to not being further along in my licensure process. For example, I end postdoc at the end of August and had hoped to begin my full-time job by Oct 1st but have had to extend that timeline to be Nov 1st at the earliest. Now I will not have any income for a minimum of two months! Also, I have not been able to get a formal contract from my employer (including salary, benefits, etc.) because they cannot move forward with the formal hiring process until I have my license. Additionally, I have been hired on to a new team at my place a work (inpatient setting) and they will be without coverage for patient care during the months before I am licensed and hired on. As a result, the days that I cannot work while waiting for licensure there will not be any psychology programming on the inpatient units - no group therapy, individual therapy, etc. - a major loss for patient care. I also hope to start a private practice for additional income and will be unable to do so and loss this potential income while I continue to go through the licensing process - between the delay in starting my new job and not being able to see folks in private practice, I will be literally losing thousands of dollars in income.

71	I'm having to remain at postdoc status rather than clinical assistant professor status due to delay in approval for EPPP. I applied in January and am still waiting for approval (as of 7/5/22)/	7/5/2022 2:55 PM
72	Denied a position because of wait time for licensure. It took over 10 months for the entire process, nearly a year, without income. It was really hard on myself and my family.	7/5/2022 2:45 PM
73	Due to delay in processing time for my psych assistant license, I could not start postdoc on my anticipated start date and had to wait a month to begin seeing clients. That resulted in \$7000 loss of wages. Consequently, I did not accrue enough postdoctoral hours of experience until July 2022 which pushed back my timeline for licensure substantially (by at least 2 months, like three given current Board processing times). I will have to continue in my role as a postdoc until I receive my CA license which will result in additional financial hardship (a pay cut of 50% as a postdoc). All in, I estimate that due to board delays, I will lose \$30,000 in projected earnings in 2021-2022.	7/5/2022 2:02 PM
74	Delay in being able to get licensed, move on to a more financially supportive bracket for my family and to move on to the next stages in our family's life such as having another child.	7/5/2022 12:15 PM
75	I was stuck at my post doc being unlicensed for much longer than I had intended too. This impacted my pay not increasing and not being able to leave and start my career for much longer than I had planned. It also kept me at a low salary and in financial hardship as I waited for the board to process each step in the licensing process.	7/5/2022 12:13 PM
76	Hello there, In the past 12 months, I have sent in different paperwork to the BOP. One has been my post doc hours so that I can take the CPLEE and the other has been to add/remove a supervisor. For my supervisor change form, that took about 4 months to hear back from them to approve the paperwork. That cost interruption to patient care and financial hardship. Also, when I sent an email to inquire about the status of my paperwork, I would get an automatic reply saying to expect a reply within 60 business days. For my post doc hours, the board lost my hours and associated paperwork and would not take any accountability for it. I had to re-send everything again and it took over 4 months for them to get back to me again, just to tell me other paperwork was still missing (which I had already sent in). I am still in this process to try to get my hours approved to take the CPLEE and based on what i've been told, I'm sure it'll now take another 4 months or so to hear back. This has definitely cost me the ability to expand my employment opportunities and earn more money. Additionally, the process of filling out, signing, and mailing out the same paperwork again has been inconvenient to myself and my supervisor as the BOP does not accept copies of anything. Furthermore, when I've tried to call them multiple times it goes straight to voicemail and I never receive a call back.	7/5/2022 12:10 PM
77	My application took longer than the estimated 3-month time to receive approval. I was left without employment during this time due to ending my prior workplace at the end of that 3-month wait. Because I could not receive clarity on the approval date and ultimately my start date at my new training site, I had to look for another temporary job, which most were low-paying and entry-level positions. The financial strain created a lot of stress for my family and me. I also feared I would lose my position at my training site for waiting so long. I also had clarifying questions regarding my application and never received a response, which resulted in me needing to provide additional revisions or documentation and extended my wait time further. I am also fearful to make any changes with my current status (i.e. change in supervisor, applying to better training opportunities) due to the delay it will cause.	7/5/2022 11:09 AM
78	Due to the board's lack of professional timeliness, I had a medical emergency where I was faced with the possibility of a bill costing thousands I couldn't pay at the time. I had to wait to	7/5/2022 11:03 AM



work and receive my benefits which took 4 months. Due to not working or having benefits due to the wait I faced true financial hardship. I had to sell clothes for money at one point and if it weren't for family I could have ended up homeless at one point. This took a huge toll on my overall well-being at one point not knowing how long it would be. In addition, I was getting different answers to questions regarding the status of my application and clarification on documents.

79	This comment is in relation to question 8, but I did not receive a response from the BOP until I filed a online complaint with the Dept of Consumer Affairs.	7/5/2022 10:27 AM
80	Trying to get answer to the status of the retirement law was tough until a nice person finally picked up the phone and said they do not know for sure when it will get done. I waited for a person about 35 minutes and I was lucky she new an answer. No I do not remember her name.	7/5/2022 10:22 AM
81	The jump in my pay from a PA to licensed therapist is significant, and important for our family to pay for rent / new tuition expenses, etc, for our kids. Therefore, it has been so frustrating waiting months for the Board to process something as simple as the final piece of paper applying for licensure. They have already communicated in the CPLEE approval that all other requirements have been met, so once I passed that test, it is very disappointing that they cant approve it in a shorter amount of time.	7/5/2022 10:12 AM
82	the processing times for new RPAs is very long and makes hiring AMFTs more appealing than RPAs. That is not good for psychology students.	7/5/2022 10:01 AM
83	None. All of my business with the BOP was handled in a professional manner with timely response.	7/5/2022 9:58 AM
84	Psychological distress	7/5/2022 9:53 AM
85	i experienced significant financial hardship, especially since it was during the height of the global pandemic, which significantly impacted my psychological and emotional functioning. I also lost a profound sense of faith in BOP and still feel weary in their ability to keep up with the demands of this time. What message are they sending to clinicians and the public (who they are suppose to protect) through their lack of agency during a time of crisis in our country? While the medical field ramped up their efforts to get as many clinicians out there as possible, BOP did the exact opposite— which continues to reinforce the narrative that mental health is not as important. This was a disservice to the psychological field in general.	7/5/2022 9:44 AM
86	went beyong my 6-month exempt setting limit so I had to swithc my job title within my setting to still be employed. Had to terminate with over 60 clients due to not being able to practice	7/5/2022 9:36 AM
87	I experienced a significant deterioration in my mental health due to limited employment opportunities for non-licensed professionals, feeling dispensable to the board in my communications and application process, and overall feeling prevented from advancing my career due to factors outside my control.	7/5/2022 9:33 AM
88	Loss of job opportunities due to length of time waiting to be licensed.	7/5/2022 7:59 AM
89	At risk of losing employment if not licensed by employer's deadline.	7/4/2022 11:23 PM
90	Given the lengthy delays, it has significantly impacted my job posibilites as many job postings require you to be fully licensed. I am also very worried about the financial hardship I will experience due to the delays.	7/4/2022 6:26 PM
91	My first license never arrived and had to request another pocket license. My company was able to see I paid my renewal well before my renewal date but the issue with getting my actual card was a hassle.	7/4/2022 9:14 AM
92	Delay in proof of renewal of licensure (no copy in snail mail) caused me to be delayed in CAQH attestation, and attestation on two insurance panels.	7/3/2022 2:48 PM
93	Patients with serious mental health issues, and with no other access to mental health care had to wait several months for the intern to start. One had a relapse and mental health crisis.	7/3/2022 12:56 PM
94	Waiting for my license verification to be emailed to another state. Called and/or emailed multiple times with no responses to either regarding verifications.	7/3/2022 11:32 AM
95	I renewed my license and needed to send in to Insurance company that took about 3-4 weeks before I received my license. All conversation was by email. A quick phone conversation could have solved many of the little problems I had. Just today received my license renewal card.	7/2/2022 3:48 PM

96	I have been unable to proceed in my practicum site. I have fallen behind on clinical hours, and I have lost time for valuable experience and training.	7/1/2022 10:38 PM
97	Currently pregnant. The wait time for CPLEE approval delays licensure even more and makes the process extremely difficult. Due date is in 2 months and the issue of not being approved is an issue.	7/1/2022 4:53 PM
98	As a training director, this has significantly impacted our trainees in seeking employment and contributed to psychological and financial hardship for them. Our department lost two highly qualified trainees to opportunities in other states where the processing times were significantly swifter.	7/1/2022 4:52 PM
99	I have had multiple job opportunities turn me down because I have been unable to demonstrate that I would have my license in hand in the early fall due to the Board's current turnaround time. I am ready now to take the CPLEE but now have to wait 2-3 months for registration. The entire process being so backed up has been massively detrimental to me as I try to begin my career. I am now in the position of losing benefits, needing to go on unemployment, and find work without a license, which is proving exceedingly difficult.	7/1/2022 3:01 PM
100	Delays in education and licenser courses	7/1/2022 2:57 PM
101	This has been a terrible experience throughout because it has affected my job hiring opportunities and added to emotional strain to an already stressful process.	7/1/2022 12:39 PM
102	Had to look at jobs outside of California or non-clinical jobs.	7/1/2022 12:04 PM
103	Decrease in mental health as my livelihood and family's well-being depends on licensure.	7/1/2022 11:54 AM
104	additional unnecessary supervision, inability to supervise trainees, unable to apply for new positions should I choose to work elsewhere	7/1/2022 9:32 AM
105	I requested and paid the fee for CA's BOP to send an email/letter stating my license standing to another state's BOP in order to be able to apply for a brief temporary license so that I can legally hold a teletherapy session for one of my CA clients who will be out of state for a short time. The verification did reach the other state's BOP in time, so I was not able to hold the session within the time frame I applied for the temporary license. It took ~3 weeks after my request for the official email to arrive. Granted, it is better than the 4-8-week quote however still disruptive to clinical care.	7/1/2022 8:38 AM
106	Doctoral graduate in Applied Clinical Psychology as of May 2022. Delayed in hiring and leading to financial hardship that impacted my overall credit score.	7/1/2022 8:36 AM
107	Supervisee "timed out" in continuing employment while unlicensed due to delays in being approved to retake licensing exam.	7/1/2022 7:19 AM
108	I am a Director of a counseling center. I have two unlicensed staff who need their license to continue in their position. Delays from the BOP has jeopardized their position.	7/1/2022 6:47 AM
109	Without timely approval from the board this impacts multiple levels of patients and providers who are trying to receive and levied services.	7/1/2022 5:15 AM
110	I have had two psychological associates working under my license and in my employment be impacted by the BOP's slow responses and it has impacted both their ability to financially contribute to their families and provide for themselves as well as our ability to serve our clients.	6/30/2022 8:21 PM
111	Long wait times are dragging out when clinicians can start doing clinical work - during a global mental health crisis that has been absurd. We need the Board of Psychology to enter this millennium with its technology so we can more quickly get clinicians working. Thank you for your efforts in this arena. This is an issue I've wanted to see addressed for a long time.	6/30/2022 7:59 PM
112	Change in supervisor took over 2 months and resulted in psychological associate being unable to see patients. Getting license verification in order to get licensed by endorsement in another state took over 3 months.	6/30/2022 7:54 PM
113	jeopardizing VISA holders significantly and forcing us to take extended PTO and return back to Canada to reactivate employment once licensed/medical privileges are reinstated	6/30/2022 7:48 PM
114	I have lost at least 6 months of correct wages working as a psych assistant either waiting for	6/30/2022 7:27 PM

CPLEE approval or my license. This amounts to about 17,000 dollars. I also had to delay patient care while awaiting my psych assistant number to arrive when trying to transition from postdoc to psych assistant in the same role, despite submitting in June for a September start. I was unable to offer patient return appointments for weeks.

115	It's silly, simply silly in midst of an epic mental health crisis that the most populated state in the United States can't process basic paperwork with any degree of efficiency.	6/30/2022 7:00 PM
116	I waited for more than 6 months in total to take the CPLEE and then obtain my license. During this time I was unable to apply for jobs or start my practice. I had to turn down job opportunities for licensed psychologists. Studying for the CPLEE was extremely frustrating because I had no idea what timeline I was on, or when I would be able to register for the test. Because psych assistantships are processed through the same department with the same wait times, I could not even apply for a temporary assistantship. I went into debt during this time. It was demoralizing and damaging to me personally and professionally.	6/30/2022 6:56 PM
117	Biggest issue is a supervisor change taking more than a week. Confirm current psych associate registration. Confirm supervisor license and number of current psych associates supervised. Approve. Seems it should take 15 minutes.	6/30/2022 6:43 PM
118	Difficulty getting approved to switch my supervisor over to take another job where I won't be harassed and continuing to work under extenuating and unsafe circumstances to have a paycheck...	6/30/2022 5:48 PM
119	I am almost 35 and hoping to buy a house and start a family, but because of the significant delays in processing paperwork, I will have to continue my current position as a psych assistant for at least additional 6 months after I have completed my postdoc hours, which is a significant loss of potential income, and I cannot afford to move, apply for a mortgage, or have the schedule flexibility to plan for a family. This is a huge, and incredibly emotional loss for me and is incredibly demoralizing after working so hard to complete this degree. It also leads to feelings of burnout and compromised care for patients.	6/30/2022 5:19 PM
120	Not financially disruptive for me as the supervisor, but for the person hired as a Psych Associate. They had a one year window to work, and the application process took about 3 months of their year.	6/30/2022 4:52 PM
121	I had to do a mandatory CE audit at the beginning of 2022. I had a question about one of my CE certificates. I left three voicemail messages and sent an email to the staff member at the Board of Psychology who oversees CE audits to try to resolve my question, but I never got any response to it.	6/30/2022 4:30 PM
122	Applied for license renewal on-line. It took 21 days to receive the pocket license in the mail. No negative impacts.	6/30/2022 4:22 PM
123	The extended wait also resulted in a delay of gaining postdoc hours towards licensure.	6/30/2022 4:19 PM
124	I am not able to be hired as a psychologist at the rate I should be.	6/30/2022 4:17 PM
125	Because of the anecdotal reports from multiple peers that the Board of Psychology delays are quite extraordinary and disrespectful, I have avoided any contact with the Board at all.	6/30/2022 4:16 PM
126	I used to have a psych assistant, the BOP service/help was so poor and make registration/everything so difficult, it is one deterrent to me getting another one/keeping one. If society wants more therapists/mental help, things need to be less darn difficult for therapists, it is insane the amount of hoops we have to jump through.	6/30/2022 3:37 PM
127	Currently no change since I applied for renewal license 2 months prior to expiration. However it has been over a month and has not heard back from the board. I have one month left to hear from the board before my license expires.	6/30/2022 3:22 PM
128	The delay of the process and uncertainty of communication (sometimes emails did not get answered) created a lot of stress as I had my EPPP, CPLEE, and initial licensure process during 2020 and 2021. On the top of the consequences such as delay of started my own private practice as a licensed psychologist, as an international student with the pressure of the expiration of visa, it creates extreme stress and sense of fear of losing the chance to stay in the USA.	6/30/2022 3:21 PM
129	We applied to hire a psychological associate last year. The application was received and reviewed by the BOP on 4/7/21. We were asked to provide a more comprehensive supervision	6/30/2022 3:15 PM



plan and ended up revising our submission twice to provide painstaking detail. We have trained many psychological associates in the past and this has never before been necessary. Each revision took several weeks to review and the applicant was not approved until 12/13/21. The applicant completed her pre-doctoral internship on 6/30/21 but could not begin work until 12/13/21. These delays adversely impacted our ability to provide psychological services and unnecessarily delayed the associate's accrual of licensing hours by more than 4 months.

130	I am a registered psychological associate in my post-doc year applying for initial licensure as a Psychologist. I have experienced financial hardship and professional difficulties while waiting over 3 months for the CA BOP to certify very essential paperwork. During my post-doc year, I needed to switch supervisors because my original supervisor was leaving my place of employment, and it took 3 months for the BOP to register my new supervisor. I am also anticipating future delays of up to 3 months while seeking to become licensed, which will cause financial hardship as I must wait for a license number after completing my requirements for licensure. The BOP must hire additional staff or improve their process for turning around these essential documents, as they are hurting many professionals in this field with their lack of urgency, and blaming slow processing times on Covid-19 after 2+ years is no longer acceptable.	6/30/2022 3:12 PM
131	Online renewal of my psychology license and address change (renewed in July, 2021) was completed in a timely fashion (4-5 weeks, I think).	6/30/2022 3:11 PM
132	Difficulty in timing of getting relicensed in another state as CA was so delayed and also did not follow the instructions set by the other state, creating further delays.	6/30/2022 3:09 PM
133	None as I am registered in another jurisdiction and had no immediate plans to see clients in CA, but I often wondered how this extended process would be for folks whose employment (or training) depended on their being licensed in CA. It took so much longer than I anticipated.	6/30/2022 3:02 PM
134	Additional time in supervision at first job while waiting for license to post.	6/30/2022 2:59 PM
135	Possible Job loss	6/30/2022 2:58 PM
136	I was supposed to be licensed last year but it took over a year to get approved for the EPPP exam. I lost money, \$1,800 because I paid for six months of study materials and they expired. I still have not set an exam date because I am scared of not passing or paperwork getting mishandled. Also due to this, patient care was interrupted and I lost patients.	6/30/2022 2:58 PM
137	Due to the long processing times, I was not able to start my private practice on time after my postdoc ended. This caused there to be a 2 month lapse in client care and 2 months of no income which was difficult for someone just having finished grad school and not having significant savings.	6/30/2022 2:57 PM
138	I couldn't qualify for job opportunities that were requiring a licensure or places that needed specific timeline for licensure (I couldn't risk saying I will be licensed within 6 month of being hired because of the delays).	6/30/2022 2:48 PM
139	I was waiting on a pay raise from my employer at the time and waiting to onboard at a new new job.	6/30/2022 2:42 PM
140	Could not get BOP to respond when I needed them to send information to the Washington state BOP for a temporary practice permit.	6/30/2022 2:33 PM
141	VISA application delayed and questioned status	6/30/2022 2:29 PM
142	I never received a response regarding interstate supervision, so my supervisee and I had to figure out a workaround involving another licensed provider in another state. I was never able to get the information I needed to figure out how to be complaint with CA supervision regulations.	6/30/2022 2:27 PM
143	Hiring has been delayed yielding financial consequences for the organization, for the newly licensed clinicians and our wait list continues to grow because we can't bring on enough clinicians.	6/30/2022 2:27 PM
144	I have not reached out by phone or email, but I asked for a renewal of my license with the website and received an acceptance in 5 days. I have no complaints.	6/30/2022 2:25 PM
145	When trying to contact the BOP, we often left messages and ever received any call back at all. There have been a few times that we received an emailed response in a timely manner, but	6/30/2022 2:23 PM

they were few and far between.

146	Application submitted to the BOP the first week of October and I could not start my new position until my application was processed and approved which was not until the beginning of January. I had no employment during the waiting period.	6/30/2022 2:21 PM
147	We have had numerous issues over the past year with lengthy delays across multiple services within the BOP. We have a postdoctoral program where our trainees must become registered psychological associates. We submitted the paperwork to the BOP in early July last summer, but their registrations were not approved until late September/early October, causing a one-month delay in their ability to earn an income and a one-month delay in patient care. As they now are in the process of becoming licensed, we are being told that they will likely have a 4 month delay in being able to become licensed psychologists due to the lengthy delays at the BOP. This is impacting their ability to earn an income (by 4 months, which is causing extreme financial hardship given the high Bay Area cost of living), our ability to hire them, and again is causing delays in patient care. We have several people who have wanted to work for us, but their license paperwork was so delayed that they had to wait months between completing their training and working with us. This again caused financial hardship for these young people, and it meant patients had to wait needlessly on a waitlist. The fact that the BOP is not able to process paperwork in a timely manner is causing financial hardship for so many young people at a time when cost of living, inflation, and rents are increasing. We also have long waitlists of patients needing care, and we have people we could hire if only the BOP would be able to process applications effectively. We are experiencing a mental health crisis in this country, and the BOP should be doing everything they can to help well-qualified clinicians receive their licenses/psychological associate registrations. This must be fixed!	6/30/2022 2:18 PM
148	I had accepted a job contingent on licensure, with many months wiggle room. But due to the lengthy processing delays the position was jeopardized. A second position I was offered had a different pay rate for licensed versus licensed clinicians so there was further financial impact.	6/30/2022 2:16 PM
149	I needed to apply for an out of state license so tried to get timeline how much longer it was going to take so I could notify my patients who were relocating. I received a very generic email response that basically said there is a delay, longer than usual and by contacting them only delays further actions to my request.	6/30/2022 2:16 PM
150	As a training director, I have seen this place an incredible amount of stress on our interns and postdocs. They have missed out on job opportunities and experienced financial hardship as a result. Given the shortages in the behavioral health workforce, the delayed processing times also places a burden on the broader mental health system in need of psychologists.	6/30/2022 2:15 PM
151	Due to the delays in the BOP I have had to stall hiring and my supervisees have had extensive waiting times for getting their Reg Psych Ass. posted, EPPP, and CPLEE times granted. This is causing financial hardships all around.	6/30/2022 2:13 PM
152	Our office needed another licensed psychologist. I passed the CPLEE in March and was finally granted my license number in June. Our post doc waited from December to March to get approval for the EPPP. Once she passed in August, it will take months for her CPLEE approval, which sets back her career timeline.	6/30/2022 2:12 PM
153	I made a board complaint in December, urging urgent action as patients were currently being harmed and although I received acknowledgement of my report on the 10th day after submission, I have still not been contacted for the investigation. Complaint was submitted on 12/20/21. Since then, numerous patients have been harmed as I warned about and additional complaints have been filed by others about this same practice.	6/30/2022 2:07 PM

## Q10 Please provide any other information you believe to be relevant.

### Thank you!

Answered: 140 Skipped: 262

#	RESPONSES	DATE
1	It would be helpful to have an automated process that would allow for an easier submission process. This has been a tedious process that has not been completed as of yet. It has taken a great deal of effort to graduate with a doctorate degree. I feel like I also now have to jump through a bunch of hoops to be licensed. When I talk to my peers, some are experiencing the same nitpickiness and some do not seem to have to do so. There is no uniform process from analyst to analyst. Why does this process need to be so difficult, when it has no bearing on our clinical skill?	8/1/2022 12:21 PM
2	It makes no sense that the CABOP is raising their prices when they are providing inadequate services.	7/26/2022 11:28 AM
3	The board also miscalculated my hours for my CPLEE application. I submitted just over 1500 hours and was told that the system counted it as 1450. I responded with the simple math required to show that my VOE equated to 1503 hours. My board rep was dismissive and rude, would not explain how the system could have malfunctioned, and despite seeing that my math was accurate she is requiring me to send in additional paperwork that will take additional months to process. This is an incredible financial hardship for me and my family and is inexcusable. Many of us have been on this career path earning minimum wage for almost a decade and to be treated by board representatives in a cold and impatient way feels unethical and inhuman.	7/20/2022 7:37 AM
4	Email answers not helpful, then without response. Quite honestly I'm simply appalled by delays and lack of relevant information. I feel like the Board has no idea how to guide my path towards licensure as a foreign trained Psychologist and that the delays are ridiculous.	7/19/2022 8:39 AM
5	After an initial contact with the board of psychology I find that emails are not returned after that initial contact.	7/18/2022 11:13 AM
6	You MUST have the ability to speak to a live person, there are too many contingencies. Staffing must be improved.	7/18/2022 9:56 AM
7	I respectfully request that this matter be addressed as soon as possible. I can imagine there are issues with limited resources, but this is severely impacting new psychologists, the patients they (would) serve, and the supervisors who are in the position of trying to support junior colleagues and run their businesses.	7/17/2022 9:35 PM
8	I was unable to answer some of the questions above because I have yet to be approved for my psych associate registration. The long wait time and potentially needing to submit supplemental materials is putting me at risk for losing my postdoc position.	7/17/2022 5:14 PM
9	I know they have been inundated; however, it is stressful not to get an answer; or be able to talk with someone.	7/17/2022 1:19 PM
10	I don't understand why CPA can not help with advocacy and for the mental health support needed at this time, I am not sure why applications are not being rushed, priorities or being reviewed more quickly. I just want approval so I can please start studying, take the CPLEE as I know I have to then deal with getting my license number which I heard is taking extended amounts of time. Who is needed to lobby and advocate on behalf of psychologists to speed up this process? Thank you, NT	7/17/2022 11:54 AM
11	Having come from the UK and my experience of regulating bodies being very responsive and professional I have been shocked by the service provided by the California Board of Psychology. I can't get an answer by phone or email to enquiries that I am making and the wait times are extremely stressful when you are trying to complete licensure.	7/16/2022 9:42 PM
12	Have not yet heard back about initial licensure so cannot select response time yet!	7/16/2022 8:52 PM

CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)

SurveyMonkey

13	It has been so daunting & demoralizing to work so hard towards a career in service through a doctorate, to then consistently have to encounter delays with EACH interaction with the BoP, that make it impossible to reach the finish line while paying to reside in SF (& much of California)...I'm of hardy stock & spirit & my well of inspiration, loans & family generosity has run down to near empty.	7/16/2022 8:25 PM
14	Enjoying webinars	7/16/2022 4:44 PM
15	Please fix this!	7/15/2022 11:06 PM
16	Some clinicians like myself live in isolated rural areas, often without internet availability. Having had a serious illness and COVID, tried to best ameliorate my situation without BOP information or help. They don't care if you (I) am ill.	7/15/2022 7:15 PM
17	It was difficult to obtain a Psychological Assistantship due to requirements that PA's stay for one year and the very long waits times to become registered extend the process significantly. This makes signing a one year contract difficult when we do not know how long it'll take for the registration number to come in	7/15/2022 6:00 PM
18	Please develop online document submission and / or allow all licensed supervisors to submit documents and signatures online. It would cut down on paper and postage use as well as reduce anxiety related to original signature submission and signing across envelopes. If schools in California can create admission portals for processing the documents of tens of thousands of incoming freshman applicants, why can't the state itself create a similar portal system that can be particular to licensure as a psychologist or even cut across disciplines to save everyone some time and energy?	7/15/2022 4:56 PM
19	Speaking to other licensed psychologist, the board appears to have a strong reputation for being non-responsive. It has become the expected norm to have a sense of learned helplessness if one had questions to ask the board.	7/15/2022 3:53 PM
20	I haven't interacted with the Board within the past 12 months but when I did (3-2 years ago), I experienced stress, anxiety and financial consequences for delays in each step of licensure (registration as psych asst, for EPPP, for CPLEE and for licensure) exceeding 1 month and sometimes up to 4 months, for an average of 8-12 weeks for each step. I appreciate that CPA is looking into the cumulative and collective impact on our colleagues and profession.	7/15/2022 3:38 PM
21	Currently happy with the Board of Psychology's performances	7/15/2022 3:09 PM
22	I would very much like the BOP to remain intact. I have been grateful to it for its historically quick responses and hope that behavior resumes.	7/15/2022 3:02 PM
23	Licensure is not free. Sense we pay for the licensure process both directly through a fee, and with our state taxes, the BOP needs to be accountable for its systems. This is negligence.	7/15/2022 2:34 PM
24	Greatly appreciate the work of the BoP's staff and their responsiveness to any inquiries.	7/14/2022 7:02 PM
25	I am currently unable to apply elsewhere because I know they are taking FOREVER to process a simple add/drop supervisor form so I cannot risk not getting paid during those 5 months again.	7/12/2022 3:01 PM
26	The BoP is often rude (Tammy) and when contact is made, she tries to end the call quickly saying she has other callers. Inquiries into licensure and exams are necessary subjects for contact. She seems agitated and as if she does not want to answer inquiries. I have been told that emails have not been received or have been missed. I have also lost multiple job opportunities while waiting to be registered as a PA due to changes within organizations (hiring licensed clinicians because they are available atm, changes in terms of contact, etc.) because so much time has lapsed. I faced eviction because the process took so long. I have a doctorate. I'm ready and able to work. Not only does it take 4 months for PA registration but also another 4 months to change supervisor/location for job. My school loans are due but I can't get work due to the lengthy wait times. It's embarrassing. It has caused emotional distress. It is a service we pay for as well through fees, etc. It affects clinicians and patients/clients. Tammy informed me it can take up to a year to hire BoP employees and they are short-staffed. Please work toward a reasonable timeline and proper funding. It's shameful to be qualified and able to work but barriers from the BoP prevent it. When organizations and patients/clients need clinicians but the clinicians are on a 4 month (3 is not appropriate either) wait period and taking jobs outside of their field (retail, food service, etc.) to make ends meet, it's disheartening.	7/12/2022 11:29 AM

CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)

SurveyMonkey

27	I have been unable to get post doc licensure hours due to my advance experience, and unavailability of supervisors.	7/12/2022 10:26 AM
28	A person can not get through to the BOP by phone.	7/11/2022 8:56 PM
29	There is not enough educated staff	7/11/2022 8:42 PM
30	I treat "Retirement" as a new goal for my future professional skills. First of all "Thank you so much" for all courses offered by CPA . I fell good about it . Also, Board of Psychology is keeping me informed about the new law , terms and conditions . It is great to know about any changes about active versus passive license. Currently, I am not going to retire . It will be done in one day but not soon. Thank you so much for all. Sincerely, [REDACTED]	7/11/2022 8:21 PM
31	On several occasion, I emailed the analyst who had informed me that my application was received without hearing back. The analyst who informed me that my registered psychological associate application had been approved responded to my emails within a week or two during the first few months of being approved. No response has been provided, via phone nor email, since January 2022.	7/11/2022 8:18 PM
32	I am pleased that CPA is addressing the issues!	7/11/2022 4:04 PM
33	2) Your automated system for renewal it flawed. I made several attempts at trying to attach supporting documents and was unable to do so. I had to resort to sending my renewal via the U.S. Mail.	7/11/2022 3:57 PM
34	I heard that the CA BOP raised the CPLEE application fee to \$235 rather than the original \$129. This is absolutely appalling considering the amount of money many of us have to lose due to the long application process while also considering inflation, gas prices, and sky-rocket rent prices at the moment. I do not personally see the reason for increasing the amount by \$106 and I truly believe that money should be paid back to the trainees who have been underpaid most of their careers to begin with.	7/11/2022 2:40 PM
35	We're all doing the best we can given recent circumstances.	7/11/2022 2:10 PM
36	Going through licensure process was a long and harrowing experience with the california board. I had been applying for licensure with 2 states and my experience with the other state was completely different. In contrast to BOP California, answers to questions on phone or email were quick and easy and very prompt. i have had experiences of unclear processes, files being lost and frequently changing analysts with the board of California- it had been very hard to get licensed in California. I really hope things get smoothed out for future applicants.	7/11/2022 2:04 PM
37	Pretty annoyed that BoP employees ahve been using the COVID issue as an excuse after everyone is back to work for over one year. Phone calls and emails are all able do be done remotely and that should not impact timelyy processing of requests. Paper renewals, yes, but online renewals and applications, no.	7/11/2022 1:57 PM
38	I renewed my license online a couple of months before it was due to renew and it took a few minutes to renew. I received my new license within a couple of weeks. I also changed my office address and was able to do it fairly quickly.	7/11/2022 1:48 PM
39	It may be helpul to at least have designated days that calls/emails will be returned	7/11/2022 1:30 PM
40	I think the board needs to hire more staff or allow people to practice on some conditional credentials until they finalize the paperwork.	7/11/2022 1:27 PM
41	The hold times are enormous. I don't have time for that. Email is no better.	7/11/2022 1:26 PM
42	Thank you CPA for addressing this problem on our behalf.	7/11/2022 1:15 PM
43	Payment for registration was not posted for weeks. It was my only way of determining that application and payment was received since I received no confirmation and was not able to reach anyone for comment. Very unnerving.	7/11/2022 12:42 PM
44	These extremely long wait times have severely impacted our nonprofit clinic, a majority of patients and every clinician here. The treatment for trying to address this with the BoP was met with complete dismissal. There is no hesitation, however, to discipline or notify of failures, cancelations of registrations and licenses and dissolving of registered psychologist. There has been very little accommodations during this time of Covid-19 from the start to now or communicated any plans to make any in the future.	7/11/2022 12:42 PM



CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)

SurveyMonkey

45	Delay in being able to hire psych associate has delayed patient care and is stressful financially for the psych assistants.	7/11/2022 12:27 PM
46	Providing no clarification but being identified as one of the most aggressively punitive boards in the country is what the lawyer warned me.	7/11/2022 11:35 AM
47	My experience for license renewal was good.	7/11/2022 11:18 AM
48	My license renewal only took two weeks so I have no complaint	7/11/2022 10:40 AM
49	Received a CEU audit January 2022 and was required to have everything in by February 2022. I still have not received a response as of July 11, 2022. Thank you!	7/11/2022 10:29 AM
50	No one ever replies to VM, so they should make it clear in their outgoing voice message that they don't intend to respond, so you know. The staff also present altogether as aloof at best when interacting with any agent in my experience over the past 2-3 years. Customer service may not be a priority when they're overwhelmed, so I would hope that's their justification.	7/11/2022 10:27 AM
51	Fortunately I have not had a problem with the BOP in 40 years	7/11/2022 10:22 AM
52	My biggest gripe and emotional hardship was when my advisor took a leave of absence for around 2 months, stated in their auto-generated email I would have someone assigned to me, and then I never had any correspondence from another advisor. I also was never told any of this on my own, as I only found this out after I was sent an auto-reply from my advisor after I had emailed him. My attempts to have the CA BoP expedite my licensure application due to the delayed responses and lack of communication resulted in being given a copy and paste statement about my lack of qualifications for expedited review (e.g. I am not a former service member, or something akin to that). Pure frustration and I was very close to filing a complaint with the CA governor.	7/11/2022 10:17 AM
53	Through the looking Glass also had a site visit scheduled for fall of 2020 to be approved for their internship program to be approved and it was postponed till Winter of 2021/2022. During the first year and a half of the pandemic, the APA stopped doing site visits. I, therefore, was not able to have an APA accredited internship even though it is the exact same program since 2020. Because of this, my career options will be limited in the future.	7/10/2022 10:01 PM
54	I applied 12/9 for initial licensure and received my license 2/11. This was ahead of schedule by 1-2 weeks. It was still very difficult to plan around.	7/10/2022 8:48 PM
55	This is unacceptable, especially given that the BOP charges so much money to be allowed to sit for an exam and get our licenses. If the BOP insists on making me jump through hoops to get my license, please just take my money and let me jump through the hoop!	7/7/2022 4:48 PM
56	I filled out this survey as a licensed psychologist hiring psychological associates for my group practice.	7/7/2022 9:29 AM
57	The licensure process for me was one of the most stressful things I've undergone, ranking up there with grad school. Every time I needed something from the BOP, I was met with a long wait. Even an email or phone call to clarify a small detail would typically entail a 2 week long wait. When I didn't pass the EPPP, my first thought was "oh no, I just set myself back over 4 months in licensure" because I knew it was going to take 3 months just to get the go-ahead to re-register for the exam. This is a huge disadvantage to test takers - the information is fresh in our minds and we want to retake it right away and be done with it. I know it's probably an understaffing issue and I unequivocally support getting the BOP whatever funding they need to improve staffing. But I also think something needs to be done about what, at times, feels like an adversarial relationship between the BOP and the psychologists (licensed or to-be) they regulate. Psych associates and their ilk are the most vulnerable too, as they don't have the means or experience to navigate these difficulties, like licensed psychologists do. Thanks to whoever is reading and taking this issue up, I sincerely appreciate your efforts.	7/7/2022 8:59 AM
58	A very frustrating experience dealing with the CA BOP. No communication from them at all throughout the whole process. Not even a confirmation that materials have been received so applicants are left in the dark wondering what is the status of their application. It seems applicants are just expected to wait and hope for the best. Average 3-4 months to get an approval to take the exams? I have lost countless opportunities (which resulted in financial hardship) because of these wait times. I understand that they may have understaffing issues but why is it on the applicants to shoulder this problem and just accept that "that's just the way things are in California"? All the more frustrating when hearing that other states have a 2 to 4	7/6/2022 9:39 PM

week turnaround time. These issues make it seem that the BOP does not care, they are inefficient, and they are mismanaged. I must say they are very quick to process the checks for the test and application fees though!

59	I have many colleagues who are unable to get responses from the board, and post doc students have been delayed in working and forced to get unskilled jobs to make ends meet. This is unacceptable considering they raised fees.	7/6/2022 7:32 PM
60	Thank you for collecting this data. I am sure I am not alone.	7/6/2022 7:30 PM
61	I am in the process of applying for CPLEE, Psych associate, and psychologist license. I applied for the associate license in April and still haven't heard back. I submitted my application for CPLEE 2 weeks ago and have no confirmation they have anything.	7/6/2022 1:02 PM
62	The absurdly long wait times and lack of responsiveness makes me question the competency of the BoP handling my affairs in an organized and timely manner. Rather than feeling secure that all of my documents are digitally stored, I fear that papers are just sitting on a stack on someone's desk, easily lost or misplaced.	7/6/2022 12:16 PM
63	It took the board 53 weeks to respond to an original complaint filed against previous employer who was engaging in ongoing unethical practice that was unable to be resolve informally.	7/6/2022 8:38 AM
64	I went to a BOP meeting that public are allowed to attend and the first 45 minutes of the meeting were spent on a mindfulness activity. They were also late. I had to sit there for 4 hours waiting for my topic to come up so I could speak for 2 minutes. I wasn't working so it didn't impact that but if I was, I would have had to clear an entire day not knowing when my topic came up.	7/5/2022 7:43 PM
65	We have had to delay formal hiring and start dates for psychological assistants (and therefore treating patients) at least 5 times in the last 12 months. This is placing a significant delay in our ability to meet client needs in an already distressing situation with meeting the volume of requests for care.	7/5/2022 3:56 PM
66	I'm still waiting to hear back about my application to take the CPLEE. Communications via email with BOP can be described as terse, dismissing, and rude.	7/5/2022 3:42 PM
67	The process is exhausting. I have been working with the CA BOP to get licensed since August of 2021. It took over 3 months to be approved to take the EPPP. It has now taken 6 weeks to receive CPLEE approval (which still has not come although they made sure to cash the \$129 check within a week of receiving my materials). It is overall very frustrating and has limited my job opportunities and has put my family through financial hardship. I don't expect to hear back from the board anytime soon, which is frustrating in and of itself. I don't know how they expect me to wait all this time. I will say one positive, which is the response time of the assigned staff (Rob Loyola). Rob has been great and helpful. In sum, I am very frustrated and want to take the CPLEE to get fully licensed. At this point, it seems like a long shot. Thanks.	7/5/2022 3:12 PM
68	In addition to waiting months for my eppp approval, multiple components of my application were lost and needed to be replaced, which further extended the wait time - and I sent multiple copies of everything! Yet somehow still lost...overall the licensure process has been extremely frustrating and wasted my time, caused significant financial loss, and will impact patient care.	7/5/2022 3:05 PM
69	Minimal communication from the Board, 3 month wait times for a response to emails. Unbelievable it took this long.	7/5/2022 2:45 PM
70	From the time my former psychological assistant passed her EPPP in September, it took 6 months, with the help of Board Complaints and getting her assessor changed to finally give her permission to set for the CPLEE. During the course of all this she was my employee but was only able to work in an administrative role, which significantly impacted her financially as well as myself as she could not see clients because her psych assistantship had already expired. She is now recently licensed, in March 2022, and her license number was just given to her in July, and hopefully insurance will credential her by September, which means it had taken nearly 1 year from passing her EPPP to finally being able to see insurance	7/5/2022 10:27 AM
71	The Board works hard with limited income so I appreciate that with all the new laws they have they cannot keep up.	7/5/2022 10:22 AM
72	Thank you	7/5/2022 10:12 AM
73	While I sympathize with others who seem to have had time related issues, this was not my	7/5/2022 9:58 AM

	experience and I was licensed in April of 2022. In my case, all matters were handled quickly.	
74	Long waiting period, not very supportive/helpful, no response to emails or generic/standard response (e.g., FAQ), costly in the short (e.g., exam fees) and long-term (e.g., not able to get hired without being licensed)	7/5/2022 9:41 AM
75	I started this process in October before I moved to California. They replied to me via email in January with incorrect information. This delayed my documentation being received and added additional months to the waiting period of CPLEE approval. I am still waiting for approval for my initial licensure. I anticipate it taking about 3-4 months, which means another 3-4 months without patient care. THankfully, my job has allowed me to be employeeed under a different title and still receive pay, but the alternative would have been significantly decreasing my pay or excusing me frmo the job until I receive my license (which would have been about a year process due to BOP delays)	7/5/2022 9:36 AM
76	Given the recent fee increase, I hope the fees can be applied toward expediting applications, including hiring personnel. However, fees were raised without a published plan for increasing processing timeframes, leading to ire with the Board for taking more while providing less. In addition, with COVID-19 and modern technological advancements, the Board of Psychology should modernize and move toward digital submissions to further ease application processing for both submissions and processing.	7/5/2022 9:33 AM
77	#4 Applied for EPPP approval over a month ago. Have not been assigned to an analyst.	7/4/2022 11:23 PM
78	Difficult to get a "live" person by phone.	7/3/2022 2:48 PM
79	An issue with one unchecked box on the application delayed the process by an entire month.	7/3/2022 12:56 PM
80	I applied for license renewal. Check was cashed. Awaiting new license.	7/3/2022 10:43 AM
81	Nobody answers the phone, at this point we have given up on contacting them. Applied for a Psychological Associate in April, still not approved. Expected to begin work in August but not having approval in time will jeopardize my work.	7/2/2022 10:49 AM
82	I either get no response from the analyst assigned to me or I get a response after a couple of months when I have had to send multiple follow up emails. A lot of my questions have been time sensitive and have set me back in getting my license. Any phone calls essentially go nowhere and have not been helpful or useful in any way.	7/2/2022 9:29 AM
83	I had no need to contact the BOP in the past 12 months.	7/2/2022 12:19 AM
84	I emailed and called the BOP several times and never received a response back. I have also been waiting an extended period of time compared to other applicants. My application analyst has been unresponsive to inquiries thus far in requesting status updates of my application. I have been left waiting unaware if my application is lost or being looked at.	7/1/2022 10:38 PM
85	The fees for everything went up and I have absolutely no idea where that money is going because it certainly is not helping with wait times.	7/1/2022 3:00 PM
86	The questions didn't ask about my experience with how long these issues have taken for my associates so I couldn't answer how egregious the wait times has been. We spoke at the BOP meeting and that's the only way we got anywhere. It's horrible and the BOP needs a lot of help. We had to turn clients away who needed help.	7/1/2022 1:28 PM
87	Please hire more staff to increase processing times!!!	7/1/2022 12:39 PM
88	It took them 5 months to tell me they had lost paperwork I submitted. They received the duplicates I sent in 2 weeks later (which is fine) but it's now been 3 months and they haven't processed them. I still am unable to take the EPPP because they haven't processed my paperwork.	7/1/2022 12:07 PM
89	It is completely unacceptable for a BOP to be run by 3-4 workers (as is the rumor in CA) to turn over large amounts of licensing applications. Especially given the increase in mental health crisis as a result of COVID. It is my understanding that not much has changed with the BOP (for example, delays in licensure existed prior to the pandemic, as many supervisors have shared their experiences with me). There are simple solutions to reducing applicant and processor stress including on-boarding new employees (to review applications) and/or office managers (to field phone calls and e-mails). This systemic failure is one that continues to contribute to a national failure and produced systemic oppression especially for early career	7/1/2022 11:54 AM



psychologist, who now, more than ever, are people of color, gender identity minorities, who have grown-up in lower SES, with families of limited education, and may be facing their own or managing a family member's disability. DO NOT BE PART OF A SYSTEM THAT CONTINUES TO OPPRESS THOSE OF MINORITY STATUS. Help us succeed and improve this country's mental health.

90	The BOP's failure to respond in a timely manner goes back, for me, to 2018. I needed the date of a board complaint (re custody evaluation); however, despite numerous phone calls at different times of the day to the BOP, the information was not provided. I left messages but no follow up occurred. Then, the person who answered the telephone would not put my calls through but instead informed me that staff were not available to answer my telephone calls; the person who had board complaint information was not in; and/or that as staff were so overburdened with work, no one was able to answer questions or return phone messages. When I offered to drive to the BOP, I was told that the BOP's staff would be too busy to talk with me. I did receive a phone call after either Christmas or New Year's; it took under five minutes for the information to be provided. I credit the approximate one month delay to my losing an offer of employment; very shortly after the submission of the completed paperwork, a reallocation of staff and funding resulted in the position no longer being available. It took me four months to find another position. I received a platitude filled letter from the BOP in response to my written complaint regarding their lack of follow up.	7/1/2022 10:08 AM
91	I am applying to take the CPLEE and I am still waiting for approval. As of now, I have waited about 3-4 months.	7/1/2022 10:06 AM
92	The California BOP is delaying my ability to advance my career. It's that simple. It should not take months and months to process a one page form that has my basic biographical information and my number of clinical hours. To have my licensure delayed over that is completely ridiculous.	7/1/2022 9:32 AM
93	I got COVID on my first CPLEE day and was unable to make my test, the BOP made me re-apply to take the CPLEE and wait another 4 months for approval-- even though I had already been approved. From start (EPPP) to finish (licensure), it took me 1.5 years. I was also asked to pay another \$170 fee to re-apply to take the CPLEE.	7/1/2022 7:28 AM
94	This has been an ongoing problem and only worsening it seems. When I passed the second exam in 2017 it took over two months to finally have my license number posted. This seems odd considering how many times our files are reviewed just in seeking clearance for both licensure exams. Whatever is causing this delay should be reviewed because it seems unnecessary. It also resulted in a loss of \$60,000 for as I was not eligible for my pay raised until my license number was issued.	7/1/2022 7:19 AM
95	I have four staff openings and a requirement to be licensed. Delays have created a lower applicant pool.	7/1/2022 6:47 AM
96	The wait times are getting longer and longer, the BOP is not answering the phone or emails. Not only is this incredibly unprofessional as they service an entire state of psychologists, psychological associates, and registered psychologists who are doing their best to uphold the standards that are expected of us. We are not extended the same courtesy and this not only impacts the communities we are trying to serve, but it impacts our own livelihood. The BOP needs to increase their professional standards and update their seemingly archaic processes (so few services are online and the board is still taking checks??).	7/1/2022 5:15 AM
97	Thank you for addressing this issue!	7/1/2022 12:24 AM
98	In all instances, the BOP cashed my check and then did not contact me for 3+ months. It did not make sense to me that they had time to process the check but not one the application to take the EPPP/CPLEE.	7/1/2022 12:12 AM
99	Make things easier to find and navigate on the website to avoid having to contact the BOP for assistance in order to allow them more time to address other items.	7/1/2022 12:06 AM
100	I applied for licensure in California in 1988. I was a licensed psychologist in Massachusetts at the time. At that time, there was only one person at the Board who could answer inquiries and she was only available to be contacted during a three hour window each day. Her phone line was almost always busy. It was an ordeal to get my questions answered. Perhaps, things have improved since then?	6/30/2022 9:21 PM
101	My license renewal was processed promptly and have no concerns	6/30/2022 8:02 PM

CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (June 2022)

SurveyMonkey

102	One time, when trying to find out why things were so slow, I was reprimanded for asking: "frequent questions about where you are in the queue will cause further delay."	6/30/2022 7:54 PM
103	Extend 6 months to a YEAR or more to accommodate delays on your end	6/30/2022 7:48 PM
104	We are in the midst of a mental health crisis in our country and there is desperate need for mental health care providers on the ground. Aside from the hardship these have delays have caused for clinicians, it is a fundamental moral failure on the part of the BOP to create a barrier to licensure for those who are able to provide services.	6/30/2022 6:56 PM
105	Most of the analysts are rude and slow. They don't move quickly until you tell them you are about to lose your job or your home due to the hardship caused by long wait times. They don't respond to the carrot; just the stick!	6/30/2022 6:18 PM
106	I did not understand why it took 4 months to allow me to take the CPLEE. I had passed the EPPP, nothing else had changed on my application. It was a matter of checking off one box to allow me to take the exam and it took FOUR MONTHS. With the outrageous rates the board is charging (and will soon increase), I hope that they are prioritizing hiring more individuals or streamlining the process. A full review of an application is one thing, but simply allowing someone to take the next exam should be the simplest thing in the world. If it is not all that simple, increased communication would be much appreciated. I was often met with two word replies and lack of professionalism from BOP analysts despite my polite and professional communication.	6/30/2022 6:04 PM
107	On 10/19/2021 the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a National Emergency in Child and Adolescent Mental Health. The excessively long wait times for approval to take the EPPP and CPLEE and to obtain licensure by the CA BOP is preventing youth in crisis from obtaining much needed psychological services. Current wait times for services is long and we need well-trained mental health providers entering the profession. Barriers to obtaining licensure should not be an issue. Further, the CA BOP should be examining ways to streamline and promote efficiencies in the licensure process similar to other states (e.g., allowing for electronic signatures and direct submissions of VOE and SPE paperwork by supervisors electronically to the BOP, utilizing a third-party portal to allow supervisors to upload licensure paperwork that is linked to an applicant's application materials). All licensure application materials should be electronic; several secure methods for signing and uploading supportive documentation electronically exist.	6/30/2022 5:59 PM
108	Hire more people! Please good gracious - people want to work! Create more jobs so we can get things figured out faster!	6/30/2022 5:48 PM
109	The sheer cost of licensure in CA after inquiring several years of graduate school debt is appalling when one considers the BOP is effectively the gatekeeper to fellows being gainfully employed after postdoc in order to repay their loans. As there is no alternative to licensure as an independent clinician, the idea that One would pay almost \$1000 dollars (assuming no exams are retaken) to then have the process be protracted by bureaucratic processing delays is unequivocally unacceptable. Do better.	6/30/2022 5:37 PM
110	Please consider prioritizing the paperwork of those who have completed their licensure requirements but have not yet received their licenses. Please consider creating a way to apply more quickly for the CPLEE so that we don't have to wait 3 months just to be approved to take the exam. E.g. make it possible for us to be approved for CPLEE as soon as we have passed the EPPP (why do we need to wait until we have finished 1500 hours just to be approved to schedule the CPLEE?). We should be able to actually take the exam as soon as we are done with 1500 hours, but as of now, I have to wait at least 4 months to even be able to take the exam after I have finished my hours. So many of these pieces of the process could be managed through an online system and it is absolutely heartbreaking that this isn't in place. There are HUGE waitlists of people in serious need of care and not enough licensed professionals. This really needs to change.	6/30/2022 5:19 PM
111	The lack of responsiveness by the BOP began long before the COVID pandemic. I have made few inquiries to the BOP, but have a 100% rate of no response back to me. Disgraceful.	6/30/2022 5:01 PM
112	I obtained my license a little over a year ago (March 2021). What stood out most to me was the variability in response time and overall responsiveness depending on who held your case. I was fortunate that Troy Polk was my analyst and he was always very responsive.	6/30/2022 5:00 PM

Unfortunately many of my colleagues who were going through the same process as me simultaneously had much longer wait times and difficulty getting questions answered.

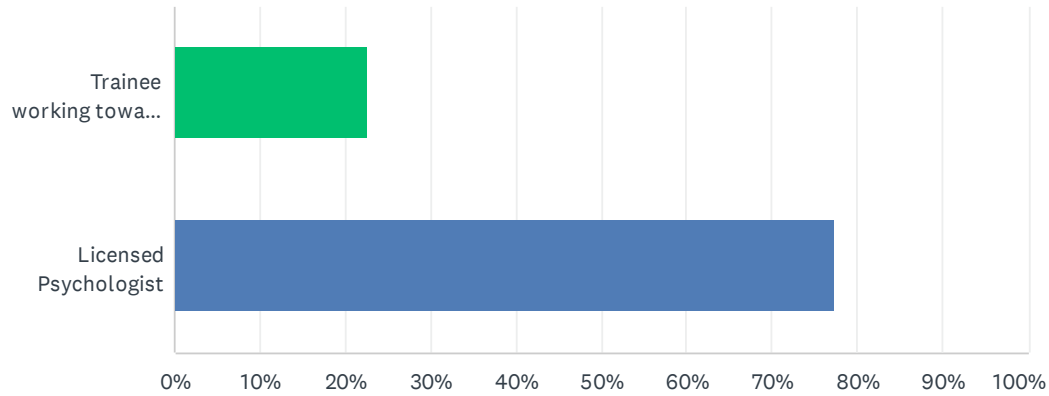
113	There was no warning about these delays and I have been disqualified from several positions due to being unlicensed in the time I have been waiting and should have been approved.	6/30/2022 4:17 PM
114	I appreciate your advocacy in this matter. I have an adult daughter who is entering graduate school this fall to earn a Psy.D. to become a psychologist as well, so I am monitoring this issue with more than a passing interest.	6/30/2022 4:16 PM
115	I applied for renewal on 6/17/2022 after receiving a notice of renewal. My license expires 8/31/2022. I'm trusting that there is adequate time for processing. I have heard nothing to date.	6/30/2022 4:13 PM
116	Thank you for your consistent help and assistance!	6/30/2022 3:52 PM
117	In addition to the incredible increased wait-times, it's especially hard that there is a long wait for every single step of the process. For example, while I am waiting for my EPPP date, I don't understand why my application for the CPLEE can't be sitting in the pile to wait for approval. Instead, once I pass the EPPP I will have to wait another 3-6 months (depending on the wait time) to even be approved for the CPLEE. This process significantly increases the time, energy, and frustration it takes to get licensed.	6/30/2022 3:51 PM
118	I am so glad that CPA is advocating for this issue. It impacts so many of us and it should be improved!	6/30/2022 3:21 PM
119	Am waiting to receive my renewal. At least I have a record of having submitted my application in a timely manner.	6/30/2022 3:13 PM
120	While not within the last 12 months, when I applied for the EPPP in September 2020, it took almost 4 months to be approved for the exam. When the time pressure is on during postdoc to be licensed by the end (and usually by job apps in the spring), this delay was a huge additional stress. Communication was generally responsive with my licensing specialist, though it was typically a templates response directing me to review the timeline on the website.	6/30/2022 2:59 PM
121	Even for minor revisions to applications they make you wait upwards of months even if it was a typo. They took my payment the moment i applied but its taken them 6+ months to do anything or respond.	6/30/2022 2:58 PM
122	The processing times are ridiculous and the fact no one responds is even more ridiculous. I am delayed getting my license because of no responses. It has truly been a hardship and caused trauma for me.	6/30/2022 2:58 PM
123	The complete lack of response to my phone calls and very delayed response to emails was detrimental to my career. Not only was it financially detrimental but it also made me lose out on various employment opportunities. It is unacceptable that the board processing time takes this long.	6/30/2022 2:57 PM
124	The delays in processing applications are a disservice to the field and those entering it.	6/30/2022 2:56 PM
125	I applied for renewal of my license in June (for a July 31st deadline) and received my renewal within a couple weeks. I used their online system (Breeze). There was some kind of small electronic glitch at checkout... but after resolving that.... no issue.	6/30/2022 2:48 PM
126	The Board of Psychology neglected to inform me that my assigned analyst was no longer working in the department, or that I was assigned to a new analyst. Therefore, I spent 2-3 months attempting to contact my old analyst by phone and email with no response. When I finally called the general line, I had to ask for the name and information of my new analyst.	6/30/2022 2:36 PM
127	I had to wait a tremendous amount of time to sit for the CPLEE even though I have been licensed in two other states, and have been licensed for many years (over 5). It almost cost me my job, and resulted in many patients going without care. It was very frustrating.	6/30/2022 2:33 PM
128	I applied for and received my CA license from the BOP back in 2014. Wait times were greater than 6+ months from the time I applied and the BOP never once responded to phone calls, voicemails, or emails I sent them. Zero communication. It was awful actually, I felt very alone and nervous with zero feedback.	6/30/2022 2:32 PM
129	The BOP needs to allow psychologists the option to pay for license renewal early, especially based on the longer processing times they have now. It's so stressful waiting for the renewal	6/30/2022 2:27 PM

card when your company plans to put you on leave (with no option for caring for patients) until that card comes in the mail.

130	I believe that they need to hire additional employees- this is inexcusable! They also don't respond to voicemails or emails and rarely answer the phone.	6/30/2022 2:27 PM
131	The Board of Psychology has been extremely slow in the past during my licensure process and it seems like they're even slower now. Add on top of that they're increasing fees by 25%, I'm unsure what the money goes to. I want increased accountability because this is unacceptable.	6/30/2022 2:26 PM
132	The indefinite BOP delays in getting psychological associates onboard has been costly in delaying initiation and continuation of treatment for patients, as well as financially costly for the psychological associates and myself in terms of income lost.	6/30/2022 2:23 PM
133	I received the renewal for my inactive status in a timely manner without any problems...about 3-4 weeks emailed/after I submitted the request.	6/30/2022 2:22 PM
134	My application was completed quickly (relatively speaking) due to my persistent (daily) calling and leaving voice-mails. I would call several times per day sometimes in order to get through to a person to ask about the status of my application or to request another analyst while mine was out for 6 weeks and my application sat on his empty desk. I sent several emails to various BoP staff regarding these issues, left complaints for DCA, and threatened to have parents call BoP when frustrated with lack of care due to BoP lagging timeliness that were not up to date at the time of my application submission. Had I not been the squeaky wheel, I would have had to wait nearly 4 months as compared to colleagues who were going through the same process at the same time as me who did not press BoP like I did.	6/30/2022 2:20 PM
135	I'm hesitant to take on another psych. assistant due to the long wait periods	6/30/2022 2:19 PM
136	Thank you for seeking feedback. This is so important.	6/30/2022 2:18 PM
137	It must have taken at least 9 months or more for my California License and file to be sent out of State. When I was finally contacted by the out of State that the information was received, I already referred my patient's to another provider. I paid so much money to initially apply for the out of state license. The long delay kept me from pursuing this out of State License and will keep my from apply to other States for licensing.	6/30/2022 2:16 PM
138	It is great the BOP has waiting timelines on the website but they need to be updated more frequently than once a month.	6/30/2022 2:12 PM
139	You may think that this BreEze on-line system for licensure renewal is something special, and it's not the 'great idea' that your IT people think it is. I believe it's just being used as a way to eliminate person-to-person contact and keep your costs down. And, have your employees gone to work back in the office yet?	6/30/2022 2:12 PM
140	I apply for renewal of licensure every 2 years. But I did not have to renew in the past 12 months. I will be due for license renewal in November.	6/30/2022 2:04 PM

## Q1 Current Licensure Status

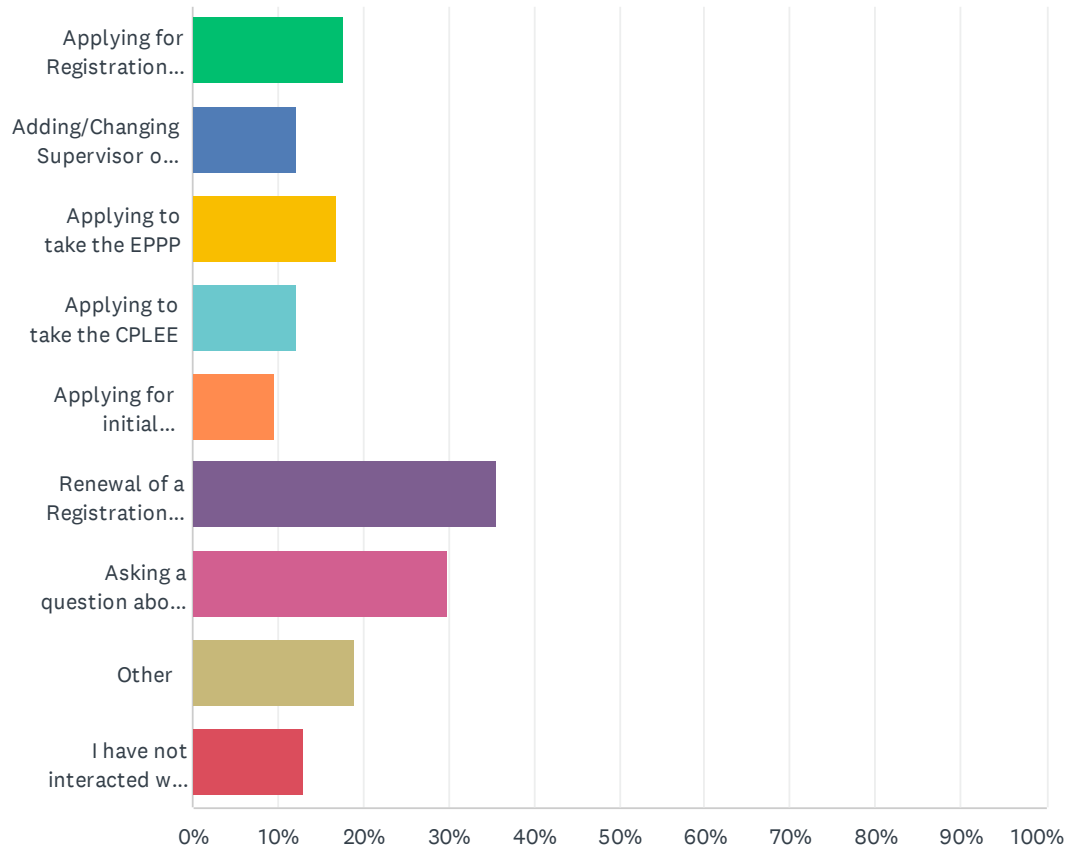
Answered: 238 Skipped: 0



ANSWER CHOICES	RESPONSES	
Trainee working toward licensure as a Psychologist (includes interns, post-docs, psychological associates, employees in exempt setting, and trainees working under a DMHC waiver)	22.69%	54
Licensed Psychologist	77.31%	184
Total Respondents: 238		

## Q2 Please identify your reason(s) for interacting with the Board of Psychology (BoP) within the past 12 months (check all that apply)

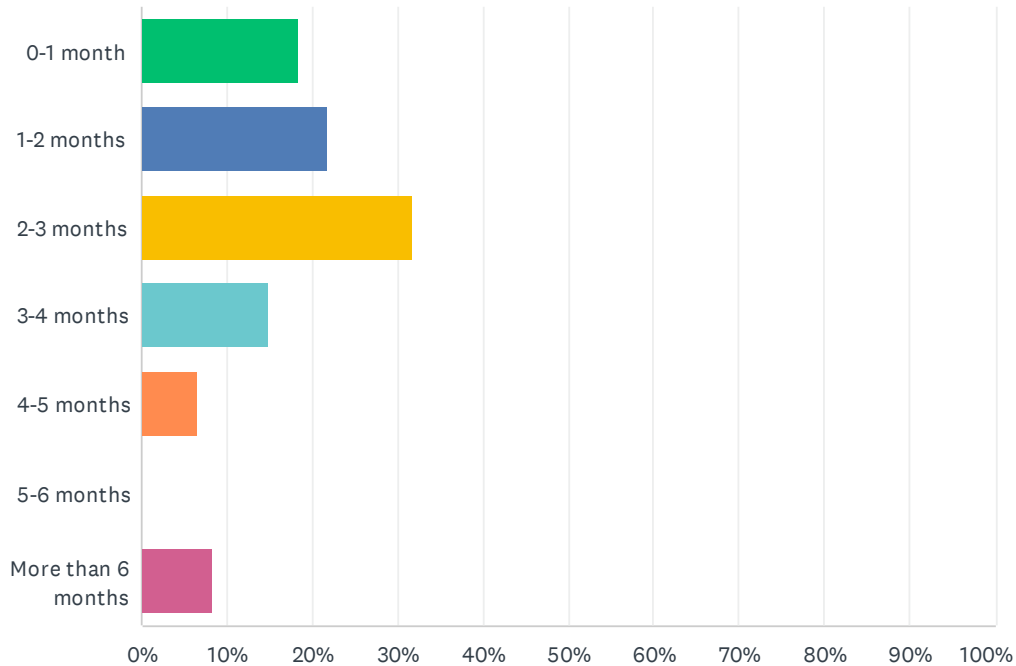
Answered: 238 Skipped: 0



ANSWER CHOICES	RESPONSES	
Applying for Registration as a Psychological Associate	17.65%	42
Adding/Changing Supervisor or Service Location for a Psychological Associate	12.18%	29
Applying to take the EPPP	16.81%	40
Applying to take the CPLEE	12.18%	29
Applying for initial licensure as a Psychologist (once both exams have been passed)	9.66%	23
Renewal of a Registration or License	35.71%	85
Asking a question about or seeking clarification regarding any component of the above processes	29.83%	71
Other	18.91%	45
I have not interacted with the BoP within the past 12 months	13.03%	31
Total Respondents: 238		

### Q3 If you applied for Registration as a Psychological Associate within the past 12 months, how long did it take for your Registration to be approved?

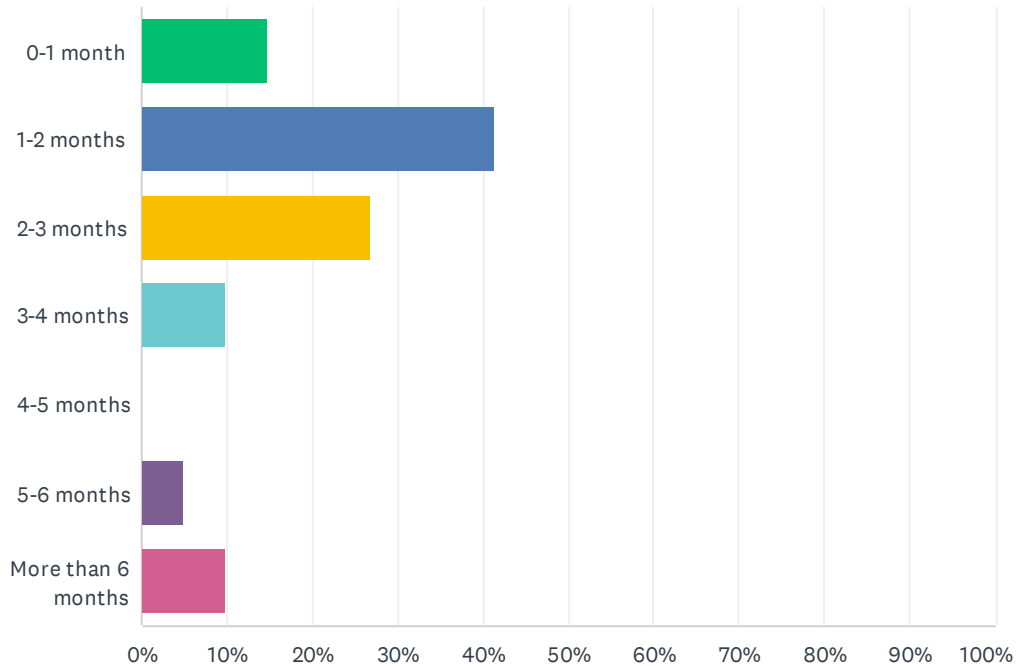
Answered: 60 Skipped: 178



ANSWER CHOICES	RESPONSES	
0-1 month	18.33%	11
1-2 months	21.67%	13
2-3 months	31.67%	19
3-4 months	15.00%	9
4-5 months	6.67%	4
5-6 months	0.00%	0
More than 6 months	8.33%	5
Total Respondents: 60		

## Q4 If you applied to take the EPPP within the past 12 months, how long did it take to receive approval?

Answered: 41 Skipped: 197

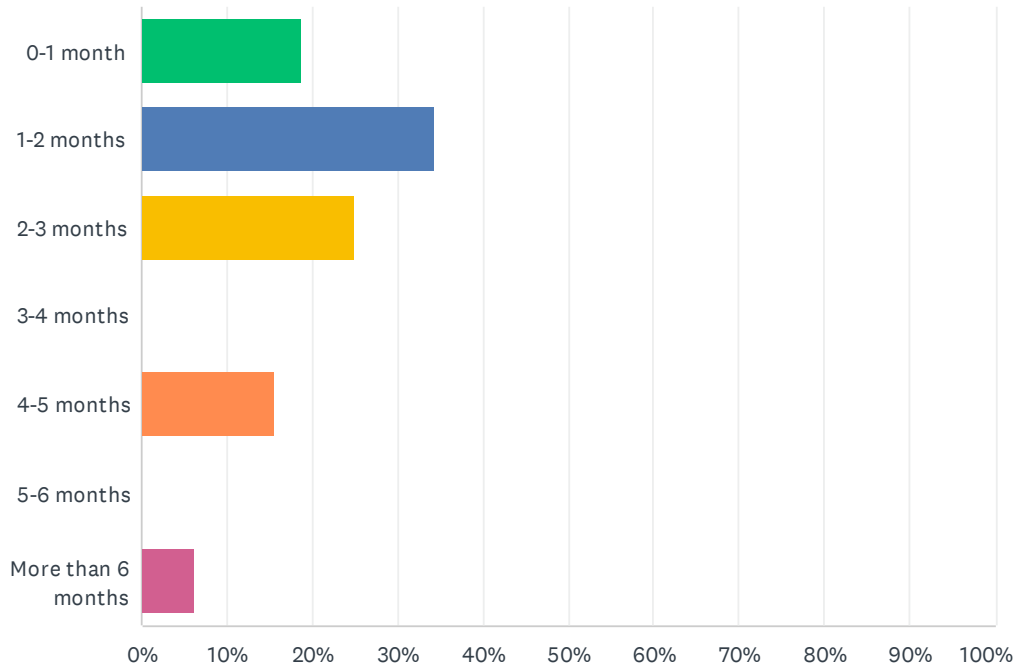


ANSWER CHOICES	RESPONSES	
0-1 month	14.63%	6
1-2 months	41.46%	17
2-3 months	26.83%	11
3-4 months	9.76%	4
4-5 months	0.00%	0
5-6 months	4.88%	2
More than 6 months	9.76%	4
Total Respondents: 41		



## Q5 If you applied to take the CPLEE within the past 12 months how long did it take to receive approval?

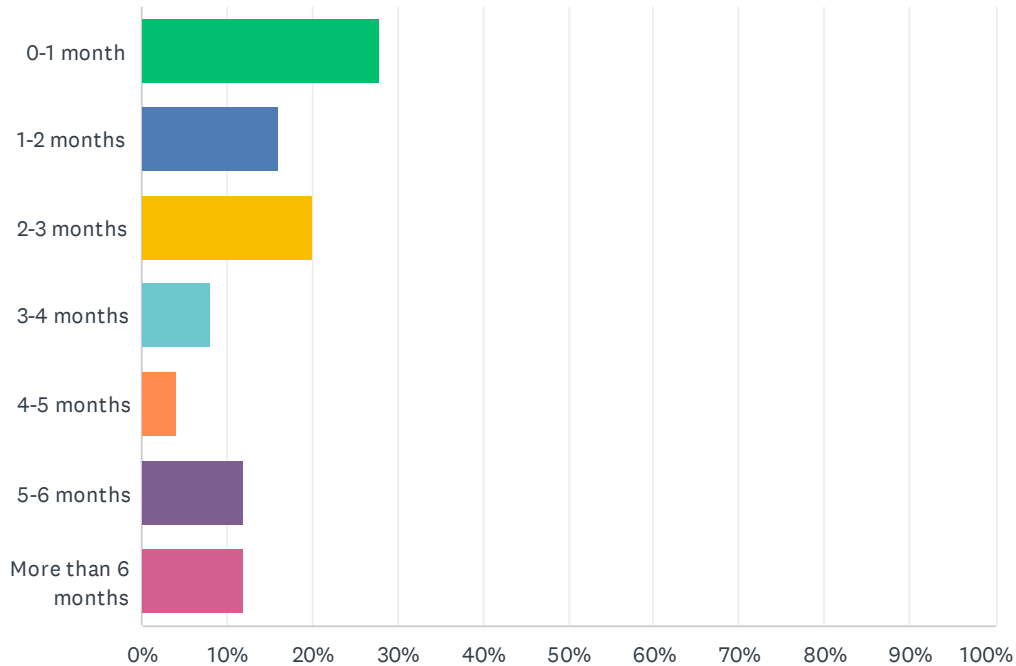
Answered: 32 Skipped: 206



ANSWER CHOICES	RESPONSES	
0-1 month	18.75%	6
1-2 months	34.38%	11
2-3 months	25.00%	8
3-4 months	0.00%	0
4-5 months	15.63%	5
5-6 months	0.00%	0
More than 6 months	6.25%	2
Total Respondents: 32		

## Q6 If you applied for your initial Psychologist License within the past 12 months, how long did it take to receive it?

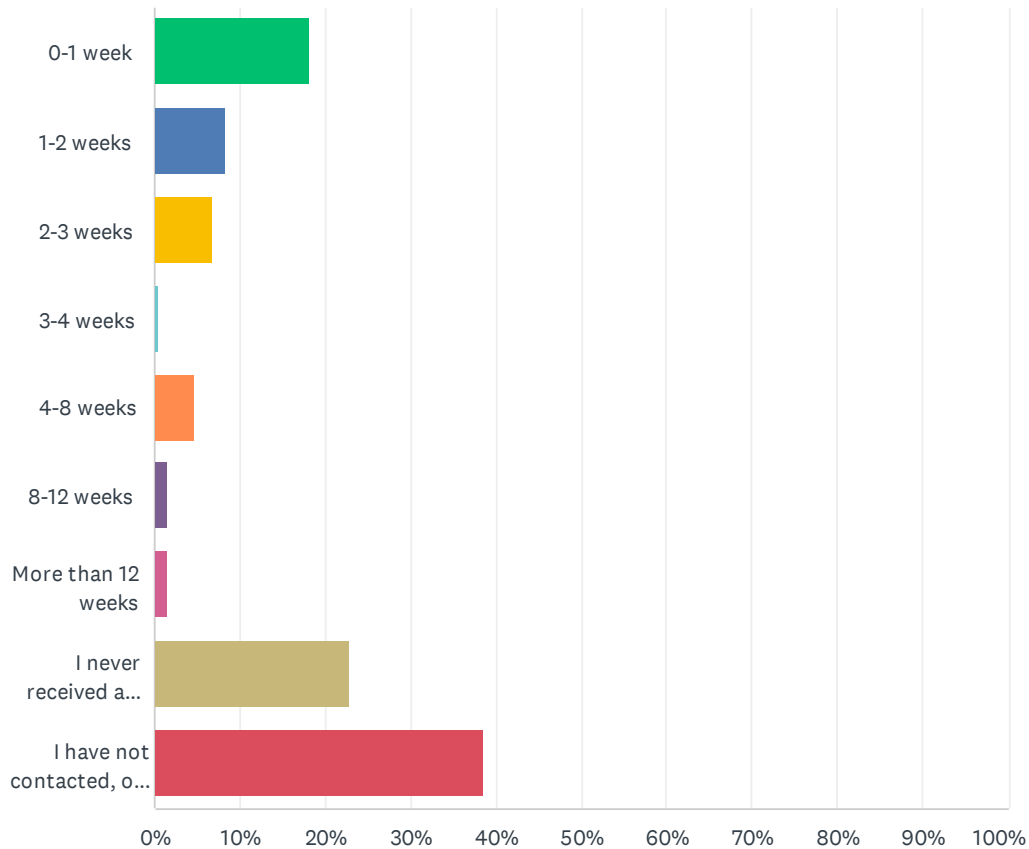
Answered: 25 Skipped: 213



ANSWER CHOICES	RESPONSES	
0-1 month	28.00%	7
1-2 months	16.00%	4
2-3 months	20.00%	5
3-4 months	8.00%	2
4-5 months	4.00%	1
5-6 months	12.00%	3
More than 6 months	12.00%	3
Total Respondents: 25		

## Q7 If you have contacted, or attempted to contact, the BoP by phone within the last 12 months for any reason, how long did it take to receive an answer to your inquiry?

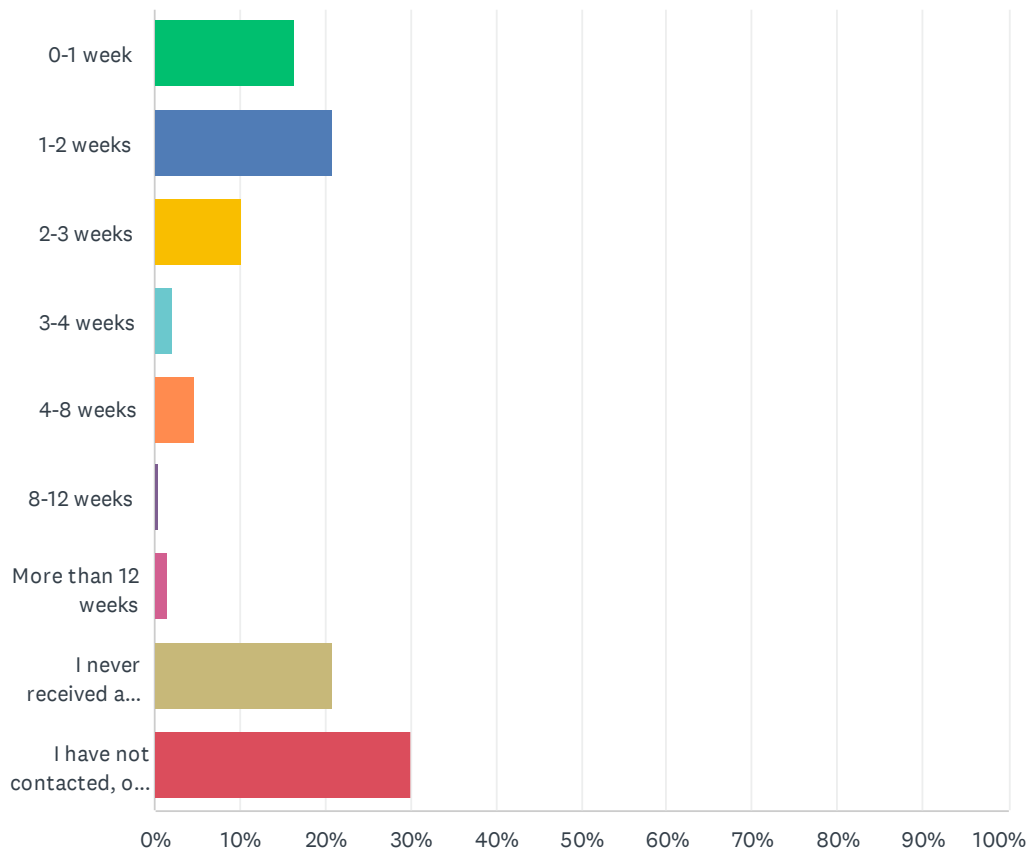
Answered: 192 Skipped: 46



ANSWER CHOICES	RESPONSES	
0-1 week	18.23%	35
1-2 weeks	8.33%	16
2-3 weeks	6.77%	13
3-4 weeks	0.52%	1
4-8 weeks	4.69%	9
8-12 weeks	1.56%	3
More than 12 weeks	1.56%	3
I never received a response	22.92%	44
I have not contacted, or attempted to contact, the BoP within the past 12 months	38.54%	74
Total Respondents: 192		

## Q8 If you have contacted, or attempted to contact, the BoP by e-mail within the last 12 months for any reason, how long did it take to receive an answer to your inquiry?

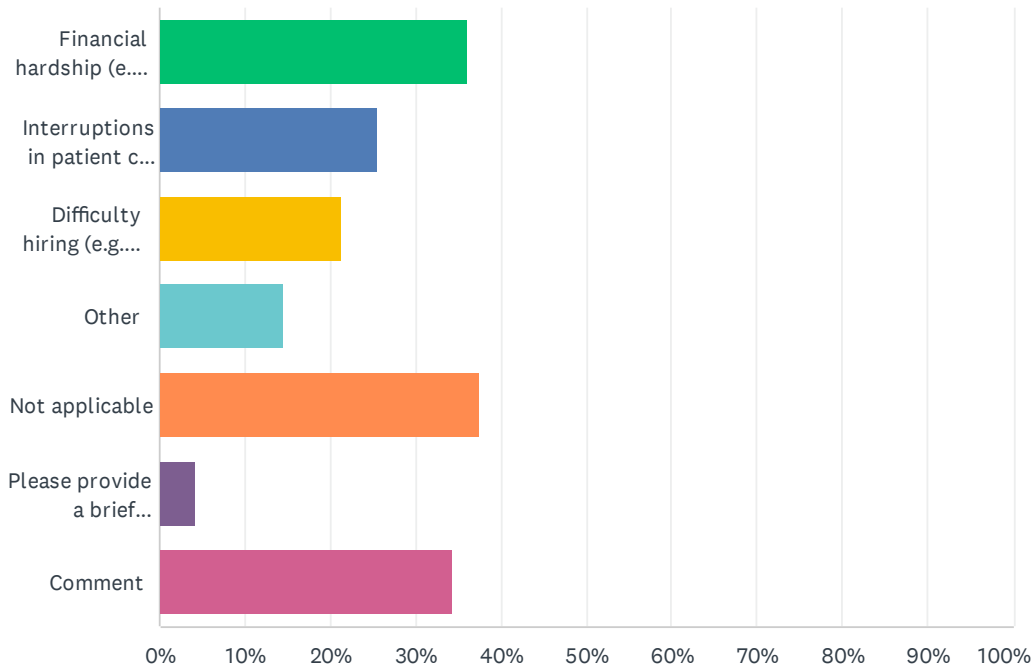
Answered: 196 Skipped: 42



ANSWER CHOICES	RESPONSES	
0-1 week	16.33%	32
1-2 weeks	20.92%	41
2-3 weeks	10.20%	20
3-4 weeks	2.04%	4
4-8 weeks	4.59%	9
8-12 weeks	0.51%	1
More than 12 weeks	1.53%	3
I never received a response	20.92%	41
I have not contacted, or attempted to contact, the BoP within the past 12 months	30.10%	59
Total Respondents: 196		

**Q9 Please identify any detrimental consequences you, your supervisee(s), or your employer(s) have experienced within the past 12 months due to extended BoP processing times or delays in BoP responses to e-mail or phone inquiries (check all that apply).**

Answered: 192 Skipped: 46



ANSWER CHOICES		RESPONSES	
Financial hardship (e.g. due to delay in qualifying for employment opportunities)		35.94%	69
Interruptions in patient care (e.g. due to delay in supervisee becoming Registered or Licensed)		25.52%	49
Difficulty hiring (e.g., due to delay in applicant becoming Registered or Licensed)		21.35%	41
Other		14.58%	28
Not applicable		37.50%	72
Please provide a brief description of any such detrimental consequences		4.17%	8
Comment		34.38%	66
Total Respondents: 192			

#	COMMENT	DATE
1	Retiring issues with an active license	11/9/2023 1:15 PM
2	It almost ruined my life. I'm an international student, on a student visa not allowed to work. The BOP has taken over 11 months to decide on my psych associate application - they lost my application in between, they didn't respond for months, they declined it and reviewed it	11/9/2023 11:48 AM

again, and after 11 months being referred to the manager - she has until today not replied to my last email asking for explanation and specific requirements.

3	I mailed my application for registering as a psychological assistant on October 6th, with overnight delivery for October 7th. I am still waiting on my PA#. I have contacted the CPA several times, and the first time they indicated they did not have my livescan information despite my completing it a few weeks prior. During that call, they also stated they didn't receive my application until October 11th, even though I have proof they received it days earlier. I have called a few times since then to get an idea of where my application is in the process, and they never give a solid answer.	11/9/2023 9:39 AM
4	I am still traumatized by inaccurate information given to me and was even fined inappropriately when I renewed my license the cycle before and reported CEU's. I was told one thing, followed it, then was told that was wrong and that I would fail to get a renewed license. I did get my license, but only after confronting the person I talked to in this second cycle who finally acknowledged the inaccurate information I was given and followed. Just give accurate information!	11/9/2023 9:32 AM
5	Accepting patients and my financial security depend on re-activating my license. It has already been 6 weeks since my application submission.	11/9/2023 9:24 AM
6	As a supervisor, when attempting to bring on a new psych assistant, we need to reliably know when they will be approved so that clients may be appropriately informed and scheduled. The manner in which this has been handled is in opposition to the very ethics required of our profession as it pertains to client care but because the board is separated from the actual impact, surveys like this are imperative.	11/9/2023 9:17 AM
7	I contacted BOP regarding new CEU regulations and received a response in a timely fashion.	11/9/2023 8:27 AM
8	so far no detrimental cause, but, my license is not yet renewed though I have submitted all materials and fees.	11/9/2023 8:00 AM
9	Registered Psychological Associate will not respond to me and I have enlisted BOP help to remove me as her supervisor. I have never supervised Associate and have sent emails to the BOP asking for them to remove my name from associate and proof I have tried to get the Associate to remove me. It has been almost two months and I have spoken to people on the phone 2x.	11/5/2023 12:24 PM
10	There is a huge opportunity cost for those waiting for the board to process paperwork either for post doc/psych assistantship or licensure. The pay differential is significant between licensed and unlicensed practitioner and there are thousands of dollars being lost each month folks are forced to wait.	11/3/2023 3:40 PM
11	Although I recognize the high demand and large number of applications to process, it has become quite frustrating to consistently follow-up after processing times have been exceeded for paperwork, test registration, and general inquiries. I have also seen that my payments by check have been processed shortly after being delivered to the BOP, then have had to wait in excess of 1 month for any follow-up from my analyst/BOP.	10/31/2023 12:23 PM
12	Slow response has delayed my application to provider panels.	10/31/2023 10:14 AM
13	A psychological associate application was approved but neither The supervisor nor the applicant were notified by e-mail phone call or mail. This caused the applicant to loose at least one month of income loss and disruption of the hiring process and ability to provide services. We found out the the applicant was approved finally calling the board after waiting for over 45 days.	10/30/2023 8:19 PM
14	My registered intern was told one year after completing his application that his registration had been "terminated" "stopped" or "ruled void." He sent in his fee, filed the form, and didn't hear anything until the next time he applied. He still had two years of registered intern left. He called them repeatedly but could not get to the bottom of the problem. They BoP also never sent me any notice of his difficulties, the alteration to his internship or any other info. This was an atrocious response and one that he never saw coming. Even in talking with them (now two years ago), he never could get an answer or a pathway to renew his registration.	10/30/2023 4:12 PM
15	Even though I sent all my documents (for a registered psychological associate) registration with my current name, it was registered under the old name (which I entered on Breeze 6-7y ago/before divorce). I dont understand why some Breeze website is more important than	10/30/2023 1:39 PM

documents me and my supervisor sent recently with my new name. Now I had to sent an additional document for changing a legal name and I am curious, how many months is that going to take to change so my registration can be under a new legal name.

16	I am privileged to have a spouse who is able to generally support us financially while I am unemployed and waiting to begin my employment, but this does present less ideal financial circumstances for me and the process could be improved so that I could have secured a job sooner. I began networking in June, 2023 to learn about job positions primarily within departments in which I had professional connections at and was lucky enough to have been able to be considered for job application interviews with a couple of sites that previously recognized me from my internship application the year before. However, I could not interview or be officially considered as a candidate until I had passed my CPLEE in early August. For all positions in which I did not have any professional connections with, my application could not be considered until I was officially licensed in mid-August because the virtual screening processes would usually screen out my application unless I selected that I was a licensed psychologist and could provide a license number. More senior psychologists have told me that my wait times for approval with BOP has been remarkably quicker than in previous years, to which I am very thankful for. At the same time, if there were ways to be licensed sooner, it would have granted me more hiring opportunities and prevented some financial strain due to now having to wait over two months to officially begin work again (and this is based on a timeline of completing and passing my exams, submitting my application materials, and networking for jobs as quickly as possible from my end).	10/30/2023 10:31 AM
17	After passing the exams the BOP seems to take a while to get the license itself.	10/24/2023 9:50 PM
18	Getting licensed in another state	10/24/2023 3:44 PM
19	While the issuance of my license happened relatively quickly, this entire process (from applying for EPPP, then for CPLEE, then waiting for approval for licensure) took an extraordinarily long time (approximately 6-8 months longer in total than I expected; this estimate is largely based on consultations I had with folks who had previously gone through the licensure process). It was a nightmare for me financially. I had multiple job offers while still on my residency (which ended August of 2022), and more offers through January of 2023, when I was finally licensed. I ultimately could not take any of those jobs because I didn't have my license in hand. This meant I was effectively unemployed for almost 8 months (even though I had job offers on the table), and had to rely on family support and savings to pay rent. This was not due to lack of preparation for the exams--I applied on the exact days I was eligible to apply, and did not have failures that prolonged the process. Had the approval process not been so delayed in 2021 and especially in 2022, I feel I would have had my license by the end of my residency. It is difficult for me to adequately express how frustrating and financially detrimental of an experience this was for me, and has left me with a very negative opinion of the Board.	10/24/2023 11:28 AM
20	Many job placements are no longer willing to compensate you accordingly unless you have the license so the period of time you are working towards licensure means working full time without proper compensation. For example, I work as a full time staff but being paid as a trainee just because I am not licensed. I don't know why some places are no longer giving grace periods to pay you accordingly while working towards licensure. Many systemic issues at many levels and adding board delays makes the process much more difficult.	10/24/2023 11:24 AM
21	The BOB announced a while ago to recruit interested psychologists to conduct psychological fitness for duty evaluation. I spent several hours on responding to their requirements and filling the application. The application was filed on June 2, 2023 and still no response from the BoP.	10/24/2023 11:13 AM
22	I need help figuring out specifics of starting a post-doctoral training program with registered psychological associates. The information is not on the BOP website. I have called and emailed with no response.	10/24/2023 10:11 AM
23	Retirement process/options	10/24/2023 9:53 AM
24	I need clarification about type of CE hours accepted for my self and supervisees. I've spent a great deal of time and energy on something that should take 2 minutes on the website or be easily resolved with a phone call or answered email.	10/24/2023 9:40 AM
25	I am waiting more than 18 months to hear about a board complaint made against me. It is very nerve racking to keep this thought for such a long time.	10/24/2023 9:32 AM
26	N/A	10/24/2023 9:31 AM

27	I made an inquiry about a serious allegation against another psychologist; this circumstance negatively affects patients of mine as well as many others in our community. I never received even a courtesy response. The allegation has been posted on the Board website for over 10 months without resolution.	10/24/2023 9:23 AM
28	Checking on supervision issue.	10/24/2023 9:19 AM
29	Running the risk of being let go from my job due to the length of time it has taken to get cleared for licensure exams and delaying me getting licensed; currently not being paid a staff salary given delay in obtaining license; unable to supervise training staff due to lack of license	10/20/2023 5:44 PM
30	I fear I may have lost my inactive status due to not being able to pay the renewal fee online.	10/17/2023 9:04 AM
31	Increased stress and anxiety	10/14/2023 6:17 AM
32	I had a fine experience calling the Board regarding a matter separate from the ones that are highlighted in this survey. BUT, I oversee a postdoctoral training program and every one of my trainees has had difficulty getting through to the Board by phone and by email. They have had delays in taking the EPPP and the CPLEE and in getting licensed and subsequently getting hired. It has been terrible.	10/12/2023 8:15 PM
33	One supervisee is unable to earn as much income because of the significant delays in getting approved to take the EPPP. Another is still waiting for an associate number so hasn't been able to start working under my supervision.	10/12/2023 7:26 PM
34	Inability to plan how to accrue hours as a professor.	10/12/2023 3:35 PM
35	Unable to determine # of months remaining for training position. Also could not get answers so that application for the eppp could be applied for / begun.	10/12/2023 3:16 PM
36	An additional detrimental consequence to responses by the BOP is that their responses are often very short. I never experience rudeness, but the responses are often so short they assume I know what they are talking about. Their knowledge is detailed and much more complete than mine, so I'm often left with more questions to actually get the answer I needed. They tend to be very concrete and literal, which often leaves out the information I actually need. When I've called, I've had 2 people be more "human" and helpful, but that is 2 out of several times I've called in the last year and a half, and maybe the same amount of emails in the same timeframe.	10/12/2023 2:43 PM
37	Delay in accrual of hours towards licensure	10/12/2023 7:12 AM
38	To get a verification of licensure it takes 6-8 weeks! That's not ok when it's a requirement to either get licensed elsewhere or for employment.	10/12/2023 4:59 AM
39	I was licensed in CA. but changed my CA status to "inactive" before May 2022 because I had to leave CT and moved from CT to Missouri 14 months ago due to an ill family member. I need to move back to CA this coming late spring. I called the BOP phone # to maintain my status as a licensed "INACTIVE" Psychologist in CA--until I actually move BACK to CA via voicemail. My license # is [REDACTED] It was VERY frustrating -trying to reach a HUMAN in the BOP office--It wasn't possible-I gave up..and decided I would make contact when I return in about 7 months from now. PLEASE HELP !!! Below is my email ...	10/11/2023 9:48 PM
40	The delays were unnecessarily long and impacted my ability to adequately support myself financially at times.	10/11/2023 8:48 PM
41	I supervise two psychological associates and the wait times impacted them both, but one was unable to meet with clients due to the wait times in getting licensed.	10/11/2023 7:54 PM
42	May miss hours for attending members' Board meetings.	10/11/2023 7:24 PM
43	Post-doctoral graduate (psychological associate). The financial hardship has negatively impacted my finances and credit where I had to ask family and friends to borrow money to pay rent etc. And I am still trying to catch up financially. I was in the cusp of losing my home (apt) because of the 3 month delay in approving a new site and supervisor. Thank you.	10/11/2023 4:01 PM
44	My supervisor accused me of purposefully delaying my attempts to get my license despite being told that the wait time to secure my license was out of my control. This was due in part to receiving an email by a member of the board regarding my status as a psychological assistant which was sent in error. After contacting the board, the board member simply referred	10/11/2023 3:35 PM



me to another member for further assistance. My supervisor did not understand that her email was in error. My supervisor requested that I find another supervisor as she thought I was being dishonest with her, and I am currently searching for a new supervisor while I study to take the EPPP. This process has been personally heartbreaking as my former supervisor made inaccurate assumptions instigated by a mistake from the board member that was originally assigned to assist me.

45	I'm unable to work without having things processed and active. You can't find work with pending applications. My paperwork is always lost despite being sent certified. This also adds to delays.	10/11/2023 3:11 PM
46	I applied for renewal of my license using their web site, and it was easy. I then called to check to make sure it was proceeding smoothly and they person on the phone informed me I could check to see I was licensed and she showed me how to do it. They were very helpful.	10/11/2023 2:54 PM
47	Getting answers on CPD categories acceptable to use caused me to have to guess	10/11/2023 2:33 PM
48	Inability to provide timely, accurate information about the Board's regulation of remote practice.	10/11/2023 2:26 PM
49	My licensing was held up for over 4 months and I hired a lawyer (luckily it worked out). It was extremely stressful, expensive, and unnecessary if the Board was appropriately staffed.	10/11/2023 1:51 PM
50	The wait time that my supervisee endured created financial hardship for him and his family. The clients who wanted to see him also had to wait.	10/11/2023 1:44 PM
51	All of my postdoctoral fellows have had extremely long wait times in being approved to take the EPPP. When issues came up related to the SPE form, phone calls and emails received no response or a response that was unhelpful and not specific to the particular case (i.e., providing general information) was provided 2+ months later. One of my employees was active duty military, licensed in another state. He had already passed the EPPP. It took six months for the approval for him to sit for the CPLEE to come in. Our hospital's hiring process requires licensure within 6 months (because that's all that a person licensed in another state can practice with their out of state license with), and we almost lost an excellent employee because of the slow Board processing.	10/11/2023 1:35 PM
52	Not being able to start seeing clients, meaning harder finances.	10/11/2023 1:21 PM
53	I sent in an application to be an expert reviewer for the board months ago, and never received a response. I have called twice and been told that due to lack of staffing the process of reviewing applications has been greatly slowed. I still have not heard anything.	10/11/2023 12:49 PM
54	I left a voicemail message for the BoP asking for clarification about the updated CE requirements for license renewal, and I never received a response, which was frustrating. I believe that I also left a separate voicemail the previous year (in 2022) about a separate issue, and I never received a response.	10/11/2023 12:48 PM
55	I experienced a 3 month delay in the ability to count post doctoral work hours for licensure.	10/11/2023 12:42 PM
56	It took over 11 weeks for a psychological associate to be approved. The board had mistakenly not removed a former associate from my supervision and I was not informed about why the delay occurred until I emailed several times. I was then asked to provide proof the other associate had been removed which I did but certainly, this documentation is something the board should have on hand. The proof I sent was an email that the board had originally sent to me and the associate confirming they were removed and I was no longer assigned as primary supervisor.	10/11/2023 12:38 PM
57	The wait times for registering psych associates has improved tremendously. It is so much better and no longer a problem. They accept Electronic signatures now as well- a great relief. It is so much better.	10/11/2023 12:34 PM
58	These delays have impacted me, but also the unlicensed associates who are struggling to enter the field and encountering multiple barriers to doing so.	10/11/2023 12:16 PM
59	My problem is not with wait times. It's with the fact that they have no type of registration for people like me who no longer need supervised hour but are not licensed yet. I find the BoP to be extremely rigid in their rules. It has cost me financially, and as a result, I have travel 3 hours a day to get a decent paying job, but it has cost me valuable study time. My experience with the BoP has truly made me regret choosing psychology as my career eventhough all my	10/11/2023 12:16 PM

Supervisors and clients have told me I was born to be a psychologist. It has been one of the most horrible experiences of my life. I truly wish I had chosen a different career.

60	Using a lot of time to try to reach BOP and focusing on this simple task and ignoring more important activities.	10/11/2023 12:14 PM
61	I continue to experience financial hardship due to delay in inability to pay for fees related to licensing (e.g., application fee, testing fees, scheduling fees), qualifying for employment opportunities, as well as having to pay fees multiple times for application timing out/late processing of my application.	10/11/2023 12:13 PM
62	Significant delays in hiring at a time when mental health services are understaffed due to difficulties identifying and hiring new employees	10/11/2023 12:13 PM
63	I had an inordinate amount of time getting information sent to other states . Excessive amount . In addition I have asked for verification of supervision experience to be sent to Nspg never happened .	10/11/2023 12:06 PM
64	Mental turmoil	10/11/2023 12:05 PM
65	Thanks for the attention to this frustrating ritual.	10/11/2023 12:03 PM
66	We have had psych associates who could not start due to delays in processing applications. As a result, we have had to pay people who were not able to work or we have told potential associates that they would be hired once their application was approved and they received a PSB number. We have lost a couple of really good candidates this way. Sadly, private organizations and small clinics cannot keep up with prisons in terms of paying people salaries without them generating income. Many times we do not receive any responses and we will follow up multiple times over months without any information other than instruction to wait. Its unacceptable and significantly impeding small organizations AND the community in which we are trying to support	10/11/2023 12:02 PM

## Q10 Please provide any other information you believe to be relevant. Thank you!

Answered: 70 Skipped: 168

#	RESPONSES	DATE
1	I attended the LACPA 10/21/23 convention and the Board of Psychology had a table with resources regarding reporting CE and pamphlets for private practice (Therapy never includes sex) that was so helpful! I don't recall seeing BOP at the convention and welcome future attendance.	11/10/2023 4:21 PM
2	I submitted my documentation and application for EPPP in October 2020, was approved to register for EPPP in January 2021. Did not pass EPPP first time in May 2021 and was approved to re-register in June 2021. Took EPPP a second time in August 2021 and passed. Sent application for CPLEE September 2021 and was approved to register in December 2021. Took CPLEE at the end of December 2021 and passed on the first try. Sent application for licensure in January 2022. Received my formal and pocket psychologist license in April 2022, after receiving my approval email verification with license number in March 2022.	11/9/2023 2:27 PM
3	Forced to leave a message and told that I would be contacted in the order of my call. I never received a call back.	11/9/2023 1:15 PM
4	The response time for inquiries is unreasonably prolonged, and when replies are received, they lack the professionalism and accountability one would expect from such an esteemed body. Moreover, when issues arise, there appears to be a reluctance to address them effectively, citing procedural or systemic limitations. The lack of ethical consideration and poor representation have left me deeply disheartened, to the extent that I am considering disassociating from the board. Furthermore, the complaint resolution process is equally slow and ultimately feels biased, as the board retains unilateral decision-making power. I urge the board to take immediate steps to improve its interaction with members and to establish a more equitable complaint resolution protocols.	11/9/2023 11:48 AM
5	Good you are asking these questions. For year, contacting the BOP has been chaos, with no response, late response, cant answer the question, refer to supervisor who never gets back. I am a training director who hears all the stories of applicants calling BOP and not getting through til 30-50 calls. Its considered just lucky to get someone on the phone to solve a problem. Email is okay but some things need a person to talk to deal with the issue. But most psychologists and applicants give up after hours trying, then try again. So much wasted time and energy just to connect. Once connected BOP folks are usually helpful. But to most its just a joke how bad the service and availability is.	11/9/2023 9:52 AM
6	I find it ridiculous that we cannot register as psychological assistants before seeking employment. It is a huge detriment to myself as an applicant as well as the person hiring me to have to wait so long for me to become registered. Psychological work is in huge demand and this delay is a disservice to those in need of our services.	11/9/2023 9:39 AM
7	I received a terse response by email that was off putting, saying the process is "manual" and now can take two to four weeks longer than stated on the website.	11/9/2023 9:24 AM
8	Failure to return emails and phone calls is always unacceptable and an increase in fees should be supported by significant improvements in services provided.	11/9/2023 9:17 AM
9	my income has been impacted due to the length of time it has taken to get my license	11/9/2023 8:37 AM
10	Seems very disorganized.	11/9/2023 8:00 AM
11	The BoP has been prompt in responding to my inquiries.	11/9/2023 7:57 AM
12	I cannot believe that the board still requires paper forms to be mailed. I would have to think that an electronic upload system and personal portals would significantly reduce paper and time waste and I cannot think of a reason that they have not shifted toward this.	11/3/2023 3:40 PM
13	I sent a request and check to the BOP for a verification of my license, required to become	11/1/2023 1:52 PM

licensed in Wyoming. I sent the check Sept 3 and it was cashed Sept. 12. I finally got the verification on Oct 31 but only after the Wyoming Board of Psychology contacted the BOP on my behalf. This is a long time for a simple request! In the meantime, my license in Wyoming was held up.

14	Thank you for your assistance with my career!	10/31/2023 5:22 PM
15	Any way to make this process faster would be much appreciated!	10/31/2023 12:23 PM
16	I am a supervisor training psychological associates towards licensures. The registration process is confusing and some of the paperwork not clear especially the distinction between earning supervised hours towards licensure and initial registration. I recommend that a standardized form be developed rather than asking for description of specific duties. Majority of the forms are geared towards counseling rather than psychologist being trained in completion of psychological diagnostic evaluations/ assessments. This issue applies in the required supervision course mandated as a requirement for supervising psychologists. The Content of the courses mostly deals with issues pertinent to Counseling psychologists not psychologists completing assessments . The course is required every tow years. What is the rationale for taking the course every 2 years. A course being very specific about the forms and registration process required by Board of Psychology is lacking. The required course for supervising psychologist mostly addresses counseling not testing and the content tends to be theoretical rather than addressing specific issues which may come up during supervision. Almost every psychological associate I trained had issues dealing with the Board and receiving timely resolution of issues of issues. I have been a supervising psychologist for over 10 years.	10/30/2023 8:19 PM
17	Three months later, still waiting for BofP to forward a simple, one page form to another state to verify licensure	10/30/2023 4:20 PM
18	The BoP became incommunicado sometime during COVID as well as dysfunctional. My intern had attempted to do everything according to the rules but was blindsided by BoP's actions.	10/30/2023 4:12 PM
19	I only emailed one or two clarifying questions to the BOP, but never got a response. I did not attempt to call. I never got an email response, but was able to figure out the answer to my own questions eventually. Their templated responses confirming receipt of materials is SUPER helpful.	10/30/2023 10:31 AM
20	The automated system for renewing license works great, thank you.	10/30/2023 9:19 AM
21	I called the BOP because I received a call from a "supposed" DEA agent, saying my license would be rescinded. The BOP responder confirmed that it was a scam call. I was called back within days.	10/29/2023 10:52 AM
22	I just submitted for CLEP 4 days ago.	10/28/2023 8:50 AM
23	I had an issue last year for my renewal that I couldn't get my CEU's completed on time.. they were gracious to give me an extension and I was able to complete all CEUS in 2 months. I sent them in and my new card came swiftly. I was impressed- and appreciative.	10/27/2023 12:50 PM
24	Because of delay in response , I took the EPPP after exoneration date. I called to make sue scheduled date was okay. Never received response. Took the test and after the fact told that I had to reapply. Still have not reapplied -	10/27/2023 3:18 AM
25	Communications with BOP are challenging. The folks there have generally been rude and or unhelpful.	10/24/2023 9:50 PM
26	Perhaps my experience has been less complex, licensed 30 years and still renewing my license. The new continued education has been too complex to easily comprehend, taking a 2 hour walk thru here in San Diego County via SDPA aided me in a foundational understanding; otherwise I might have avoided, procrastinated, brooded and then been pursuing the BOP reps to give me a solution alternative. May the next wave of newly licensed navigate the complexities as best possible! Thank you!	10/24/2023 8:45 PM
27	I have several psychological associates who have experienced the indicated delays.	10/24/2023 2:26 PM
28	helping people with their mental health as they go through the process would be much healthier and reflect the field we are getting assistance in. sometimes it can be really stressful to get feedback!	10/24/2023 11:27 AM

CPA Survey--Board of Psychology Processing Times & Responsiveness to Phone/Email Inquiries (October 2023)

SurveyMonkey

29	It seems like the board needs to hire more people.	10/24/2023 11:24 AM
30	I began my application to register as a psychological associate at the start of 2022, and it took nearly 6 months before BOP processed and approved my application. I have a disability that significantly impacts my hand function, making the required fingerprint nearly impossible to complete. I was not initially notified that my first set of prints failed to scan clearly enough to complete the background check and I my request for reasonable accommodation during this process were never fully addressed. I would be glad to provide further information about this. [REDACTED]	10/24/2023 10:24 AM
31	My wait time for approval to formally begin the next phase of training and qualify to take the EPPP is ongoing. The 2 month wait time is an estimate—I'm hoping I will receive it by then!	10/24/2023 10:20 AM
32	Thank you for collecting this data!	10/24/2023 10:11 AM
33	Surprised to learn of others' concerns. My renewal was handled very expeditiously. I used the online process.	10/24/2023 9:45 AM
34	N/A	10/24/2023 9:31 AM
35	I understand the need for confidentiality, of course, but a response describing the reasons for delay would have been/would be helpful	10/24/2023 9:23 AM
36	The board is very disorganized. I have had three different analyst and the lack of coordination has caused delay and confusion in my licensure process. I imagine the board is understaff, which has caused a lot of frustration.	10/20/2023 5:44 PM
37	I graduated in Sept. 2020 with my Psy.D. At that time it took the BOP 3 months to process my application to work as a PA. Half of the time that I called, no answer. It seems there has been notable improvement since then; in the past 12 months someone always answers when I have called (often, Kenny) and has offered much help. Processing seems to move more smoothly than it did prior. I hope things continue to improve. Thank you.	10/17/2023 4:37 PM
38	Thanks for all you do!	10/12/2023 8:58 PM
39	My renewal of licensure went fairly smoothly, and was not particularly different from previous past experiences.	10/12/2023 3:20 PM
40	The BOP website lists the time frame for application processing. Unfortunately, there is no time-table for return of calls or emails - even when directed to an employee of BOP. As a result, both processes have been delayed and an offer for hire withdrawn.	10/12/2023 3:16 PM
41	I supervise two psychological associates and I've noticed a dramatic reduction in the time for a psychological associate to receive their registration number. In 2021, it took my psychological associate 4+ months to receive their registration number; however, this past year it took ~2 weeks. This was a dramatic improvement and I appreciated the Board's improvement in this area. I have also engaged with the Board around license verification and this has taken several weeks to ~1 month. I'm hoping that process could be expedited in the future.	10/12/2023 12:10 PM
42	They never responded to me regarding the status of the PA's app. PA never got her app approved and they provided no explanation.	10/12/2023 11:55 AM
43	The delay in processing was very stressful and frustrating for my supervisees and has made it difficult for me to recruit Psychological Associates for my clinical internship training program.	10/12/2023 11:12 AM
44	Why aren't things more streamlined? Need a better system or more people to work for the BOP.	10/12/2023 4:59 AM
45	I entered 2-3 months above. It has taken 3 months so far but I have not yet received approval. I hope it will not be much longer.	10/12/2023 12:22 AM
46	My name is [REDACTED] --- I am currently ACTIVE & licensed in CT --although I no longer live there.. I need to reactivate in CA... Please Help Me...	10/11/2023 9:48 PM
47	A processing time for 1-2 weeks seems reasonable for any of the steps involved.	10/11/2023 8:48 PM
48	With the fees that we are required to pay, we should be able to speak with someone live and at the very minimum we should get a response to inquiries within 48 business hours. A lack of	10/11/2023 8:09 PM

response to calls or emails is completely unacceptable as providers and it should also be for our board.

49	WebEx attendance itself should be counted as attendance evidence/proof.	10/11/2023 7:24 PM
50	Appreciate the improvements already made compared to a couple of years ago. I'm hoping digital and removing the need for hard copy signatures would build on these improvements.	10/11/2023 4:34 PM
51	Very disappointing that my phone call was never returned. I had a question regarding my psychological assistant that has since been resolved.	10/11/2023 4:16 PM
52	None of the timeline is applicable to me. However, I think it's important for you to know that I passed my last exam (CPLEE) and sent in all the BOP paperwork in early September '21, and I got my license in the mail in February '22.	10/11/2023 3:55 PM
53	When I did apply for initial California Psychology Licensure in 2013 the wait time was over six months duration. I have no idea how it is these days, but back then that seemed like a very long time to wait.	10/11/2023 3:43 PM
54	Thank you for acknowledging that this process has been taking longer than expected.	10/11/2023 3:35 PM
55	It was always a stressor when I worked for the County of Orange. I used to have to get the license renewal in the mail with the check before it was online the same day I received it and then send it certified. Otherwise, I would not have received the license renewal in time.	10/11/2023 2:48 PM
56	If the board says they needed to increase our fees to run, that money needs to be put also towards hiring or contracting. As a field we have the slowest processing of most other boards, and much slower processing than other states boards	10/11/2023 2:33 PM
57	I have actually had two recent positive experiences with the BOP for change of office address and license renewal. Both were handled expeditiously. Thank you for asking and for your advocacy around delays in other aspects of board interactions!	10/11/2023 2:20 PM
58	It is absolutely absurd what we have to put up with in the state of California. Other states take weeks, not months. In total, I have probably lost out on 20 thousand dollars thanks to the Board of California in lost wages. This is truly a liability and lawsuit waiting to happen if it hasn't already.	10/11/2023 1:51 PM
59	I found that applying online sped up the process. Also, after being assigned an individual who was responsible for processing my information everything went quickly and that individual was very responsive. My CPLEE approval and getting my license number went faster than their estimated times.	10/11/2023 1:26 PM
60	Six years ago the longest delay was between eppp and cplee (knew I passed and met requirements for Cplee,, but it took a couple months to get the official notice).	10/11/2023 1:24 PM
61	My intern sent her application in June, and in early September, after not hearing back, we called. Turned out they sent an email to a faulty address, and did not process her application. It is now mid October and we are still waiting for her application to be processed.	10/11/2023 1:04 PM
62	I was actually pleasantly surprised by the helpfulness of the Board analyst and the promptness of the responses I received. The biggest problem I had was not the fault of the Board. In trying to schedule the CPLEE, the website would not allow me to select a date no matter what I did, and I ultimately had to call the company to schedule it.	10/11/2023 12:46 PM
63	In the past year whether I have contacted The Board regarding approval of classes via e-mail or phone, I have not received any response besides the automated e-mail response acknowledging my e-mail. I was left in limbo to whether my classes had been approved or not. It was only when my license renewal appeared on the website did I assume these classes were approved.	10/11/2023 12:45 PM
64	I will say my license number was issued to me about 4 days after I applied. That may have been a brief change though.	10/11/2023 12:40 PM
65	I retired and in August sent check for a retired license---check was cashed but have not received license nor response to a phone message I left inquiring if it was processed completely	10/11/2023 12:38 PM
66	It's always been a long wait/response time	10/11/2023 12:25 PM



CPA Survey--Board of Psychology Processing Times & Responsiveness to  
Phone/Email Inquiries (October 2023)

SurveyMonkey

67	Board is more helpful regarding Professional Development	10/11/2023 12:24 PM
68	The BoP needs to ask us what we need before they change regulations. Their lack of interest in how their regulations affect us is appalling.	10/11/2023 12:16 PM
69	It is ridiculous the response from all of you .. I could go on but will not ... inexcusable	10/11/2023 12:06 PM
70	Even to make small changes, the wait time is sometimes in excess of months and they are not responsive to communication. I feel like they have no business being involved in this field and they do not care at all about patients or about providers so they serve no purpose, and actively seek to prevent practitioners from helping patients.	10/11/2023 12:05 PM