

NOTICE OF IN-PERSON BOARD MEETING AND AGENDA

Friday, February 13, 2026
9:00 a.m. – Completion of Business

Department of Consumer Affairs
1625 N. Market Blvd., 1st Floor Hearing Room
Sacramento, CA 95834
(916) 574-7720

Board Members

Lea Tate, Psy.D, President
Shacunda Rodgers, PhD, Vice President
Sheryll Casuga, Psy.D, CMPC
Marisela Cervantes, EdD, MPA
Mary Harb Sheets, PhD
Seyron Foo
Julie Nystrom
Ana Rescate

Board Staff

Jonathan Burke, Executive Officer
Sandra Monterrubio, Assistant Executive Officer
Cynthia Whitney, Central Services Manager
Stephanie Cheung, Licensing Manager
Daniel Phillips, Enforcement Manager
Troy Polk, CPD/Renewals Coordinator
Jacklyn Mancilla, Legislative and Regulatory
Affairs Analyst
Mai Xiong, BreEZe Coordinator
Susan Hansen, Exams Coordinator

Legal Counsel

Shelley Ganaway, Board Counsel
Sam Singh, Regulatory Counsel

The Board will meet in-person in accordance with Government Code section 11123.
The public may participate in-person.

Due to potential technical difficulties, please consider submitting written comments by
February 6, 2026, to bopmail@dca.ca.gov for consideration.

FOR OBSERVATION ONLY

As a courtesy, members of the Public may view this in-person event through webcasting. Comments will not be taken through the webcast platform. Webcast availability cannot be guaranteed due to technical difficulties or resource limitations. The meeting will not be cancelled if livestream becomes unavailable.

Important Notices to the Public

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.

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.

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. The meeting may be canceled without notice. To confirm a specific meeting, please contact the Board.

Contact Person: Jonathan Burke
1625 N. Market Boulevard, Suite N-215
Sacramento, CA 95834
(916) 574-7720
bopmail@dca.ca.gov

For further information about the meeting, please contact the Board Contact listed above.

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.

To receive Continuing Professional Development (CPD) credit licensees attending the In-Person Board Meeting are required to sign in using the provided attendance sheet on the day of the meeting, including their first and last name, license number, time of arrival, and time of departure from the meeting. The webcasting is for streaming purposes only and will not be interactive. CPD credit will not be credited for viewing the meeting through the webcast, as the option to interact during the public comment periods will not be available.

For Board meetings lasting a full day, six (6) hours will be credited to the individuals who attended the full duration of the meeting in-person. 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 one (1) hour credited towards CPD. Board Meeting hours and order of agenda items may differ as items may be addressed out of order as deemed necessary, and there is no specific timeframe designated to each agenda item. The total of CPD hours credited for attending the full duration of the meeting will be provided prior to the end of open session or adjournment.

AGENDA

Discussion may be had and action may be taken on any item listed in the Agenda

9:00 a.m. – OPEN SESSION

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 Action to Approve the Board Meeting Minutes: November 6-7, 2025 (C. Whitney)
5. President's Report (L. Tate)
 - a) Meeting Calendar
6. Executive Officer's Report (J. Burke)
 - a) Personnel Updates
 - b) Communications with Other Jurisdictions Regarding Examination Development
7. DCA Update (Board and Bureau Relations)
8. Budget Report (DCA Budget Office)
9. Health Care Access and Information (HCAI) Presentation – Loan Repayment Program Update, Update Related to Education Capacity Expansion Programs, and Updates on Social Work Initiatives and Funding Sources Not Available to Psychologists
10. Enforcement Report (D. Phillips)
11. Licensure Committee Report and Consideration of Committee Recommendations (Harb Sheets – Chairperson, Nystrom, Tate)
 - a) Licensing Report (M. Xiong)
 - b) Examination Report (S. Hansen)
 - c) Continuing Professional Development and Renewals Report (T. Polk)
 - d) EPPP Update (J. Burke)
 - e) Stakeholder Meeting Preparation: Update (S. Cheung)

12. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Cervantes, Rodgers)
 - a) Bills Implemented in 2026 with Adopted Board Position
 - 1) SB 775 (Ashby) Board of Psychology and Behavioral Sciences
 - 2) AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence
 - 3) AB 82 (Ward) Health care: legally protected health care activity
 - 4) SB 402 (Valladares) Health care coverage: autism
 - 5) SB 160 (Committee on Budget and Fiscal Review) Background checks
 - b) Two-Year Bills with Adopted Board Position
 - 1) SB 579 (Padilla) Mental health and artificial intelligence working group
 - c) Two-Year Bills on Watch Status
 - 1) AB 257 (Flora) Specialty care networks: telehealth and other virtual services
 - 2) AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks
 - 3) AB 346 (Nguyen) In-home support services: licensed healthcare professional certification
 - 4) AB 479 (Tangipa) Criminal procedure: vacatur relief
 - 5) AB 667 (Solache) Professions and vocations: license examinations: interpreters
 - d) Bills for Board Review and Consideration of a Recommended Position
 - 1) SB 903 (Padilla) Mental health professionals: artificial intelligence.
 - e) Bills for Board Review and Consideration of a Watch Position
 - 1) AB 1568 (Alanis) Sex offenses: registration
13. 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 Committee or Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Committee or Board to Discuss Such Items Pursuant to Government Code Section 11125.4
14. Regulatory Update, Review, and Potential Consideration of Additional Changes (S. Casuga)
 - a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - b) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services
 - c) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 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, and 1397.55 - Enforcement Provisions
 - d) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282

- e) 16 CCR sections 1382, 1382.3-1382.5, and 1397.60.1-1397.70 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation
 - f) 16 CCR section 1388 – Examinations (TOEFL)
 - g) 16 CCR section 1397.5 – Citations and Fines for Probation Violations
- 15. Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology
 - 16. Update, Discussion, and Possible Action on Psychological Interjurisdictional Compact (PSYPACT)
 - 17. 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)].

CLOSED SESSION

- 18. 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 and Stipulations; Petitions for Reconsideration; and Remands.
- 19. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer.
- 20. Reconvene in Open Session to Adjourn the Meeting
Adjournment will immediately follow closed session, and there will be no other items of business discussed. Meeting adjournment may not be viewable on livestream.
- 21. Adjournment



November 19, 2025

Board of Psychology
1625 North Market Blvd, Suite N-215
Sacramento, CA 95834

Board of Behavioral Sciences
1625 North Market Blvd, #S200
Sacramento, CA 95834

RE: Opposition to Proposed Maternal Mental Health Continuing Education Requirement

Dear Members of the Board of Psychology and the Board of Behavioral Sciences:

The California Psychological Association (CPA) and the California Association of Marriage and Family Therapists (CAMFT) respectfully submit this joint letter in response to the coalition letter dated November 6, 2025, which urges the Boards to create a new mandatory continuing education (CE) requirement in maternal mental health in furtherance of AB 2581 (Maienschein, Statutes of 2024).

Our associations share the coalition's commitment to improving access to and understanding of maternal mental health care. Many of our members provide critical mental health services to new parents and families and pursue specialized training in this area. It is crucial that those providers obtain the education and experience needed to ethically work with this population. However, we oppose the proposal to mandate a specific CE course topic. California's current continuing education frameworks already ensure that licensees receive training in core areas essential to competently practice while maintaining flexibility for individual professional growth and expertise development.

For psychologists, state law requires 36 hours of continuing professional development (CPD) for each biennial license renewal. These hours must include at least 4 hours of law and ethics and 4 hours of coursework in diversity and social justice. Psychologists must

also complete 6 hours in suicide risk assessment and intervention pursuant to AB 89 (Levine, Statutes of 2017). Beyond these requirements, psychologists have discretion to select CPD activities most relevant to their practice and the populations they serve.

For marriage and family therapists, licensees are required to complete 36 hours of continuing education every two years, which must include 6 hours of law and ethics. The Board of Behavioral Sciences has also incorporated one-time in specific areas such as suicide risk assessment and intervention, telehealth, and HIV/AIDs as established by statute. Outside these topics, MFTs maintain discretion to select courses based on their clinical focus and areas of competence.¹

Not every psychologist or therapist treats populations affected by maternal mental health conditions. Mandating CEs on a specific condition or population risks creating a series of narrow requirements that collectively reduce flexibility, decrease competency within specific specialty, and increase administrative burden. Continuing education should remain broad and adaptive, allowing licensees to focus on the skills and knowledge most relevant to their practice. Mental health professionals are ethically required to work within their expertise and scope of practice to ensure client safety and that clients receive competent care. When a client's needs fall beyond their expertise, they have an ethical duty to refer them to a more appropriate provider.

Over the last two decades, a new CE mandate has been proposed to the BOP and/or BBS on an almost yearly basis. Provider groups, like CAMFT and CPA, generally oppose these types of mandates for the reasons stated above. We therefore respectfully urge both Boards to decline to adopt a new CE requirement in maternal mental health. We support efforts to encourage training and awareness in this area through voluntary offerings and outreach rather than through new mandates.

Thank you for your consideration. We appreciate the Boards' continued partnership in promoting competence, professionalism, and access to quality mental health care across California. If you have any questions, please contact Tyler Rinde (trinde@cpapsych.org) and Cathy Atkins (catkins@camft.org).

Sincerely,

¹ Currently the BBS is reviewing and assessing mandatory educational requirements, including continuing education.

Signature:

A handwritten signature in cursive script that reads "Tyler Rinde". The signature is written in black ink on a white background.

Tyler Rinde
Director of Government Affairs
California Psychological Association

A handwritten signature in cursive script that reads "Cathy Atkins". The signature is written in black ink on a white background.

Cathy Atkins, Esq.
Deputy Executive Director
California Association of Marriage and Family Therapists

February 13, 2026

Dear Members of the Board of Psychology,

Attached please find Exhibits A and B for your review and consideration of placement on the Agenda for the February 12 and 13, 2026 quarterly Board Meeting in Sacramento.

Exhibit A - Enforcement Process of the California Board of Psychology

I respectfully submit this one page document in response to Executive Director Jonathan Burke's comment to an attendee at the quarterly BOP Board Meeting in San Diego on August 18, 2025 of his view that the BOP could improve upon its education of licensees in the area of understanding the Enforcement Process. My suggestion is that the information contained in Exhibit A be reviewed for accuracy of content, and then uploaded under the Licensee tab on the Board's website so that this information could be accessible to them. I am aware that a video explaining this process to consumers is available under the Consumer tab, but believe that the information in Exhibit A would be a helpful addition to Licensees. I am in agreement with Mr. Burke that licensees would benefit from more education about this subject.

Exhibit B - Proposal to Amend Online Posting Policy of the California Board of Psychology

In a letter I submitted to Mr. Burke on September 17, 2025 in which I presented a number of suggestions for improvement in the operation of the BOP, I expressed my wish for him to pass along this information to Enforcement Committee Member Seyron Foo for his review and consideration, one of which included Exhibit B. Because I have not yet received a reply to this suggestion, I wanted to present it again for consideration at the February 12-13, 2026 quarterly Board Meeting in Sacramento. Currently, both of California's Medical Boards (MDs and DOs, as represented by the California Medical Association and the California Osteopathic Medical Board), abide by statutes that mandate the removal of Letters of Reprimand after 10 years. Citations are removed from public online posting after 3 years by the California Medical Board. Such an amendment would then align the California Board of Psychology's online posting policy with that of the medical boards. Reasons to make this change that would be beneficial to consumers are outlined in Exhibit B.

Thank you for consideration of implementation of both of these ideas. I submit them with the hope that the Board will give serious consideration to them in fulfilling their mission to protect California consumers.

Respectfully,

Marti E. Peck, Ph.D.

CA Lic. # 12131
San Diego, CA



Exhibit A - Enforcement Process of the California Board of Psychology

Enforcement Unit vs Enforcement Committee vs Full Board vs Executive Director

Disciplinary actions are handled through a multi-tiered process:

The general flow of a disciplinary case within the California Board of Psychology is as follows:

1. **Enforcement Unit staff:** Initial complaints are reviewed by an enforcement analyst to determine appropriate actions. Minor violations may be handled with citations and fines issued directly by staff.
2. **Investigation and expert review:** An enforcement analyst may refer the case to an expert reviewer - a licensed psychologist - for an independent evaluation.
3. **Referral to the Attorney General:** If a violation is found, the case may be submitted to the Attorney General's office for formal disciplinary action.
4. **Formal disciplinary process:** An Accusation is filed, which can lead to a settlement agreement or an administrative hearing.
5. **Final Board vote:** The final decision on discipline is made by a majority vote of the Full Board of Psychology. These can include issuing a Letter of Reprimand (Reproval), placing a psychologist on probation, suspending or revoking a psychologist's license.

Enforcement Unit: Duties and Responsibilities:

1. Enforcement Unit staff are employees, not psychologists. They receive specialized training focused on intake procedures, case management and investigation protocols. The key difference between an Enforcement Unit analyst and an investigator is their distinct role in the complaint process: analysts conduct the initial desk review and case management, while investigators perform field work.
2. Different boards are responsible for regulating their respective professions, they may use the same central investigative body, the Department of Consumer Affairs Division of Investigation, for serious cases. Therefore, a BOP case involving a psychologist might be investigated by the same type of peace officer who also handles serious cases for the Medical Board.

Enforcement Committee: Duties and Responsibilities:

1. The Enforcement Committee is an ad hoc committee. It "reviews the Board's Disciplinary Guidelines and enforcement statutes and regulations and submits recommended amendments to the full Board for consideration" (2025 Sunset Review Report).

Full Board: Duties and Responsibilities:

1. Votes on all significant disciplinary actions against a psychologist. This includes a) voting to adopt or non-adopt a proposed decision made by an Administrative Law Judge and b) reviewing and voting on stipulated agreements (settlements) in cases before an administrative hearing. Board members vote on the ALJ's Proposed Decision. They can reduce or increase the penalty, or non-adopt it and issue their own decision based on the hearing record.

Executive Director: Duties and Responsibilities:

1. Manages the staff and ensures the Board's efficient operation, but does not have the final say on disciplinary cases. Their involvement is part of the overall process, but final approval is required from the Board members. Signs off on all Final Orders and Decisions approved by the full Board Members.

Exhibit B - ONLINEPOSTING/BOP/PROPOSAL/DATA

The following Proposal represents a modest, consumer-focused update to the Board of Psychology's online posting statute to align its transparency practices with comparable California medical profession boards, while preserving strong protections for the public. California's 22,000 psychologists represent 25% of all of these doctorally trained mental health professionals in the United States.

Background: Currently, the California Business and Professions Code Section 2027, added by Assembly Bill 245 in 2009, requires the Medical Board of California (MBC) to remove public Letters of Reprimand from its website 10 years after the decision's effective date, and Citations after three years. The California Osteopathic Medical Board (CMBC) has a similar law, Business and Professions Code Section 2233, which also mandates the removal of public reprimands from its website after ten years.

The California Board of Psychology (BOP), by contrast, in Business and Professions Code Section 2934.1(E) permits online posting of Citations for 5 years, and all other disciplinary actions are permitted indefinitely.

We advocate for amending the California Board of Psychology's current on line posting policy to match that of the California Medical Board, for several reasons;

- **Proportionality and Fairness:** Permanent posting of minor or administrative violations constitutes a lifelong public scarlet letter, disproportionate to the offense. Regulated professionals deserve a path to rehabilitation, a principle California supports in other regulated contexts. Allowing for the restoration of a professional's reputation after years of compliance and corrected behavior upholds this fairness principle.
- **Improved Public Safety and Clarity:** Public safety is harmed when all discipline stays online forever due to the fact that the public receives more data but worse information, struggling to distinguish serious issues from minor ones. A clear, time-limited system helps people focus on what matters for safety. Permanent posting also makes it easier for third-party websites to scrape and sensationalize records with misleading descriptions, creating confusion for patients, who often cannot distinguish between official and unofficial sources.
- **Accurate Representation of Competence:** Old disciplinary information can misrepresent current competence; a 15-year-old issue without recurrence is not a reliable predictor of current risk. Evidence of long-term correction should be recognized.
- **Improved Access to Care:** Permanent online discipline for minor issues pushes clinicians away from high-need, complex populations due to fear of complaints, even when practicing competently. This reduces access to care in areas where California struggles most, such as rural communities, crisis care, Medi-Cal panels. A regulatory environment that encourages clinicians to serve high-need Californians is essential.
- **Operational Efficiency and Consistency:** The lifelong reputational penalty increases litigation and administrative burden, costing everyone involved. This reform saves board resources and helps prioritize serious misconduct. Consistency and standardization across California boards will also improve public trust and support the legislature's goal of coherent consumer protection.

- California faces a significant and worsening psychologist shortage, with projections showing needs for tens of thousands more providers by 2033, particularly in rural/Inland Empire areas, driven by high demand post-pandemic, a retiring workforce (40% over 50 in 2022), and unequal distribution leaving many counties with drastically fewer professionals than coastal urban centers, creating access gaps despite state efforts.

Key Statistics & Data Points

- Provider Density (2022): California had roughly 44 licensed psychologists per 100,000 people, significantly less than needed, with wide regional gaps, notes [Capitol Weekly](#) and [CalMatters](#). There is a critical shortage of school psychologists in CA; while National Association of Student Personnel Administrators (NASP) recommends a ratio of 1 school psychologist for every 500-750 students, CA's average continues to have about 1,000 students, with some schools as low as 1 psychologist for 3,000 students.
- Projected Needs (2025 & 2033): The [HCAI](#) projects a statewide shortage of over 55,000 non-prescribing clinicians by 2025, rising to needing 171,000 total providers by 2033, reports HCAI.
- Provider Demographics: A 2022 state survey found about 40% of psychologists and therapists were over 50, indicating a looming wave of retirements, notes [CalMatters](#).
- Access Gaps: The [Public Policy Institute of California](#) highlights severe disparities, with rural Northern CA and San Joaquin Valley having far fewer providers than coastal areas like SF or LA.

Contributing Factors

- Rising Demand: Increased awareness and need for mental health services, especially post-COVID, are outpacing the slow growth in supply, says CalMatters.
- Workforce Aging: A large segment of the experienced workforce is nearing retirement, creating significant gaps, notes CalMatters and the [Bureau of Health Workforce](#).
- Training Bottlenecks: Shortages of qualified supervisors limit the ability of pre-licensed associates to gain hours and become fully licensed, as shown by [Sacramento State](#) and [California Health Care Foundation](#).

MEMORANDUM

DATE	January 21, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: November 6-7, 2025

Background:

Attached are the draft minutes of the November 6-7, 2025, Board Meeting.

Action Requested:

Review and approve the minutes of the November 6-7, 2025, Board Meeting.

MINUTES OF BOARD MEETING

November 6-7, 2025

Hyatt Place Riverside/Downtown

3500 Market Street

Riverside, CA 92501

Board Members Present

Lea Tate, PsyD, President

Sheryll Casuga, PsyD, CMPC

Marisela Cervantes, EdD, MPA

Mary Harb Sheets, PhD

Julie Nystrom

Ana Rescate

Board Members Absent

Shacunda Rodgers, PhD, Vice President

Seyron Foo

Board Staff

Jonathan Burke, Executive Officer

Stephanie Cheung, Licensing Manager

Daniel Phillips, Enforcement Manager

Cynthia Whitney, Central Services Manager

Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst

Troy Polk, Continuing Professional Development / Renewals Coordinator

Shelley Ganaway, Legal Counsel

Thursday, November 6, 2025

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

Dr. Tate called the meeting to order at 9:06 a.m. A quorum was present, and due notice had been sent to all interested parties.

Agenda Item #2: President's Welcome

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

45 **Agenda Item #3: Public Comment for Items Not on the Agenda**

46
47 Dr. Tate called for public comment.

48
49 Dr. Itay Ricon-Becher commented that the Board might consider additional application
50 materials beyond doctoral transcripts to include training hours to obtain a broader scope
51 of the applicant's preparation for licensure.

52
53 No further public comment was offered.

54
55 **Agenda Item #4: Discussion and Possible Approval of the Board Meeting**
56 **Minutes: August 22, 2025**

57
58 Dr. Tate introduced this item, starting on page 14 of the meeting materials.

59
60 It was (M)Nystrom(S)Casuga(C) to approve the August 22, 2025, Board Meeting
61 minutes.

62
63 Dr. Tate called for Board comment.

64
65 No Board comment was offered.

66
67 Dr. Tate called for public comment.

68
69 No public comment was offered.

70
71 Votes

72 5 ayes (Casuga, Harb Sheets, Nystrom, Rescate, Tate), 0 noes, 1 abstain (Cervantes)

73
74 **Agenda Item #5: President's Report**

75
76 a) Meeting Calendar

77
78 Dr. Tate provided the update on this item, found on page 34 of the meeting materials.

79
80 Dr. Tate called for public comment.

81
82 No public comment was offered.

83
84 **Agenda Item #6: Executive Officer's Report**

85
86 Mr. Burke provided the update on this item.

87

Mr. Burke welcomed Daniel Phillips to his new role as Enforcement Program Manager, following the promotion of incumbent Sandra Monterrubio to Assistant Executive Officer.

Mr. Burke confirmed that he voted yes on the ASPPB bylaws, under the authority delegated to him by the Board at the August Board meeting.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #7: DCA Update

Mr. Burke provided the update on this item, explaining that DCA would normally have sent a representative to speak on this topic.

Mr. Burke reported that there was a new Board and Bureau Relations team, with Governor-appointed Lucia Saldivar as the Deputy Director of Board and Bureau Relations, and Shelly Jones appointed as Assistant Deputy Director.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #8: Petition for Reinstatement of Surrendered License – Amy V. Thompson, PhD.

Administrative Law Judge Thomas Heller presided. Deputy Attorney General Rebecca Smith was present and represented the People of the State of California. Amy V. Thompson, PhD, was present and was represented by Bruce Ebert, PhD, Esq.

Agenda Item #9: The Board Met 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.

CLOSED SESSION

Agenda Item #10: Petition for Reinstatement of Surrendered License – Roberto J. Velasquez, PhD.

Administrative Law Judge Thomas Heller presided. Deputy Attorney General Rebecca Smith was present and represented the People of the State of California. Roberto J. Velasquez, PhD., was present and represented himself.

[Note: The recording of the day's proceedings was stopped between Agenda Items 10 and 11 and did not resume before the meeting adjourned for the day]

Agenda Item #11: Petition for Reinstatement of Revoked License – Jennifer M. Chrisman, PsyD.

Administrative Law Judge Thomas Heller presided. Deputy Attorney General Rebecca Smith was present and represented the People of the State of California. Jennifer M. Chrisman, PsyD., was present and represented herself.

Agenda Item #12: The Board Met 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.

CLOSED SESSION

ADJOURNMENT OF FIRST DAY

Mr. Polk commented that attendance at the meeting today provided 6 hours of CPD credit under Category 1.

The meeting adjourned at 4:25 p.m. without a return to open session.

Friday, November 7, 2025

Call to Order/Roll Call/Establishment of a Quorum

A quorum was present, and Dr. Tate called the meeting to order at 9:02 am.

Agenda Item #24: Election of Officers

Dr. Tate introduced Ms. Ganaway to lead the process of elections.

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

Dr. Tate accepted the nomination for President.

Ms. Ganaway called for public comment.

179
180 No public comment was offered.

181
182 Ms. Ganaway called for further Board comment.

183
184 No further Board comment was offered.

185
186 It was (M)Casuga(S)Nystrom(C) to elect Dr. Tate as Board President effective January
187 1, 2026.

188
189 Votes

190 6 Ayes (Casuga, Cervantes, Harb Sheets, Nystrom, Rescate, Tate), 0 Noes

191
192 Ms. Ganaway called for nominations for the Office of Vice President.

193
194 Dr. Casuga nominated Dr. Rodgers for Vice President.

195
196 Dr. Rodgers accepted the nomination for Vice President in absentia.

197
198 It was (M)Casuga(S)Nystrom(C) to elect Dr. Rodgers as Board Vice President effective
199 January 1, 2026.

200
201 Ms. Ganaway called for public comment.

202
203 No public comment was offered.

204
205 Ms. Ganaway called for Board comment.

206
207 Dr. Cervantes addressed a point of order regarding the vote for a nomination
208 proceeding alphabetically by Board Member name, and whether this precluded other
209 nominations.

210
211 Ms. Ganaway commented that a down-vote on any nomination would allow other
212 names to be entered for nomination.

213
214 No further Board comment was offered.

215
216 Votes

217 6 Ayes (Casuga, Cervantes, Harb Sheets, Nystrom, Rescate, Tate), 0 Noes

218
219 **Agenda Item #22: Regulatory Update**

220
221 Dr. Casuga called on Ms. Mancilla to provide the update on item 22(a), found in the
222 second set of Hand Carry meeting materials.

a) 16 CCR section 1395.2 – Discussion and Possible Action on Proposed Changes to Language to the Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

It was (M)Tate(S)Cervantes(C) to accept the changes as written, namely to make the psychological evaluation an optional term rather than a standard term of probation, clarifying the two-year tolling provision, adding new provisions to allow voluntary license surrender with reinstatement petitions permitted after three years for surrenders not related to mental or physical illness or one year for surrenders due to mental or physical illness, standardizing probation terms to a consistent period of up to five years, and shortening the time frame to secure a practice monitor from ninety to sixty days.

Dr. Casuga called for Board comment.

Dr. Harb Sheets expressed her disagreement with the provision to reduce the amount of time to identify a practice monitor from ninety to sixty days, as well as the provision to require a psychological evaluation as a standard condition of probation.

Ms. Mancilla commented that the original proposal was to reduce the time from ninety to thirty days, until the Enforcement Committee offered a compromise with sixty (60) days being standard.

Dr. Cervantes asked about situations where the probationer had not selected a practice monitor by the end of the allowed time.

Mr. Burke commented that these instances would be considered on a case-to-case basis.

Dr. Harb Sheets asked whether a practice monitor could meet through video rather than in person.

Mr. Phillips commented that video meetings would be acceptable.

Dr. Tate asked whether contact would have had to have been made within the sixty days, or whether it was sufficient for the probationer to provide the name of the practice monitor.

Mr. Phillips replied that providing the name during that time would be sufficient.

No further Board comment was offered.

Dr. Casuga called for public comment.

Dr. Elizabeth Winkelman of California Psychological Association (CPA) commented that she appreciated the Board's inclusion of many of CPA's requested revisions in the draft of the Disciplinary Guidelines. She voiced support for increasing the amount of time up to ninety (90) for a probationer to identify a practice monitor. She said CPA would still

like to see the Spectrum of Administrative Actions incorporated by reference into the Disciplinary Guidelines.

Dr. Robert Teal expressed his support for the points brought up by Dr. Winkelman, especially the incorporation of the Spectrum of Administrative Actions. He asked the Board to consider including a category of moderate disciplinary actions as a midpoint between minimum and maximum actions.

No further public comment was offered.

Dr. Tate left the meeting at 9:25 am.

Ms. Nystrom asked whether it was possible to add the Spectrum of Administrative Actions to the Disciplinary Guidelines.

Mr. Burke replied that it would be possible to do so, if the Board so desired.

The Board took a vote on the current motion that did not include the incorporation of the Spectrum of Administrative Actions by reference.

Votes

0 Ayes (Casuga, Cervantes, Harb Sheets, Nystrom, Rescate), 5 Noes

It was (M)Harb Sheets(S)Nystrom(C) to approve the proposed regulatory text for section 1395.2 and the form incorporated by reference [while maintaining the time allotted to identify a practice monitor at ninety (90) days], to direct staff to submit the text to the Director of the Department of Consumer Affairs and Business Consumer Services and Housing Agency for review, and if no adverse comments are received, to authorize the Executive Officer to take all the necessary steps to initiate the rulemaking process, make any non-substantive changes to the package, such as the table of contents as described, and set the matter for a hearing if requested. If no adverse comments are received during the 45-day comment period and no hearing is requested, to authorize the Executive Officer to take all the steps necessary to complete the rulemaking and adopt the proposed regulation of section 1395.2.

Dr. Cervantes called for Board comment.

No further Board comment was offered.

Dr. Cervantes called for public comment.

No public comment was offered.

Votes

5 Ayes (Casuga, Cervantes, Harb Sheets, Nystrom, Rescate), 0 Noes

b) 16 CCR section 1396.8 – Discussion and Possible Action on Comments Received (if any) on Standards of Practice for Telehealth Services

Ms. Mancilla provided the update on this item, starting on page 457 of the meeting materials.

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, 1396.3, 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, and 1397.55 - Enforcement Provisions

e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations

f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282

g) 16 CCR sections 1390 – 390.4 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation

Dr. Casuga called for public comment on items 22(c)-(g).

Dr. Cervantes commented that the Board’s decision to maintain the time allowed for identifying a practice monitor at ninety (90) days would promote more consistency in the way staff made case-by-case determinations.

No public comment was offered.

No further Board comment was offered.

Agenda Item #14: Enforcement Report

Mr. Phillips provided the update on this item, starting on page 35 of the meeting materials.

Dr. Harb Sheets called for Board comments.

No Board comments were offered.

Dr. Harb Sheets called for public comments.

No public comments were offered.

363 **Agenda Item #15: Budget Report**

364
365 Ms. Mancilla provided the update on this item, starting on page 50 of the meeting
366 materials.

367
368 Dr. Harb Sheets called for Board comment.

369
370 No Board comment was offered.

371
372 Dr. Harb Sheets called for public comment.

373
374 No public comment was offered.

375
376 **Agenda Item #16: Outreach and Communications Committee Report**

377
378 a) Strategic Plan Update

379
380 Mr. Burke provided the update on this item, starting on page one of the first hand Ccarry
381 packet of materials.

382
383 Dr. Harb Sheets called for Board comment.

384
385 No Board comment was offered.

386
387 Dr. Harb Sheets called for public comment.

388
389 No public comment was offered.

390
391 b) Social Media Update

392
393 Ms. Whitney provided the update on this item, starting on page 55 of the meeting
394 materials.

395
396 Dr. Harb Sheets asked why no data was included on the website from Licensure
397 Committee meetings in 2025.

398
399 Ms. Whitney explained that, unbeknownst to staff, meeting videos had not been
400 uploaded as before, and that staff immediately took steps to make sure all the previous
401 videos were uploaded.

402
403 Dr. Casuga commented that the Board could derive more data by having a presence
404 across multiple platforms, which would allow for strategizing outreach campaigns in the
405 future.

407 Dr. Casuga called for Board comment.

408

409 No Board comment was offered.

410

411 Dr. Casuga called for public comment.

412

413 No public comment was offered.

414

415 c) Website Statistics Update

416

417 Ms. Whitney provided the update on this item, starting on page 57 of the meeting
418 materials.

419

420 No Board comments were offered.

421

422 Dr. Casuga called for public comment.

423

424 No public comments were offered.

425

426 d) Update on Newsletter

427

428 Mr. Burke provided the update on this item, starting on page 63 of the meeting
429 materials.

430

431 Dr. Harb Sheets called for Board comment.

432

433 No Board comment was offered.

434

435 Dr. Harb Sheets called for public comment.

436

437 No public comment was offered.

438

439 e) Outreach Activities Update

440

441 Mr. Burke provided the update on this item.

442

443 He commented that Mr. Polk attended the CPA meeting in September and answered
444 many questions about Continuing Professional Development. He added that staff had
445 attended the third annual town hall of the Association of State and Provincial
446 Psychological Boards (ASPPB) relating to the development of the new Integrated
447 Examination for the Professional Practice in Psychology (EPPP2).

448

Mr. Burke commented that 25% of the responses to ASPPB's joint task analysis questionnaire came from California, which demonstrates that this board's licensees will be heard and represented.

Dr. Casuga asked whether ASPPB announced any future meetings.

Mr. Burke replied that they had not, to his knowledge. He added that, as the Board's delegate to the ASPPB annual meeting, he voted 'yes' on the proposed bylaw changes, but voted 'no' on other changes he had not been authorized to make.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Agenda Item #17: Licensing Report

Ms. Cheung provided the update on this item, starting on page 64 of the meeting materials.

Dr. Harb Sheets called for Board comment.

Dr. Cervantes commented on the way board staff has been able to adapt to increases in the types and volume of applications under its authority, and that a new standard of accomplishment has been established.

Dr. Harb Sheets called for further Board comment.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Agenda Item #18: Continuing Professional Development (CPD) and Renewals Report

Mr. Polk provided the update on this item, starting on page 75 of the meeting materials.

Dr. Harb Sheets commented that all licensed Board Members are audited at each renewal cycle. She called for Board comment.

Dr. Casuga commented that the audit checklist form is helpful to her own recordkeeping and that she appreciated having it, even though its use is voluntary.

Dr. Cervantes asked whether there was a graphic showing the percentage of audits that were passed successfully, and whether there were reasons provided as to why others failed the audit.

Mr. Polk commented that common reasons for failing an audit included completing the required hours after the current renewal period, or that the provider was not approved for CPD coursework.

Dr. Casuga asked Mr. Polk to explain to the public what would be considered acceptable CPD coursework.

Mr. Polk described the qualifications for acceptable CPD providers.

Dr. Casuga asked whether this information was available on the website.

Mr. Polk confirmed that it was.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Agenda Item #19: Examinations Report

Ms. Cheung provided the update on this item, starting on page 88 of the meeting materials.

Dr. Harb Sheets called for Board comment.

No Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Agenda Item #20: Legislative and Regulatory Affairs Update

a) Bills with Active Positions Taken by the Board

1) SB 775 (Ashby) Board of Psychology and Behavioral Sciences

- 2) AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence
- 3) SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing
- 4) SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions
- 5) SB 579 (Padilla) Mental health and artificial intelligence working group
- 6) AB 82 (Ward) Health care: legally protected health care activity
- 7) SB 402 (Valladares) Health care coverage: autism
- 8) SB 160 (Committee on Budget and Fiscal Review) Background checks

Ms. Mancilla provided the update on this item, starting on page 91 of the meeting materials.

Dr. Casuga asked for clarification on the steps staff is currently taking on the bills with an active position.

Ms. Mancilla explained that five of the six bills approved by the Governor require the board to produce advisories to its licensees, and then to update all sections of the website affected by these bills.

Mr. Burke commented that staff has procedures in place so that preliminary steps are taken to make changes to BreEZe and communicate with stakeholders as soon as the bill becomes effective.

Dr. Casuga asked whether these procedures could be shared with stakeholders, and Mr. Burke confirmed that these documents do exist and were available to be shared.

Dr. Casuga called for further Board comment.

Dr. Cervantes commented that the Board should continue to monitor SB 579 (Padilla) as well as any legislation that relates to the use of artificial intelligence in the practice of psychology.

Mr. Burke explained the internal process by which staff determines what level of attention any particular legislation should receive, namely whether to maintain a watch position, or take an active support position.

Dr. Casuga commented that the shaping of legislation is a community effort, and that the Board is always willing to consider taking positions on bills submitted by stakeholders.

Dr. Casuga called for further Board comments.

No further Board comments were offered.

Dr. Casuga called for public comment.

No public comment was offered.

b) Watch Bills 1) AB 81 (Ta) Veterans: mental health

Ms. Mancilla provided the update on this item, starting on page 457 of the meeting materials.

2) AB 257 (Flora) Specialty care networks: telehealth and other virtual services

3) AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks

4) AB 346 (Nguyen) In-home support services: licensed healthcare professional certification

5) SB 518 (Weber Pierson) Descendants of enslaved persons: reparations

6) AB 742 (Elhawary) Department of Consumer Affairs Licensing: applicants who are descendants of slaves

7) AB 479 (Tangipa) Criminal procedure: vacatur relief

8) AB 667 (Solache) Professions and vocations: license examinations: interpreters

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #21: Legislative Items for Future Meeting

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #23: Update and Discussion on the Development of the Integrated Examination for the Professional Practice in Psychology

Mr. Burke provided the update on this item, starting on page 22 of the first set of the Hand Carry materials packet.

Dr. Harb Sheets asked Mr. Burke for insights on how a 2027 implementation of the EPPP2 might proceed, if that is when ASPPB launches the examination.

Mr. Burke commented that any new examination would have to be scrutinized by the Office of Professional Examination Services to ensure the test complied with current Codes, and then there would be the legislative and regulatory process, all of which would have to occur within a tight window of time before the examination launched.

Dr. Harb Sheets commented that one of the issues arising from the implementation of the EPPP2 would be how it changes the timeline when an individual would be authorized to take the examination; currently, an individual can take the examination when they complete the coursework, but ASPPB is suggesting that the EPPP2 would not be taken until all of the post-doctoral internship hours were completed.

Mr. Burke commented that the rationale for changing the law was to shorten the time when an individual would be eligible to take the examination, since pass rates in California were so low; it was hoped that taking the examination sooner after completing the coursework would support a higher passing rate for California examinees.

Ms. Cheung commented that part of the delay in implementation was ASPPB's abrupt abandonment of the EPPP2, which caused the Board to have to revisit what it had previously approved.

Dr. Harb Sheets stressed the importance of the Board keeping ahead of the changes and maintaining a clear vision rather than being in reactionary mode to whatever ASPPB decides.

Dr. Casuga commented that ASPPB should be made aware of California's timelines, especially considering how large a part of ASPPB's membership is here.

Mr. Burke commented that staff could put together an implementation timeline to share at the February 2026 Board meeting.

Dr. Harb Sheets called for further Board comment.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

Dr. Winkelman of CPA commented that CPA had sponsored AB 282 with the goal of allowing individuals to take the examination after they had completed all of their coursework. She said that one way to support that goal would be to allow for states to

667 decide what prerequisites would be required for examination rather than having ASPPB
668 mandate eligibility based on their own standards.

669
670 Dr. Laura Cuba-Miller asked what was ASPPB's intent in creating the EPPP2.

671
672 Dr. Harb Sheets explained ASPPB's stated purpose in developing the EPPP2.

673
674 No further public comment was offered.

675
676 **Agenda Item #25: Recommendations for Agenda Items for Future Board Meetings**

677
678 Dr. Harb Sheets called for Board comment.

679
680 Dr. Casuga recommended that Dr. Rodgers open future meetings with a mindfulness
681 exercise, and also that the Board take a fresh look at PsyPact.

682
683 Dr. Harb Sheets called for public comment.

684
685 Anna Medina asked whether the Board would support psychologists prescribing in
686 California at some future point.

687
688 Mr. Burke commented that there were additional written public comments, which could
689 be found in the hand carry materials packets.

690
691 **ADJOURNMENT OF SECOND DAY**

692
693 Mr. Polk commented that attendance at the meeting today provided 2 hours of CPD
694 credit under Category 1.

695
696 The meeting adjourned at 10:43 a.m.

Item 5 – Meeting Calendar

2026 Board Meeting/Event Calendar

Board Meetings - In-Person Only

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 13, 2026	Sacramento, CA			
Board Meeting	May 15, 2026	Berkeley, CA			
Board Meeting	August 14, 2026	San Diego, CA			
Board Meeting	November 12–13, 2026	So. Cal			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 30, 2026	Webex	Agenda Materials Hand Carry		Webcast
Licensure Committee Meeting	July 10, 2026	Webex			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 24, 2026	Webex			
Legislative and Regulatory Affairs Committee	June 4, 2026	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	October 9, 2026	Webex			

Department of Consumer Affairs
Expenditure Projection Report
Board of Psychology
Reporting Structure(s): 11112100 Support
Fiscal Month: 6
Fiscal Year: 2025 - 2026

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$1,980,000	\$895,126	\$0	\$895,126	\$1,829,260	\$2,026,000	\$159,690	\$896,195	\$0	\$896,195	\$1,916,330	\$109,670
5100	TEMPORARY POSITIONS	\$47,000	\$15,951	\$0	\$15,951	\$49,857	\$47,000	\$1,010	\$17,721	\$0	\$17,721	\$42,531	\$4,469
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$43,503	\$0	\$43,503	\$58,871	\$22,000	\$4,290	\$8,285	\$0	\$8,285	\$42,200	-\$20,200
5150	STAFF BENEFITS	\$1,202,000	\$544,454	\$0	\$544,454	\$1,098,516	\$1,275,000	\$106,193	\$582,052	\$0	\$582,052	\$1,247,554	\$27,446
PERSONAL SERVICES		\$3,251,000	\$1,499,035	\$0	\$1,499,035	\$3,036,504	\$3,370,000	\$271,182	\$1,504,253	\$0	\$1,504,253	\$3,248,615	\$121,385

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$81,000	\$19,107	\$31,345	\$50,452	\$78,142	\$33,000	\$2,138	\$14,148	\$43,004	\$57,152	\$99,422	-\$66,422
5302	PRINTING	\$53,000	\$1,320	\$42,784	\$44,103	\$46,046	\$53,000	\$327	\$1,647	\$16,419	\$18,066	\$18,066	\$34,934
5304	COMMUNICATIONS	\$29,000	\$1,469	\$0	\$1,469	\$4,607	\$29,000	\$1,165	\$2,573	\$343	\$2,915	\$7,348	\$21,652
5306	POSTAGE	\$17,000	\$2,936	\$0	\$2,936	\$9,842	\$17,000	\$1,055	\$2,865	\$0	\$2,865	\$8,753	\$8,247
53202-204	IN STATE TRAVEL	\$23,000	\$2,803	\$0	\$2,803	\$23,392	\$23,000	\$6,345	\$18,808	\$0	\$18,808	\$28,000	-\$5,000
5322	TRAINING	\$15,000	\$0	\$0	\$0	\$0	\$15,000	\$0	\$0	\$0	\$0	\$0	\$15,000
5324	FACILITIES	\$203,000	\$115,891	\$113,189	\$229,080	\$234,244	\$203,000	\$20,304	\$117,768	\$113,381	\$231,149	\$236,337	-\$33,337
53402-53403	C/P SERVICES (INTERNAL)	\$1,274,000	\$465,066	\$10,207	\$475,273	\$1,170,392	\$1,274,000	\$80,999	\$412,188	\$11,454	\$423,642	\$1,084,389	\$189,611
53404-53405	C/P SERVICES (EXTERNAL)	\$636,000	\$182,645	\$47,234	\$229,879	\$452,227	\$636,000	\$28,209	\$133,903	\$53,745	\$187,648	\$379,239	\$256,761
5342	DEPARTMENT PRORATA	\$2,174,000	\$1,729,500	\$0	\$1,729,500	\$1,965,201	\$2,453,000	\$589,500	\$1,768,500	\$0	\$1,768,500	\$2,453,000	\$0
5342	DEPARTMENTAL SERVICES	\$53,000	\$19,908	\$0	\$19,908	\$50,843	\$53,000	\$174	\$42,201	\$0	\$42,201	\$136,788	-\$83,788
5344	CONSOLIDATED DATA CENTERS	\$15,000	\$0	\$0	\$0	\$18,732	\$15,000	\$0	\$0	\$0	\$0	\$18,732	-\$3,732
5346	INFORMATION TECHNOLOGY	\$7,000	\$1,490	\$2,086	\$3,576	\$3,576	\$7,000	\$596	\$1,490	\$7,255	\$8,745	\$55,077	-\$48,077
5362-5368	EQUIPMENT	\$0	\$372	\$0	\$372	\$7,057	\$0	\$24	\$24	\$0	\$24	\$27,160	-\$27,160
5390	OTHER ITEMS OF EXPENSE	\$0	\$950	\$0	\$950	\$1,128	\$0	\$0	\$1,556	\$254	\$1,810	\$2,784	-\$2,784
54	SPECIAL ITEMS OF EXPENSE	\$0	\$236	\$0	\$236	\$115,449	\$0	\$0	\$0	\$0	\$0	\$4,082	-\$4,082
OPERATING EXPENSES & EQUIPMENT		\$4,580,000	\$2,543,693	\$246,844	\$2,790,537	\$4,180,876	\$4,811,000	\$730,836	\$2,517,670	\$245,854	\$2,763,524	\$4,559,177	\$251,823

OVERALL TOTALS	\$7,831,000	\$4,042,727	\$246,844	\$4,289,572	\$7,217,380	\$8,181,000	\$1,002,018	\$4,021,924	\$245,854	\$4,267,777	\$7,807,792	\$373,208
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REIMBURSEMENTS	-\$51,000				-\$185,533	-\$51,000					-\$51,000	
OVERALL NET TOTALS	\$7,780,000	\$4,042,727	\$246,844	\$4,289,572	\$7,031,847	\$8,130,000	\$1,002,018	\$4,021,924	\$245,854	\$4,267,777	\$7,756,792	\$373,208

4.59%

0310 - Board of Psychology Fund
Analysis of Fund Condition
(Dollars in Thousands)
2026-27 Governor's Budget With FM 6 Projections

Prepared 1.27.2026

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE					
Prior Year Adjustment	\$ 5,405	\$ 7,913	\$ 9,920	\$ 11,223	\$ 12,206
Adjusted Beginning Balance	\$ 1	\$ -	\$ -	\$ -	\$ -
	\$ 5,406	\$ 7,913	\$ 9,920	\$ 11,223	\$ 12,206
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 116	\$ 118	\$ 141	\$ 141	\$ 141
4127400 - Renewal fees	\$ 8,315	\$ 8,559	\$ 8,142	\$ 8,142	\$ 8,142
4129200 - Other regulatory fees	\$ 262	\$ 255	\$ 238	\$ 238	\$ 238
4129400 - Other regulatory licenses and permits	\$ 1,049	\$ 1,050	\$ 1,034	\$ 1,034	\$ 1,034
4163000 - Income from surplus money investments	\$ 352	\$ 280	\$ 263	\$ 180	\$ 191
4171400 - Escheat of unclaimed checks and warrants	\$ 12	\$ 3	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 1	\$ 1	\$ -	\$ -	\$ -
Totals, Revenues	\$ 10,107	\$ 10,266	\$ 9,818	\$ 9,735	\$ 9,746
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 10,107	\$ 10,266	\$ 9,818	\$ 9,735	\$ 9,746
TOTAL RESOURCES	\$ 15,513	\$ 18,179	\$ 19,738	\$ 20,958	\$ 21,952
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 7,032	\$ 7,616	\$ 7,895	\$ 8,132	\$ 8,376
9892 Supplemental Pension Payments (State Operations)	\$ 23	\$ -	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 545	\$ 643	\$ 620	\$ 620	\$ 620
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,600	\$ 8,259	\$ 8,515	\$ 8,752	\$ 8,996
FUND BALANCE					
Reserve for economic uncertainties	\$ 7,913	\$ 9,920	\$ 11,223	\$ 12,206	\$ 12,956
Months in Reserve	11.5	14.0	15.4	16.3	17.3

NOTES:
1. Assumes workload and revenue projections are realized in BY +1 and ongoing.
2. Expenditure growth projected at 3% beginning BY+1.

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11112100 Support

Fiscal Month: 6

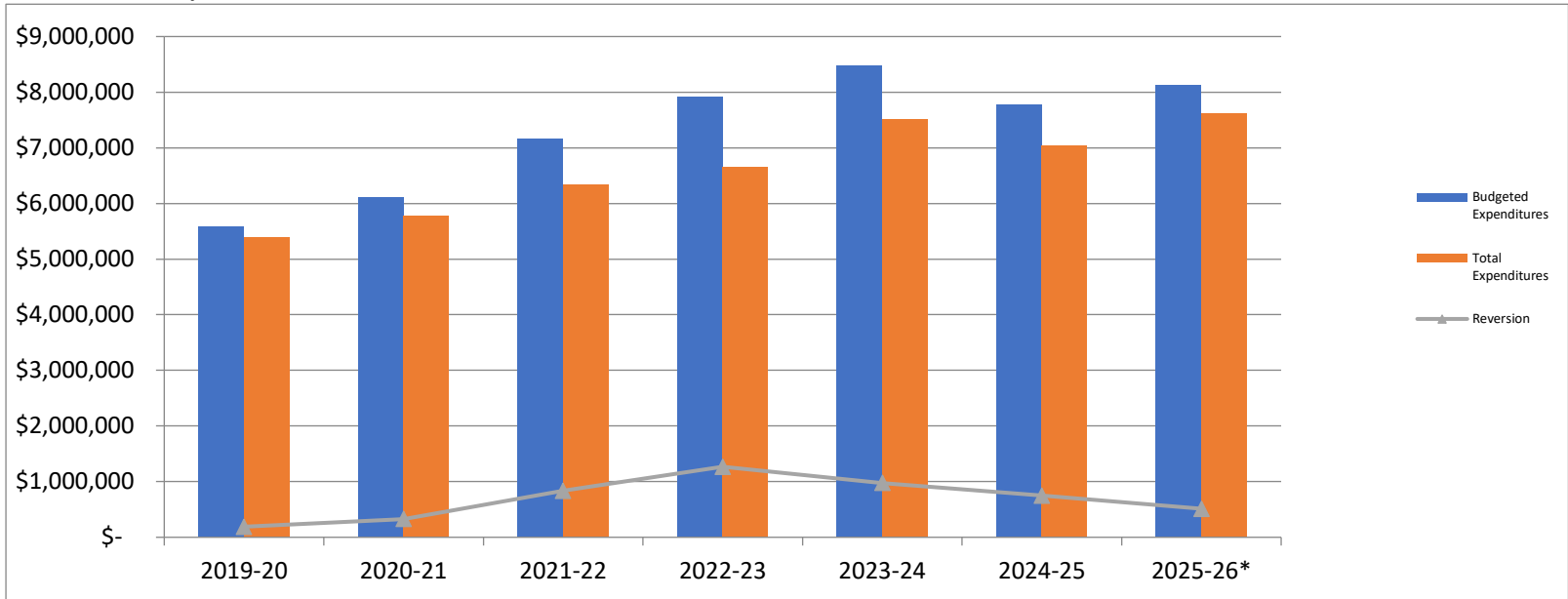
Fiscal Year: 2025 - 2026

Revenue																
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Delinquent Fees	\$140,000	\$8,552	\$7,559	\$9,498	\$7,814	\$10,536	\$9,014	\$10,932	\$11,524	\$13,113	\$11,581	\$10,747	\$6,912	\$52,971	\$117,779
	Other Regulatory Fees	\$238,000	\$24,545	\$21,947	\$32,058	\$24,400	\$20,670	\$17,895	\$15,665	\$17,455	\$18,679	\$28,220	\$19,000	\$13,595	\$141,515	\$254,129
	Other Regulatory License and Permits	\$1,023,000	\$111,780	\$113,244	\$107,646	\$99,504	\$58,785	\$64,748	\$77,833	\$77,300	\$77,174	\$87,537	\$86,875	\$87,315	\$555,707	\$1,049,740
	Other Revenue	\$263,000	\$1,514	\$536	\$336	\$96,552	\$7,071	\$51	\$86,837	\$887	\$1,850	\$89,188	\$0	\$974	\$106,061	\$285,798
	Renewal Fees	\$8,115,000	\$769,963	\$702,713	\$1,150,208	\$1,277,602	\$596,808	\$689,710	\$743,358	\$691,218	\$752,825	\$588,752	\$435,617	\$159,879	\$5,187,004	\$8,558,651
	Revenue	\$9,779,000	\$916,353	\$846,000	\$1,299,745	\$1,505,872	\$693,870	\$781,417	\$934,625	\$798,384	\$863,641	\$805,278	\$552,238	\$268,674	\$6,043,258	\$10,266,097

Reimbursements																
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$51,000	\$784	\$637	\$294	\$784	\$441	\$490	\$392	\$417	\$441	\$588	\$441	\$662	\$3,430	\$6,370
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Unscheduled Reimbursements	\$0	\$22,716	\$12,654	\$6,406	\$34,276	\$6,511	\$9,589	\$9,220	\$5,833	\$15,075	\$18,613	\$15,839	\$29,268	\$92,152	\$186,001
	Reimbursements	\$51,000	\$23,500	\$13,291	\$6,700	\$35,060	\$6,952	\$10,079	\$9,612	\$6,250	\$15,516	\$19,201	\$16,280	\$29,930	\$95,582	\$192,371

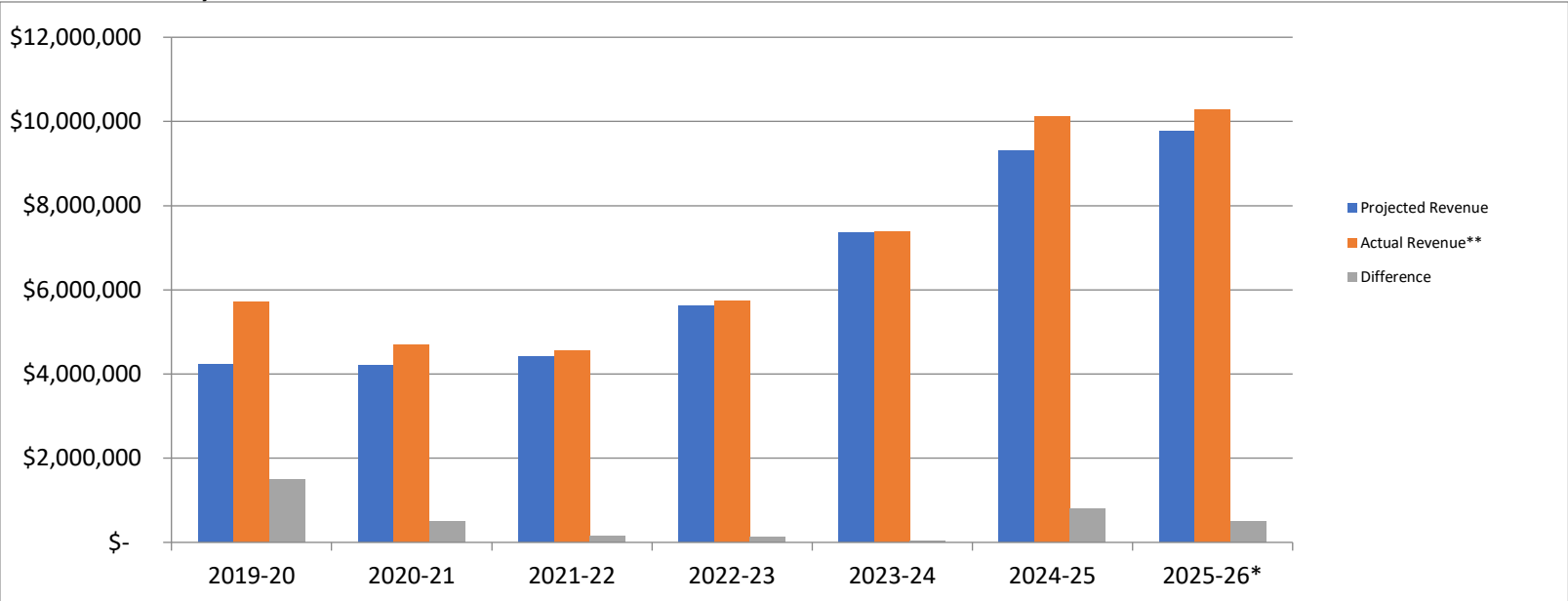
Psychology Expenditure Comparison (Budgeted vs. Actual)							
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26*
Budgeted Expenditures	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,481,000	\$ 7,780,000	\$ 8,130,000
Total Expenditures	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 7,505,000	\$ 7,032,000	\$ 7,616,000
Reversion	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 976,000	\$ 748,000	\$ 514,000

*Based on FM 6 Projections



Psychology Revenue Comparison (Projected vs. Actual)							
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26*
Projected Revenue	\$ 4,219,000	\$ 4,201,689	\$ 4,411,000	\$ 5,623,000	\$ 7,344,000	\$ 9,314,000	\$ 9,779,000
Actual Revenue**	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,378,000	\$ 10,107,000	\$ 10,266,000
Difference	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ 34,000	\$ 793,000	\$ 487,000

*Based on FM 12 Projections



MEMORANDUM

DATE	January 21, 2026
TO	Psychology Board Members
FROM	Daniel Phillips, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 10, Enforcement Report

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

The Enforcement Unit has two vacant positions. Posting and Interviews for the vacant positions are expected to begin mid-February.

Complaint Program

Since July 1, 2025, the Board has received 657 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program

Since July 1, 2025, the Board has issued two (2) enforcement citations. Citations and fines are issued for minor violations.

Discipline Program

Since July 1, 2025, the Board has referred three (3) cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 19 active probationers. There are currently 9 tolled probationers.

Attachment 1:

Attachment #1: Overview of Enforcement Activity.
Performance Measures were not available at the time of this report.

Attachment 2:

Overview of Enforcement Presentation.

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY

Overview of Enforcement Activity

LICENSES	20/21	21/22	22/23	23/24	24/25	25/26
Psychologist	22,058	22,289	22,610	22,693	22,813	22,925
Psychological Associates	1,348	1,450	1,701	1,791	1,850	1,879
COMPLAINTS						
Complaints Received ¹	1,130	742	820	1,157	875	625
Arrest Reports Received	32	34	14	31	17	15
Investigations Opened ²	788	761	610	877	663	657
ENFORCEMENT OUTCOMES						
Total Citations Issued	37	31	30	29	24	2
Total Cases Referred to AG	60	52	29	29	11	3
Accusations	32	29	17	10	9	9
Statement of Issues	1	4	1	1	0	1
Petition to Revoke Probation	2	0	2	0	1	0
Petitions for Penalty Relief	8	4	3	4	3	0
Petition for Reinstatement	3	2	1	2	0	0
Total Filings	46	28	24	17	24	3
Accusations Withdrawn/Dismissed	3	3	1	3	3	2
Statement of Issues Withdrawn	2	0	0	1	0	1
Total Filings Withdrawn/Dismissed	5	3	1	4	3	0
Revocations	1	4	1	2	3	1
Probation	14	12	5	10	4	1
Surrender	12	7	9	7	10	0
Reprovals	6	7	3	2	1	1
Interim Orders	0	1	0	0	0	0
Statement of Issues-License Denied	1	1	0	1	1	0
Total Disciplinary Decisions	34	32	18	22	19	3
Petitions for Penalty Relief Denied	2	3	3	3	2	0
Petitions for Penalty Relief Granted	0	1	0	1	1	0
Petition for Reinstatement Granted	0	0	0	0	0	1
Petition for Reinstatement Denied	0	3	1	2	0	2
Total Other Decisions	2	7	4	6	3	0
VIOLATION TYPES						
Gross Negligence/Incompetence	29	24	18	19	29	6
Repeated Negligent Acts	25	17	17	25	28	6
Self-Abuse of Drugs or Alcohol	12	7	2	3	2	4
Dishonest/Corrupt/Fraudulent Act	6	7	9	17	9	1
Mental Illness	0	2	1	1	1	0
Aiding Unlicensed Practice	1	3	2	0	1	2
General Unprofessional Conduct	26	25	16	21	20	10
Probation Violation	7	5	0	5	3	0
Sexual Misconduct	7	8	4	6	8	5
Conviction of a Crime	10	8	1	8	4	9
Discipline by Another State Board	2	2	3	0	3	0
Misrepresentation of License Status	1	3	0	2	1	1


¹ 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. ²
Investigations Opened-refers to complaints where a desk investigation is assigned to an analyst.



Enforcement Overview and Presentation

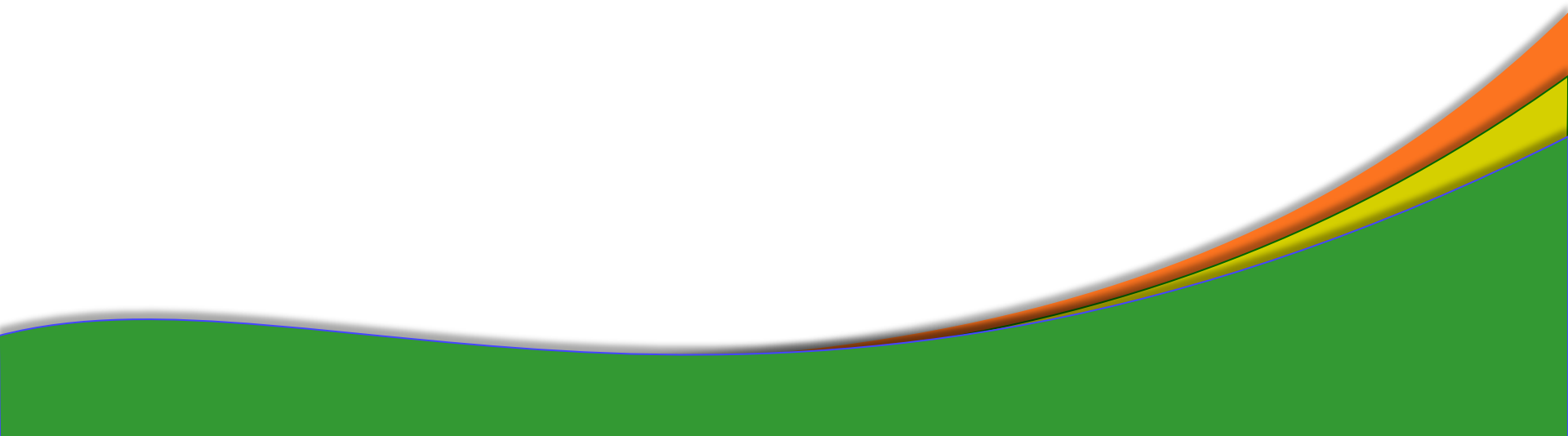
February 2026

Enforcement Overview

- **Complaint process**
 - **Expert reviews**
 - **Investigation process**
 - **Citation and Fines**
 - **Disciplinary process**
 - **Roles and responsibilities of HQE and DCA**
- 
- A decorative graphic at the bottom of the slide consisting of a green wavy line representing a hill, with an orange and yellow wavy line above it, creating a layered effect.

Complaint Process

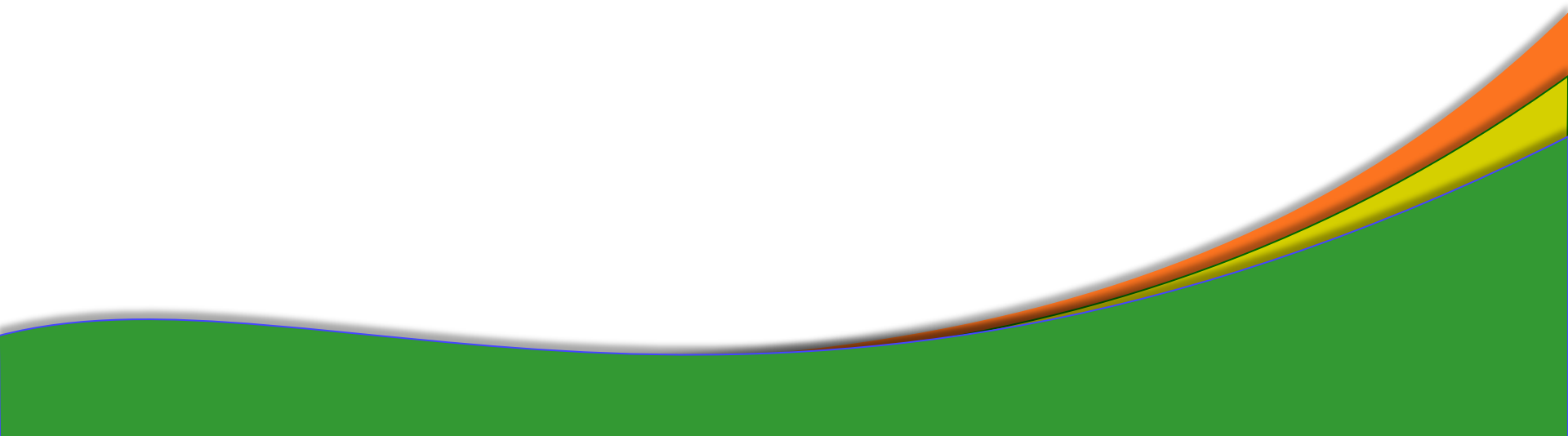
➤ **Who does the Board license/register?**

- ✓ Psychologists
 - ✓ Psychological Associates
 - ✓ Psychological Testing Technician
 - ✓ Research Psychoanalyst
 - ✓ Student Research Psychoanalyst
- 

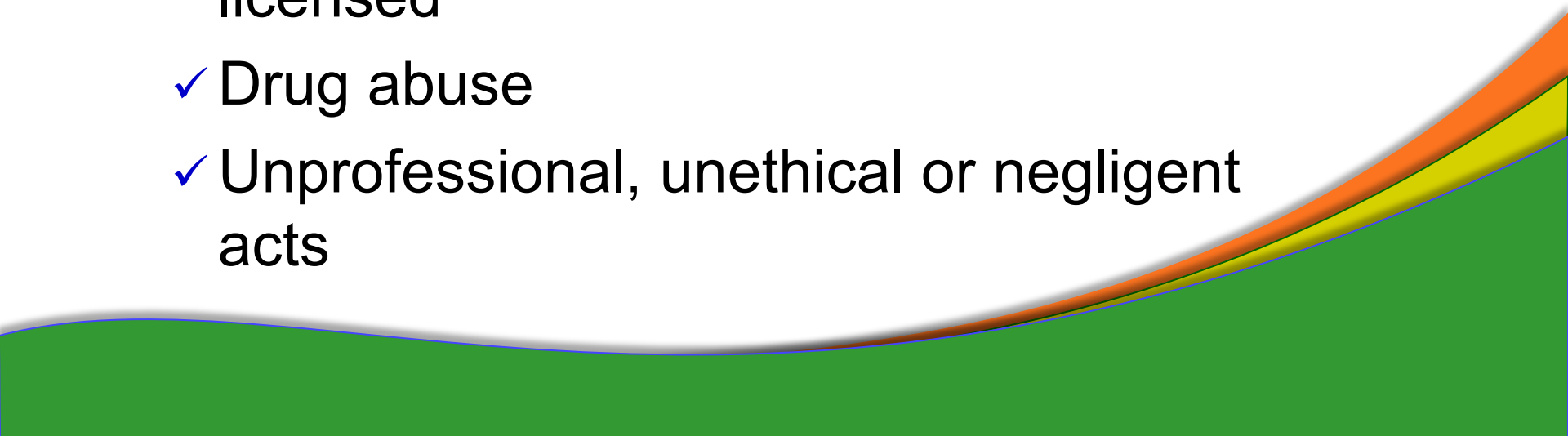
Complaint Process

➤ Who may file a complaint?

✓ Anyone

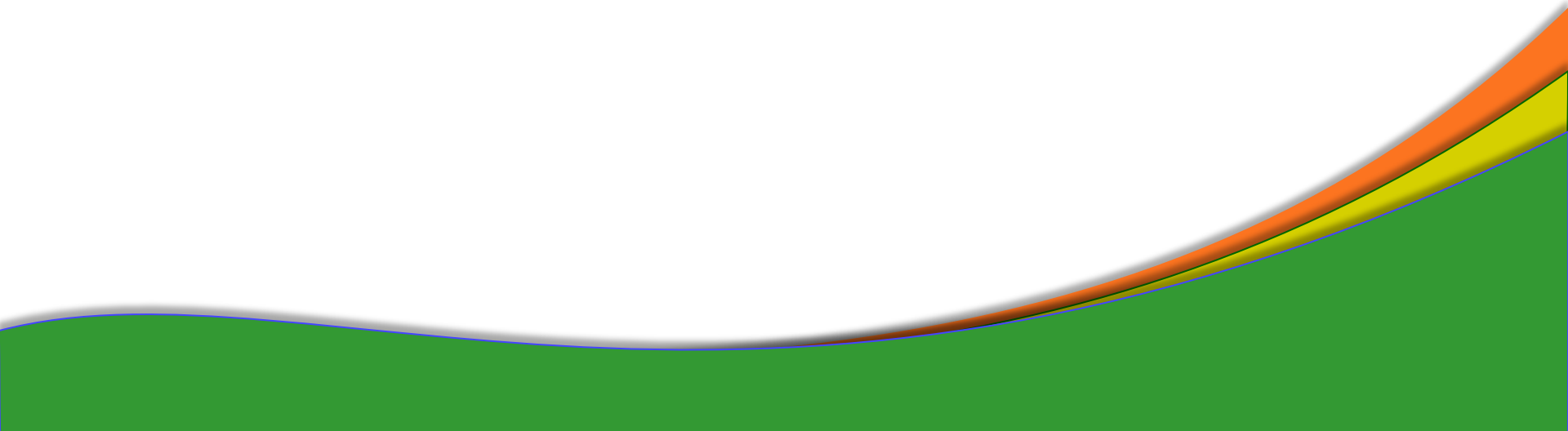


Complaint Process

- **What are the most common types of complaints the Board receives?**
 - ✓ Sexual misconduct with a patient
 - ✓ Violating the patient's confidentiality
 - ✓ Providing services for which the individual has not been trained or licensed
 - ✓ Drug abuse
 - ✓ Unprofessional, unethical or negligent acts
- 

Complaint Process

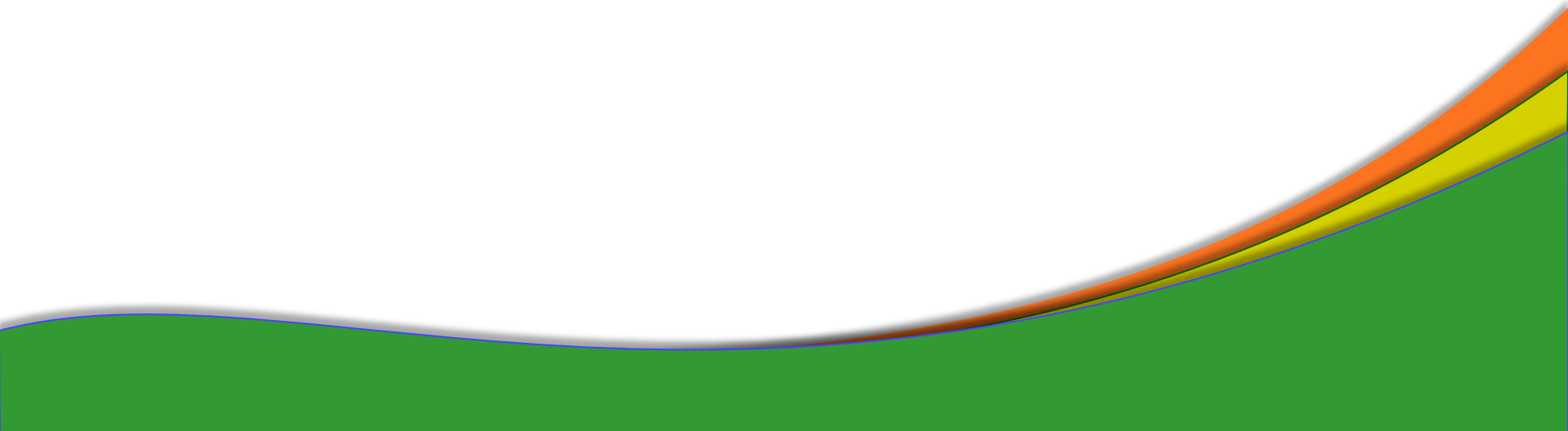
- **What types of complaints are outside the Board's jurisdiction?**
 - ✓ Fee or billing disputes
 - ✓ Personality conflicts
 - ✓ Persons who are licensed by other Boards



Complaint Process

➤ How are complaints filed?

- ✓ On-line
- ✓ By mail
- ✓ By Phone



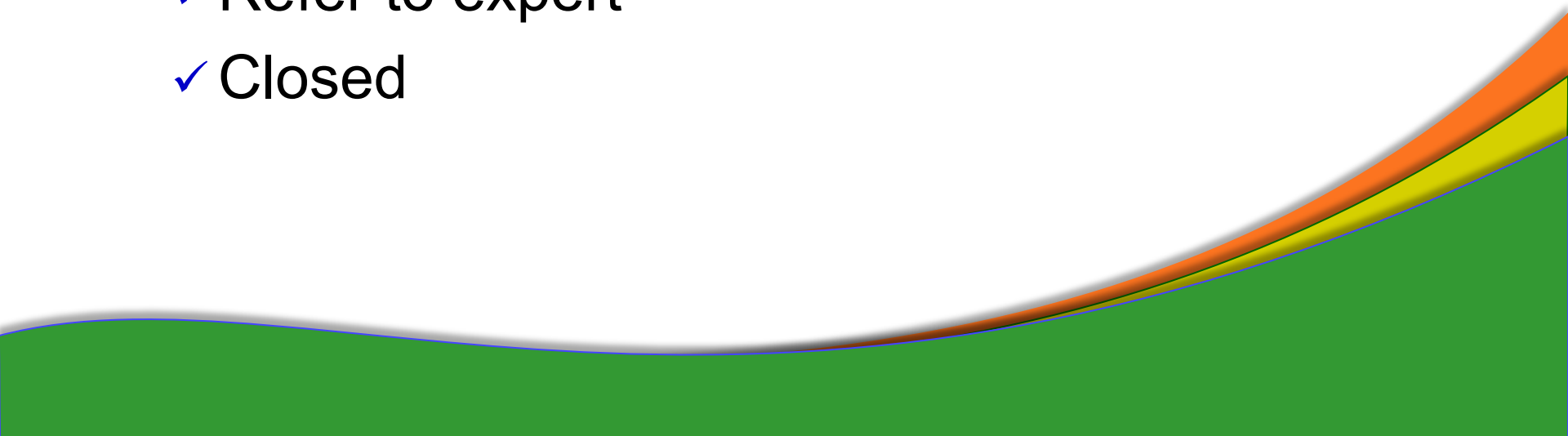
Complaint Process

➤ What happens when a complaint is filed?

- ✓ Complainant is notified with 10 days
- ✓ Enforcement analyst assigned
- ✓ Desk investigation initiated

➤ Complaint Outcomes

- ✓ Refer to expert
- ✓ Closed

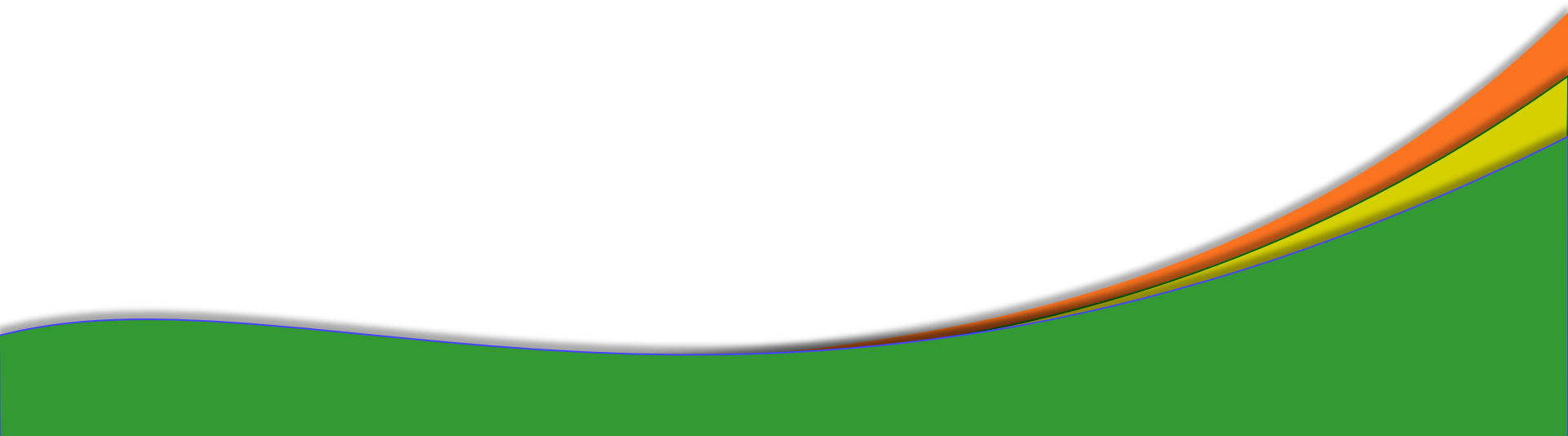


Expert Review

- **If a case is referred to an expert, what next?**
 - ✓ Expert opines on case within 30 days
 - ✓ Board staff reviews Expert's findings
 - ✓ Possible Outcomes
 - Outcome A-Closed
 - Outcome B-Educational letter
 - Outcome C-citation issued
 - Outcome D-Refer to HQIU for formal investigation

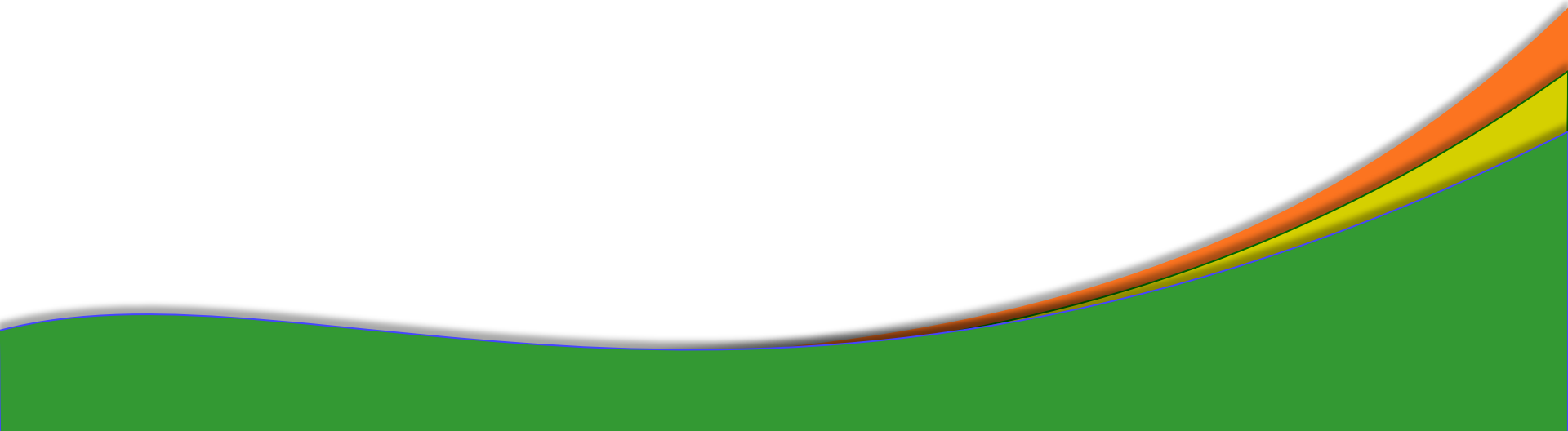
Outcome A-Closed

- **Why is a case closed with no action?**
 - ✓ No violation found



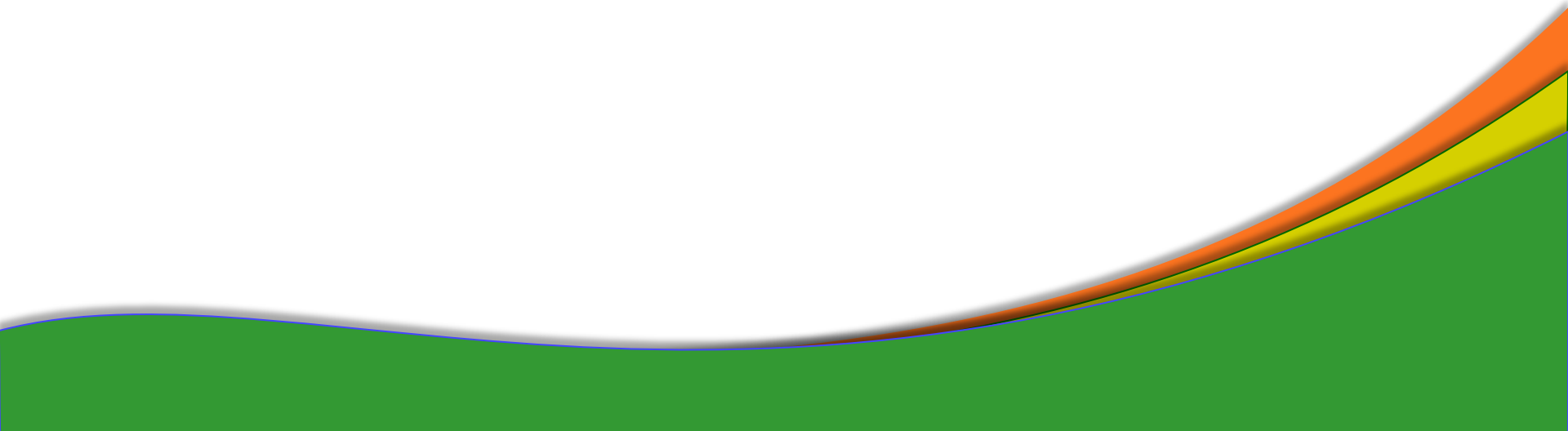
Outcome B-Educational Letter

- **Why is an educational letter issued?**
 - ✓ Minor violations alleged
 - ✓ No patient harm



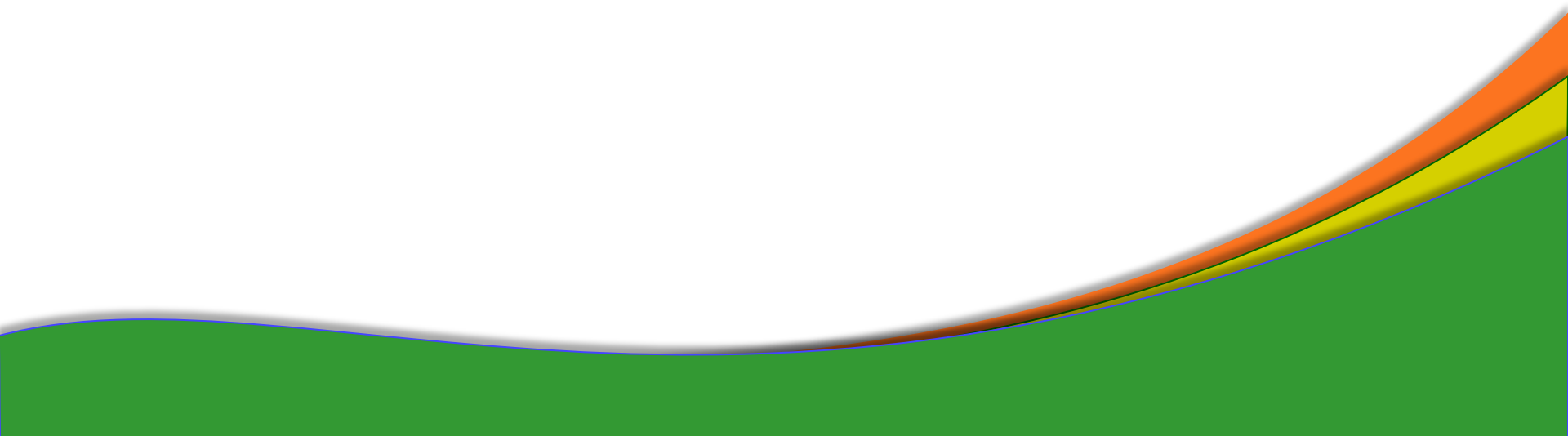
Outcome C-Citation and Fine

- **Why is a citation issued?**
 - ✓ Minor violations are found
 - ✓ An Educational Letter has already been issued
 - ✓ Unlicensed practice is discovered



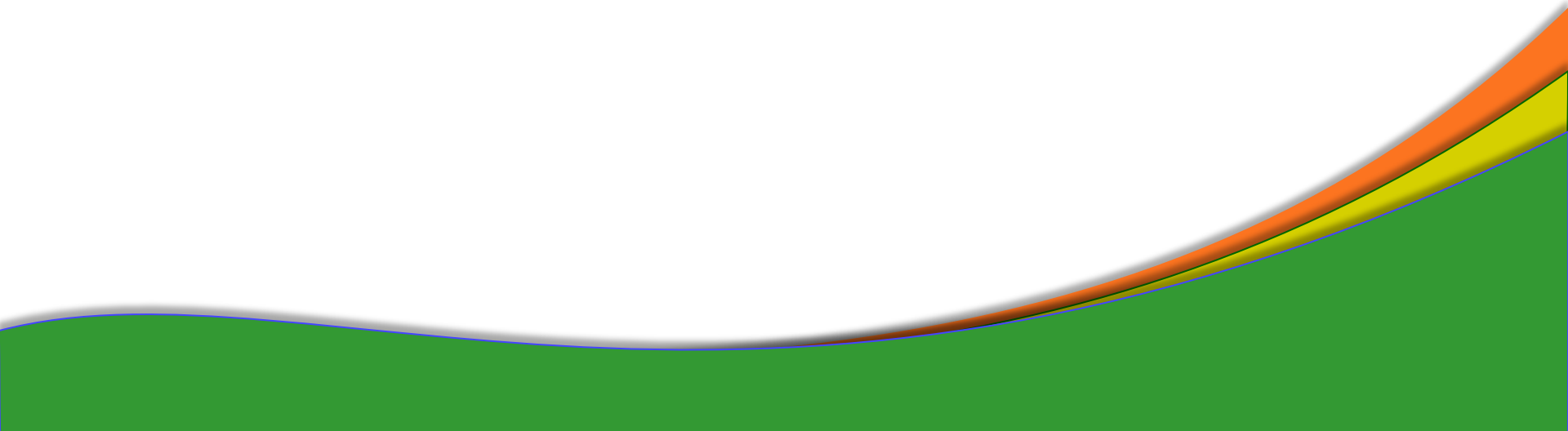
Outcome D-Refer case to Health Quality Investigation Unit (HQIU)

- **Why would a case be referred to HQIU?**
 - ✓ If a serious violation is found by expert



Investigation Process

- **Two types of investigations**
 - ✓ Desk and Formal



Investigation Process

➤ Desk Investigations

- ✓ Performed by an Enforcement Analyst (EA) determines if:
 - Complaint falls within the Board's jurisdiction
 - The complaint involves care provided by the licensee
 - A minor violation occurred
 - A serious violation occurred

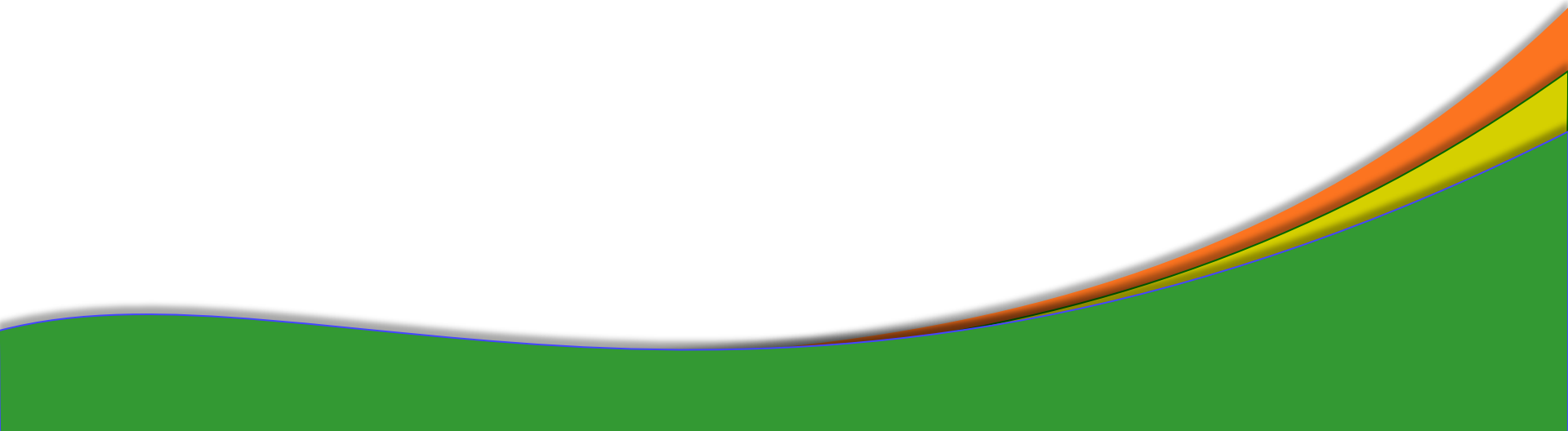
Investigation Process

➤ Formal Investigations

- ✓ Performed by peace officers
- ✓ Upon completion of the investigation the case may be:
 - Closed
 - Referred to the Attorney General's Office
 - Referred to the local District Attorney's Office

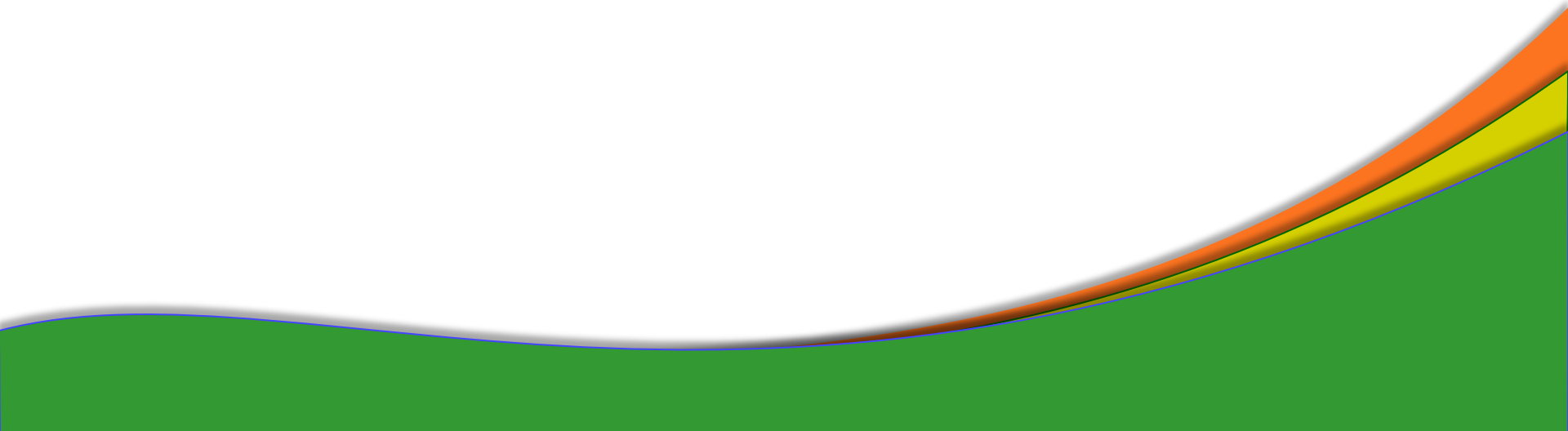
Citation and Fines

- **Issued for minor violations that do not warrant formal disciplinary actions**



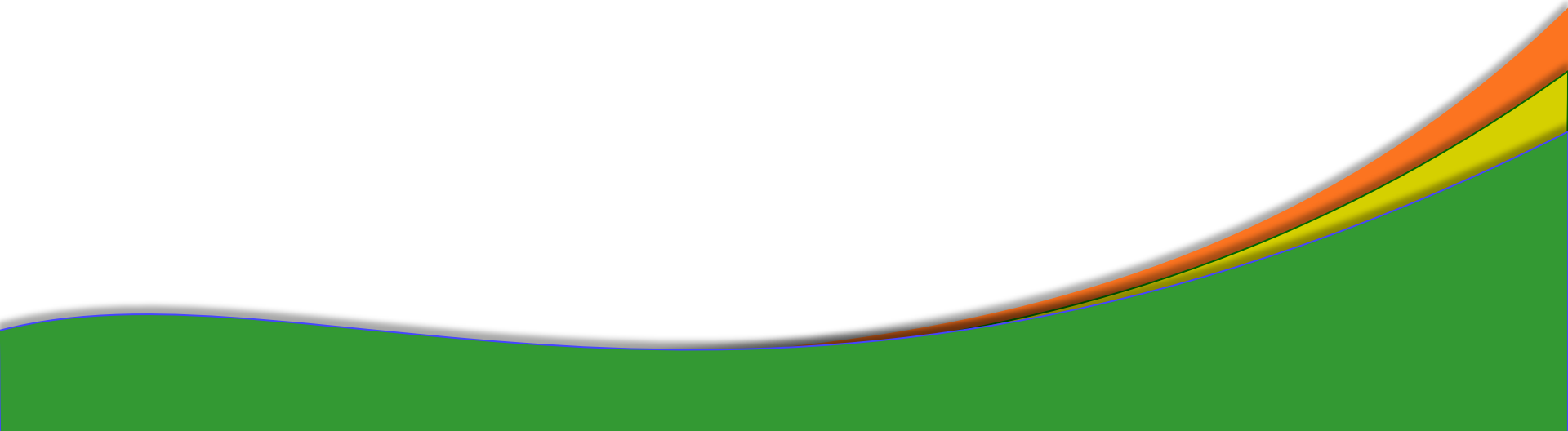
Disciplinary Process

- **What happens during the Discipline Process**
 - ✓ Attorney General determines if action should be initiated by filing an:
 - Accusation
 - Statement of Issues



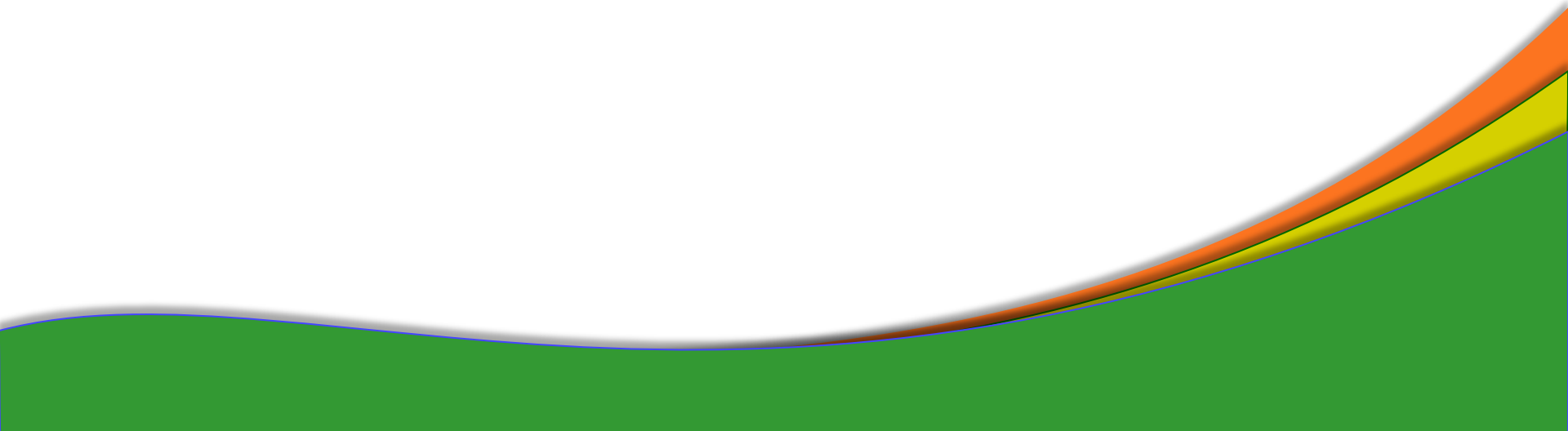
Disciplinary Process

- **Administrative Hearing /Stipulated Settlement**
- **Board Vote**



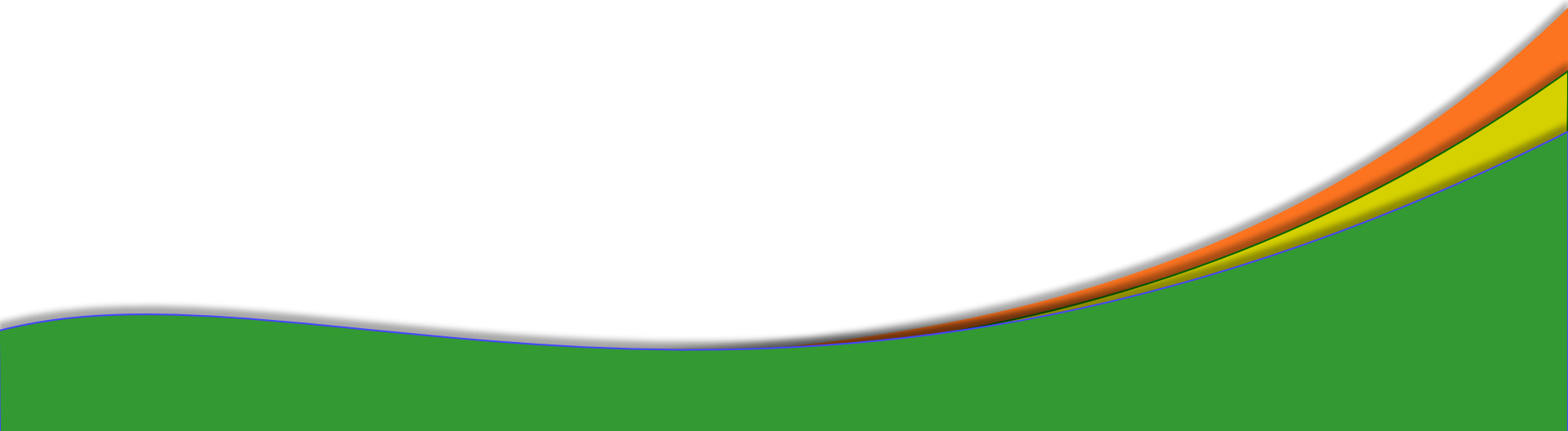
Role of HQE in the Disciplinary Process

- **HQE's role and responsibilities**

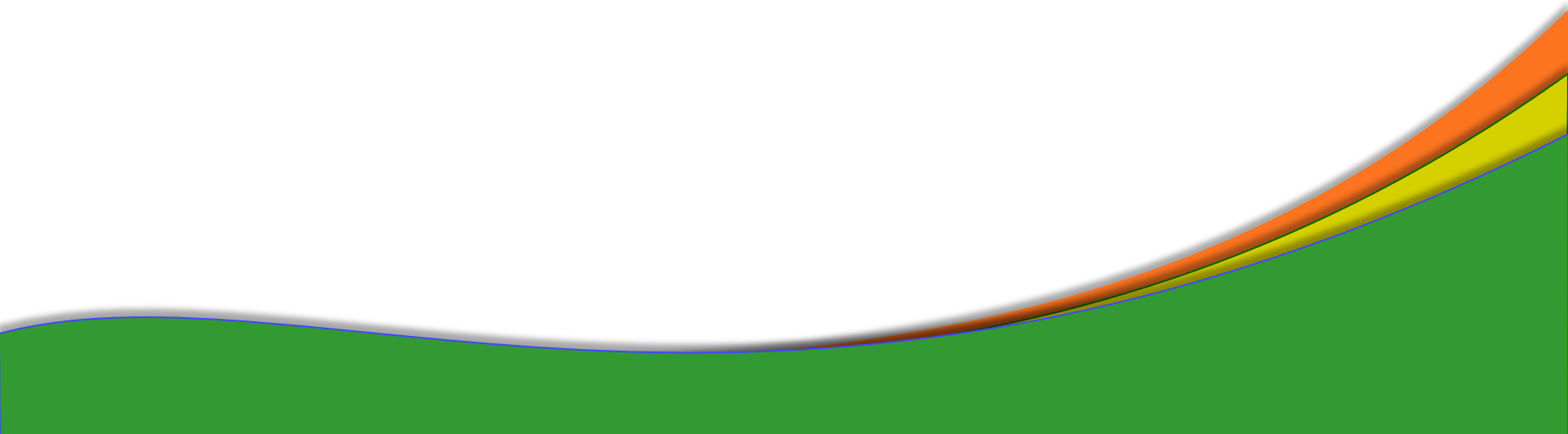


Role of DCA in the Disciplinary Process

- **DCA's role and responsibilities**



Any Questions?



MEMORANDUM

DATE	January 13, 2026
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 11a Licensing Report

License/Registration Data by Fiscal Year:

License & Registrations	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26**
Psychologist*	20,024	20,580	21,116	22,005	22,218	22,289	22,611	22,744	23,559	23,833
Psychological Associate***	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,879
Psychological Testing Technician****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	107	127
Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	71
Student Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22	22

*Includes licensees who are in Current, Inactive, Retired, Military Inactive, and Military Active status

**As of January 13, 2026

***Includes registrants who are in Current and Inactive status

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

*****The research psychoanalyst and student research psychoanalyst were transferred from the Medical Board of California (MBC) to the Board of Psychology (Board) as of 1/1/2025 pursuant to SB 815.

BreEZe Update:

As part of Senate Bill (SB) 775 implementation, the online application for out-of-state psychologists seeking temporary practice authorization in California under Section 2912 of the Business and Professions Code (BPC) became available on BreEZe as of January 6, 2026. For your reference, Section 2912 of the BPC allows licensed psychologists from other U.S. states or Canada to temporarily provide psychological services in California for up to 30 consecutive days per calendar year, if specific requirements are met.

Licensing Population Report:

As of January 16, 2026, there are 23,833 licensed psychologists, 1,879 registered psychological associates, 127 registered psychological testing technicians, 71 research psychoanalysts, and 22 student research psychoanalysts that are overseen by the Board. The Licensing Population Report (Attachment A) provides a snapshot of the number of psychologists, psychological associates, psychological testing technicians,

research psychoanalysts, and student research psychoanalysts in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from July 2025 through December 2025 on the application status by month for psychologist license and psychological associate registration (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" (California Psychology Law and Ethics Examination) 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. Since applicants/licensees are eligible to take the CPLEE only once each quarter, the trend includes a significant increase of approved CPLEE Retake transactions in the following months: January, April, July, and October.

"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/remove a primary supervisor. If the psychological associate

requests to remove the only primary supervisor associate with their registration, the psychological associate registration will automatically be placed on inactive status upon the removal of their only primary supervisor.

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. In comparison to the same 12-month period in 2024, there is an increase of 96 psychologist applications, 26 psychological associate applications, 24 psychological associate notifications, 18 psychological testing technician applications, and 28 psychological testing technician 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.

Attachments:

- A. Licensing Population Report as of January 13, 2026
- B. Application Workload Reports July 2025 – December 2025 as of January 13, 2026
- C. Applications and Notifications Received January 2025 – December 2025 as of January 13, 2026
- D. Average Application Processing Timeframes – July 2025 to December 2025 as of January 13, 2026

Action:

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



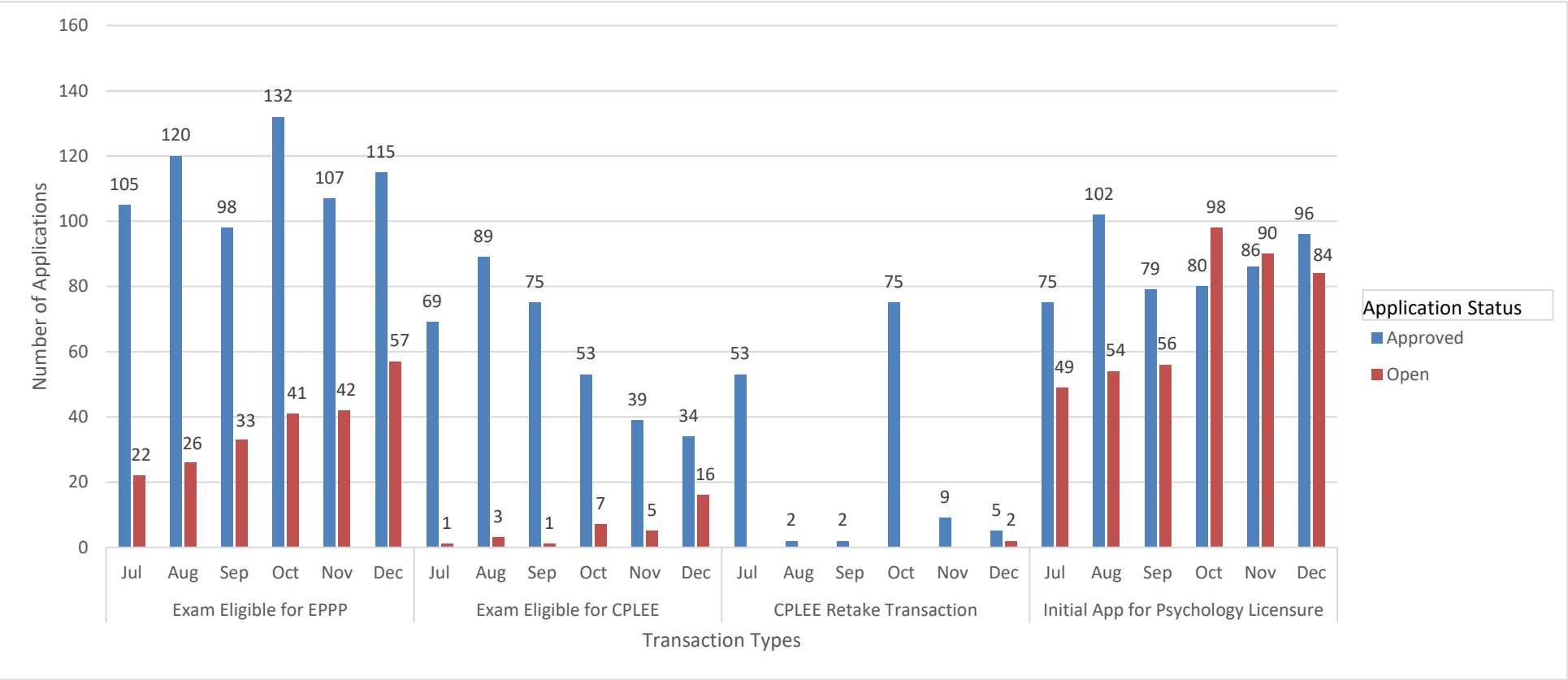
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



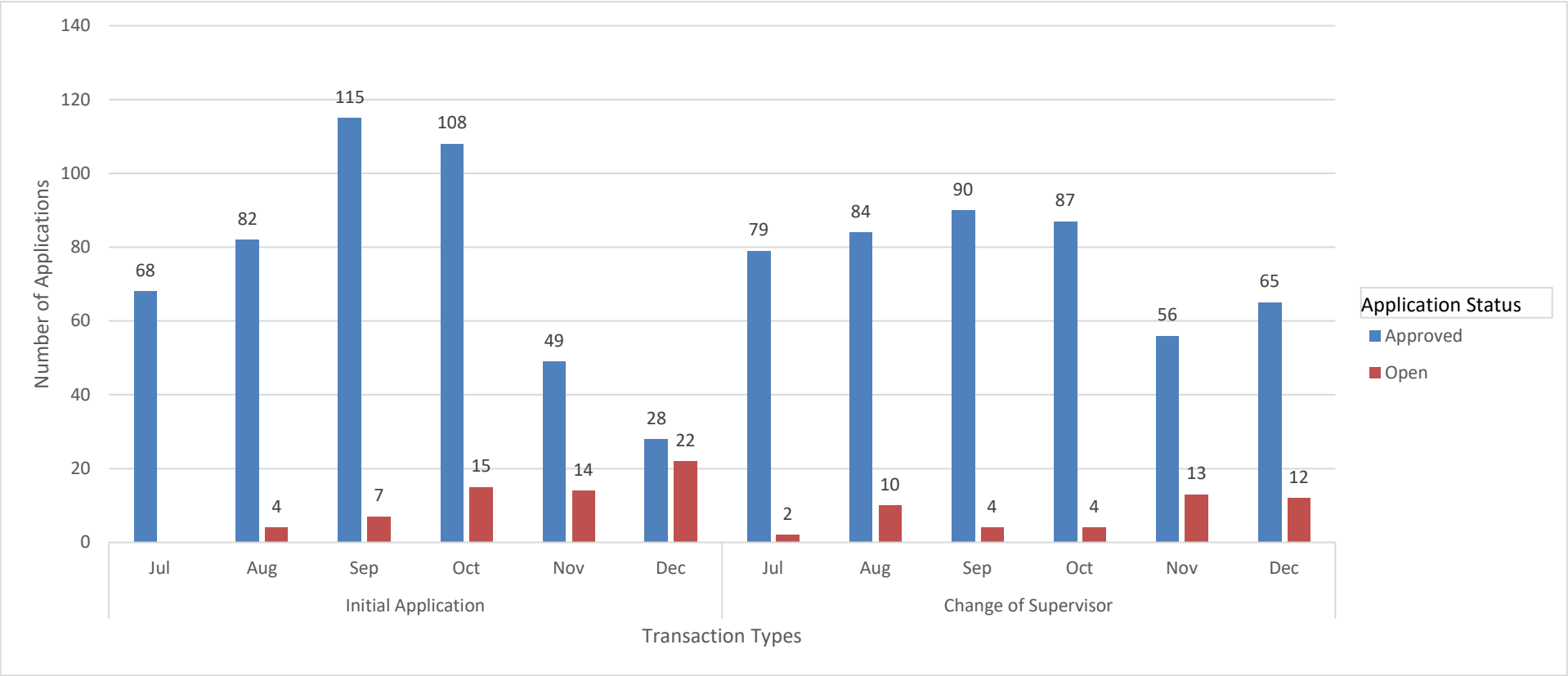
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 1/13/2026

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	21,153	1,772	2	0	1,387	8,984	906	1,102	281	168	127	35,882
Psychological Associate	1,818	61	0	0	76	25,344	0	8	16	8	20	27,351
Psychological Testing Technician	127	0	0	0	5	44	0	0	0	0	0	176
Research Psychoanalyst	71	0	0	0	18	29	0	5	0	1	0	124
Student Research Psychoanalyst	22	0	0	0	10	39	0	0	0	0	0	71
Total	23,191	1,833	2	0	1,496	34,440	906	1,115	297	177	147	63,604

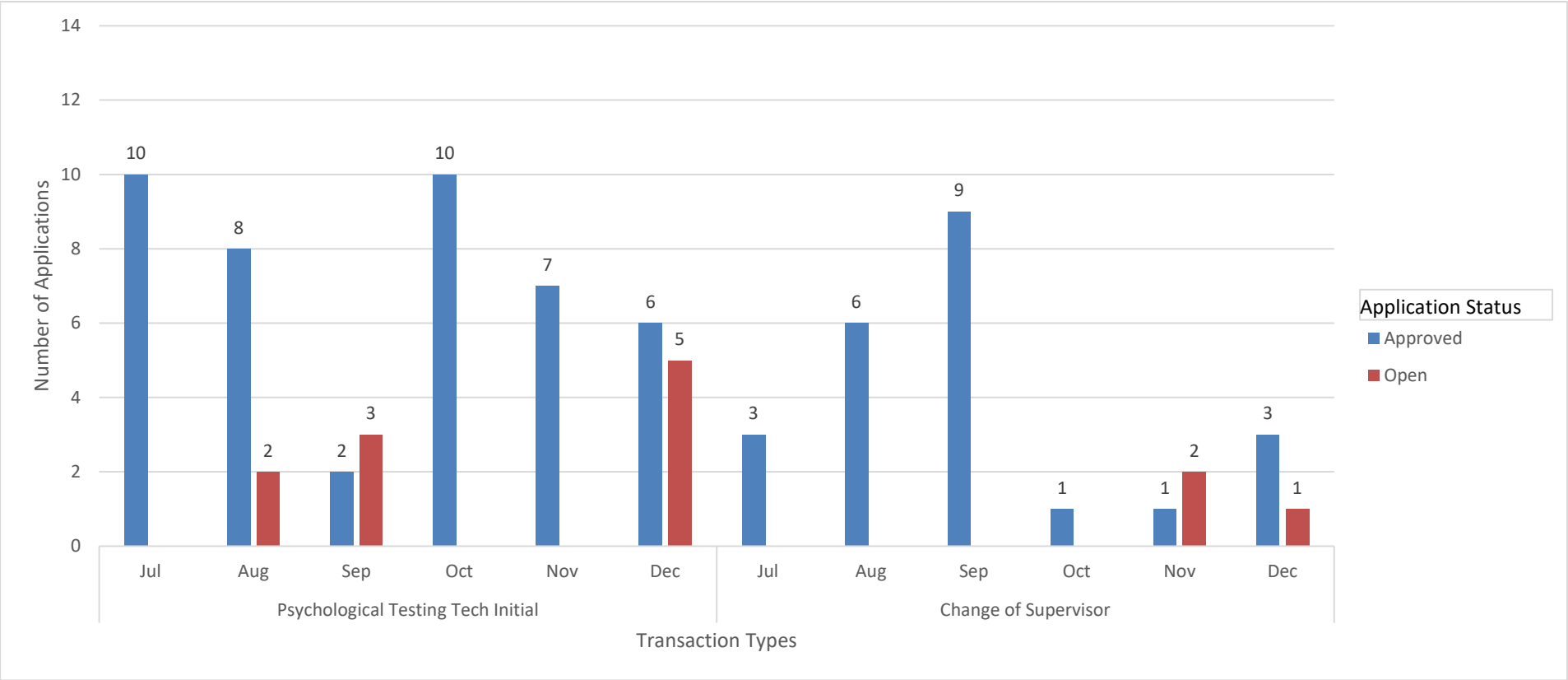
Psychologist Application Workload Report
July 1, 2025 to December 31, 2025
As of January 13, 2026



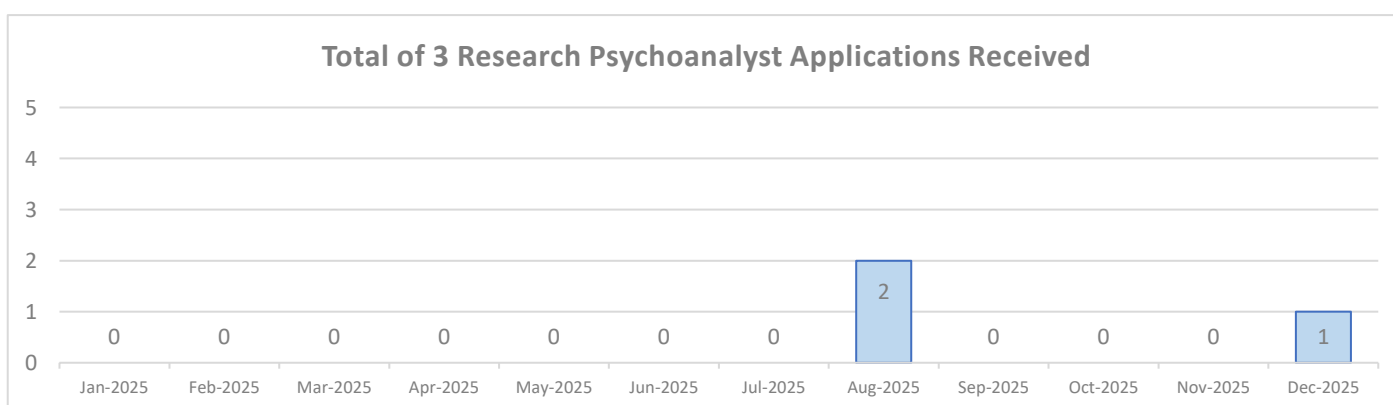
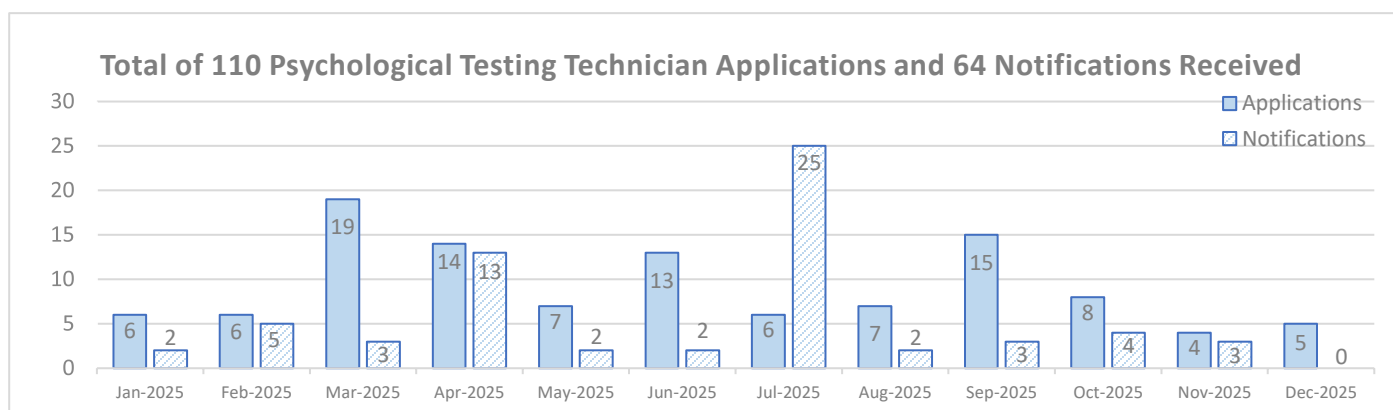
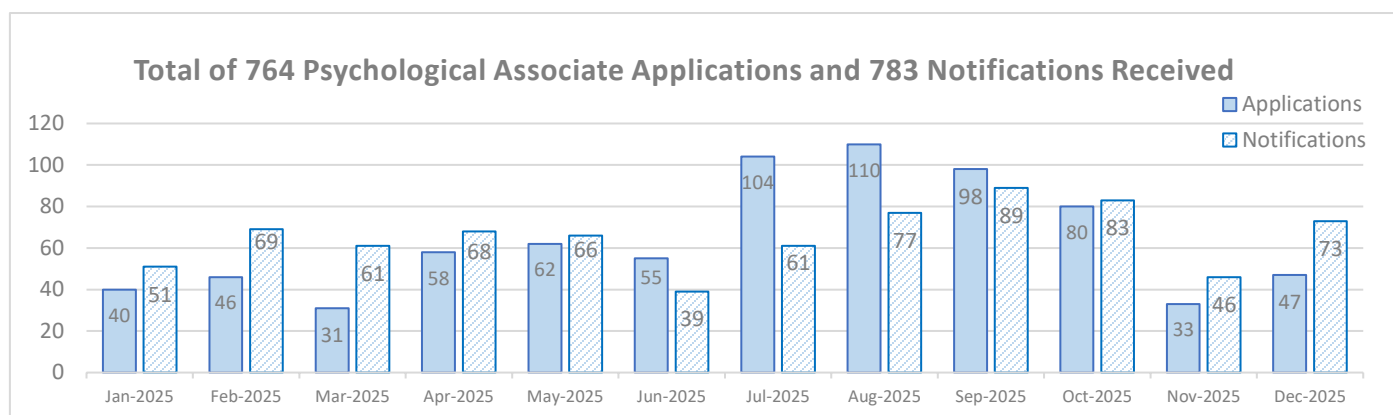
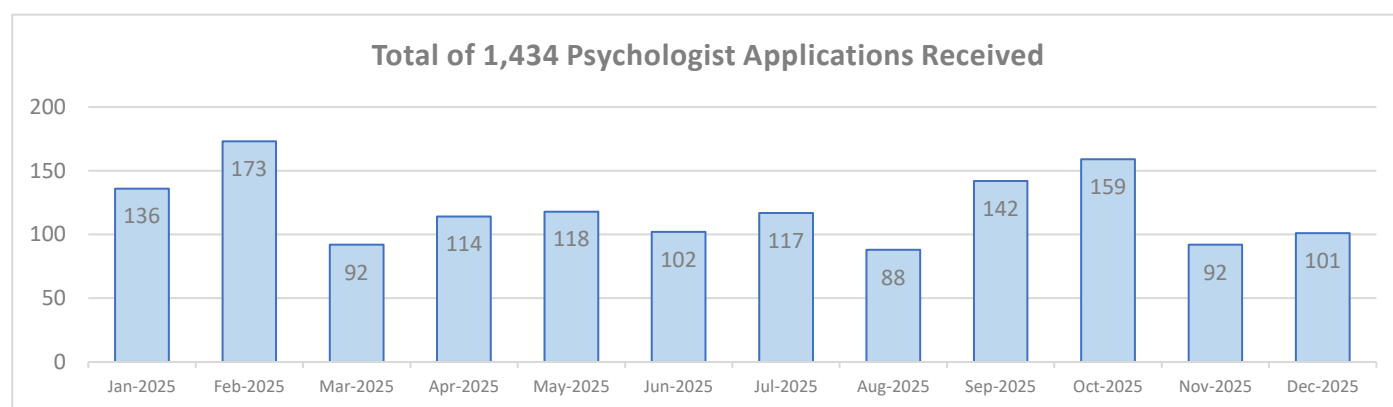
Psychological Associate Application Workload Report
July 1, 2025 to December 31, 2025
As of January 13, 2026



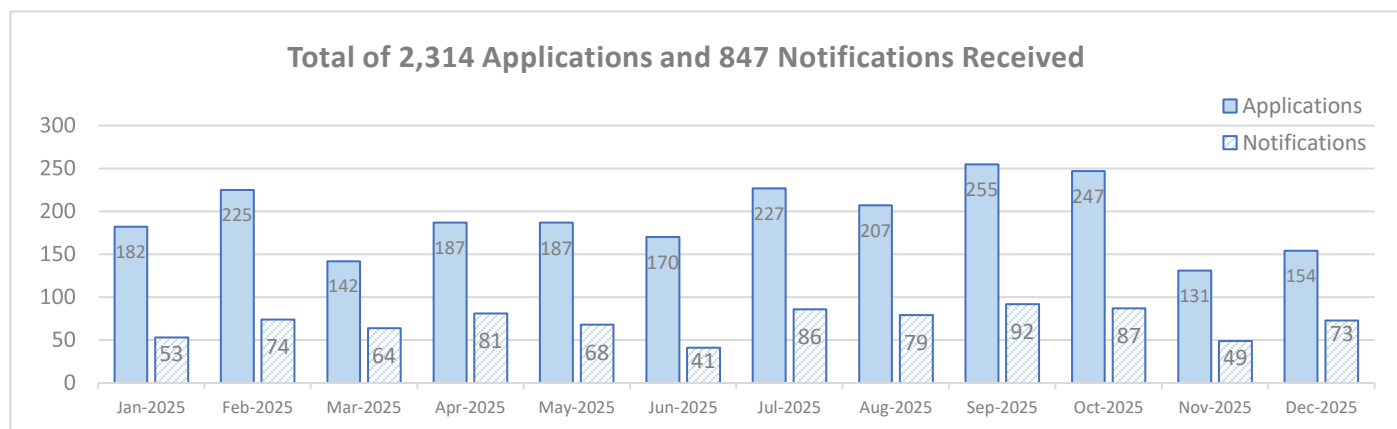
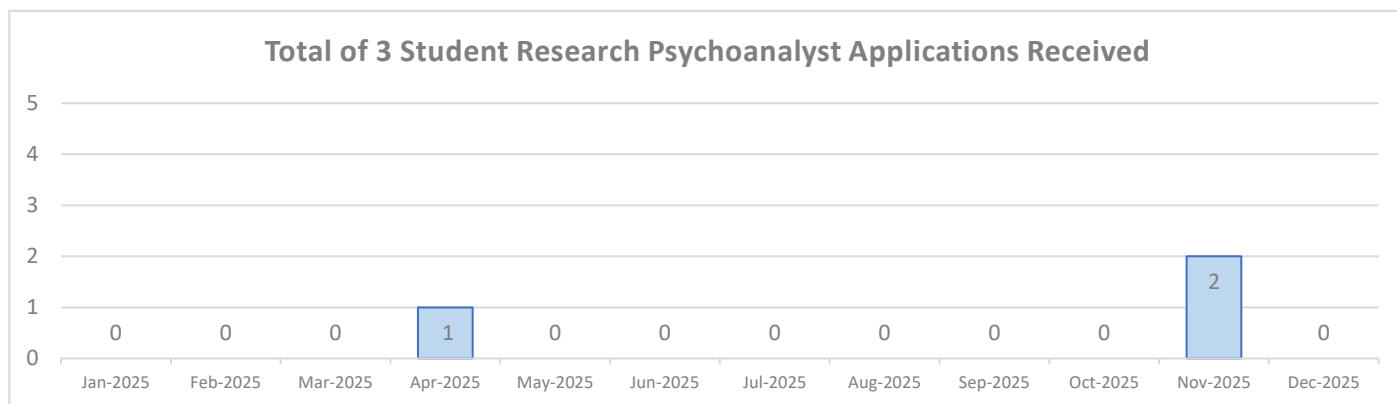
Psychological Testing Technician Application Workload Report
July 1, 2025 to December 31, 2025
As of January 13, 2026



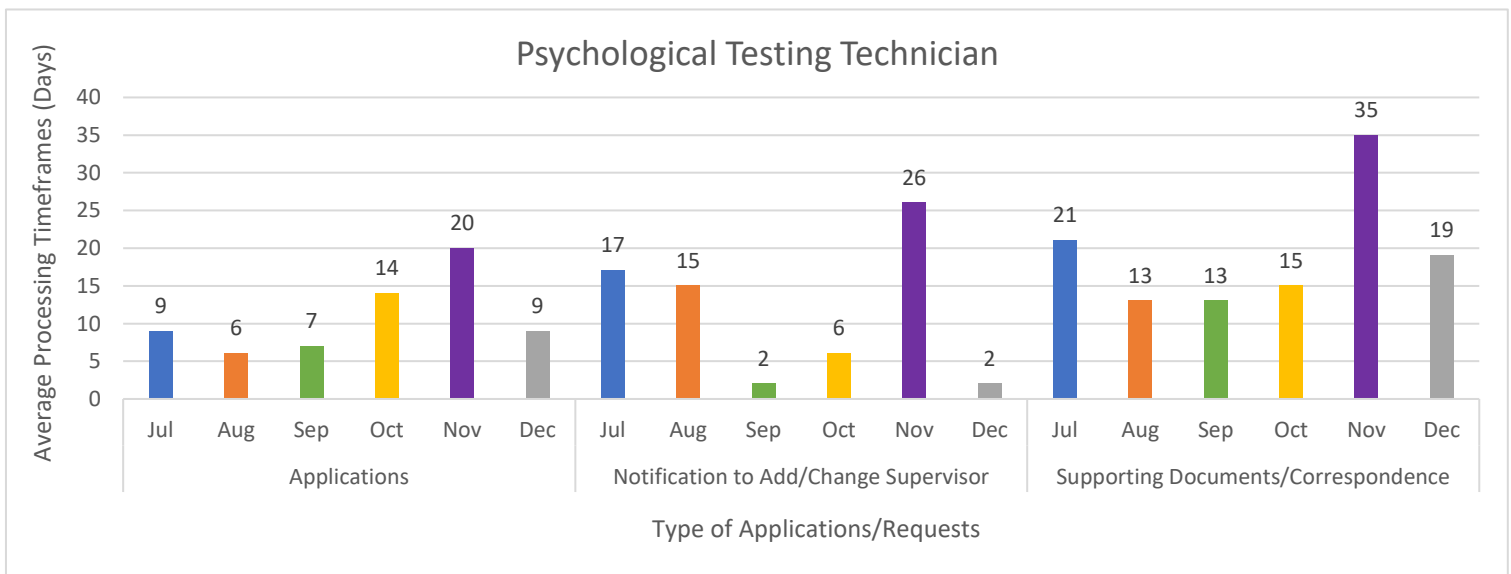
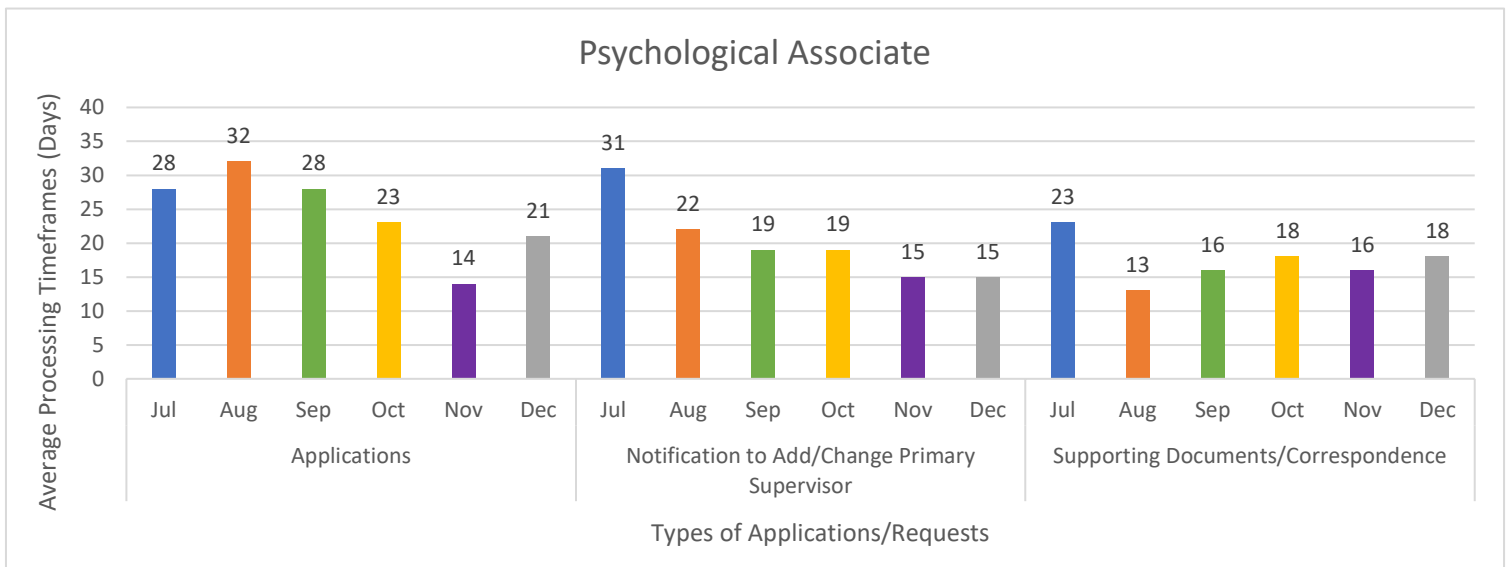
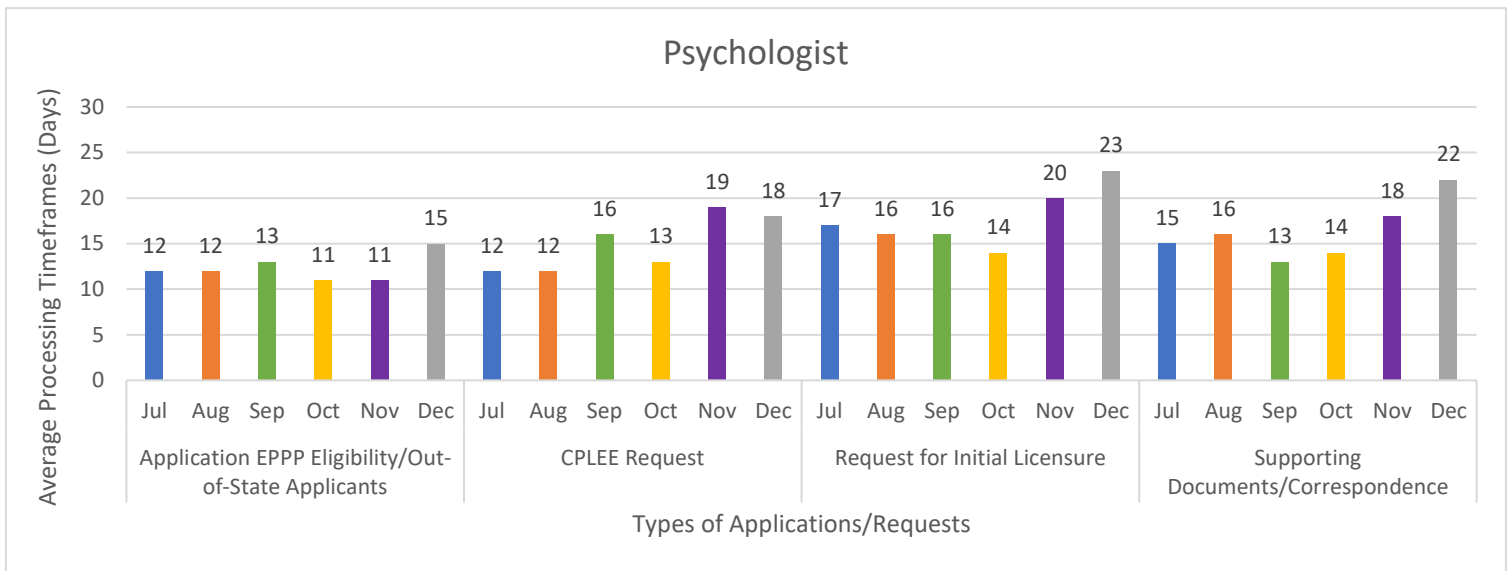
**Applications and Notifications Received from January 2025 to December 2025
As of January 13, 2026**



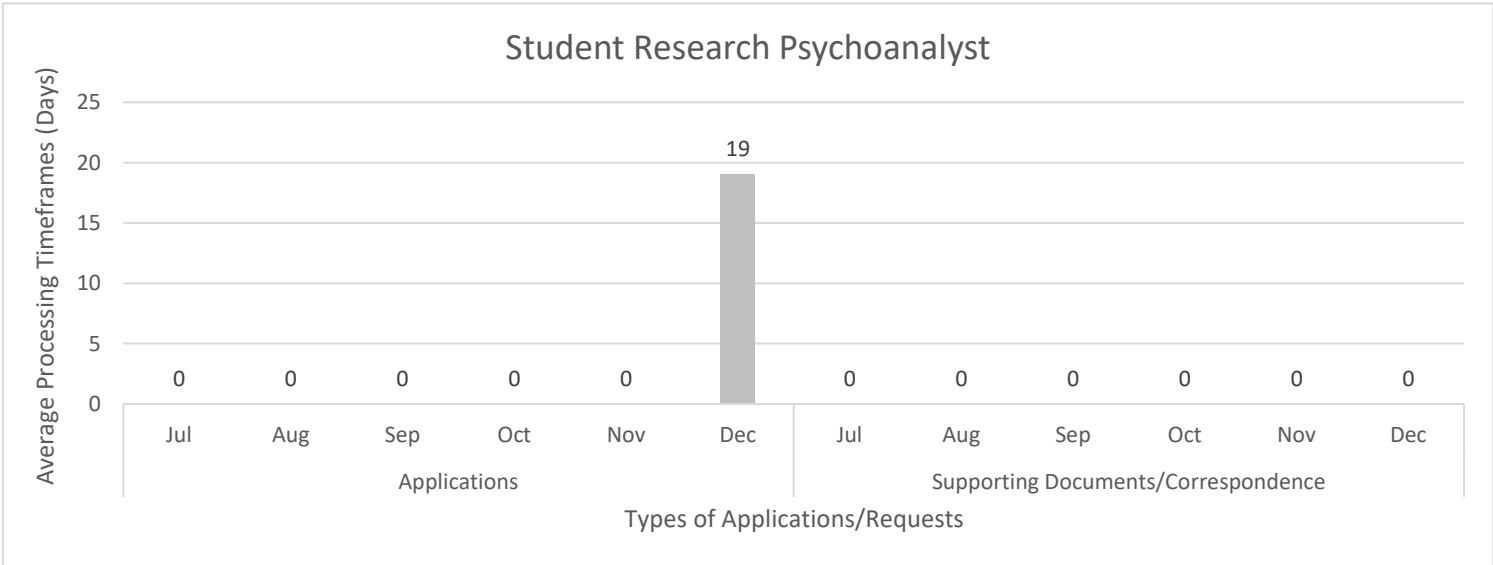
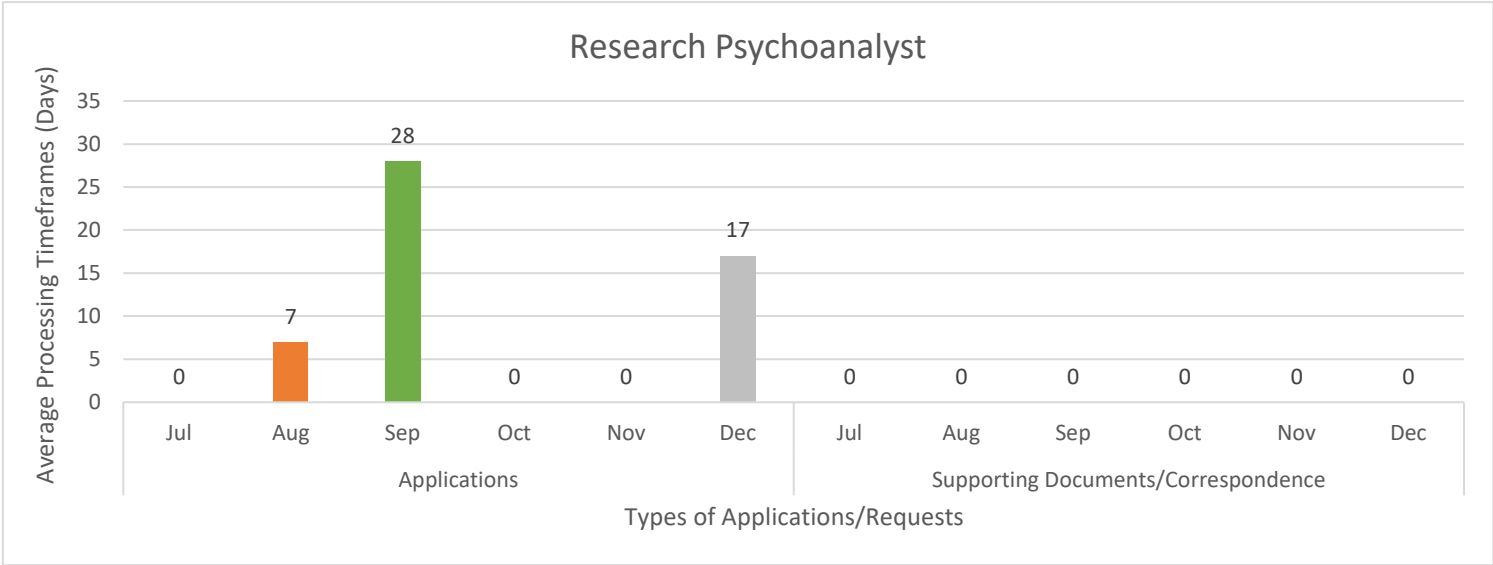
Applications and Notifications Received from January 2025 to December 2025
As of January 13, 2026



Average Application Processing Timeframes from July 2025 to December 2025
As of January 13, 2026



Average Application Processing Timeframes from July 2025 to December 2025
As of January 13, 2026



MEMORANDUM

DATE	January 13, 2026
TO	Board Members
FROM	Susan Hansen Examinations Coordinator
SUBJECT	Agenda Item 11b Examinations Report

Examination Statistics

EPPP Monthly California Examination Statistics for January through December 2025

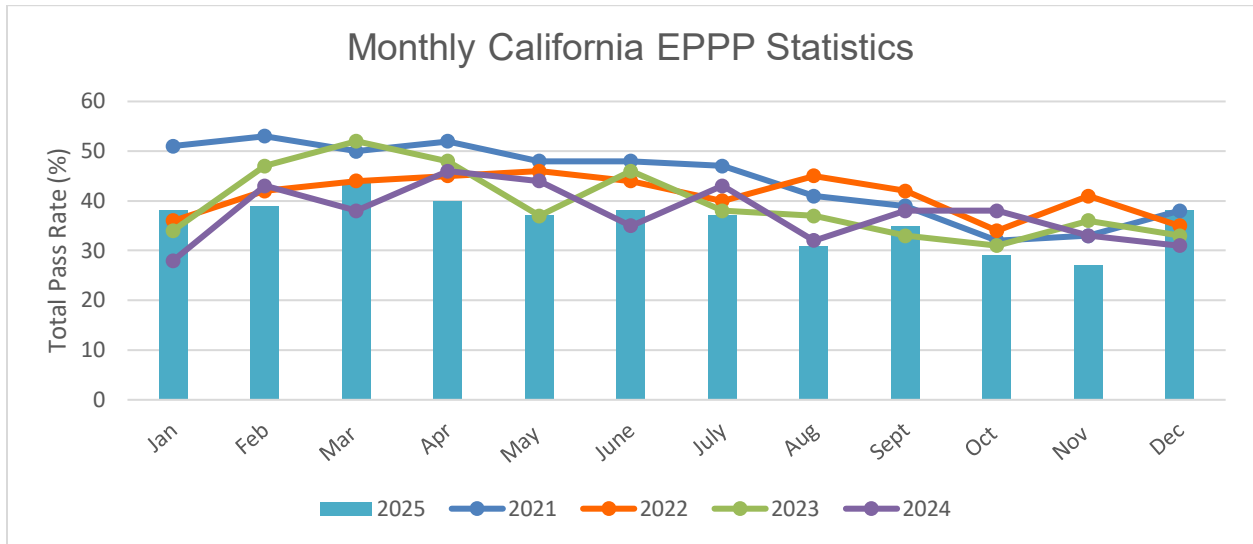
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Currently, the overall pass rate is 36.5%, with an overall first-time pass rate of 58.7%. First time pass rates tend to be higher than overall pass rates.

2025 Monthly California EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	128	48	37.50%	57	38	66.67%
February	140	55	39.29%	68	42	61.76%
March	152	67	44.08%	74	46	62.16%
April	211	85	40.28%	108	71	65.74%
May	167	62	37.13%	67	42	62.69%
June	165	63	38.18%	73	44	60.27%
July	223	83	37.22%	103	54	52.43%
August	143	44	30.77%	57	28	49.12%
September	136	47	34.56%	57	27	47.37%
October	167	48	28.74%	49	28	57.14%
November	106	29	27.36%	38	23	60.53%
December	171	65	38.01%	68	37	54.41%
Overall - Total	1,909	696	36.46%	819	480	58.61%

The chart below depicts pass rate statistics of the California EPPP for the past four years compared with the statistics for 2025. Pass rates are trending lower in 2025 than previous years.



CPLEE Monthly Examination Statistics for January through December 2025

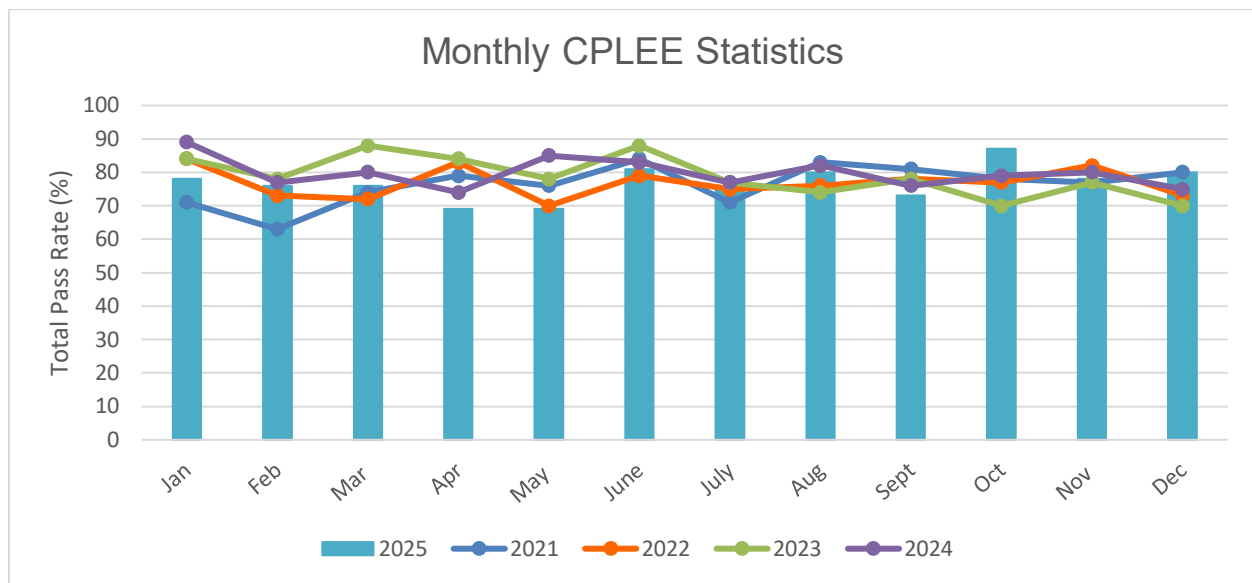
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Currently, the overall pass rate is averaging 77.2% in 2025, with the overall first-time pass rate of 79.2%.

2025 Monthly CPLEE Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	73	57	78.08%	52	42	80.77%
February	67	51	76.12%	48	37	77.08%
March	111	84	75.68%	88	66	75.00%
April	58	40	68.97%	33	23	69.70%
May	83	57	68.67%	54	38	70.37%
June	113	92	81.42%	94	79	84.04%
July	107	80	74.77%	84	64	76.19%
August	114	91	79.82%	83	70	84.34%
September	150	110	73.33%	139	106	76.26%
October	107	93	86.92%	65	56	86.15%
November	74	58	78.38%	58	48	82.76%
December	102	82	80.39%	85	70	82.35%
Overall - Total	1,159	895	77.22%	883	699	79.16%

The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for 2025. The CPLEE pass rate is consistent with no major deviation.



Action:

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

MEMORANDUM

DATE	February 13, 2026
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 11(c) – Continuing Professional Development (CPD) and Renewals Report

In 2025, approximately 94 percent of Psychologists and Registered Psychological Associates renewed online using the online application through the BreZE system. Approximately 78 percent of Psychologists renewed as Active. The retirements count for approximately 2 percent of the monthly applications processed. Registered Psychological Associates account for 11 percent of the monthly applications. Psychological Testing Technicians, Research Psychoanalysts and Student Research Psychoanalysts account for approximately 1 percent of renewals.

CPD audits were sent out for January 2025 through November 2025. A total of 217 audits were sent out. The current pass rate is 80 percent with 11 percent of those audits still waiting on submission of CPD documentation, and 6 percent are pending review of CPD documentation. Currently, 1 percent of the audits have failed.

In reviewing the completed and passed audits for January 2025 through November 2025, the most used activities to complete the CPD requirements are Sponsored Continued Education and Peer Consultation, followed by Self-Directed Learning.

The Board will be holding an informational webinar on the CPD requirements and activities. The informational webinar is currently scheduled to be held on March 27, 2026.

Action Requested

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

Attachment A: Online vs. Mailed in Renewals Processed (January 2025 – December 2025)

Attachment B: Psychologist Renewal Applications Processed: January 2025– December 2025

Attachment C: Renewal Applications Processed: January 2025– December 2025

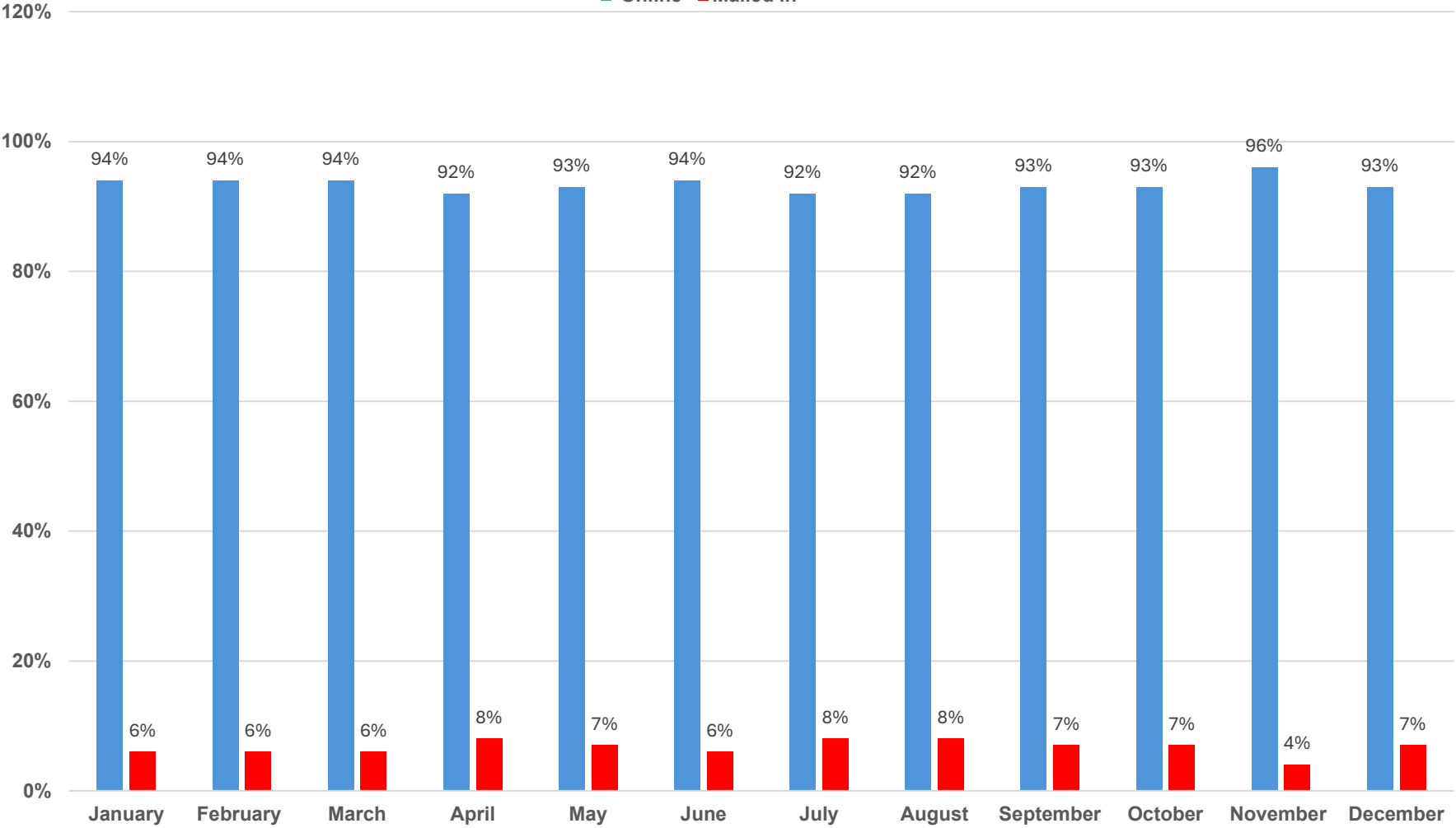
Attachment D: CPD Audits: January 2025 – November 2025

Attachment E: Passed audits (January 2025 – November 2025) Categories

Attachment A

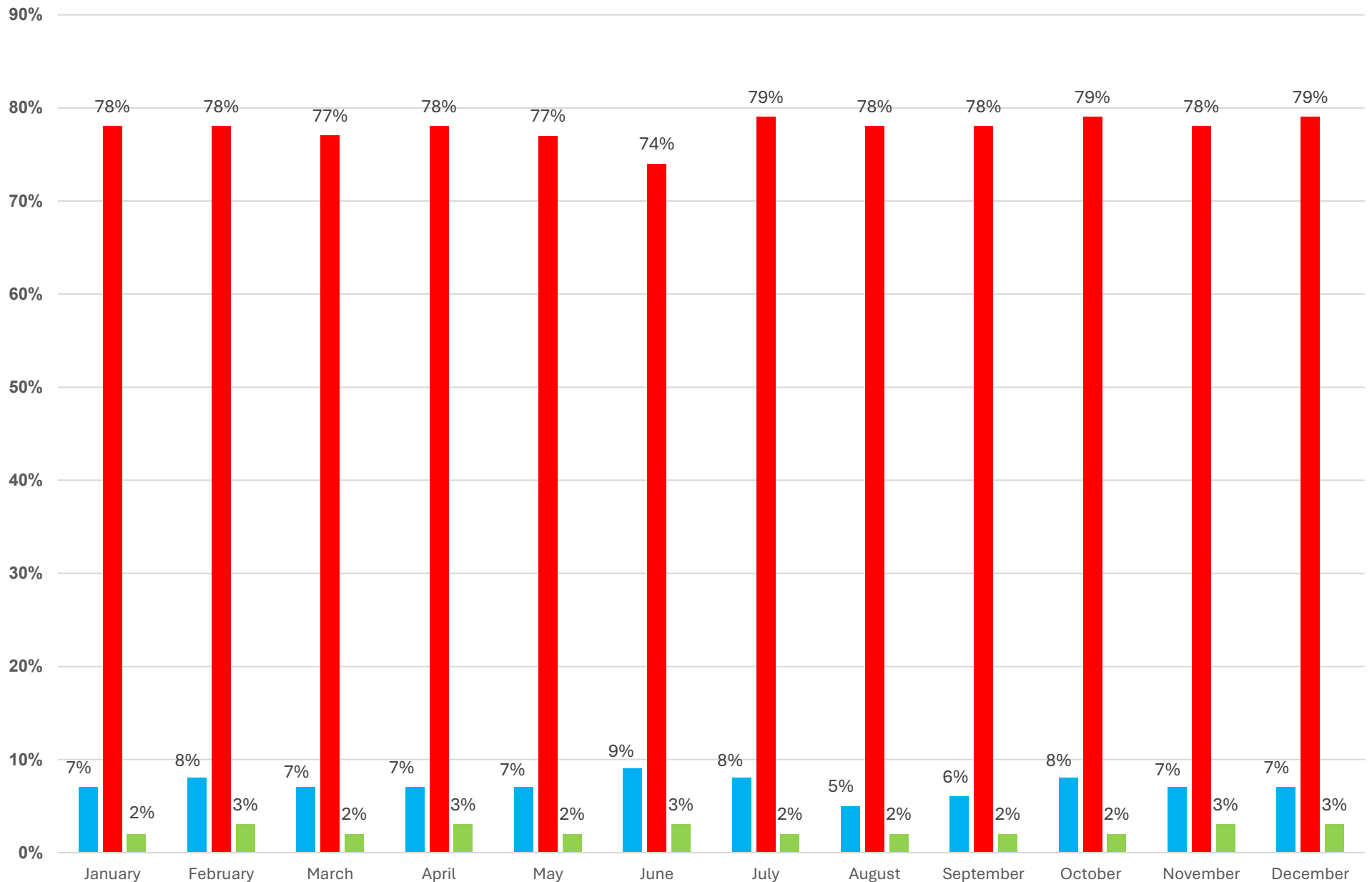
Online vs. Mailed In Renewals
January 2025 - December 2025

■ Online ■ Mailed In



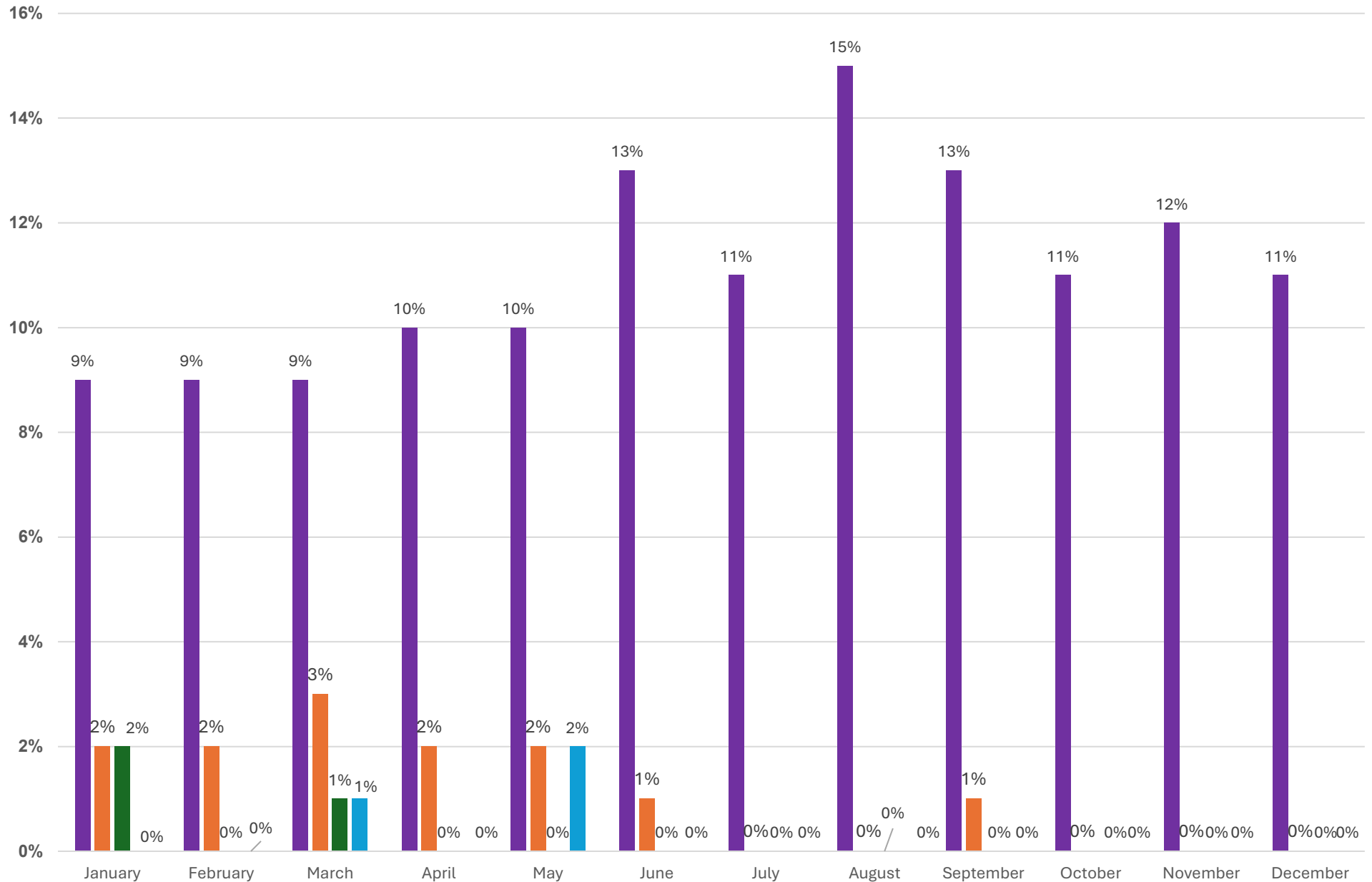
Psychologist Renewal Applications Processed January 2025 - December 2025

■ Inactive ■ Active ■ Retired



Renewal Applications Processed January 2025 - December 2025

■ Psych. Associates ■ Psych. Testing Techs ■ Research Psychoanalyst ■ Student Research Psychoanalyst



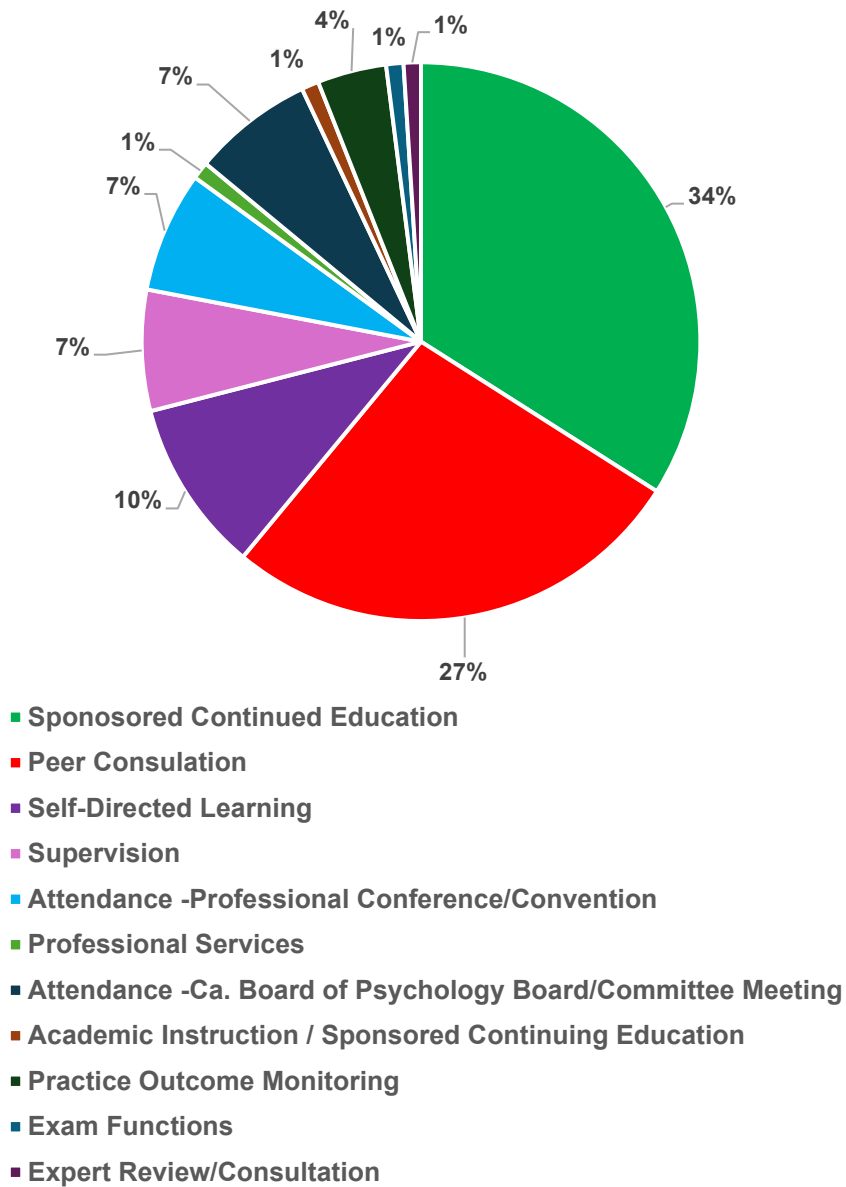
**Continuing Professional Development Audits
January 2025 – November 2025**

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Pending Review:	% Not Yet Received	% Failed:
January	19	100%	0%	0%	0%	0%
February	24	100%	0%	0%	0%	0%
March	22	100%	0%	0%	0%	0%
April	23	95%	0%	0%	0%	5%
May	27	100%	0%	0%	0%	0%
June	19	100%	0%	0%	0%	0%
July	21	100%	0%	0%	0%	0%
August	15	73%	15%	0%	6%	6%
September	15	95%	0%	5%	0%	0%
October	17	12%	6%	58%	24%	0%
November	15	0%	0%	0%	100%	0%
Totals:	217	80%	2%	6%	11%	1%

Audits are sent out the following month for each renewal period.

Of the of 217 audits sent out; the current pass rate is 80%. 6% of the audits are pending review of the documentation received. 11% of the audits have not been received, and 1% of the audits have failed after the full review was completed.

Passed CPD Audits January 2025- November 2025 - Categories



MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(a)(1-5) Bills Implemented in 2026 with Adopted Board Position

Background

This memo provides an update on the implementation of the bills effective in 2026 for which the Board of Psychology (Board) adopted a formal position. For each bill, Board staff completed a standardized implementation process using bill-specific implementation matrices and coordinated planning across all units, including Licensing, Central Services, Enforcement, and Management.

Staff conducted three implementation meetings structured as follows:

- **Meeting 1** – Planning & Task Assignment: Identified statutory requirements, confirmed implementation needs, and assigned duties across units.
- **Meeting 2** – Progress Check: Reviewed task status, resolved barriers, and ensured cross-unit alignment.
- **Meeting 3** – Finalization: Confirmed task completion, addressed outstanding items, and verified readiness for the bill's effective date.

Below is a summary of activities completed for each bill.

1. Senate Bill 775 (Ashby) – Board of Psychology and Behavioral Sciences

Senate Bill 775 (SB 775) expanded the Board's authority over Research Psychoanalysts (RPA) and Student Research Psychoanalysts (student RPA) and incorporated various Board-approved regulatory changes.

To implement SB 775, the Board's carried out the following actions:

- **Regulatory Amendments:** Identified all sections requiring updates and prepared regulatory packages related to new RPA one-time coursework requirements, continuing professional development (CPD) requirements, and out-of-state practice provisions.
- **BreEZe System Updates:** Added new application types, fields, and processing changes for RPAs and student-RPA applicants, as well as updates affecting initial licensing and renewal workflows.
- **Operational and Workflow Changes:** Updated workflows across Licensing, Enforcement, and Central Services to ensure consistent processing of RPA and student-RPA applications and CPD tracking. Coordinated updates to ensure compliance with new statutory provisions, including coursework verification and out-of-state practice updates.
- **Public Communication and Outreach:** Issued public advisories for all substantive SB 775 changes. Updated the Board website content, frequently asked questions (FAQ), automated email responses, social media content, and are updating Laws and Regulations Book to reflect new requirements and provide clear guidance to registrants and stakeholders.

2. **Assembly Bill 489 (Bonta) – Health Care Professions: Deceptive Terms or Letters; Artificial Intelligence**

AB 489 prohibits the use of false or misleading titles or letters in connection with the use of artificial intelligence in health care.

To implement Assembly Bill 489 (AB 489), the Board's carried out the following actions:

- **Regulatory Amendments:** Confirmed that no regulatory amendments were required.
- **BreEZe System Updates:** Added new fields for artificial-intelligence (AI)–related complaints; incorporated into the January 6, 2026, release.
- **Operational and Workflow Changes:** Reviewed staff procedures and enforcement policies to operationalize the Board's authority to pursue injunctions or enforcement actions for deceptive or misleading AI-related representations of licensure.
- **Public Communication and Outreach:** Issued public and licensee advisories, including an enforcement announcement, ListServ communication, and social media postings. The Board is updating the Laws and Regulations Book and website content to include the new AI policy page.

3. Assembly Bill 82 (Ward) – Health Care: Legally Protected Health Care Activity

Assembly Bill 82 (AB 82) provides protections for individuals engaged in or supporting legally protected health care activities.

To implement AB 82, the Board's carried out the following actions:

- **Regulatory Amendments:** Identified required revisions to the RPA initial registration and renewal forms incorporated by reference and prepared the corresponding regulatory packages.
- **BreEZe System Updates:** Added new complaint fields related to gender-affirming care and a qualifier for applicants and licensees to self-attest participation in the Secretary of State's address-confidentiality program, effective January 6, 2026.
- **Operational and Workflow Changes:** Reviewed enforcement, disciplinary, investigative, and records-management procedures. Developed disclosure and attestation forms for protected licensees and ensured cross-unit consistency across Licensing, Central Services, and Enforcement. Conducted cross-unit training on statutory protections and procedural requirements.
- **Public Communication and Outreach:** Issued public advisories explaining how AB 82 protections apply to psychologists. Updated website content, FAQs, and are updating the Laws and Regulations Book to reflect confidentiality requirements and instructions for protected participants.

4. Senate Bill 402 (Valladares) – Health Care Coverage: Autism

SB 402 modifies requirements related to autism services that intersect with psychological practice.

To implement Senate Bill 402 (SB 402), the Board's carried out the following actions:

- **Regulatory Amendments:** Confirmed that no regulatory amendments were required.
- **BreEZe System Updates:** Confirmed that no system updates were necessary.
- **Operational and Workflow Changes:** No workflow, enforcement, or licensing changes were required, as SB 402 added definitions but did not modify Board responsibilities.

- **Public Communication and Outreach:** Issued a public advisory announcing the new autism-related definitions. Making updates to the Laws and Regulations Book accordingly. Board website content and FAQ updates were not required.

5. Senate Bill 160 (Committee on Budget and Fiscal Review) – Background Checks

Senate Bill 160 (SB 160) updates background check requirements, affecting applicants and certain renewals.

To implement SB 160, the Board's carried out the following actions:

- **Regulatory Amendments:** Confirmed that no regulatory amendments were required.
- **BreEZe System Updates:** Updated fingerprinting language on Breeze. Added new statutory Business and Professions Code sections and added fingerprint fields to the Psychological Testing Technician (PTT) renewal application, effective January 6, 2026.
- **Operational and Workflow Changes:** Updated fingerprinting forms and non-BreEZe application materials, reviewed renewal forms, and conducted a cross-unit review of fingerprinting language for consistency.
- **Public Communication and Outreach:** Making updates to the Laws and Regulations Book, Board website content, and FAQs to reflect mandatory fingerprint-based background checks for all Board programs. No public advisory was required.

Action Requested

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

MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(1) Two-Year Bills with Adopted Board Position

Background

Senate Bill 579 (SB 579) would require the Secretary of the Government Operations Agency, by July 1, 2026, to appoint a Mental Health and Artificial Intelligence Working Group. The working group would evaluate the role of artificial intelligence in mental health settings, including opportunities, risks, and policy considerations.

On May 9, 2025, the Board took a position of **Support if Amended**. The Board requested that the bill be amended to include a psychologist as one of the four mental health professionals assigned to the working group. SB 579 became a two-year bill after failing to meet the May 2025 legislative deadline. Since that time, there has been no new activity, amendments, policy hearings, or committee assignments.

Board staff will continue to monitor and track SB 579 and will provide updates to the Board if the bill is amended, scheduled for hearing, or otherwise moves through the Legislature during the 2026 session.

Action Requested

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

Attachment #1: Bill Text

AMENDED IN SENATE MARCH 26, 2025

SENATE BILL

No. 579

Introduced by Senator Padilla

February 20, 2025

An act to add *and repeal* Section 12817 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 579, as amended, Padilla. Mental health and artificial intelligence working group.

Existing law establishes the Government Operations Agency, which consists of several state entities, including, ~~but not limited to,~~ *among others*, the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under existing law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. The bill would require the working group to take input from various stakeholder groups, including health organizations and academic ~~institutions~~, *institutions, and conduct at least 3 public meetings*. The bill would require the working group to produce a report of its findings to the Legislature by July 1, ~~2028~~, *2028, and issue a followup report by January 1, 2030, as specified. The bill would repeal its provisions on July 1, 2031.*

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 12817 is added to the Government Code,
2 to read:
- 3 12817. (a) The Secretary of Government Operations shall
4 appoint a mental health and artificial intelligence working group
5 and designate the chairperson of that group on or before July 1,
6 2026, to evaluate all of the following:
- 7 (1) The role of artificial intelligence in improving mental health
8 outcomes, ensuring ethical standards, promoting innovation, and
9 addressing concerns regarding artificial intelligence in mental
10 health settings.
- 11 (2) The current and emerging artificial intelligence technologies
12 that have the potential to improve mental health diagnosis,
13 treatment, monitoring, and care. The evaluation shall include
14 artificial-intelligence-driven therapeutic tools, virtual assistants,
15 diagnostics, and predictive models.
- 16 (3) The potential risks associated with artificial intelligence to
17 mental health, including ~~reliance on~~ automated systems, privacy
18 concerns, or unintended ~~consequences on mental health treatment.~~
19 ~~consequences, and artificial intelligence chatbots, and other~~
20 ~~artificial intelligence intended to promote mental health or~~
21 ~~impersonate a mental health professional.~~
- 22 (b) The working group shall consist of all of the following
23 participants:
- 24 (1) Four appointees who are ~~mental health professionals.~~
25 ~~behavioral health professionals selected in consultation with~~
26 ~~mental health provider professional organizations, at least one of~~
27 ~~whom works in specialty mental health services serving individuals~~
28 ~~with serious mental illness, serious emotional disturbance, or~~
29 ~~substance abuse disorder.~~
- 30 (2) Three appointees who are artificial intelligence and
31 technology experts.
- 32 (3) Two appointees with a background in patient advocacy.
- 33 (4) Two appointees who are experts in ethics and law.
- 34 (5) One appointee representing a public health agency.
- 35 (6) The State Chief Information Officer, or their designee.

1 (7) The Director of Health Care Services, or their designee.

2 (8) The chief information officers of three other state agencies,
3 departments, or commissions.

4 (9) One Member of the Senate, appointed by the Senate
5 Committee on Rules, and one Member of the Assembly, appointed
6 by the Speaker of the Assembly.

7 (c) (1) The working group shall take input from a broad range
8 of stakeholders with a diverse range of interests affected by state
9 policies governing emerging technologies, privacy, business, the
10 courts, the legal community, and state government.

11 (2) This input shall come from groups, including, but not limited
12 to, health organizations, academic institutions, technology
13 companies, and advocacy groups.

14 (3) (A) *The working group shall conduct at least three public*
15 *meetings to incorporate feedback from groups, including, but not*
16 *limited to, health organizations, academic institutions, technology*
17 *companies, and advocacy groups.*

18 (B) *A public meeting held pursuant to subparagraph (A) may*
19 *be held by teleconference, pursuant to the procedures required by*
20 *Section 11123, for the benefit of the public and the working group.*

21 (d) (1) (A) On or before July 1, 2028, the working group shall
22 report to the Legislature on the potential uses, risks, and benefits
23 of the use of artificial intelligence technology in mental health
24 treatment by state government and California-based businesses.

25 ~~(2)~~

26 (B) This report shall include best practices and recommendations
27 for policy around facilitating the beneficial uses and mitigating
28 the potential risks surrounding artificial intelligence in mental
29 health treatment.

30 ~~(3)~~

31 (C) The report shall include a framework for developing training
32 for mental health professionals to enhance their understanding of
33 artificial intelligence tools and how to incorporate them into their
34 practice effectively.

35 (2) *On or before January 1, 2030, the working group shall issue*
36 *a followup report to the Legislature on the implementation of the*
37 *working group's recommendations and the status of the framework*
38 *for developing training for mental health professionals and how*
39 *it has been incorporated into practice.*

40 ~~(4)~~

1 (3) A report submitted pursuant to this subdivision shall be
2 submitted in compliance with Section 9795.

3 (e) The members of the working group shall serve without
4 compensation, but shall be reimbursed for all necessary expenses
5 actually incurred in the performance of their duties.

6 (f) *The working group is subject to the Bagley-Keene Open*
7 *Meeting Act (Article 9 (commencing with Section 11120) of*
8 *Chapter 1 of Part 1).*

9 (g) *This section shall remain in effect only until January 1, 2031,*
10 *and as of that date is repealed.*

MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(1-5) Two-Year Bills on Watch Status

Background

For the 2025-2026 legislative cycle, five bills on the Board's Watch list for 2025 became two-year bills after failing to meet the legislative deadlines. Board staff will continue to monitor the following bills and provide any updates during the 2026 legislative cycle.

1. Assembly Bill 257 (Flora, R) – Specialty Care Networks: Telehealth and Virtual Services

Would require the California Health and Human Services Agency to establish a demonstration project to support grant-funded telehealth and virtual-care specialty networks serving safety-net providers.

2. Assembly Bill 277 (Alanis, R) – Behavioral Health Providers: Background Checks

Would require individuals providing behavioral health treatment at behavioral health centers, facilities, or programs to undergo a criminal background check.

3. Assembly Bill 346 (Nguyen, D) – In-Home Supportive Services: Licensed Health Care Professional Certification

Would revise the definition of "licensed health care professional" for purposes of In-Home Support Services certification and paramedical services, adding that the licensed individual must have primary responsibility for diagnosing or treating the physical or mental impairments contributing to the applicant's functional limitations.

4. **Assembly Bill 479 (Tangipa, R) – Criminal Procedure: Vacatur Relief**
Would require courts, before granting vacatur relief to victims of violence, to make findings regarding public health, safety, and welfare impacts when the petitioner holds a professional license, and the underlying offense is substantially related to the licensed profession.
5. **Assembly Bill 667 (Solache, D) – License Examinations: Interpreters**
Would require Department of Consumer Affairs boards to collect applicants preferred written, spoken, and signed languages by January 1, 2027, assess interpreter needs, and begin reporting language-preference data annually to the Legislature beginning in 2029.

Action Requested

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

MEMORANDUM

DATE	January 22, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(d)(1) Bills for Review and Consideration of a Recommended Position – SB 903 (Padilla) Mental health professionals: artificial intelligence

Background

On January 21, 2026, Senate Bill 903 (SB 903) was introduced by Senator Stephen Padilla.

SB 903 would establish new statutes to regulate how artificial intelligence (AI) may be used in therapy and psychotherapy services. The bill is intended to protect consumers by prohibiting unlicensed individuals or entities from offering therapy or psychotherapy services through AI. For licensed professionals, the bill would require clear patient consent when AI is used to support recorded or transcribed therapy sessions and would ensure that AI does not make independent therapeutic decisions or replace professional clinical judgment. The bill also authorizes the Department of Consumer Affairs to investigate violations and impose civil penalties.

While the bill primarily references mental health professionals regulated by the Board of Behavioral Sciences, it also applies to licensed psychologists. Because psychologists are included within the bill's scope, the Board of Psychology (Board) and its licensees would be subject to the bill's requirements and may receive consumer questions or complaints related to the use of AI in psychological practice.

Action Requested

Board staff recommends that the Board take a SUPPORT position on SB 903 and request the following amendment:

- An amendment to expressly recognize the Board of Psychology as a mental health regulating board under the bill. Although SB 903 regulates licensed

mental health professionals and includes licensed psychologists within its scope, it expressly references only the Board of Behavioral Sciences. Explicitly identifying the Board of Psychology would clarify regulatory authority, support coordinated enforcement and ensure effective consumer protection related to AI use in psychological practice.

Attachment #1: Bill Text

Attachment #2: Bill Analysis

Introduced by Senator Padilla

January 21, 2026

An act to add Chapter 13.6 (commencing with Section 4989.80) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 903, as introduced, Padilla. Mental health professionals: artificial intelligence.

Existing law establishes the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act.

Existing law regulates the use of artificial intelligence, as defined. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit

an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. The bill would additionally prohibit a licensed professional from allowing artificial intelligence to make independent therapeutic decisions or take other specified actions related to communications with clients, as specified. The bill would authorize the department to investigate actual, alleged, or suspected violations of these provisions and impose civil penalties, as prescribed.

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. Chapter 13.6 (commencing with Section 4989.80)
2 is added to Division 2 of the Business and Professions Code, to
3 read

4
5 CHAPTER 13.6. WELLNESS AND OVERSIGHT FOR
6 PSYCHOLOGICAL RESOURCES ACT

7
8 4989.80. This chapter may be cited as the Wellness and
9 Oversight for Psychological Resources Act.

10 4989.81. The purpose of this chapter is to safeguard individuals
11 seeking therapy or psychotherapy services by ensuring these
12 services are delivered by qualified, licensed, or certified
13 professionals. This chapter is intended to protect consumers from
14 unlicensed or unqualified providers, including unregulated artificial
15 intelligence systems, while respecting individual choice and access
16 to community-based and faith-based mental health support.

17 4989.82. For purposes of this chapter, the following definitions
18 apply:

19 (a) “Administrative support” means tasks performed to assist a
20 licensed professional in the delivery of therapy or psychotherapy
21 services that do not involve therapeutic communication.
22 “Administrative support” includes, but is not limited to, all of the
23 following:

- 24 (1) Managing appointment scheduling and reminders.
25 (2) Processing billing and insurance claims.

1 (3) Drafting general communications related to therapy logistics
2 that do not include therapeutic advice.

3 (b) “Artificial intelligence” means an engineered or
4 machine-based system that varies in its level of autonomy and that
5 can, for explicit or implicit objectives, infer from the input it
6 receives how to generate outputs that can influence physical or
7 virtual environments.

8 (c) (1) “Consent” means a clear, explicit affirmative act by an
9 individual meets both of the following requirements:

10 (A) Unambiguously communicates the individual’s express,
11 freely given, informed, voluntary, specific, and unambiguous
12 written agreement, including a written agreement provided by
13 electronic means.

14 (B) Is revocable by the individual.

15 (2) “Consent” does not include an agreement that is obtained
16 by any of the following:

17 (A) The acceptance of a general or broad terms of use agreement
18 or a similar document that contains descriptions of artificial
19 intelligence along with other unrelated information.

20 (B) An individual hovering over, muting, pausing, or closing a
21 given piece of digital content.

22 (C) An agreement obtained through the use of deceptive actions.

23 (d) “Department” means the Department of Consumer Affairs.

24 (e) “Licensed professional” means an individual who holds a
25 valid license issued by this state to provide therapy or
26 psychotherapy services, including, but not limited to, the following:

27 (1) A licensed clinical psychologist.

28 (2) A licensed clinical social worker.

29 (3) A licensed professional clinical counselor.

30 (4) A licensed marriage and family therapist.

31 (5) A registered or certified alcohol or other drug counselor.

32 (6) A psychiatric mental health nurse practitioner.

33 (7) Any other professional authorized by this state to provide
34 therapy or psychotherapy services.

35 (f) “Peer support” means services provided by individuals with
36 lived experience of mental health conditions or recovery from
37 substance use that are intended to offer encouragement,
38 understanding, and guidance without clinical intervention.

39 (g) “Religious counseling” means counseling provided by clergy
40 members, pastoral counselors, or other religious leaders acting

1 within the scope of their religious duties if the services are
2 explicitly faith based and are not represented as clinical mental
3 health services or therapy or psychotherapy services.

4 (h) “Supplementary support” means tasks performed to assist
5 a licensed professional in the delivery of therapy or psychotherapy
6 services that do not involve therapeutic communication and that
7 are not administrative support. “Supplementary support” includes,
8 but is not limited to, any of the following:

9 (1) Preparing and maintaining client records, including therapy
10 notes.

11 (2) Analyzing anonymized data to track client progress or
12 identify trends, subject to review by a licensed professional.

13 (3) Identifying and organizing external resources or referrals
14 for client use.

15 (i) (1) “Therapeutic communication” means any verbal,
16 nonverbal, or written interaction conducted in a clinical or
17 professional setting that is intended to diagnose, treat, or address
18 an individual’s mental, emotional, or behavioral health concerns.
19 “Therapeutic communication” includes, but is not limited to, any
20 of the following:

21 (A) Direct interactions with clients for the purpose of
22 understanding or reflecting their thoughts, emotions, or
23 experiences.

24 (B) Providing guidance, therapeutic strategies, or interventions
25 designed to achieve mental health outcomes.

26 (C) Offering emotional support, reassurance, or empathy in
27 response to psychological or emotional distress.

28 (D) Collaborating with clients to develop or modify therapeutic
29 goals or treatment plans.

30 (E) Offering behavioral feedback intended to promote
31 psychological growth or address mental health conditions.

32 (2) “Therapeutic communication” does not include the
33 discussion of a patient’s use of artificial intelligence in a clinical
34 setting.

35 (j) “Therapy or psychotherapy services” means services provided
36 to diagnose, treat, or improve an individual’s mental health or
37 substance use disorder condition. “Therapy or psychotherapy
38 services” does not include religious counseling or peer support.

39 (k) “Use of artificial intelligence” means the use of artificial
40 intelligence tools or systems by a licensed professional to assist

1 in providing administrative support or supplementary support in
2 therapy or psychotherapy services where the licensed professional
3 maintains full responsibility for all interactions, outputs, and data
4 use associated with the system and satisfies the requirements of
5 Section 4989.83.

6 4989.83. A licensed professional shall not engage in the use
7 of artificial intelligence to assist in providing supplementary
8 support in therapy or psychotherapy where the client's therapeutic
9 session is recorded or transcribed unless both of the following
10 conditions are satisfied:

11 (a) The patient or the patient's legally authorized representative
12 is informed in writing of both of the following:

13 (1) That artificial intelligence will be used.

14 (2) The specific purpose of the artificial intelligence tool or
15 system that will be used.

16 (b) The patient or the patient's legally authorized representative
17 provides consent to the use of artificial intelligence.

18 4989.84. (a) An individual, corporation, or entity shall not
19 provide, advertise, or otherwise offer therapy or psychotherapy
20 services, including through the use of internet-based artificial
21 intelligence, to the public in this state unless the therapy or
22 psychotherapy services are conducted by an individual who is a
23 licensed professional.

24 (b) A licensed professional may use artificial intelligence only
25 to the extent the use meets the requirements this chapter. A licensed
26 professional shall not allow artificial intelligence to do any of the
27 following:

28 (1) Make independent therapeutic decisions.

29 (2) Directly interact with clients in any form of therapeutic
30 communication, unless they are using a product that is approved
31 by the United States Food and Drug Administration and is
32 compliant with the federal Health Insurance Portability and
33 Accountability Act of 1996 (Public Law 104-191).

34 (3) Generate therapeutic recommendations or treatment plans
35 without review and approval by the licensed professional.

36 (4) Detect emotions or mental states.

37 4989.85. All records kept by a licensed professional and all
38 communications between an individual seeking therapy or
39 psychotherapy services and a licensed professional shall be

1 confidential and shall not be disclosed except as otherwise required
2 by law.

3 4989.86. (a) The department shall have the authority to
4 investigate any actual, alleged, or suspected violation of this
5 chapter.

6 (b) Any individual, corporation, or entity found in violation of
7 this chapter shall pay a civil penalty to the department in an amount
8 not to exceed ten thousand dollars (\$10,000) per violation, as
9 determined by the department, with penalties assessed based on
10 the degree of harm and the circumstances of the violation. Before
11 the civil penalty is levied, the individual, corporation, or entity
12 shall be given a written notice of the proposed action, including
13 the nature of the violation and the amount of the proposed penalty,
14 and shall have the right to request a hearing, which shall be held
15 pursuant to the Administrative Procedure Act (Chapter 5
16 (commencing with Section 11500) of Part 1 of Division 3 of Title
17 2 of the Government Code). An individual, corporation, or entity
18 found in violation of this chapter shall pay the civil penalty within
19 60 days after the date of the order by the department imposing the
20 civil penalty. The order shall constitute a judgment and may be
21 filed and executed in the same manner as any judgment from the
22 appropriate court.

23 4989.87. This chapter does not apply to any of the following:

24 (a) Religious counseling.

25 (b) Peer support.

26 (c) Self-help materials and educational resources that are
27 available to the public and do not purport to offer therapy or
28 psychotherapy services.

2026 Bill Analysis

Bill Author: Senator Stephen Padilla	Bill Number: SB 903	Related Bills: AB 489
Sponsor:	Version: Introduced	
Subject: Mental health professionals: artificial intelligence		

SUMMARY

Senate Bill 903 (SB 903) establishes new statutory restrictions on the use of artificial intelligence (AI) in therapy and psychotherapy services. The bill requires informed patient consent when AI is used for certain supportive functions in recorded or transcribed therapy sessions, prohibits unlicensed AI-based therapy services, limits the scope of permissible AI use by licensed professionals, and authorizes the Department of Consumer Affairs (DCA) to investigate violations and impose civil penalties

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board of Psychology take a position of **SUPPORT** and request the following amendments for SB 903:

- An amendment to expressly recognize the Board of Psychology as a mental health regulating board under the bill. Although SB 903 includes licensed psychologists within its scope, it expressly references only the Board of Behavioral Sciences. Explicitly identifying the Board of Psychology would clarify regulatory authority, support coordinated enforcement and ensure effective consumer protection related to AI use in psychological practice.

Other Boards/Departments that may be affected:			
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes	<input checked="" type="checkbox"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Regulations Required	<input type="checkbox"/> Legislative Reporting	<input type="checkbox"/> New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
<input type="checkbox"/> Support	<input type="checkbox"/> Support if Amended	<input type="checkbox"/> Support	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose Unless Amended	<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Watch	<input type="checkbox"/> Neutral	<input type="checkbox"/> Watch
Date: _____		Date: _____	
Vote: _____		Vote: _____	

REASON FOR THE BILL

The proposed bill's intent is to protect individuals seeking therapy or psychotherapy services from unlicensed or unqualified providers, including unregulated AI systems. The author expresses concern that AI-based tools are increasingly marketed as therapeutic services without appropriate licensure, oversight, or safeguards, potentially placing consumers at risk. The bill seeks to ensure that therapy and psychotherapy services are delivered by licensed professionals, that AI is not used to replace clinical judgment, and that consumers are informed and provide consent when AI is used in their care.

ANALYSIS

SB 903 adds a new chapter to the Business and Professions Code establishing statewide requirements for the use of AI in therapy and psychotherapy services. Although the bill primarily impacts licensees regulated by the Board of Behavioral Sciences, it also expressly includes licensed psychologists within its definition of "licensed professional" and authorizes DCA to enforce violations through civil penalties.

Current law regulates the use of generative AI in health care communications by requiring disclosure when AI is used to generate patient clinical communications. SB 903 expands protections for the use of AI beyond communications and addresses AI use within therapy and psychotherapy services themselves.

Under the bill, a licensed professional may not use AI to assist with "supplementary support" in therapy or psychotherapy when a session is recorded or transcribed unless the patient (or authorized representative) is informed in writing that AI will be used, is told the specific purpose of the AI tool, and provides explicit, revocable consent. This provision is intended to promote transparency and patient autonomy but may require licensees to modify documentation and consent practices.

SB 903 also prohibits any individual, corporation, or entity from providing, advertising, or offering therapy or psychotherapy services to the public in California—including through internet-based AI—unless the services are conducted by a licensed professional. This provision targets AI platforms or applications that market themselves as providing therapy without licensed oversight. Additionally, the bill prohibits licensed professionals from allowing AI to:

- Make independent therapeutic decisions;
- Engage in therapeutic communication with clients;
- Generate therapeutic recommendations or treatment plans without professional review and approval; or
- Detect emotions or mental states.

These restrictions reinforce that clinical judgment must remain with the licensed professional and that AI tools may only be used in a limited, supportive capacity. And to ensure consumer protections, SB 903 authorizes DCA to investigate actual, alleged, or suspected violations and to impose civil penalties of up to \$10,000 per violation.

Impact on the Board of Psychology

If enacted, SB 903 may:

- Result in increased complaints and enforcement matters related to AI-based therapy and alleged unlicensed practice, as the bill establishes explicit authority to investigate and enforce violations involving the use of artificial intelligence in therapy and psychotherapy services. Although the bill expressly references the Board of Behavioral Sciences, licensed psychologists are included within the bill's scope, and similar enforcement considerations would apply to the Board of Psychology.
- Necessitate the development of consumer and licensee guidance clarifying permissible and prohibited uses of artificial intelligence in psychological practice to support compliance and consumer protection.

LEGISLATIVE HISTORY

In 2025 California Governor Newsom signed Assembly Bill 489 (AB 489) (Bonta, Chapter 615, Statutes of 2025) into law. AB 489 prohibits deceptive or misleading uses of AI that could cause a consumer to believe an AI system is a licensed health care professional. AB 489 was enacted to strengthen consumer protections related to AI-generated representations and advertising.

SB 903 relates to AB 489 by expanding state oversight of artificial intelligence from professional representations and advertising to the use of AI within the delivery of therapy and psychotherapy services, including consent requirements, restrictions on AI functionality, and enforcement provisions related to unlicensed practice.

OTHER STATES' INFORMATION

Several states have enacted or proposed laws addressing the use of artificial intelligence in mental and behavioral health services. These approaches vary in scope, but generally focus on consumer protection, disclosure, and limits on AI substituting for licensed professionals.

Utah – Mental Health Chatbot Disclosures (Enacted)

Utah enacted legislation establishing disclosure requirements for “mental health chatbots,” including clear notice that the chatbot is not human and limitations on representations made to consumers.

Illinois – AI Restrictions in Therapy and Psychotherapy (Enacted)

Illinois enacted legislation restricting the use of artificial intelligence in therapy and psychotherapy, including prohibiting AI from making independent therapeutic decisions or replacing professional judgment.

Nevada – Limits on AI in Mental and Behavioral Health Care (Enacted)

Nevada enacted legislation regulating AI systems in mental and behavioral health contexts, including restrictions on representations that AI can provide professional mental health care.

Colorado – Broad Consumer AI Protections (Enacted)

Colorado enacted a comprehensive consumer protection framework regulating “high-risk” AI systems and requiring risk mitigation and accountability measures, which may apply to health-related AI systems depending on use.

New Jersey – AI Advertising as Mental Health Services (Proposed)

New Jersey has considered legislation prohibiting the advertising of AI systems as licensed mental health professionals.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

The bill contains no appropriation. While enforcement authority is assigned to DCA, potential indirect costs to the Board of Psychology may include staff time related to complaint intake, referrals, coordination with DCA, and development of guidance which can be absorbed by the Board.

ECONOMIC IMPACT

The bill has limited economic impact on licensees and registrants using AI-based therapy services. It may increase compliance costs for licensees who use AI tools in practice. Alternatively, it promotes consumer protection and may reduce economic harm associated with unregulated or misleading services.

LEGAL IMPACT

The federal government has issued executive actions to curb state-level AI regulations. The order seeks to establish a unified national approach by directing federal agencies to challenge or preempt state laws, particularly targeting regulations in states like California and Colorado. These federal actions are generally focused on national security, innovation, interstate commerce, and federal agency use of AI, rather than the regulation of professional licensure or the practice of health care.

Professional licensure, scope of practice, and consumer protection related to mental health services have historically been regulated by states under their police powers. SB 903 regulates the conduct of licensed professionals and prohibits unlicensed individuals or entities from offering therapy or psychotherapy services in California. As drafted, SB

903 does not regulate the development of artificial intelligence technology itself, but rather the use of such tools within the delivery of regulated mental health services.

At this time, federal legislation or regulations do not impact state-level AI regulations addressing mental health practice, mental health care, and professional licensure. However, SB 903 is currently structured as a professional practice and consumer protection bill. Continued monitoring of federal AI policy developments is necessary to assess potential impacts on implementation or enforcement.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support: Not applicable at this time.

Opposition: Not applicable at this time.

ARGUMENTS

Not applicable at this time.

Proponents: Not applicable at this time.

Opponents: Not applicable at this time.

AMENDMENTS

The Board requests the following statutes be added to SB 903.

2900.

The Legislature finds and declares that practice of psychology in California affects the public health, safety, and welfare and is to be subject to regulation and control in the public interest to protect the public from the unauthorized and unqualified practice of psychology and from unprofessional conduct by persons licensed to practice psychology.

2902.

For purposes of this chapter, the following definitions apply:

- (a) "Licensed psychologist" means an individual to whom a license has been issued pursuant to the provisions of this chapter, which license is in force and has not been suspended or revoked.
- (b) "Client" means a patient or recipient of psychological or psychoanalytic services.
- (c) "Board" means the Board of Psychology.
- (d) A person represents themselves to be a psychologist when the person holds themselves out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," "psychology consultation," "psychology consultant," "psychometry," "psychometrics" "psychometrist," "psychotherapy," or "psychotherapist," or when the person holds themselves out to be trained, experienced, or an expert in the field of psychology.
- (e) "Accredited," as used with reference to academic institutions, means the University of California, the California State University, or an institution that is accredited by a national or an applicable regional accrediting agency recognized by the United States Department of Education.
- (f) "Approved," as used with reference to academic institutions, means an institution having "approval to operate", as defined in Section 94718 of the Education Code.

2903.

- (a) No person may engage in the practice of psychology, or represent themselves to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render to individuals, groups, organizations, or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.
- (b) 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.

(c) 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.

MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(e)(1) Bills Recommended for Board to Watch – AB 1568 (Alanis) Sex offenses: registration

Background

Assembly Bill 1568 (AB 1568) was introduced on January 12, 2026, by Assemblymember Juan Alanis. The proposed bill would amend the Sex Offender Registration Act to require individuals seeking termination from the sex offender registry to provide proof of successful completion of a California Sex Offender Management Board–certified sex offender treatment program before filing a petition for removal. The bill also makes conforming statutory updates.

Board staff are monitoring this bill because the Board has disciplinary and enforcement statutes and regulations specific to sex-offense–related conduct. At this time, the bill does not directly amend the Board’s statutory authority, but staff will continue monitoring for potential impacts on enforcement processes.

Action Requested

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

ASSEMBLY BILL

No. 1568

Introduced by Assembly Member Alanis

January 12, 2026

An act to amend Section 290.5 of the Penal Code, relating to sex offenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 1568, as introduced, Alanis. Sex offenses: registration.

Existing law, the Sex Offender Registration Act, requires a person convicted of one of certain crimes, as specified, to register with law enforcement as a sex offender while residing in California or while attending school or working in California, as specified. Existing law, on and after July 1, 2021, authorizes a person to file a petition in the superior court in the county in which they are registered for termination from the sex offender registry on or after their next birthday following the expiration of the mandated minimum registration period.

This bill would require a person described above to show proof of successful completion of a California Sex Offender Management Board-certified sex offender treatment program in order to file the above-described petition, and make conforming changes.

If the district attorney requests a hearing regarding the above-described petition, under existing law, the district attorney is entitled to present evidence regarding whether community safety would be significantly enhanced by requiring continued registration.

This bill would require the petitioner to personally appear at the hearing. The bill would require the court to consider whether the offender was in a position of trust or authority in relation to the victim in the above-described determination.

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 290.5 of the Penal Code is amended to
2 read:
3 290.5. (a) (1) A person who is required to register pursuant
4 to Section 290~~and~~ who is a tier one or tier two offender *and who*
5 *has shown proof of successful completion of a California Sex*
6 *Offender Management Board-certified sex offender treatment*
7 *program* may file a petition in the superior court in the county in
8 which the person is registered for termination from the sex offender
9 registry on or after their next birthday after July 1, 2021, following
10 the expiration of the person's mandated minimum registration
11 period, or if the person is required to register pursuant to Section
12 290.008, the person may file the petition in juvenile court on or
13 after their next birthday after July 1, 2021, following the expiration
14 of the mandated minimum registration period. The petition shall
15 contain proof of the person's current registration as a sex offender.
16 (2) The petition shall be served on the registering law
17 enforcement agency and the district attorney in the county where
18 the petition is filed and on the law enforcement agency and the
19 district attorney of the county of conviction of a registerable offense
20 if different than the county where the petition is filed. The
21 registering law enforcement agency shall report receipt of service
22 of a filed petition to the Department of Justice in a manner
23 prescribed by the department. The registering law enforcement
24 agency and the law enforcement agency of the county of conviction
25 of a registerable offense if different than the county where the
26 petition is filed shall, within 60 days of receipt of the petition,
27 report to the district attorney and the superior or juvenile court in
28 which the petition is filed regarding whether the person has met
29 the requirements for termination pursuant to subdivision (e) of
30 Section 290. If an offense which may require registration pursuant
31 to Section 290.005 is identified by the registering law enforcement
32 agency which has not previously been assessed by the Department
33 of Justice, the registering law enforcement agency shall refer that
34 conviction to the department for assessment and determination of
35 whether the conviction changes the tier designation assigned by

1 the department to the offender. If the newly discovered offense
2 changes the tier designation for that person, the department shall
3 change the tier designation pursuant to subdivision (d) of Section
4 290 within three months of receipt of the request by the registering
5 law enforcement agency and notify the registering law enforcement
6 agency. If more time is required to obtain the documents needed
7 to make the assessment, the department shall notify the registering
8 law enforcement agency of the reason that an extension of time is
9 necessary to complete the tier designation. The registering law
10 enforcement agency shall report to the district attorney and the
11 court that the department has requested an extension of time to
12 determine the person's tier designation based on the newly
13 discovered offense, the reason for the request, and the estimated
14 time needed to complete the tier designation. The district attorney
15 in the county where the petition is filed may, within 60 days of
16 receipt of the report from either the registering law enforcement
17 agency, the law enforcement agency of the county of conviction
18 of a registerable offense if different than the county where the
19 petition is filed, or the district attorney of the county of conviction
20 of a registerable offense, request a hearing on the petition if the
21 petitioner has not fulfilled the requirement described in subdivision
22 (e) of Section 290, or if community safety would be significantly
23 enhanced by the person's continued registration. *The petitioner*
24 *shall personally appear at the hearing.* If no hearing is requested,
25 the petition for termination shall be granted if the court finds the
26 required proof of current registration is presented in the petition,
27 provided that the registering agency reported that the person met
28 the requirement for termination pursuant to subdivision (e) of
29 Section 290, there are no pending charges against the person which
30 could extend the time to complete the registration requirements of
31 the tier or change the person's tier status, and the person is not in
32 custody or on parole, probation, or supervised release. The court
33 may summarily deny a petition if the court determines the petitioner
34 does not meet the statutory requirements for termination of sex
35 offender registration or if the petitioner has not fulfilled the filing
36 and service requirements of this section. In summarily denying a
37 petition the court shall state the reason or reasons the petition is
38 being denied.

39 (3) If the district attorney requests a hearing, the district attorney
40 shall be entitled to present evidence regarding whether community

1 safety would be significantly enhanced by requiring continued
2 registration. In determining whether to order continued registration,
3 the court shall consider: the nature and facts of the registerable
4 offense; the age and number of victims; ~~whether any victim was~~
5 ~~a stranger~~ *the offender was a stranger to the victim* at the time of
6 the offense (known to the offender for less than 24 hours); *whether*
7 *the offender was in a position of trust or authority in relation to*
8 *the victim*; criminal and relevant noncriminal behavior before and
9 after conviction for the registerable offense; the time period during
10 which the person has not reoffended; ~~successful completion, if~~
11 ~~any, of a Sex Offender Management Board-certified sex offender~~
12 ~~treatment program~~; and the person's current risk of sexual or
13 violent reoffense, including the person's risk levels on SARATSO
14 static, dynamic, and violence risk assessment instruments, if
15 available. Any judicial determination made pursuant to this section
16 may be heard and determined upon declarations, affidavits, police
17 reports, or any other evidence submitted by the parties which is
18 reliable, material, and relevant.

19 (4) If termination from the registry is denied, the court shall set
20 the time period after which the person can repetition for
21 termination, which shall be at least one year from the date of the
22 denial, but not to exceed five years, based on facts presented at
23 the hearing. The court shall state on the record the reason for its
24 determination setting the time period after which the person may
25 repetition.

26 (5) The court shall notify the Department of Justice, California
27 Sex Offender Registry, when a petition for termination from the
28 registry is granted, denied, or summarily denied, in a manner
29 prescribed by the department. If the petition is denied, the court
30 shall also notify the Department of Justice, California Sex Offender
31 Registry, of the time period after which the person can file a new
32 petition for termination.

33 (b) (1) A person required to register as a tier two offender,
34 pursuant to paragraph (2) of subdivision (d) of Section 290, may
35 petition the superior court for termination from the registry after
36 10 years from release from custody on the registerable offense if
37 all of the following apply: (A) the registerable offense involved
38 no more than one victim 14 to 17 years of age, inclusive; (B) the
39 offender was under 21 years of age at the time of the offense; (C)
40 the registerable offense is not specified in subdivision (c) of Section

1 667.5, except subdivision (a) of Section 288; and (D) the
2 registerable offense is not specified in Section 236.1.

3 (2) A tier two offender described in paragraph (1) may file a
4 petition with the superior court for termination from the registry
5 only if the person has not been convicted of a new offense requiring
6 sex offender registration or an offense described in subdivision
7 (c) of Section 667.5 since the person was released from custody
8 on the offense requiring registration pursuant to Section 290, and
9 has registered for 10 years pursuant to subdivision (e) of Section
10 290. The court shall determine whether community safety would
11 be significantly enhanced by requiring continued registration and
12 may consider the following factors: whether the victim was a
13 stranger (known less than 24 hours) at the time of the offense; the
14 nature of the registerable offense, including whether the offender
15 took advantage of a position of trust; criminal and relevant
16 noncriminal behavior before and after the conviction for the
17 registerable offense; whether the offender has successfully
18 completed a Sex Offender Management Board-certified sex
19 offender treatment program; whether the offender initiated a
20 relationship for the purpose of facilitating the offense; and the
21 person's current risk of sexual or violent reoffense, including the
22 person's risk levels on SARATSO static, dynamic, and violence
23 risk assessment instruments, if known. If the petition is denied,
24 the person may not repetition for termination for at least one year.

25 (3) A person required to register as a tier three offender based
26 solely on the person's risk level, pursuant to subparagraph (D) of
27 paragraph (3) of subdivision (d) of Section 290, may petition the
28 court for termination from the registry after 20 years from release
29 from custody on the registerable offense, if the person (A) has not
30 been convicted of a new offense requiring sex offender registration
31 or an offense described in subdivision (c) of Section 667.5 since
32 the person was released from custody on the offense requiring
33 registration pursuant to Section 290, and (B) has registered for 20
34 years pursuant to subdivision (e) of Section 290; except that a
35 person required to register for a conviction pursuant to Section
36 288 or an offense listed in subdivision (c) of Section 1192.7 who
37 is a tier three offender based on the person's risk level, pursuant
38 to subparagraph (D) of paragraph (3) of subdivision (d) of Section
39 290, shall not be permitted to petition for removal from the registry.
40 The court shall determine whether community safety would be

1 significantly enhanced by requiring continued registration and may
2 consider the following factors: whether the victim was a stranger
3 (known less than 24 hours) at the time of the offense; the nature
4 of the registerable offense, including whether the offender took
5 advantage of a position of trust; criminal and relevant noncriminal
6 behavior before and after the conviction for the registerable offense;
7 whether the offender has successfully completed a Sex Offender
8 Management Board-certified sex offender treatment program;
9 whether the offender initiated a relationship for the purpose of
10 facilitating the offense; and the person's current risk of sexual or
11 violent reoffense, including the person's risk levels on SARATSO
12 static, dynamic, and violence risk assessment instruments, if
13 known. If the petition is denied, the person may not re-petition for
14 termination for at least three years.
15 (c) This section shall become operative on July 1, 2021.

MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14 (a-g) – Regulatory Update, Review, and Potential Consideration of Additional Changes

The following is a list of the Board of Psychology's (Board) regulatory packages, and their status in the rule-making process:

a) **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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Production Stage. This phase includes Board-approved text, collaborative reviews by Board staff, Regulatory Counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

At its August 18, 2023, meeting, the Board voted to adopt proposed regulatory language amending the Disciplinary Guidelines, which were last amended in April 2015. The Board's vote included amendments to the document incorporated by reference and the addition of uniform standards related to substance-abusing licensees. Following the Board's adoption, the regulatory package underwent multiple reviews by Budget staff and Regulatory Counsel. Budget staff and Regulatory Counsel recommended that the Board review and adopt revised proposed regulatory text and the updated document incorporated by reference.

At the August 22, 2025, meeting, the Board reviewed the revised proposed regulatory text and updated document incorporated by reference and voted to refer the Disciplinary Guidelines to the Enforcement Committee for further review and additional revisions. The revised package was subsequently presented to the Board

at the November 6–7, 2025, Board Meeting. The Board voted to adopt the updated Disciplinary Guidelines.

Board staff is currently finalizing the production documents for Director and Agency review.

b) Title 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

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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Final Stage. This phase includes submission of a final regulation package to the Office of Administrative Law (OAL). The 45-day comment period concluded, and no adverse comments were received.

In 2023, the Board conducted a Barriers to Telehealth survey. The surveys were sent to licensees who provide telehealth services and consumers. As a result of the survey, the Enforcement Committee was asked to review telehealth requirements (including Health Insurance Portability Accountability Act, Business and Professions Code Section 2290.5, and California Code of Regulations section 1396.8) to make sure licensees who are providing telehealth services are in compliance. The Enforcement Committee identified amendments to California Code of Regulations section 1396.8. At the February 27, 2025, Board Meeting, the Board adopted the revised proposed regulatory text.

Board staff has completed final documents and submitted them to Director and Agency for final review.

c) 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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Production Phase. This phase includes Board-approved text, and collaborative reviews by Board staff, Regulatory Counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

In December 2022, the Board's Enforcement Committee and staff completed a comprehensive review of enforcement-related provisions in Business and Professions Code sections 2902 through 2986. The review identified the need for technical and conforming amendments to align the Board's regulations with current statutory language and enforcement practices.

Specifically, the proposed regulatory package would:

- Clarify that the term “licensee” includes both licensed psychologists and registered psychological associates.
- Remove gender-specific terminology and replace it with gender-neutral language.
- Update procedures related to petitions, modifications, and termination of probation to reflect current Board practices.

At its February 2–3, 2023 meeting, the Board voted to adopt the proposed regulatory text. In November 2025, Board staff, Regulatory Counsel, and Budget staff reconvened for a kick-off meeting to establish next steps. At that meeting, it was determined that the Enforcement Unit would review the previously Board-approved proposed text to assess whether updates are necessary. If revisions are warranted, Board staff will amend the proposed text and present to the Board for review.

d) Title 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Applications – Implementation of AB 282

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 drafting proposed regulatory text and collaborative reviews by Board staff, Budget staff, and Regulatory Counsel.

On May 19, 2023, the Board approved the statutory and regulatory changes that would implement the Examination for Professional Practice in Psychology (EPPP) part 2 Skills Exam, effective January 1, 2026, along with the Assembly Bill 282 (AB 282) (Aguiar-Curry, Ch. 45, Stat. of 2023) mandates that allow applicants as specified to take any and all examinations required for licensure. On May 10, 2024, Board approved amended regulatory language.

On October 22, 2024, the Association of State and Provincial Psychology Boards (ASPPB) paused the decision to make EPPP a two-part exam effective on January 1, 2026. Board staff paused the regulatory work related to implementing EPPP Part 2 based on this new development.

Board staff is currently working with Budget and Regulatory Counsel on a standalone regulatory package to implement the mandates of AB 282 and bring it to the Board for review and discussion at the August 22, 2025, Board meeting. With this change, the new anticipated implementation date has been updated to 2027.

Board staff is drafting the proposed text.

e) Title 16 CCR sections 1382, 1382.3-1382.5, and 1397.60.1-1397.70 – Research Psychoanalyst

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 drafting proposed regulatory text and collaborative reviews by Board staff, Budget staff, and Regulatory Counsel.

At its May 10, 2024, meeting, the Board voted to adopt the proposed regulatory text for Research Psychoanalysts. At its August 16, 2024, meeting, the Board adopted revised language.

On July 2, 2025, Senate Bill 775 (SB 775)—the Board’s Sunset Bill—incorporated the Board-approved proposed regulatory text, expanding the Board’s authority over Research Psychoanalysts (RPAs) and Student Research Psychoanalysts. The bill also aligned coursework and continuing professional development requirements with those of Psychologists by requiring instruction in human sexuality, child abuse assessment and reporting, and elder and dependent adult abuse assessment for initial applicants. In addition, SB 775 established new one-time coursework requirements and a Continuing Professional Development (CPD) requirement for renewing RPAs.

Following the Governor’s approval of SB 775 on October 13, 2025, Board staff, Regulatory Counsel, and Budget staff reconvened on November 24, 2025, to determine whether additional regulatory amendments were necessary to implement the new coursework and CPD requirements. It was determined that further amendments would be needed to clarify the Board’s authority and operationalize the new training standards. The one-time coursework requirements for child abuse assessment and reporting, suicide risk assessment and intervention, and any additional coursework adopted by the Board (e.g., alcohol and chemical dependency), along with the CPD requirement of 36 hours per two-year renewal period for RPAs, are anticipated to become enforceable on January 1, 2027, for initial applicants and January 1, 2028, for renewing registrants, contingent upon completion of the regulatory process.

Board staff is drafting proposed regulatory text.

f) Title 16 CCR section 1388 – Examinations

Section 100. A “Section 100” rulemaking is a simplified process for making changes without regulatory effect. This process allows an agency to update existing regulations without completing the full rulemaking procedure required under the Administrative Procedure Act (APA).

On November 4, 2025, the Educational Testing Service (ETS) informed Board staff of updates to the Test of English as a Foreign Language (TOEFL iBT), effective January 21, 2026. ETS is implementing a revised version of the TOEFL iBT and introducing a new score scale, transitioning from the longstanding 0–120 numeric scale to a banded scale ranging from 1.0 to 6.0 in 0.5 increments.

This Section 100 package updates examination regulations to reflect ETS's revised score scale. The amendments replace references to the prior numeric scale with the corresponding band score used to determine eligibility for extended examination time for applicants requesting accommodation based on English as a second language. Under the updated scoring system, applicants who obtained a score of 85 or below on tests taken before January 21, 2026, or a score of 4.0 or below on tests taken on or after that date, will continue to qualify for time-and-a-half (1.5x) testing time. These revisions are non-substantive and maintain accuracy and clarity in the Board's regulations.

Board staff has prepared the Section 100 documents and submitted them to Regulatory Counsel for review.

g.) Title 16 CCR 1397.50 – Citations and Fines

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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Concept Phase: This phase includes a kick-off meeting to establish production steps, expectations, and timelines for developing proposed regulatory text.

This regulatory package does the following: This regulatory package amends section 1397.50 to expand the Board's citation and fine authority to include violations of probation terms contained in Board-issued disciplinary orders. The amendments clarify that the Executive Officer or designee may issue a citation, order of abatement, and/or administrative fine when a licensee fails to comply with any condition of probation, and that such citations may be used as an intermediate enforcement tool in addition to, and not in place of, formal disciplinary action. These changes improve enforcement efficiency, promote timely correction of probation violations, and enhance consumer protection by providing the Board with a broader range of responses to non-compliance.

Action Requested:

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

MEMORANDUM

DATE	January 15, 2026
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	Agenda Item 16 – Update, Discussion, and Possible Action on Psychological Interjurisdictional Compact (PSYPACT)

Background

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that allows psychologists licensed in a member “Home State” to provide (1) interjurisdictional telepsychology and (2) temporary in-person services in other compact states. Participation requires psychologists to hold an Association of State and Provincial Psychology Board’s (ASPPB) Passport credential.

California is not a PSYPACT member state. In 2024, Assembly Bill 2051 (AB 2051) proposed enactment of PSYPACT, but the Board adopted an **Oppose** position based on ongoing concerns regarding delegation of regulatory authority, Commission rulemaking, confidentiality and data-sharing requirements, and reliance on a nongovernmental entity for credentialing. AB 2051 did not pass.

ASPPB Updates: Six Educational Pathways

ASPPB recently revised its credentialing standards for the Passport to align with the PSYPACT model language. Historically, eligibility required graduation from an American Psychological Association (APA) accredited program. The updated standards now recognize six educational pathways, expanding eligibility for graduates of APA-accredited, California Psychological Association (CPA) accredited, regionally accredited, and non-accredited programs that meet minimum educational criteria.

ASPPB’s six pathways include:

1. APA-accredited program
2. CPA-accredited program

3. Program accredited by another accreditor recognized by ASPPB
4. Program designated by ASPPB as meeting established educational criteria
5. Program determined by ASPPB, through review, to meet ASPPB standards
6. Program meeting the minimum educational requirements in PSYPACT model language for non-APA/CPA programs

Relevance of Pathway 6 to California

Pathway 6 is highly relevant in California, where many psychology doctoral programs are regionally accredited but not APA/CPA accredited. Under this pathway, graduates may qualify for the Passport if their doctoral education meets PSYPACT model-law standards.

Pathway 6 requires:

- A psychology doctoral degree from a regionally accredited institution
- Core coursework across scientific foundations, standards, and practice competencies
- Required practicum, internship, and supervised training hours
- Evidence of sufficient breadth and depth for independent practice

ASPPB's expanded pathways—particularly Pathway 6—have several implications for California:

1. **Increased Potential Eligibility-** Graduates from many non-APA programs in California may qualify for the Passport if their curriculum meets model-law standards.
2. **No Automatic Qualification-** Eligibility is not guaranteed. ASPPB evaluates programs and applicants individually, and programs that do not meet PSYPACT minimum requirements would not qualify their graduates for compact practice. Because ASPPB makes all Passport eligibility determinations, any revisions to Pathway 6 would directly affect which California-trained psychologists could qualify for compact practice if the state were to join PSYPACT.
3. **Variation in Program Alignment-** Some California programs may substantially align with PSYPACT expectations, while others may have gaps in competencies or supervised experience. Eligibility will vary by institution.
4. **California Licensees May Obtain the Passport-** California psychologists can apply for and receive the Passport even if the state is not a compact member.
5. **No Compact Practice Without Membership-** Even if eligible under Pathway 6, California psychologists cannot engage in PSYPACT practice unless California enacts the compact and becomes their Home State.

Regulatory and Consumer-Protection Considerations

If PSYPACT legislation reemerges, the Board would need to consider:

- **Broader Applicant Pool-** Many California programs fall under Pathway 6, which could expand compact-eligible applicants.
- **Reliance on ASPPB Determinations-** The Board would delegate program evaluations to ASPPB, consistent with earlier concerns regarding reliance on external entities.
- **Training Variability-** Non-APA programs vary widely in curriculum structure, raising potential issues regarding consistency of preparation, enforcement, and consumer protection in a compact-based licensure model.

Overall, ASPPB's revised pathways broaden potential eligibility for California-trained psychologists, but also emphasizes the regulatory, oversight, and consumer-protection considerations the Board would need to evaluate if PSYPACT legislation reemerges.

Action Requested

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

Attachment #1: PSYPACT Analysis

Attachment #2: ASPPB Mobility Program Policies and Procedures V. 7.2025

2024 Bill Analysis

Author: Assembly Member Bonta	Bill Number: AB 2051	Related Bills:
Sponsor: TBD	Version: Introduced	
Subject: Psychology interjurisdictional compact.		

SUMMARY

This bill would approve 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 in California. This bill would require California to join as a compact state, to recognize the right of a psychologist, licensed in a compact state in compliance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as approved in the compact.

RECOMMENDATION

FOR DISCUSSION – Staff recommend the Board take an Oppose position on AB 2051.

Summary of Suggested Amendments
None on file.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Affects Enforcement Processes
<input type="checkbox"/> Regulations Required	<input type="checkbox"/> Legislative Reporting
<input type="checkbox"/> New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
<input type="checkbox"/> Support	<input type="checkbox"/> Support
<input type="checkbox"/> Support if Amended	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose
<input type="checkbox"/> Oppose Unless Amended	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Neutral
<input type="checkbox"/> Watch	<input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

As provided in PSYPACTs Article I, the compact is designed to increase public access to professional psychological services and allow for telepsychology across state lines as well as temporary in-person, face-to-face services. The compact will enhance a state's ability to protect the public and ensure patient safety, while encouraging the cooperation of Compact State in the field of psychology.

ANALYSIS

The bill would require the state of California to join PSYPACT and would be required to establish the Psychology Interjurisdictional Compact Commission (The Commission), to administer and enforce the compact and to address future issues surrounding telepsychology and temporary in-person, face-to-face practice as needed. The Commission serves to provide as a mechanism for solving interstate matters. The Commission has a number of powers; which 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.

Each Compact State has one vote. The voting member serves as the state's Commissioner. The Board of Psychology (Board) would have to appoint 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.

The Compact also has an Executive Board, which 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.

Additionally, The Commission and the Association of State and Provincial Psychology Boards (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.

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.

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.

In order for a licensee to obtain an E. Passport, they must meet certain requirements. One of the eligibility requirements states that the degree program that the licensee graduated from must have been accredited by the American Psychological Association/ Canadian Psychological Association or designated by the ASPPB National Register Joint Designation Project at the time their degree was conferred. The requirements allow applicants who have been continuously licensed (active or inactive) to practice psychology independently in one or more ASPPB member jurisdictions prior to January 1, 1985, and based on a doctoral degree from a regionally accredited institutions, to have met the educational requirements.

In addition, any licensed psychologist who obtains 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.

If California is required to join PSYPACT, the Board would have ability to view which California Licensees hold an E. Passport, however, the Board would not be notified of the number of out-of-state licensees provided services in the state until the end of year when the PSYPACT report is released to the Compact States.

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.

In the event an adverse action must be taken against a psychologist, a Home State (State in which the licensee obtained licensure) has the discretion to impose an action against a psychologist from that Home State. Additionally, the state in which services were provided, known as 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, 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.

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. 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 may coordinate with the Receiving State Psychology Regulatory Authority to complete the investigation.

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.

The bill would also be required to upload licensure and enforcement information to the Coordinated Database, or PSYPACT Directory. Currently, PSYPACT is not utilizing the Coordinated Database. In order to meet this requirement, the Commission will need access to state's licensure data (which is already available on the Board's website) and for disciplinary data to be entered into the ASPPB Disciplinary Data System, which is currently being done by Board staff.

Board staff has the following concerns about joining PSYPACT:

- (a) Payment of fees for operations of the PSYPACT, as there is no funding for California to become a Compact State. All fees are paid to ASPPB and the

Commission. In the case of enforcement, there is potentially no reimbursement for enforcement actions.

- (b) The promulgation of rules and laws by the Commission which would have the force of law in Compact States, which includes the approval of temporary practice across state lines, adverse actions, criminal history, investigations, and the coordination of the licensure information system/database.
- (c) The requirement of graduation from an APA accredited program in order to obtain the E. Passport.
 - In data reviewed from 2000-2020, approximately 3,841 applicants attended an APA accredited program, and approximately 2,020 applicants attend non-APA accredited programs. For applicants who attended non-APA accredited programs would not be able to participate in the compact, who otherwise meet the criteria, and potential fees paid to Board by these licensees could go to fund the Commission.
- (d) The APA accreditation requirement conflicts with Business and Professions Code 2914 “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.”
- (e) Enforcement workload and cost, as there is potentially no reimbursement for enforcement actions for licensees who are licensed in another state.

The Board currently has existing law, as provided in Business and Professions Code (BPC) 2912, which allows any person who is licensed as a psychologist at the doctoral level in another state or territory of the U.S. or in Canada to provide telehealth psychological services in California for a period not to exceed 30 days in any calendar. BPC 2946(b) also allows a psychologist who is licensed in another state, territory, or province who has applied to the Board for licensure to perform activities and services of a psychological nature without a valid California license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in California, whichever occurs first.

LEGISLATIVE HISTORY

Not applicable

OTHER STATES' INFORMATION

Currently, there are 41 participating states, and 39 effective which are:

Alabama, Arizona, Arkansas, Colorado, Commonwealth of the Northern Mariana Islands, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

Vermont and South Dakota have enacted to join PSYPACT, with a tentative effective date of July 1, 2024.

The following states have active PSYPACT legislation, however, not considered PSYPACT participating states:

Massachusetts, New York, Hawaii, Mississippi, and California.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

The Commission is financed through an annual assessment paid by each Compact State. Based upon the Revenue Assumptions in the PSYPACT 2023 Annual Budget and Narrative Report, if California were to join PSYPACT, the 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%. Article X of the Compact has a maximum cap of \$6,000 for the annual assessment.

Joining PSYPACT could potentially increase the Board's Enforcement Division workload and enforcement fees. Since 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.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Support: None on File

Opposition: None on File

ARGUMENTS

Proponents: None on File

Opponents: None on File

AMENDMENTS

None on File



ASPPB

Association of State and
Provincial Psychology Boards

MOBILITY PROGRAM

Policies and Procedures

v. 7.2025

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SECTION 1:

INTRODUCTION

A. ASPPB Mission

The Association of State and Provincial Psychology Boards (ASPPB)® is the alliance of state, territorial, and provincial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. The psychology boards of all fifty states of the United States and the District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and all ten provinces and the Northwest Territories of Canada are members of ASPPB. The Mission of ASPPB is to support its member jurisdictions in fulfilling their goal of advancing public protection by:

1. Offering exemplary examination and credentialing programs.
2. Providing state-of-the-art programs and services to all our stakeholders.
3. Serving as the source for the most current and accurate information about the regulation of psychologists.
4. Contributing to the critical consumer protection perspective in the ongoing development of the profession.

B. ASPPB Mobility Program History

The ASPPB Mobility Program was established to facilitate the professional mobility of licensed psychologists across jurisdictions. Professional mobility enhances consumer access to a broad range of psychological services.

1992 - Agreement of Reciprocity was a cooperative agreement that allowed licensed psychologists to practice across participating jurisdictions.

1998 - ASPPB Mobility Program established

- Certificate of Professional Qualifications (CPQ)® issued to licensed psychologists meeting eligibility criteria and used to apply for licensure in jurisdictions that recognize the CPQ.
- Credentials Bank (CB)® serves as a repository for individual psychologists to store licensure-related information

2007 - Interjurisdictional Practice Certificate (IPC)® issued to licensed psychologists meeting eligibility criteria and used for temporary practice up to 30 days in jurisdictions that recognize the IPC.

2015 – E.Passport® was developed to allow qualified psychologists to practice telepsychology across jurisdictions that enact PSYPACT®. The E.Passport® is a requirement for the Authority to Practice Interjurisdictional Telepsychology (APIT)® issued by the PSYPACT Commission.

2020 – Agreement of Reciprocity sunsetted January 1, 2020.

2020 – IPC sunsetted June 30, 2020.

2020 – IPC becomes a part of the Psychology Interjurisdictional Compact (PSYPACT) July 1, 2020, and allows qualified psychologists to practice up to 30 days per year in another jurisdictions that has enacted PSYPACT. The IPC is a requirement for the Temporary Authority to Practice (TAP)® issued by the PSYPACT Commission.

C. Purposes of the ASPPB Mobility Program

1. Promote responsible professional mobility for psychologists in all ASPPB jurisdictions.
2. Continue implementation and review of the E.Passport, IPC, CPQ, and Credentials Bank.
3. Review applications and determine eligibility for the E.Passport, IPC and CPQ programs; and
4. Apprise jurisdictions of developments and issues affecting mobility as well as offer proactive resolutions to member jurisdictions on emerging professional and legal issues relevant to mobility.

D. Disclaimer

ASPPB does not guarantee that the Certificates it issues may be accepted in all or any U.S. or Canadian jurisdictions. Further, although it is committed to pursuing their acceptance, ASPPB cannot and does not guarantee applicants that a particular jurisdiction will adopt the CPQ as meeting jurisdictional requirements.

E. Publication regarding the ASPPB Mobility Program

Permission may be granted to analyze mobility program data upon written application and approval by the Mobility Committee and the ASPPB Board of Directors.

SECTION 2:

DEFINITIONS AND ACRONYMS

Definitions and Acronyms

ABPP- American Board of Professional Psychology.

Appeal- A written request by an applicant to contest a decision made by the Committee regarding their application.

APA- The American Psychological Association.

APIT- The Authority to Practice Interjurisdictional Telepsychology certificate issued by the Psychology Interjurisdictional Compact (PSYPACT) Commission. The APIT is required to practice under the authority of PSYPACT and is issued to individuals with an E.Passport.

APPIC- The Association of Psychology Postdoctoral and Internship Centers.

Approved Continuing Education Provider- The American Psychological Association or any of its sponsors approved through the American Psychological Association Sponsor Approval System (APA, 2005), the Canadian Psychological Association Approval of Sponsors of Continuing Education for Canadian Psychologists (CPA, 2005), the Academies of the Specialty Boards of the American Board of Professional Psychology, the Association for Psychological Science, the National Association of School Psychologists, Association of State and Provincial Psychology Boards, regionally accredited educational institutions that offer graduate training in psychology or related fields, accredited medical schools, Category I Continuing Medical Education (CME) of the American Medical Association, the Canadian Medical Association, the American Bar Association, and the Canadian Bar Association. Courses offered by non-psychology organizations must be relevant to the practice of psychology.

ASPPB- The Association of State and Provincial Psychology Boards

ASPPB Member Board- A "board" (as defined below) that is a member of the Association of State and Provincial Psychology Boards (ASPPB); Members of ASPPB include 55 jurisdictions in the United States (All 50 states, the District of Columbia, Virgin Islands, Puerto Rico, Guam and the Northern Mariana Islands) and the 10 provinces and Northwest Territories in Canada.

Bank (CB)-The ASPPB Credentials Bank: A Verification and Storage Program.

Board-The statutorily constituted body which is legally responsible for the registration or licensing of psychologists in its respective jurisdiction (state, province, territory, or District of Columbia); Boards in Canada are commonly called Colleges.

Board of Directors-The Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB).

CRHSP- The Canadian Register of Health Service Psychologists.

CPA- The Canadian Psychological Association.

CPQ- The ASPPB Certificate of Professional Qualification in Psychology.

Certification- In this document, a status granted by ASPPB signifies that an individual has met specific qualifications established through criteria for the CPQ and/or IPC.

Certification Appeals Committee- The ASPPB committee appointed to review appeals of applicants who are denied certification.

Colleges: In addition to referring to an institution of higher learning. In Canada, college also refers to the statutorily constructed body which is legally responsible for the registration and/or licensing of psychologists.

CRVS- Closed Records Verification Service.

Committee- The ASPPB Mobility Committee.

Credentials- Includes all documents and/or materials used to support an application for licensure or registration, CPQ, E.Passport, IPC, etc.

Credentials Verification- A process of reviewing and verifying specific credentials of an applicant.

Designation- Applies to psychology doctoral programs that have been reviewed by the ASPPB/National Register Joint Designation Committee and have been found to meet the designation criteria.

Disciplinary Action- Any action taken by a licensing/registration/certification entity that finds a violation of a statute or regulation that is a matter of public record unless the licensing entity clearly states that it is not a disciplinary action.

Disciplinary Action Other than by Licensing Entity - Any action taken by a non-licensing/registration/certification entity during education, training or employment resulting in censure, reprimand, dismissal, suspension, termination, resignation or any other disciplinary action.

E.Passport- A certificate of the Mobility Program and is one of the requirements for the Authority to Practice Interjurisdictional Telepsychology (APIT) issued by the PSYPACT Commission. The E.Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated interjurisdictional telepsychology practice.

EPPP- The Examination for Professional Practice in Psychology.

EPPP Score Verification Service- A service of the ASPPB Mobility Program where at a candidate's request, the service will report the candidate's EPPP score to the licensing board of another state or province in which the candidate seeks licensure or certification.

IPC- The ASPPB Interjurisdictional Practice Certificate is a certificate of the Mobility Program and is one of the requirements for the Temporary Authorization to Practice (TAP) certificates issued by the PSYPACT

Commission.

Jurisdiction- In this document, it means State, Province and/or Territory.

Licensed- In this document, the word "licensed" is used to refer to licensed, registered, chartered, or other terms describing the regulation of psychology practice.

NACES- National Association of Credential Evaluation Services - an association whose members provide an evaluation of credentials for individuals trained outside the US and Canada.

NR- The National Register of Health Service Psychologists.

Pending Disciplinary Action- Any action where formal disciplinary action has been initiated and is awaiting a hearing or stipulation or is in the process of appeal.

PLUS®- Psychology Licensure Universal System. A service that ASPPB provides, outside of the Mobility Program, to assist participating member boards with streamlining their licensure process.

Postdoctoral Supervised Experience- Work as a psychology trainee that follows the completion of all requirements for the doctoral degree by an appropriate institution of higher education and completed under the direct supervision of a licensed psychologist qualified to offer the services provided.

Practicum- An organized, sequential series of supervised experiences of increasing complexity, serving to prepare the graduate student for internship under the supervision of licensed psychologists and other clinicians.

Pre-doctoral (doctoral) Supervised Experience - Work as a psychology trainee completed after the preponderance of the academic coursework and other requirements have been fulfilled. This could be a psychology internship distinguished from practicum experience.

Primary Source- The source from which the document originates.

Primary Source Verification- Verification of a practitioner's credentials based upon evidence obtained from the issuing source of the credential.

Professional Work Experience- Work as a psychologist that follows the issuance of a license, certificate or registration, issued at the independent level and based on a doctoral degree, which included, but was not limited to, (including graduate-level supervision) or direct-client services.

Psychology Trainee- Includes graduate students in a psychology program, and individuals completing supervised work experience toward licensure.

PSYPACT- Psychology Interjurisdictional Compact.

PSYPACT Commission- The governing body of PSYPACT.

Public Member- A member of a licensure board who is not a licensed psychology practitioner.

Regional Accreditation- Regional accreditation applies to entire academic institutions and not to specific academic programs. There are six regional accrediting bodies in the United States, and each is authorized to accredit institutions in specific states, divided by geographic region: Middle States Commission on Higher Education; New England Association of Schools and Colleges; North Central Association Commission on Accreditation and School Improvement; Northwest Commission on Colleges and Universities; Southern Association of Colleges and Schools, and Western Association of Schools and Colleges.

Residency- Residency means physical presence, or necessitated substitution (i.e., national disasters, pandemic), at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational/training experience and includes faculty-student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year, not necessitated by the aforementioned exception (e.g., multiple long weekends and/or summer intensive sessions), or that use video conferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements.

Reviewer- The individual (or individuals) selected by ASPPB to consider and evaluate CPQ, E.Passport, and/or IPC application files.

Staff- ASPPB's employees and consultants.

TAP-The Temporary Authorization to Practice certificate issued by the Psychology Interjurisdictional Compact (PSYPACT) Commission. The TAP is required to practice under the authority of PSYPACT and is issued to individuals with an IPC.

Transcript- A record of a student's academic performance, including but not limited to a list of coursework and earned grades, issued by the institution of learning where the coursework was completed. The transcript must contain sufficient information to determine when the courses were taken, including the term and year.

Written Notification- Correspondence transmitted by mail, facsimile, or electronic medium.

SECTION 3:

ASPPB CREDENTIALS BANK

A. Program Description

The ASPPB Credentials Bank is a service whereby students, trainees, and licensed psychology practitioners may deposit information about their educational preparation, supervised experience, examination performance and work history. Information is electronically stored, primary source verified, maintained by ASPPB and then forwarded to member boards or other credential bodies upon request by the individual opening the credentials record.

B. Eligibility for the Credentials Bank

To be eligible to utilize the Credentials Bank, the individual must be a psychology trainee or possess a graduate degree in psychology. E.Passport, IPC, CPQ, and PLUS applicants automatically have a Credentials Bank account opened without any further application process.

C. Accessing and Maintaining Stored Credentials

Credentials can be sent to the bank at any time. It is the responsibility of the Credentials Bank account holder to maintain the correctness of the information contained in the record. The information contained in the Credentials Bank account will be electronically stored, maintained by ASPPB and then forwarded where requested upon written notification by the account holder and payment of the appropriate fee. The results of a review of the ASPPB Disciplinary Data System will be sent along with any credentials verified.

D. Primary Source Verification

All documents and credentials received by ASPPB from a third party that could potentially be used to support an application for the E.Passport, IPC, CPQ, or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

E. Responsibilities and Roles of State and Provincial Psychology Boards

Regarding the Credentials Bank

ASPPB member jurisdictions that agree to accept information from the Credentials Bank will recognize documents and licensure-related credentials supplied by ASPPB as primary source verified and require no further verification.

SECTION 4:

E.PASSPORT

A. Program Description

The E.Passport is one of the requirements for the Authority to Practice interjurisdictional Telepsychology (APIT) certificate issued by the PSYPACT Commission. The E.Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated interjurisdictional telepsychology practice.

B. Eligibility Requirements for the E.Passport

1. Licensure

Possess a current, active license or registration to practice psychology at the independent level in a PSYPACT participating state where such a license or registration is based on receipt of a doctoral degree in psychology as defined below in number 3 below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees.

2. Disciplinary Actions

Have no history of disciplinary actions by licensing/registration/ certification entity. If there is a complaint pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education

The E.Passport educational requirements may be met by any one of the following:

- a. Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded or within 18 months of the time the degree was conferred accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists.
- b. Possession of verification of re-specialization education from a cohesive training program that at the time the re-specialization was completed had a degree program that was accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and took courses within that program and that included a minimum of 1,500 hours in a supervised internship.
- c. Possession of international transcripts/training whose program, college, or university is deemed to be equivalent to doctoral training in the United States of America by an international credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES.)
- d. Possession of a Certificate of Professional Qualification (CPQ) **AND** have been continuously licensed (active or inactive) for fifteen (15 years) to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000, from a regionally accredited institution.
- e. You have been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions prior to January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution.

- f. Possession of a doctoral degree in psychology that meets the criteria as outlined in the following:
- i. The program must be publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogues and brochures its intent to train individuals to engage in the activities which constitute the practice of psychology and/or applied behavioral analysis.
 - ii. The psychology program must stand as a recognizable, coherent, organizational entity within the institution.
 - iii. The program must consist of an integrated, organized sequence of study as demonstrated by an identifiable curriculum track or tracks wherein course sequences were outlined.
 - iv. The program must require a minimum of three years of full-time academic study and 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.
 - v. The program must require each student to complete at least one year in full-time residence on campus at the institution from which the degree was granted. Residence means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction; Models that use face-to-face contact for shorter durations throughout a year or models that use video teleconferencing or other electronic means to meet the residency requirement are not acceptable as applies to the Mobility Program requirements.
 - vi. There must be an identifiable full-time psychology faculty in residence at the institution and employed by and providing instruction at the home campus of the institution sufficient in size and breadth to carry out its responsibilities.
 - vii. There must be a psychologist responsible for the graduate program either as the administrative head, as the advisor, major professor, or committee chair.
 - viii. The program must maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines.
 - ix. The program must have an identifiable body of students in residence at the institution who were matriculated in the program for a degree.
 - x. The doctoral program must include supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice that was supervised by a psychologist.

In addition to the above, the applicant's graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals or

electronically from the appropriate institution with proper security protocols.

4. Examination

Successful completion of the EPPP with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. For applicants who took the EPPP prior to 2001, the passing score is the jurisdictional passing score on which the doctoral-level license is based. For an applicant who has been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions prior to January 1, 1985, documentation of completion of the EPPP is not required.

5. Telepsychology Training Successful completion of three (3) hours of training relevant to the use of technology in psychology.

6. Acknowledgments/Attestations

Completion of acknowledgments and attestations as required by the Mobility Committee.

C. Primary Source Verification

All documents and credentials received by ASPPB from a third party that could potentially be used to support an application for the E.Passport, IPC, CPQ, or PLUS will be primary source verified by ASPPB.

D. Modification of E.Passport Eligibility Criteria

The eligibility criteria for obtaining the E.Passport may change as a result of action by the ASPPB Board of Directors.

E. E.Passport Application Review Process

An individual interested in obtaining the E.Passport certificate must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of an application, and the fees are received. All application fees are **non-refundable**.
2. An initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist to verify that the required documentation has been submitted by the candidate and primary source verification completed.
3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding further action on the application.
4. Once an application is determined to be complete, an evaluation of the application file shall be conducted by two (2) reviewers (ASPPB staff and/or Mobility Committee members). The first review shall consist of reviewing the credentials submitted, performing appropriate analysis, and, if necessary, returning the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer. If all reviewers concur, the application will be deemed approved or denied by the Committee. If the reviewers do not

concur, the application will be submitted to the entire Committee for a final determination.

5. Reviews conducted by ASPPB staff or Committee members may be completed by electronic means.

6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

F. Grounds for Denial

Applications for certification will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 4.B.* above.
2. There is evidence of fraud or misrepresentation in the application or of qualifications.
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 4.B.* above.
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

Disciplinary action by a non-licensure/registration/certification entity may be cause for denial when the actions are in violation of the APA and/or CPA ethics code or ASPPB Code of Conduct.

G. Application Deficits

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to clarify perceived deficits.

H. Appeals Process

Applicants who are denied certification or have their certification revoked may file an appeal by submitting the appropriate form and the Appeals Processing Fee to the ASPPB Central Office. See Appendix 4 for appeals process information.

I. Responsibilities of E. Passport Holders

Certificate Holders Must:

1. Comply with all applicable statutory, regulatory, and ethical requirements.
2. Report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.

3. Represent their E. Passport status as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service.
4. Comply with the APA/ASPPB/APAIT Telepsychology Guidelines.
5. Inform the clients/patients of the psychologist's licensure status and location, and that they possess an E. Passport.
6. Inform the clients/patients where the psychologist is licensed and can practice.
7. Inform the clients/patients how and where the patient can file a complaint.
8. Notify the patient when there is a conflict of law regarding confidentiality (e.g., duty to warn, duty to report), at the outset of the provision of services [as well as when the incidents arise].
9. Comply with any cease-and-desist order or injunctive relief from a receiving jurisdiction.
10. Notify ASPPB of any address or licensure or registration status changes.
11. Obtain three hours of continuing education relevant to the use of technology in psychology practice each renewal period to maintain the E. Passport; and
12. Release information for posting in a directory.
13. To practice under PSYPACT, hold an APIT issued by the PSYPACT Commission.

J. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.
3. The Mobility Program shall disclose to psychology licensing entities any information discovered during the application or renewal process deemed necessary to ensure public protection.

K. Inactive Status of the E.Passport

An E. Passport holder in good standing may place their E. Passport certificate in inactive status for no longer than three (3) years. ASPPB will notify the PSYPACT Commission of the inactive status. The PSYPACT Commission will determine whether the APIT is placed on inactive status as well. During the period of inactive status, no services may be provided using the E.Passport.

To reactivate the E.Passport, the holder must pay any applicable fees and provide documentation of three (3) hours of appropriate continuing education within 6 months prior to reactivation as documented in Section L below.

L. Renewal of the E.Passport

1. The E.Passport is valid for one year from the date the initial certification notification is sent to the applicant.
2. The E.Passport must be renewed annually by submitting the renewal fee and providing documentation of a currently active license in an ASPPB member jurisdiction. This request for renewal will activate an update of the certificate holder's file, including a query of the ASPPB Disciplinary Data System. Renewal may be denied for any of the reasons stated in *Section 4.F.* above or for failure to document a currently active license in a PSYPACT member jurisdiction.
3. E.Passport holder must demonstrate proof three (3) hours of continuing professional development and/or continuing education relevant to the use of technology in psychology. Approved Continuing Professional Development for the E. Passport may include but not be limited to:
 - a. Academic Courses
 - b. Approved Sponsor Continuing Education
 - c. Self-directed learning (reading and/or videos-involves an unsponsored activity). A completed verification form provided by ASPPB must be completed.
 - d. Specialized technology training. A completed verification form provided by ASPPB must be completed or a completed certification form must be provided.

All continuing professional development must be directly relevant to the practice of telepsychology or technology used in the practice of telepsychology. Relevance to the practice of telepsychology will be determined by the Mobility Committee.

4. Renewal is the responsibility of the certificate holder. ASPPB will provide advanced notification of the renewal deadline as a courtesy. Failure to receive a reminder from ASPPB does not excuse failure to renew by the renewal date. Failure to renew by the renewal deadline will cause the E.Passport to expire.
5. The certificate holder may not practice under the certificate while it is expired.
6. The certificate holder may renew the certificate within 30 days of expiration by paying the renewal fees with no additional late fees.
7. The holder may renew the certificate within two (2) years of expiration by paying the renewal fees, and expiration penalty fee, and providing documentation of three (3) hours continuing education within 6 months prior to reactivation.
8. A certificate holder who does not renew within two (2) years must apply anew and meet the requirements for certification in place at the time of reapplication. ASPPB staff will notify the PSYPACT Commission of any expired E. Passport certificates so that the PSYPACT Commission can take appropriate action regarding the APIT certification.
9. If an E.Passport is not renewed by its renewal date, ASPPB will report, upon inquiry by a licensing entity, the expired status of the certificate. When a certificate holder has made a timely and sufficient application for renewal of their E.Passport, the E.Passport does not expire until the application has been finally acted upon by ASPPB. If the certificate holder fails to make an application for renewal until after the expiration date, the E.Passport is deemed expired, and no services may be provided under the authority of PSYPACT until the E.Passport has been renewed and the PSYPACT Commission has reactivated the APIT.

M. Revocation of the E.Passport

The E.Passport *shall* be revoked upon reasonable proof of the following:

1. Any disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board.
2. Proof of fraud in the application.
3. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; and any other criminal act; OR
4. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status.

The E.Passport *may* be revoked upon reasonable proof of the following:

1. Expulsion from APA or CPA.
2. A sanction issued by an ethics committee or any other entity within APA or CPA.
3. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

N. Procedures for Infractions

Investigation of complaints against psychologists who provide telepsychological services under the authority of PSYPACT shall be conducted as specified by the PSYPACT Commission.

Any public disciplinary actions imposed resulting from the complaint will be forwarded to ASPPB for inclusion in the ASPPB Disciplinary Data System and will automatically result in revocation of the E. Passport.

SECTION 5:

INTERJURISDICTIONAL PRACTICE CERTIFICATE (IPC)

A. Program Description

Interjurisdictional Practice Certificate (IPC) began in 2007 and promotes standardization in requirements for short-term practice and interjurisdictional mobility. The IPC facilitates the process for licensed psychologists to provide short-term psychological services across jurisdictional lines without obtaining an additional license. The IPC also provides more consistent regulation of interjurisdictional practice and allows consumers of psychological services to benefit from regulated interjurisdictional practice.

Effective July 1, 2020, the ASPPB Interjurisdictional Practice Certificate is a certificate of the Mobility Program and is one of the requirements for the Temporary Authorization to Practice (TAP) issued by the PSYPACT Commission.

B. Eligibility Requirements for the IPC

1. Licensure

Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such license or registration is based on receipt of a doctoral degree in psychology as defined below in number 3 below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees

2. Disciplinary Actions

Have no history of disciplinary actions. If there is a disciplinary action pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education

The IPC educational requirements may be met by any one of the following:

- a. Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded or within 18 months of the time the degree was conferred accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists.
- b. Possession of verification of re-specialization education from a cohesive training program that at the time the re-specialization was completed had a degree program that was accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and took courses within that program and that included a minimum of 1,500 hours in a supervised internship.
- c. Possession of international transcripts/training whose program, college, or university is deemed to be equivalent to doctoral training in the United States of America by an international credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES.)
- d. Possession of a Certificate of Professional Qualification (CPQ) **AND** have been continuously licensed (active or inactive) for fifteen (15 years) to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000, from a regionally accredited institution.

- e. You have been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions prior to January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution.
- f. Possession of a doctoral degree in psychology that meets the criteria as outlined in the following:
 - i. The program must be publicly identified and clearly labeled as a psychology program, specifying in pertinent institutional catalogues and brochures its intent to train individuals to engage in the activities which constitute the practice of psychology and/or applied behavioral analysis.
 - ii. The psychology program must stand as a recognizable, coherent, organizational entity within the institution.
 - iii. The program must consist of an integrated, organized sequence of study as demonstrated by an identifiable curriculum track or tracks wherein course sequences were outlined.
 - iv. The program must require a minimum of three years of full-time academic study and 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.
 - v. The program must require each student to complete at least one year in full-time residence on campus at the institution from which the degree was granted. Residence means physical presence, in person, at the educational institution in a manner that facilitates the full participation and integration of the individual in the educational and training experience and includes faculty student interaction; Models that use face-to-face contact for shorter durations throughout a year or models that use video conferencing or other electronic means to meet the residency requirement are not acceptable as applies to the Mobility Program requirements.
 - vi. There must be an identifiable full-time psychology faculty in residence at the institution and employed by and providing instruction at the home campus of the institution sufficient in size and breadth to carry out its responsibilities.
 - vii. There must be a psychologist responsible for the graduate program either as the administrative head, as the advisor, major professor, or committee chair.
 - viii. The program must maintain clear authority and primary responsibility for the core and specialty areas whether or not the program crossed administrative lines.
 - ix. The program must have an identifiable body of students in residence at the institution who were matriculated in the program for a degree.
 - x. The doctoral program must include supervised practicum, internship, field experience or laboratory training appropriate to the area of psychology practice that was supervised by a psychologist.

In addition to the above, the applicant's graduate degree transcripts must be sent directly by the

degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals or electronically from the appropriate institution with proper security protocols.

4. Examination

Successful completion of the Examination for Professional Practice in Psychology (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. For applicants who took the EPPP prior to 2001, the passing score is the jurisdictional passing score on which the doctoral-level license is based. For an applicant who has been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, documentation of completion of the EPPP is not required.

5. Acknowledgments/Attestations

Completion of acknowledgments and attestations as required by the Mobility Committee.

C. Primary Source Verification

All documents and credentials received by ASPPB from a third party that could potentially be used to support an application for the E.Passport, IPC, CPQ or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

D. Modification of IPC Eligibility Criteria

The eligibility criteria for obtaining the IPC may change as a result of action by the ASPPB Board of Directors.

E. IPC Application Review Process

An individual interested in obtaining the IPC must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of an application, and the fees are received.
All application fees are non-refundable.
2. An initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist to verify that the required documentation has been submitted by the candidate and primary source verification completed.
3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding action on the application.
4. Once an application is determined to be complete, an evaluation of the application file shall be conducted by two (2) reviewers (ASPPB staff and/or Mobility Committee members). The first review shall consist of reviewing the credentials submitted, performing appropriate analysis, and, if necessary, returning the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer. If all reviewers concur, the

application will be deemed approved or denied by the Committee. If the reviewers do not concur, the application will be submitted to the entire Committee for a final determination.

5. Reviews by ASPPB staff or Committee members may be completed by electronic means.
6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

F. Grounds for Denial

Applications for the IPC will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 5. B.* above
2. There is evidence of fraud or misrepresentation in the application or of qualifications
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 5. B.* above.
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

Disciplinary action by a non-licensure/registration/certification entity may be cause for denial when the actions are in violation of the APA and/or CPA ethics code or ASPPB Code of Conduct.

G. Application Deficits and Remediation

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to clarify perceived deficits.

H. Appeals Process

Applicants who are denied certification or have their certification revoked may file an appeal by submitting the appropriate form to the ASPPB Central Office. See Appendix 4 for appeals process information.

I. Responsibilities of IPC Holders

1. Certificate status shall be presented as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service.
2. Certificate holders are expected to comply with all applicable statutory, regulatory, and ethical requirements.
3. The certificate holder is compelled to report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.
4. To practice under PSYPACT, hold a TAP issued by the PSYPACT Commission.

J. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.
3. The Mobility Program shall disclose to psychology licensing entities any information discovered during the application or renewal process deemed necessary to ensure public protection.

K. Inactive Status of the IPC

1. An IPC holder in good standing may place their IPC certificate on inactive status for no longer than three (3) years. ASPPB will notify the PSYPACT Commission of the inactive status. The PSYPACT Commission will determine whether the TAP will be placed on inactive status. During the period of inactive status, no services may be provided under the IPC during the inactive status period.
2. To reactivate the IPC, the holder must pay any applicable fees.

L. Renewal of the IPC

1. The certificate is valid for one year from the date upon which the initial certification notification is sent to the applicant.
2. The IPC must be renewed annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction. This request for renewal will activate an update of the certificate holder's file, including a query of the ASPPB Disciplinary Data System. Renewal may be denied for any of the reasons stated in *Section 5. F.* above or for failure to document possession of a current active license in an ASPPB member jurisdiction. If the current license is inactive, the certificate will be renewed in "inactive" status and cannot be used until such time ASPPB is provided verification that the license has been reactivated. However, the certificate will be considered renewed, and no penalty fees will be charged.
3. Certificate renewal is the responsibility of the certificate holder. ASPPB will provide advanced notification of the renewal deadline to the certificate holder as a courtesy. Failure to receive a reminder from ASPPB does not excuse failure to renew by the renewal date. Failure to renew by the renewal deadline will cause the certificate to expire.
4. The certificate holder may not practice under the certificate while it is expired.
5. The certificate holder may renew the certificate within 30 days of expiration with no additional fees. The holder may renew the certificate within two (2) years of expiration by paying the renewal fees and expiration penalty fee. A certificate holder who does not renew within two (2) years must apply anew and meet the requirements for certification in place at the time of

reapplication. ASPPB staff will notify the PSYPACT Commission of any expired IPC so that the PSYPACT Commission can take appropriate action regarding the TAP.

6. If an IPC is not renewed by the renewal date, ASPPB will report, upon inquiry by a licensing entity, the expired status. When a certificate holder has made a timely and sufficient application for renewal of the IPC, the IPC does not expire until the application has been finally acted upon by ASPPB. If the certificate holder fails to make an application for renewal until after the expiration date, the IPC is deemed expired, and no services may be provided under the authority of PSYPACT until the IPC has been renewed and the PSYPACT Commission has reactivated the TAP.

M. Revocation of the IPC

The IPC *shall* be revoked upon reasonable proof of the following:

1. Any disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board.
2. Proof of fraud in application.
3. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; or any other criminal act.
4. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status.

The IPC *may* be revoked upon reasonable proof of the following:

1. Expulsion from APA or CPA.
2. A sanction issued by an ethics committee or any other entity within APA or CPA.
3. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

N. Procedures for Infractions

Investigation of complaints against psychologists, who are providing temporary face-to-face, in-person psychological services under the authority of PSYPACT, shall be conducted as specified by the PSYPACT Commission.

Any public disciplinary actions imposed resulting from the complaint will be forwarded to ASPPB for inclusion in the ASPPB Disciplinary Data System and will automatically result in revocation of the IPC.

SECTION 6:

CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY (CPQ)

A. Program Description

The *Certificate of Professional Qualification in Psychology (CPQ)* is based upon standards established by the ASPPB Mobility Committee and endorsed by the ASPPB Board of Directors. The CPQ is a means by which a doctoral level licensed psychologist can easily demonstrate to a psychology board that they have met ASPPB recommended standards for licensure which include specific requirements relative to his or her educational background, supervised experience, and performance on the EPPP.

B. Eligibility for the CPQ

There are two options available to apply for the CPQ:

1. Standard.
2. ABPP credential holders in a specialty area who meet the other requirements.

Option 1: Standard Application

1. Licensure

Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such license or registration is based on receipt of a doctoral degree in psychology as defined below in number 3 below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees.

2. Disciplinary Actions

Have no history of disciplinary actions. If a disciplinary action is pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education

Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was conferred or within 18 months of the time the degree was conferred: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists or (2) has been continuously licensed (active or inactive) for 15 years to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000 from a regionally accredited institution must meet the educational requirements as listed in b.in the chart below.

In addition to the above, the applicant's doctoral program must meet the criteria as set out in either *a* or *b* below the applicant's graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals electronically from the appropriate institution with proper security protocols.

<p>a. APA/CPA Accredited Programs or Designated Programs.</p>	<p>b. Continuously licensed (active or inactive) for 15 years to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000, from a regionally accredited institution.</p>
<p>A program accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists;</p>	<p>A program that is not accredited by the American Psychological Association, the Canadian Psychological Association or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists must meet the following requirements at a minimum:</p> <ul style="list-style-type: none"> i. 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. ii. The psychology program must stand as a recognizable, coherent organizational entity within the institution. iii. There must be clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines. iv. The program must consist of an integrated, organized sequence of study. v. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities. vi. The designated director of the program must be a psychologist and a member of the core faculty. vii. The program must have an identifiable body of students who are matriculated in that program for a degree; and viii. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology.

<p>The curriculum shall encompass a minimum of three academic years of full-time graduate study and a minimum of one continuous academic year of full-time residency at the educational institution granting the doctoral degree. Residency means physical</p>	<p>The curriculum shall encompass a minimum of three academic years of full-time graduate study and a minimum of one continuous academic year of full-time residency at the educational institution granting the doctoral degree. Residency means</p>
<p>presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements</p>	<p>physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to Mobility Program requirements</p>

The core program shall require every student to demonstrate competence in each of the following substantive areas. This typically will be met through substantial instruction in each of these following areas, as demonstrated by a minimum of three graduate semester hours or the equivalent (five or more graduate quarter hours; when an academic term is other than a semester, credit hours will be evaluated based on fifteen hours of classroom instruction per semester hour):

- a. scientific and professional ethics and standards.
- b. research design and methodology.
- c. statistics.
- d. psychometric theory.
- e. biological bases of behavior (e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology).
- f. cognitive-affective bases of behavior (e.g. learning, thinking, motivation, and emotion);
- g. social bases of behavior (e.g. social psychology, group processes, organizational and systems theory).
- h. individual differences (e.g. personality theory, human development, and abnormal psychology).
- i. assessment/evaluation (e.g. psychological testing, program evaluation, organizational analysis); and
- j. treatment/intervention (e.g. therapy, consultation, evaluation).

4. Professional Work Experience

Have a record of practicing psychology at the independent level for at least five (5) years under the authority of a license issued in an ASPPB member jurisdiction(s) which is based on receipt of a doctoral degree in psychology as attested to by another licensed doctoral level psychologist who was licensed during a minimum of five (5) years for which they are attesting (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees). The attester may not be under direct or indirect authority or supervision of the applicant. The attester may not be a relative or a significant other of the applicant.

5. Supervised Experience

- a. Two years of supervised experience, at least one of which shall have been completed after receipt of the doctoral degree, for a minimum of 3,000 total clock hours, as attested to by the primary supervisor or individual currently responsible for the agency where the supervision took place.
- b. Each year [or equivalent] shall be comprised of no less than 10 months, but no more than 24 months, and at least 1,500 hours of professional service including direct contact, supervision and didactic training.
- c. Pre-doctoral internship/residency may be counted as one of the two years of experience.
- d. The minimum standard requirement shall be one hour per week of individual face-to-face supervision from a licensed doctoral psychologist (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees); however in the case of geographical or confirmed physical hardship, the Committee may consider variance in the frequency of supervision sessions providing that a minimum of four hours per month of individual one-to-one face-to-face supervision shall be maintained.

6. Examination

Successful completion of the EPPP with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. For applicants who took the EPPP prior to 2001, the passing score is the jurisdictional passing score on which the doctoral-level license is based.

Option 2: ABPP Application

1. Licensure

Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such a license or registration is based on receipt of a doctoral degree in psychology as defined below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees.

2. Disciplinary Actions

Have no history of disciplinary actions. If there is any disciplinary action pending, the application shall be held in abeyance until said disciplinary action is resolved.

3. Education

Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was conferred or within 18 months of the time the degree was conferred: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists or (2) has been continuously licensed (active or inactive) for 15 years to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000 from a regionally accredited institution must meet the educational requirements as listed in b.in the chart below

In addition to the above, the applicant's doctoral program must meet the criteria outlines in either *Section 6.B. Option 2.3. or Section 6.B. Option 2.3. b* below and graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals or electronically from the appropriate institution with proper security protocols.

<p>a. APA/CPA Accredited Programs or Designated Programs</p>	<p>b. Continuously licensed (active or inactive) for 15 years to practice psychology at the independent level in one or more ASPPB member jurisdictions based on a doctoral degree in psychology conferred prior to January 1, 2000, from a regionally accredited institution</p>
<p>A program accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology;</p>	<p>A program that is not accredited by the American Psychological Association, the Canadian Psychological Association or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial and Psychology Boards and the National Register of Health Service Providers in Psychology must meet the following requirements at a minimum:</p> <ul style="list-style-type: none"> i. 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. ii. The psychology program must stand as a recognizable, coherent organizational entity within the institution. iii. There must be clear authority and primary responsibility for the core and specialty areas
	<p>whether or not the program cuts across administrative lines.</p> <ul style="list-style-type: none"> iv. The program must consist of an integrated, organized sequence of study. v. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities. vi. The designated director of the program must be a psychologist and a member of the core faculty. vii. The program must have an identifiable body of students who are matriculated in that program for a degree; and viii. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology.

<p>The curriculum shall encompass a minimum of three academic years of full-time graduate study and a minimum of one continuous academic year of full-time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements</p>	<p>The curriculum shall encompass a minimum of three academic years of full-time graduate study and a minimum of one continuous academic year of full-time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements.</p>
	<p>The core program shall require every student to demonstrate competence in each of the following substantive areas. This typically will be met through substantial instruction in each of these following areas, as demonstrated by a minimum of three graduate semester</p>

	<p>hours or the equivalent (five or more graduate quarter hours; when an academic term is other than a semester, credit hours will be evaluated on the basis of fifteen hours of classroom instruction per semester hour):</p> <ul style="list-style-type: none"> a. scientific and professional ethics and standards. b. research design and methodology. c. statistics. d. psychometric theory. e. biological bases of behavior (e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology). f. cognitive-affective bases of behavior (e.g. learning, thinking, motivation, and emotion). g. social bases of behavior (e.g. social psychology, group processes, organizational and systems theory); h. individual differences (e.g. personality theory, human development, and abnormal psychology); i. assessment/evaluation (e.g. psychological testing, program evaluation, organizational analysis); and j. j. treatment/intervention (e.g. therapy, consultation, evaluation).
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4. Professional Work Experience

Have a record of practicing psychology at the independent level for at least five (5) years under the authority of a license issued in an ASPPB member jurisdiction(s) which is based on receipt of a doctoral degree in psychology as attested to by another licensed doctoral level psychologist who was licensed during a minimum of five (5) years for which they are attesting (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees). The attester may not be under direct or indirect authority or supervision of the applicant. The attester may not be a relative or a significant other of the applicant.

5. ABPP Diploma

Possess an active registration/certificate from the American Board of Professional Psychology (ABPP).

C. Primary Source Verification

All documents and credentials received by ASPPB from a third party which could potentially be used to support an application for the E.Passport, IPC, CPQ, or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

D. Modification of CPQ Eligibility Criteria

Eligibility criteria for obtaining the CPQ may change as a result of action by the ASPPB Board of Directors. New criteria shall become effective on the date designated by the Board of Directors and apply to newly filed applications.

E. CPQ Application Review Process

An individual interested in obtaining the CPQ certificate must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of the application, and the fee is received.
2. An initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist to verify that the required documentation has been submitted by the candidate and primary source verification completed.
3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding action on the application.
4. Once an application is determined to be complete, an evaluation of the application file shall be conducted:

a. For applicants applying under the ABPP application option or those applicants with a doctoral degree that was accredited by the American Psychological Association or Canadian Psychological Association at the time the degree was conferred:

- i. The application will be reviewed by two (2) reviewers (ASPPB staff and/or Mobility Committee members). The first review shall consist of reviewing the credentials submitted, performing appropriate analysis, and, if necessary, returning the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the second reviewer. If the second reviewer concurs, the application will be deemed approved or denied by the Committee.
- ii. If the reviewers do not concur, the application will be submitted to the entire Committee for a final determination.

b. For applicants not applying under 4 a above:

- i. The application will be reviewed by three (3) reviewers (ASPPB staff and/or Mobility Committee members), two (2) of whom are psychologists. The first

review shall consist of reviewing the credentials submitted, performing appropriate analysis, and, if necessary, returning the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer. If the next reviewer concurs, the application is forwarded to the third reviewer. If all reviewers concur, the application will be deemed approved or denied by the Committee.

- ii. If the reviewers do not concur, the application will be submitted to the entire committee for final determination.

5. Reviews by the Committee or Committee members may be completed by electronic means.
6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

F. Grounds for Denial

Applications for certification will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 6.B* above.
2. There is evidence of fraud or misrepresentation in the application or of qualifications.
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 6.B* above, OR
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

Disciplinary action by a non-licensure/registration/certification entity may be cause for denial when the actions are in violation of the APA and/or CPA ethics code or ASPPB Code of Conduct.

G. Application Deficits and Remediation

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to remediate deficits relative to postdoctoral supervision, and limited coursework deficiencies at the sole discretion of the Mobility Committee. No more than two (2) core course areas can be remediated. In such cases, applicants will be required to remediate deficits within one year of notification by the Mobility Committee. If remediation cannot be completed to the satisfaction of the Mobility Committee within one year of notification, the applicant will be required to submit a new CPQ application, pay the application fee in effect at the time of re-application, and meet all eligibility requirements in effect on the date of re-application.

H. Appeals Process

Applicants who are denied certification or have their certification revoked may file an appeal by submitting the appropriate form along with the Appeals Processing Fee to the ASPPB Central Office. See Appendix 4 for appeals process information.

I. Revocation of the CPQ

1. A certificate shall be revoked upon reasonable proof of the following:
 - a. Any reported disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board.
 - b. Proof of fraud in application.
 - c. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status.
 - d. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; and any other criminal act.
2. A certificate may be revoked upon reasonable proof of the following:
 - a. Expulsion from APA or CPA.
 - b. A sanction issued by an ethics committee or any other entity within APA or CPA.
 - c. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

J. Responsibilities of CPQ holders

1. Certificate status shall be presented as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service.
2. Certificate holders are expected to comply with all applicable statutory, regulatory, and ethical requirements.
3. The certificate holder is compelled to report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.

K. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.
3. The Mobility Program shall disclose to psychology licensing entities any information discovered during the application or renewal process deemed necessary to ensure public protection.

L. Responsibilities and roles of state and provincial psychology boards regarding CPQ

1. ASPPB member regulatory boards that agree to accept the CPQ as evidence that licensure requirements related to education, supervised experience and examinations are satisfied and will not impose additional requirements on CPQ holders except for locally required assessments. These additional requirements do not include such things as additional application materials or procedures to support the application. However, a jurisdiction may ask an applicant to provide information regarding intended areas of practice or to participate in an oral interview.
2. ASPPB member jurisdictions accepting the CPQ will verify that an individual seeking licensure under the CPQ program holds a valid and current CPQ.

SECTION 7:

ASPPB SCORE VERIFICATION SERVICE

A. Program Description

The ASPPB Score Verification Service was started in 1997 and maintains a permanent record of EPPP scores. At the psychologist's request, the service will report the psychologist's EPPP score to the licensing board of another state or province in which the psychologist seeks licensure or certification. The EPPP score report will also include a review of ASPPB's Disciplinary Data System to determine if a disciplinary sanction imposed on the psychologist's license has been reported by a psychology licensing board. EPPP scores are automatically registered with ASPPB EPPP Score Transfer Service.

ASPPB has EPPP score records on file since the first administration of the EPPP. It is important to note records prior to January 1, 1985, are in paper format and may require additional information to locate.

B. Requesting a Score Verification

To request an EPPP Score Verification a psychologist should log into www.psypro.org. Under "Select an Activity", select "Verifying/Transferring my EPPP Score" on the right-hand side of screen. Then, complete the request to its entirety. A psychologist's examination fee includes a report of their score to the licensing board in which they seek initial licensure.

SECTION 8:

ASPPB CLOSED RECORD VERIFICATION SERVICE (CRVS)

A. Program Description

In July 2008, ASPPB agreed to become the Agent of Record for closed psychology training programs. ASPPB has signed agreements with each program that forwards psychology training records to ASPPB indicating that ASPPB will maintain the records indefinitely and that the records forwarded to ASPPB by the programs are complete, accurate and unchanged from the original records.

For more information regarding the Closed Record Verification Service see Appendix 7

B. Accessing Training Records

To request information maintained by ASPPB regarding stored information in the closed records program, a psychologist must complete a Closed Records Verification Service request within PSY IPRO® (www.psypro.org).

Appendix 1:

ASPPB Mobility Program and Committee

A. ASPPB Mobility Program

1. The ASPPB Mobility Program operates as a program of ASPPB and under the authority of ASPPB.
2. Even though it operates under ASPPB, the Mobility Program is an independent decision-making entity in matters dealing with certification.
3. All administrative support contributed to the Mobility Program (including staff) is provided by ASPPB.
4. Funding for the ASPPB Mobility Program comes primarily from the fees collected from the mobility programs and services.
5. Activities for the Mobility Program are carried out by the ASPPB Mobility Committee.

B. ASPPB Mobility Committee

1. The ASPPB Mobility Committee (Committee) shall be comprised of at least five (5) members and shall include:
 - a. A Chair of the committee
 - b. Four (4) additional members who are current or former members or administrators of an ASPPB member board; one of which must be a current or former public member of an ASPPB member board; and
 - c. At least one member of the ASPPB Board of Directors shall serve on the Committee, and no more than two (2) current members of the ASPPB Board of Directors shall serve on the Committee simultaneously.
2. Committee members shall be appointed by the Board of Directors and may be disqualified for cause and thereafter removed by the Board of Directors. The term "cause" shall be interpreted as defined in the ASPPB Policies and Procedures Manual.
3. Each member shall be appointed for a two (2) year term. Members of the Committee may be reappointed by the ASPPB Board of Directors.
4. The Committee shall meet at least two (2) times per year, one which shall be in person with additional meetings as deemed necessary. Committee meetings shall be conducted in accordance with the parliamentary rules and usages prescribed in the Association Bylaws, and with the policies and procedures established for operation of the ASPPB Mobility Program.
5. A Committee member shall resign from the Committee if they are unable to attend more than one scheduled Committee meeting in any one year of service; or if a situation arises that would create a conflict of interest in engaging in the Committee's decision-making role; or, if their license to practice psychology is sanctioned in any ASPPB member jurisdiction.
6. A Committee member shall disqualify and remove themselves from decision-making regarding an applicant(s) where there may be bias or the appearance of bias because of financial, personal, professional or other reasons. It is the responsibility of the Committee members to disclose potential conflicts of interest and where appropriate recuse themselves from deliberation and voting in such situations.

7. There shall be at least one (1) ASPPB staff member assigned by the ASPPB Chief Executive Officer to the Mobility Committee.
8. The Committee shall periodically disseminate information regarding the Mobility Program to the Board of Directors, member boards and other appropriate organizations. The information shall include but not be limited to certificate purposes and goals; certificate requirements; fees; recognizing jurisdictions; Mobility Program policies and procedures; and benefits of certification.
9. The Mobility Committee has the following responsibilities:
 - a. The Committee or its designee shall instruct recipients of the certificate(s) on appropriate representation of the certificate(s) and shall require of the candidates that they appropriately represent the certificate(s).
 - b. The Committee shall periodically review the eligibility criteria and application procedures to ensure that they are fair and equitable and reflect appropriate documentation of eligibility for licensure in an ASPPB member jurisdiction; and
 - c. The Committee shall notify all ASPPB member boards of any revocations of any certificate once such revocation is final.

Appendix 2:

Fees

Fees associated with programs discussed in this manual will be determined by the ASPPB Board of Directors. All fees are non-refundable. Fees associated with programs discussed in this manual will be reviewed and revised by ASPPB as necessary. A listing of the current fee structure can be found on the ASPPB website at <https://asppb.net/credentials-related-records/credential-banking/fees/>

Appendix 3:

History of CPQ Application Options

A. Previous CPQ Application Requirements

When the CPQ Program was initiated in 1998, there were three (3) application options to qualify for the CPQ. All three (3) application options required the applicant to demonstrate:

1. a current license to practice psychology at the independent level in an ASPPB member jurisdiction where such a license was based on receipt of an acceptable doctoral degree.
2. a record of practicing psychology (including but not limited to applied or direct-client services) for at least five (5) years at the independent doctoral level in any ASPPB member jurisdiction as attested to by another licensed doctoral psychologist who was licensed during the period for which they are attesting, and;
3. no record of any reported disciplinary action. If there is any disciplinary action pending, the application shall be held in abeyance until said disciplinary action is resolved.

B. Previous CPQ Application Options

1. Option 1 {Standard Application}, or the standard application method, required applicants to meet additional criteria as described in earlier sections of this document.
2. Option 2 (ABPP and/or Canadian or National Register Option) was a waiver of some of the requirements imposed under Option 1 in recognition of the applicant's holding other accepted credentials in psychology such as a diplomate from the ABPP in a specialty area of practice or listing in either the National or Canadian Registers of Health Service Providers in Psychology. The requirements waived included documentation of two years of supervised experience (including one year postdoctoral), passage of the EPPP at the ASPPB recommended pass point, and passage of an oral exam, all of which were difficult for many psychologists to meet given the variations in licensing laws and the changes in training and credentialing that occurred over many years. Option 2 was later modified such that after December 31, 2001, only individuals holding a credential from ABPP could apply under the waiver of requirements offered by Option 2.
3. Option 3 {Grandparenting Option} - Between August 1998, and December 31, 2000, an individual could apply for the CPQ under a time-limited grandparenting provision known as Option 3. Option 3 had a waiver of some requirements similar to Option 2, but in order to qualify under Option 3 an individual had to have been licensed in an ASPPB member jurisdiction by 1981 in the United States and 1986 in

Canada on the basis of an acceptable doctoral degree and have practiced without discipline above a reprimand throughout his/her career. These dates were selected to coincide with changes in training and credentialing standards in the two countries. Effective, December 31, 2000, Option 3 was no longer available to CPQ applicants. (ABPP and/or Canadian or National Register Option) was a waiver of some of the requirements imposed under Option 1 in recognition of the applicant's holding other accepted credentials in psychology such as a diplomat from the American Board of Professional Psychology (ABPP) in a specialty area of practice or listing in either the National or Canadian Registers of Health Service Providers in Psychology. The requirements waived included documentation of two years of supervised experience (including one year postdoctoral), passage of the EPPP at the ASPPB recommended pass point, and passage of an oral exam, all of which were difficult for many psychologists to meet given the variations in licensing laws and the changes in training and credentialing that occurred over many years. Option 2 was later modified such that after December 31, 2001, only individuals holding a credential from ABPP could apply under the waiver of requirements offered by Option 2.

Only two options remain available to apply for the CPQ: Option 1, the standard method with all requirements for licensure being documented and verified, and Option 2 for people holding an ABPP credential in a specialty area who meet the other requirements.

Appendix 4:

Appealing a Committee Decision

1. Appeals shall be considered by the Certification Appeals Committee.
2. Applicants who are denied certification or holders who have their certification revoked may file an appeal by submitting the appropriate form along with the Appeals Processing Fee to the ASPPB Central Office. The appeal must be received by the Certification Appeals Committee within 90 days of the date of the Mobility Committee's letter of notice regarding the denial of certification.
3. An appeal must be based on the contention that the Mobility Committee erred in its decision based on the information submitted in the application and supporting documentation as of the applicant's last review. Additions or changes to the applicant's record may not be made on appeal but may be submitted to the Mobility Committee for reconsideration. An appeal may include written arguments regarding the misapplication of standards or misinterpretation of information or documentation.
4. Nothing contained in the Mobility Program Policies shall entitle any applicant to a hearing on his or her application. An applicant and/or his/her attorney may submit arguments in writing so long as they are reasonable in length.

5. The decision of the Certification Appeals Committee will be based on a majority vote and will be final.
6. The ASPPB Certification Appeals Committee may conduct its reviews by electronic means or correspondence. The Certification Appeals Committee will be provided only the information that was available to the ASPPB Mobility Committee when it made its original decision. The Certification Appeals Committee may make the following decisions:
 - a. Affirm the Mobility Committee's decision.
 - b. Reverse the Mobility Committee's decision and issue or reactivate a certificate; or
 - c. Send it back to the Mobility Committee with a request for additional information for the Mobility Committee to consider.

Appendix 5:

ASPPB Certification Appeals Committee

The ASPPB Certification Appeals Committee is made up of three (3) members appointed by the Board of Directors, two of whom shall be psychologists and one of whom shall be a non-psychologist or public member. Certification Appeals Committee members shall not be current or immediate former members (having served within the last year) of the Mobility Committee or the Board of Directors. The Certification Appeals Committee will meet on an as-needed basis and may conduct reviews via electronic means.

Appendix 6:

Primary Source Verification

Primary Source Verification refers to the verification by the ASPPB Mobility staff of credentials based upon evidence obtained from the issuing source of the credential. Credentials verified include but are not limited to education, training, examination, licensure and registration, certification, and work experience.

The following is a list of commonly verified credentials and the verification procedures:

1. Regional Accreditation of the doctoral degree granting institution is verified through the appropriate accrediting body.
2. APA/CPA Accreditation of doctoral programs status is verified through official documentation provided by APA or CPA.
3. ASPPB/National Register Designation of doctoral program status is verified through official documentation directly with ASPPB/National Register/
4. EPPP scores are verified with ASPPB
5. All licensure history and status will be verified directly with the issuing licensing board.
6. Work History Verification form is received directly from the attester. ASPPB will contact the attester directly to verify the information is accurate and was completed by the attester.
7. Internship Verification Form is received directly from the internship director. ASPPB will contact the director directly to verify if the information is accurate and was completed by the director.
8. Postdoctoral Supervised Experience Form is received directly from the supervisor. ASPPB will contact the supervisor directly to verify the information is accurate and was completed by the supervisor; Disciplinary history is verified directly with the ASPPB Disciplinary Data System.
9. ABPP status is verified with ABPP directly.
10. Graduate degree transcripts are sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals.
11. Any additional documents as determined by ASPPB.

Appendix 7:

Closed Record Verification Service

As psychology training programs and universities close, ASPPB offers to permanently store the records of psychologists having attended the program/school as an agent for the primary source. This ensures the availability of the records for future purposes of psychology licensure.

The Information that is available for a psychologist is that information which is pertinent to the credentialing verification needs of organizations such as: name, program/school name, dates of attendance, transcripts, school affiliation, training level, training year, department, program director name and/or whether the training was successfully completed. ASPPB will maintain the records indefinitely and the records forwarded to ASPPB by the programs are unchanged from the original records.

A listing of the current closed programs housed with ASPPB can be found on the ASPPB website at <https://asppb.net/credentials-related-records/closed-program-records/>

Appendix 8:

AGREEMENT OF RECIPROCITY (AOR)

AOR Program Sunsetted as of January 1, 2020: Criteria listed in this section are no longer active.

A. Program Description

The ASPPB Agreement of Reciprocity (AOR) encouraged states and provinces to enter into a cooperative agreement whereby any individual holding a license in one AOR member jurisdiction could obtain a license to practice in another AOR member jurisdiction. Under this reciprocity approach to mobility, all licensed psychologists in member jurisdictions were eligible for licensure in all other member jurisdictions based on evidence of comparable standards in current licensure requirements.

B. Jurisdictional Eligibility

Entrance into the Agreement of Reciprocity is dependent on a state or province demonstrating that its requirements for licensure meet the standards required by other participating jurisdictions. These standards include:

1. Education:

A doctoral degree in psychology must be obtained from either option a or b belowbelow:

- a. A program accredited by the American Psychological Association, or the Canadian Psychological Association, or designated as a psychology program by the Designation Committee of the National Register of Health Service Psychologists and the Association of State and Provincial Psychology Boards; or
- b. An institution of higher education that is: (a) regionally accredited by an accrediting body recognized by the U.S. Department of Education, OR (b) authorized by Provincial statute or Royal Charter to grant doctoral degrees; and is based upon a program of three [3] years of full- time [or equivalent] graduate study not including pre-doctoral internship and include instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics. In addition, the core program shall require each student to demonstrate competence in each of the following substantive content areas:
 - i. biological bases of behavior (e.g. physiological psychology, comparative psychology, neuropsychology, sensation, psychopharmacology);
 - ii. cognitive-affective bases of behavior (e.g. learning, memory, perception, cognition, thinking, motivation, emotion);
 - iii. social bases of behavior (e.g. social psychology, cultural, ethnic, and group processes, sex roles, organization and systems theory); and
 - iv. individual behavior (e.g. personality theory, human development, individual

differences, abnormal psychology)

2. Supervised Experience:

- a. Two years of supervised experience, one of which shall have been completed post-doctorally, for 3,000 hours total minimum.
- b. Each year [or equivalent] shall be comprised of at least 1,500 hours of actual work, to include direct service, training, and supervisory time. A pre-doctoral internship/residency may be counted as one of the two years of experience.

The minimum standard requirement shall be one hour per week of individual one-to-one supervision from a licensed psychologist; however, in the case of geographical or confirmed physical hardship, a jurisdiction may consider variance in the frequency of supervision sessions providing that a minimum of four hours per month of individual one-to-one supervision shall be maintained.

3. Required Examinations

- a. The EPPP with a minimum qualifying score of 70%; and
- b. An oral examination or interview to determine competence to practice.

C. Withdrawal from the AOR

If a jurisdiction changes its licensure requirements in such a way as to change the basic requirements for being in the AOR, the jurisdiction must withdraw from the Agreement.

D. Psychologist's Eligibility and Application Process

For a psychologist to be eligible to utilize the AOR, they must:

1. Have been licensed at the doctoral level for five (5) years in an Agreement of Reciprocity member jurisdiction.
2. Be applying for licensure in another member of the Agreement of Reciprocity.
3. Have been practicing continuously for five (5) years in an Agreement of Reciprocity member jurisdiction.
4. Not have any current charges or outstanding complaints pending.
5. Not have been the subject of any disciplinary action or felony conviction in any state, territory, province or other jurisdiction.
6. Not have been previously denied licensure/certification by the state or province to which they are applying.

To apply for licensure utilizing the Agreement of Reciprocity, the psychologist must:

- a. Contact the board where they wish to become licensed and request an application for licensure for applicants applying under the ASPPB Agreement of Reciprocity.
- b. Complete the application and pay applicable fees.
- c. Sign the waiver of confidentiality provided by the board.
- d. Have three (3) professional colleagues send letters of reference to the board.

