

MEMORANDUM

DATE	April 17, 20206
TO	Legislative and Regulatory Affairs Committee Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 5(b)(1) - 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 artificial intelligence. 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.

On February 13, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted letters of support to the Senate Business, Professions, and Economic Development Committee and the Senate Privacy, Digital Technologies, and Consumer Protection Committee on March 13, 2026.

On April 7, 2026, the bill was amended to include the following summary of amendments:

- Removes the Department’s investigation and enforcement authority related to this bill and place that authority with the appropriate healing arts boards. Also gives these boards explicit authority to develop regulations to implement the provisions of this bill.
- Defines a licensed professional as equivalent to the definition in Evidence Code section 1010.
- Clarifies the definition of consent for the purposes of using AI in a supplementary support capacity, and expand the definition of supplementary support.
- Prohibits an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screen patients unless the specified conditions are met, and would state that a patient does not surrender any rights to care if they or their representative do not consent to the use of AI.
- Expands and clarifies the prohibited uses of AI during psychotherapeutic sessions or when conducting screening or triage.
- Establishes the responsibilities of a licensed professional when using AI for psychotherapeutic or triage/screening purposes when the use has not been selected, provided, directed, or mandated by their employer or contracting entity.
- Establishes the responsibilities of a licensed professional and their employer or contracting entity when use of AI has been selected, provided, directed, or mandated by the employer or contracting entity

These amendments clarified any remaining ambiguity in the bill’s enforcement model.

On April 8, 2026, SB 903 was re-referred to the Committee of Business, Professions, and Economic Development. A hearing was set for April 13, 2026.

On April 10, 2026, SB 903 was re-referred to Senate Privacy, Digital Technologies, and Consumer Protection Committee with a hearing scheduled for April 20, 2026.

Action Requested

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

Attachment #1: Bill Text – [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Letter of Support Senate Business, Professions, and Economic Development Committee

Attachment #4: Letter of Support Senate Privacy, Digital Technologies, and Consumer Protection Committee

AMENDED IN SENATE APRIL 7, 2026

SENATE BILL

No. 903

Introduced by Senator Padilla
(Coauthor: Senator Rubio)

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 amended, Padilla. Mental health professionals: artificial intelligence.

Existing law establishes ~~the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including 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, make a violation of those acts a crime.~~

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.~~ *regulate the use of artificial intelligence by licensed professionals providing psychotherapy services, as defined. The bill, among other things, would prohibit an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would prohibit a licensed professional from allowing artificial intelligence to perform certain acts, including making independent therapeutic decisions or detecting emotions or mental states. The bill would make a violation of the bill's provisions subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency, as specified, and would authorize those boards and enforcement entities to pursue any remedies authorized by law.*

Existing law, the Confidentiality of Medical Information Act, generally restricts the persons and entities to whom, and the purposes for which, a health care provider, health care service plan, or contractor may release a patient's medical information. The Confidentiality of Medical Information Act additionally imposes certain disclosure requirements for the release of medical information that specifically relates to the patient's participation in outpatient treatment with a psychotherapist. In this regard, the act prohibits a health care provider, health care service plan, or contractor from releasing that information to persons

or entities who have requested that information and who are otherwise authorized by specified laws to receive that information, unless the requester makes certain written disclosures to the patient and to the provider of health care, health care service plan, or contractor, as specified. Those disclosures include, among other things, the specific intended uses of the information, and the length of time during which the information will be kept before being destroyed or disposed of, as specified. Existing law makes a violation of those provisions that result in economic loss or personal injury to a patient punishable as a misdemeanor.

This bill would require the use of artificial intelligence in psychotherapy records to comply with the confidentiality requirements of the above-described provision of the Confidentiality of Medical Information Act.

By expanding the scope of existing crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: ~~no~~-yes.

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~~ *licensed*
13 professionals. This chapter is intended to protect consumers from

1 unlicensed or unqualified providers, including unregulated artificial
 2 intelligence systems, while respecting individual choice and access
 3 to community-based and faith-based mental health ~~support.~~ *support*
 4 *and recognizing that artificial intelligence technology has the*
 5 *potential to expand clinical capacity if used in a safe, ethical, and*
 6 *legal manner.*

7 4989.82. For purposes of this chapter, the following definitions
 8 apply:

9 (a) “Administrative support” means tasks performed to assist a
 10 licensed professional in the delivery of ~~therapy or psychotherapy~~
 11 services that do not involve ~~therapeutic~~ *psychotherapeutic*
 12 communication. “Administrative support” includes, but is not
 13 limited to, all of the following:

- 14 (1) Managing appointment scheduling and reminders.
- 15 (2) Processing billing and insurance claims.
- 16 (3) Drafting general communications related to therapy logistics
 17 that do not include therapeutic advice.

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

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

25 (A) Unambiguously communicates the individual’s express,
 26 freely given, informed, voluntary, specific, and unambiguous
 27 ~~written agreement, including a written agreement provided by~~
 28 ~~electronic means.~~ *agreement, either written or verbally, and*
 29 *documented in the record.*

30 (B) Is revocable by the individual.

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

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

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

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

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

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

- 4 (1) ~~A licensed clinical psychologist.~~
- 5 (2) ~~A licensed clinical social worker.~~
- 6 (3) ~~A licensed professional clinical counselor.~~
- 7 (4) ~~A licensed marriage and family therapist.~~
- 8 (5) ~~A registered or certified alcohol or other drug counselor.~~
- 9 (6) ~~A psychiatric mental health nurse practitioner.~~
- 10 (7) ~~Any other professional authorized by this state to provide~~
11 ~~therapy or psychotherapy services.~~

12 (d) *“Licensed professional” has the same meaning as*
13 *“psychotherapist” as defined in Section 1010 of the Evidence*
14 *Code.*

15 (f)

16 (e) *“Peer support” means services provided by individuals with*
17 *lived experience of mental health conditions or recovery from*
18 *substance use that are intended to offer encouragement,*
19 *understanding, and guidance without clinical intervention.*

20 (f) (1) *“Psychotherapeutic communication” means any verbal,*
21 *nonverbal, or written interaction conducted in a clinical or*
22 *professional setting that is intended to diagnose, treat, or address*
23 *an individual’s mental, emotional, or behavioral health concerns.*
24 *“Psychotherapeutic communication” includes, but is not limited*
25 *to, any of the following:*

26 (A) *Direct interactions with clients for the purpose of*
27 *understanding or reflecting their thoughts, emotions, or*
28 *experiences.*

29 (B) *Providing guidance, therapeutic strategies, or interventions*
30 *designed to achieve mental health outcomes.*

31 (C) *Offering emotional support, reassurance, or empathy in*
32 *response to psychological or emotional distress.*

33 (D) *Collaborating with clients to develop or modify therapeutic*
34 *goals or treatment plans.*

35 (E) *Offering behavioral feedback intended to promote*
36 *psychological growth or address mental health conditions.*

37 (2) *“Psychotherapeutic communication” does not include the*
38 *discussion of a patient’s use of artificial intelligence in a clinical*
39 *setting.*

1 (g) “*Psychotherapy services*” means services provided to
2 diagnose, treat, or improve an individual’s mental health or
3 substance use disorder condition. “*Psychotherapy services*” does
4 not include religious counseling or peer support.

5 ~~(g)~~

6 (h) “Religious counseling” means counseling provided by clergy
7 members, pastoral counselors, or other religious leaders acting
8 within the scope of their religious duties if the services are
9 explicitly faith based and are not represented as clinical mental
10 health services or ~~therapy or psychotherapy services.~~

11 ~~(h)~~

12 (i) “Supplementary support” means tasks performed to assist a
13 licensed professional in the delivery of ~~therapy or psychotherapy~~
14 services that do not involve ~~therapeutic psychotherapeutic~~
15 communication and that are not administrative support.
16 “Supplementary support” includes, but is not limited to, any of the
17 following:

18 (1) Preparing and maintaining client records, including ~~therapy~~
19 *psychotherapy and progress* notes.

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

22 (3) Identifying and organizing external resources or referrals
23 for client use.

24 (4) *Using artificial intelligence tools that assist licensed*
25 *professionals with documentation, workflow management, or other*
26 *functions that enhance clinical capacity, provided the licensed*
27 *professional maintains responsibility for all clinical decisions and*
28 *communications.*

29 ~~(i) (1) “Therapeutic communication” means any verbal,~~
30 ~~nonverbal, or written interaction conducted in a clinical or~~
31 ~~professional setting that is intended to diagnose, treat, or address~~
32 ~~an individual’s mental, emotional, or behavioral health concerns.~~
33 ~~“Therapeutic communication” includes, but is not limited to, any~~
34 ~~of the following:~~

35 ~~(A) Direct interactions with clients for the purpose of~~
36 ~~understanding or reflecting their thoughts, emotions, or~~
37 ~~experiences.~~

38 ~~(B) Providing guidance, therapeutic strategies, or interventions~~
39 ~~designed to achieve mental health outcomes.~~

1 ~~(C) Offering emotional support, reassurance, or empathy in~~
2 ~~response to psychological or emotional distress.~~

3 ~~(D) Collaborating with clients to develop or modify therapeutic~~
4 ~~goals or treatment plans.~~

5 ~~(E) Offering behavioral feedback intended to promote~~
6 ~~psychological growth or address mental health conditions.~~

7 ~~(2) “Therapeutic communication” does not include the~~
8 ~~discussion of a patient’s use of artificial intelligence in a clinical~~
9 ~~setting.~~

10 ~~(j) “Therapy or psychotherapy services” means services provided~~
11 ~~to diagnose, treat, or improve an individual’s mental health or~~
12 ~~substance use disorder condition. “Therapy or psychotherapy~~
13 ~~services” does not include religious counseling or peer support.~~

14 ~~(j) “Triage or screening” means the assessment of an~~
15 ~~individual’s health concerns and symptoms for the purpose of~~
16 ~~determining the urgency, clinical nature, or appropriate level of~~
17 ~~the individual’s need for psychotherapy services.~~

18 ~~(k)~~

19 ~~(k) “Use of artificial intelligence” means the use of artificial~~
20 ~~intelligence tools or systems by a licensed professional to assist~~
21 ~~in providing administrative support or supplementary support in~~
22 ~~therapy or psychotherapy services where the licensed professional~~
23 ~~maintains full responsibility for all interactions, outputs, and data~~
24 ~~use associated with the system and satisfies the requirements of~~
25 ~~Section 4989.83: psychotherapy services.~~

26 ~~4989.83. A licensed professional shall not engage in the use~~
27 ~~of artificial intelligence to assist in providing supplementary~~
28 ~~support in therapy or psychotherapy where the client’s therapeutic~~
29 ~~session is recorded or transcribed unless both of the following~~
30 ~~conditions are satisfied:~~

31 ~~4989.83. (a) An individual, corporation, or entity shall not~~
32 ~~use artificial intelligence to record or transcribe psychotherapeutic~~
33 ~~communications, psychotherapy sessions, or triage or screening~~
34 ~~unless both of the following conditions are satisfied:~~

35 ~~(a)~~

36 ~~(1) The patient or the patient’s legally authorized representative~~
37 ~~is informed verbally or in writing of both of the following:~~

38 ~~(1)~~

39 ~~(A) That artificial intelligence will be used.~~

40 ~~(2)~~

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

3 ~~(b)~~

4 (2) The patient or the patient's legally authorized representative
5 provides consent to the use of artificial intelligence.

6 *(b) A patient does not surrender any of their rights to care if
7 the patient or their legally authorized representative does not
8 provide consent to the use of artificial intelligence.*

9 4989.84. (a) An individual, corporation, or entity shall not
10 provide, advertise, or otherwise offer ~~therapy or~~ psychotherapy
11 services, including through the use of ~~internet-based~~ artificial
12 intelligence, to the public in this state unless the ~~therapy or~~
13 psychotherapy services are conducted by an individual who is a
14 licensed professional.

15 ~~(b) A licensed professional may use artificial intelligence only
16 to the extent the use meets the requirements this chapter. A licensed
17 professional shall not allow artificial intelligence to do any of the
18 following:~~

19 *(b) When providing psychotherapy services or conducting triage
20 or screening, an individual, corporation, or entity may use artificial
21 intelligence only to the extent the use meets the requirements of
22 this chapter and shall not allow artificial intelligence to do any of
23 the following:*

24 (1) Make independent therapeutic decisions.

25 (2) Directly interact with clients in any form of ~~therapeutic~~
26 *psychotherapeutic* communication, unless ~~they are using a product~~
27 *that is approved by the tool or system is consistent with the United*
28 *States Food and Drug Administration guidance for low-risk general*
29 *wellness products or clinical support software, and is compliant*
30 *with the federal Health Insurance Portability and Accountability*
31 *Act of 1996 (Public Law 104-191).*

32 (3) Generate therapeutic ~~recommendations~~ *recommendations,*
33 *assessment results, diagnoses, or treatment plans without review*
34 *and approval by the licensed professional.*

35 (4) Detect emotions or mental states.

36 (5) *Assess an individual's health concerns or symptoms for the
37 purpose of determining the urgency, clinical nature, or appropriate
38 level of the individual's need for psychotherapy services.*

39 *(c) If a licensed professional uses artificial intelligence in
40 connection with psychotherapy services or triage or screening and*

1 *the use has not been selected, provided, directed, or mandated by*
2 *an employing or contracting entity, the licensed professional shall*
3 *be responsible for both of the following:*

4 (1) *Ensuring the artificial intelligence is deployed in compliance*
5 *with this chapter.*

6 (2) *Ensuring the artificial intelligence is used in a clinically*
7 *appropriate manner.*

8 (d) *If a licensed professional uses artificial intelligence required*
9 *or authorized by their employer or contracting entity, the following*
10 *shall apply:*

11 (1) *The employer or contracting entity shall be responsible for*
12 *both of the following:*

13 (A) *Ensuring the artificial intelligence is deployed in compliance*
14 *with this chapter.*

15 (B) *Directing the licensed professional to use the artificial*
16 *intelligence in compliance with this chapter.*

17 (2) *The licensed professional shall use artificial intelligence in*
18 *a clinically appropriate manner.*

19 ~~4989.85.— All records kept by a licensed professional and all~~
20 ~~communications between an individual seeking therapy or~~
21 ~~psychotherapy services and a licensed professional shall be~~
22 ~~confidential and shall not be disclosed except as otherwise required~~
23 ~~by law.~~

24 ~~4989.86.—(a) The department shall have the authority to~~
25 ~~investigate any actual, alleged, or suspected violation of this~~
26 ~~chapter.~~

27 ~~(b) Any individual, corporation, or entity found in violation of~~
28 ~~this chapter shall pay a civil penalty to the department in an amount~~
29 ~~not to exceed ten thousand dollars (\$10,000) per violation, as~~
30 ~~determined by the department, with penalties assessed based on~~
31 ~~the degree of harm and the circumstances of the violation. Before~~
32 ~~the civil penalty is levied, the individual, corporation, or entity~~
33 ~~shall be given a written notice of the proposed action, including~~
34 ~~the nature of the violation and the amount of the proposed penalty,~~
35 ~~and shall have the right to request a hearing, which shall be held~~
36 ~~pursuant to the Administrative Procedure Act (Chapter 5~~
37 ~~(commencing with Section 11500) of Part 1 of Division 3 of Title~~
38 ~~2 of the Government Code). An individual, corporation, or entity~~
39 ~~found in violation of this chapter shall pay the civil penalty within~~
40 ~~60 days after the date of the order by the department imposing the~~

1 civil penalty. The order shall constitute a judgment and may be
2 filed and executed in the same manner as any judgment from the
3 appropriate court.

4 4989.85. *Use of artificial intelligence in psychotherapy records*
5 *shall comply with the confidentiality required in Section 56.104*
6 *of the Civil Code. A company or entity shall not share, sell, store,*
7 *or train their models on any data obtained from psychotherapy.*

8 4989.86. (a) *A violation of this chapter is subject to the*
9 *jurisdiction of the appropriate health care professional licensing*
10 *board or enforcement agency.*

11 (b) *The appropriate health care professional licensing board*
12 *may pursue an injunction or restraining order to enforce the*
13 *provisions of this chapter, as authorized by Section 125.5.*

14 (c) *This section does not limit the authority of a health care*
15 *professional licensing board or enforcement agency to pursue any*
16 *remedy otherwise authorized by law.*

17 (d) *The appropriate health care professional licensing boards*
18 *may adopt rules and regulations necessary to implement this*
19 *chapter.*

20 4989.87. This chapter does not apply to any of the following:

21 (a) Religious counseling.

22 (b) Peer support.

23 (c) Self-help materials and educational resources that are
24 available to the public and do not purport to offer ~~therapy or~~
25 psychotherapy services.

26 (d) *Artificial intelligence used solely for training or simulation*
27 *purposes.*

28 SEC. 2. *No reimbursement is required by this act pursuant to*
29 *Section 6 of Article XIII B of the California Constitution because*
30 *the only costs that may be incurred by a local agency or school*
31 *district will be incurred because this act creates a new crime or*
32 *infraction, eliminates a crime or infraction, or changes the penalty*
33 *for a crime or infraction, within the meaning of Section 17556 of*
34 *the Government Code, or changes the definition of a crime within*
35 *the meaning of Section 6 of Article XIII B of the California*
36 *Constitution.*

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 of Psychology (Board) staff recommends the Board take a position of **SUPPORT**:

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 checked="" 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: <u> 2/13/2026 </u>	
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:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

April 7, 2026, amendments are discussed in the April 24, 2026 Legislative and Regulatory Affairs Item 5(b)(1) memo.

March 3, 2026

The Honorable Senator Aisha Wahab
Chair, Senate Committee on Business, Professions, and Economic Development
1021 O Street, Suite 3320
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

Dear Senator Wahab:

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

At its February 13, 2026, meeting, the Board adopted a **Support** position on Senate Bill 903 (Padilla).

SB 903 is intended to ensure that therapy in California continues to be delivered by licensed professionals who are responsible for the services they provide. As artificial intelligence (AI) tools become more common in health care, SB 903 establishes clear expectations for transparency when those tools are used in therapy settings. The bill requires disclosure and patient consent when AI is used in connection with recorded or transcribed sessions and reinforces that therapy services offered to the public in California must be provided by licensed professionals.

For psychologists, the bill provides clear, practical requirements regarding disclosure and consent when using AI-supported tools in practice. These standards help licensees understand their responsibilities and promote consistent compliance across practice settings.

For consumers, SB 903 ensures they are informed when AI tools are involved in their care and confirms that therapy services are provided by licensed professionals. This strengthens transparency and consumer protection as technology continues to evolve in health care.

For these reasons, the Board supports SB 903.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Members of the Senate Business, Professions, and Economic Development
Committee

March 3, 2026

The Honorable Senator Christopher Cabaldon
Chair, Senate Committee on Privacy, Digital Technologies, and Consumer
Protection
1020 N Street, Suite 568
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

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A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Brian W. Jones (Vice-Chair)
Members of the Senate Privacy, Digital Technologies, and Consumer Protection
Committee

From: [Laura A. Haynes, Ph.D.](#)
To: bopmail@DCA
Subject: International Foundation for Therapeutic and Counseling Choice urges do not support SB 934 Wiener
Date: Thursday, April 16, 2026 11:19:41 PM
Attachments: [IFTCC Letter to CA BOP - SB 934 Opposed - 2026-4-16 final.pdf](#)
Importance: High

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WARNING: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

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Dear Members of the California Board of Psychology,

I am Laura Haynes, Ph.D., a California licensed psychologist and U.S.A. Country Representative, Executive Board Member, and Chair of the Science and Research Council for the International Foundation for Therapeutic and Counselling Choice. The IFTCC serves professional mental health counselors and pastoral counselors in California and more than 30 nations. We urge you not to support SB 934 that intends to prohibit counseling that decreases distress and is open to sexuality or gender identity change. Please consider the evidence in our attached 2 2/3 page letter (and references).

Thank you for your service and for your consideration of our evidence.

Respectfully,

Laura Haynes, Ph.D., California Licensed Psychologist,
Executive Board Member, Country Representative for the U.S.A., Chair of the Science and Research Council, International Foundation for Therapeutic and Counselling Choice (IFTCC.org)

Re: *SB-934 Opposed*. Sexual orientation or gender identity change allowing counseling

Dear Members of the California Board of Psychology,

April 16, 2026

SB 934 would prevent access to safe, consensual counseling conversations that help Californians preserve their marriage and family, live freely according to their preferences, values, conscience and beliefs that give them happiness, and live the life they desire without discrimination if they experience distress about their same-sex attraction or discordant gender identity. The International Foundation for Therapeutic and Counselling Choice provides training and advocacy for mental health professionals and pastors in California and over 30 countries in ethical counseling for these individuals based on scientific integrity. We urge you to protect their rights by not supporting SB 934. Please consider the evidence.

1. Same-Sex Attraction and Discordant Gender Identity Are Not Simply Inborn or Biologically Determined. Identical twins share biological factors that some have theorized cause same-sex sexuality or gender dysphoria (examples: genes, epigenetics, prenatal hormones, number of older brothers, maternal prenatal factors).

a. Same-sex sexuality: If one identical twin develops same-sex sexuality, the other does also only less than a third of the time [1].

b. Gender dysphoria: In a Swedish nation-wide study over 15 years, if one identical twin developed gender dysphoria, the other identical twin never did (0.0%). [15].

2. Same-Sex Sexuality or Discordant Gender Identity May Result from Life Experiences or Psychological Factors, Not Biology.

a. Same-sex attraction: This is according to the American Psychological Association [32A] and several rigorous (large, prospective, longitudinal, controlled, cohort, mixed methods, replicated) studies in the U.K., Finland, New Zealand and U.S. [12A].

b. Discordant gender identity: This is according to a consensus statement of endocrine societies around the world [16], a comprehensive National Health Service-England review [4A], Finland's Recommendation [7], and highly rated research [3A].

3. Same-Sex Sexuality and Discordant Gender Identity Commonly Change Through Life.

a. Same-sex attraction: According to the American Psychological Association [32B] and abundant rigorous research [9A].

b. Discordant gender identity: According to 11 out of 11 of children's studies internationally [34, 25] and rigorous (prospective, longitudinal, population- and cohort-based) adolescent research [20].

4. Same-Sex Attraction and Behavior and Discordant Gender Identity May Decrease Significantly or Change for Some, Though Not All, Through Safe Consensual Counseling.

a. All the existing gold standard research of which we are aware—randomized controlled trials [=RCT]—across ideologies of the researchers, supported by additional research, have found safe mental health interventions may decrease same-sex partners [18*,21*,23*,24*], various sexual attractions [17*,10*,11*,2] and same-sex attraction specifically [17*,10*,11*], and opposite-sex attraction may increase [10*-11*]. Longitudinal studies support these findings [12B].*

Trustees: Dr Mike Davidson PhD (UK), Prof Carolyn Pela PhD (US), Dr Med Peter May (UK), Rev Simon Wyatt (UK), Dr Laura Haynes PhD (US)

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b. *These kinds of studies, even if not perfect, are recognized as far superior to cross-sectional surveys by which researchers generally have acknowledged they did not prove that change counseling caused harm, then asserted it anyway.* Activist lobbies promote these surveys and invalid position statements based on them in professional organizations.[12C] There is not a professional consensus for therapy bans [3C,12D.

c. *There is no quantitative research that meets scientific standards that has established a claim on which change-allowing counseling opponents rely, that change allowing counseling at any age is unsafe for undesired same-sex attraction [28-30] or undesired discordant gender identity [8,3,36] or that risk of harm [22] or delayed awareness of harm is greater for this counseling than for counseling generally.*

In fact, all known longitudinal studies of sexuality change practices have found mental health improved strongly, outweighing any harms [14,19]. Also, the only known nationally representative study of people who did not change same-sex sexuality through counseling found they still benefitted—suicidality did not increase and may have decreased dramatically [28-30].

5. Medical Interventions for Gender Distressed Minors Harm Fertility and Sexual Pleasure, Do Not Improve Mental Health, and Are Not Proven Better Than Counseling Alone.

a. *Gender medical interventions harm bodies [5] and are not proven effective.* The World Health Organization of the United Nations said it will not recommend medical gender interventions for children or adolescents, because “the evidence base for children and adolescents is limited and variable” [34]. Research reviews by the health authorities of England [4B], Sweden [27], Finland [7], and the U.S. [8] agree and now prioritize counseling. Rigorous studies of entire populations, many decades long, found gender medical approaches did not improve mental health or worsened it. [13]

b. *Counseling approaches are effective and safer.* They do not harm bodies. Medical gender interventions plus counseling did not resolve distress significantly better than counseling alone for gender dysphoric adolescents in England at the largest gender clinic in the world [6] and in the Netherlands clinic that formed the medical gender intervention protocol on which medical gender interventions for minors have been based internationally [26]. Gender discordance resolved for children through change counseling in case studies published by the world-renowned gender expert who led the DSM-5 work group on diagnosis of gender dysphoria [37] and colleagues.

The U.S. DHHS systematic review of 17 systematic research reviews, considered gold standard research [8], and the research review in an amicus brief submitted to the U.S. Supreme Court [3], found no scientific evidence of harm for counselling approaches for gender dysphoric young people.

6. Counseling That Is Open to Sexuality Change Has Been Especially Effective for People Who Want to Save Their Marriage and Family or Live According to Their Conscience and Values They Love. What this counseling help means to them, their spouses, and their children can hardly be expressed. Bans take away their right to this effective counseling help.

a. *Men who were fathers or who held traditional values were especially successful at reducing same-sex partners in both rigorous LGB-identity-affirmative research (randomized controlled trial) [18] and change-exploring counseling research [31].*

Many in the latter study also reduced same-sex attraction and mental health improved.

b. *Contrary to conventional wisdom, most same-sex attracted people by far are both-sex attracted, say the American Psychological Association [32C] and international research [9B], and the vast majority choose opposite-sex partners [12E] and many have children [12F]. Nearly a third to over half of men in change-allowing counseling studies are married to an opposite sex spouse and are fathers [12G].*

Their right to help to decrease same-sex attraction and behavior and increase opposite-sex attraction to protect their marriage and family they love should continue. Adolescents should be able to have the same help. Some who are both-sex attracted will be in procreative marriages also; some want help to be abstinent more easily.

c. *The right of gender dysphoric adults to receive the counseling approach to decrease gender dysphoria or incongruence, preserve their marriage and family, or achieve other personal goals is advocated for them by the world-renowned gender dysphoria expert who led the DSM-5 work group on diagnosis of gender dysphoria [36].*

Adolescents should be able to access the same help.

d. *He also strongly supported the counseling approach for children. [35,37]*

7. People Whose Preferences, Values, Conscience and Beliefs Are for Change-Exploring Counseling Have Reported They Experienced LGBT-Identity-Affirming Counseling as Un-affirming, Coercive, Therapist-Led Rather Than Client-Led, and Harmful.

There is no research that establishes that LGBT-identity-affirming counseling they do not want and to which they do not consent is effective, safe, or ethical for them [12H,33].

In conclusion, everyone—young and old—should have the right to help to leave sexual or gender practices or experiences they find unfulfilling. They should have no less right to help to achieve their family goals or to live freely the life they desire according to their preferences, values, conscience, and beliefs, and to have help to do so. We urge you, protect their freedoms and rights. Do not support, and better yet do oppose, SB 934.

Respectfully, The IFTCC Science and Research Council (More info: <https://iftcc.org/mou/>)
Similar letter for legislators at: <https://archive.iftcc.org/iftcc-ca-sb-934-opposed>

Reference Endnotes:

[1] Bailey et al. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest*, 17, 45-101. <https://doi.org/10.1177%2F1529100616637616>.

Probandwise concordance 24%, Table 4 caption, pp. 74-76. A finding that factors contributing to same-sex sexuality are 32% genetic is consistent with 24% probandwise concordance and 14% pairwise concordance.

[2] Bartels et al. (2018). The effect of bilateral eye-movements versus no eye-movements on sexual fantasies. *Journal of Behavior Therapy and Experimental Psychiatry*, 59, 107-114. <https://doi.org/10.1016/j.jbtep.2018.01.001>. Counterbalanced quasi-experiment.

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- [3] Brief of Amici Curiae International Foundation for Therapeutic and Counseling Choice, *Chiles v. Salazar, et al.*, ___ U.S. ___ (2025) (No. 24-539).
https://www.supremecourt.gov/DocketPDF/24/24-539/363195/20250613153058649_Chiles%20Supreme%20Court%20Brief.pdf.
A. Psychological influences on development of gender discordance and dysphoria: pp. 34-39.
B. No research has established harm for counseling to help a person grow more comfortable with their sex: see pp. 39-51.
C. No professional consensus for medical gender approach: Appendix “A-1: A List of Some Organizations Raising Concerns Over or Dissenting from the Medicalized Approach, Thereby Increasing the Need for a Counseling Approach or Even Advocating for It.”
- [4] Cass, H., Chair, Independent Review into GIDS for Children and Young People (April 2024). The Cass Review: Independent review of gender identity services for children and young people: Final report.
<https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/>. A. “biopsychosocial”, see p. 121, 8.52.
B. Psychotherapy approach, pp. 150, 157.
- [5] Coleman, E. et al. (2022). Standards of care for the health of transgender and gender diverse people, Version 8. *International Journal of Transgender Health*, 23(sup1), S1-S259.
<https://doi.org/10.1080/26895269.2022.2100644>. See pp. S102, S119, S167.
- [6] Costa, R., et al. (2015). Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. *Journal of Sexual Medicine*, 12, 2206-2214. <https://doi.org/10.1111/jsm.13034>. Longitudinal controlled study.
- [7] Council for Choices in Health Care in Finland (2020). Recommendation of the Council for Choices in Health Care in Finland: Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. <https://palveluvalikoima.fi/en/recommendations#genderidentity>. Certified English Translation, Lingua. Franca Translations, Coconut Grove, FL, USA (18 May 2022). <https://archive.iftcc.org/finnish-2020-cohere-guidelines-minors-finland-certified-translation/>. See chapters 6, 7.
- [8] Department of Health and Human Services (DHHS) (US) (1 May 2025). Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices.
<https://opa.hhs.gov/gender-dysphoria-report>. A systematic review of systematic reviews, recognized as gold standard research. Counseling approach not harmful: see p. 16.
- [9] Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. legal advocacy for sexual minorities. *J of Sex Research*, 00(00), 1-29.
<https://doi.org/10.1080/00224499.2016.1139665>. A. Same-sex attraction often changes: see Table 1. B. Most same-sex attracted by far are both-sex attracted: see pp. 7-8.
The first author also subsequently authored rigorous research finding mental-health-practice-mediated sexual attraction change. See [10,11].

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[10] Dickenson, J.A. & Diamond, L.M. (2018). Examining the effects of mindfulness on preferred and non-preferred desires. *Journal of Sexual Medicine*, 15, Supplement 2, S102. <https://doi.org/10.1016/j.jsxm.2018.03.022>. Mixed methods randomized controlled trial.

[11] Dickenson, J.A. et al. (2020). Understanding heterosexual women's erotic flexibility: The role of attention in sexual evaluations and neural responses to sexual stimuli. *Social Cognitive and Affective Neuroscience*, 15, 447-466. <https://doi.org/10.1093/scan/nsaa058>. Opposite sex attraction increased, and same-sex attraction decreased even though this outcome was not expected or a goal. Mixed methods randomized controlled trial. Mental-health-practice-mediated change.

[12] Haynes, L. (23 Feb. 2025). Full Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding (MoU) on Conversion Therapy in the U.K. <https://iftcc.org/mou/>.

A. Life experiences and psychological factors influence development of same-sex sexuality: pp. 198-199 at 190.d.ii. and iii. Also pp. 225-228 at 220d. Professional counselors treat the impacts of these experiences every day. Effects from these experiences may decrease or change as a by-product of such counseling, though not for all.

B. Longitudinal studies have found same-sex attraction and behavior significantly decreased or changed through change allowing practices: pp. 153-158 at 162-163.

C. Cross-sectional surveys have invalidly claimed they found causal evidence of harm: pp. 214-222. Professional position statements have relied on them: p. 222.

D. There is no professional consensus in support of therapy bans: pp. 239-242.

E and F. Most both-sex attracted people who are in a relationship are with an opposite-sex partner and many have children: pp. 10-12 at 16.e.

G. Nearly a third to over half of males in studies of change-allowing counseling are married and fathers: pp. 78-79.

H. No research evidence that LGBT-identity-affirmative counseling is safe or effective, therefore ethical, for people who do not want or consent to it; they report harm: pp. 234-235.

[13] Haynes, L. (31 Jan. 2024, slightly edited 15 Feb. 2024). Submission of the IFTCC to the World Health Organization: A Guideline for Adult Hormone Treatment Would Be Scientifically Unfounded and Premature. <https://iftcc.org/submission-of-the-iftcc-to-the-world-health-organisation/>.

[14] Jones, S. & Yarhouse, M. (2011). A longitudinal study of attempted religiously mediated sexual orientation change, *Journal of Sex & Marital Therapy*, 37, 5, 404-427.

<https://doi.org/10.1080/0092623x.2011.607052>. This final report on a 6- to 7-year longitudinal study was published in a peer-reviewed journal after the APA task force report of 2009. This study discussed in [12B], pp. 155-158 at 163.

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[16] Lee, P.A. et al. (2016). Consensus Statement: Global disorders of sex development update since 2006: Perceptions, approach and care. *Hormone Research in Pediatrics*, 85(3), 158–180. <https://doi.org/10.1159/000442975>. P. 168: Gender identity is “biopsychosocial.” Nothing biological (no “biological marker”) has been found that is gender identity that another person can find by doing a biological test or looking at a person’s brain. P. 159: List of endocrine societies around the world agreeing in this consensus statement.

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[18] Nyamathi, A. et al. (2017). Impact of tailored interventions to reduce drug use and sexual risk behaviors among homeless gay and bisexual men. *American Journal of Men’s Health*, 11(2), 208–220. <https://doi.org/10.1177/1557988315590837>. Randomized controlled trial. Men of traditional values (assessed as high “homonegativity”) and fathers were especially successful in decreasing same-sex partners.

[19] Pela, C. & Sutton, P. (2021). Sexual attraction fluidity and well-being in men: A therapeutic outcome study. *Journal of Human Sexuality*, 12, 61-86. https://df6a7995-c8cd-4a49-bc0d-2ef92e2cf904.filesusr.com/ugd/ec16e9_08ac87b9a4a94711b6b72429723cda6a.pdf. An independent, quantitative, quasi-experimental, naturalistic, prospective, 2-year longitudinal, single group, repeated measures design (at 6, 12, 18, 24 months) employing a specific trademarked therapy, namely Reintegrative Therapy®, conducted by clinicians certified in that therapy, with research participants verified to be undergoing that therapy. Researchers had complete data on participants for the required minimum of 6 months of therapy required for inclusion in the study. Participants had the option to continue up to 24 months. At the 12 month follow up, 71% of participants were still apparently benefitting enough to continue in therapy. Most attrition occurred later than 12 months, likely as participants completed therapy.

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[21] Reback, C. J., & Shoptaw, S. (2014). Development of an evidence-based, gay-specific cognitive behavioral therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviors*, 39, 1286-1291. <https://doi.org/10.1016/j.addbeh.2011.11.029>. Randomized controlled trial.

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- [27] Society for Evidence Based Gender Medicine (SEGM) (27 Feb. 2022). *SEGM Summary of Key Recommendations* from the Swedish National Board of Health and Welfare (Socialstyrelsen / NBHW), February 2022 update. <https://www.segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth>.
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- [29] Sullins, D.P. (2023). Critiques strengthen and improve the original findings: Rejoinder to commentaries on Sullins (2022b). *Archives of Sexual Behavior*, 52(3), 889-899. <https://doi.org/10.1007/s10508-023-02566-x>
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<https://researchers.one/articles/24.09.00002#:~:text=https://researchers.one/articles/24.09.00002v4>. Married fathers were especially successful in decreasing same-sex behavior.

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A. Psychological factors for development of same-sex attraction, vol. 1:

p 583: “Biological explanations, however, do not entirely explain sexual orientation.

Psychoanalytic contingencies are evident as main effects or in interaction with biological factors.” p. 257: “The inconvenient reality...is that social behaviors are always jointly determined” by nature, nurture, and opportunity. pp. 609-610: Childhood sexual abused has “associative and potentially causal links” to having same sex partners for some people.

B. Same-sex attraction, behavior, and identity often change throughout the lifespan for men and women, adolescents and adults, vol. 1: p. 636: [R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attraction, behaviours, or identities over time.” p. 562: “Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation.” p. 619: Over the course of life, individuals experience the following: ...changes or fluctuations in sexual attractions, behaviours, and romantic partnerships....”

C. Both sex-attraction is the norm, and exclusive same-sex attraction is the exception:

Vol. 1, p. 633: “Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical ‘type’ of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true: Individuals with nonexclusive patterns of attraction are indisputably the ‘norm,’ and those with exclusive same-sex attractions are the exception.”

The APA gave its imprimatur to this handbook: vol. 1, p. xvi.

The second editor-in-chief of the handbook was also an author in [9,10,11] above.

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MEMORANDUM

DATE	April 17, 2026
TO	Legislative and Regulatory Affairs Committee Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 8 - Update and Discussion on the American Psychological Association (APA) Model Act

Background

The American Psychological Association (APA) updated the Model Licensing Act (MLA). The MLA was last updated in 2010, and the 2025 MLA provides guidance in two major areas: Master's-level health service psychology licensure and Applied psychology title provisions.

First, in the 2025 APA's Model Licensing Act, there is framework for states that choose to license psychology professionals at the master's-level. The MLA includes proposed standards for education, training, supervision, and scope of practice. The MLA also designates that master-level licensees will be titled as a Licensed Practitioner of Psychology or LPPs.

The educational requirements for LPPs include obtaining a master's degree in health services psychology from a regionally accredited institution of higher education or from a Canadian university that is provincially or territorially chartered. The program must also include supervised practicum and internships, and LPPs must complete a total of 800 hours that consist of 400 hours of direct service, 100 hours can include observation or co-therapy.

The experience requirements include completion of 3,000 hours or at least 2 full-time years of post-degree, supervised experience, with 2,200 hours in direct service. During the experience, applicants must obtain 100 hours of didactic education in their intended scope of practice.

The scope of practice for LPPs include basic assessment capabilities, such as screening assessments for diagnostic purposes. The scope of practice does not include the full range of psychological assessments, such as neuropsychology, forensic assessment, child custody, and other advanced evaluations or specialized training. The Board would still be required to administer state licensing exams and ensure that applicants meet the requirements for licensure as an LPP. However, the Board would have the option to waive the examination requirement for any applicant who holds a valid, unrestricted license as a LPP or an equivalent license.

By offering the option to license LPPs, this would address the potential shortage of mental health professionals not only in California but the rest of the country. However, this may have an increase on the workload of the Board, which includes not only implementation of legislative and regulatory requirements for the new license type, but specifically the workload of Board licensing staff which already includes the administration of five licensing types.

The second area is regarding guidance on the applied psychology title provision. The 2010 version and the revised 2025 version of the MLA address the use of the titles of “psychologist” and “licensed psychologist”. The 2010 MLA provides that an “applied psychologist” is an individual who provides services to individuals, groups, and/or organizations. The revised MLA would maintain the title of “Licensed Psychologist” as a protected title for individuals that are health service psychologists, and the title of “psychologist” is for individuals who are doctoral-level professional working in non-clinical contexts such as, organizational consulting, research, or technology.

Action Requested

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

Attachment #1: APA Model Licensing Act 2010

Attachment #2: APA Model Licensing Act Draft 2025

American Psychological Association

Model Act for State Licensure of Psychologists

Adopted by Council as APA Policy 2/20/2010

As APA policy, the Model Act serves as a prototype for drafting state legislation regulating the practice of psychology. State legislatures are encouraged to use the language of this document and the policies that it espouses as the model for their own state licensure law. Inevitably each state law will reflect compromises and changes particular to that state, but the APA Model Act is meant to serve as a guide for those involved in the drafting process. State licensing boards must develop their own rules and regulations to supplement the legislation proposed here. This document also serves to educate legislatures about psychology training and practice and serves to synthesize APA policies that bear on the education, training, and practice of professional psychology.

This is the fifth set of guidelines for state legislation regulating the practice of psychology that has been developed by the American Psychological Association (APA). The first model for such regulation was developed and adopted as APA policy in 1955 (APA, 1955).

The 1955 guidelines stood for 12 years, during which the number of states enacting licensure legislation grew from 9 to 32. In 1967 the APA Committee on State Legislation (COSL) prepared the first revision of the guidelines. That revision was more comprehensive, provided more detailed guidance, and covered more issues relating to regulation of the practice of psychology, while reaffirming the basic concept found in the 1955 model (APA, 1967).

By 1977 all states and the District of Columbia had enacted licensure legislation. APA's Council of Representatives then determined that the model approved in 1967 was outdated and directed COSL to undertake a revision. However, in January 1979 the Council of Representatives failed to approve the revised model guidelines, leaving the 1967 guidelines to remain as APA policy. In 1984 the Council of Representatives directed the Board of Professional Affairs (BPA) to develop another revision of the existing 1967 model for the Council's consideration. BPA, in turn, directed its Committee on Professional Practice (COPP) to prepare it.

This document was approved by the Council of Representatives in February, 1987.

In 2006, at the recommendation of the Board of Professional Affairs and the Committee for the Advancement of Professional Practice, the APA Board of Directors and Council of Representatives funded a Task Force to undertake the revision of the 1987 model act. The existing model act did not reflect the developments in professional practice that had occurred over the preceding 20 years. Specific developments included some psychologists obtaining prescriptive authority, changes in the provision of industrial/organizational and consulting psychology that could make it desirable for those psychologists to be licensed, and changes in the recommended sequence of education and training for psychologists. The Task Force undertook this effort beginning with a comprehensive review of the 1987 document as well as relevant APA policies and other documents. Draft revisions were circulated for review and a 90-day public comment period ensued. Changes were made to the document based on commentary received. A second public comment period ensued and another review by governance groups followed by additional changes to the document occurred prior to the document being approved by Council in February 2010.

Each section of the proposed Model Act is introduced by commentary, the purpose of which is to explain the rationale for the proposed section that follows. To differentiate between the commentary and the proposed statutory language, the latter is *italicized*.

A. Declaration of Policy

This section declares that the intent of legislation for state licensure of psychologists is to ensure the practice of psychology in the public interest. The consumer should be assured that psychological services will be provided by

licensed and qualified professionals according to the provisions of this act. The public must also be protected from the consequences of unprofessional conduct by persons licensed to practice psychology.

The practice of psychology in (name of state) is hereby declared to affect the public health, safety, and welfare, and to be subject to regulation to protect the public from the practice of psychology by unqualified persons and from unprofessional conduct by persons licensed to practice psychology.

B. Definitions

Definitions provide consistent interpretation throughout the Act without unnecessary repetition of terms. Thus “Board,” once defined in this section, can subsequently be cited with the same meaning as presented in the definition.

In defining “institution of higher education,” it is further recognized that many foreign institutions prepare psychologists for professional practice, and provision should be made to accommodate them in Board regulations.

Psychological services should be described adequately and specified in order to identify clearly the areas of psychological services, provided to individuals, groups of individuals, or organizations, that require qualified and sound professional psychology practice. There can be a legitimate use for technology-supported services, such as electronic or telephonic means. All such activities must operate according to appropriate APA Ethical guidelines and Board regulations.

1. “Board” means the (name of state) State Psychology Board.
2. “Institution of higher education” means any regionally accredited institution of higher education in the United States, including a professional school, that offers a full-time doctoral course of study in psychology that is acceptable to the Board. For Canadian universities, it means an institution of higher education that is provincially or territorially chartered.
3. “Practice of psychology” is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of (a) preventing, eliminating, evaluating, assessing, or predicting symptomatic, maladaptive, or undesired behavior; (b) evaluating, assessing, and/or facilitating the enhancement of individual, group, and/or organizational effectiveness – including personal effectiveness, adaptive behavior, interpersonal relationships, work and life adjustment, health, and individual, group, and/or organizational performance, or (c) assisting in legal decision-making.

The practice of psychology includes, but is not limited to, (a) psychological testing and the evaluation or assessment of personal characteristics, such as intelligence; personality; cognitive, physical, and/or emotional abilities; skills; interests; aptitudes; and neuropsychological functioning; (b) counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; (c) diagnosis, treatment, and management of mental and emotional disorder or disability, substance use disorders, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; (d) psychoeducational evaluation, therapy, and remediation; (e) consultation with physicians, other health care professionals, and patients regarding all available treatment options, including medication, with respect to provision of care for a specific patient or client; (f) provision of direct services to individuals and/or groups for the purpose of enhancing individual and thereby organizational effectiveness, using psychological principles, methods, and/or procedures to assess and evaluate individuals on personal characteristics for individual development and/or behavior change or for making decisions about the individual, such as selection; and (g) the supervision of any of the above. The practice of psychology shall be construed within the meaning of this definition without regard to whether payment is received for services rendered. (See Section G for Limitation of Practice and Maintaining and Expanding Competence and Section J for Exemptions.)

4. “Psychologist” means (a) any person licensed as a psychologist under this Act and (b) any general applied psychologist (see 5b below) whose practice areas are specifically exempted under this act, and includes a person representing himself or herself to be a psychologist if that person uses any title or description of services incorporating the words psychology, psychological, or psychologist, or if he or she uses any term that implies that

he or she possesses expert qualification in any area of psychology, or if that person offers to the public or renders to individuals or groups of individuals services defined as the practice of psychology in this Act. The title "psychologist" is also used by psychologists who are exempt from licensure as specified in Section J of this Act in their roles as teachers, researchers and/or general applied psychologists acting outside the licensed scope of practice.

5. "Applied psychologist" is one who provides services to individuals, groups, and/or organizations. Within this broad category there are two major groupings – those who provide health-related services to individuals and those who provide other services to individuals and/or services to organizations. Although licensure is generic, some of the Board's Rules and Regulations need to account for variations in relevant training, supervision, and practice.

a. "Health service provider" (HSP)

Psychologists are certified as health service providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic, therapeutic intervention and management services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level.

b. "General applied psychologist"

General applied psychologists provide psychological services outside of the health and mental health field and shall include: 1) the provision of direct services to individuals and groups, using psychological principles, methods, and/or procedures to assess and evaluate individuals on personal abilities and characteristics for individual development, behavior change, and/or for making decisions (e.g., selection, individual development, promotion, reassignment) about the individual, all for the purpose of enhancing individual and/or organizational effectiveness; and 2) the provision of services to organizations that are provided for the benefit of the organization and do not involve direct services to individuals, such as job analysis, attitude/opinion surveys, selection testing (group administration of standardized tests in which responses are mechanically scored and interpreted), selection validation studies, designing performance appraisal systems, training, organization design, advising management on human behavior in organizations, organizational assessment, diagnosis and intervention of organizational problems, and related services.

6. "Specialty" is a defined area of psychological practice which requires advanced knowledge and skills acquired through an organized sequence of education and training. The advanced knowledge and skills specific to a specialty are obtained subsequent to the acquisition of core scientific and professional foundations in psychology.

7. "Developed areas of practice" have all of the following characteristics:

- National recognition of the practice area by a national organization(s) whose purpose includes recognizing or representing and developing the practice area, by relevant divisions of the APA, or by involvement in similar umbrella organizations;
- An accumulated body of knowledge in the professional literature that provides a scientific basis for the practice area including empirical support for the effectiveness of the services provided;
- Representation by or in a national training council that is recognized, functional, and broadly accepted;
- Development and wide dissemination by the training council of doctoral educational and training guidelines consistent with the Accreditation Guidelines & Principles;
- Existence of the practice area in current education and training programs;
- Geographically dispersed psychology practitioners who identify with the practice area and provide such services.

8. "Emerging area of practice" is one that meets some but not all of the six requirements for a developed area of practice, or does not meet some of the requirements completely (e.g., there is some professional literature providing a scientific basis, but not an "accumulated body of knowledge" in that literature).

9. "Client" or "patient" is used to refer to the direct recipients of psychological services, which may include child, adolescent, adult, older adult, couple, family, group, organization, community, or any other individual. In many situations there are important and valid reasons for using such terms as consumer or person in place of client or

patient to describe the recipients of services. In some circumstances (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, or other administrative body), the client may be the retaining party and not the examinee.

C. State Psychology Board

Legislation concerning the membership of the State Psychology Board should designate a sufficient number of members to accomplish the work of the Board, as well as make provisions for the appointment of public members. The appointing authority shall ensure that specialties in psychology are represented, as well as trainers and practitioners, both in health care and general applied psychology. A minimum of six psychologists plus one public member is recommended.

Public (consumer) members on boards is a recognition of the impact of consumerism on the current functioning of boards. A public member is recommended in order to ensure the representation of the public; that is, the recipient of psychological services. Members should be appointed at staggered times so that the entire group of members is not replaced at any one time.

There is hereby created the (name of state) State Psychology Board. The Board shall consist of minimally six licensed psychologists and one public member. Members should be representative of teaching, training, and the professional practice of psychology. Psychologist Board members shall be licensed to practice in this state. Each psychologist serving on the Board shall have a minimum of five years of post-licensure experience. Board members shall reflect a diversity of practice specialties, both in health care and other applications.

Board members shall be appointed who are free from conflicts of interest in performing the duties of the Board. A public member shall not be a psychologist, an applicant or former applicant for licensure as a psychologist, a member of another health profession, or a member of a household that includes a psychologist, or otherwise have conflicts of interest or the appearance of such conflicts with duties as Board members. Appointments to the Board shall be made by the duly constituted appointing authority in this state. The appointing authority in this state shall solicit nominations from psychological organizations and licensed psychologists in this state. The term of office shall be five years, with provision for reappointment for one additional term. Lengths of terms of Board members shall be staggered.

It is clear that the Board will need, from time to time, to adopt or delete rules and regulations to carry out the provisions of the Act that establish and enable the Board to operate. It is wise to have this authority clearly established within the Act.

In addition to the powers set forth elsewhere in this Act, the Board may adopt rules and regulations to carry out the provisions of this Act.

In general it is desirable for the Board to be self-supporting. Self-generated fees should be sufficient to cover all costs. This avoids the necessity of the Board's returning to the budgetary authority for approval each time fees must be increased in order for the Board to remain self-supporting. Boards should consider carefully the various elements of expense in establishing fees. Items such as overhead, examination costs, travel and per diem, disciplinary proceedings, and other expenses should be considered.

The Board shall, from time to time, establish reasonable fees for the issuance and renewal of licenses and its other services. Fees shall be set so as to defray the cost of administering the provisions of this Act, including applications, examinations, enforcement, and the cost of maintaining the Board.

It is important to have within the Act a statement that a member of the Board shall not be civilly liable for any act performed in good faith and within the scope of duties of the Board. It should be noted that such a statement does not pertain to any criminal charges brought against a member of the Board. Though individual members of the Board will not be held civilly liable, individuals may pursue legal action against the Board under any applicable state laws, such as, for example, under any administrative procedure act.

A member of the Board or any employee or agent of the Board shall not be held civilly liable for any act performed in good faith and within the scope of the duties of the Board.

D. Requirements for Licensure

There is a core of basic theory, principles, and accumulated knowledge that all professional psychologists should possess. Each practitioner must also master the specific skills and knowledge appropriate for the competent performance of psychological practice. The language of the model requires the Board to specify its criteria for acceptable professional education in psychology. In this regard, the Board will be guided by national standards.

All applicants for licensure must minimally be graduates of a regionally accredited institution of higher education, or a Canadian university that is provincially or territorially chartered, and must have completed a planned program of study which reflects an integration of the science and practice of psychology. A formal training program accredited by the American Psychological Association or Canadian Psychological Association is required. For areas of psychology where APA or CPA program accreditation does not exist, psychology programs must meet all the requirements listed below (D1).

The law recognizes that new doctoral programs may be developed in newly or already recognized specialties of professional psychology. In such instances, the law affords those programs an eight-year period in which to achieve accreditation or to meet the standards described in D1, during which the graduates of those programs may sit for licensure.

1. Educational requirements

The Act recognizes the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

Applicants for licensure shall possess a doctoral degree in psychology from a regionally accredited institution of higher education or from a Canadian university that is provincially or territorially chartered. The degree shall be obtained from a recognized program of graduate study in psychology as defined by the rules and regulations of the Board.

Applicants for licensure shall have completed a doctoral program in psychology that is accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) or where APA or CPA program accreditation does not exist for that area of professional psychology, then the applicant must show that his or her doctoral program in psychology meets all of the following requirements:

- 1. Training in professional psychology is doctoral training offered in a regionally accredited institution of higher education. A regionally accredited institution is an institution with regional accreditation in the United States or an university that is provincially or territorially chartered in Canada.*
- 2. 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.*
- 3. The psychology program must stand as a recognizable, coherent organizational entity within the institution.*
- 4. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.*
- 5. The program must be an integrated, organized sequence of study.*
- 6. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities and a psychologist responsible for the program.*

7. The program must have an identifiable body of students who are matriculated in that program for a degree.

8. The program must include supervised practicum, internship, field or laboratory training appropriate to the individual's chosen area of practice of psychology.

9. The curriculum shall encompass a minimum of three academic years of full time graduate study and a minimum of one year's residency or the equivalent thereof at the educational institution granting the doctoral degree. The core program shall require every student to demonstrate competence in each of the following substantive areas. Some content areas may appropriately be taught by integrating content across the curriculum, or this requirement may be met through substantial instruction in each of these foundational areas, as demonstrated by evidence of an integrated curriculum or a minimum of three graduate semester hours, 4.5 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), or the equivalent:

a. scientific and professional ethics and standards;

b. research design and methodology;

c. statistics;

d. psychometric theory;

e. biological bases of behavior: such as physiological psychology, comparative psychology, neuropsychology, sensation and perception, physical ergonomics, or psychopharmacology;

f. cognitive-affective bases of behavior: such as learning, thinking, motivation, emotion, memory, cognitive information processing, or social cognition;

g. social bases of behavior: such as social psychology, group processes, organizational and systems theory; and

h. individual differences: such as personality theory, human development, personnel psychology, or abnormal psychology.

10. All professional education programs in psychology shall include course requirements in developed practice areas/specialties.

11. The program must demonstrate that it provides training relevant to the development of competence to practice in a diverse and multicultural society.

When a new area of professional psychology is recognized as being a developed practice area and within the accreditation scope of the APA, doctoral programs within that area will be afforded a transition period of eight years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. The same principle applies as well to new doctoral programs in traditional practice areas previously recognized within the scope of APA accreditation.

Applicants trained in institutions outside the United States shall meet requirements established by the Board.

Psychologists trained in an area that falls outside the scope of APA accreditation (e.g., experimental, developmental, social) and who intend to practice in a traditional or developed practice area must complete a retraining program and/or appropriate supervised experience (e.g., internship in the developed practice area). Similarly, psychologists trained in HSP programs who intend to practice in general applied psychology non-exempt areas and psychologists trained in general applied psychology areas who intend to provide health services must first acquire the appropriate training and supervision.

2. Experience requirements

APA recommends that legislation requires the equivalent of two full-time years of sequential, organized, supervised, professional experience prior to obtaining the license. This training may be completed prior or subsequent to the granting of the doctoral degree. For applicants prepared for practice in the health services domain of psychology, one of those two years of supervised professional experience shall be a predoctoral internship which may be completed as a part-time intern over a two-year period provided that the total experience is the equivalent of one year of full-time experience. By seven years post adoption of these regulations, all licensure applicants prepared for

practice in the health services domain must minimally have completed an APA or CPA accredited (or equivalent) predoctoral internship. For applicants prepared for practice in the general applied (non-HSP) domain of psychology, whose graduate programs may not have formal internships, the option to obtain all supervision post doctorally should be available. In rules and regulations, the Board must define acceptable supervised experience at the predoctoral and postdoctoral levels as well as mechanisms for evaluation of this experience. Boards are encouraged to create definitions that are flexible and capture the variety of training and supervisory models that are appropriate for both HSP and GAP practice. Psychologists are required to limit their practice to their demonstrated areas of professional competence. Experience should be compatible with training.

To obtain licensure, applicants shall demonstrate that they have completed the equivalent of two full-time years of sequential, organized, supervised professional experience. For applicants prepared for practice in the health services domain of psychology, one of those two years of supervised professional experience shall be an APA or CPA accredited (or equivalent) predoctoral internship. For applicants prepared for practice in the general applied domain of psychology, whose graduate programs may not have formal internships, the option to obtain all supervision post doctorally should be available. The criteria for appropriate supervision shall be in accordance with regulations to be promulgated by the Board. Experience shall be compatible with the knowledge and skills acquired during formal doctoral and/or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice. General Applied (non-HSP) Psychologist trainees may be supervised by an appropriate licensed psychologist outside the supervisee's place of employment so long as (a) the supervisee's employer engages the licensed supervisor to provide the required supervision; and (b) the supervisor assumes responsibility for the training of the supervisee. Applicants shall be required to show evidence of good character, e.g., that they have not been convicted of a criminal offense that bears directly on the fitness of the individual to be licensed.

3. Examinations

APA recommends that the Act specify the requirements for examination and the conditions under which the Board is authorized to waive examination. All examinations serve the purpose of verifying that a candidate for licensure has acquired a basic core of knowledge in the discipline of psychology and can apply that knowledge to the problems confronted in the practice of psychology within the applicant's area of practice as a health service provider or general applied psychologist. While written examinations typically evaluate the applicant's basic core of knowledge, any additional examinations such as oral examinations or work samples shall be representative of the applicant's area of practice. Boards should clearly specify the conditions under which the endorsement of another license will be granted.

The Board shall administer examinations to qualified applicants on at least an annual basis. The Board shall determine the subject matter and scope of the examination and shall require a written, and may require an oral, examination of each candidate for licensure. The written examination shall evaluate the basic core of knowledge in the discipline of psychology necessary to practice while any oral exams or work samples shall be representative of the applicant's area of practice as either a health service provider or general applied psychologist. The Board at its discretion, according to rules and regulations promulgated by the Board, may waive said examination of candidates for licensure. It is recommended that individuals applying for licensure be eligible to sit for the examination upon completion of all the requirements of the doctoral degree.

4. Prior credentials

APA recommends that the Act provide for continued licensure of persons already licensed as a psychologist at the time of enactment of a new law.

A person who is licensed as a psychologist under the provisions of (cite relevant section(s) of previous licensing law) as of the effective date of this Act shall be deemed to have met all requirements for licensure under this Act and shall be eligible for renewal of licensure in accordance with the provisions of this Act.

5. Applications from individuals licensed in other jurisdictions

Jurisdictions are strongly encouraged to adopt regulations to facilitate the mobility and portability of licensure. Jurisdictions may set criteria to determine conditions under which verification of education, experience, and examination requirements will be waived. These criteria may include holding a credential that verifies education and experiences of individuals (e.g. American Board of Professional Psychology (ABPP), National Register of

Health Service Providers in Psychology, Association of State and Provincial Psychology Boards' Certificate of Professional Qualification in Psychology (ASPPB's CPQ)), or Board determination that the criteria of the other jurisdiction are comparable to the Board's criteria, or other specified mechanism.

An individual applying for licensure with the Board who holds an active psychology license in another jurisdiction and shows evidence of good character is considered an eligible candidate for licensure in the jurisdiction. The Board may waive verifying the education, experience, and examination requirements for individuals who meet these criteria and for whom the Board's mechanism for verifying comparability of education, experience, and examination requirements is met. The Board retains the right to administer any required jurisdiction-specific examinations (written, oral, jurisprudence) prior to awarding the license.

E. Interstate Practice of Psychology

Psychologists may have legitimate interests in practicing in another jurisdiction for a limited amount of time. This section provides for limited practice in a jurisdiction other than the state in which the psychologist is licensed. This is not intended to eliminate the necessity for licensure for those who are setting up a regular professional practice in that jurisdiction. The psychologist must have an earned doctoral degree and be licensed in another jurisdiction.

Interjurisdictional practice is particularly critical for the practice of general applied psychology as frequently this involves activities crossing jurisdictional lines, such as engaging with employees of organizations operating in several jurisdictions. For those activities that fall under the licensed scope of practice of psychology, the provider of general applied psychological services should indeed be licensed. However, since increasingly, the provision of such services frequently does not involve face-to-face meetings but rather, these services are being provided telephonically and electronically across state lines, this section recognizes this practice and permits the provision of general applied psychological services in this manner provided that the provider of the services is licensed in at least one jurisdiction and is not using this section to avoid the requirement of licensure entirely.

Mechanisms may be developed to alleviate some of these difficulties and provide for easy interstate recognition of licensure. Jurisdictions are encouraged to adopt and implement such mechanisms as appropriate.

Nothing in this Act shall be construed to prohibit the practice of psychology in this state by a person holding an earned doctoral degree in psychology from an institution of higher education who is licensed or certified as a psychologist under the laws of another jurisdiction, provided that the aggregate of sixty (60) days per year of professional services as a psychologist under the provision of this subsection is not exceeded. Prior to providing services in this state, a doctoral level licensed psychologist from another jurisdiction should provide written notice to the Board of the type of services to be provided, approximate duration of such services along with documentation of licensure and consent to operating under the jurisdiction, law, and regulations of this state. Notice does not require approval of the Board prior to delivery of service if the aggregate of 60 days of services is maintained and the individual does not establish an ongoing, regular, professional practice in the jurisdiction.

Nothing in this Act shall be construed to prohibit an individual not domiciled in the state who does not practice psychology in an office or other place of business in the state from providing general applied psychological services telephonically and electronically if the individual holds an earned doctoral degree in psychology from an institution of higher education and is licensed or certified as a psychologist under the laws of another jurisdiction. Written notice is not required for the interjurisdictional provision of general applied psychological services that are delivered solely by telephonic or electronic means.

In disaster situations the time frame and conditions under which psychologists will provide disaster services in the jurisdiction will be defined by the Board.

To the extent that the jurisdiction has adopted the Uniform Emergency Volunteer Health Practitioners Act, it will apply in times of disaster.

F. Temporary Authorization to Practice

This portion of the Act provides for the conditions under which a licensed psychologist may practice until obtaining licensure in another jurisdiction. Jurisdictions are encouraged to adopt regulations to facilitate the mobility and portability of licensure. Provision is also made for the Board to waive examination if the requirements met by the psychologist in the original jurisdiction are judged to be equivalent to those in this state.

A psychologist holding a current, active license or certification under the laws of another jurisdiction may be authorized by the Board to practice psychology as defined in this Act for a maximum of one year, provided that the psychologist has made application to the Board for licensure and has met the educational and experience requirements for licensure in this state. Denial of licensure terminates this authorization. The Board may choose to waive examination if a psychologist is licensed in another jurisdiction on the basis of qualifications that are not less than those required for licensure in this state.

G. Limitation of Practice; Maintaining and Expanding Competence

This provision of the Act is intended to ensure licensed psychologists who provide services will not practice outside the limits of their competence. The burden of proof is on the applicant to provide evidence, acceptable to the Board, that the applicant has obtained the training necessary to engage in the practice of psychology in the specified area of competence. The Board may wish to develop forms that provide for the specification of the intended area of practice and the evidence necessary to document competence. The Board should recognize that training in psychology includes broad and general training in scientific psychology and in the foundations of practice. Practice areas include: clinical psychology, counseling psychology, school psychology, industrial-organizational psychology, and other developed practice areas.

Psychologists provide services to populations and in areas within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience and do not practice beyond their areas of competence. The Board develops requirements or structures (e.g., continuing education in general areas of practice as well as in specific areas such as ethics, domestic violence, and multicultural competence; declaration and documentation of competence) to ensure that psychologists undertake ongoing efforts to identify, develop, and maintain competence and ethical practice. Boards may choose to require applicants for licensure and renewal of licensure to self-declare their areas of practice competence. Should a psychologist's area of practice change, then the psychologist shall be required to provide documentation of the training, supervision, and/or mentoring undertaken to achieve competence in the new area at the time of license renewal. Psychologists practicing in emerging areas take reasonable steps to ensure the competence of their work by using relevant research, training, consultation, or study.

The Board shall ensure through regulations and enforcement that licensees limit their practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. The Board shall develop structures to ensure that psychologists undertake ongoing efforts to maintain competence and ethical practice. The Board adopts as its standard of conduct the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

H. Inactive Status

A psychologist who is on military assignment outside the state, suffering from health problems, on sabbatical, retired, or who moves to another state may wish to be on inactive status. Relieving the psychologist from paying the fee will make it possible for that person to remain in good standing without being an active practitioner.

A psychologist in good standing who will not be practicing in the state for at least one year may petition the Board to have his or her license placed on inactive status without penalty. When such psychologist wishes to return to practice, an application shall be made to the Board, which shall reinstate him or her upon payment of the registration fee for the current year.

I. Practice Without a License

The Act must clearly specify what constitutes a violation of law and what penalties may be imposed for practice without a license or for misrepresentation of oneself as a psychologist. State legislatures have the latitude to determine penalties for such illegal activities. Boards are provided with the authority to suspend or revoke licenses and to prescribe conditions for reinstatement.

It shall be a violation of this Act for any person not licensed in accordance with the provisions of this Act to represent himself or herself as a psychologist. It shall be a violation of this Act for any person not licensed in accordance with the provisions of this Act to engage in the practice of psychology as defined in this Act, whether practicing as an individual, firm, partnership, corporation, agency, or other entity.

Any person who shall represent himself or herself as a psychologist in violation of this Act, or who shall engage in the practice of psychology in violation of this Act, shall be guilty of a misdemeanor and shall be fined not less than _____dollars and not more than _____dollars and, in addition thereto, may be imprisoned for not more than _____months. Each day such person shall practice psychology without meeting all the requirements of all laws now in force and of this Act shall constitute a separate offense. Any person filing or attempting to file, as his or her own, a diploma or license of another or a forged affidavit of identification shall be guilty of a felony and shall be subject to the punishment prescribed for forgery in the second degree.

Whenever a license to practice as a psychologist in the state has been suspended or revoked, it shall be unlawful for the person whose license has been so suspended or revoked to practice psychology in this state. The Board may issue, with or without reexamination, a new license whenever it deems such course safe and just.

The Board on its own motion may investigate any evidence or allegation that appears to show that any person is or may be in violation of any provision of this Act.

J. Exemptions

1. There should be an exemption from licensure for persons engaged solely in teaching in academic institutions, or research in academic and/or research institutions. In addition, those general applied (non-HSP) psychologists who provide services for the benefit of the organization as described in B.5.b.2 but not as described in B.5.b.1 and not involving direct services to individuals should be exempt from licensure and be allowed to refer to themselves as psychologists. The exemption should not be determined on the basis of work setting or place of primary employment, but on the basis of the purpose of the activity as defined in Section B3 (Practice of psychology). The exemption should not be allowed if the individual engages in the direct delivery or supervision of psychological services to individuals or groups of individuals in any setting. Persons engaged in teaching or research should not be excluded from licensure if they meet the statutory requirements for licensure.

Nothing in this Act shall be construed to prevent the teaching of psychology or the conduct of psychological research, provided that such teaching or research does not involve the delivery or supervision of direct psychological services. Nothing in this Act shall prevent the provision of general applied psychological services to organizations so long as those services are for the benefit of the organization, and does not involve direct service to individuals. Nothing in this Act shall prevent the provision of expert testimony by psychologists who are otherwise exempted by this Act. Persons holding a doctoral degree in psychology from an institution of higher education may use the title "psychologist" in conjunction with the activities permitted by this subsection.

2. Members of other established professions, such as physicians, attorneys, and clergy, may provide services that are similar or related to the scope of practice of psychology. They should be exempted from licensure on the condition that they not represent themselves to be psychologists.

Nothing in this Act shall be construed to prevent members of other recognized professions that are licensed, certified, or regulated under the laws of this state from rendering services consistent with their professional training and code of ethics, provided that they do not represent themselves to be psychologists. Duly recognized members of the clergy shall not be restricted from functioning in their ministerial capacity, provided that they do not represent themselves to be psychologists.

3. The prior version of this Model Act included an exemption for the use of the terms school psychologist or certified school psychologist for all individuals credentialed by the state agency regulating practice in public schools. This version acknowledges the authority of the relevant state education agency to credential individuals to provide school psychological services in settings under their purview and continues to restrict those individuals to practice within those settings. Additionally, the title so conferred, which must include the word “school”, is to be used solely while engaged in employment within those settings.

Nothing in this Act shall be construed to prevent (cite relevant state education authority or statutory provisions) from credentialing individuals to provide school psychological services in those settings that are under the purview of the state education agency. Such individuals shall be restricted in their practice and the use of the title so conferred, which must include the word "school", to employment within those settings.

This provision is not intended to restrict the activities of licensed psychologists.

4. Graduate students, interns, unlicensed postdoctoral trainees, and applicants for licensure are permitted to function under the supervision of a licensed psychologist, as are assistants not eligible for licensure in some states. None may use the title psychologist, but titles such as psychological trainee, psychological intern, psychological resident, or psychological assistant would be permissible under this exemption. The supervising psychologist is responsible for the professional actions of the student, trainee, or assistant. The Board is required to adopt regulations defining the nature and extent of training for qualified assistants and supervision for each category.

Nothing in this Act shall be construed to prevent persons under the supervision of a licensed psychologist from engaging in activities defined as the practice of psychology, provided that such persons shall not represent themselves by the title "psychologist," in accordance with regulations promulgated by the Board. Such persons who are preparing for the profession of psychology may use terms such as “psychological trainee,” “psychological intern,” “psychological resident.” Other persons may use terms such as “psychological assistant,” “psychological technician,” “psychological associate.” All such persons must perform their activities under the supervision and responsibility of a licensed psychologist in accordance with regulations promulgated by the Board.

Nothing in this section shall be construed to apply to any person other than:

(a) a matriculated graduate student in psychology whose activities constitute a part of the course of study for a graduate degree in psychology at an institution of higher education;
(b) an unlicensed individual pursuing postdoctoral training or experience in psychology, including persons seeking to fulfill the requirements for licensure under the provisions of this Act; or
(c) a qualified assistant, technician, or associate employed by, or otherwise directly accountable to, a licensed psychologist. Such individuals may, among other things, administer and score neuropsychological tests at the request of the supervising psychologist, but may not interpret such tests. The Board in regulations shall determine the number of assistants, technicians and associates that a psychologist may employ and the conditions under which they will be supervised.

5. This provision clarifies that the focus of licensure is the individual providing the services. Where the individual providing the services is duly licensed and qualified to provide the services, the goal of assuring the public that the services will be provided by licensed and qualified professionals is served.

Nothing in this Act shall be construed to require a license under this Act in order for a firm, partnership, corporation, limited liability company or other entity to provide general applied psychological services where such services are performed by an individual: (a) duly licensed in this state or otherwise authorized to provide general applied psychological services under this Act; or (b) supervised by a licensed psychologist in this state and permitted to provide general applied psychological services with such supervision under this Act.

6. Individuals who were previously unable to obtain licensure because of exemptions or exclusions in the previous version of this Act or where fulfilling requirements for licensure has been prohibitive (in some instances this has included I-O, human factors, and consulting psychologists), but are now expected to become licensed under the new regulations, a provision for extending licensure to those psychologists should be enacted.

All who have been practicing for 5 years or more exclusively outside of the health care psychology area and who were previously unable to obtain licensure because of exemptions or exclusions in the previous version of this Act or where fulfilling requirements has been prohibitive shall be grandparented, with the following requirements:

- a. Candidates should have graduated from a regionally accredited institution with a doctoral degree in I-O, consulting, or other recognized program in general applied psychology.*
- b. Attestation from the candidate that documents at least 5 years of relevant work history in I-O, consulting, or other general applied psychology practice. This should include written support from at least two licensed psychologists in good standing within that jurisdiction or APA Fellows in the same or similar area of practice that attests to the candidate's work history, quality of work, ethical practice and lack of any disciplinary action.*
- c. Completion of the jurisprudence examination of that jurisdiction with a passing grade.*

Individuals must have applied for this grandparenting option within two years from the enactment of this Act. After that date, the individual must comply with the regular licensing laws.

K. Grounds for Suspension or Revocation of Licenses

In order to have an effective law, the Board must have the power to suspend and revoke a license. Actions that are a violation of the enforceable standards of the APA Ethical Principles of Psychologists and Code of Conduct in effect at the time of the activities and other standards subscribed to by the Board should be clearly stated in the licensing law. Two considerations are specified below that refer to specific points in the text that follows:

Concerning Numbers 6 and 7

The Board shall specify, in rules and regulations, criteria for determining how long or under what conditions an individual or group of individuals remains a patient or a client.

Concerning Number 17

In this section, physical condition shall be differentiated from physical disability. There is no intent to obstruct physically disabled candidates' entry into the profession of psychology nor from practicing their profession after licensure as long as they practice with reasonable skill and safety to patients or clients.

A psychologist and anyone under his or her supervision shall conduct his or her professional activities in conformity with the ethical and professional standards of the APA Ethical Principles of Psychologists and Code of Conduct and those standards promulgated by the Board under its rules and regulations.

The Board shall have the power and duty to suspend, place on probation, or require remediation for any psychologist for a specified time, to be determined at the discretion of the Board, or to revoke any license to practice psychology or to take any other action specified in the rules and regulations whenever the Board shall find by a preponderance of the evidence that the psychologist has engaged in any of the following acts or offenses:

- 1. fraud in applying for or procuring a license to practice psychology;*
- 2. immoral, unprofessional, or dishonorable conduct as defined in the rules and regulations promulgated by the Board;*
- 3. practicing psychology in such a manner as to endanger the welfare of clients or patients;*
- 4. conviction of a felony (a copy of the record of conviction, certified to by the clerk of the court entering the conviction shall be conclusive evidence);*
- 5. conviction of any crime or offense that reflects the inability of the practitioner to practice psychology with due regard for the health and safety of clients or patients;*
- 6. harassment, intimidation, or abuse, sexual or otherwise, of a client or patient;*
- 7. engaging in sexual intercourse or other sexual contact with a client, patient or the individual who is the direct recipient of psychological services (where services are provided to an organization, client refers only to the individuals who are direct recipients of psychological services);*
- 8. use of repeated untruthful or deceptive or improbable statements concerning the licensee's qualifications or the effects or results of proposed treatment, including functioning outside of one's professional competence established by education, training, and experience;*
- 9. gross malpractice or repeated malpractice or gross negligence in the practice of psychology;*
- 10. aiding or abetting the practice of psychology by any person not licensed by the Board;*

11. conviction of fraud in filing Medicare or Medicaid claims or in filing claims to any third party payor (a copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence);
12. exercising undue influence in such a manner as to exploit the client, patient, student, or supervisee for financial or other personal advantage to the practitioner or a third party;
13. the suspension or revocation by another state of a license to practice psychology (a certified copy of the record of suspension or revocation of the state making such a suspension or revocation shall be conclusive evidence thereof);
14. refusal to appear before the Board after having been ordered to do so in writing by the executive officer or chair of the Board;
15. making any fraudulent or untrue statement to the Board;
16. violation of the APA Ethical Principles of Psychologists and Code of Conduct and other standards adopted in the rules and regulations of the Board; and
17. inability to practice psychology with reasonable skill and safety to patients or clients by reason of illness, inebriation, misuse of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition.

When the issue is whether or not a psychologist is physically or mentally capable of practicing psychology with reasonable skill and safety to patients or clients, then, upon a showing of probable cause to the Board that the psychologist is not capable of practicing psychology with reasonable skill and safety to patients or clients, the Board may petition a court of competent jurisdiction to order the psychologist in question to submit to a psychological examination by a psychologist to determine psychological status and/or a physical examination by a physician to determine physical condition. Such psychologist and/or physician is to be designated by the Board. The expense of such examination shall be borne by the Board. Where the psychologist raises the issue of mental or physical competence or appeals a decision regarding his or her mental or physical competence, the psychologist shall be permitted to obtain his or her own evaluation at the psychologist's expense. If the objectivity or adequacy of the examination is suspect, the Board may complete an examination by its designated practitioners at its own expense. When mental or physical capacity to practice is at issue, every psychologist licensed to practice psychology in the state shall be deemed to have given consent to submit to a mental or physical examination or to any combination of such examinations and to waive all objections to the admissibility of the examination, or to previously adjudicated evidence of mental incompetence.

L. Board Hearings and Investigations

In the interest of protecting the public, the Board must have authority to regulate the practice of psychology. This section specifies the powers and duties of the Board to conduct investigations, hold hearings, consider evidence or allegations brought against a psychologist, and to discipline a licensee for violation of law or regulation. Both the Board and licensee are required to follow due process standards in any disciplinary proceeding.

The Board on its own motion may investigate or cause to be investigated any allegation or evidence that appears to show that a psychologist licensed to practice in this state is, or may be, in violation of this Act or of any of the acts, offenses, or conditions set forth by the Board in rules and regulations. Investigations will be limited to the allegation or evidence upon which they were initially based, except in situations when the investigation uncovers evidence of serious misconduct on the part of the psychologist that is unrelated to the initial allegation or evidence.

1) Any accusation filed against a psychologist licensed to practice in this state shall be filed within three years from the date the Board discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first. If an alleged act or omission involves a minor, the seven-year limitations period provided for shall be tolled until the minor reaches the age of majority.

2) The following are exceptions to the limitations period in paragraph (1):

- a. acts or offenses involving a violation of Sections K(1), K(13), or K(15) ;
- b. acts or offenses involving a violation of Sections K4, where there is an element of dishonesty or fraud, and Section K5;

- c. acts or offenses involving fraudulent, deceptive or dishonest conduct that adversely affects the persons' ability or fitness to practice psychology;
- d. acts or offenses involving allegations of sexual misconduct with a psychotherapy client, or with a former psychotherapy client for a period of two years following the date of the last professional contact with the former client.

The Board shall have the power and duty to suspend, place on probation, or require remediation for a licensee for a specified time, to be determined at the discretion of the Board, or to revoke any license to practice psychology, whenever the licensee shall be found by the Board, by a preponderance of the evidence, to have engaged in conduct prohibited by this Act or rules and regulations duly promulgated pursuant thereto.

Any psychologist holding a license to practice in this state is required to report to the Board any information such psychologist in good faith may have that appears to show that any psychologist holding a license to practice in this state may be in violation of this Act or guilty of any of the acts, offenses, or conditions set forth by the Board and such violation has substantially harmed or is likely to substantially harm a person or organization, unless such intervention would violate confidentiality rights under this statute or when the knowledge comes from a peer review process qualifying under the state peer review statute or when the psychologist has been retained to review the work of that psychologist whose professional conduct is in question. Any psychologist who in good faith makes such a report to the Board shall be absolutely immune from civil liability to any person and/or entity for any statement or opinion made in such report.

If, in the opinion of the majority of the Board, there is probable cause that the information provided to it under the provisions of this section may be valid, the Board shall request by registered mail a formal interview with the psychologist. If the psychologist who is ordered to a formal interview before the Board refuses to appear for such interview, such refusal shall be considered grounds for the Board, at its discretion, to suspend or revoke the license of such psychologist. Any proceeding for suspension or revocation of a license to practice as a psychologist in this state shall be conducted in accordance with procedures established by the Board. In the event that these provisions conflict with the state's general administrative procedures, these specific provisions will take precedence. The psychologist shall be informed of his or her rights concerning Board hearings and investigations:

1. the right to a hearing within a reasonable period of time after the Board receives the allegation or evidence that serves as the basis for an investigation by the Board and 30-days notice of the hearing;
2. the right to notice that a complaint has been filed and a copy of the complaint within 120 days of receipt of the complaint and the licensed psychologist and the complainant is provided notification, at least every three months as to the status of any outstanding complaint unless the Board makes an affirmative determination that the disclosure would prejudice the investigation of the complaint and notifies the licensee of the determination or disposes of the complaint within 120 days of the date of receipt of the complaint;
3. the right to see a signed (electronically or otherwise) complaint (non anonymous);
4. the right to have access to the Board's rules and procedures;
5. the right to self-representation or representation by counsel;
6. the right to discovery: each side can request from the other side relevant documents, a list of witnesses, and for any expert witnesses, the name, C.V. and a detailed report of the expert's expected testimony;
7. the right to compel the attendance of, and produce, witnesses and to confront and cross examine opposing witnesses, and to have witnesses testify under oath;
8. the right to a written decision setting forth the violation, findings of fact, sanctions, and reasons for the sanctions, within a reasonable period following the hearing;
9. a determination of the size of the vote necessary to find a violation;
10. a determination whether the hearing will be closed or open to the public;
11. the right not to have Board members who were on the investigative committee also appear on the formal hearing panel.
12. the right to an appeal to an administrative board of review and/or to a court of competent jurisdiction.

The licensee may knowingly and voluntarily waive in writing his or her right to the formal adversary proceeding described in this section.

The Board shall have the right to conduct an ex parte hearing if, after due notice, the individual fails or refuses to appear. The Board shall have the right to issue subpoenas for production of documents and witnesses and to administer oaths. The Board shall have the right to apply to a court of competent jurisdiction to take appropriate action should a subpoena not be obeyed.

The Board shall temporarily suspend the license of a psychologist without a hearing simultaneously with the institution of proceedings for a hearing provided under this section if the Board finds that evidence in its possession indicates that the psychologist's continuation in practice may constitute an immediate danger to the public. Appropriate officials may petition the court for an injunction barring further practice unless or until the person is properly licensed. The injunction may be issued in addition to, or in lieu of, the criminal sanctions provided for in this section.

A psychologist may surrender his or her license when such person is charged with unethical conduct and upon receipt of that charge, that person decides to surrender the license, such surrender and acceptance by the Board shall constitute acknowledgment by the psychologist of guilt as charged.

A psychologist may request in writing to the Board that a restriction be placed upon his or her license to practice as a psychologist. The Board, in its discretion, may accept a surrender or grant such a request for restriction and shall have the authority to attach such restrictions to the license of the psychologist to practice psychology within this state or otherwise to discipline the licensee.

Subsequent to the holding of a hearing and the taking of evidence by the Board as provided for in this section, if a majority of the Board finds that a psychologist is in violation of this Act or guilty of any of the acts, offenses, or conditions as enumerated by the Board, the following actions may be taken:

- 1. The Board may revoke or suspend the license and impose a monetary penalty.*
- 2. The Board may suspend imposition of a revocation or suspension of a license and/or a monetary penalty.*
- 3. The Board may impose revocation or suspension of a license and/or a monetary penalty, but suspend enforcement thereof by placing the psychologist on probation, which probation shall be revocable if the Board finds the conditions of the probation order are not being followed by the psychologist.*
- 4. The Board may require the psychologist to submit to care, counseling, or treatment by a professional designated by the Board. Such action may, but is not required to, be a condition of probation. The expense of such action shall be borne by the psychologist.*
- 5. The Board may, at any time, modify the conditions of the probation and may include among them any reasonable condition for the purpose of the protection of the public, or for the purpose of the rehabilitation of the probationer, or both.*
- 6. The Board shall have the power to require restitution when necessary,*
- 7. The Board shall have the power to assess the costs of the disciplinary proceeding.*

M. Privileged Communication

This section regulates and limits the powers of the judicial system. The courts or other administrative agencies with subpoena power have the right to make use of all relevant information in the judicial fact-finding process unless this right of access to information is specifically limited. Historically, courts and legislatures have been charged with fact-finding in order to seek truth and administer justice. At the same time they have attempted to maintain the integrity of the confidential and private relationship between psychologist and patient or client. However, some societal issues have emerged, such as child abuse and sexual abuse, that have changed the absolute nature of privileged communication. Though the privilege is not absolute, it is designed to be sufficiently broad to cover all situations except those specifically enumerated. It is a privilege "owned" by the patient or client, who may assert it or waive it, although the psychologist may assert it for a patient or client who wishes to maintain such privilege of communication. It is understood that the privilege encompasses only communications between the patient or client and the psychologist in a professional relationship. The provisions herein relate only to the disclosure of confidential communications in judicial, legislative, and administrative proceedings. They do not speak to the disclosure of confidential communications in other context, such as, for example, disclosures required or permitted by law or disclosures relating to consultations. Disclosure of confidential communications outside of judicial proceedings are governed by the relevant sections of the APA Ethics Code.

In judicial proceedings, whether civil, criminal, or juvenile; in legislative and administrative proceedings; and in proceedings preliminary and ancillary thereto, a patient or client, or his or her guardian or personal representative, may refuse to disclose or prevent the disclosure of confidential information, including information contained in administrative records, communicated to a psychologist licensed or otherwise authorized to practice psychology under the laws of this jurisdiction, or to persons reasonably believed by the patient or client to be so licensed, or to students, interns, and trainees under the supervision of a licensed psychologist, and their agents, for the purpose of diagnosis, evaluation, or treatment of any mental or emotional condition or disorder. In the absence of evidence to the contrary, the psychologist is presumed authorized to claim the privilege on the patient's or client's behalf.

This privilege may not be claimed by the patient or client, or on his or her behalf by authorized persons, in the following circumstances:

- 1. where abuse or harmful neglect of children, older adults, or disabled or incompetent individuals is known or reasonably suspected;*
- 2. where the validity of a will of a former patient or client is contested;*
- 3. where such information is necessary for the psychologist to defend against a malpractice action brought by the patient or client;*
- 4. where an immediate threat of physical violence against a readily identifiable victim is disclosed to the psychologist;*
- 5. in the context of civil commitment proceedings, where an immediate threat of self-inflicted damage is disclosed to the psychologist;*
- 6. in any proceeding in which the party relies upon his or her mental or emotional condition as an element of the party's claim or defense;*
- 7. where the patient or client is examined pursuant to court order; or*
- 8. in the context of investigations and hearings brought by the patient or client and conducted by the Board, where violations of this Act are at issue.*

N. Severability

As with any law, one provision may be subject to court challenge and ruled invalid or unconstitutional. For example, it is not legally clear whether state licensing boards can regulate persons working for federal agencies. Thus, if any provision is ruled invalid or unconstitutional, it is important that the entire Act not be affected. This can only be achieved by inserting a clause at the end of the Act stating that each provision of the Act is severable from all other provisions and that the declaration that one section is invalid or unconstitutional will not affect the constitutionality or enforceability of any other section.

If any section in this Act or any part of any section thereof shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder of any section or part thereof.

O. Effective Date

In any law regulating a profession there needs to be a specific date establishing when the law shall become effective. Thus, the final paragraph states:

This Act shall become effective upon the date it is signed by the Governor or on the date it otherwise becomes effective by operation of law.

REFERENCES

- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- American Psychological Association. (1987). Model act for state licensure of psychologists. *American Psychologist*, 42, 696-703.
- APA Committee on Legislation. (1955). Joint report of the APA and CSPA (Conference of State Psychological Associations). *American Psychologist*, 10, 727-756.
- APA Committee on Legislation. (1967). A model for state legislation affecting the practice of psychology 1967: Report of the APA Committee on Legislation. *American Psychologist*, 22, 1095-1103.



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

American Psychological Association Model Act for State Licensure of Psychology Professionals

ADOPTED BY COUNCIL AS APA POLICY ON [INSERT DATE]

As APA policy, the Model Act for State Licensure of Psychology Professionals, referred to as the Act, serves as a prototype for drafting state legislation regulating the practice of psychology. State legislatures are encouraged to use the language of this document and the policies that it espouses as the model for their own state licensure laws. State licensing boards develop their own rules and regulations to implement the legislation proposed here. This document also serves to inform legislatures about psychology education, training and practice and to synthesize APA policies that bear on the education, training, and practice of professional psychology.

As the field continues to grow and evolve, the Act is updated accordingly. Since the last revision in 2010 (American Psychological Association, 2011), there have been advances in digital therapeutics which psychologists may order, interjurisdictional practice, and the incorporation of master’s level professionals in fields within health service psychology, all of which this revised Act addresses. This is the sixth set of guidelines for state legislation regulating the practice of psychology that has been developed by the American Psychological Association (APA). The first model for such regulation was developed and adopted as APA policy in 1955 (APA, 1955).

In 2021, APA approved policies for the Standards of Accreditation for master’s programs in health service psychology, and the Commission on Accreditation (CoA) began accrediting master’s degree psychology programs in 2024. In order to build consistency across the broad profession of psychology, training programs, and jurisdictions, the Act addresses both doctoral guidelines for state legislation and now master’s guidelines in one unified Act.

Each section of the Act is introduced by brief commentary, the purpose of which is to explain the rationale for the proposed section that follows. To differentiate between the commentary and the proposed statutory language, the latter is *italicized*.

RATIONALE:
FOR REFERENCE
ONLY

A. DECLARATION OF POLICY

This section declares that the intent of legislation for state licensure of psychology professionals is to ensure the practice of psychology is regulated in the public interest. The public should be assured that psychological healthcare services including forensic psychology services that require health service psychology training and mental health expertise will be provided by licensed and qualified professionals according to the provisions of this Act. The public must also be protected from the consequences of unprofessional conduct by persons licensed to practice psychology.

RATIONALE:
FOR REFERENCE
ONLY

RATIONALE:
FOR REFERENCE
ONLY

The discipline of psychology is unique in that it encompasses a variety of psychology professionals who attend to a broad swath of societal needs but who do not provide psychological healthcare services or health service psychology. These services may include development of technologies, organizational consulting, and conflict and peace psychology among others. This Act maintains that licensure requirements be reserved for psychology professionals educated in clinical, counseling, school psychology or a combination thereof who provide health service psychology as described in this Act.

The practice of psychology in (name of state) is hereby declared to affect the public health, safety, and welfare, and to be subject to regulation to protect the public from the practice of psychology by unqualified persons and from unprofessional conduct by persons licensed to practice psychology.

B. DEFINITIONS

Definitions provide consistent interpretation throughout the Act without unnecessary repetition of terms. Thus “Board,” once defined in this section, can subsequently be cited with the same meaning as presented in the definition.

In defining “institution of higher education,” it is further recognized that many foreign institutions prepare psychology professionals for professional practice, and provision should be made to accommodate them in Board regulations.

Psychological services should be described adequately and specified in order to identify clearly the areas of psychological services, provided to individuals, groups of individuals, or organizations, that require licensure to ensure qualified and sound professional psychology practice. All such activities must operate according to current appropriate Ethical Standards of the APA Ethical Principles of Psychologists and Code of Conduct known as the APA Ethics Code and Board regulations.

RATIONALE:
FOR REFERENCE
ONLY

1. “Board” means the (name of state) State Psychology Board.
2. “Institution of higher education” means any regionally accredited institution of higher education in the United States, including a professional school, that offers a full-time graduate course of study in psychology that is acceptable to the Board. For Canadian universities, it means an institution of higher education that is provincially or territorially chartered.
3. “Assessment” is a broad term used by many professions to connote the act of evaluating an individual or situation in order to generate an understanding that would inform decision-making.
 - a. “Psychological Assessment” is a discipline specific term referring to the structured process of identifying and integrating relevant information from multiple sources about individuals, groups, or organizations using psychological knowledge and methods for the purposes of informing decisions and recommendations.
 - b. “Psychological Testing” is defined as any procedure that involves the application of tests with standardized administration, scoring procedures and standard interpretive guidelines designed to reliably and validly measure and describe specific psychological attributes of an individual including but not limited to intelligence, personality, cognitive abilities, emotional functioning, interests, skills and aptitudes.
 - c. “Psychological Evaluation” refers to an examination of one or more psychological domains or systems by gathering information from different sources and typically but not always involving psychological testing. The analysis and integration of this data with psychological science and knowledge in a contextual manner

92 result in the production of a synthesized account of the findings to offer a professional opinion that may
93 include but is not limited to a written report. Evaluation data may be gathered through interviews, inter-
94 actions with the individual, observation, collateral information, analysis of processes, standardized tests,
95 self-report measures, physiological or psychophysiological measurement devices, or other specialized
96 procedures and apparatuses. Neuropsychological, clinical, forensic, and child custody evaluations are all
97 considered subsets of “psychological evaluations.”
98

- 99
- 100 4. The terms “patient” and “client” are used interchangeably to refer to the direct recipient of psychological
101 healthcare services provided by licensed psychology professionals. The recipient may be a child, adolescent,
102 adult, couple, family, or group. The terms are also used to refer to direct recipients of psychological services
103 that are not treatment-related; recipients may be individuals, groups, organizations, or communities. In
104 some circumstances (e.g., an evaluation that is court-ordered, requested by an attorney, an agency, or other
105 administrative body), the client may be the retaining party and not the examinee.
- 106 5. “Licensed Psychologist” refers to psychology professionals who hold doctoral degrees in a field within health
107 service psychology and possess a license as a Psychologist in accordance with the requirements as described
108 in state laws and regulations.
- 109
- 110 6. “Provisional Licensed Psychologist” refers to psychology professionals who have earned doctoral degrees in
111 a field within health service psychology and are providing psychological services under supervision during
112 their completion of post-degree requirements for licensure.
- 113
- 114 7. “Licensed Practitioner of Psychology” refers to psychology professionals who hold master’s degrees in a field
115 within health service psychology and possess a license as a Practitioner of Psychology in accordance with the
116 requirements as described in state laws and regulations.
- 117
- 118 8. “Provisional Licensed Practitioner of Psychology” refers to psychology professionals who have earned master’s
119 degrees in a field within health service psychology and are providing psychological services under supervision
120 during their completion of post-degree requirements for licensure.
- 121
- 122 9. “Practice of psychology” is defined as the delivery of services involving the observation, description, evaluation,
123 interpretation, and modification of human behavior by the application of psychological principles, methods,
124 and procedures, for the purposes of assessing, evaluating, diagnosing, preventing, or treating behavioral or
125 emotional health or impairment. The practice of psychology is grounded in a scientific orientation toward
126 psychological knowledge and methods. For the purposes of this Act, the practice of psychology addresses
127 health service psychology, which encompasses but is not limited to a wide range of professional activities
128 relevant to health promotion, prevention, consultation, assessment and treatment for psychological and other
129 health-related disorders or concerns. Clinical, counseling and school psychology (and combinations thereof)
130 are considered training fields within health service psychology.
- 131
- 132 a. The “Practice of psychology for Licensed Psychologists and Provisionally Licensed Psychologists”
133 includes, but is not limited to:
- 134
- 135 (1) Diagnosis, treatment and management of mental and emotional disorders, mental, developmental,
136 or intellectual disability, substance use disorders, disorders of behavior or conduct, as well as of the
137 psychological aspects of physical illness, accident, injury, disability or chronic health conditions;
- 138
- 139 (2) Provision of evidence-based therapeutic interventions, including but not limited to psychotherapy
140 (e.g., CBT, DBT, ACT), psychoanalysis, hypnosis, biofeedback and the authority to order and/or

141 use emerging interventions (e.g., digital therapeutics and digital tools), and behavior analysis for
142 individuals, families, and/or groups to improve mental health and wellness;

143
144 (3) Provision of psychological screening, interviewing, testing, and assessment for the purposes of
145 diagnosing mental and emotional disorders, mental/ developmental/ intellectual disability, sub-
146 stance use disorders, disorders of habit or conduct, as well as the psychological aspects of phys-
147 ical illness, accident, injury, disability, or chronic health conditions; risk assessment, treatment
148 planning, intervention and outcome management;

149
150 (4) Evidence based assessment and comprehensive psychological evaluation including psychoeduca-
151 tional, cognitive, psychodiagnostics, intelligence, achievement, vocational, and aptitude testing;
152 integrating knowledge of emotional abilities, skills, interests; as well as comprehensive specialty
153 and subspecialty assessments and consultations such as neuropsychological evaluations, forensic
154 assessments, child custody and parental fitness evaluations, medical capacity evaluations, med-
155 ical pre-surgical evaluations (transplant surgery, bariatric surgery, neurostimulator implantation
156 surgery), acute medical specialty consultations (inpatient medical hospital, sleep medicine),
157 projective testing, and public safety employment evaluations such as fitness for duty;

158
159 (5) Provision of psychoeducational evaluation, planning, therapy, and remediation services;

160
161 (6) Consultation and collaboration with other health service professionals including physicians and
162 nurses, as well as with patients, regarding treatment options including discussions about medi-
163 cations and planning with respect to the provision of care for a patient, family or group;

164
165 (7) Evaluation, assessment, consultation or treatment of individuals in anticipation of, in conjunction
166 with or after legal, contractual, or administrative proceedings; and

167
168 (8) The supervision of any of the above.

169
170 (9) The ability to refer to oneself using the title "Doctor" or "Dr." provided that use of the title is not
171 misleading to the public.

172
173 b. The "Practice of psychology for Licensed Practitioners of Psychology and Provisional Licensed Practitioners
174 of Psychology" includes:

175
176 (1) Diagnosis, treatment, and management of mental and emotional disorders, mental, developmental,
177 or intellectual disability, substance use disorders, disorders of behavior or conduct, as well as of the
178 psychological aspects of physical illness, accident, injury, disability, or chronic health conditions;

179
180 (2) Provision of evidence-based therapeutic interventions, including, psychotherapy (e.g., CBT, DBT,
181 ACT), hypnosis, biofeedback and the ability to order and/or use emerging interventions (i.e.,
182 digital therapeutics and digital tools), and behavior analysis for individuals, families, and/or
183 groups to improve mental health and wellness;

184
185 (3) Except as provided in subsection (8) below, the provision of psychological screening, interviewing,
186 testing, and assessment for the purposes of diagnosing mental and emotional disorders, mental/
187 developmental/ intellectual disability, substance use disorders, disorders of habit or conduct, as
188 well as of the psychological aspects of physical illness, accident, injury, disability, or chronic health
189 conditions; risk assessment; treatment planning, intervention and outcome management;

- 190 (4) *Evidence-based assessment consistent with training including psychoeducational, cognitive,*
191 *psychodiagnostic, intelligence, achievement, vocational and aptitude testing;*
- 192
- 193 (5) *Provision of psychoeducational evaluation, planning, therapy, and remediation services;*
- 194
- 195 (6) *Consultation and collaboration with other health service professionals in which the focus is on*
196 *patient/family diagnoses and treatment planning;*
- 197
- 198 (7) *Supervision of Provisionally Licensed Practitioners of Psychology after becoming independently*
199 *licensed and providing documentation of coursework and training in supervision to demonstrate*
200 *competency and being in good standing with the psychology regulatory board;*
- 201
- 202 (8) *Exclusions to practice areas include, comprehensive specialty and subspecialty assessment and*
203 *consultations, which require advanced psychology doctoral or postdoctoral education and train-*
204 *ing, including the practice of neuropsychology, forensic assessments, child custody and parental*
205 *fitness evaluations, medical capacity evaluations, medical pre-surgical evaluations (transplant*
206 *surgery, bariatric surgery, neurostimulator implantation surgery), acute medical specialty con-*
207 *sultations (inpatient medical hospital, sleep medicine), projective testing, and public safety*
208 *employment evaluations such as fitness for duty.*

- 209
- 210 c. *The practice of psychology shall be construed within the meaning of this definition (Section B.9) with-*
211 *out regard to whether payment is received for services rendered. (See Section G for Limitation of Practice;*
212 *Maintaining and Expanding Competence and Section J for Exemptions.)*
- 213

214 **C. STATE PSYCHOLOGY BOARD**

215

216 1. *Board Organization*

217

218 *The Board shall consist of minimally seven licensed psychologists and two public members.*

219

220 *In jurisdictions that recognize licensed practitioners of psychology, the professional board member positions shall*
221 *be comprised of no less than 2/3 licensed psychologists and no more than 1/3 licensed practitioners of*
222 *psychology.*

223

224 *Professional board members shall be actively licensed to practice in good standing in this state with a minimum*
225 *of five years of post-licensure experience. Professional board members shall reflect a diversity of practice specialties,*
226 *both in health care and other applications and include representation from teaching, training, and practice areas.*

227

228 *The public board members eligible under state law to serve shall be residents of the state, consistent with require-*
229 *ments of the state. A public board member shall not be a licensed psychologist, licensed practitioner of psychology,*
230 *an applicant or former applicant for licensure as a psychologist or practitioner of psychology, a member of another*
231 *health profession, or a member of a household that includes a licensed psychologist or licensed practitioner of*
232 *psychology, or otherwise have conflicts of interest or the appearance of such conflicts with duties as Board members.*

233

234 2. *Board Appointments*

235

236 *Board members shall not engage in any conduct involving any conflicts of interests or appearance thereof with the*
237 *performance of Board duties consistent with the state's policies on conflicts of interests. No one who has been*
238 *convicted of or plead guilty to a felony offense under any state or federal law may be appointed to serve on the Board.*

Appointments to the Board shall be made by the duly constituted appointing authority in this state. The appointing authority in this state shall solicit professional board member nominations from psychological organizations and licensed psychologists and licensed practitioners of psychology in this state. The term of office shall be five years, with provision for reappointment for one additional term. Lengths of terms of Board members shall be staggered.

3. Board Operations

The Board shall meet regularly throughout the year as necessary to conduct Board business on a timely basis. The Board may meet virtually if permitted by state law. A majority of the Board shall constitute a quorum for purposes of conducting the business of the Board. The Board shall elect a chair and any other officers necessary to carry out the Board’s duties. Decisions will be determined by a majority vote. The Board shall provide reasonable advance notice for all Board meetings and shall maintain minutes of all meetings and a list of applicants for licensure, which are to be made publicly available as determined by the Board.

The Board may adopt rules and regulations necessary to carry out the provisions of this Act. This includes the processes for receiving and investigating complaints.

4. Fees

The Board or the designated authority within the jurisdiction shall, from time to time, establish reasonable fees for the issuance and renewal of licenses and its other services. Fees shall be set so as to defray the cost of administering the provisions of this Act, including applications, examinations, enforcement, and the cost of maintaining the Board.

5. Qualified Immunity

A member of the Board or any employee or agent of the Board shall not be held civilly liable for any act performed in good faith and within the scope of the duties of the Board.

D. REQUIREMENTS FOR LICENSURE

1. For Psychologists

There is a core of basic theory, principles, and accumulated knowledge that all professional psychologists should possess. Each practitioner must also master the specific skills and knowledge appropriate for the competent performance of psychological practice. The language of the Act requires the Board to specify its criteria for acceptable professional education in psychology. In this regard, the Board will be guided by national standards.

All applicants for licensure must minimally be graduates of a regionally accredited institution of higher education, or a Canadian university that is provincially or territorially chartered and must have completed a planned program of study that reflects an integration of the science and practice of psychology. A formal training program accredited by the American Psychological Association or Canadian Psychological Association or other substantially equivalent body recognized by the Board is required. For areas of psychology where APA or CPA program accreditation does not exist, psychology programs must meet all the requirements listed in Section D.1.a.(2)-(14).

The law recognizes that new doctoral programs may be developed in newly or already recognized specialties of professional psychology. In such instances, the law affords those programs an eight-year period in which to achieve accreditation or to meet the standards described in D.1.a.(1)-(14), during which the graduates of those programs may sit for licensure.

**RATIONALE:
FOR REFERENCE
ONLY**

a. *Educational requirements*

**RATIONALE:
FOR REFERENCE
ONLY**

The Act recognizes the doctorate as the minimum educational requirement for entry into professional practice as a psychologist.

Applicants for licensure as a psychologist shall possess a doctoral degree in psychology from a regionally accredited institution of higher education or from a Canadian university that is provincially or territorially chartered. The degree shall be obtained from a recognized program of graduate study in psychology as defined by the rules and regulations of the Board.

Applicants for licensure shall have completed a doctoral program in psychology that is accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) or other substantially equivalent accreditation body recognized by the Board. Where APA or CPA program accreditation does not exist for that area of professional psychology, then the applicant must show that their doctoral program in psychology meets all the following requirements:

- (1) Training for health service psychologists is doctoral training offered in a regionally accredited institution of higher education. A regionally accredited institution is an institution with regional accreditation in the United States or a university that is provincially or territorially chartered in Canada.*
- (2) 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 health service psychologists.*
- (3) The psychology program must stand as a recognizable, coherent organizational entity within the institution or in a formal partnership or consortium among separate administrative entities.*
- (4) There must be a clear authority and primary responsibility for the core and specialty areas.*
- (5) The program must integrate empirical evidence and practice such that practice is evidence-based and evidence is practice-informed.*
- (6) The training must be sequential, cumulative, graded in complexity and designed to prepare students for practice or further organized training.*
- (7) The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.*
- (8) There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities and a psychologist responsible for the program.*
- (9) The program must have an identifiable body of students who are matriculated in that program for a degree.*
- (10) The program must include supervised practicum, internship, field or laboratory training appropriate to the individual's chosen area of practice of psychology.*
- (11) The curriculum shall encompass a minimum of three academic years of full time graduate study (or the equivalent) plus an internship and a minimum of one year's residency (or the equivalent)*

at the educational institution granting the doctoral degree. Students should acquire a general, foundational knowledge base in the field of psychology.

(12) The core program shall require every student to demonstrate competence in each of the following substantive areas, with a reliance on the current evidence-base.

- » Research to include statistical analysis and psychometrics
- » Foundational knowledge in biological, cognitive, developmental, and social bases of behavior
- » Ethical and legal standards
- » Individual and cultural diversity
- » Professional values, attitudes, and behaviors
- » Communication and interpersonal skills
- » Assessment
- » Intervention
- » Supervision
- » Consultation and interprofessional/ interdisciplinary skills

(13) All programs in fields within health service psychology education programs shall include course requirements in developed practice areas/specialties.

(14) The program must demonstrate that it provides training relevant to the development of competence to practice in a diverse and multicultural society.

When a new area of professional psychology is recognized as being a developed practice area and within the accreditation scope of the APA, doctoral programs within that area will be afforded a transition period of eight years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. The same principle applies as well to new doctoral programs in traditional practice areas previously recognized within the scope of APA accreditation.

Applicants trained in institutions outside the United States shall meet requirements established by the Board as defined in its rules and regulations.

Psychologists trained in an area that falls outside the scope of APA accreditation (e.g., experimental, developmental, social) and who intend to practice in a health service psychology practice area must complete a retraining program and/or appropriate supervised experience (e.g., internship in the practice area).

The Board shall issue a provisional license to applicants for licensure as a Psychologist in accordance with the rules and regulations promulgated by the Board. A provisional licensee shall work under the supervision of a Licensed Psychologist until the provisional licensee is granted a license as a "Licensed Psychologist."

b. Experience requirements

APA recommends that legislation requires the equivalent of two full-time years of sequential, organized, supervised, professional experience before obtaining a license. For applicants prepared for practice in the health services domain of psychology, one of those two years of supervised professional experience shall be a predoctoral internship which may be completed as a part-time intern over a two-year period provided that the total experience is the equivalent of one year of full-time experience. In rules and regulations, the Board must define

RATIONALE:
FOR REFERENCE
ONLY

386 acceptable supervised experience at the predoctoral and postdoctoral levels as well as mechanisms for evalu-
387 ation of this experience. Boards may accept practicum hours as part of the required sequential supervised
388 professional experience. Boards are encouraged to create definitions that are flexible and capture the variety
389 of existing training and supervisory models . Psychologists are required to limit their practice to their demon-
390 strated areas of professional competence. Experience should be compatible with training.

391
392 *To obtain licensure, applicants shall demonstrate that they have completed the equivalent of two full-time years of*
393 *sequential, organized, supervised professional experience. One of those two years of supervised professional experience*
394 *shall be an APA or CPA accredited (or equivalent) predoctoral internship. The criteria for appropriate supervision shall*
395 *be in accordance with regulations to be promulgated by the Board. Experience shall be compatible with the knowledge*
396 *and skills acquired during formal doctoral and/or postdoctoral education in accordance with professional requirements*
397 *and relevant to the intended area of practice. Applicants shall be required to show evidence of good character, e.g.,*
398 *that they have not been convicted of a criminal offense that bears directly on the fitness of the individual to be licensed.*

399
400 c. Examinations

401
402 APA recommends that the Act specify the requirements for examination and the conditions under which the
403 Board is authorized to waive an examination. All examinations serve the purpose of verifying that a candidate
404 for licensure has acquired a basic core of knowledge in the discipline of psychology and can apply that knowledge
405 to the problems confronted in the practice of psychology within the applicant’s area of practice as a health service
406 provider. While written examinations typically evaluate the applicant’s basic core of knowledge, any additional
407 examinations such as oral examinations or work samples shall be representative of the applicant’s area of practice.
408 Boards should clearly specify the conditions under which the endorsement of another license will be granted.

RATIONALE:
FOR REFERENCE
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409
410 *The Board shall administer, or approve for administration, a national licensing examination that evaluates the basic*
411 *knowledge and skills required for the practice of health service psychology to qualified applicants. At its discretion,*
412 *the Board may require additional examination(s) of relevant jurisprudence, oral knowledge and ability, or require*
413 *work samples, representative of the applicant’s area of practice as a health service provider. The Board shall administer*
414 *examinations for qualified applicants on a regular schedule to ensure the timely completion of the licensure process.*
415 *Applicants for licensure must pass the required licensing examination(s) approved by the Board before independent*
416 *licensure. The passing score for a national licensing exam should be at the recommended pass point established by*
417 *the exam developer and approved by the Board.*

418
419 *The Board may, at its discretion, waive the examination requirement for any applicant who: (a) holds a valid, unrestricted*
420 *license as a licensed psychologist or equivalent title as determined by the Board in another state or territory of the*
421 *United States, or in a Canadian province, under requirements substantially equivalent to those of this state; (b) has*
422 *continuously maintained such licensure in good standing for a minimum of 5 years; (c) provides satisfactory evidence*
423 *of having passed the national exam at or above the passing score as established by the exam developer and required*
424 *by this state at the time of licensure; and (d) meets all other requirements for licensure in this state. It is recommended*
425 *that individuals applying for licensure be eligible to sit for the examination upon completion of all the requirements*
426 *of the doctoral degree.*

427
428 d. Prior credentials

429
430 APA recommends that the Act provide for continued licensure of persons already licensed as a psychologist at
431 the time of enactment of a new law.

RATIONALE:
FOR REFERENCE
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432
433 *A person who is licensed as a psychologist under the provisions of (cite relevant section(s) of previous licensing*
434 *law) as of the effective date of this Act shall be deemed to have met all requirements for licensure under this Act*

and shall be eligible for renewal of licensure in accordance with the provisions of this Act.

e. Applications from individuals licensed in other jurisdictions

Jurisdictions are strongly encouraged to adopt regulations to facilitate the mobility and portability of licensure. Jurisdictions may set criteria to determine conditions under which verification of education, experience, and examination requirements will be waived. These criteria may include holding a credential that verifies education and experiences of individuals (e.g. American Board of Professional Psychology (ABPP), National Register of Health Service Psychologists, Association of State and Provincial Psychology Boards' Certificate of Professional Qualification in Psychology (ASPPB's CPQ)), or Board determination that the criteria of the other jurisdiction are comparable to the Board's criteria, or other specified mechanism.

RATIONALE:
FOR REFERENCE
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An individual applying for licensure with the Board who holds an active psychology license in good standing in another jurisdiction and shows evidence of good character is considered an eligible candidate for licensure in the jurisdiction. The Board may waive verifying the education, experience, and examination requirements for individuals who meet these criteria and for whom the Board's mechanism for verifying comparability of education, experience, and examination requirements is met. The Board retains the right to administer any required jurisdiction-specific examinations (written, oral, jurisprudence) before awarding the license.

2. For Practitioners of Psychology

Applicants for licensure as a Licensed Practitioner of Psychology shall possess:

a. Educational requirements

A master's degree in health services psychology from a regionally accredited institution of higher education or from a Canadian university that is provincially or territorially chartered that meets all of the following requirements:

- (1) The master's degree program in a field within health services psychology is accredited by the American Psychological Association (APA) or the Canadian Psychological Association or other substantially equivalent accreditation body recognized by the Board;
- (2) The curriculum shall encompass a minimum of sixty (60) semester hours or equivalent credit hours in health services psychology and includes a minimum of two academic years of full-time graduate study;
- (3) The program may include distance education, but a minimum of one (1) continuous academic year shall be obtained in residence at the educational institution granting the master's degree;
- (4) The core program shall require every student to demonstrate competence in each of the following substantive areas
 - Discipline-Specific Knowledge (Affective, Biological, Cognitive, Developmental, and Social Aspects of Behavior, Research Methods, Psychometrics), and;
 - Profession-wide competencies (Integration of science and practice, ethical and legal standards, individual and cultural diversity, professional values and behavior, communication/interpersonal skills, assessment, intervention, supervision, consultation/interprofessional skills);
- (5) The program must include supervised practicum and internship appropriate to the individual's chosen area of practice of psychology that consists of a total of eight hundred (800) hours that includes:

- 484 • *Four hundred (400) hours of direct service, of which one hundred (100) hours can include*
- 485 *observation of others (e.g., shadowing) or co-therapy;*
- 486 • *At least one direct observation of student clinical work (synchronous or asynchronous) by a*
- 487 *supervisor for each specified evaluation period (e.g., semester or clinical rotation); and*
- 488 • *Practicum is completed while in residence at the program.*

- 489 (6) *The program must demonstrate that it provides training relevant to the development of competence*
- 490 *to practice in a diverse and multicultural society.*
- 491
- 492

493 *Applicants trained in institutions outside the United States shall meet requirements established by the Board.*

494

495 *Individuals trained in an area that falls outside of health service psychology must complete a retraining program and/*

496 *or appropriate supervised experience (e.g., internship in the developed practice area) as determined by the Board.*

497

498 *Applicants from programs without accreditation may be eligible for licensure as long as the program meets the*

499 *requirements of Section 2.a.(2)-(6).*

500

501 *The Board shall issue a provisional license to applicants for licensure as a Practitioner of Psychology in accordance*

502 *with the rules and regulations promulgated by the Board. Licensees shall work under the supervision of a Licensed*

503 *Psychologist or Licensed Practitioner of Psychology until the provisional licensee is granted a license as a "Licensed*

504 *Practitioner of Psychology."*

505

506 *b. Experience requirements*

507

508 *To obtain independent licensure as a Licensed Practitioner of Psychology, applicants shall demonstrate that they*

509 *have completed at least two full-time years of post-degree, supervised professional experience. This supervised*

510 *training shall include a total of 3,000 hours: 2,200 hours of which must be in the direct provision of services.*

511 *Supervision must include one (1) hour of supervision per 10 hours of direct client service for the first 1,000 hours*

512 *of practice, and then one (1) hour of supervision per 20 hours of direct client service for remaining direct client service*

513 *hours. Supervision must be provided by a Board approved Licensed Psychologist or Licensed Practitioner of Psychology*

514 *who has primary oversight and responsibility for the supervisee's training and practice. With Board approval, the*

515 *supervising Licensed Psychologist/Licensed Practitioner of Psychology may designate up to 50% of supervision to*

516 *an appropriately trained and licensed mental health professional. After the first 1,000 hours of direct client contact,*

517 *up to 50% of supervision may be group supervision.*

518

519 *During this period of post-degree supervised experience, applicants shall demonstrate acquisition of 100 hours*

520 *of didactic education in the intended scope of practice. Examples may include but are not limited to formal course-*

521 *work, certification training or continuing professional development courses or training related to specific inter-*

522 *ventions or assessment techniques. The board will determine, by rulemaking, the eligibility criteria for supervisors*

523 *and the responsibilities for supervisors and supervisees, respectively.*

524

525 *c. Examinations*

526

527 *The Board shall administer, or approve for administration of, a national licensing examination that evaluates the*

528 *basic knowledge and skills required for the practice of health service psychology to qualified applicants. At its*

529 *discretion, the Board may require additional examination(s) of relevant jurisprudence, oral knowledge and ability*

530 *or require work samples representative of the applicant's area of practice as a health service provider. The Board*

531 *shall administer examinations for qualified applicants on a regular schedule to ensure the timely completion of*

532 *the licensure process. Applicants for licensure must pass the required licensing examination(s) approved by the*

533

Board before independent licensure. The passing score for a national licensing exam should be at the recommended pass point established by the exam developer and approved by the Board.

d. Applications from individuals licensed in other jurisdictions

The Board may, at its discretion, waive the examination requirement for any applicant who: (a) holds a valid, unrestricted license as an LPP or equivalent title as determined by the Board in another state or territory of the United States, or in a Canadian province, under requirements substantially equivalent to those of this state; (b) has maintained such licensure in good standing for a minimum of 5 years; (c) Provides satisfactory evidence of having passed the national exam at or above the passing score as established by the exam developer and required by this state at the time of licensure; and (d) meets all other requirements for licensure in this state.

E. TEMPORARY PRACTICE AND INTERSTATE PRACTICE OF PSYCHOLOGY

This section provides for time-limited in-person or telepsychology practice in a jurisdiction other than the state in which the psychologist is licensed and the interstate practice of psychology. This is not intended to eliminate the necessity for licensure for those who are setting up regular professional practice in that jurisdiction.

Boards are encouraged to develop specific mechanisms by which psychologists licensed in other jurisdictions may provide professional assistance during disaster response situations. The psychologist must have an earned doctoral degree and be actively licensed in good standing in another jurisdiction.

Mechanisms have been developed to provide for interstate recognition of licensure for psychologists. Jurisdictions are encouraged to adopt and implement mechanisms such as multi-state licensing compacts or state telehealth provider registries as appropriate. Although the statutory language below reflects psychologists, it is presumed that as the practice of Licensed Practitioners of Psychology continues to evolve, jurisdictions will adopt and implement similar mechanisms for temporary and interjurisdictional practice for Licensed Practitioners of Psychology.

Nothing in this Act shall be construed to prohibit the practice of psychology in this state by a person holding an earned doctoral degree in psychology from an institution of higher education who is actively licensed in good standing as a psychologist under the laws of another jurisdiction, provided that the aggregate of thirty (30) days per year of professional in person or telepsychology services as a psychologist under the provision of this subsection is not exceeded. Before providing services in this state, a doctoral level licensed psychologist from another jurisdiction should provide written notice to the Board as more fully described in the regulations, specifying the type of services to be provided, approximate duration of such services along with documentation of licensure and consent to practicing under the jurisdiction, laws, and regulations of this state. Notice does not require approval of the Board before delivery of service if the aggregate of 30 days of services is not exceeded and the individual does not establish an ongoing, regular, professional practice in the jurisdiction.

In disaster situations, the time frame and conditions under which psychologists actively licensed in good standing under the laws of another jurisdiction may provide disaster services under this state's jurisdiction shall be defined by the Board. To the extent that the jurisdiction has adopted the Uniform Emergency Volunteer Health Practitioners Act or similar enabling legislation, that law will apply in times of disaster.

F. MOBILITY AND PORTABILITY OF AUTHORIZATION TO PRACTICE

This portion of the Act provides for the conditions under which a Licensed Psychologist may practice until obtaining licensure in another jurisdiction. Jurisdictions are encouraged to adopt regulations to facilitate the mobility and

RATIONALE:
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RATIONALE:
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portability of licensure. Provision is also made for the Board to waive examination if the requirements met by the psychologist in the original jurisdiction are judged to be equivalent to those in this state. Until there is more uniformity across jurisdictions for Licensed Practitioners of Psychology on which to build licensure portability, the statutory language below remains focused on psychologists. However, jurisdictions are encouraged to adopt mechanisms for licensure portability for Licensed Practitioners of Psychology as appropriate.

A psychologist holding a current, active license in good standing under the laws of another jurisdiction may be authorized by the Board to practice psychology as defined in this Act for a maximum of six months, provided that the psychologist has made application to the Board for licensure and has met the educational and experience requirements for licensure in this state. Denial of licensure terminates this authorization. The Board may choose to waive examination if a psychologist is licensed in another jurisdiction if that jurisdiction's qualifications are not less than those required for licensure in this state.

G. LIMITATION OF PRACTICE; MAINTAINING AND EXPANDING COMPETENCE

This provision of the Act is intended to ensure licensed psychologists and licensed practitioners of psychology who provide services will not practice outside the limits of their competence. The burden of proof is on the licensure applicant to provide evidence acceptable to the Board that the applicant has obtained the education and training necessary to engage in the practice of psychology in the specified area of competence. The Board may wish to develop a process that provides for the specification of the intended area of practice and the evidence necessary to document competence. The Board should recognize that training in psychology includes broad and general training in scientific psychology and in the foundations of practice. Practice areas include: clinical psychology, counseling psychology, and school psychology.

Licensees provide services to populations and in areas within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience and do not practice beyond their areas of competence. The Board develops requirements or structures (e.g., continuing education in general areas of practice as well as in specific areas such as ethics, domestic violence, and multicultural competence; declaration and documentation of competence) to ensure that licensees undertake ongoing efforts to identify, develop, and maintain competence and ethical practice. Boards may choose to require applicants for licensure and renewal of licensure to self-declare their areas of practice competence. Should a licensee's area of practice change significantly, then the licensee maybe required by the Board to provide documentation of the training, supervision, and/or mentoring undertaken to achieve competence in the new area at the time of license renewal. Licensees practicing in emerging areas take reasonable steps to ensure the competence of their work by using relevant research, training, consultation, or study.

RATIONALE:
FOR REFERENCE
ONLY

The Board shall ensure through regulations and enforcement that licensees limit their practice to demonstrated areas of competence as documented by relevant professional education, training, and experience. The Board shall develop a process to ensure that licensees undertake ongoing efforts to maintain competence and ethical practice. The Board adopts as its standard of conduct the Ethical Standards of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

H. REINSTATEMENT OF LICENSURE

1. *Inactive or Lapsed License*

A licensee in good standing who will not be practicing in the state for at least one year may petition the Board to have their license placed on inactive status without penalty. When such licensee wishes to return to practice, the individual must submit an application to the Board, which includes payment of the renewal fee and compliance

with the continuing [education or professional development] requirements.

If the licensee seeks to reinstate a lapsed license due to failure to renew the license and comply with the licensing renewal requirements on a timely basis, the licensee must pay a late renewal fee in addition to the requirements for individuals seeking to reactivate their inactive license to active status.

Any individual with an inactive or lapsed license is prohibited from practicing psychology within the state until the requirements for active licensure are met and the individual's license is reinstated on active status.

2. Emeritus status

A licensee may apply for emeritus status if the following conditions are met:

- a. The licensee is 65 years of age or older;
- b. The licensee is licensed in good standing in the state for a minimum as determined by the Board; and
- c. Plans to provide limited services such as volunteer service, disaster response, or training not more than 20 hours per week.

A licensee must apply for emeritus status. If granted, the emeritus licensure fee may be a reduced rate of the permanent licensure fee as determined by the Board. However, the [annual or biennial] continuing [education or professional development] requirements remain the same. If the individual elects to give up emeritus status and seeks permanent licensure, the individual must contact the Board in writing to reactivate their license and comply with those requirements.

I. PRACTICE WITHOUT A LICENSE

The Act must clearly specify what constitutes a violation of law and what penalties may be imposed for practice without a license or for misrepresentation of oneself as a psychologist or practitioner of psychology. State legislatures have the latitude to determine penalties for such illegal activities. Boards have the authority to suspend or revoke licenses and to prescribe conditions for reinstatement.

RATIONALE:
FOR REFERENCE
ONLY

It shall be a violation of this Act for any person not licensed in accordance with the provisions of this Act to represent themselves as a psychologist or a practitioner of psychology unless otherwise exempted from licensure as described in Section J. It shall be a violation of this Act for any person not licensed in accordance with the provisions of this Act to engage in the practice of psychology as defined in this Act, whether practicing as an individual, firm, partnership, corporation, agency, or other entity.

Any person who shall represent themselves as a licensed psychologist or licensed practitioner of psychology in violation of this Act, or who shall engage in the practice of psychology in violation of this Act, shall be guilty of a misdemeanor and fined accordingly, and, in addition, may be imprisoned, depending on the state's criminal code. Any person filing or attempting to file, as their own, a diploma or license of another or a forged affidavit of identification shall be subject to the punishment prescribed for fraud, forgery and/or misrepresentation as defined in state law.

Whenever a license to practice psychology in the state has been suspended or revoked, it shall be unlawful for that person to practice psychology in this state. The Board may issue, with or without reexamination, a new license whenever it deems such course safe and just.

The Board may investigate any evidence or allegation that appears to show that any person is or may be in violation of any provision of this Act.

J. EXEMPTIONS

1. There should be an exemption from licensure for psychologists engaged solely in teaching in academic institutions, conducting research in academic and/or research institutions, or working in the applied areas of the psychology field. The exemption should not be allowed if the individual engages in the direct delivery or supervision of psychological services for the purposes of assessing, evaluating, diagnosing, preventing, or treating behavioral or emotional functioning, health, or impairment. Psychologists engaged in teaching, research, or applied areas of psychology are not prohibited from pursuing licensure if they meet the statutory requirements for licensure.

RATIONALE: FOR REFERENCE ONLY

Licensure requirements defined in the provisions of this Act shall not apply to individuals with doctoral degrees in psychology from an accredited institution of higher education whose doctoral degrees in psychology are in areas outside of health service psychology provided they do not engage in nor supervise the provision of psychological services described in Section B.9. of this Act.

Individuals with a doctoral degree in psychology from an accredited institution of higher education may refer to themselves as psychologists when:

- a. teaching psychology in academic institutions;
b. conducting psychological research;
c. providing applied psychology services; or
d. providing expert witness services for areas of psychology not specified in Section B.9. of this Act.

Nothing in this Section shall be construed to prevent psychologists as described here in Section 1 from pursuing licensure under the provisions of this Act should they choose to do so.

2. Members of other established professions, such as physicians, attorneys, and clergy, may provide services that are similar or related to the scope of practice of psychology. They should be exempted from licensure under this Act on the condition that they do not represent themselves as psychologists.

RATIONALE: FOR REFERENCE ONLY

Nothing in this Act shall be construed to prevent members of other recognized professions, including but not limited to physicians, other mental health providers, or attorneys who are licensed, certified, or regulated under the laws of this state from rendering services consistent with their professional education and training, lawful scope of practice, and code of ethics, provided that they neither represent themselves to be psychologists, nor incorporate the following words in describing the services they offer to the public: psychological, psychologist, psychology, or derivatives thereof. Duly recognized members of the clergy shall not be restricted from functioning in their ministerial capacity, if they neither represent themselves as psychologists nor incorporate the words psychological, psychologist, psychology, or derivatives thereof in the services they offer the public.

3. The prior version of this Act included an exemption for the use of the terms "school psychologist" or "certified school psychologist" for all individuals credentialed by the state agency regulating practice in public schools (e.g., the Department of Education). This version acknowledges the authority of the relevant state education agency or appropriate regulatory body to credential and limit individuals to provide school psychological services in only educational settings under their jurisdiction. Additionally, the title of such practitioners must include the word "school" (e.g., "school psychologist") to reflect accurately their practice scope within such settings.

RATIONALE: FOR REFERENCE ONLY

Nothing in this Act shall be construed to prevent [cite relevant state education authority or statutory provisions] from credentialing individuals to provide school psychological services in those settings that are under the purview of the state education agency or appropriate regulatory body. Such individuals shall be restricted in their practice to provide school psychological services at school and educational settings and the use of the title so conferred, shall include the word "school."

This provision is not intended to restrict the activities of Licensed Psychologists.

4. Graduate students, interns, unlicensed postdoctoral trainees, and applicants for licensure are permitted to function under the supervision of a licensed psychologist, as are assistants not eligible for licensure in some states. None may use the title psychologist, but titles that would be permissible under this exemption include "psychological trainee," "psychological intern," "psychological resident," "psychological testing technician," or "psychological assistant." The supervising psychologist is responsible for the professional actions of the student, trainee, or assistant. The Board is required to adopt regulations defining the nature and extent of training for qualified technicians or assistants and supervision for each category.

RATIONALE:
FOR REFERENCE
ONLY

Nothing in this Act shall be construed to prevent persons under the supervision of a licensed psychologist from engaging in activities defined as the practice of psychology, provided that such persons shall not represent themselves with the title "psychologist," in accordance with regulations promulgated by the Board. Such persons who are preparing for the profession of psychology may use terms such as "psychological trainee," "psychological practica student," "psychological intern," or "psychological resident." Other supervised persons may use terms such as "psychological assistant," "psychological technician," or "testing technician." All such persons must perform their activities under the supervision and responsibility of a licensed psychologist in accordance with regulations promulgated by the Board.

Nothing in this section shall be construed to apply to any person other than:

- a. a matriculated graduate student in psychology whose activities constitute a part of the course of study for a graduate degree in a psychology program at an institution of higher education;
- b. an unlicensed individual pursuing post-degree training or experience in psychology, including persons seeking to fulfill the requirements for licensure under the provisions of this Act; or
- c. a qualified assistant or, technician employed by, or otherwise directly accountable to, a licensed psychologist. Such individuals may, among other things, administer and score psychological tests at the request of the supervising psychologist, but may not interpret such tests. The Board shall issue regulations determining the number of assistants and technicians that a psychologist may employ, their qualifications, and the conditions under which their work must be overseen.

5. This provision clarifies that the focus of licensure is the individual providing the services. Where the individual providing services is duly licensed and qualified to provide them, the goal of assuring the public that the services will be provided by licensed and qualified professionals is served.

RATIONALE:
FOR REFERENCE
ONLY

Nothing in this Act shall be construed to require a license under this Act in order for a firm, partnership, corporation, limited liability company or other entity to provide psychological services where such services are performed by an individual: (a) duly licensed in this state to provide psychological services under this Act; or (b) supervised by a licensed psychologist in this state and permitted to provide psychological services with such supervision under this Act.

K. GROUNDS FOR SUSPENSION OR REVOCATION OF LICENSES

778 *A licensee and anyone under their supervision shall conduct their professional activities in conformity with the*
779 *ethical and professional standards of the APA Ethical Principles of Psychologists and Code of Conduct and those*
780 *standards promulgated by the Board under its rules and regulations.*

781
782 *The Board shall have the power and duty to suspend, place on probation, or require remediation for any licensee*
783 *for a specified time, to be determined at the discretion of the Board, or to revoke any license to practice psychology*
784 *or to take any other action specified in the rules and regulations whenever the Board shall find by a preponderance*
785 *of the evidence that the licensee has engaged in any of the following acts or offenses:*

- 787 1. *fraud in applying for or procuring a license to practice psychology;*
- 788
- 789 2. *unprofessional conduct as defined in the rules and regulations promulgated by the Board;*
- 790
- 791 3. *practicing psychology in such a manner as to endanger the welfare of clients or patients;*
- 792
- 793 4. *conviction of a felony (a copy of the record of conviction, certified to by the clerk of the court entering the*
794 *conviction shall be conclusive evidence);*
- 795
- 796 5. *conviction of any crime or offense that reflects the inability of the practitioner to practice psychology with due*
797 *regard for the health and safety of clients or patients;*
- 798
- 799 6. *harassment, intimidation, or abuse, sexual or otherwise, of a client or patient;*
- 800
- 801 7. *engaged in sexual intercourse or other sexual contact with a client, patient or the individual who is the direct*
802 *recipient of psychological services (where services are provided to an organization, client refers only to the*
803 *individuals who are direct recipients of psychological services);*
- 804
- 805 8. *use of repeated untruthful or deceptive or improbable statements concerning the licensee's qualifications or*
806 *the effects or results of proposed treatment, including functioning outside of one's professional competence*
807 *established by education, training, and experience;*
- 808
- 809 9. *gross malpractice or repeated malpractice or gross negligence in the practice of psychology;*
- 810
- 811 10. *aiding or abetting the practice of psychology by any person not licensed by the Board;*
- 812
- 813 11. *conviction of fraud in filing Medicare or Medicaid claims or in filing claims to any third party payor (a copy*
814 *of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive*
815 *evidence);*
- 816
- 817 12. *exercising undue influence in such a manner as to exploit the client, patient, student, or supervisee for financial*
818 *or other personal advantage to the practitioner or a third party;*
- 819
- 820 13. *received disciplinary action by another state on a license to practice psychology (a certified copy of the record*
821 *of disciplinary action by the state making such a decision shall be conclusive evidence thereof);*
- 822
- 823 14. *refusal to appear before the Board after having been sent notice to do so in writing by the executive officer or*
824 *chair of the Board;*
- 825
- 826 15. *making any fraudulent or untrue statement to the Board;*

- 827 16. *violation of the relevant ethical standards of the APA Ethical Principles of Psychologists and Code of Conduct*
828 *or other standards adopted in the rules and regulations of the Board; and*
829
- 830 17. *inability to practice psychology with reasonable skill and safety to patients or clients as a result of any condition*
831 *or circumstance that significantly interferes with professional competence or ethical practice, such as but*
832 *not limited to substance use, cognitive, emotional, medical, or behavioral dysregulation or impairment.*
833
- 834 18. *When the issue is whether a licensee experiences a circumstance that is affecting their ability to practice*
835 *psychology with reasonable skill and safety to patients or clients, a showing of probable cause (e.g., it is*
836 *more likely than not) to the Board is required that the licensee is not capable of practicing psychology with*
837 *reasonable skill and safety to patients or clients. Upon such a showing, the Board may petition a court of*
838 *competent jurisdiction to order the licensee in question to submit to a psychological examination by a licensed*
839 *psychologist to determine psychological status and/or a medical examination by a licensed physician to*
840 *determine physical impairment. Such psychologist and/or physician is to be designated by the Board. The*
841 *expense of such examination shall be borne by the Board. The licensee shall also be permitted to obtain their*
842 *own evaluation at their expense. When competency to practice is at issue, every psychology licensee in the*
843 *state shall be deemed to have given consent to submit to a professional examination(s) as related to the*
844 *areas of competence in question and to waive all objections to the admissibility of the examination, or to*
845 *previously adjudicated evidence of incompetence.*
846

847 **L. BOARD HEARINGS AND INVESTIGATIONS**
848

849 *The Board may investigate or cause to be investigated any allegation or evidence that appears to show that a*
850 *licensee in this state is, or may be, in violation of this Act or of any of the acts, offenses, or conditions set forth by*
851 *the Board in rules and regulations. Investigations will be limited to the allegation or evidence upon which they*
852 *were initially based, except in situations when the investigation uncovers evidence of serious misconduct on the*
853 *part of the licensee that is unrelated to the initial allegation or evidence.*
854

- 855 1. *Any accusation filed against a licensee in this state shall be filed within three years from the date the Board*
856 *discovers the alleged act or omission that is the basis for disciplinary action, or within seven years from the*
857 *date the alleged act or omission that is the basis for disciplinary action occurred, whichever occurs first. If*
858 *an alleged act or omission involves a minor, the seven-year limitations period provided for shall be tolled until*
859 *the minor reaches the age of majority.*
860
- 861 2. *The following are exceptions to the limitations period in paragraph (1):*
862
- 863 a. *acts or offenses involving a violation of Sections K(1), K(13), or K(15) ;*
864
 - 865 b. *acts or offenses involving a violation of Sections K4, where there is an element of dishonesty or fraud,*
866 *and Section K5;*
867
 - 868 c. *acts or offenses involving fraudulent, deceptive or dishonest conduct that adversely affects the person's*
869 *ability or fitness to practice psychology;*
870
 - 871 d. *acts or offenses involving allegations of sexual misconduct with a patient or client, or with a former*
872 *patient or client for a period of two years following the date of the last professional contact with the*
873 *former patient or client.*
874

875 *Any licensee in this state is required to report to the Board any information such individual in good faith may have*

876 that appears to show that any licensee in this state may be in violation of this Act or guilty of any of the acts,
877 offenses, or conditions set forth by the Board and such violation has substantially harmed or is likely to substantially
878 harm a person or organization, unless such intervention would violate confidentiality rights under this statute or
879 when the knowledge comes from a peer review process qualifying under the state peer review statute or when a
880 licensed psychologist has been retained to review the work of that licensee whose professional conduct is in
881 question. Any licensee who in good faith makes such a report to the Board shall be immune from civil liability to
882 any person and/or entity for any statement or opinion made in such report. Licensees who make false claims
883 against a peer, however, do not have such immunity.
884

885 If, in the opinion of the Board majority, there is probable cause that the information provided to it under the
886 provisions of this section may be valid, the Board shall request by registered mail a formal interview with the
887 licensee. If the licensee refuses to appear for a formal interview before the Board, the licensee's refusal shall be
888 considered grounds for the Board, at its discretion, to impose disciplinary measures which may include but is not
889 limited to suspension or revocation of the individual's license. Any proceeding for suspension or revocation of a
890 license to practice psychology in this state shall be conducted in accordance with procedures established by the
891 Board. In the event these provisions conflict with the state's general administrative procedures, these specific
892 provisions will take precedence. The licensee shall be informed of their rights concerning Board hearings and
893 investigations:
894

- 895 1. the right to notice that a complaint has been filed and to be provided with a copy of the complaint within [x]
896 days of receipt of the complaint and the licensee and the complainant are provided notification, at least every
897 three months as to the status of any outstanding complaint unless the Board makes an affirmative determi-
898 nation that the disclosure would prejudice the investigation of the complaint and notifies the licensee of the
899 determination or disposes of the complaint within 120 days of the date of receipt of the complaint;
- 900 2. the right to see a signed (electronically or otherwise) complaint (non anonymous);
- 901 3. the right to have access to the Board's rules and procedures;
- 902 4. the right to ensure that the investigation is completed and a determination is made as to whether the complaint
903 has merit on a timely basis not to exceed [x] days from the Board's receipt of the complaint;
- 904 5. the right to self-representation or representation by counsel;
- 905 6. the right to a hearing within a reasonable period after the Board receives the allegation or evidence that
906 serves as the basis for an investigation by the Board and 30 days' notice of the hearing;
- 907 7. the right to discovery: each side can request from the other side relevant documents, a list of witnesses, and
908 for any expert witnesses, the name, C.V. and a detailed report of the expert's expected testimony;
- 909 8. the right to compel the attendance of, and produce, witnesses and to confront and cross examine opposing
910 witnesses, and to have witnesses testify under oath;
- 911 9. the right to recusal from participation in the Board's investigations and hearings any Board member who may
912 have a conflict of interest with the licensee who is the subject of the complaint;
- 913 10. the right to a written decision setting forth the violation, findings of fact, sanctions, and reasons for the
914 sanctions, within a reasonable period following the hearing;
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- 922
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- 924

- 925 11. *a determination of the size of the vote necessary to find a violation;*
926
927 12. *a determination whether the hearing will be closed or open to the public;*
928
929 13. *the right not to have Board members who were on the investigative committee also appear on the formal*
930 *hearing panel;*
931
932 14. *the right to an appeal to an administrative board of review and/or to a court of competent jurisdiction.*

933
934 *The licensee may knowingly and voluntarily waive in writing their right to the formal adversary proceeding described*
935 *in this section.*
936

937 *The Board shall have the right to conduct an ex parte hearing if, after due notice, the individual fails or refuses to*
938 *appear. The Board shall have the right to issue subpoenas for production of documents and witnesses and to*
939 *administer oaths. The Board shall have the right to apply to a court of competent jurisdiction to take appropriate*
940 *action should a subpoena not be obeyed.*
941

942 *In the event that the Board finds evidence during its investigation indicating that the licensee's ongoing practice*
943 *may constitute an immediate danger to the public, the Board shall temporarily suspend the license of a psychologist*
944 *[or practitioner of psychology] without a hearing simultaneously with the institution of proceedings for a hearing*
945 *provided under this section. The Board shall provide the individual with due notice that includes a written statement*
946 *of the allegations against the licensee as more fully described in the Board's rules and regulations. The Board will*
947 *schedule a hearing to be held within 60 days to determine the merits of the evidence. Appropriate officials may*
948 *petition the court for an injunction barring further practice unless or until the person is properly licensed. The*
949 *injunction may be issued in addition to, or in lieu of, the criminal sanctions provided for in this section.*
950

951 *A psychologist [or practitioner of psychology] may surrender their license when such person is charged with*
952 *unethical conduct and upon receipt of that charge, that person decides to surrender the license, such surrender*
953 *and acceptance by the Board shall constitute acknowledgment by the licensee of being guilty as charged. A licensee*
954 *may request in writing to the Board that a restriction be placed upon their license to practice psychology. The*
955 *Board, in its discretion, may accept a surrender or grant such a request for restriction and shall have the authority*
956 *to attach such restrictions to the individual's license to practice psychology within this state or otherwise to*
957 *discipline the licensee.*
958

959 *After the holding of a hearing and the taking of evidence by the Board as provided for in this section, if a majority*
960 *of the Board finds that a licensee is in violation of this Act or guilty of any of the acts, offenses, or conditions as*
961 *enumerated by the Board, the following actions may be taken:*
962

- 963 1. *The Board may revoke or suspend the license and impose a monetary penalty.*
964
965 2. *The Board may suspend imposition of a revocation or suspension of a license and/or a monetary penalty.*
966
967 3. *The Board may impose revocation or suspension of a license and/or a monetary penalty but suspend enforce-*
968 *ment thereof by placing the licensee on probation, which probation shall be revocable if the Board finds the*
969 *conditions of the probation order are not being followed by the licensee.*
970
971 4. *The Board may require the licensee to submit to care, counseling, or treatment by a professional designated*
972 *by the Board. Such action may, but is not required to, be a condition of probation. The expense of such action*

shall be borne by the licensee.

- 5. After investigation at its discretion, the Board may dismiss or suspend a complaint without a finding as delineated in the rules and regulations so that a licensee who is the subject of the complaint may participate in a colleague-assistance program acceptable to the board. The board may dismiss or suspend a complaint contingent upon the licensee complying with directions issued by the board. The board may reinstate any dismissed or suspended complaint at any time it deems that the individual is not in compliance with the directions of the board.
- 6. The Board may, at any time, modify the conditions of the probation and may include among them any reasonable condition for the purpose of the protection of the public, or for the purpose of the rehabilitation of the probationer, or both.
- 7. The Board shall have the power to require restitution, when necessary.
- 8. The Board shall have the power to assess the costs of the disciplinary proceeding.
- 9. The Board shall report any formal adverse actions to the National Practitioner Data Bank as required by law.

The Board shall define by rulemaking under what circumstances the Board may consider instituting non-disciplinary actions (e.g., verbal warnings or letters of concern), referral to confidential treatment programs, or formal disciplinary actions. In the case of non-disciplinary actions, the Board will define by rule what actions are confidential and not subject to public disclosure.

M. PRIVILEGED COMMUNICATION

This section regulates and limits the powers of the judicial system. The courts or other administrative agencies with subpoena power have the right to make use of all relevant information in the judicial fact-finding process unless this right of access to information is specifically limited. Historically, courts and legislatures have been charged with fact-finding to seek truth and administer justice. At the same time, they have attempted to maintain the integrity of the confidential and private relationship between the psychology professional and patient or client. Some societal issues have emerged, such as child abuse and sexual abuse, that have changed the absolute nature of privileged communication. Though the privilege between the client or patient and the psychology professional is not absolute, it is designed to be sufficiently broad to cover all situations except those specifically enumerated. It is a privilege “owned” by the patient or client, who may assert it or waive it, and the psychology professional may assert the privilege for a patient or client who wishes to maintain such privilege of communication. It is understood that the privilege encompasses only communications between the patient or client and the psychology professional in a professional relationship. The provisions herein relate only to the disclosure of confidential communications in judicial, legislative, and administrative proceedings. They do not speak about the disclosure of confidential communications in other contexts, such as, for example, disclosures required or permitted by law or disclosures relating to consultations. Disclosure of confidential communications outside of judicial proceedings is governed by the relevant sections of the APA Ethics Code.

**RATIONALE:
FOR REFERENCE
ONLY**

The relations and communications between the patient or client and the licensed psychologist or licensed practitioner of psychology and their supervisees are confidential and privileged. Licensees should ensure that all persons working under their authority comply with the requirements for confidentiality of patient or client information. Those communications may not be disclosed except in specific circumstances as described below.

In judicial proceedings, whether civil, criminal, or juvenile; in legislative and administrative proceedings; and in proceedings preliminary and ancillary thereto, a patient or client, or their guardian or personal representative, may refuse to disclose or prevent the disclosure of confidential information, including information contained in administrative records, communicated to a psychologist or practitioner of psychology licensed or otherwise authorized to practice psychology under the laws of this jurisdiction, or to persons reasonably believed by the patient or client to be so licensed, or to students, interns, and trainees under the supervision of a licensed psychologist or licensed practitioner of psychology, and their agents, for the purpose of diagnosis, evaluation, or treatment of any mental or emotional condition or disorder. In the absence of evidence to the contrary, the licensee or their supervisee is presumed authorized to claim the privilege on the patient's or client's behalf.

This privilege may not be claimed by the patient or client, or on their behalf by authorized persons, in the following circumstances:

1. where abuse or harmful neglect of children, older adults, or disabled or incompetent individuals is known or reasonably suspected;
2. where the validity of a will of a former patient or client is contested;
3. where such information is necessary for the licensee to defend against a malpractice action brought by the patient or client;
4. where an immediate threat of physical violence against a readily identifiable victim is disclosed to the licensee;
5. in the context of civil commitment proceedings, where an immediate threat of self-inflicted damage is disclosed to the licensee;
6. in any proceeding in which the party relies upon their mental or emotional condition as an element of the party's claim or defense;
7. where the patient or client is examined under court order; or
8. in the context of investigations and hearings brought by the patient or client and conducted by the Board, where violations of this Act are at issue.

N. SEVERABILITY

As with any law, one provision may be subject to court challenge and ruled invalid or unconstitutional. For example, it is not legally clear whether state licensing boards can regulate persons working for federal agencies. Thus, if any provision is ruled invalid or unconstitutional, it is important that the entire Act not be affected. This can only be achieved by inserting a clause at the end of the Act stating that each provision of the Act is severable from all other provisions and that the declaration that one section is invalid or unconstitutional will not affect the constitutionality or enforceability of any other section.

**RATIONALE:
FOR REFERENCE
ONLY**

If any section in this Act or any part of any section thereof shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder of any section or part thereof.

O. EFFECTIVE DATE

1069 In any law regulating a profession there needs to be a specific date establishing when the law shall become
1070 effective. Thus, the final paragraph states:

1071
1072 *This Act shall become effective upon the date it is signed by the Governor or on the date it otherwise becomes*
1073 *effective by operation of law.*

1074
1075
1076 **REFERENCES**

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1082 Associations). *American Psychologist*, 10, 727-756.