From: [redacted]
To: bopmail@DCA
Subject: Upcoming meeting inquiry
Date: Monday, May 11, 2026 9:45:26 PM

Hello,

I wanted to inquire about some options regarding individuals like myself whose license expired due to the 6 year mark.

As you know, most if not all agencies will not hire or work with individuals whose licenses are expired or terminated.

I have attempted to pass the licensing exam several times and have yet to pass. I hope to pass in the near future and become a licensed psychoologist. However, until that time, I remain in limbo of not being registered with the board and cannot provide any level of services since December of last year.

What provisions has the board made for individuals like myself to remain gainfully employed after passing the six year mark and not passing the licensing exam? I certainly understand it's not the boards concerns for employment of psychologists but I am hoping consideration would be made for individuals like myself who fall within that category of passing the six year mark and not passing the exam.

*I am hoping this will be answered and addressed during the meeting on the 15th.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	May 12, 2026
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	**Executive Officer's Report: Agenda Item 6(c)**

Background:

At the April 24, 2026 Legislative and Regulatory Affairs Committee meeting there was public comment regarding a recommendation made by the Legislative Analysts Office (LAO) regarding the high vacancy rate for mental health providers at the California Department of Corrections and Rehabilitation (CDCR). LAO is a nonpartisan government agency that provides fiscal and policy advice to the California Legislature. Federal Courts have ordered CDCR to address this, but the vacancy rate has remained high. As a result of the continuing high vacancy rate, in September 2025, the court—citing, in part, the ongoing failures to reduce vacancies—established a mental health Receivership "to take control of the delivery of mental health services." The recommendations made by LAO are intended to help CDCR address this issue. There are two recommendations which are of concern to the Board of Psychology (Board):

- Eliminating the Requirement for Licensed Out-of-State Providers to Get California Licenses. "This would allow CDCR to benefit from recruiting from a wider pool of applicants. We also recommend directing CDCR to recruit more from out of state".
- Asking the Court to Allow Tele-Mental Health Providers to Work from Out of State. "This would open up a potentially large pool of new applicants who are interested in working for CDCR but would prefer not to move from their current location"

At this time, no legislation has been mandated by the court. If such legislation were proposed, it is anticipated that the Board would oppose any recommendation suggesting that mental health treatment in California prisons could be adequately provided solely through telehealth. There is already an existing court-approved policy limiting telepsychiatry and telemental health services to no more than 50% of mental health treatment provider

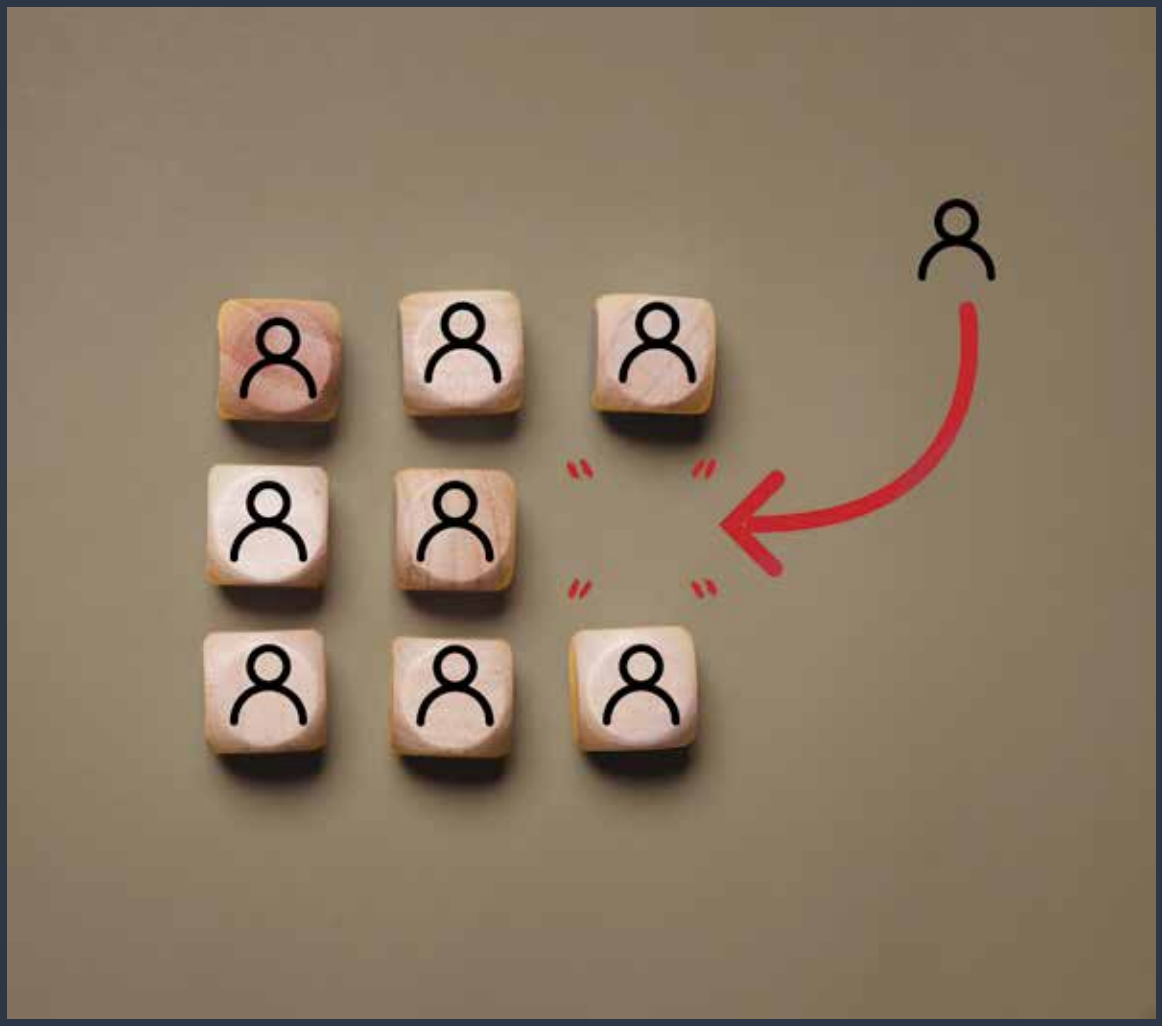
allocations in CDCR institutions, as part of a unified policy negotiated and ordered by the court in *Coleman v. Newsom (See Coleman v. Newsom | 2:90-cv-0520 KJM SCR P | E.D. Cal. | Judgment | Law | CaseMine and ORDER signed by Magistrate Judge Sean C. Riordan on 01/24/2025 ORDERING that the parties shall amend the unified policy as necessary so that the policy is consistent with the foregoing representations at hearing and shall attach a revised unified policy to the further joint status report required by this order. (Deputy Clerk KS)*.

The order does not discuss whether it would be appropriate to use non-CA licensed mental health professionals. The LAO recommendation is to eliminate the requirement for licensed out-of-state providers to get California licensees, but the Legislature would need to take action for that recommendation to be considered and enacted.

Action Requested:
This item is for informational purposes only.

Attachments:
Addressing Chronic Vacancies In Prison Mental Health Care, Legislative Analysts Office, February 2026

Addressing Chronic Vacancies In Prison Mental Health Care



GABRIEL PETEK | LEGISLATIVE ANALYST
FEBRUARY 2026

Executive Summary

Prisons Have Struggled to Provide Mental Health Care and Address Chronic Mental Health Staff Vacancies. For over three decades, the California Department of Corrections and Rehabilitation (CDCR) has faced litigation for providing unconstitutional levels of prison mental health care, in part due to chronic vacancies among mental health staff. As a result, a series of federal court orders—in the case now known as *Coleman v. Newsom*—have directed the state to make various changes, including reducing vacancy rates below 10 percent in certain key mental health classifications. However, CDCR has struggled to meet this standard for various reasons, including the challenging working conditions at prisons and the limited pool of providers where prisons are located. In September 2025, the court—citing, in part, the ongoing failures to reduce vacancies—established a mental health Receivership "to take control of the delivery of mental health services." This will result in a significant loss of autonomy for the state in the delivery of prison mental health care.

Continued State Effort to Address Vacancies Is Critical. Despite the Receivership, the Legislature will retain the ability to approve, reject, or modify the Receiver's budget proposals, pass legislation mandating CDCR to take specific actions, and conduct oversight of the system. Additionally, chronic mental health vacancies likely affect mental health outcomes and addressing them will be essential to returning authority back to the state. Accordingly, it is critical for the state to continue to take action to reduce mental health vacancies.

Recommend Legislature Take Various Steps to Reduce Chronic Vacancies. To address chronic mental health staffing vacancies, we recommend the Legislature take the following the steps:

- ***Assess Effectiveness of Other Steps Before Considering Across-the-Board Pay Increases.*** For various reasons, including that current CDCR compensation appears to meet or exceed market rates and factors outside of compensation likely play a major role in the state's ability to staff mental health positions, we recommend the Legislature not provide significant across-the-board compensation increases in the near term, though more targeted increases could be appropriate.
- ***Eliminate the Requirement for Licensed Out-of-State Providers to Get California Licenses.*** This would allow CDCR to benefit from recruiting from a wider pool of applicants. We also recommend directing CDCR to recruit more from out of state.
- ***Increase Use of CDCR Tele-Mental Health to Maximum Court-Approved Levels.*** The *Coleman* court allows up to half of providers to patients not in inpatient beds to provide services through tele-mental health. Even under a proposed expansion, however, only about 30 percent of providers will be remote. Further expanding tele-mental health could attract qualified professionals who might not otherwise want to work in a prison setting, as well as allow the state to recruit from areas where there are more providers available.
- ***Ask Court to Allow Tele-Mental Health Providers to Work From Out of State.*** This would open up a potentially large pool of new applicants who are interested in working for CDCR but would prefer not to move from their current location.

- ***Require CDCR Report on the Feasibility of Concentrating Mental Health Population in Prisons That Are Easier to Staff.*** Concentrating the mental health population could have various benefits, such as making it easier to recruit staff located in areas with a wider pool of applicants and reducing the need for staff at locations with large vacancies. However, this could prove logistically difficult. Having a report that explores the feasibility and costs of this option would better position the state and the Legislature to know what the challenges of such an approach are.
- ***Direct CDCR to Align Inpatient Capacity With Actual Need.*** CDCR is operating hundreds more inpatient beds than the amount projected to be necessary. This increases costs and the number of positions it needs to fill unnecessarily. We recommend directing CDCR to request the Receiver to allow it to operate only the inpatient beds projected to be necessary.

Taken together, these steps will help the state better recruit and retain mental health staff, reduce the state's reliance on expensive contracted staff, meet its constitutional requirements, lead to more effective care, and help return the mental health system to state control.

INTRODUCTION

For many years, the California Department of Corrections and Rehabilitation's (CDCR's) mental health system has struggled to employ an adequate number of qualified staff. As a result of this chronic deficiency and others, CDCR has faced litigation for over three decades contending that it has not provided adequate mental health care. This culminated in a federal court appointing a mental health Receiver to take direct control over the prison mental health care system. The only way the state will be able to regain full control of the system is through addressing its deficiencies, which includes hiring and retaining qualified mental health care staff. The purpose of this report is to provide an overview of CDCR's mental health system, assess ongoing efforts to address mental health vacancies as well as additional steps that could be taken to reduce vacancies, and make recommendations aimed at bolstering the state's ability to recruit and retain sufficient mental health staff.

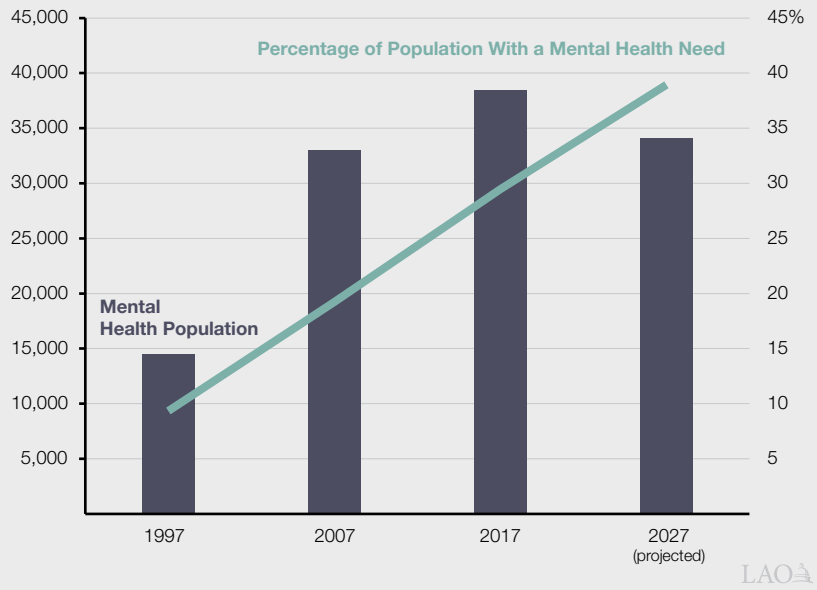
OVERVIEW OF CDCR PRISON MENTAL HEALTH CARE

Prevalence of Mental Health Need in Prison

About Two Out of Five People in Prison Receive Mental Health Services. Nearly 35,000 people in prison have a diagnosed mental health need. Compared to a few decades ago, this represents significant growth. For example, Figure 1 shows that in 1997 there were about 14,500 people in prison with a mental health need which represented about 10 percent of the overall prison population. However, in more recent years, the prison mental health population has generally decreased and is projected to continue to decline. This is due to the significant reduction in the overall number of people in prison. However, the mental health population has not declined as quickly as the overall population. As a result, the share of people in prison with a mental health need has increased. Although there is no conclusive explanation for what is causing this trend, CDCR has suggested that contributing factors could include an increase in the length of prison stay for those with a mental health need or the difficulty people with mental health needs have in earning credits (which allow people to be released earlier) based on behavior. Furthermore, it is possible that CDCR's ability to identify people who have a mental health need has improved due in part to changes mandated by the federal court in a case now known as *Coleman v. Newsom*, which we describe next.

Figure 1

Share of Prison Population With a Mental Health Need Continues to Increase



Coleman Court Monitoring Prison Mental Health Care Since 1990

Federal Court Found State Provided Inadequate Prison Mental Health Care. The *Coleman* court case, filed in 1990 and certified as a class action lawsuit in 1991, involves allegations that the state prison system provides constitutionally inadequate mental health care for people in prison. Through this litigation, the federal court found the state to be in violation of the Eighth Amendment of the U.S. Constitution—prohibiting cruel and unusual punishment—for providing inadequate prison mental health care. Since then, the *Coleman* court has been involved in bringing the state into compliance with constitutional standards.

Federal Court Appointed Special Master in 1995 to Monitor State Prison Mental Health Care. To monitor the state's efforts towards remedying the problems identified in the mental health system, the court appointed a Special Master in 1995. The *Coleman* court Special Master has audited and tracked CDCR's progress in addressing issues. The Special Master has also provided recommendations to mitigate problems or identify new issues for the court, which has led to court orders that CDCR must comply with. However, under the Special Master's monitoring, CDCR maintained direct authority over the state's prison mental health system. As we discuss later in this report, the Special Master was recently replaced by a mental health Receiver (see the nearby box for more on Receiverships). In contrast to the Special Master, the Receiver has direct authority over day-to-day operations of CDCR's mental health care system.

Mental Health Classifications and Treatment

Mental Health Needs Identified in Various Ways. CDCR is responsible for identifying and providing treatment to people with mental health needs in prisons. When people enter the prison system, they are routed to prisons with reception centers where they undergo various evaluations, including mental health evaluations. After completing the reception process, people are sent to prisons that can accommodate their designated security level and identified needs. Mental health needs can be identified after the reception center process as well. For example, while at their assigned prison, people may alert staff of their mental health needs. Mental health concerns may also be flagged through referrals from healthcare staff, correctional staff, or fellow incarcerated people.

Receiverships Are a Court's Last Resort to Reform Prisons and Jails

The appointment of a Receiver is a legal remedy in lawsuits seeking to reform prisons and jails that is typically used as a last resort by courts. Courts appoint a Receiver in order to place a neutral expert in control of some aspect of prison or jail operations. To establish a prison or jail Receivership, the court must make various determinations, including that there is grave and immediate harm to the plaintiffs, that the use of less extreme remedies has been exhausted, and that a Receiver is able to provide a quick remedy to the constitutional violations. Receivers are appointed and provided with various powers and authority necessary to bring prisons or jails into compliance. Receiverships last until the deficiencies have been rectified and defendants can show that they can sustain the remedies. The court has discretion on how a Receivership ends based on the circumstances that led to the establishment. Two Receiverships have been established to oversee aspects of California's prison system. The first was established in 2006 to oversee the prison medical system. For more details on the medical Receiver please see our brief *Overview and Update on the Prison Receivership*. The second was established in 2025 to oversee the prison mental health system. More details on the mental health Receivership are provided later in this report.

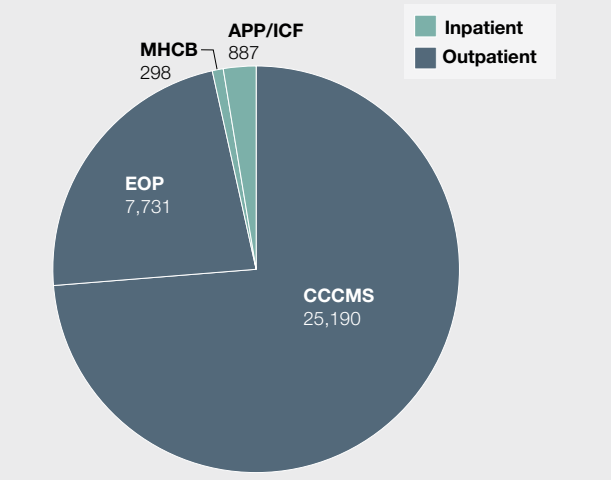
Outpatient Level of Care Offered to People With Less Acute Needs. To address mental health needs, CDCR provides a range of services throughout the prison system, including outpatient care for lower acuity cases and inpatient treatment for more severe conditions, at no direct cost to the patient. In outpatient settings, people typically live in a prison housing unit and receive regular mental health treatment but do not require 24-hour care. This level of care is provided at most prisons and is further divided into the following categories.

- ***Correctional Clinical Case Management System (CCCMS).*** People who require regular outpatient mental health services at the lowest levels are placed in CCCMS programming where each person is assigned a clinician and receives individual therapy at least every 90 days. As can be seen in **Figure 2**, CDCR projected in January 2026 there would be an average daily population of 25,200 people with a CCCMS designation in 2026-27.

Figure 2

Most People With a Mental Health Need in CDCR Receive Outpatient Services

2026-27 Projections



CDCR = California Department of Corrections and Rehabilitation, MHCB = Mental Health Crisis Bed, APP/ICF = Acute Psychiatric Program/Intermediate Care Facilities, EOP = Enhanced Outpatient Program, and CCCMS = Correctional Clinical Case Management System.

- ***Enhanced Outpatient Program (EOP).*** Those that have additional needs are placed in EOP, where they receive additional services such as weekly group therapy. CDCR seeks to place these people in separate housing units with attached medicine distribution rooms to facilitate their ability to receive psychiatric medications. CDCR projected there would be an average daily population of about 7,700 EOP patients in 2026-27.

Inpatient Level of Care Offered to People With More Acute Needs. If a patient's mental health condition is not stable, the patient may be referred to an inpatient level of care designed to treat higher acuity cases. Once stabilized, patients may be transitioned to outpatient services. In inpatient beds, people receive 24-hour care and more intensive treatment beyond what is provided in outpatient programs. These beds are offered only at select locations and are divided into the following types based on the nature of the care they provide—some of which are staffed in a manner that allows them to flex between the types:

- ***Mental Health Crisis Beds (MHCBs).*** MHCBs provide short-term housing and 24-hour care. Due to their immediate need for treatment—often suicide prevention—people referred to MHCBs are supposed to be transferred to these beds within 24 hours. When an MHCB is unavailable at a specific prison, CDCR typically transports people to another prison with an available MHCB. Under CDCR regulations, people are not supposed to stay in MHCBs for more than ten days—but may stay longer in the same bed if it is flexed into a different inpatient bed type. Currently, CDCR is budgeted to operate 455 MHCBs—including a new 50-bed crisis facility at the California Institution for Men in Chino. As can be seen in Figure 2, CDCR projected that an average of 298 (65 percent) of these beds would be filled on a daily basis in 2026-27. The annual cost of operating each MHCB—whether filled or not—is around $400,000.
- ***Acute Psychiatric Programs (APPs).*** APPs provide short-term, intensive treatment for people who show signs of a major mental

illness or higher-level symptoms of a chronic mental illness. Patients are supposed to be transferred to an APP within 72 hours of the referral, but no more than ten days after the referral and can generally stay up to 45 days. Currently, CDCR is budgeted to operate 480 APP beds, of which CDCR projected 206 (43 percent) would be filled in 2026-27. The annual cost of operating one of these beds—whether filled or not—is $300,000.

- ***Intermediate Care Facilities (ICFs).*** ICFs provide care beyond what is provided in CDCR outpatient programs but are available for longer time periods than MHCBs or APPs. People with lower security concerns are placed in low-custody ICFs, which are in dorms, while those with higher security concerns are placed in high-custody ICFs, which are in cells. Currently, the state has budgeted 714 ICF beds in state prisons and 306 low-custody ICF beds in state hospitals which CDCR can refer patients to. Of the 1,020 total ICF beds, CDCR projected 632 (62 percent) would be filled in 2026-27. There are also 75 additional beds that can flex between ICF and APP levels of care of which 49 (65 percent) are projected to be filled in 2026-27. Each ICF bed in a state prison costs—whether filled or not—around $246,000 annually to operate, while those in the Department of State Hospitals (DSH) cost around $393,000 annually.

Mental Health Staffing

Court Ordered Specific Staffing Levels and Current Staffing Model. A series of *Coleman* court orders since 2002 have dictated the levels of staffing required to operate the mental health system in the state's prisons. Specifically, the court has ordered that CDCR must (1) establish the mental health staffing positions and budget using agreed upon ratios, (2) maintain enough mental health beds to meet the needs of the population in a timely manner, (3) maintain a 10 percent or less vacancy rate in five key mental health classifications (psychiatrists, psychologists, social workers, medical assistants, and recreational therapists), and (4) pay court-ordered fines when vacancy rates exceed 10 percent (as we discuss in greater detail later).

Staffing Model Funds CDCR Based on Size and Composition of Mental Health Population... The annual budget for prison mental health staffing is based on a budgeting methodology that utilizes specific, court-ordered staffing ratios that factor in the size and composition of the mental health population. Accordingly, an increase in the mental health population requires additional positions and funding, and a decline results in a reduction compared to the previous year. For example, as shown in **Figure 3**, if the number of EOP patients is estimated to increase by 97, the staffing ratios would indicate that one additional psychiatrist will be needed. The staffing model includes various other ratios—not listed in Figure 3—for different subpopulations.

...And the Number of Inpatient Beds. Additionally, the number of active inpatient mental health beds, which require specialized prison infrastructure, affect the level of funding and distribution of mental health staff throughout the prisons. This is because some mental health staffing positions are tied to the number of active inpatient beds as opposed to being tied directly to the mental health population. For example, CDCR receives about $400,000 and the associated positions annually for each active MHCB, irrespective of whether the bed is occupied for most of the year. In practice, CDCR can move staff around the prison as needed, especially if an inpatient bed is not occupied. As such, the number of active beds contribute to the number of positions at a given prison.

Figure 3

Size of Mental Health Population Drives Need for Certain Positions

Ratios of Clinicians to Patients for General Outpatient Populations

Classification	CCCMS	EOP
Supervising Psychologist	1:1,200	1:150
Supervising Social Worker	1:1,200	—
Staff Psychiatrist	1:225	1:97
Clinical Psychologist	1:157	1:30
Social Worker	1:157	1:70
Recreational Therapist	—	1:37

CCCMS = Correctional Clinical Case Management System and EOP = Enhanced Outpatient Program.

Some Mental Health Staff Work Remotely. In addition to the on-site staff, CDCR uses tele-mental health services to deliver mental health care. Staff who deliver tele-mental health services use teleconferencing technology to meet with patients. These staff have the option to either commute to offices, some of which are outside of prisons, or work from home if they are able to ensure patient privacy. Generally, patients are escorted to a medical room within the prison where they communicate via audio and video with the mental health professional over a secure network.

Other Mental Health Staff Are Contractors. When CDCR lacks sufficient onsite staff to fill its positions, it hires contractors known as registry staff. Registry staff can supplement the number of mental health care staff in order to provide treatment and reduce delays in services.

Inability to Fill Mental Health Vacancies Resulted in Fines and Contributed to Appointment of a Mental Health Receiver

State Has Struggled to Comply With Court-Ordered Staffing Levels. Since the *Coleman* staffing court orders were established, mental health vacancy rates have generally been above the court-ordered 10 percent maximum and continue to remain high. Specifically, according to court records, vacancy rates in the five key classifications between April 2023 and April 2024 ranged from:

- 6 percent and 15 percent for psychiatrists.
- 35 percent and 41 percent for psychologists.
- 17 percent and 29 percent for social workers.
- 8 percent and 32 percent for medical assistants.
- 8 percent and 49 percent for recreational therapists.

Figure 4 highlights the vacancy trends for these five classifications taken together (after accounting for registry staff) over the past nine years and shows that the vacancy rate as of June 2025 was at 43 percent. The growth in vacancy rates seen in 2022 were likely a result of a combination of factors that include staff turnover, several changes in the *2021-22 Budget Act* that added new mental health positions, and subsequent changes in the mental health population.

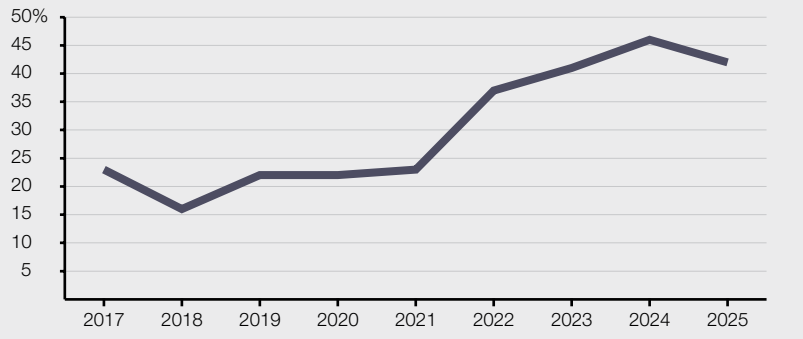
Court Levied Fines on State for Contempt of Court-Ordered Staffing Levels. Due to not adequately filling mental health vacancies, in June 2024, CDCR was found to be in contempt of the court's orders to keep vacancy rates below 10 percent. The court began levying monthly fines for vacancies in the five key classifications (psychiatrists, psychologists, clinical social workers, recreational therapists, and medical assistants). In establishing the fines, the *Coleman* court said that CDCR's strategies to reduce vacancies lack urgency, have been insufficient to fill needs, and indicate that the state "is continuing to operate business as usual." However, further collection of the fines has been paused due to the establishment of the mental health Receivership, discussed below. For further details on the fines, see the box on the next page.

Court Has Established Mental Health Receivership to Address Vacancies and Improve Care More Broadly. Effective September 1, 2025, the court established a Receivership "to take control of the delivery of mental health services." As a result, the Receiver—rather than CDCR leadership—is responsible for the day-to-day operations of the CDCR mental health system.

Figure 4

CDCR Has Notable Mental Health Vacancy Rates[a]

Vacancy Rate in June of Each Year



[a] Vacancy rates for psychiatrists, psychologists, social workers, medical assistants, and recreational therapists taken together and adjusted to account for registry staff.

CDCR = California Department of Corrections and Rehabilitation.

Coleman Court Found State in Contempt and Levied Fines

In June 2024, the *Coleman* court found the California Department of Corrections and Rehabilitation (CDCR) to be in contempt of the court's orders and began levying fines related to mental health staffing vacancies. Beginning retroactively in April 2023, fines accrued for each of the five key classifications (psychiatrists, psychologists, clinical social workers, recreational therapists, and medical assistants) that did not achieve a 90 percent fill rate—after accounting for tele-mental health and registry staff. As of January 2026, the court has collected $155 million in fines which were deposited into a special deposit fund called the Mental Health Staffing Deposit Fund. The court also ordered CDCR and the plaintiffs to develop a plan as to how these fines would be used. The plan developed specified that the fines would support various one-time efforts to address vacancies, most notably by funding retention bonuses for the five classifications the state was fined for. However, additional fines have been paused due to the establishment of the mental health Receivership in September 2025. About $33 million of the fines already collected have been spent in accordance with court-approved plans and the remainder is expected to stay in the special deposit fund to be used by the Receiver.

Along with the establishment of the Receivership, the *Coleman* court has adopted the Receiver's action plan. The plan outlines the Receiver's strategy and efforts intended to bring the state into compliance, address court-ordered remedies, and "achieve and retain a qualified mental health workforce." As shown in **Figure 5**, the plan includes six goals—each goal accompanied by a set of actions. The Receiver estimates it will cost about $41 million annually to implement the plan and it will take between five and seven years to bring the state into compliance. The plan's primary cost drivers are salary increases for mental health staff ($25.3 million) and additional staff—known as resource teams—at inpatient units ($6.6 million). In addition, the plan outlines that it would cost about $9 million annually to establish and operate the Office of the Receiver.

Figure 5

Receiver's Action Plan Outlines Goals and Actions to Improve Mental Health Care

Goal 1	**Improve Mental Health Care Delivery Through Culture Change and Effective Management**
Selected Actions	• Implement a comprehensive communications strategy. • Centralize and streamline mental health reporting structure under the Receiver.
Goal 2	**Achieve and Retain a Qualified Mental Health Workforce**
Selected Actions	• Enhance recruitment of clinicians by expanding use of mental health internship programs. • Assess factors contributing to clinician fear and identify strategies for addressing them. • Evaluate compensation concerns.
Goal 3	**Provide Adequate Care at Every Level and Treat Each Patient at the Appropriate Level of Care**
Selected Actions	• Evaluate the use of Resource Teams to enhance patients' ability and willingness to step down. • Increase compliance with existing policies regarding use of force.
Goal 4	**Fully Implement a Suicide Prevention Program**
Selected Actions	• Establish implementation goals and plans to resolve outstanding suicide prevention recommendations. • Complete transition of annual suicide reporting to CDCR.
Goal 5	**Complete Development and Implementation of a Quality Assurance Program**
Selected Actions	• Recommend final indicators and compliance thresholds to the court. • Complete development of user-friendly dashboards to monitor compliance. • Seek court approval for a process to recommend that CDCR has fully implemented a remedy.
Goal 6	**Create Mechanisms to Demonstrate Remedies**
Selected Actions	• Partner with external expert to assess feasibility of seeking accreditation.

CDCR = California Department of Corrections and Rehabilitation.

CURRENT EFFORTS TO ADDRESS CHRONIC MENTAL HEALTH VACANCIES

Hiring sufficient mental health staff is not a unique challenge to CDCR. Other employers, including correctional facilities in other states, struggle to hire sufficient mental health care staff. A 2018 survey from the University of Michigan of 20 correctional facility representatives across six states found that most respondents (85 percent) agreed that they had difficulty filling open behavioral health positions and had high turnover of behavioral health staff. A wide variety of factors can make it difficult to hire and retain mental health staff at prisons, including:

- ***Challenging Working Conditions.*** Based on discussions with CDCR staff, mental health professionals may not want to work at a prison for various reasons. Staff cited concerns about safety, air conditioning and heat, lack of privacy, dilapidated or limited offices and treatment space, as well as a rigorous work schedule with few flexibilities. Finding similar concerns, the Receiver's action plan indicates that mental health staff have an elevated fear of being assaulted in prisons.
- ***Limited Pool of Providers.*** The California Department of Health Care Access and Information in 2022 estimated for the overall California population that there is a shortage of psychiatrists and behavioral health providers in all 58 counties, with several counties experiencing severe shortages. Further, this report projected that in 2025, 16 of the state's prisons would be in counties facing a severe shortage of mental health professionals and 11 prisons in counties facing a high shortage.

Over the last few decades, the state has taken a variety of actions aimed at addressing the chronic vacancies, including bargaining salary increases, expanding the use of registry staff, and centralizing recruitment efforts. These efforts, however, have not been sufficient to reach sustained court compliance. More recently, the state—and now the Receiver—have undertaken additional efforts to reduce vacancies. We summarize some of these recent efforts below.

State Was Pursuing Various Steps to Address Vacancies Prior to Establishment of Mental Health Receivership

In recent years, CDCR has taken various steps to maintain court-ordered staffing levels. For example, in 2024, CDCR expanded its tele-mental health policy by allowing social workers and psychologists (who also deliver mental health care) to work remotely in addition to psychiatrists who were previously authorized to provide such services. CDCR indicates that this has allowed them to improve recruitment and retention of these staff. Additionally, in 2025, CDCR partnered with the California Department of Human Resources (CalHR) to establish new classifications that can provide mental health services at the prisons. The classifications consist of both line and supervisory staff of marriage and family counselors as well as clinical counselors. CDCR plans to use these staff in lieu of psychiatrists and psychologists in outpatient settings, as they expect the new classifications will be easier to fill. This will allow CDCR to prioritize the psychiatrists and psychologists it is able to recruit for inpatient settings. Absent any changes from the Receiver, these various steps will continue to be implemented.

Mental Health Receiver Plans to Address Vacancies in Various Ways

The Receiver's action plan involves various additional efforts to reduce mental health vacancies, as outlined in **Figure 6** on the next page, including a specific set of actions aiming to achieve and retain a qualified mental health workforce. For example, building the pipeline of providers by expanding the number of internships available at CDCR would help increase the number of providers that can work at CDCR directly—by bringing in

Figure 6

Receiver's Action Plan to Address Mental Health Vacancies

- ✓ Communicate to staff the high priority of filling vacancies.
- ✓ Implement procedures that ensure newly opened or reopened EOP, MHCB, or inpatient units have sufficient staff prior to opening.
- ✓ Improve onboarding process for new staff.
- ✓ Assess need for more staff dedicated to recruitment, hiring, and retention.
- ✓ Hire an internship coordinator to centralize and expand clinical internship programs.
- ✓ Identify strategies to reduce safety concerns among mental health staff.
- ✓ Maintain retention bonuses and assess whether further pay increases are needed in hard-to-fill locations and positions.
- ✓ Approve a hybrid work policy that would allow clinicians to work remotely and in person and assess whether other workplace flexibilities are possible.
- ✓ Decrease clinician time spent on nonclinical tasks.
- ✓ Complete applicant tracking system to make improvements to recruitment process.
- ✓ Eliminate triage plans, which have the effect of reducing treatment hours for those at the lowest levels of care.
- ✓ Conduct a space needs assessment at each prison and develop a plan to address those needs.

EOP = Enhanced Outpatient Program and MHCB = Mental Health Crisis Beds.

interns—and could help CDCR's ability to recruit them on a permanent basis. Furthermore, efforts to address concerns among mental health staff related to the safety of the prison environment could be useful. To the extent, CDCR can mitigate these concerns, people may be more open to working at a prison and staying there once employed. Moreover, increasing compensation by making the bonuses permanent may have the effect of reducing some vacancies. Finally, assessing to what degree compensation increases are necessary could be fruitful to understanding what compensation levels would induce mental health providers to work at the prisons. The other Receiver's goals, while not directly related to staffing, depend heavily on having enough qualified mental health staff, which is why the Receiver has indicated recruitment and retention will be a key focus of the Receivership.

CONTINUED STATE EFFORT TO ADDRESS VACANCIES IS CRITICAL

Legislature Retains Significant Role Despite Appointment of Mental Health Receiver. The establishment of the Receivership will result in a significant loss of autonomy for the state in the delivery of prison mental health care. Despite this, the Legislature will still retain the ability to approve, reject, or modify the Receiver's mental health system budget proposals, pass legislation mandating CDCR to take specific actions, and conduct oversight of the system. While the Receiver has the authority to ask the court to overrule such legislative actions, the *Coleman* court has directed the Receiver to work in a manner consistent with California state laws, regulations, and contracts.

Notably, the medical Receiver appointed to oversee CDCR medical care in the *Plata v. Newsom* case has worked collaboratively with the state and has involved the Legislature in the decision-making process, especially when developing the medical care budget.

Vacancies Likely Affecting Mental Health Outcomes. When an adequate number of mental health staff are not available, patients might have appointments delayed or canceled. Based on data from CDCR, 56 percent of mental health appointments were not completed as scheduled in 2024—35 percent were refused by the patient, 2 percent for custody reasons such as lockdowns, and 19 percent for other reasons such as vacancies. In addition, 47 percent of the outpatient population did not receive the necessary number of treatment hours. When patients do not receive timely treatment, it could lead to deteriorating mental health and result in self-harm—including suicide. For example, a recent research study found that among veterans seeking mental health care in veterans' medical centers across the country, lower mental health staffing increased the likelihood of a suicide-related event. The results were largest among facilities that had the fewest mental health staff. While the study is not in a correctional setting, it provides a benchmark of what outcomes could result for a population with mental health needs seeking services at facilities with high vacancy rates.

To Achieve Overall Compliance, Addressing Vacancies Will Likely Be Essential. The state's inability to fill vacancies was a strong contributor to the appointment of a mental health Receiver. As a result, addressing mental health vacancies will be essential to ending the Receivership and returning authority back to the state. Recognizing this importance, the Receiver's action plan "places significant emphasis on building and retaining a mental health workforce because it is a foundational element to providing constitutionally adequate mental health care." Moreover, prisons that do not struggle to fill positions appear to provide care much more effectively and have received positive feedback from the court in the past. For example, CDCR indicates that San Quentin Rehabilitation Center (SQRC) performed well in court audits prior to the appointment of the Receiver because it was more fully staffed and was able to better meet the needs of its mental health population than other prisons.

Relying on Registry Staff Is Costly to the State. To the extent the state can recruit a sufficient number of mental health staff, it could not only reduce vacancies, but also its use of costly registry staff. In December 2025, the state Auditor released a report that compared vacancy rates at three state facilities that employ mental health staff along with a comparison of hourly costs between mental health registry staff and state employees. The Auditor's report focused on Salinas Valley State Prison (SVSP), Porterville Developmental Center, and Atascadero State Hospital. Based on the Auditor's calculations, registry staff cost the state more at these facilities on an hourly basis than state employees, even after accounting for staff benefits, such as healthcare coverage. This difference ranges from 14 percent to 115 percent higher, depending on the position. For example, registry psychiatrists appear to cost the state about $113 (46 percent) more per hour and registry psychologists $105 (115 percent) more per hour at SVSP, after accounting for state employee benefits.

ASSESSMENT OF ADDITIONAL STEPS TO ADDRESS CHRONIC VACANCIES

Based on discussions with CDCR providers and union representatives—as well as a review of court documents and research—we identified five different strategies the Legislature could consider as the state continues to address the chronic mental health vacancies in the prison system: (1) increasing compensation, (2) extending licensing exemptions to providers with out-of-state licenses, (3) expanding the use of tele-mental health, (4) clustering patients in easier-to-staff prisons and (5) reducing excess inpatient capacity. In the subsequent sections, we describe and assess each option.

Increasing Compensation

Increased Compensation Is a Common Strategy to Improve Recruitment and Retention. When employers increase compensation—either in the form of higher pay or augmentations to other employer-funded benefits (for example, higher employer contributions toward health premiums)—they typically receive more qualified applicants for a given job and people already employed are less likely to leave. Thus, it stands to reason that increasing compensation—especially if it is lagging other employers—could be one strategy to improve CDCR's recruitment and retention of mental health staff.

Compensation Study Shows Pay for Most Mental Health Staff Leading Other Employers. To inform the collective bargaining process, CalHR conducts compensation studies to determine how state pay rates compare to the market rate for various classifications. Although the methodology for comparing the state's total compensation has notable limitations, it is often the best information available to the state. CalHR produced the most recent compensation study of Unit 19 (Health and Social Services/Professional) in 2023, which includes three of the five key mental health classifications working at state prisons. CalHR's study found that the state's compensation was higher than the market for: recreational therapists (found to lead the market by 14 percent in total compensation and 11 percent above market in wages alone); clinical, counseling, and school psychologists (found to lead the market by 10 percent in total compensation and 5 percent in wages); and healthcare social workers (found to lead the market by 14 percent in total compensation and 8 percent in wages). Since the 2023 compensation study, these classifications have also had general salary increases and pay bonuses resulting from *Coleman* court actions. While more recent data is not yet available, it seems plausible, based on the magnitude of the gap between state pay and other employers and the recent bonuses extended to these classifications, that the state still maintains a lead in these occupations.

Bonuses for Psychiatrists May Largely Eliminate Pay Gap With Other Employers. The most recent compensation study for Bargaining Unit 16, which represents state psychiatrists, evaluated state psychiatrist pay and found it below market (6 percent below market when comparing total compensation and 1 percent below market when comparing wages alone). The findings from the compensation study suggest that lagging wages could be a contributing factor to the high vacancy rates among psychiatrists. However, the most recent contract with Unit 16 increased state psychiatrist pay by 3 percent across all state departments. For more on the Unit 16 agreement, please see *MOU Fiscal Analysis: Bargaining Unit 16 (Physicians, Dentists, and Podiatrists)*. Additionally, the *Coleman* court's pay bonuses increased the pay by roughly 3 percent as well for those working in prisons. These two changes may largely eliminate the gap for state employees compared to other employers, though this could be eroded if other employers also increase their salaries at similar or larger rates.

Factors Outside of Compensation Likely Play a Major Role in Ability to Hire and Retain Staff. Although changes in compensation likely can affect the state's ability to hire and retain staff, our analysis of vacancy rates at California prisons—across different classifications and between different prisons—suggests that other factors play an outsized role in vacancy rates at many prisons. First, many of the classifications with relatively high compensation rates also have high vacancy rates. For example, although the compensation study shows that in 2023 state social workers led the market, CDCR social workers had a vacancy rate of about 27 percent in 2023—higher than the statewide average. Second, despite pay being largely similar between prisons, some prisons have much lower vacancy rates—including a couple with rates that comply with *Coleman* court requirements. As shown in **Figure 7**, vacancy rates at prisons range from 6 percent to 70 percent. This suggests that factors unrelated to pay—such as challenging working conditions and a limited pool of providers available—very likely affect the state's ability to fill mental health vacancies at most prisons.

Figure 7

Mental Health Vacancy Rates Vary by Prison

County	Prison	Mental Health Vacancy Rate[a]
Lassen	High Desert State Prison	69.9%
Solano	California Medical Facility	62.5
Monterey	Salinas Valley State Prison	62.4
Kern	North Kern State Prison	57.9
San Joaquin	California Health Care Facility	56.6
Kings	California State Prison, Corcoran	54.1
Kern	Wasco State Prison	53.8
Kings	Substance Abuse Treatment Facility and State Prison	51.4
Imperial	Calipatria State Prison	48.8
Amador	Mule Creek State Prison	48.6
Kern	California Correctional Institution	47.6
Los Angeles	California State Prison, Los Angeles County	46.4
Kern	Kern Valley State Prison	45.5
Del Norte	Pelican Bay State Prison	45.1
Fresno	Pleasant Valley State Prison	39.0
Sacramento	California State Prison, Sacramento	37.3
San Diego	Richard J. Donovan Correctional Facility	35.6
San Luis Obispo	California Men's Colony	33.4
Kings	Avenal State Prison	32.8
San Bernardino	California Institution for Men	28.4
Monterey	Correctional Training Facility	27.3
Madera	Central California Women's Facility	25.5
Sacramento	Folsom State Prison	22.1
Riverside	California Institution for Women	21.3
Imperial	California State Prison, Centinela	21.1
Riverside	Ironwood State Prison	21.1
Tuolumne	Sierra Conservation Center	19.0
Madera	Valley State Prison	15.3
Solano	California State Prison, Solano	13.3
Marin	San Quentin Rehabilitation Center	8.5
Riverside	California Rehabilitation Center	5.6

[a] Average of all mental health vacancies between January 2025 and August 2025.

Receiver Examining Pay Increases as Part of Action Plan. Given the importance of non-compensation factors in determining vacancy rates, it is unclear what level of pay increase would be needed to meaningfully improve recruitment and retention for mental health positions. However, as discussed above, the Receiver will be studying potential pay increases as part of the action plan. Depending on the findings of that analysis, the Receiver may propose pay increases, which would give the Legislature an opportunity to evaluate whether they are necessary at that time.

Increasing Compensation Can Be a High-Cost Strategy. In general, compensation increases can be a high-cost strategy for filling vacancies. For example, the action plan estimates that it will cost $25 million ongoing to increase pay by roughly 3 percent for mental health positions at CDCR. Those salary costs would directly increase the state's costs for benefits where the employer's cost is determined as a percentage of pay (often referred to as "salary-driven" benefits) like employer contributions to pension benefits. Although there might be ways to target compensation to the prisons or classifications with the greatest recruitment and retention challenges, the costs could still be substantial. Furthermore, changes in CDCR pay might have other indirect effects on mental health care programs operated by other state agencies such as DSH. Those departments may seek increases in compensation to ensure their pay remains competitive with CDCR—potentially adding still more costs to the state.

Extending Licensing Exemptions to Out-of-State Licensed Providers

State Licensing Policies Limit Pool of Potential Providers. Licensing restrictions limit the number of people that can work as mental health providers in California prisons. Generally, to become a mental health provider in California, a person must obtain a California license. For example, clinical social workers must obtain licensure from the California Board of Behavioral Sciences. This requires meeting the necessary education requirements, completing exams, and having a sufficient number of hours in the field. People that are licensed in other states must apply for a California license through the appropriate licensing board, meet certain requirements, and in some cases complete further education or training to become licensed in California.

State Allows Some Limited Licensing Exemptions for People Working in Prisons. Under existing law, the Board of Behavioral Sciences, which oversees licenses for clinical social workers and marriage and family therapists, as well as the Board of Psychology, which oversees licenses for psychologists, allow limited exemptions to licensing for those working in special settings, such as a correctional facility. For example, state law generally allows out-of-state mental health providers to work at prisons. However, those providers must obtain a California license within a set amount of time of working at CDCR and these exemptions do not apply to psychiatrists, which are licensed through the Medical Board of California.

Additional Licensing Exemptions Could Expand the Pool of Providers. CDCR could benefit from recruiting from a wider pool of applicants, particularly those from out of state that already hold licenses in their respective states. Removing the requirement that people with out-of-state licenses obtain a California license could help with these recruiting efforts. Notably, CDCR and CalHR would retain their current roles in identifying qualified recruits and providing the necessary training and supervision to ensure people are performing their duties adequately. This would help to ensure that the quality of care is maintained.

Expanding Use of Tele-Mental Health

Expanding Tele-Mental Health Could Help Address Prison Environment Concerns. Tele-mental health could be a particularly useful tool for providing services at hard-to-staff prisons. Indeed, CDCR has stated that tele-mental health positions have been easier to hire since it started expanding tele-mental health. Because providers delivering tele-mental health services do not have to be physically present at a prison, this means that some of the concerns that accompany being on-site are addressed. For example, people working remotely likely do not face the same level of safety concerns that workers on site may experience when walking through a prison and interacting with various incarcerated people. Additionally, they can have more privacy and do not need to work in dilapidated facilities that may lack air conditioning. Finally, offering more tele-mental health positions could allow CDCR to recruit staff from areas of the state where there is a larger pool of providers available.

State Has Room to Utilize More Tele-Mental Health. Despite these potential benefits, CDCR does not appear to be taking full advantage of this option. While CDCR is not allowed to use tele-mental health services in inpatient settings, the *Coleman* court allows up to 50 percent of outpatient providers—those working with the CCCMS or EOP populations—to be remote. As of September 2025, only 23 percent of outpatient providers are remote. Notably, the Governor's proposed 2026-27 budget requests $8.9 million General Fund growing to $12.8 million by 2028-29 and ongoing to expand tele-mental health services. Under the proposal, 100 existing on-site clinicians would be redirected to tele-mental health. The additional resources would fund supervisory and support staff (such as the on-site medical assistants that help clinicians during tele-mental health appointments) and equipment. While this proposed expansion is laudable, it would increase the rate of remote providers roughly to 30 percent—still 20 percentage points below the court allowed limit. (For more on this proposal, including some concerns we have with the amount of resources requested, please see the "Tele-Mental Health" section in our brief *The 2026-27 Budget: California Department of Corrections and Rehabilitation*.)

Allowing Tele-Mental Health Staff to Work Outside of California Could Attract More Providers. Currently, the *Coleman* court requires tele-mental health staff to provide services from California. This requirement from the court unnecessarily limits the pool of potential applicants to people living or willing to relocate to California. If the state—working with the court—allowed tele-mental health providers to work outside of California, it could likely attract a much larger pool of qualified professionals. Moreover, California often pays mental health professionals more than other states. For example, CDCR psychologists, according to the state Auditor, earn between $56 and $85 per hour—well above the average hourly rate paid in other states. According to 2023 data from the Bureau of Labor Statistics, California is

the highest paying state for psychologists with the average hourly wage at $64 per hour, whereas psychologists nationwide earned a median of $53 per hour (21 percent less). If people in other states were allowed to provide tele-mental health services in California prisons, the state might be able to attract qualified candidates living in lower-cost-of-living areas with higher pay, while still allowing them to maintain their residency in other states. This would be further facilitated if these candidates were also not required to obtain California licenses, as discussed previously.

Clustering in Easier-to-Staff Prisons

High Vacancy Rates Can Be a Self-Perpetuating Cycle. High vacancy rates themselves might make working at a prison undesirable. This is because existing mental health staff typically have increased workload when there are many vacancies. They may also lack the peer and supervisory support to maintain a positive morale. This can mean that vacancy rates that are already elevated due to the environment inside prisons become exacerbated, making recruitment and retention especially difficult. As discussed earlier, vacancy rates vary widely by prison. This suggests that certain prisons are more challenging to staff than others. By continuing to place people with mental health needs at hard-to-staff prisons, CDCR must recruit mental health staff where few are available or willing to work, contributing to chronic vacancies.

Placement of Mental Health Patients in Easier-to-Staff Prisons Could Help Reduce Vacancies. If CDCR moves patients from hard-to-staff prisons to easier-to-staff prisons, it would help address the vacancy problem in two ways. First, the positions added to the easier-to-staff prisons would be more likely to be filled. Second, reducing the number of patients and vacant positions at the hard-to-staff facilities would mean the mental health staff remaining at those prisons would not be stretched as thin, which could improve retention and, possibly, recruitment at those prisons. The benefits of operating a prison in easier-to-recruit areas can be seen at SQRC in Marin. SQRC has had more success in hiring mental health staff than most other prisons, resulting in fewer vacancies. In July and August 2025, SQRC's vacancy rate was 0 percent—well under the court-ordered 10 percent vacancy rate. During a site visit in July 2025, SQRC staff noted that retention was high at the prison, and that new applicants have had to be placed on the waitlist because of how well staffed the prison is. Staff at the prison have indicated that this improves the prison's ability to deliver care, increases morale, and makes the prison a more desirable place to work.

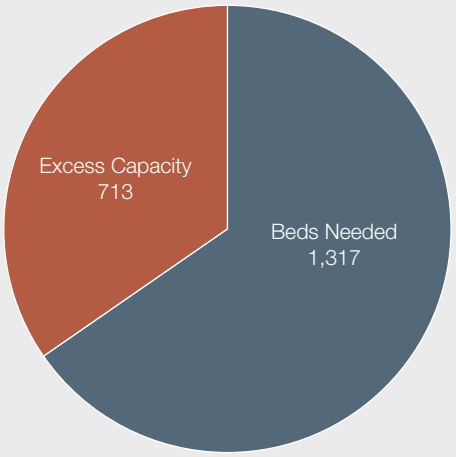
Eliminating Excess Inpatient Bed Capacity

Excess Inpatient Capacity Means CDCR Trying to Fill More Vacancies and Spending More Than Necessary. As discussed in the "Inpatient Mental Health Beds" section in our brief *The 2025-26 Budget: California Department of Corrections and Rehabilitation* and shown in Figure 8 on the next page, CDCR is operating 713 inpatient beds in excess of the amount projected to be necessary. Operating excess inpatient beds at this scale costs the state over $200 million each year and requires that the state maintain many mental health positions more than the projections show are necessary. Moreover, maintaining these unnecessary beds means that the state is required to staff them, regardless of whether people are treated in them, artificially inflating the vacancy rate. This makes it more difficult for the state to comply with the *Coleman* court's order to reduce mental health vacancies.

CDCR Taking Steps to Address Excess Capacity but Could Go Further. In court filings, CDCR indicated to the *Coleman* court that it planned to deactivate 249 inpatient beds because "from September 2024 to present, between 40 percent and 48 percent of inpatient beds have been empty and unused." CDCR informed the court that closing such beds would still provide a sufficient buffer to accommodate fluctuations in the inpatient mental health population in the near term. These efforts to deactivate 249 inpatients beds are laudable. At the time of this publication, the mental health Receiver had approved CDCR's request to close 100 excess inpatient beds and was deliberating on whether to deactivate additional

Figure 8

Department Has More Inpatient Bed Capacity Than Needed



excess inpatient beds. However, based on the most recent projections, even if the Receiver allowed all 249 beds to be closed, it would still leave 464 excess inpatient beds in 2026-27. Therefore, it seems reasonable that the state could go further in deactivating additional excess beds. This option could result in about $200 million in less spending to support the 713 beds if these beds were eliminated. In addition, this could reduce the mental health vacancy rate. For example, in court documents, CDCR estimated that the staff fill rate for ICF and APP beds in June would have been 98 percent for psychiatrists (instead of 81 percent), 73 percent for psychologists (instead of 52 percent), 105 percent for social workers (instead of 82 percent), and 127 percent for recreational therapists (instead of 101 percent) had all 249 inpatient beds been deactivated that month.

RECOMMENDATIONS

CDCR's actions and the mental health Receiver's proposed actions include promising efforts to address vacancies. For example, the creation of new classifications is a promising step as it would allow treatment to be provided by potentially easier-to-recruit, lower-cost positions. In addition, the Receiver's plan would also increase the pool of people that can provide services to the mental health population by expanding clinical internship slots across the prisons. Not only will interns perform work while part of the program, but it is also possible that they will become employed permanently by CDCR. However, the plans put forward by CDCR and the Receiver could go further in addressing the barriers to filling vacancies. Below, we provide recommendations for the Legislature—some of which need coordination with the Receiver and the *Coleman* court to implement—as it seeks to address the chronic mental health vacancies facing CDCR.

Assess Effectiveness of Other Steps Before Considering Across-the-Board Pay Increases. We found that (1) most mental health classifications appear to be relatively well paid compared to the broader market even before recent bonuses, (2) other non-compensation factors appear to influence vacancy rates, (3) the mental health Receiver plans to reassess whether further changes in pay are necessary, (4) various other efforts are underway to improve recruitment and retention, and (5) increasing compensation is a relatively costly strategy compared to other options we assess. As a result, we recommend the Legislature not provide significant across-the-board pay increases for mental health staff at prisons in the near term. Instead, we recommend such pay increases be considered only if the other recommendations described below and those initiated by CDCR and the Receiver prove insufficient, or if the Receiver is able to demonstrate the need for and effectiveness of further increases to support recruitment and retention. However, smaller pay increases, such as cost-of-living increases, or increases targeted at specific geographic regions, or providers working in specific settings, may still be appropriate in the near term.

Eliminate the Requirement for Licensed Out-of-State Providers to Get California Licenses. We recommend expanding the licensing exemptions so that all out-of-state mental health providers already licensed in their respective state no longer need to acquire a California license to

work at CDCR. This exemption would eliminate the requirement for out-of-state mental health providers to obtain California licenses within a set amount of time of working at CDCR. Extending the exemption to all mental health providers would also allow other out-of-state providers who do not already have exemptions under existing state law—such as psychiatrists—to provide services if they are already licensed in another state. We also recommend directing CDCR to recruit more from out of state. To the extent feasible, similar strategies could be employed to recruit people qualified to work from other countries in cases where those countries' licensing requirements are sufficiently similar California's or other U.S. states. The fiscal cost of these changes would be minimal and likely absorbable, depending on how CDCR pursues greater out-of-state recruitment.

Increase Use of CDCR Tele-Mental Health to Maximum Court-Approved Levels. We recommend directing CDCR to increase the use of tele-mental health up to the maximum levels approved by the court. This could attract qualified professionals who might not otherwise want to work in a prison setting, as well as allow the state to recruit from areas where there are more providers available. One way to implement this strategy would be to assign tele-mental health staffing to as many CCCMS patients as possible before moving to EOP patients, given EOP patients' greater acuity. Deploying such a strategy could also include identifying prisons that face the greatest staffing challenges and utilizing a greater share of remote workers at those facilities. The cost of increasing tele-mental health to the maximum level allowed would be unlikely to exceed $30 million in annual ongoing costs in addition to funding for the Governor's proposed 2026-27 tele-mental health expansion. These costs would come primarily from buying equipment and having sufficient on site medical assistants. CDCR, in coordination with CalHR, may need to use pay differentials for those who work inside prisons so that such providers have an incentive to remain on site. This would result in an additional fiscal cost to the state. Given that CDCR reports having more success in hiring tele-mental health providers, we expect this expansion to reduce vacancies in the long run.

Ask Court to Allow Tele-Mental Health Providers to Work From Out-of-State. We recommend the Legislature direct CDCR to request that the *Coleman* court remove the requirement that tele-mental health staff work in California. This would open up a potentially large pool of new applicants who are interested in working for CDCR but would prefer not to move from their current location. Additionally, these applicants could be particularly motivated to apply given that CDCR pays more than many other out-of-state jurisdictions. These factors, combined with our recommendation above to waive the need to obtain California licensure, would likely increase the pool of potential staff who could work at CDCR to provide mental health services. CDCR would have to explore strategies to effectively manage such remote workers. We expect the cost of implementing this option would be largely covered by the cost of expanding tele-mental health discussed above.

Require CDCR Report on the Feasibility of Concentrating Mental Health Population in Prisons That Are Easier to Staff. Given that it appears easier to recruit and retain mental health staff at some prisons relative to others, we recommend requiring CDCR report on the feasibility of concentrating—or clustering—the mental health population at the prisons where it is easiest to recruit and retain staff by January 10, 2027. In the report, CDCR should consider whether the lower vacancy rates at certain prisons are a result of those prisons being easier-to-staff and not the result of other factors that could be temporarily affecting the vacancy rate. Clustering the mental health population together could help address various challenges. For example, it could (1) make it easier to recruit staff located in areas with a wider pool of applicants, (2) reduce the need for mental health staff at locations with large vacancies, and (3) reduce the competition for mental health staff among adjacent facilities. There could be various logistical difficulties with doing this on a large scale. For example, prison infrastructure could be a limiting factor, as some prisons in easier-to-recruit areas may lack the appropriate space to house more mental health patients (such as sufficient housing units with medication distribution rooms

to house the EOP population). Additionally, CDCR places people in prison based on a host of factors beyond their need for mental health, such as medical, rehabilitation, and security needs. Some prisons in easier-to-recruit areas may not be able to serve all of these other needs of some patients. Moreover, it would be important to move patients and positions between prisons so that vacancies and workload do not accumulate at prisons receiving patients in a manner that harms retention or recruitment at these prisons. Therefore, having a report that explores the feasibility and costs of concentrating the mental health population in the easiest to recruit prisons would better position the state and the Legislature to know what the challenges of such an approach are. The report should also consider how clustering could work with expanded tele-mental health strategies, such as those discussed above. For example, the report should consider the extent to which outpatient populations could remain in hard-to-staff prisons but be serviced with tele-mental health to a greater degree.

Direct CDCR to Continue to Seek Further Alignment With Bed Need Study. The *Coleman* court has referred CDCR's request to deactivate a total of 249 inpatient beds to the mental health Receiver, who has so far approved the deactivations of 100 beds and is deliberating further deactivations. We recommend that CDCR request 464 further deactivations so that capacity better aligns with the bed need study. This would allow the state to reduce CDCR's mental health funding by over $200 million if all 713 currently empty beds are deactivated without resulting in adverse effects to actual staffing or mental health services available to the incarcerated population. A reduction in inpatient beds would also reduce the number of vacancies CDCR needs to fill to comply with the *Coleman* court's orders. Moreover, it would allow existing clinicians to be reassigned to fill vacancies at other prisons. This would help to reduce the strain vacancies create on the staff at those prisons—likely improving morale, recruitment and retention.

Require CDCR to Regularly Adjust Inpatient Bed Capacity. To ensure excess capacity does not accumulate in future years, we recommend directing CDCR to regularly seek adjustments to the inpatient mental health bed capacity based on the bed need study carried out biannually. To the extent the mental health Receiver denies a plan to deactivate excess bed capacity, we recommend the Legislature request from the Receiver what criteria, threshold, or buffer the state would have to achieve in order to deactivate some, if not all, of the excess capacity and direct CDCR to make changes accordingly.

CONCLUSION

Chronic vacancies among mental health staff in the state's prison system are a long-standing challenge that pose a significant risk to the wellbeing of the incarcerated population. As a result, the *Coleman* court has appointed a mental health Receiver to take control of the delivery of mental health services. However, the Legislature can continue to exercise oversight in this area to ensure the state is progressing toward the benchmarks specified by the courts. Accordingly, we provide a series of recommendations that would further increase the pool of potential mental health staff by expanding existing efforts in tele-mental health and reducing barriers created by licensing requirements. We also recommend directing CDCR to further right size its inpatient capacity and develop plans to shift its mental health population to locations that would facilitate filling mental health positions. Taken together, these steps will help the state better recruit and retain mental health staff. This, in turn, could reduce the use of costly registry staff and will allow the state to better meet its constitutional requirements, lead to more effective care, and help return the mental health system to state control.

LAO PUBLICATIONS

This report was prepared by Orlando Sanchez Zavala, and reviewed by Drew Soderborg and Ross Brown.
The Legislative Analyst's Office (LAO) is a nonpartisan office that provides fiscal and policy information and advice to the Legislature.

To request publications call (916) 445-4656. This report and others, as well as an e-mail subscription service, are available on the LAO's website at www.lao.ca.gov. The LAO is located at 925 L Street, Suite 1000, Sacramento, California 95814.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	May 12, 2026
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	Agenda Item 16 - 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.

This was discussed during the April 24, 2026. Legislative and Regulatory Affairs Committee meeting. The Committee requested additional data regarding masters-level licensing of psychologists:

- 22 jurisdictions that have Master's Level psychology licensure in some form. California has Psychological Associates who cannot practice without supervision.
- 6 jurisdictions have an independent Master's Level psychologist category: Alberta, Newfoundland and Labrador, Nova Scotia, Saskatchewan, Northwest Territories, and Vermont.

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 pane 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

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.

RATIONALE: FOR REFERENCE ONLY

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*

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

4. *The terms "patient" and "client" are used interchangeably to refer to the direct recipient of psychological healthcare services provided by licensed psychology professionals. The recipient may be a child, adolescent, adult, couple, family, or group. The terms are also used to refer to direct recipients of psychological services that are not treatment-related; recipients may be individuals, groups, organizations, or communities. 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.*

5. *"Licensed Psychologist" refers to psychology professionals who hold doctoral degrees in a field within health service psychology and possess a license as a Psychologist in accordance with the requirements as described in state laws and regulations.*

6. *"Provisional Licensed Psychologist" refers to psychology professionals who have earned doctoral degrees in a field within health service psychology and are providing psychological services under supervision during their completion of post-degree requirements for licensure.*

7. *"Licensed Practitioner of Psychology" refers to psychology professionals who hold master's degrees in a field within health service psychology and possess a license as a Practitioner of Psychology in accordance with the requirements as described in state laws and regulations.*

8. *"Provisional Licensed Practitioner of Psychology" refers to psychology professionals who have earned master's degrees in a field within health service psychology and are providing psychological services under supervision during their completion of post-degree requirements for licensure.*

9. *"Practice of psychology" is defined as the delivery of services involving the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purposes of assessing, evaluating, diagnosing, preventing, or treating behavioral or emotional health or impairment. The practice of psychology is grounded in a scientific orientation toward psychological knowledge and methods. For the purposes of this Act, the practice of psychology addresses health service psychology, which encompasses but is not limited to a wide range of professional activities relevant to health promotion, prevention, consultation, assessment and treatment for psychological and other health-related disorders or concerns. Clinical, counseling and school psychology (and combinations thereof) are considered training fields within health service psychology.*

    a. *The "Practice of psychology for Licensed Psychologists and Provisionally Licensed Psychologists" includes, but is not limited to:*

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

        (2) *Provision of evidence-based therapeutic interventions, including but not limited to psychotherapy (e.g., CBT, DBT, ACT), psychoanalysis, hypnosis, biofeedback and the authority to order and/or*

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

(3) *Provision of psychological screening, interviewing, testing, and assessment for the purposes of diagnosing mental and emotional disorders, mental/ developmental/ intellectual disability, substance use disorders, disorders of habit or conduct, as well as the psychological aspects of physical illness, accident, injury, disability, or chronic health conditions; risk assessment, treatment planning, intervention and outcome management;*

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

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

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

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

(8) *The supervision of any of the above.*

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

b. *The "Practice of psychology for Licensed Practitioners of Psychology and Provisional Licensed Practitioners of Psychology" includes:*

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

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

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

(4) *Evidence-based assessment consistent with training including psychoeducational, cognitive, psychodiagnostic, intelligence, achievement, vocational and aptitude testing;*

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

(6) *Consultation and collaboration with other health service professionals in which the focus is on patient/family diagnoses and treatment planning;*

(7) *Supervision of Provisionally Licensed Practitioners of Psychology after becoming independently licensed and providing documentation of coursework and training in supervision to demonstrate competency and being in good standing with the psychology regulatory board;*

(8) *Exclusions to practice areas include, comprehensive specialty and subspecialty assessment and consultations, which require advanced psychology doctoral or postdoctoral education and training, including the practice of neuropsychology, forensic assessments, child custody and parental fitness evaluations, medical capacity evaluations, medical pre-surgical evaluations (transplant surgery, bariatric surgery, neurostimulator implantation surgery), acute medical specialty consultations (inpatient medical hospital, sleep medicine), projective testing, and public safety employment evaluations such as fitness for duty.*

c. *The practice of psychology shall be construed within the meaning of this definition (Section B.9) without regard to whether payment is received for services rendered. (See Section G for Limitation of Practice; Maintaining and Expanding Competence and Section J for Exemptions.)*

C. STATE PSYCHOLOGY BOARD

1. *Board Organization*

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

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

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

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

2. *Board Appointments*

Board members shall not engage in any conduct involving any conflicts of interests or appearance thereof with the performance of Board duties consistent with the state's policies on conflicts of interests. No one who has been 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

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

RATIONALE: FOR REFERENCE ONLY

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

acceptable supervised experience at the predoctoral and postdoctoral levels as well as mechanisms for evaluation of this experience. Boards may accept practicum hours as part of the required sequential supervised professional experience. Boards are encouraged to create definitions that are flexible and capture the variety of existing training and supervisory models . 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. One of those two years of supervised professional experience shall be an APA or CPA accredited (or equivalent) predoctoral internship. 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. 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.

c. Examinations

APA recommends that the Act specify the requirements for examination and the conditions under which the Board is authorized to waive an 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. 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.

RATIONALE: FOR REFERENCE ONLY

The Board shall administer, or approve for administration, a national licensing examination that evaluates the basic knowledge and skills required for the practice of health service psychology to qualified applicants. At its discretion, the Board may require additional examination(s) of relevant jurisprudence, oral knowledge and ability, or require work samples, representative of the applicant's area of practice as a health service provider. The Board shall administer examinations for qualified applicants on a regular schedule to ensure the timely completion of the licensure process. Applicants for licensure must pass the required licensing examination(s) approved by the 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.

The Board may, at its discretion, waive the examination requirement for any applicant who: (a) holds a valid, unrestricted license as a licensed psychologist 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 continuously 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. 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.

d. 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.

RATIONALE: FOR REFERENCE ONLY

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.

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 ONLY

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:*

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

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

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

Individuals trained in an area that falls outside of health service psychology must complete a retraining program and/or appropriate supervised experience (e.g., internship in the developed practice area) as determined by the Board.

Applicants from programs without accreditation may be eligible for licensure as long as the program meets the requirements of Section 2.a.(2)-(6).

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

b. Experience requirements

To obtain independent licensure as a Licensed Practitioner of Psychology, applicants shall demonstrate that they have completed at least two full-time years of post-degree, supervised professional experience. This supervised training shall include a total of 3,000 hours: 2,200 hours of which must be in the direct provision of services. Supervision must include one (1) hour of supervision per 10 hours of direct client service for the first 1,000 hours of practice, and then one (1) hour of supervision per 20 hours of direct client service for remaining direct client service hours. Supervision must be provided by a Board approved Licensed Psychologist or Licensed Practitioner of Psychology who has primary oversight and responsibility for the supervisee's training and practice. With Board approval, the supervising Licensed Psychologist/Licensed Practitioner of Psychology may designate up to 50% of supervision to an appropriately trained and licensed mental health professional. After the first 1,000 hours of direct client contact, up to 50% of supervision may be group supervision.

During this period of post-degree supervised experience, applicants shall demonstrate acquisition of 100 hours of didactic education in the intended scope of practice. Examples may include but are not limited to formal course-work, certification training or continuing professional development courses or training related to specific interventions or assessment techniques. The board will determine, by rulemaking, the eligibility criteria for supervisors and the responsibilities for supervisors and supervisees, respectively.

c. Examinations

The Board shall administer, or approve for administration of, a national licensing examination that evaluates the basic knowledge and skills required for the practice of health service psychology to qualified applicants. At its discretion, the Board may require additional examination(s) of relevant jurisprudence, oral knowledge and ability or require work samples representative of the applicant's area of practice as a health service provider. The Board shall administer examinations for qualified applicants on a regular schedule to ensure the timely completion of the licensure process. Applicants for licensure must pass the required licensing examination(s) approved by the

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.

RATIONALE: FOR REFERENCE ONLY

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

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.

RATIONALE: FOR REFERENCE ONLY

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

RATIONALE: FOR REFERENCE ONLY

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.

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

A licensee and anyone under their supervision shall conduct their 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 licensee 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 licensee has engaged in any of the following acts or offenses:

1. *fraud in applying for or procuring a license to practice psychology;*

2. *unprofessional 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. *engaged 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. *received disciplinary action by another state on a license to practice psychology (a certified copy of the record of disciplinary action by the state making such a decision shall be conclusive evidence thereof);*

14. *refusal to appear before the Board after having been sent notice 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 relevant ethical standards of the APA Ethical Principles of Psychologists and Code of Conduct or 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 as a result of any condition or circumstance that significantly interferes with professional competence or ethical practice, such as but not limited to substance use, cognitive, emotional, medical, or behavioral dysregulation or impairment.*

18. *When the issue is whether a licensee experiences a circumstance that is affecting their ability to practice psychology with reasonable skill and safety to patients or clients, a showing of probable cause (e.g., it is more likely than not) to the Board is required that the licensee is not capable of practicing psychology with reasonable skill and safety to patients or clients. Upon such a showing, the Board may petition a court of competent jurisdiction to order the licensee in question to submit to a psychological examination by a licensed psychologist to determine psychological status and/or a medical examination by a licensed physician to determine physical impairment. Such psychologist and/or physician is to be designated by the Board. The expense of such examination shall be borne by the Board. The licensee shall also be permitted to obtain their own evaluation at their expense. When competency to practice is at issue, every psychology licensee in the state shall be deemed to have given consent to submit to a professional examination(s) as related to the areas of competence in question and to waive all objections to the admissibility of the examination, or to previously adjudicated evidence of incompetence.*

L. BOARD HEARINGS AND INVESTIGATIONS

The Board may investigate or cause to be investigated any allegation or evidence that appears to show that a 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 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 licensee that is unrelated to the initial allegation or evidence.

1. *Any accusation filed against a licensee 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 person's ability or fitness to practice psychology;*

    d. *acts or offenses involving allegations of sexual misconduct with a patient or client, or with a former patient or client for a period of two years following the date of the last professional contact with the former patient or client.*

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

that appears to show that any licensee 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 a licensed psychologist has been retained to review the work of that licensee whose professional conduct is in question. Any licensee who in good faith makes such a report to the Board shall be immune from civil liability to any person and/or entity for any statement or opinion made in such report. Licensees who make false claims against a peer, however, do not have such immunity.

If, in the opinion of the Board majority, 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 licensee. If the licensee refuses to appear for a formal interview before the Board, the licensee's refusal shall be considered grounds for the Board, at its discretion, to impose disciplinary measures which may include but is not limited to suspension or revocation of the individual's license. Any proceeding for suspension or revocation of a license to practice psychology in this state shall be conducted in accordance with procedures established by the Board. In the event these provisions conflict with the state's general administrative procedures, these specific provisions will take precedence. The licensee shall be informed of their rights concerning Board hearings and investigations:

1. *the right to notice that a complaint has been filed and to be provided with a copy of the complaint within [x] days of receipt of the complaint and the licensee and the complainant are 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;*

2. *the right to see a signed (electronically or otherwise) complaint (non anonymous);*

3. *the right to have access to the Board's rules and procedures;*

4. *the right to ensure that the investigation is completed and a determination is made as to whether the complaint has merit on a timely basis not to exceed [x] days from the Board's receipt of the complaint;*

5. *the right to self-representation or representation by counsel;*

6. *the right to a hearing within a reasonable period 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;*

7. *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;*

8. *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;*

9. *the right to recusal from participation in the Board's investigations and hearings any Board member who may have a conflict of interest with the licensee who is the subject of the complaint;*

10. *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;*

11. *a determination of the size of the vote necessary to find a violation;*

12. *a determination whether the hearing will be closed or open to the public;*

13. *the right not to have Board members who were on the investigative committee also appear on the formal hearing panel;*

14. *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 their 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.

In the event that the Board finds evidence during its investigation indicating that the licensee's ongoing practice may constitute an immediate danger to the public, the Board shall temporarily suspend the license of a psychologist [or practitioner of psychology] without a hearing simultaneously with the institution of proceedings for a hearing provided under this section. The Board shall provide the individual with due notice that includes a written statement of the allegations against the licensee as more fully described in the Board's rules and regulations. The Board will schedule a hearing to be held within 60 days to determine the merits of the evidence. 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 [or practitioner of psychology] may surrender their 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 licensee of being guilty as charged. A licensee may request in writing to the Board that a restriction be placed upon their license to practice psychology. 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 individual's license to practice psychology within this state or otherwise to discipline the licensee.

After 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 licensee 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 licensee on probation, which probation shall be revocable if the Board finds the conditions of the probation order are not being followed by the licensee.*

4. *The Board may require the licensee 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 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

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. (2011). Model act for state licensure of psychologists. *American Psychologist, 66*(3), 214–226.

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). https://www.apa.org/ethics/code/

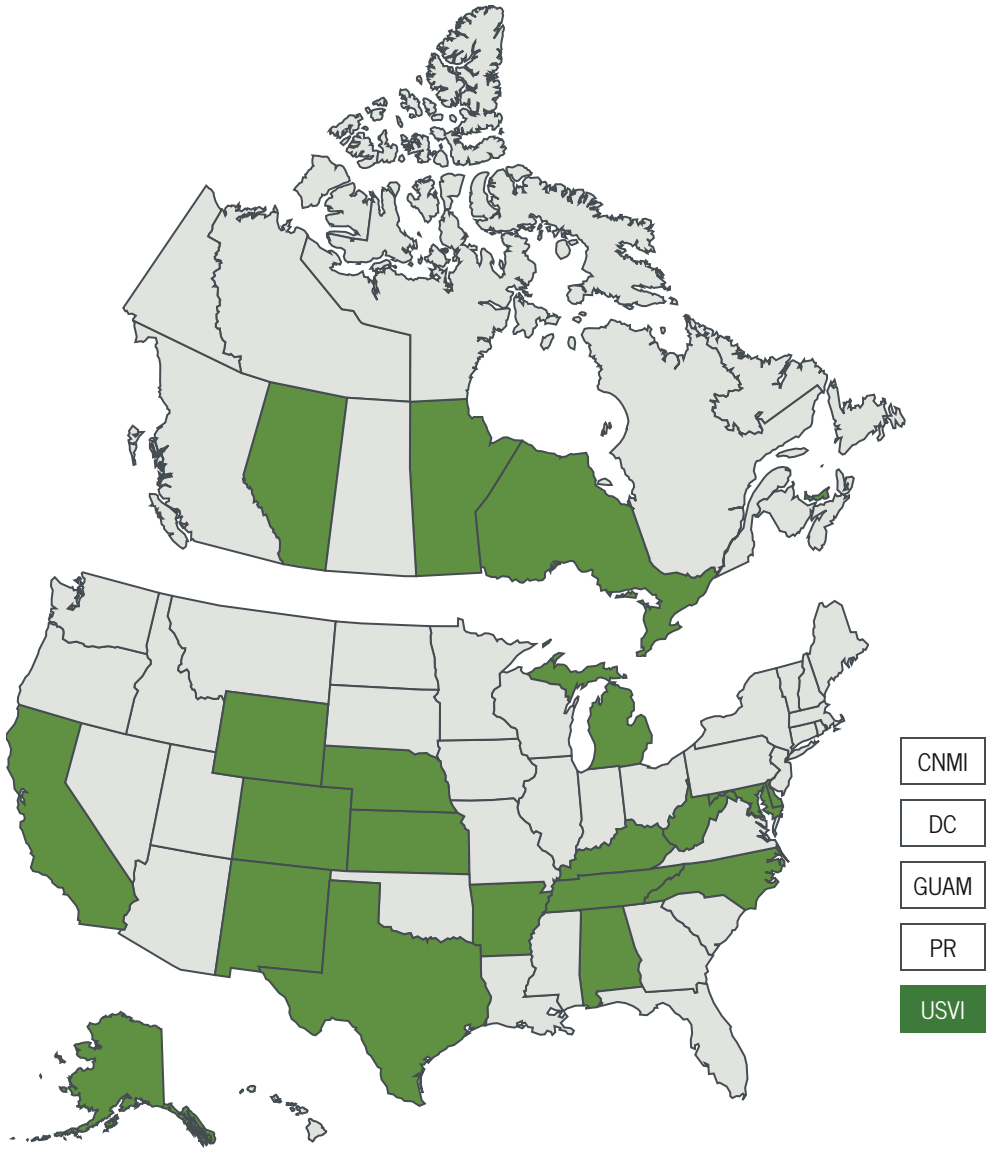
APA Committee on Legislation. (1955). Joint report of the APA and CSPA (Conference of State Psychological Associations). *American Psychologist, 10*, 727-756.

Jurisdiction*	Does your board/college currently license masters-level professionals for independent practice, supervised practice, or both?	What title(s) does your board/college currently use for licensed masters-level professionals in psychology?
Alabama	Both	Psychological Technician
Alaska	Both	Psychological Associate
Alberta	Both	Registered Psychologist
Arkansas	Both	Licensed Psychological Practitioner, Licensed Psychological Examiner
Kansas	Both	Licensed Master's Level Psychologist (lower level) and Licensed Clinical Psychotherapist (independent/clinical level)
Kentucky	Both	Licensed Psychological Associate (under supervision) Licensed Psychological Practitioner (independent)
Louisiana	Both	Licensed Psychological Associate (LPA)
Minnesota	Both	Licensed Professional Counselor and Licensed Professional Clinical Counselor
New Mexico	Both	Licensed Professional Clinical Counselor
Newfoundland & Labrador	Both	Psychologist
North Carolina	Both	Licensed Psychological Associate
Nova Scotia	Independent Practice	Psychologist
Ontario	Independent Practice	psychological associate or psychologist (depends on entry route directly to Ontario or via Canada Free Trade Agreement from Masters-Psychologist jurisdictions).
Prince Edward Island	Independent Practice	Psychological Associate
Saskatchewan	Independent Practice	Registered Psychologist
Tennessee	Supervised Practice	Psychological Assistant
Texas	Both	Licensed Psychological Associate
Vermont	Independent Practice	Psychologist
Virginia	Both	Psychological Practitioner
West Virginia	Both	licensed psychologists

*Based on 36 jurisdictions' responses to a survey conducted by the Association of State and Provincial Psychology Boards (ASPPB) from February and March 2026.

License Type | Psychological Associate

All jurisdictions may not use this title, but this license type represents an individual who is licensed for the independent or supervised practice of psychology holding a master's degree in psychology.



22

respondents license psychological associates

Alabama	**Michigan**
Alaska	Nebraska
Alberta	**New Mexico**
Arkansas	**North Carolina**
California	**Ontario**
Colorado	**Prince Edward Island**
Delaware	**Tennessee**
Kansas	**Texas**
Kentucky	**Virgin Islands**
Manitoba	West Virginia
Maryland	Wyoming

Please note: Some jurisdictions provided information in the previous year's (2023) report which is included in this data ( ). Those jurisdictions include Nebraska, West Virginia, and Wyoming. For the most up-to-date information, please visit ASPPB's Board Contact Information page.