Letter from the Past President

By Jacqueline Horn, Ph.D.

The Board has been very active since the last edition of the BOP Update was published. One of our biggest efforts, and one that has involved several Board committees, has been addressing some issues regarding pre-licensed and licensed individuals who work in non-mental health areas, such as consulting, research, and/or the media. Since most licensed psychologists in California practice in the area of mental health, the needs of non-mental health practitioners have not been equally addressed in supervised professional experience, the licensing examination, and/or in continuing education offerings.

This year, our focus has been on beginning a change process to correct this. Our first area of concentration was on requirements for Supervised Professional Experience (SPE). Next, we’ll be addressing the licensing examination. Ultimately, we believe these changes will be helpful to the profession of psychology as a whole and to all consumers of psychological services.

Competency is a major issue for the profession of psychology across the nation, especially in the area of determining whether an individual is competent to practice. California’s landmark regulations regarding SPE and the California Psychology Supplemental Examination (CPSE) have helped us get a head start on dealing with this issue. These are evolving areas of concern nationwide, and, given the vulnerability of many consumers of psychological services, areas we must address. Each step along the way—from beginning training to becoming licensed—are important areas for assessment of competency.

For our part, the Board wants to help supervisors be able to make those determinations. The Board also wants to ensure that the CPSE assesses competence to practice, specifically in California. This year’s focus on non-mental health areas, as well as the ongoing focus on mental health areas, are primary concerns for the Board.

The Board is beginning to look at another aspect of SPE in addition to the changes made to regulations that were designed to give supervisors the support and tools needed to adequately function as gatekeepers to the profession of psychology. Specifically, SPE is defined in Section 1387 of the Regulations Relating to the Practice of Psychology as, “an organized program that consists of a planned, structured ... sequence of ... training experiences. SPE shall have a logical training sequence ... ” When SPE is accrued outside of a formal training setting, like an internship or postdoctoral placement, it is difficult to determine whether or not the trainee is getting the kinds of training experiences he or she should be receiving. This is an important area for the Board’s attention.

Once again, I’d like to remind you that the Board’s meetings are held on a quarterly basis throughout the State, and they are open to the public. Some of you have already received announcements about upcoming meetings in your area.

Please consider coming to and participating in the meetings. A meeting calendar is available on the Board’s Web site at www.psychboard.ca.gov. We hope to see you there.
Meet the New Board President

At the annual Board elections in May, Mr. James L. McGhee was elected to serve as President of the California Board of Psychology for 2007–08.

In 2003, Mr. McGhee was appointed by then-Governor Gray Davis to serve as a member of the California Board of Psychology, a regulatory board under the Department of Consumer Affairs. He was re-appointed to the Board for a second term by Governor Arnold Schwarzenegger in May of 2007.

Most recently, Mr. McGhee served as Vice-President of the Board during 2006–07. Mr. McGhee has chaired and served on numerous committees during his tenure on the Board, including Outreach and Consumer Education, Legislation, Personnel and Board Operations and Enforcement.

For the past 28 years, Mr. McGhee has successfully run his own business, JLM Management Group. As President and CEO, he uses his business and civic expertise to help organizations improve all aspects of their business models. Mr. McGhee has an extensive background in strategic planning and organizational development. JLM Management also provides consultations on strategic planning, financial and administrative management, and Board development and governance to a myriad of community-based organizations.

Mr. McGhee’s broad experience includes being appointed to the State Lottery Commission in Washington, a delegate to the White House Conference on Small Business, former Commissioner of the Seattle, Washington Planning Committee, Vice Chair of the Seattle/King County Civil Rights Commission, Vice Chair of the Mental Health Board for the City and County of San Francisco, a member of the Board of Directors of the Legislative Black Caucus Foundation and was the National Chair, Minority Enterprise Development Conference.

Mr. McGhee received his Bachelor of Arts in Public Administration from the University of Puget Sound in Tacoma, Washington. He has been published in *Who’s Who Among Black Americans*—4th Edition 1985 and has served honorably in the United States Army, where he completed assignments in Germany and Vietnam.

The Board looks forward to an outstanding year with Mr. McGhee as President of the Board of Psychology.

**Licensing/Registration Application Processing Alert**

Due to the unusually high volume of applications, there is an approximate 8-10 week processing period from receipt of the completed application. The Board is aware of the current situation and doing as much as possible to reduce the processing time.

Please send in your applications as early as possible. Thank you for your understanding.

join the red cross
www.redcross.org
The Board’s Complaint Process: An Overview

The California Board of Psychology (Board) has authority over licensed psychologists, registered psychologists, and registered psychological assistants in California. The Board has the authority to enforce the Laws relating to the Practice of Psychology, which are part of the California Business and Professions Code.

A complaint received by the Board will be assigned to an Enforcement Analyst for review. The analyst will gather the information necessary to evaluate your complaint. The initial review of your complaint will be undertaken immediately; however, depending on the complexity of the case, may take several months to resolve.

Complaints received by the Board involving patient care or treatment require the patient/complainant to provide the Board with a signed authorization for release of records. This enables the Board to request a response from the psychologist and also allows the psychologist to release information to the Board without breaching patient confidentiality. The Board provides the complainant with the release form for signature. The release form must be completed and signed to avoid a delay in processing a complaint.

Once a completed release form is received, the analyst will request the needed response or records from the psychologist. Once all records and responses are received, the analyst will review the information and determine whether the complaint requires further review, review by a Board expert, referral to investigation or to another agency or entity, or closed.

If the complaint is forwarded to an expert in the field of psychology, the expert is given time to review the entire complaint and provide the Board with a recommended course of action. The expert may recommend that further information be gathered from both the complainant and the psychologist or just one or the other. He or she may recommend that the case be forwarded directly to the Medical Board’s investigation unit or, if the actions of the psychologist were not below the acceptable standard of care, the expert will recommend no further action be taken and the case will be closed.

If the Board expert finds that the treatment fell below the standard of care but does not represent an extreme departure from it, the complaint will be closed but remain on file with the Board for future reference. If a complaint is referred to an investigative office and a violation is confirmed, the case may be submitted to the Office of the Attorney General for a formal charge that may lead to disciplinary action against the psychologist’s license.

Please note: Investigations conducted on behalf of the Board of Psychology are handled by investigators from the Medical Board of California.

The Board cannot take action with respect to matters that occurred more than seven years ago (with some limited exceptions), or 10 years ago on complaints alleging sexual misconduct, pursuant to Section 2960.05 of the Business and Professions Code.

If you would like more information on the complaint process or would like an online complaint form, visit the Board’s Web site at www.psychboard.ca.gov and click on the “File a Complaint” link.

If you are interested in further details regarding the Board of Psychology’s enforcement actions or statistics, please visit our Web site at www.psychboard.ca.gov, and click on the “Enforcement” link.

To check on the status of a particular licensee or registrant of the Board visit the Web site at www.psychboard.ca.gov and click on the “Verify a License” link.

To discuss your complaint or to obtain answers to enforcement-related questions, please call the Board at (866) 503-3221 or (916) 263-2699, ext. 3317.
Mandated Reporting of Suspected Child Abuse

Michael Donner, Ph.D. and the 2004 Expertise Series Task Force

California law and the American Psychological Association Ethical Principles Of Psychologists and Code of Conduct (2002) require psychologists to protect confidentiality. It is a violation of law, and unprofessional conduct, to disclose confidential information received in psychotherapy unless permitted to do so by law. The Child Abuse and Neglect Reporting Act (CANRA) is a law which mandates or permits certain disclosures in specific situations.

Psychologists must keep in mind that CANRA defines most, if not all, of the terms that apply to the mandate or permission to report. Some behaviors that psychologists may consider abusive will not be defined as such in CANRA. Psychologists must be aware of CANRA’s definitions, and apply those definitions to reporting situations. (Penal Code Section 11164-11174.4)

CANRA makes an important distinction between mandated reporting and permissible reporting. Failure to make a mandated report is illegal, subject to discipline by the Board of Psychology, and may lead to civil suit. Permissible reports are left to the psychologist’s discretion and psychologists are legally permitted to go against the wishes of the child or parent in making them.

Psychologists who make mandatory or permissible reports may be sued but are immune from civil liability if they follow the law. The immunity applies to the decision-making leading to a report as well as to the report itself. However, the immunity may not apply to post-reporting actions that are outside the scope of the mandated report, such as, taking on an investigative role.

Civil immunity does not prevent the Board of Psychology from taking disciplinary action where a psychologist has made a frivolous report or has made a report for an improper purpose. To impose discipline, the Board of Psychology would need to establish that the psychologist engaged in an extreme departure from the standard of care, not just a mistake or error of judgment.

MANDATED REPORTING

When psychologists acting in their professional capacity have knowledge or a reasonable suspicion that a child has been the victim of abuse or neglect as defined by CANRA, an oral and a written report must be completed.

Reports should be made as soon as reasonably possible by telephone. A report may be directed to a Police Department, Sheriff’s Department, or Children’s Protective Services, which are typically a part of the County Welfare Offices. A written report (a form which can be provided by any of the above) must be submitted within 36 hours (PC 11166 [a]). If the suspected abuse occurred outside of California, the psychologist still must report in California because psychologists may not have immunity for reports made to officials outside of California.

DEFINITIONS

“Reasonable Suspicion”—This means that the education and training of psychologists in child abuse and neglect would lead a reasonable psychologist to suspect abuse. There must be some objective basis for suspecting abuse. A hunch, intuition or impression does not constitute an objective basis.

“A child has been the victim”—(1) The victim must still be a child, not an adult who was victimized as a child. (2) The abuse must have already occurred. A concern that abuse COULD occur is not reportable.

BEHAVIOR THAT MUST BE REPORTED

1. Sexual Abuse—Any form of non-consensual sexual activity between an adult and a child, i.e., someone 18 or over with someone under 18. Sexual activity includes any sexual or sexualized behavior that is intended to arouse the sexual desire of either the adult or the child, or sexually exploit the child. This includes intercourse, oral and anal sex, and a wide range of behaviors such as kissing, touching, fondling or groping (even through clothing), or showing of pornography (Penal Code Section 11165.1). A coerced agreement to perform sexual acts is not consent.

2. Reportable Consensual Sexual Activity - The rules involving CONSENSUAL activity are complicated and not necessarily intuitive. These should be read carefully and referred to as the situation requires. See table for further clarification.
a. Any consensual sexual activity between minors where one is 15 years old or over and the other is 13 or younger. This requirement includes the entire range of sexual activities, and probably includes behaviors that are normative and even age appropriate. However the CANRA mandates a report.

b. Any sexual activity between a child 14 or 15 years old and an adult at least 10 years older.

c. Sexual intercourse between a child 15 or younger and someone 21 or over. “Sexual intercourse” is genital intercourse between a male and a female.

d. Anal or oral sex when either partner is a minor 14 or older is a mandated report, even when the partner is also a minor, and even when intercourse would be permissible. For reasons not specified in CANRA, oral and anal sex are treated differently than intercourse.

e. SPECIAL NOTE - Voluntary sexual activity of any sort between children who are both under the age of 14 years and who are of similar age, maturity, and sophistication is not a mandated report.1 This means that younger children can engage in voluntary sexual activity that would mandate a report if one of the minors were 14 or older.

3. Physical Abuse—Any injury caused deliberately. An accident is not abuse. An injury is defined in CANRA as a traumatic condition. This means serious harm, including cuts, burns, severe bruises, broken bones, welts or scars.2

a. Willful harming or injuring of a child or the endangering of the person or health of a child—This means behaviors in which the probability of serious flagrant disregard for the health and safety of children, or which result in significant psychological trauma. For example, a nine year old child was beaten with a wooden dowel so severely she was still bruised and swollen days later.1

b. Unlawful corporal punishment—Cruel or inhuman behavior that causes an injury. Beatings that left scars from belt buckles, black eyes, dragging a child by the hair, are all examples of unlawful corporal punishment. Physical discipline of a child, such as slapping, spanking or grabbing to correct or punish breaches of rules, have been found to be acceptable as long as it is not excessive as described above. (In re Jose M. (1988), People v Checketts (1999) People v. Smith (2002) , Cal.App.4th)

4. Neglect—Neglect means risking, causing or permitting the health of a child to be seriously endangered by intentionally failing to provide adequate food, clothing, shelter or medical care. The emphasis in this section is on the severity of the neglect, behaviors that could cause great bodily harm. The courts have defined “intentionally” to mean “know or should know of the severity of the risk.”(People v Sargent, 2002, Section 11165.2.[a],11165.3)

WHAT IS NOT A MANDATED REPORT OF PHYSICAL ABUSE?

An accidental injury.

When an ADULT victim reports abuse that occurred to them when they were a child. Corporal punishment that did not cause a physically Traumatic condition and was not excessive. Parents may use “instruments.” Thus, for example, leaving a red mark by hitting a child with a belt does not, in itself, constitute abuse, under a conservative interpretation of the law.

A positive toxicology screen at the time of the delivery of an infant is not in and of itself a sufficient basis or reporting child abuse or neglect. (11165.13 [a])

A child receiving treatment by spiritual means as long as the health of the child is not seriously endangered. (11165.2.[b])

A mutual fight between minors.

PERMISSIBLE REPORTING

A psychologist is PERMITTED but not mandated to make a report only if he or she suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage in the future (Penal Code Section 11166.05). Examples of evidence of serious emotional damage would include severe anxiety, depression, withdrawal, or aggressive behavior. Psychologists should note the use of the word SEVERE symptoms, even for PERMISSIBLE reporting. Psychologists who make PERMISSIBLE reports have the same protections as when making MANDATED reports, but those who decide to maintain patient confidentiality by not reporting are also fully in compliance with the law.

1 Planned Parenthood v. Van de Kamp

Mandated Reporting continued on next page
REPORTING IN AGENCY OR INSTITUTIONAL SETTINGS

A supervisor or employer may not prevent, or retaliate against, a subordinate from making a report. (PC Sec. 11166 [g]1)

A supervisor or employer may not require a subordinate to tell them if you made a report. (PC Sec. 11166 [g]2)

Only one member of a treatment team is required to make a report (PC Sec. 11166[fl]), although all members may if they wish.

SPECIAL NOTE:

Psychologists must not provide the written child abuse reports to anyone other than the agencies previously described, even if the record has been subpoenaed. To do so is a misdemeanor. (PC 11167.5)

Disclaimers:
This document is educational in nature and is not intended to replace the advice of an attorney. In addition, although the information in this document was accurate at the time of publication, psychologists using this information should bear in mind that laws and regulations change over time and that the interpretation of laws and regulations by courts and the Board of Psychology may change from time to time.

The Board of Psychology (Board) is committed to including guest articles in the BOP Update. The Board of Psychology takes no responsibility for the accuracy or veracity of any comments or statements contained in a guest article, and the Board remains neutral on any position statements made in a guest article.

This table indicates specific acts that must be reported, even if the act is consensual. Identify the cell at the intersection of the ages of the parties involved. Forced or coerced behavior is not consensual. Any behavior deemed abusive by the therapist is a mandatory report.

<table>
<thead>
<tr>
<th>Age</th>
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<td>22</td>
<td>Any sexual behavior mandated report</td>
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<td>24</td>
<td>Any sexual behavior mandated report</td>
<td>Any sexual activity-mandated report</td>
<td>Anal, oral and intercourse-mandated report</td>
<td>Anal or oral sex mandated report</td>
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<td>25</td>
<td>Any sexual behavior mandated report</td>
<td>Any sexual activity-mandated report</td>
<td>Any sexual activity-mandated report</td>
<td>Anal or oral sex mandated report</td>
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</tbody>
</table>

* Although there is some disagreement, our interpretation is that some consensual sexual activity between a 14 year old child and a child under 14 does not mandate a report.

Sexual Activity: Sexual activity includes any behavior intended to arouse the adult or child or sexually exploit the child. This can include intercourse, oral and anal sex, and a wide range of behaviors such as kissing, touching, fondling, groping, or showing of pornography.

Sexual Intercourse: Genital intercourse between a male and a female.
How to Help in a Disaster

By Sharon O’Connor, Ph.D., Vice-President, Chair, Ad-Hoc Committee on Facilitating Psychologists’ Participation in Disaster Response

During a disaster, when your compassionate nature reaches beyond your practice, there are specific ways to help. Joining the Red Cross is one of those ways. Qualifying as a Red Cross volunteer now means you’ll be ready to help immediately when disaster strikes.

• Be a mental health professional with a valid State license.
• Get the required background check through the American Red Cross (ARC).
• When approved, acquire a Photo ID through the local ARC.
• Be certified in Cardio-Pulmonary Resuscitation (CPR) and First Aid.
• Take the American Red Cross One-Day Course entitled Foundations in Disaster Mental Health.
• Fill out the ARC Volunteer Application at your local level.
• Take the two Homeland Security online courses at http://www.fema.gov.

The instructors in the classes I attended stressed the need for psychologists during a disaster to give psychological first aid. Obviously, this differs from our office settings. The Red Cross believes brief, reassuring consultations—not actual therapy—are the most effective method of treatment during disasters. They also stated it would be possible to set up pro bono situations for those in need.

The Red Cross needs our help. In addition to the benefits of their excellent training, you can receive continuing education units. During disasters, you will need to be flexible and work within their structure. Your help may include anything from loading blankets to getting water bottles for the team.

Psychology’s contributions will not be limited, as everyone—victims, families and responders—will benefit greatly from the professional help and services offered by our caring and compassionate practitioners.

Each local ARC chapter has a Disaster Response Network (DRN) Chair who organizes the local response. Contact your local DRN Chair through your local psychological association to join local efforts and to learn how disaster response is organized in your community. Also remember to make plans to keep your office files safe and secure during a disaster. Upon direction and initiation of any Statewide Disaster Plan by the State Office of Emergency Services, the Board of Psychology will implement the Continuity of Operations/Continuity of Government Plan to maintain and recover the full functions of the Board as quickly as possible.

California Psychology Laws and Ethics Examination

The California Psychology Laws and Ethics Examination (CPLEE) is directed toward applicants who are seeking licensure in California and are currently licensed in another state, United States territory, or Canadian province. Candidates must:

• Have been licensed in another state, Canadian province, or U.S. Territory for at least five years; or
• Possess a Certificate for Professional Qualification issued by the Association of State Provincial and Psychology Boards; or

• Have been credentialed as a Health Services Provider by the National Registry of Health Service Providers in Psychology (NRHSPP); or
• Be certified by the American Board of Professional Psychology (ABPP).

The Board anticipates a 2007 implementation of the examination. For more information, please visit the Board’s Web site at www.psychboard.ca.gov.
LICENSING AND REGISTRATION

The Board’s Licensing Process: An Overview

1. YOUR RESPONSIBILITY

It is your responsibility to know the requirements for licensure set forth in statute and regulation. To accomplish this, you must review this document and other relevant documents listed in the application for licensure as a psychologist. Failure to review and understand these documents may adversely affect application approval.

2. EDUCATIONAL REQUIREMENTS

a. Named Degrees

Section 2914 of the Business and Professions Code provides that individuals who possess an earned doctorate degree in psychology, educational psychology, education with a field of specialization in counseling psychology, or education with a field of specialization in educational psychology from an approved or accredited educational institution meet the educational requirements for licensure.

b. Equivalent Degrees

The Board no longer has the authority to review degrees for equivalency for an application received on or after January 1, 2001. Therefore, all applicants applying for licensure on or after January 1, 2001 must possess one of the three degrees named in Section 2914 of the Business and Professions Code.

c. Foreign Degrees

Section 2914(b) of the Business and Professions Code states that applicants with degrees from schools outside of the United States and Canada must provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES). The applicant must also provide any other documentation the Board deems necessary.

3. SUPERVISED PROFESSIONAL EXPERIENCE REQUIREMENTS

Section 2914 of the Business and Professions Code and Section 1387 of the California Code of Regulations require two years (3,000 hours) of supervised professional experience, at least 1,500 of which must be completed during the post-doctoral period. The supervision requirements are complex. To avoid problems, you must understand them prior to starting supervision. In many instances, registration with the Board is required. Failure to register when registration is required will result in the Board’s refusal to accept your supervised experience and possible administrative or criminal action. Please consult your supervisor, review all appropriate documents (see Section 6), and consult with Board staff to ensure you are proceeding properly.

a. Internships

You may function as an intern without registration if you are enrolled in a doctoral program that includes an internship. This requires a formal agreement between your school and your supervisor. All requirements of Section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements. Please note that if you already have your doctorate and are accruing postdoctoral hours, registration is required unless you are employed by one of the entities described in b (Exempt Settings) or if you are in a formal postdoctoral training program pursuant to section 2911 of the code, which is accredited by the American Psychological Association (APA), or which is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

b. Exempt Settings

You are not required to register if you are employed directly by an educational institution (approved or accredited), a school district or a governmental entity (Federal, State, county, municipal, etc.), or if you were functioning under a waiver issued by the State of California’s Department of Mental Health pursuant to Welfare & Institutions Code Section 5751.2. All requirements of Section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements.

c. All Other Experiences

Except as enumerated in a and b above, everyone accruing supervised professional experience in California must register with the Board prior to beginning work. This is true even if you hold another license which allows you to provide services independently. This is because independent practice under another license does not meet the Board’s requirements, even if appropriately supervised. Experience outside California does not require registration, but must comply with all other requirements set forth in Section 1387 of the California Code of

(Continued on page 9)
(The Board’s Licensing Process: An Overview continued from page 8)

Regulations.

d. **Types of Registration**

Most individuals will need to register as psychological assistants. However, if you already have a doctoral degree with 1,500 hours of experience and plan to work for a nonprofit community agency which receives 25 percent or more of its funding from governmental sources (not counting Medi-Cal or Medicare), you must register for employment as a registered psychologist under Section 2909(d) of the Business and Professions Code, whether or not gaining SPE.

4. **EXAMINATIONS**

The California Psychology Licensing Law requires all applicants to take and pass the national Examination for Professional Practice in Psychology (EPPP) and the California Psychology Supplemental Examination (CPSE). Both examinations are computer-administered and are available for qualified applicants continuously at testing sites located throughout the State.

a. **EPPP**

The EPPP is a computer-administered examination consisting of 200 multiple-choice questions. The EPPP is owned by the Association of State and Provincial Psychology Boards, and is available for administration at Prometrics testing sites throughout North America. In California, applicants can take the EPPP once they have completed a qualifying doctorate degree and completed at least 1,500 hours of qualifying supervised professional experience. More information on the EPPP can be found at www.asppb.org.

b. **CPSE**

The CPSE consists of 100 scored questions and 15 pretest (non-scored) questions. All questions are multiple choice. In addition to the standard multiple choice questions, certain questions will also be based upon six–ten vignettes. The CPSE is developed by the California Board of Psychology through the Department of Consumer Affairs’ Office of Examination Resources. The CPSE is a computer-administered examination that is available for administration at Psychological Services Incorporated, LLC. (PSI) testing sites throughout the State. Applicants can take the CPSE once they have completed a qualifying doctorate degree, completed all 3,000 hours of qualifying supervised professional experience, and have passed the EPPP. More information on the CPSE can be found on the Board’s Web site at www.psychboard.ca.gov.

5. **QUALIFICATIONS FOR WAIVER OF THE EPPP**

Pursuant to Section 1388.6 of the California Code of Regulations, the EPPP will be waived if the applicant meets one or more of the following criteria:

- When a California-licensed psychologist has been licensed for at least five years and has allowed his/her license to expire by not renewing the license for at least three years and has not been subject to discipline, the psychologist shall be required to file a new application, meet all current licensing requirements, pay all currently applicable fees, and take and pass the CPSE.

- An applicant for licensure as a psychologist who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards shall be deemed to have met the education and experience requirements for licensure, shall be required to pay all currently applicable fees, and take and pass the CPSE.

- An applicant for licensure as a psychologist who is credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years shall be deemed to have met the education and experience requirements for licensure, shall be required to pay all currently applicable fees, and take and pass the CPSE.

- An applicant for licensure as a psychologist who is certified by the American Board of Professional Psychology (ABPP) and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of five years shall be deemed to have met the education and experience requirements for licensure, pay all current applicable fees, and take and pass the CPSE.

(Continued on page 10)
6. COURSEWORK REQUIRED

After passing the CPSE, an applicant must complete the following courses before a license is granted. Distance learning courses are acceptable as long as the regulation requirements for each course are met.

- Human Sexuality
- Training in Alcoholism/Chemical Dependency Detection and Treatment.
- Child Abuse Assessment Training Requirements.
- Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies Training Requirements.
- Aging and Long-Term Care Training Requirements.

For more information regarding each coursework requirement please reference the Board’s Laws and Regulations in Sections 1382 through 1382.5 of the California Code of Regulations.

FURTHER INFORMATION

You can receive further information on the details of the licensing requirements by visiting the Board’s Web site at www.psychboard.ca.gov. The site also has other valuable resources relating to licensure and the examinations. All of the Board’s applications are available for download on the Web site. You can also apply for licensure online using the Online Professional Licensing feature. If you would like to speak to a staff member directly, please call the Board’s Licensing Desk at (916) 263-2699, extension 3303 Monday through Friday between 8 a.m. and 5 p.m.

Disciplinary Actions
MAY 1, 2006—APRIL 30, 2007

Hannemann, Valarie L., Ph.D. (PSY 12820)
Flagstaff, AZ

Pastore, Vincent Louis, Ph.D. (PSY 11246)
Mooresville, NC

Hadden, Debra C., Ph.D. (PSB 32136)
La Mirada, CA
B&P Code §§2960(a), (n), 480(a), (1), (2), (3). Conviction of a crime substantially related to the practice of psychology. Dishonest, corrupt or fraudulent act. Stipulated Decision effective January 6, 2006. Upon registration as a Psychological Assistant, registration will be revoked, stayed, 3 years probation. Registration issued June 14, 2006.

Fisk, Peter Charles, Ph.D. (PSY 7980)
Woodland Hills, CA

Woodward, Paul Steven, Psy.D. (PSY 13560)
Elk Grove, CA

Harris, Michael E., Ph.D. (PSY 6253)
Whittier, CA

Rosenberg, Jordan N. (PSY 13789)
San Francisco, CA

Kruszecki, Leonard Steven, Ph.D. (PSY 11214)
Castro Valley, CA
Stipulated Decision effective August 17, 2006. License surrendered.

Schneider-Webb, Karen, Ph.D. (PSY 13796)
Beverly Hills, CA
Stipulated Decision effective September 15, 2006. License surrendered.

Pedersen, Loren Eliot, Ph.D. (PSY 4958)
Walnut Creek, CA
(Continued from page 10)

Whitcomb, Robert L., Ph.D. (PSY 10754)
Whittier, CA

Filiatrault, Amy Jean, Ph.D. (PSY 19184)
Anderson, CA
B&P Code §§2960(b), (n). Use of controlled substance or alcohol in a dangerous manner and the commission of a dishonest, corrupt or fraudulent act. Stipulated Decision effective November 16, 2006. Revoked, stayed, 2 years probation.

Juchmes, Paul Wayne, Ph.D. (PSY 17900)
Wenatchee, WA

Smith, Donald K., Ph.D. (PSY 11278)
Orange, CA

Young, David J. W., Ph.D. (PSY 11593)
Sebastopol, CA
Stipulated decision effective December 27, 2006. License surrendered.

Thompson, Amy V., Ph.D. (PSY 19296)
San Diego, CA
Stipulated decision effective January 11, 2007. License surrendered.

Hirsh, Darra, Ph.D. (PSY 16504)
Fresno, CA
B&P Code §§2960(j), (n). Gross negligence in the practice of psychology and dishonest, corrupt or fraudulent act. Decision effective February 2, 2007. License revoked, stayed, 6 years probation with an actual 45 day suspension commencing on the decision effective date.

Smith, Stephen Jeffrey, Ph.D. (PSY 8918)
Redlands, CA
Stipulated decision effective February 15, 2007. License surrendered.

Maung, Iqbal, Ph.D. (PSY 10964)
West Covina, CA
Alleged violations of B&P Code §§2960(j), (l), (n), (r). Gross negligence, aiding/abetting unlawful practice, repeated negligence acts and dishonesty. Stipulated Decision effective April 4, 2007. License revoked, stayed, 3 years probation.

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Smith, Donald K., Ph.D. (PSY 11278)
Orange, CA

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