

# TEXAS STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS



## MEMBERS OF THE BOARD

John Bielamowicz, Chair

Herman B. Adler, M.A.

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Jamie Becker, Ph.D.

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Roxana Lambdin, Ph.D.

Sangeeta Singg, Ph.D.

Andoni Zagouris, M.A.

Diane Moore  
Board Administrator

## Texas State Board of Examiners of Psychologists Meeting Agenda

February 10, 2022, 10:00 a.m.

### Video Conference via Zoom

The February 10, 2022 meeting of the Texas State Board of Examiners of Psychologists will be held by videoconference call, as authorized under Texas Government Code section 551.127. One or more Board members may appear at the scheduled meeting via videoconference call, but the presiding member will be physically present at 333 Guadalupe St., Ste. 3-900, Room 910, Austin, Texas 78701. This location will be open to the public, but seating is limited to first come, first served. Due to health and safety concerns, as well as the size of the available meeting room, public seating will be limited to four (4) individuals.

Members of the public are encouraged to access and participate virtually in this meeting by entering the URL address <https://us02web.zoom.us/j/85261641954> into their web browser. Telephone access numbers and additional videoconference call access information can be found in the attached addendum. An electronic copy of the agenda and meeting materials will be made available at [www.bhec.texas.gov](http://www.bhec.texas.gov) prior to the meeting. A recording of the meeting will be made available on the Council's YouTube channel after the meeting is adjourned. To obtain a copy of the recording, please contact the Council's public information officer at [Open.Records@bhec.texas.gov](mailto:Open.Records@bhec.texas.gov).

For members of the public wishing to give public comment, once the public comment item is reached on the agenda after the meeting convenes, the presiding member will allow those who are attending in person to give public comment first and then ask those joining by computer to use the "raise hand" feature to indicate who would like to make a public comment. Those individuals who raise their hand will then be unmuted to give public comment. Once all individuals with raised hands have been given an opportunity to make public comment, the individuals appearing by telephone will be unmuted and asked whether they would like to make a public comment. Please note that public comment is not intended for a discussion or a question-and-answer session with the Board. Additionally, when making a public comment, please identify yourself and whether you are speaking individually or on behalf of an organization. All public comments will be limited to 3 minutes, unless otherwise directed by the presiding officer. In lieu of providing public comment during the meeting, you may submit written public comments via email to [General@bhec.texas.gov](mailto:General@bhec.texas.gov) in advance of the meeting. Please use the email subject line "Public Comment for (enter date of meeting here) Meeting" to ensure your comments are identified as such and directed accordingly. Only those written public comments received by 5pm on the last business day prior to the meeting will be submitted to the board members for their consideration. No written comments received will be read aloud during the meeting.

**\*Topic requiring either agency action or discussion.**

Please note that the Board may request input during the meeting from any interested parties or members of the public during its discussion of an agenda item.

If you are planning to attend this meeting and need auxiliary aids, services or materials in an alternate format, please contact the Board at least 5 working days before the meeting date. Phone: (512) 305-7700, E-MAIL: General@bhec.texas.gov, TTY/RELAY TEXAS: 711 or 1-800-RELAY TX.

The Board may go into Executive Session to deliberate any item listed on this agenda if authorized under Texas Open Meetings Act, Government Code, Ch. 551.

The Board may discuss and take action concerning any matter on the agenda and in a different order from what it appears herein.

### **Meeting Agenda for February 10, 2022, 10:00 am**

1. Call to Order – Roll Call
2. Public Comments - Public comment is limited to three (3) minutes per individual, unless otherwise directed by the Board Chair. Please note that the Board may not discuss or take action on any matter raised during public comment, except to decide whether to place the matter on the agenda of a future meeting. Limited public comment related to rulemaking may be allowed by the Chair, in his or her sole discretion, prior to the Board taking up any rulemaking topics on the agenda.
3. Chair’s Report
4. Board Administrator Report
  - A. Council Report - FY 2022-Q1 Measures Report
  - B. PSYPACT Update
  - C. ASPPB Update
  - D. Discussion regarding whether the Board’s *Guidelines for the Practice of Telepsychology* need to be updated to reflect the maturation of telehealth practices.
5. Enforcement Division
  - A. Enforcement Staff:
    - i. Review of Dismissals by Executive Director and Staff
    - ii. Status Reports - FY 2022 – Q1
    - iii. Discussion on ISC Panels\*
    - iv. Dismissals for Board ratification\*
  - B. Agency Counsel:
    - i. Review of Agreed Orders Approved by Executive Director
    - ii. Agreed Orders for Board Ratification\*
    - iii. Review of Contested Cases from the State Office of Administrative Hearings (SOAH)\*
6. Committee Reports
  - A. Applications Committee

**\*Topic requiring either agency action or discussion.**

- i. Appeal of Application Denial\* (Per 22 TAC 882.3(b))
    - ii. Application(s) for Licensure\*
  - B. Compliance Committee
    - i. Review of Compliance with Agreed Orders
  - C. Jurisprudence Examination Committee
  - D. Rules Committee
    - i. Discussion on Standardized CE Rule
- 7. Rulemaking
  - A. New Rules or Proposed Rule Changes Being Considered for Recommendation to the Executive Council\*
    - i. Proposed Repeal and Replace of Rule 463.35, Professional Development
    - ii. Proposed Rule 470.1, Schedule of Sanctions
    - iii. Discussion on TASP's Petition for Rulemaking for Rule 463.9(c), Licensed Specialist in School Psychology
  - B. Rules Published in the Texas Register and Awaiting Adoption Recommendations\*
- 8. Recommendations for agenda items for the next Board meeting
- 9. Adjournment

**\*Topic requiring either agency action or discussion.**

## **Addendum: Additional Videoconference and Telephone Conference Call Information**

Regular meeting of the Texas State Board of Examiners of Psychologists.

When: Feb 10, 2022 10:00 AM Central Time (US and Canada)

Topic: Texas State Board of Examiners of Psychologists February 10, 2022 Board Meeting

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/85261641954>

Or One tap mobile :

US: +13462487799,,85261641954# or +12532158782,,85261641954#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 346 248 7799 or +1 253 215 8782 or +1 669 900 9128 or +1 301 715 8592 or +1 312 626 6799 or +1 646 558 8656

Webinar ID: 852 6164 1954

International numbers available: <https://us02web.zoom.us/j/85261641954>



**1st QUARTER PERFORMANCE MEASURES**  
**FISCAL YEAR 2022**

Submitted to the  
Governor's Office of Budget and Planning  
and the Legislative Budget Board

by

**Texas Behavioral Health Executive  
Council**

December 30, 2021

  
\_\_\_\_\_  
Executive Director

  
\_\_\_\_\_  
Date



Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2022 Target	2022 Actual	2022 YTD	Percent of Annual Target	Target Range
<b>Output Measures</b>					
<u>1-1-1 LICENSING</u>					
1 # NEW LICENSEES ISSUED					
Quarter 1	7,800.00	2,544.00	2,544.00	32.62 % *	1,560.00 - 2,340.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

In its 2022-2023 LAR, the Council had to project targets that were representative of all four regulatory programs, based on limited information from the three HHSC programs, as these programs had no performance measures to account for under HHSC. For this specific measure, the Council projected that it would issue 7,800 new licenses per fiscal year, or 1,950 per quarter. During the first quarter of FY 22, the agency exceeded its target by 8%, issuing 2,544 new licenses.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

The number of new licenses issued during the first quarter of FY 21 was 1,789. This number has now increased to 2,544, all in the scope of one year, due to the dedication and efficiency of the licensing staff and the significant workforce shortage of behavioral health providers. The Council believes that its initial projection was too low, and will make adjustments during the next LAR.

2 # LICENSE RENEWALS

\* Varies by 5% or more from target.



Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2022 Target	2022 Actual	2022 YTD	Percent of Annual Target	Target Range
<b>Output Measures</b>					
2 # LICENSE RENEWALS					
Quarter 1	42,000.00	7,564.00	7,564.00	18.01 % *	8,400.00 - 12,600.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

In its 2022-2023 LAR, the Council had to project targets that were representative of all four regulatory programs, based on limited information from the three HHSC programs, as these programs had no performance measures to account for under HHSC. For this specific measure, the Council projected that it would renew 42,000 licenses per fiscal year, or 10,500 per quarter. During the first quarter of FY 22, the agency fell short of its target by 7%, renewing 7,564 licenses.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

All license renewals are required to be submitted online and are approved automatically by the online licensing system, unless they are under audit or the agency hasn't received their fingerprint criminal history results. Licensing staff have little control over how many licensees will choose to renew their license, and therefore how many renewals get processed. The Council believes that its initial projection was too high, and will make adjustments during the next LAR.

#### 2-1-1 ENFORCEMENT

##### 1 COMPLAINTS RESOLVED

\* Varies by 5% or more from target.



**Efficiency/Output Measures with Cover Page and Update Explanation**  
87th Regular Session, Performance Reporting  
Automated Budget and Evaluation System of Texas (ABEST)

12/30/2021 11:03:00AM

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2022 Target	2022 Actual	2022 YTD	Percent of Annual Target	Target Range
<b>Output Measures</b>					
1 COMPLAINTS RESOLVED					
Quarter 1	1,000.00	195.00	195.00	19.50 % *	200.00 - 300.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

In its 2022-2023 LAR, the Council had to project targets that were representative of all four regulatory programs, based on limited information from the three HHSC programs, as these programs had no performance measures to account for under HHSC. For this specific measure, the Council projected that it would resolve 1,000 complaints per fiscal year, or 250 per quarter. During the first quarter of FY 22, the agency fell short of this measure by 5%, resolving 195 complaints.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

The number of complaints resolved during the first quarter of FY 21 was 104. This number has now increased to 195, due to the dedication and efficiency of the enforcement and legal staff. The Council believes that its initial projection was correct, and that its target will be met or exceeded by the end of the fiscal year, assuming the Council is able to maintain full or close-to-full staffing levels. However, the Council will monitor this target to determine if adjustments need to be made during the next LAR.

2 COMPLAINTS PENDING

\* Varies by 5% or more from target.



Efficiency/Output Measures with Cover Page and Update Explanation  
87th Regular Session, Performance Reporting  
Automated Budget and Evaluation System of Texas (ABEST)

12/30/2021 11:03:00AM

Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2022 Target	2022 Actual	2022 YTD	Percent of Annual Target	Target Range
<b>Output Measures</b>					
2 COMPLAINTS PENDING					
Quarter 1	1,000.00	579.00	579.00	57.90 % *	950.00 - 1,050.00

Explanation of Variance: FACTORS CAUSING THE VARIANCE:

In its 2022-2023 LAR, the Council had to project targets that were representative of all four regulatory programs. This was based on limited information from the three HHSC programs, as these programs had no performance measures to account for under HHSC. For this specific measure, the Council projected that there would be 1,000 complaints pending during FY 2022. During the first quarter of FY 22, the agency exceeded this measure by only having 579 complaints pending.

HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:

The number of complaints pending at the beginning of FY 21 was 1,379. This number has now decreased to 579, all in the scope of one year, due to the dedication and efficiency of the enforcement and legal staff. The Council believes that its initial projection was too high, and will make adjustments during the next LAR.

**Efficiency Measures**

1-1-1 LICENSING

1 AVG TIME TO PROCESS APP (DAYS)

\* Varies by 5% or more from target.



Agency code: 510

Agency name: Behavioral Health Executive Council

Type/Strategy/Measure	2022 Target	2022 Actual	2022 YTD	Percent of Annual Target	Target Range
<b>Efficiency Measures</b>					
1 AVG TIME TO PROCESS APP (DAYS)					
Quarter 1	60.00	54.39	54.39	90.65 % *	57.00 - 63.00
<u>Explanation of Variance:</u> FACTORS CAUSING THE VARIANCE:  In its 2022-2023 LAR, the Council had to project targets that were representative of all four regulatory programs, based on limited information from the three HHSC programs, as these programs had no performance measures to account for under HHSC. For this specific measure, the Council projected the average issuance time for licenses would be 60 days. During the first quarter of FY 22, the agency exceeded this measure by having an average license issuance time of only 55 days.					
HOW THE AGENCY PLANS TO DEAL WITH THE VARIANCE:  The average time for license issuance during the first quarter of FY 21 was 78 days. This number has now decreased to 55 days, all in the scope of one year, due to the dedication and efficiency of the licensing staff. The Council believes that its initial projection was correct, and that its target will continue to be met or exceeded assuming the Council is able to maintain full or close-to-full staffing levels. However, the Council will monitor this target to determine if adjustments need to be made during the next LAR.					
<u>2-1-1 ENFORCEMENT</u>					
1 AVG TIME/COMPLAINT RESOLUTION					
Quarter 1	750.00	783.16	783.16	104.42 %	712.50 - 787.50

\* Varies by 5% or more from target.

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL**  
**1st QUARTER MEASURES**  
**FY 2022**

Number of Licenses Renewed (from thpc24)

LSSP	421
LIC	662
LPA	82
LPC	3069
MFTA	53
MFT	373
LBSW	428
LMSW	1236
LCSW	1217
AP	23

Total	7564
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Number of Licenses Issued (from thpc24)

LPA	17
PLP	125
LIC	97
LSSP	51
LPCA	549
LPC	122
LPC Upgrade	374
MFTA	62
MFT	62
MFT Upgrade	41
LBSW	66
LMSW	599
LCSW	188
AMEC Upgrade	0
LMSW Upgrade	23
LCSW Upgrade	157
TEMP SW	11

Total	2544
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**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL**  
**1st QUARTER MEASURES**  
**FY 2022**

Number of Complaints Resolved (from BO report)

LP/LPA	28
LSSP	3
LPC	82
MFT	18
SW	64
Total	195

Percent of Complaint Resolved Within Six Months (from BO report)

1 <sup>st</sup> Qtr	52/195 =	27%
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
YTD	52/195 =	27%

Percent of Complaints Resolved resulting in Disciplinary Action (from BO report)

1 <sup>st</sup> Qtr	15/195 =	8%
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
YTD	115/195 =	8%

Average Time for Complaint Resolution (from BO report)

1 <sup>st</sup> Qtr	152,716 days to resolve 195 complaints =	783.16 days
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
YTD	152,716 days to resolve 195 complaints =	783.16 days



Average Time for Application Processing (from BO report) (**Bold averages only**)

1 <sup>st</sup> Qtr	130,155 days to process 2,393 applications =	54.39 days
2 <sup>nd</sup> Qtr		
3 <sup>rd</sup> Qtr		
4 <sup>th</sup> Qtr		
YTD	130,155 days to process 2,393 applications =	54.39 days

Calculations reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

<b>LPA Initial</b>	<b>1,486 days to process 34 applications =</b>	<b>43.71</b>
LPA Final	4,404 days to process 17 applications =	259.06
Old LIC Final	5,293 days to process 9 applications =	588.12
<b>LIC Initial</b>	<b>4,593 days to process 116 applications =</b>	<b>39.60</b>
LIC Final	13,140 days to process 97 applications =	135.47
<b>LSSP</b>	<b>1,977 days to process 47 applications =</b>	<b>42.07</b>
LSSP Final	1,968 days to process 4 applications =	492.00
<b>LPC Initial</b>	<b>9,137 days to process 122 applications =</b>	<b>74.90</b>
<b>LPCA Initial</b>	<b>21,924 days to process 549 applications =</b>	<b>39.94</b>
<b>LPC Upgrade</b>	<b>2,024 days to process 374 applications =</b>	<b>5.42</b>
<b>MFTA Exam</b>	<b>10,184 days to process 65 applications =</b>	<b>156.68</b>
MFT License	6,541 days to process 62 applications =	105.50
MFTA License	2,856 days to process 62 applications =	46.07
<b>MFTA Upgrade</b>	<b>923 days to process 41 applications =</b>	<b>22.52</b>
<b>SW Exam</b>	<b>829 days to process 2 applications =</b>	<b>414.50</b>
<b>SW License</b>	<b>39,020 days to process 557 applications =</b>	<b>70.06</b>
<b>SW OOS License</b>	<b>20,618 days to process 296 applications =</b>	<b>69.66</b>
<b>SW Upgrade</b>	<b>17,139 days to process 179 applications =</b>	<b>95.75</b>
<b>Temp SW License</b>	<b>301 days to process 11 applications =</b>	<b>27.37</b>

- Those in **BOLD** are the applications we have more control over (i.e. we are not waiting for them to take and pass a national exam).

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL  
ANNUAL MEASURES  
FY 2022**

Number of Jurisdictional Complaints Received (from BO report)	148
Number of Complaints Pending (from BO report)	579
Closed	12
Investigation Completed	157
Under Investigation	410

Percent of Licensees With No Recent Violations

<i>Total</i>	<i>373 disciplinary actions</i>
<i>Less duplicates</i>	<i>-75 duplicates</i>

<i>Total unduplicated</i>	<i>298 disciplinary actions</i>
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*Number of individuals (unduplicated) licensed as of 8/31/2021:*     71,662

$$71,662 - 298 = 71,364$$

$$71,364/71,662 = 99.59\%$$

Recidivism Rate

<i>Individuals with disciplinary actions FY 19 – FY 21</i>	<i>298</i>
<i>Individuals with 2 or more disciplinary actions</i>	<i>49</i>

$$49/298 = 16.45\%$$

Calculation Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_



# PSYPACT COMMISSION

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## NEWSLETTER

**December 2021**

*Volume 2, Issue 5*

**Reducing regulatory  
barriers.  
Increasing access to  
mental healthcare.**

### A Message from the Chair Don Meck

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This has been a great year and we all have much to be thankful for. PSYPACT continues to grow and meet the needs of those who previously had no access to necessary psychological services. Indirectly, the compact has also provided the opportunity of qualified psychologists to expand their practices into other states who are members of the compact. A win/win situation for both our member's citizens and psychologists. Hopefully, we will continue to grow this next year. Have a great holiday season, you deserve it. Thanks for your involvement in PSYPACT.

Donald S. Meck, Ph.D., J.D., ABPP  
*Chair, PSYPACT Commission*

### Upcoming Meetings

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- January 6, 2022 - PSYPACT Training and Public Relations Committee Meeting
- January 13, 2022 - PSYPACT Finance Committee Meeting
- January 19, 2022 - PSYPACT Rules Committee Meeting
- January 20, 2022 - PSYPACT Training and Public Relations Committee Meeting
- January 25, 2022 - PSYPACT Requirements Review Committee Meeting
- February 2, 2022 - PSYPACT Executive Board Meeting
- July 14, 2022 - PSYPACT Commission Mid-Year Meeting
- November 17, 2022 - PSYPACT Commission Annual Meeting

### PSYPACT Commissioners

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Lori Rall

*Alabama*

Heidi Paakkonen

*Arizona*

Lisa Fitzgibbons

*Arkansas*

Nate Brown

*Colorado*

Shauna Slaughter

*Delaware*

LaTrice Herndon

*District of Columbia*

Don Meck

*Georgia*

Cecilia Abundis

*Illinois*

David Fye

*Kansas (\*Effective 1/1/2022)*

Jean Deters

*Kentucky*

Jayne Boulos

*Maine*

Lorraine Smith

*Maryland*

Robin McLeod

*Minnesota*

Pam Goose

*Missouri*

Kris Chiles

*Nebraska*

Gary Lenkeit

*Nevada*

Deborah Warner

*New Hampshire*

To Be Named

*New Jersey*

Susan Hurt

*North Carolina*

Ronald Ross

*Ohio*

Teanne Rose

*Oklahoma*

Christina Stuckey

*Pennsylvania*

Mark Fleming

*Tennessee*

Patrick Hyde

*Texas*

Jennifer Falkenrath

*Utah*

Jaime Hoyle

*Virginia*

Scott Fields

*West Virginia*

Mariann Burnetti-Atwell

*ASPPB*



# IMPORTANT ANNOUNCEMENT

The PSYPACT Commission is now active on social media sites.



We invite you to follow us on our Facebook, Twitter and LinkedIn pages.  
Please click the links to be taken to our pages. We look forward to connecting with you!



## PSYPACT Commission Annual Meeting November 18, 2021

A meeting for the PSYPACT Commission was held on November 18, 2021. During the meeting, minutes from the August 2021 PSYPACT Commission meeting were approved and are available on the PSYPACT website at [www.psypact.org](http://www.psypact.org). Additionally, PSYPACT Executive Director Janet Orwig provided updates to the PSYPACT Commission. The PSYPACT Commission also approved reports from the Rules, Finance, Training and PR and Requirements Review Committees. An election was held at this meeting for the positions of Chair, Treasurer and Member at Large. The PSYPACT Commission also rereviewed Arkansas and West Virginia legislation and officially voted to accept these states into the PSYPACT Commission. The Commission also approved an official PSYPACT Authorization document that will show PSYPACT providers APIT or TAP information. To request your verification document please email us at [info@psypact.org](mailto:info@psypact.org). The PSYPACT Commission will hold a midyear meeting in July 2022 and the next annual meeting in November 2022.

## 2022 PSYPACT Executive Board

<b>Chair</b>	Don Meck
<b>Vice Chair</b>	Pam Groose
<b>Treasurer</b>	Teanne Rose
<b>Member at Large</b>	Gary Lenkeit
<b>Member at Large</b>	Patrick Hyde
<b>Ex Officio Member</b>	Mariann Burnetti-Atwell

## 2022 PSYPACT State Assessment Fees

Invoices for the 2022 PSYPACT State Assessment Fees will be sent out in January. If you have any questions regarding the assessment fees, please contact us at [info@psypact.org](mailto:info@psypact.org).

## Committee Members

### Rules Committee

Don Meck  
Pam Groose  
Deborah Warner  
Patrick Hyde  
Susan Hurt

### Finance Committee

Teanne Rose  
Jaime Hoyle  
Heidi Paakkonen

### Training and Public Relations Committee

Heidi Paakkonen  
Lori Rall  
Mariann Burnetti-Atwell

### Requirements Review Committee

Gary Lenkeit  
Jean Deters  
Christina Stuckey  
Ron Ross

## Verification of PSYPACT Credentials

Available at [www.verifypsypact.org](http://www.verifypsypact.org), users of the site can search for all licensed psychologists who currently hold an active APIT or TAP.

## Updates from the Committees

**Requirements Review Committee:** The Requirements Review Committee met on November 9, 2021 to discuss correspondence that has been received and decided at this time no further action is necessary. The next meeting of this committee is set for January 25, 2022.

## New Commissioner Welcome

The PSYPACT Commission would like to officially welcome Ms. Lisa Fitzgibbons, who is the newly appointed Commissioner for the state of Arkansas, Mr. Nate Brown, who is the newly appointed Commissioner for Colorado, Ms. LaTrice Herndon, who is the newly appointed Commissioner for the District of Columbia, Ms. Jayne Boulos, who is the newly appointed commissioner for the state of Maine, Ms. Robin McLeod, who is the newly appointed Commissioner for the state of Minnesota, Mr. Mark Fleming who is the newly appointed commissioner for the state of Tennessee and Ms. Jennifer Falkenrath, as the newly appointed Commissioner for the state of Utah.

# Executive Director's Report

Janet Orwig

As 2021 comes to an end, I want to take this opportunity to provide summary of a very busy year and what a year it has been! We saw 22 bills introduced with 12 of those being enacted. We started the year with 15 jurisdictions being enacted and effective and ended the year with 26! The Commission has issued over 3,400 APITs and over 100 TAPs. Interest in PSYPACT continues to grow as can be seen by the number of visitors that come to the PSYPACT website. From January 1, 2021 through December 2, 2021, the PSYPACT site has welcomed over 124,000 visitors. Thank you all for your hard work and support during this very busy year. Looking forward to working with you all in 2022.

Janet P. Orwig, MBA, CAE  
PSYPACT Executive Director

## Communications Update



Interest in PSYPACT continues to grow! We hear daily from psychologists interested in learning more about the compact and how they can participate and use an email listserv to provide periodic updates about important application updates and information as new states introduce and enact PSYPACT legislation. To date, we have over 5,200 participants in the PSYPACT listserv. To sign up, email us at [info@psypact.org](mailto:info@psypact.org) or visit <https://psypact.org/page/Listserv>.

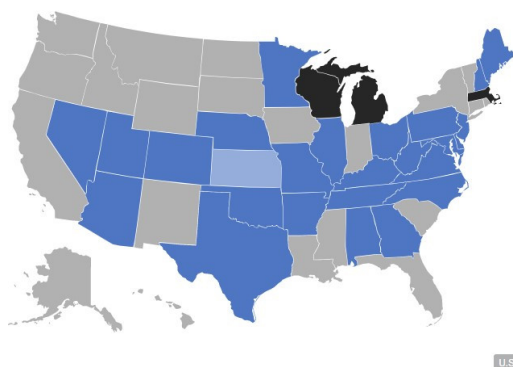


## Did you know?

**PSYPACT is available to host webinars and provide presentations for psychologists in your state to learn more about PSYPACT and how it works. If you are interested, contact us at [info@psypact.org](mailto:info@psypact.org). Additional training materials can also be found on the PSYPACT website at [www.psypact.org](http://www.psypact.org).**

## Legislative Activity

### 2021 Legislative Session Update



Currently, 26 states participate in PSYPACT including Alabama, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maine, Maryland, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Virginia, West Virginia. The state of Kansas will become an effective PSYPACT state on 1/1/2022. As the 2021 legislative session has now ended, we are happy to report that we saw legislation introduced in 22 states this session. We currently have legislation introduced in Massachusetts as MA S 5242, Michigan as MI 5489 and Wisconsin as WI S 534 and WI A 537. Florida as pre-filed legislation for the 2022 session as FL H 953.

## Staff Contact Information

Janet Orwig  
PSYPACT Executive Director  
[jorwig@asppb.org](mailto:jorwig@asppb.org)

Jessica Cheaves  
PSYPACT Coordinator  
[jcheaves@asppb.org](mailto:jcheaves@asppb.org)

Felicia Evans  
PSYPACT Specialist  
[fevans@asppb.org](mailto:fevans@asppb.org)

# PSYPACT by the Numbers

## TELEPSYCHOLOGY

5356 4835

ASPPB  
E. Passports  
Issued

PSYPACT  
APITs  
Issued

## TEMPORARY PRACTICE

297 187

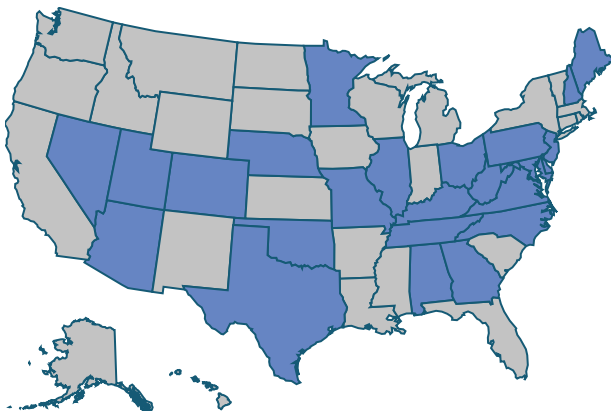
ASPPB  
IPCs Issued

PSYPACT  
TAPs Issued

## STATE LEVEL BREAKDOWN

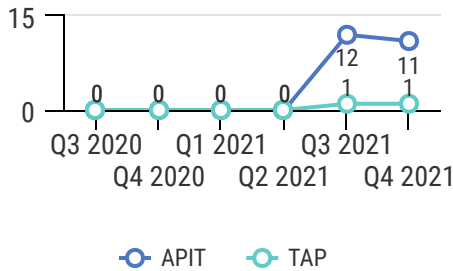
State	APITs	TAPs	State	APITs	TAPs
ALABAMA	23	2	NEBRASKA	45	3
ARIZONA	175	12	NEVADA	85	6
ARKANSAS	1	1	NEW HAMPSHIRE	77	3
COLORADO	328	11	NEW JERSEY	70	2
DELAWARE	102	1	NORTH CAROLINA	221	5
DISTRICT OF COLUMBIA	193	5	OHIO	150	6
GEORGIA	275	16	OKLAHOMA	46	3
ILLINOIS	511	20	PENNSYLVANIA	575	9
KENTUCKY	26	0	TENNESSEE	69	4
MAINE	20	0	TEXAS	574	33
MARYLAND	440	6	UTAH	134	14
MINNESOTA	78	0	VIRGINIA	409	14
MISSOURI	207	11	WEST VIRGINIA	1	0

Numbers current as of 12/23/2021

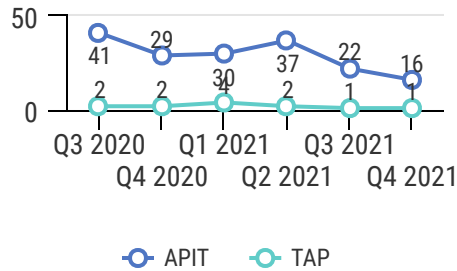


# Looking at PSYPACT State Trends

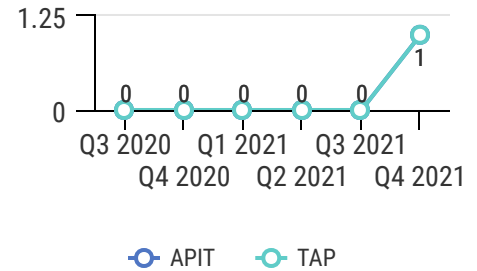
## Alabama



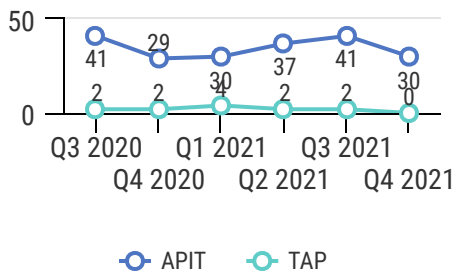
## Arizona



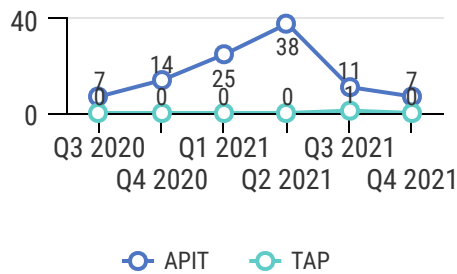
## Arkansas



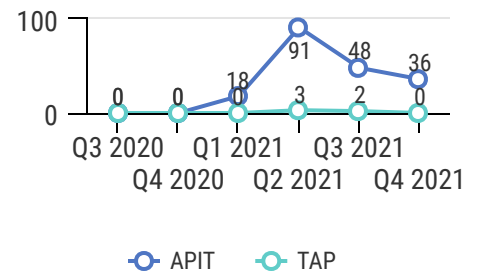
## Colorado



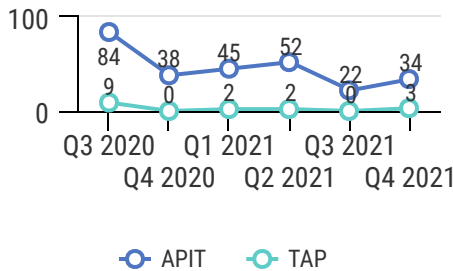
## Delaware



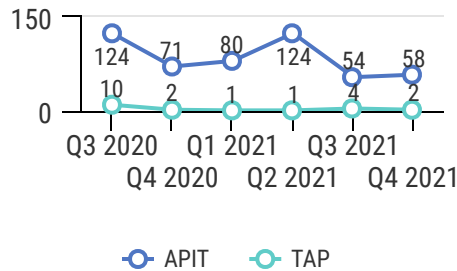
## District of Columbia



## Georgia



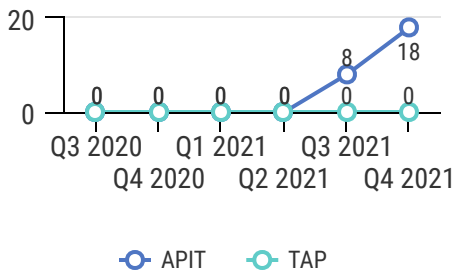
## Illinois



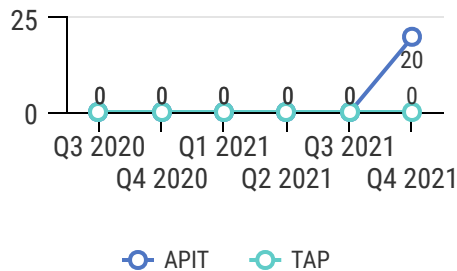
## Kansas

N/A

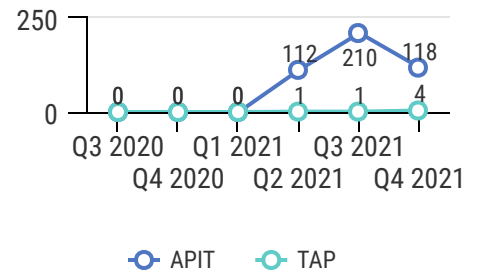
## Kentucky



## Maine

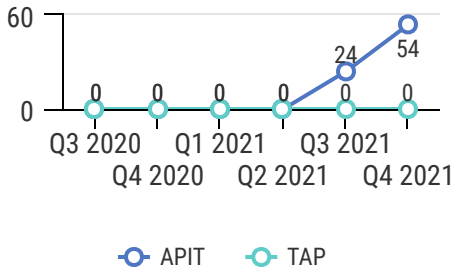


## Maryland

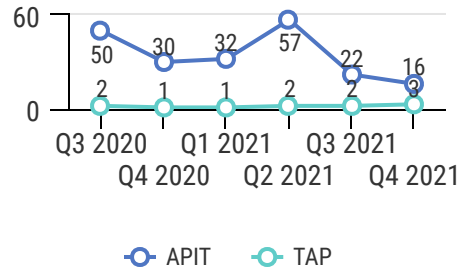


# Looking at PSYPACT State Trends

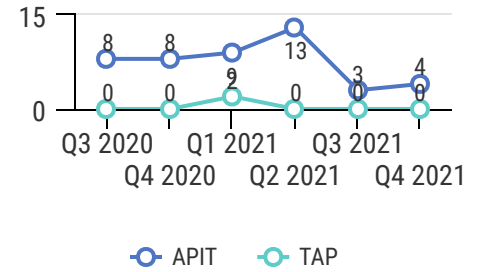
## Minnesota



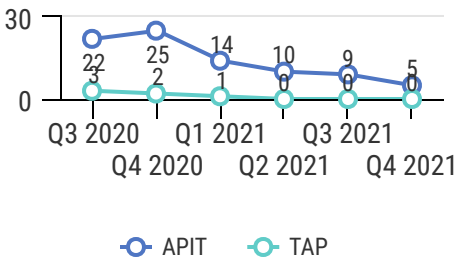
## Missouri



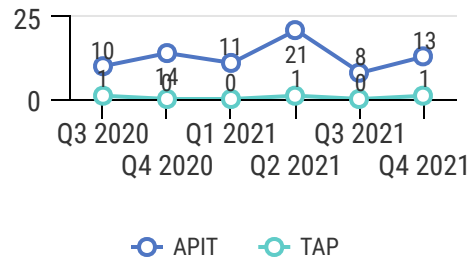
## Nebraska



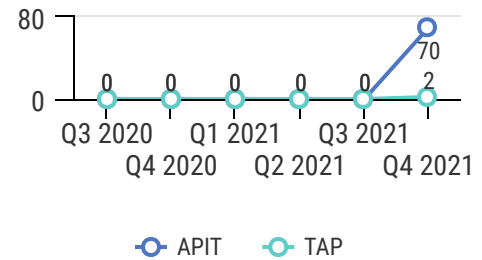
## Nevada



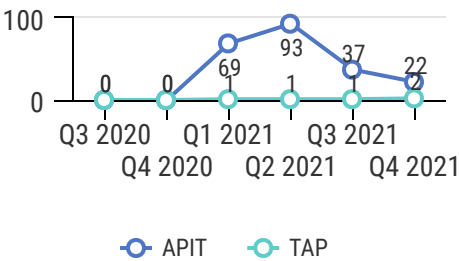
## New Hampshire



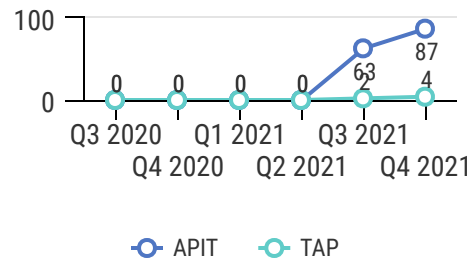
## New Jersey



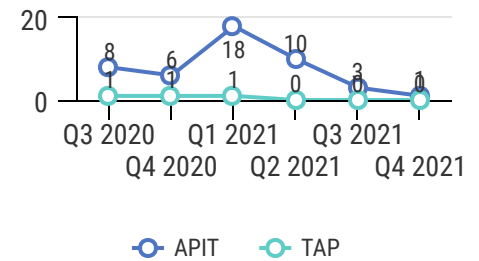
## North Carolina



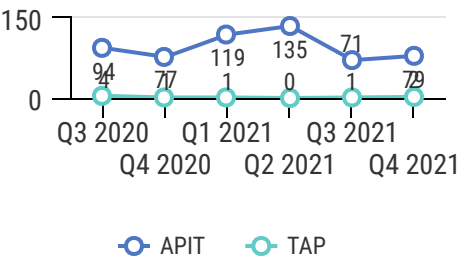
## Ohio



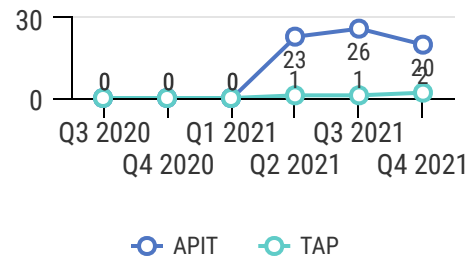
## Oklahoma



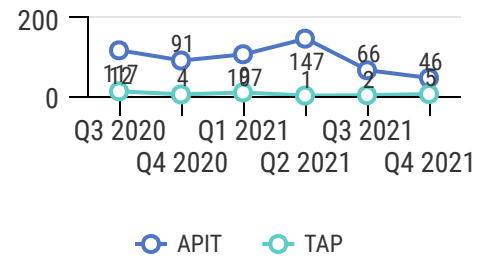
## Pennsylvania



## Tennessee



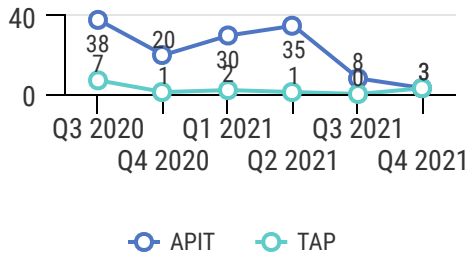
## Texas



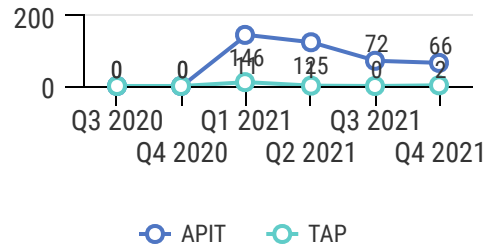


# Looking at PSYPACT State Trends

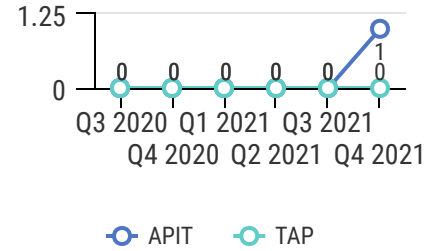
## Utah



## Virginia



## West Virginia



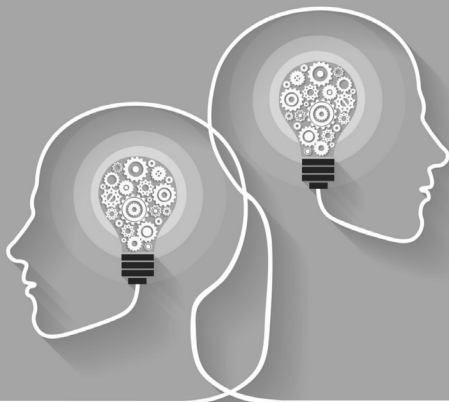
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## ASPPB'S 36TH MIDYEAR MEETING

April 21-24, 2022  
New Orleans, Louisiana

# The More You Know:



## Current Trends In Licensure



36th Midyear Meeting of  
Delegates

New Orleans, LA

April 21 - 24, 2022

REGISTRATION COMING SOON

ASPPB is excited to see all of you in-person this April! Registration for the meeting will be open soon so please watch out for an email with that information.

### **Jurisdictional Financial Assistance (JFA)**

All jurisdictions have \$500 per year (up to \$1,000 if not used the previous year) available to use to offset travel or hotel costs, payable to the board or the attendee. To apply, reach out to Jennifer Vetter at [jvetter@asppb.org](mailto:jvetter@asppb.org).

### MEETING INFORMATION

The draft meeting agenda is now available on our website and you can find it at anytime by using this

## IMPORTANT HOTEL INFORMATION

**Astor Crowne Plaza**

Canal St. at Bourbon 739  
New Orleans, LA 70130

**Special ASPPB Room Block Rates:**

\$199.00 per night

Tax rate: 16.2%

**ROOM BLOCK IS OPEN NOW**

To make your hotel reservations, please visit <https://book.passkey.com/e/50249148>. Or, you can call the hotel (1-877-408-7700) to reserve your room within our room block rate. Ask for the ASPPB block and use block code **AZS** to get our special rate. **Room Block Deadline is March 31, 2022.**

## COVID-19 Protocol

The safety and wellbeing of our meeting attendees is of the utmost importance to ASPPB. We are working closely with the hotel to ensure that our meeting is in compliance with the safety protocol of the hotel as well as the city. Currently in New Orleans, proof of approved COVID vaccination **or** negative antigen/PCR COVID-19 test (*must include the individual's name, date of the test, and results clearly visible on an official report*) taken within 72 hours before entry is required for all indoor gatherings. Masks are also required to be worn in all indoor settings except for when actively eating or drinking. If you plan on being in New Orleans for more than 72 hours prior to our event, please plan accordingly to ensure that you are in compliance with local mandates.

## CONTACT US

**Meeting Contact Info:**

John Mickley 678-961-2469

[meetinghelpdesk2@asppb.org](mailto:meetinghelpdesk2@asppb.org)

[jmickley@asppb.org](mailto:jmickley@asppb.org)

**Account Login & JFA Contact Info:**

Jennifer Vetter

[jvetter@asppb.org](mailto:jvetter@asppb.org)

***We look forward to seeing you in NOLA!***

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Tyrone, GA 30290

**Main ASPPB Phone Number:**

678-216-1175

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## EPPP Services Updates

### EPPP and COVID-19:

During the COVID-19 pandemic, ASPPB worked closely with Pearson VUE to ensure that the EPPP could be delivered safely. Currently, masks are required at Pearson VUE testing centers based on local jurisdictional laws, and highly recommended in areas where no mandate exists. Candidates can check the status of their testing center by visiting:

<https://home.pearsonvue.com/coronavirus-update>

The number of delivered EPPP exams has been consistent throughout 2020 and 2021 despite the COVID-19 restrictions:

Delivered EPPP Exams			
	Oct	Nov	Dec
2020	657	563	559
2021	556	516	603

## Greetings from Governance

We have been working hard to finish up the 2022 Game Plan and publish it for our members. Currently, the Association has 21 Committees and Task Forces and has filled a total of 113 volunteer positions.

Our Board of Directors (BOD) has been meeting virtually throughout the COVID-19 pandemic and celebrated a return to in person meetings in December of 2021. The Association and BOD would like to welcome our newest Board Member, Dr. Jennifer C. Laforce (MB) and also bid a fond farewell to our outgoing Past President, Dr. Sheila Young (NV), who has completed her term.

**The next BOD meeting will be held in Las Vegas, Nevada, on February 4 – 6, 2022.**

## EPPP (Part 2-Skills) Updates

The EPPP (Part 2-Skills) launched on November 1, 2020. The beta exam ran from January 1, 2021 to May 31, 2021. We want to thank the candidates who took the beta exam, and the licensed psychologists who volunteered for the Standard Setting in June. **The live exam launched on August 15th, 2021.**

We will continue to update our website with information about the launch, and the early adopter jurisdictions: <https://www.asppb.net/page/EPPPPart2-Skills>

Jurisdictions who are interested in signing on, or learning more about the EPPP (Part 2-Skills) should contact Dr. Matt Turner: [mturner@asppb.org](mailto:mturner@asppb.org).

## Meetings & Events

The Meetings and Events department is excited to be gearing up for the upcoming ASPPB Midyear Meeting of Delegates. **This year we will be meeting in-person in New Orleans, Louisiana on April 21-24, 2022.**

We are working closely with the hotel to ensure that ASPPB follows all mandates and guidelines set forth by the city of New Orleans, as well as the hotel, to provide a safe and successful meeting. The safety and wellbeing of meeting attendees is of the utmost importance for the Association, and we will take every precaution to ensure everyone is able to join in a safe and informative meeting. Please be on the lookout for further additional information pertaining to the meeting theme, registration details, along with the meeting agenda.

In the meantime, please feel free to email any questions or comments to John Mickley at [jmickley@asppb.org](mailto:jmickley@asppb.org).

**See you in April!**



## PSYPACT

### December 2021 Update

Greetings from PSYPACT! 2021 was a great year for PSYPACT, we saw huge growth in applications as well as new states joining the compact. We are looking forward to an equally busy and successful 2022. In 2021 we had twelve states that enacted PSYPACT. We welcomed Alabama, Arkansas, District of Columbia, Kansas, Kentucky, Maine, Maryland, Minnesota, New Jersey, Ohio, Tennessee, and West Virginia. There is currently active legislation in Massachusetts as MA S 2542, Michigan as MI H 5489 and Wisconsin as WI S 534 and WI A 537. Florida has also prefilled legislation for the 2022 session as FL H 953.

#### Enacted and Effective

Alabama	Missouri
Arkansas	Nebraska
Arizona	Nevada
Colorado	New Hampshire
Delaware	New Jersey
District of Columbia	North Carolina
Georgia	Ohio
Illinois	Oklahoma
Kansas	Pennsylvania
Kentucky	Tennessee
Maine	Texas
Maryland	Utah
Minnesota	Virginia
	West Virginia

#### Legislation Introduced

Florida  
Massachusetts  
Michigan  
Wisconsin



The PSYPACT Commission continues to issue authorizations to practice under PSYPACT. As of December 31, 2021, 4,835 Authority to Practice Interjurisdictional Telepsychology (APITs) have been issued and 187 Temporary Authorizations to Practice (TAPs) have also been issued by the PSYPACT Commission.

We look forward to sharing additional updates with you as new states introduce and enact PSYPACT legislation. For more information about PSYPACT, please visit [www.psypact.org](http://www.psypact.org) or email us at [info@psypact.org](mailto:info@psypact.org) with any questions.

## Learn about Licensure Requirements: Introducing ASPPB InFocus 2020 and the Centre for Data Analysis on Psychology Licensure (the Centre)

Funded by Health Resources and Services Administration of the U.S. Department of Health and Human Services, the Association of State and Provincial Psychology Boards (ASPPB) is excited to announce the establishment of the **Centre for Data and Analysis on Psychology Licensure (the Centre)**. The primary purpose of the Centre is to support psychology licensing boards in making informed licensure decisions through consistent data gathering, analysis and reporting. As part of the Centre's primary initiatives, ASPPB presented the first edition of **ASPPB InFocus 2020**, an annual report providing information on trending data regarding the number of licensees, jurisdictional licensure requirements, licensure portability and the interjurisdictional utilization of telepsychology. Work has begun on the ASPPB InFocus 2021 Report.

To download the report, visit the Centre's website at: [www.asppbcentre.org](http://www.asppbcentre.org)

Questions? Email Stacey Camp: [scamp@asppb.org](mailto:scamp@asppb.org)

The Centre for Data and Analysis on Psychology Licensure is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Grant Number H1MRH24096 for Licensure Portability Program. Any information, content, or conclusions on this website are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



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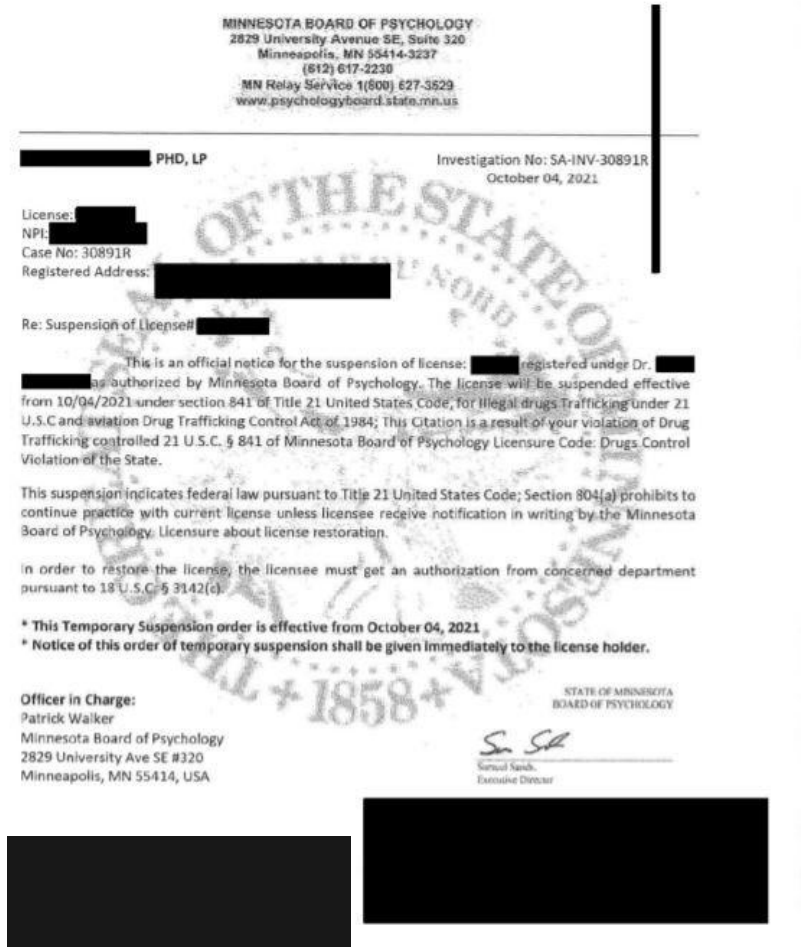
## A Closer Look ~ article submitted to the BARC listserv by Sam Sands, MN

### Reports of Scam Related to Professional License

We received a report of a scam related to licensure.  
Here is what I was told by the licensee:

*He was called by a "Paul Walker" purporting to work at or for the Board. The phone number Walker called from was a spoofed number that showed as the Board's actual phone number. He told licensee that licensee was suspended from the practice of psychology. Walker solicited information about the amount of money in licensee's bank accounts, but did not ask for (or was not given) account numbers. Licensee asked to see the notice. Walker (or his collaborator) told licensee they would fax the notice to a UPS store – they told licensee that it was possible licensee was the victim of mistaken identity and the real culprit was working in their office, hence they could not fax to the office. The licensee personally went to UPS to pick up the fax. It's a reasonable looking government type letter. IT HAS MY ACTUAL SIGNATURE BLOCK AND SIGNATURE; most likely pulled from disciplinary documents on our website.*

A few things tipped off the licensee: not being able to fax the document to him. He questioned the inquiries about his finances. The accents of the two individuals, both of whom had a very similar dialectic accent, caused some pause for the individual.



**Main ASPPB Phone Number**  
678-216-1175

**Main ASPPB Email**  
[asppb@asppb.org](mailto:asppb@asppb.org)

**Main ASPPB Fax Number**  
678-216-1176

**Mailing Address**  
ASPPB P.O. Box 849  
Tyrone, GA 30276

**Are you a board member and your term is  
about to expire?**

Continue your association with ASPPB as an  
individual member!

[2021 ASPPB Individual Membership Application](#)

# 2022 ASPPB Board of Directors

**President:** Alan B. Slusky, PhD, CPsych (Manitoba)

**President-Elect:** Herb L. Stewart, PhD (Virginia)

**Past-President:** Tomas R. Granados, PsyD (New Mexico)

**Secretary-Treasurer:** Cindy Olvey, PsyD (Arizona)

**3rd Year Member-at-Large:** Michelle G. Paul, PhD (Nevada)

**2nd Year Member-at-Large:** Hugh D. Moore, PhD, MBA (Tennessee)

**1st Year Member-at-Large:** Jennifer C. LaForce, PhD, CPsych (Manitoba)

## ASPPB Staff

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Lisa Fagan, MBA  
**Business Director**

Mary Bonner  
**Administrative Associate**

Mark Russell, CPA  
**Financial Officer**

Alex Siegel, JD, PhD  
**Director of Professional Affairs**

Jacqueline B. Horn, PhD  
**Director of Educational Affairs**

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Christy Cogley  
**Assistant Director of Examination Operations**

Emelyn East  
**EPPP Item Development Program Manager**

Ibel Nicholls  
**Exam Program Coordinator**

Candace Ohlmeier  
**Administrative Assistant - Exam Services**

Chelsie Elliott  
**Administrative Assistant - Exam Services**

### Governance

Leslie Browning  
**Governance Manager**

### Meetings and Events

John Mickley  
**Meetings and Events Manager**

### Member Services

Janet P. Orwig, MBA, CAE  
**Associate Executive Officer of Member Services/PSYPACT  
Executive Director**

Stacey Camp  
**Assistant Director for the Centre**

Jennifer Vetter  
**Member Services/Special Projects Manager**

Nicole Smith  
**Mobility Specialist Manager**

Beverly Ferguson  
**CPQ Application Specialist**

Veronica Zambuto  
**Member Services Representative**

Amanda Williams  
**Application Specialist Manager**

Pia Torres  
**PLUS Licensure Specialist**

Jeri Spell  
**E.Passport/IPC Applications Coordinator**

Makini Harris  
**E.Passport/IPC Applications Specialist**

Jessica Cheaves  
**PSYPACT Coordinator**

Felicia Evans  
**PSYPACT Specialist**

Tara Wright  
**Credentials Management Specialist**

Lydia Williams  
**Customer Service Representative**



# **Texas Behavioral Health Executive Council**

## **Texas State Board of Examiners of Psychologists**

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### **Guidelines For The Practice Of Telepsychology**

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The delivery of psychological services by remote or electronic means is a rapidly expanding area. While the Council's rules do not prohibit such services, it is important for psychologists to be aware of a number of concerns about the delivery of services via remote or electronic means, including the following:

1. The increased potential that a therapist will have limited knowledge of a distant community's resources in times of crisis.
2. Problems associated with obtaining informed consent.
3. The lack of standards for training providers in the use of technology as well as the special therapeutic considerations in the use of the medium.
4. The lack of vocal, visual, and other sensory cues.
5. The potential that equipment failures may lead to undue patient anxiety particularly in crisis situations.
6. The potential inability of patients in crisis or those unfamiliar with technology to adequately access and use the technology.
7. The lack of confidentiality and privacy.

It is important to remember that the Psychologists' Licensing Act and all other laws affecting the delivery of psychological services apply to all psychological services delivered anywhere within the state of Texas, regardless of how they are delivered.

Complaints received by the Council regarding psychological services delivered through remote or electronic means will be evaluated by the Council on a case-by-case basis, and the following general principles will be applied to any such complaints. However, these guidelines are not intended to conflict with, nor should they be construed to alter requirements for the delivery of services via remote or electronic means that have been established by exempt facilities such as the Veterans Administration.

An individual who is physically located in another state shall be considered to be practicing psychology in Texas and therefore, subject to the Act, if a recipient of psychological services provided by the individual is physically located in the state of Texas. Licensees should also be aware that services they offer to consumers in other states may similarly be regulated by the laws of the state in which the consumers are located.

The Council currently considers the use of remote or electronic means to deliver psychological services as an "emerging area" as set forth in Council rule 465.9(e). That rule states: "in emerging areas in which generally recognized standards for preparatory training

# **Texas Behavioral Health Executive Council**

## **Texas State Board of Examiners of Psychologists**

do not exist, licensees take reasonable steps to ensure the competence of their work and to protect patients, clients, research participants, and other affected individuals from the potential for harm.” Council rule 465.9(d) requires that licensees who provide services in new areas or involving new techniques do so only after undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.

It is important for licensees considering such services to review the characteristics of the services, the service delivery method, and the provisions for confidentiality to ensure compliance with the Council rules, as well as federal and state law. Licensees are also encouraged to review the [\*Guidelines for the Practice of Telepsychology\*](#) published by the American Psychological Association, and incorporate those best practices where congruent with federal and state law.

# 1st Quarter Dismissals for TSBEP Board

## Cases Dismissed by Staff

1) 2019-00125 – Record Keeping	Remedial Plan
2) 2020-00028 – Fraud	Insufficient Evidence
3) 2020-00029 – Child Custody	Insufficient Evidence
4) 2020-00030 – Standard of Care	Insufficient Evidence
5) 2020-00039 – Standard of Care	Insufficient Evidence
6) 2020-00055 – Dual Relationship	Insufficient Evidence
7) 2020-00061 – Standard of Care	Insufficient Evidence
8) 2020-00062 – Unprofessional Conduct	Insufficient Evidence
9) 2020-00065 – Unprofessional Conduct	Lack of Jurisdiction
10) 2020-00072 – General Forensic	Insufficient Evidence
11) 2020-00093 – Standard of Care	Insufficient Evidence
12) 2020-00095 – Standard of Care	Insufficient Evidence
13) 2020-00123 – General Forensic	Insufficient Evidence
14) 2020-00124 – Record Keeping	Remedial Plan
15) 2021-00056 – Billing Dispute	Insufficient Evidence
16) 2021-00058 – Standard of Care	Insufficient Evidence
17) 2021-00086 – Standard of Care	Insufficient Evidence
18) 2021-00131 – Confidentiality	Insufficient Evidence
19) 2021-00181 – Unprofessional Conduct	Insufficient Evidence
20) 2021-00211 – Standard of Care	Insufficient Evidence
21) 2021-00215 – Unprofessional Conduct	Insufficient Evidence
22) 2021-00239 – General Forensic	Insufficient Evidence
23) 2021-00305 – Standard of Care	Insufficient Evidence
24) 2021-00306 – General Forensic	Insufficient Evidence
25) 2021-00367 – Not Related to Licensed Activity	Insufficient Evidence
26) 2021-00383 – Unlicensed Person	Insufficient Evidence
27) 2021-00417 – Dual Relationship	Insufficient Evidence
28) 2022-00006 – Not Related to Licensed Activity	Lack of Jurisdiction
29) 2022-00013 – Advertising	Insufficient Evidence
30) 2022-00022 – Standard of Care	Insufficient Evidence
31) 2022-00096 – Not related to Licensed Activity	Lack of Jurisdiction

<b>STATUS REPORT</b> <b>1st Quarter</b>		<b>1Q FY22</b> Sep 1, 2021 to Nov 30, 2021	4Q FY21 Jun 1, 2021 to Aug 31, 2021	3Q FY21 Mar 1, 2021 to May 31, 2021	2Q FY21 Dec 1, 2020 to Feb 28, 2021
Number of Pending Complaints		<b>579</b>	634	811	1341
Pending Complaints per Member Board		TSBEP-266 TSBSWE-191 TSBEMFT-54 TSBEP-68	TSBEP-283 TSBSWE- 229 TSBEMFT-59 TSBEP-63	TSBEP-399 TSBSWE- 258 TSBEMFT-82 TSBEP-72	TSBEP-778 TSBSWE- 346 TSBEMFT-102 TSBEP-115
Number of New Complaints Received		<b>148</b>	128	86	97
Pending Priority 1 Cases (Imminent Physical Harm)		<b>6</b> TSBEP-2 TSBSWE-3 TSBEMFT-1 TSBEP-0	18	19	55
Pending Priority 2 Cases (Sexual Misconduct)		<b>52</b> TSBEP-24 TSBSWE-24 TSBEMFT-2 TSBEP-2	57	75	128
Pending Priority 3 Cases (Applicants)		<b>11</b> TSBEP-1 TSBSWE-6 TSBEMFT-2 TSBEP-2	11	15	7
Cases Resolved this Quarter		<b>197</b>	308	636	125
Agreed Orders Signed		<b>15</b>	53	57	28
Cases Dismissed by Staff		<b>182</b>	255	579	97
Cases Dismissed by member Boards		<b>0</b>	0	0	0
Cases Reviewed at an ISC this Quarter		<b>19</b>	24	40	22
<b>Pending Cases by Fiscal Year</b>					
FY2015	0 going to SOAH	<b>2</b>	<b>5</b>	8	20
FY2016	2 going to SOAH	<b>5</b>	<b>11</b>	14	34
FY2017	1 going to SOAH	<b>11</b>	<b>21</b>	33	80
FY2018	1 going to SOAH	<b>8</b>	<b>16</b>	41	220
FY2019	2 going to SOAH	<b>56</b>	<b>81</b>	197	321
FY2020	1 going to SOAH	<b>199</b>	<b>263</b>	317	450
FY2021	4 going to SOAH	<b>163</b>	<b>227</b>	190	195
FY2022	0 going to SOAH	<b>135</b>			
<b>Total</b>		<b>579</b>	<b>634</b>	811	1341

## *Informal Settlement Conference Panel List*

<i>Conference Date:</i>	<i>Conference Panel:</i>	
On-Call* Dec 1 – Feb 28, 2023	???????????????? ???????????????? ????????????????	(Future)
On-Call Sept 1 – Nov 30, 2022	Roxana Lambdin, Ph.D. Herman Adler, M.A. Jeanette Das Calhoun, Ph.D.	(Future)
On-Call June 1 – August 31, 2022	Sangeeta Singg, Ph.D. Andoni Zagouris, M.A John Bielamowicz	(Future)
On-Call March 1 – May 31, 2022	Jamie Becker, Ph.D. Herman Adler, M.A* Ryan T. Bridges	(Future)
On-Call Dec 1 – Feb 28, 2022	Jamie Becker, Ph.D. Herman Adler, M.A. John Bielamowicz	(Current)
On-Call Sept 1 -Nov 30,2021	Susan Fletcher, Ph.D. Andoni Zagouris, M.A. Jeanette Deas Calhoun, Ph.D.	
August 10-11, 2021	Ronald Palomares, Ph.D. Herman B. Adler, M.A. Ryan T. Bridges	
May 11-12, 2021	Susan Fletcher, Ph.D. Andoni Zagouris, M.A. John Bielamowicz	
February 9-10, 2021	Susan Fletcher, Ph.D. Herman B. Adler, M.A. Ryan T. Bridges	



**COMPLAINT NO. 2021-00107**

**IN THE MATTER OF**

**DR. DANIEL SANDERS, PSY.D.**

§ **BEFORE THE TEXAS BEHAVIORAL**  
§ **HEALTH EXECUTIVE COUNCIL**  
§  
§ **THE TEXAS STATE BOARD**  
§ **OF EXAMINERS OF**  
§ **PSYCHOLOGISTS**

**AGREED ORDER**

Pursuant to the authority under §507.305 of the Texas Occupations Code, §2001.056 of the Government Code, and 22 Texas Administrative Code §884.12(e), the Executive Director for the Texas Behavioral Health Executive Council ("Council") hereby approves, ratifies, and enters this Agreed Order with the following Findings of Fact, Conclusions of Law, and Order of the Council, which have been approved and accepted by Dr. Daniel Sanders, Psy.D. ("Respondent") and which constitutes a full settlement and compromise of the complaint(s) currently pending against Respondent before the Council in the above-referenced and numbered matter(s).

**FINDINGS OF FACT**

1. Respondent is licensed as a Psychologist (#32051) in the State of Texas and is, therefore, subject to the jurisdiction of the Council.
2. Respondent did attempt to employ a treatment procedure which he was not fully competent to utilize.

**CONCLUSIONS OF LAW**

1. Respondent voluntarily received a license from the Council and, therefore, is bound by the provisions of Chapters 501 and 507 of the Texas Occupations Code and the Rules of the Council, 22 Texas Administrative Code Parts 21 and 41.
2. Violation of the Council's Rules is unprofessional conduct and constitutes grounds for the imposition of sanctions under §§501.401, 507.301, and 507.351 of the Texas Occupations Code.
3. Based on the above Findings of Fact, the Council finds that Respondent violated Council Rules Texas Administrative Code §465.9(a), pertaining to Competency.
4. This Agreed Order is a Settlement Agreement under the Texas Rules of Evidence and is not admissible for the purposes of civil litigation. By entering into this Agreed Order, Respondent does not admit the foregoing Findings of Fact or Conclusions of Law, but agrees to resolve this matter to avoid the expense and uncertainty of further proceedings.



**ORDER**

**IT IS HEREBY ORDERED, ADJUDGED, AND DECREED THAT:**

1. Respondent's license is hereby REPRIMANDED.

**WARNING**

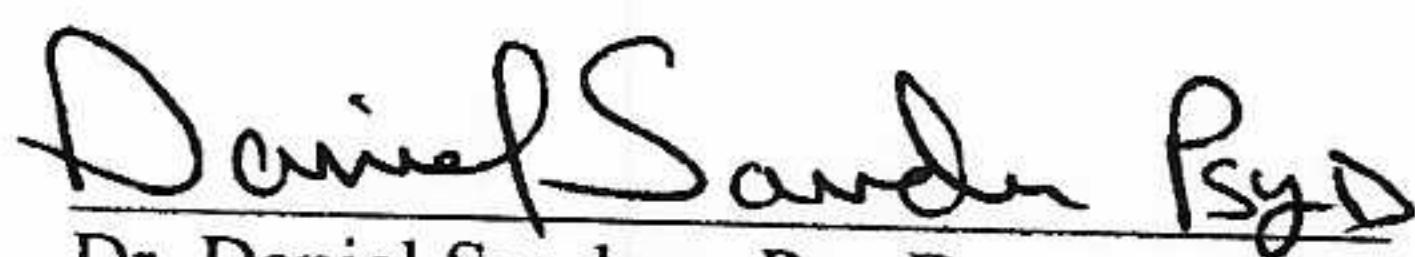
**RESPONDENT'S FAILURE TO COMPLY WITH ONE OR MORE TERMS OF THIS ORDER MAY CONSTITUTE A VIOLATION OF 22 TEXAS ADMINISTRATIVE CODE §884.55 REQUIRING FURTHER DISCIPLINARY ACTION.**

**WAIVERS**

On the underlying investigative file, Respondent has waived his or her right to an informal settlement conference, a formal hearing before an Administrative Law Judge at the State Office of Administrative Hearings (SOAH), and judicial review pursuant to Texas Government Code Chapter 2001, in exchange for the conditions set out in this Agreed Order.

THE RESPONDENT, BY SIGNING THIS ORDER, AGREES TO ITS TERMS, ACKNOWLEDGES UNDERSTANDING OF THE FORMAL NOTICES, FINDINGS OF FACT, AND CONCLUSIONS OF LAW SET FORTH HEREIN AND COVENANTS TO SATISFACTORILY COMPLY WITH THE MANDATES OF THIS ORDER IN A TIMELY MANNER. RESPONDENT FURTHER ACKNOWLEDGES AND AGREES THAT HE OR SHE HAS AGREED TO THIS ORDER UPON THE ADVICE AND CONSENT OF COUNSEL, OR THAT HE OR SHE HAS HAD THE OPPORTUNITY TO HAVE THIS ORDER REVIEWED BY COUNSEL OF HIS OR HER CHOICE.

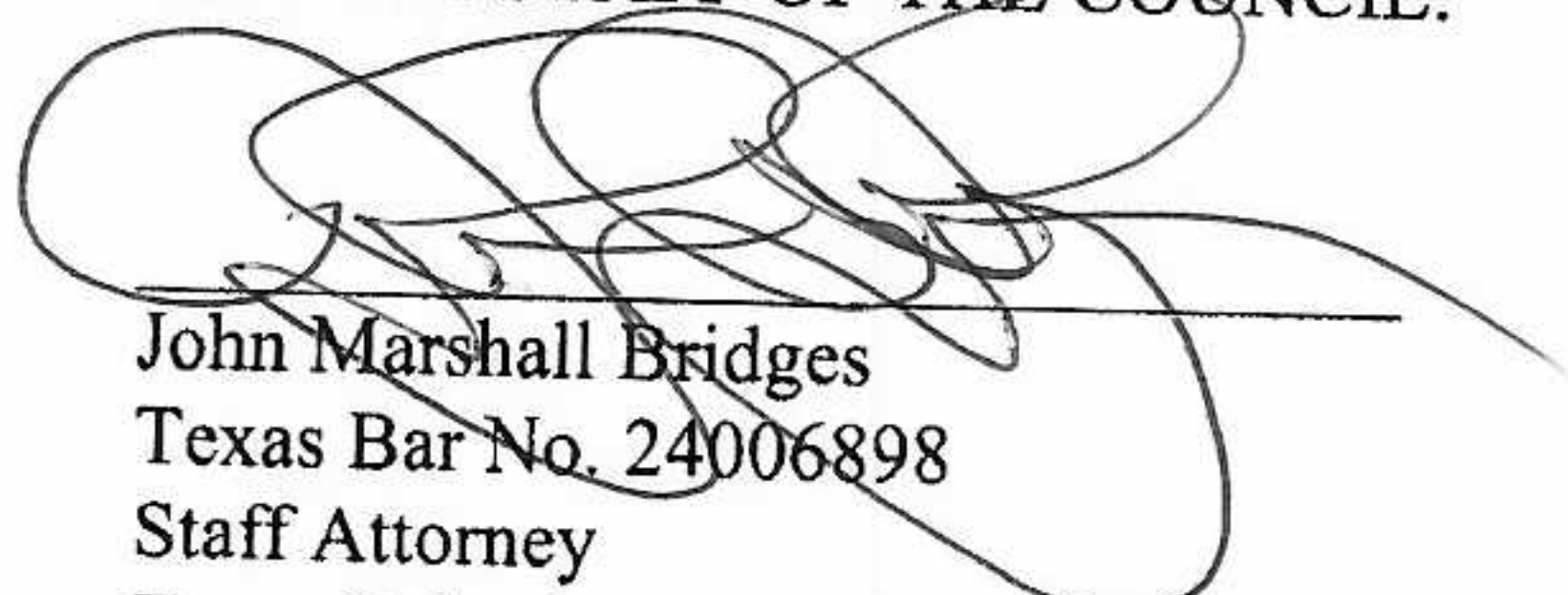
FOR THE RESPONDENT:



Dr. Daniel Sanders, Psy.D.  
Psychologist  
License Number 32051

DATE SIGNED: 10/14/21

FOR THE STAFF OF THE COUNCIL:

  
John Marshall Bridges  
Texas Bar No. 24006898  
Staff Attorney  
Texas Behavioral Health Executive Council  
333 Guadalupe, Ste. 3-900  
Austin, Texas 78701

DATE SIGNED: 15 Oct 2021



APPROVED, RATIFIED, AND ENTERED THIS 15th DAY OF October, 2021.

A handwritten signature in blue ink, appearing to read "Darrel Spinks", is written over a horizontal line.

Darrel Spinks  
Executive Director  
Texas Behavioral Health Executive Council



Rule: 465.35. Requirements for Professional Development.

Action: Proposed New Rule

Comment: This proposed new rule is intended to streamline all the continuing education into a rule formatted similarly to the other Boards under the Executive Counsel. Additionally, this rule adds and changes some of the requirements for each renewal cycle. For example, licensees will be able to carry forward up to ten hours from the previous cycle if they were not used, licensee can opt to take the jurisprudence examination for one hour of ethics credit, and lastly licensees can now claim up to one hour of self-study continuing education credit.

§465.35. Requirements for Professional Development.

(a) Minimum Professional Development Hours Required

- (1) A licensee must complete 40 hours of professional development during each renewal period that they hold a license. The 40 hours of professional development must include 6 hours in ethics and 6 hours in cultural diversity or competency.
- (2) A licensee may carry forward to the next renewal period, a maximum of 10 hours accrued during the current renewal period if those hours are not needed for renewal.

(b) Acceptable ethics hours include, but are not limited to professional development on:

- (1) state or federal laws, including agency rules, relevant to the practice of psychology;
- (2) practice guidelines established by local, regional, state, national, or international professional organizations;
- (3) training or education designed to demonstrate or affirm the ideals and responsibilities of the profession; and
- (4) training or education intended to assist licensees in determining appropriate decision-making and behavior, improve consistency in or enhance the professional delivery of services, and provide a minimum acceptable level of practice.

(c) Acceptable cultural diversity or competency hours include, but are not limited to professional development regarding age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic status.

(d) Acceptable Professional Development Activities.

- (1) All professional development hours must have been received during the renewal period and be directly related to the practice of psychology;
- (2) The Council shall make the determination as to whether the activity claimed by the licensee is directly related to the practice of psychology;
- (3) Except for hours claimed under subsection (g), all professional development hours obtained must be designated by the provider in a letter, email, certificate, or transcript that displays the licensee's name, topic covered, date(s) of training, and hours of credit earned; and
- (4) Multiple instances or occurrences of a professional development activity may not be claimed for the same renewal period.

(e) Licensees must obtain at least fifty percent of their professional development hours from one or more of the following providers:

- (1) an international, national, regional, state, or local association of medical, mental, or behavioral health professionals;
- (2) public school districts, charter schools, or education service centers;
- (3) city, county, state, or federal governmental entities;
- (4) an institution of higher education accredited by a regional accrediting organization recognized by the Council for Higher Education Accreditation, the Texas Higher Education Coordinating Board, or the United States Department of Education;
- (5) religious or charitable organizations devoted to improving the mental or behavioral health of individuals; or
- (6) any provider approved or endorsed by a provider listed herein.

(f) Licensees shall receive credit for professional development activities according to the number of hours designated by the provider, or if no such designation, on a one-for-one basis with one credit hour for each hour spent in the professional development activity.

(g) Licensees may claim professional development credit for each of the following activities:

- (1) Passage of the jurisprudence examination. Licensees who pass the jurisprudence examination may claim 1 hour of professional development in ethics.
- (2) Preparing and giving a presentation at a professional development activity. The maximum number of hours that may be claimed for this activity is 5 hours.
- (3) Authoring a book or peer reviewed article. The maximum number of hours that may be claimed for this activity is 5 hours.
- (4) Teaching or attending a graduate level course. The maximum number of hours that may be claimed for this activity is 5 hours.
- (5) Self-study. The maximum number of hours that may be claimed for this activity is 1 hour.
- (6) Successful completion of a training course on human trafficking prevention described by §116.002 of the Occupations Code. Licensees who complete this training may claim 1 hour of professional development credit.
- (7) The Council does not pre-evaluate or pre-approve professional development providers or hours.
- (8) Licensees shall maintain proof of professional development compliance for a minimum of 3 years after the applicable renewal period.

Rule: 463.35. Professional Development.

Action: Proposed Repeal

Comment: This rule is proposed to be repealed and replaced by a new §465.35, pertaining to Requirements for Professional Development, which is formatted similarly to the other Boards under the Executive Counsel.

§463.35. Professional Development.

- (a) ~~Persons licensed under Chapter 501 are obligated to continue their professional education by completing a minimum of 40 hours of professional development during each renewal period they hold a license. At least 6 of these hours shall be in ethics, the Council's rules, or professional responsibility, and another 6 or more hours shall be in cultural diversity. Acceptable cultural diversity hours include, but are not limited to professional development regarding age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socio-economic status.~~
- (b) ~~Relevancy. All professional development hours shall be directly related to the practice of psychology. The Council shall make the determination as to whether the activity or publication claimed by the licensee is directly related to the practice of psychology. In order to establish relevancy to the practice of psychology, the Council may require a licensee to produce course descriptions, conference catalogs and syllabi, or other material as warranted by the circumstances. A person may not claim professional development credit for personal psychotherapy, workshops for personal growth, the provision of services to professional associations by a licensee, foreign language courses, or computer training classes.~~
- (c) ~~At least half of the professional development hours required by this rule shall be obtained from or endorsed by a provider listed in subsection (f)(1) of this section.~~
- (d) ~~The Council shall not pre-approve professional development credit.~~
- (e) ~~Approved Professional Development Activities. The Council shall accept professional development hours obtained by participating in one or more of the following activities:~~
  - (1) ~~attendance or participation in a formal professional development activity for which professional development hours have been pre-assigned by a provider;~~

(2) —teaching or attendance as an officially enrolled student in a —  
graduate level course in psychology at a regionally accredited —  
institution of higher education;

(3) —presentation of a program or workshop; and

(4) —authoring or editing publications.

(f) —Approved Professional Development Providers. The Council shall accept —  
professional development hours from the following providers:

(1) —national, regional, state, or local psychological associations; public —  
school districts; regional service centers for public school districts; —  
state or federal agencies; or psychology programs, or counseling —  
centers which host accredited psychology training programs, at —  
regionally accredited institutions of higher education; and

(2) —other formally organized groups providing professional —  
development that is directly related to the practice of psychology. —  
Examples of such providers include: public or private institutions, —  
professional associations, and training institutes devoted to the —  
study or practice of particular areas or fields of psychology; and —  
professional associations relating to other mental health —  
professions such as psychiatry, counseling, or social work.

(g) —Credit for professional development shall be provided as follows:

(1) —For attendance at formal professional development activities, the —  
number of hours pre-assigned by the provider.

(2) —For teaching or attendance of a graduate level psychology course, —  
4 hours per credit hour. A particular course may not be taught or —  
attended by a licensee for professional development credit more —  
than once.

(3) —For presentations of workshops or programs, 3 hours for each hour —  
actually presented, for a maximum of 6 hours per year.

(4) —For publications, 8 hours for authoring or co-authoring a book; 6 —  
hours for editing a book; 4 hours for authoring a published article —  
or book chapter. A maximum credit of 8 hours for publication is —  
permitted for any one year.

(h) —Professional development hours shall have been obtained during the —  
renewal period for which they are submitted and may not be utilized to —  
fulfill the requirements for more than one renewal period. However, if the —

~~hours were obtained during the license renewal month and are not needed for compliance for that renewal period, they may be submitted the following renewal period to meet that period's professional development requirements.~~

- ~~(i) The Council shall accept as documentation of professional development:~~
  - ~~(1) for hours received from attendance or participation in formal professional development activities, a certificate or other document containing the name of the sponsoring organization, the title of the activity, the number of pre-assigned professional development hours for the activity, and the name of the licensee claiming the hours;~~
  - ~~(2) for hours received from attending college or university courses, official grade slips or transcripts issued by the institution of higher education;~~
  - ~~(3) for hours received for teaching college or university courses, documentation demonstrating that the licensee taught the course;~~
  - ~~(4) for presenters of professional development workshops or programs, copies of the official program announcement naming the licensee as a presenter and an outline or syllabus of the contents of the program or workshop;~~
  - ~~(5) for authors or editors of publications, a copy of the article or table of contents or title page bearing the name of licensee as the author or editor;~~
  - ~~(6) for online or self-study courses, a copy of the certificate of completion containing the name of the sponsoring organization, the title of the course, the number of pre-assigned professional development hours for the course, and stating the licensee passed the examination given with the course.~~
- ~~(j) It is the responsibility of each licensee to maintain documentation of all professional development hours claimed under this rule and to provide this documentation upon request by the Council. Licensees shall maintain documentation of all professional development hours for 5 years following the renewal period in which those hours were utilized~~

Rule: 470.1. Schedule of Sanctions

Action: Proposed Amendments

Comment: Rule 463.35 is proposed to be repealed and replaced with a new rule 463.35, therefore corresponding amendments to this rule are necessary to match those proposed changes.

470.1. Schedule of Sanctions. The following standard sanctions shall apply to violations of Chapter 501 and 22 TAC Part 21.

See Attached Graphics

Figure: 22 TAC §470.1

<b><u>Board Rule</u></b>	<b><u>Revocation</u></b>	<b><u>Suspension</u></b>	<b><u>Probated Suspension</u></b>	<b><u>Reprimand</u></b>	<b><u>Administrative Penalty</u></b>
465.2				X	
465.4				X	
465.6(a) & (b)				X	
465.6(c)					X
465.8			X		
465.9(a), (d), (e), & (f)			X		
465.9(b)-(c) & (g)-(j)				X	
465.10			X		
465.11				X	
465.12(a) & (d)-(i)			X		
465.12(b) & (c)				X	
465.13(a)(1)-(2) & (b)(4)		X			
465.13(a)(4) & (b)(1)-(3)			X		
465.13(a)(3) & (b)(5)	X				
465.14				X	
465.15(a) & (b)(2)-(5)				X	
465.15(b)(1)	X				
465.16(a)				X	
465.16(b)-(e)			X		
465.17(a)(1)-(2)			X		
465.17(a)(3)	X				
465.17(b)				X	
465.18(a)-(c) & (e)-(h)			X		
465.18(d)				X	
465.20				X	
465.21			X		
465.22(a)(1)-(6) & (b)-(e)				X	
465.22(a)(7)		X			
465.32					X
465.33(e) as it relates to sexual harassment and sexual impropriety			X		



465.33(e) as it relates to a sexual relationships and (g)	X				
465.33(f)		X			
465.34				X	
465.35(a) & <del>(b)</del> (d)				X	
465.38				X	



December 13, 2021

TO: Texas State Board of Examiners of Psychologists

RE: Proposed change to Rule 463.9(c) - Licensing Requirements for Licensed Specialist in School Psychology

I am writing on behalf of the Texas Association of School Psychologists (TASP). The Texas Association of School Psychologists propose the following rule change:

Subchapter B. Licensing Requirements.

463.9. Licensed Specialist in School Psychology

(c) Applicants who graduated from a training program approved by the National Association of School Psychologists or accredited in School Psychology by the American Psychological Association at the specialist level, which is defined as having completed a minimum of 60 graduate semester hours, no more than 12 of which may be internship hours, and a minimum 1200 hour internship, 600 hours of which must be in a school setting are considered to have met all training and internship requirements for licensure under this rule.

### Background

The American Psychological Association (APA) Commission on Accreditation is looking to accredit health service psychology training programs (i.e., clinical, counseling, and school psychology) at the Master's degree level. TASP is gravely concerned with the proposed accreditation of non-doctoral programs, because such programs in disciplines other than school psychology do not meet the established NASP Standards for Graduate Preparation of School Psychologists (NASP, 2020). HSP programs preparing for practice in school psychology should require a **minimum** of 60 graduate semester hours in the specialty area of school psychology to align with NASP's professional standards. APA's proposal to accredit non-doctoral programs has the potential to create confusion for prospective students and stakeholders, including licensure/credentialing bodies, hiring bodies such as school districts, and consumers.

Without APA having a definition of "master's degree" or "master's level," the requirement for preparing students for "Entry-level practice at the master's level" is inconsistent with established entry-level at the specialist-level for school psychological practice. Note that a specialist-level degree typically goes beyond the requirements of a traditional master's degree; therefore, a set of standards that does not explicitly define "master's level" and/or differentiate from a specialist-level degree has the potential to create confusion within the field and among stakeholders.

**Rationale:** School psychologists must obtain a minimum of 60 graduate semester hours in coursework outlined in the *NASP Standards for Graduate Preparation of School Psychologists*. As mental health professionals with specialist-level training, we possess the expertise, competency, and skill set necessary to provide comprehensive services to students, families, and schools. Further, our state credentialing

standards for licensure to practice school psychology align with the *NASP Standards for Graduate Preparation of School Psychologists*, and individuals with less than 60 graduate semester hours and supervised school-based practica and internship would be ineligible to apply for licensure.

As it currently stands, APA's proposed change may suggest a master's or doctoral level accredited program in School Psychology by the American Psychological Association is sufficient for licensure in Texas. To avoid confusion and potentially two different sets of training requirements, TSBE is urged to maintain consistency with the current rule (i.e., that the minimum requirements of specialist-level training in school psychology are necessary for obtaining the LSSP).

The potential consequences of state school psychology credentialing requirements that deviate from a minimum of specialist-level requirements for the provision of school psychology services include the possibility of professionals not trained as school psychologists functioning as such, or inappropriately providing school psychological services (e.g., Master's level clinical psychologist without specialized school psychology training). Adhering to established standards ensures consistency in the qualifications of school psychologists, thereby protecting the public and ensuring access to effective services for children and youth.

Appropriate graduate preparation and credentialing of school psychologists is critical to ensuring quality, effective delivery of school psychological services. By applying the national standards toward credentialing, employers can ensure that all children, youth, families, and schools have access to effective and high-quality school psychological services. Additionally, adhering to the standards provides confidence that all school psychologists possess knowledge and skills in their abilities to:

- conduct effective decision making using a foundation of assessment and data collection;
- engage in consultation and collaboration with families, educators, and other professionals to create supportive learning and social environments for all children;
- provide direct and indirect interventions and instructional support that focus on developing academic skills;
- provide direct and indirect interventions and mental health services to develop social and life skills;
- provide services to schools and families that enhance the competence and well-being of children, including promotion of effective and safe learning environments, prevention of academic and behavior problems, response to crises, and improvement of family-school collaboration;
- understand diversity in development and learning; research and program evaluation;
- and legal, ethical, and professional practice.

NASP maintains that all state credentialing bodies should base credentialing requirements for school psychologists on the *NASP Standards for the Credentialing of School Psychologists*. These standards are intended to be a model for state education agencies and other state or local entities, providing minimum requirements and recommended criteria for initial credentialing as well as recommendations for credential renewal. The standards also include a description of the Nationally Certified School Psychologist (NCSP) credential, which is granted to professionals who have met minimum credentialing requirements for school psychologists at the specialist level in addition to meeting other requirements. Maintaining this requirement and title aligns with the practices of nearly every state and territory in the United States, as well as with the APA's Model Licensure Act.

We recommend upholding the high level of training necessary by adopting this proposed rule change. This change will ensure only those that have met all training and internship requirements for licensure receive licenses.

Thank you,

Amanda Afifi, Chair Government and Professional Relations Committee  
Texas Association of School Psychologists (TASP)  
[Govtrelations@txasp.org](mailto:Govtrelations@txasp.org)

# Standards of Accreditation for Health Service Psychology: Master's Programs

APPROVED FEBRUARY 2021



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

**Commission on Accreditation**

c/o Office of Program Consultation and Accreditation  
Education Directorate

**American Psychological Association**

750 First Street NE  
Washington, DC 20002-4242  
(202) 336-5979  
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For updates on accreditation issues, check the Commission on Accreditation website at [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation) or send email to [apaaccred@apa.org](mailto:apaaccred@apa.org).



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

# **Standards of Accreditation for Health Service Psychology: Master's Programs**

APPROVED FEBRUARY 2021

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# MASTER'S PROGRAMS

## I. INSTITUTIONAL AND PROGRAM CONTEXT

### A. Type of Program

1. **Health Service Psychology.** The program offers broad and general education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:
  - a. Integration of psychological science and practice: Practice is evidence-based, and research is practice informed.
  - b. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice at the master's level.
  - c. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

HSP Master's programs prepare students for practice at the master's level and may exist as terminal degree programs or as part of a more advanced graduate training program. Some areas of specialization, such as school psychology, may require education beyond the master's degree (e.g., specialist-level) to qualify for entry-level practice in the specialized area.

2. **Practice Area.** Health service psychology includes several practice areas in which an accredited program may focus, including but not limited to the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other practice areas (e.g., addiction, forensic, marriage and family therapy, rehabilitation).

### B. Institutional and Administrative Structure

1. **Administrative Structure.** The program's purpose must be pursued in an institution-

al setting appropriate for master's education and training in health service psychology. The institution must have a clear administrative structure and commitment to the master's program.

- a. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.
- b. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution's operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

2. **Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.** The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The Commission recognizes the intersection of these and other identities. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the

U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

## C. Program Context and Resources

### 1. Program Administration and Structure

- a. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a member of the core faculty. The program leader's credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program's aims. This leadership position may be shared and held by more than one individual.
- b. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, clinical training experiences, student selection and evaluation, and program maintenance and improvement. The program's decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program's aims. The program ensures a stable educational environment through its personnel and faculty leadership.

2. **Length of Degree, Delivery Method, and Design.** The program's length, delivery method, and design must permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, peer interaction, faculty mentoring, and faculty role modelling to a sufficient degree that students are successfully socialized into the profession. The program design and delivery method must include continuous monitoring and assessment of the development of required student competencies and of achievement of program training aims. Any program delivery method or design must demonstrate how each training obligation listed in this section is being fulfilled. All programs must require each student successfully complete:

- a. a minimum of 2 academic years of graduate-level study (or the equivalent thereof) prior to receiving the master's degree appropriate with the program's aims and jurisdiction of licensure;
- b. at least half of the training (or the equivalent thereof) earned in the program from which the master's degree is granted.

3. **Partnerships/Consortia.** A graduate program may consist of, or be located under, a single administrative entity (e.g., insti-

tution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

4. **Resources.** The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:
  - a. financial support for training and educational activities;
  - b. clerical, technical, and electronic support;
  - c. training materials and equipment;
  - d. physical facilities;
  - e. services to support students with academic, financial, health, and personal issues;
  - f. sufficient and appropriate access to primary source and other educational materials and expertise necessary to understand current psychological science research literature; and
  - g. sufficient and appropriate clinical training experiences to allow a program to effectively achieve its training aims.

#### D. Program Policies and Procedures

1. **Areas of Coverage.** The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:
  - a. academic recruitment and admissions, including general recruitment/admissions and recruitment of a diverse student body.
  - b. degree requirements;
  - c. administrative and financial assistance;
  - d. student performance evaluation, feedback, advisement, retention, and termination decisions;
  - e. due process and grievance procedures;
  - f. student rights, responsibilities, and professional development;
  - g. non-discrimination policies. The program must document non-discriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.
2. **Implementation.** All policies and procedures used by the program must be consistent with the profession's current ethics code and must adhere to their sponsor institution's

regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.

3. **Availability of Policies and Procedures.** The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.
4. **Record Keeping.** The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.
  - a. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.
  - b. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

## II. AIMS, COMPETENCIES, CURRICULUM, AND OUTCOMES

### A. Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

### B. Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession

1. **Discipline-Specific Knowledge and Profession-Wide Competencies.** Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

- a. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies.
  - i. Programs may elect to meet the following areas of knowledge at either the undergraduate- or graduate-level (Category 1)
    - (a) Affective Aspects of Behavior, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.
    - (b) Biological Aspects of Behavior, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.
    - (c) Cognitive Aspects of Behavior, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.
    - (d) Developmental Aspects of Behavior, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.
    - (e) Social Aspects of Behavior, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.
  - ii. Programs must cover the following areas of knowledge at the graduate level (Category 2)
    - (a) Consumption of research, including the reading and interpretation of primary source literature, attending to trustworthiness in qualitative and validity in quantitative research with an understanding of sampling issues, parametric assumptions, design confounds, and meta-analyses.
    - (b) Research related to practice, including topics such as qualitative inquiry, sin-

gle-case designs, quantitatively describing outcomes, statistical description, logic models, and basic inferential statistics.

- (c) Psychometrics, including topics such as theory and techniques of psychological measurement, scale and inventory construction, reliability, validity, evaluation of measurement quality, classical and contemporary measurement theory, and standardization.
  - b. Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:
    - i. Integration of psychological science and practice
    - ii. Ethical and legal standards
    - iii. Individual and cultural diversity
    - iv. Professional values, attitudes, and behaviors
    - v. Communication and interpersonal skills
    - vi. Assessment
    - vii. Intervention
    - viii. Supervision
    - ix. Consultation and interprofessional/interdisciplinary skills
2. **Learning/Curriculum Elements Related to the Program's Aims.** The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

3. **Required Clinical Training Elements**

- a. Clinical training must include supervised experience providing direct services to diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of clinical training is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that the student has attained the requisite level of competency.
- b. Programs must place students in settings that are committed to training, that provide experiences that

are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.

- c. Supervision must be provided by appropriately trained and credentialed individuals.
- d. As part of a program's ongoing commitment to ensuring the quality of their graduates, each clinical training evaluation must be based in part on direct observation of the clinical training experience of students (either live or electronically) and their developing skills as a clinician.

### **C. Program-Specific Elements – Degree Type, Competencies, and Related Curriculum**

1. **Program-Specific Competencies and Related Curriculum.** Programs accredited in health service psychology may require that students attain additional competencies specific to the program.
  - a. If the program requires additional competencies of all students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).
  - b. Additional competencies must be consistent with the ethics of the profession.

### **D. Evaluation of Students and Program**

1. **Evaluation of Students' Competencies**
  - a. The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:
    - i. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.
    - ii. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.

- iii. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.

- b. For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.
  - i. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency.
  - ii. At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure, certification, and employment.

### **2. Evaluation of Program Effectiveness and Quality Improvement Efforts**

- a. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfillment of its sponsor institution's mission.
- b. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
  - i. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
  - ii. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.
  - iii. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
  - iv. Identifies potential areas for improvement.

3. **Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.** All accredited master's programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice at the master's level and the program's achievement of this should be reflected in student success in achieving licensure, certification, and/or employment after

completion of the program.

- a. The outcomes of program graduates including licensure, certification, and/or employment rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited masters programs prepare students for entry-level practice at the master's level; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.
- b. Programs' specific educational aims and expected competencies may differ from one another; therefore, there is no specified threshold or minimum number for reviewing a program's licensure, certification, and/or employment rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure, certification, and/or employment rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology at the master's level.

### III. STUDENTS

#### A. Student Selection Processes and Criteria

1. The program has an identifiable body of students at different levels of matriculation who are consistent with the following:
  - a. The students constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
  - b. The students are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
    - i. The program must implement specific activities, approaches, and initiatives to increase and maintain diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
    - ii. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract a diverse student body and document any steps needed to revise/enhance its strategies.

By prior achievement, students have demonstrated appro-

priate preparation for the program's aims as well as expectations for a master's program. The program has admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology. The program will demonstrate how it evaluates the effectiveness of its admission criteria and processes with regard to maximizing student success.

- c. By interest and aptitude, students are prepared to meet the program's aims.
- d. The students reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

#### B. Supportive Learning Environment

1. Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students' acquisition of knowledge, skills, and competencies consistent with the program's training aims.
2. The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students' learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current *APA Ethical Principles of Psychologists and Code of Conduct*). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.
3. To ensure a supportive and encouraging learning environment for a diverse student body, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

#### C. Plans to Maximize Student Success

1. Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission criteria/processes or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).
2. **Program Engagement.** The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining a diverse student body, but these alone are not sufficient. Concrete program-level actions to retain a diverse student body should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effec-



tiveness of its efforts to retain a diverse student body and document any steps needed to revise/enhance its strategies.

3. **Routine feedback.** Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program's requirements and performance expectations. Programs are also required to collect and retain formal evaluations from clinical training sites and supervisors.
4. **Remediation process.** When problems in student progress emerge, timely feedback must be provided, along with an opportunity to redress the concern in order to continue progress in the program. Such feedback should include:
  - a. timely, written notification of any problems that have been noted and the opportunity to discuss them;
  - b. guidance regarding steps to remediate any problems (if remediable);
  - c. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

## IV. FACULTY

### A. Program Leadership, Administration, and Management

1. Leadership of the program is stable. There is a designated leader who is a member of the core faculty whose primary academic responsibility is to the master's program (i.e., with at least 50% of the leader's time devoted to program-related activities). The program leader's credentials, and expertise, are consistent with the program's mission and aims, and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.
2. The program leader(s) and core faculty have responsibility for the arrangement and evaluation of clinical training experiences, including maintaining communication with each training site.
3. The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and for its educational offerings (e.g., coursework, clinical training experiences, and research training).

### B. Faculty Qualifications and Role Modeling

1. **Core Faculty.** The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:
  - a. function as an integral part of the academic unit of

which the program is an element;

- b. are sufficient in number for their academic and professional responsibilities;
- c. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;
- d. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;
- e. oversee the quality of the instruction delivered by adjunct faculty members, ensuring that the curriculum is implemented as developed by the core faculty; and
- f. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

### 2. Additional Core Faculty Professional Characteristics

- a. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the program's aims.
- b. The core faculty consists of members to whom the institution has demonstrated a multiyear commitment.
- c. Core faculty members must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
- d. Core faculty activities directly related to the program include program-related teaching, research, scholarship, and/or professional activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; and developing, evaluating, and maintaining the program.
- e. Core faculty activities not directly related to the Master's program and not seen as aspects of the core faculty role include undergraduate- and doctoral-level teaching in general and related activities; teaching and related activities in other graduate programs; and clinical work or independent practice not directly associated with training.

3. **Associated and Adjunct Faculty.** In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

### 4. Faculty Sufficiency

- a. Consistent with the program's model, the program fac-



ulty, and in particular the core faculty, needs to be large enough to supervise students' development, engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate clinical training facilities, and student progress.

- b. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.
- c. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.

## 5. Cultural and Individual Differences and Diversity

- a. **Recruitment of Diverse Faculty.** Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed and implemented a systematic, long-term plan to attract faculty from a range of diverse backgrounds. The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract diverse faculty and document any steps needed to revise/enhance its strategies.
- b. **Retention of Diverse Faculty.** The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining diverse faculty, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain diverse faculty and documents any steps needed to revise/enhance its strategies.

## V. COMMUNICATION PRACTICES

### A. Public Disclosure

#### 1. General Disclosures

- a. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes

general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates' careers, as well as data on achievement of those expected and actual outcomes.

- b. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

#### 2. Communication With Prospective and Current Students

- a. All communications with potential students should be informative, accurate, and transparent.
- b. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
- c. Descriptions of the program should include information about its requirements for:
  - i. admission, including admission criteria and processes that ensure students' preparation for graduate-level education and training in psychology;
  - ii. graduation requirements;
  - iii. tuition and other costs;
  - iv. curriculum requirements and expectations;
  - v. time to completion;
  - vi. full-time equivalent faculty per student ratio;
  - vii. facilities, and other resources, including distance learning technologies;
  - viii. administrative policies and procedures;
  - ix. the kinds of clinical training it provides, and,
  - x. its education and training outcomes including licensure eligibility
- d. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

### B. Communication and Relationship With the Accrediting Body

The program must demonstrate its commitment to the accreditation process through:

- 1. **Adherence.** The program must abide by the accrediting body's published policies and procedures as they pertain to

its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

- a. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body's policies and procedures.
- b. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
- c. **Fees.** The program must be in good standing with the

accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

2. **Communication.** The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program's quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

Difficult to tell whether APA has begun accrediting masters level programs. They have adopted accreditation standards as of February 2021, but as of 12/29/21 their website does not reflect that they have actually begun accrediting programs yet.

<https://www.accreditation.apa.org/choosing-a-program>

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What if I want to study psychology at the undergraduate or master's level?

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The APA Commission on Accreditation only accredits programs at the doctoral level. There are no APA-accredited bachelor's or master's programs.

If you have an interest in studying psychology at the undergraduate level, you may want to visit the website of the [APA Office of Precollege and Undergraduate Education](#).

If you would like to obtain your master's degree in psychology or would like general information on graduate school, please visit the websites of the [APA Office of Graduate Education and Training](#) and the [American Psychological Association of Graduate Students](#).

If the Board believes a rule change should be proposed, staff recommend using the following proposed changes rather than the changes proposed in TASP's petition for rulemaking.

It is important to point out that while this proposed change reflects an attempt to maintain the status quo as it existed prior to APA accrediting masters level programs (i.e., previously APA only accredited doctoral-level training programs, thus the rule did not need to differentiate between masters and doctoral level programs), this rule change will trigger an anti-competitive analysis by both the Council and the Regulatory Compliance Division. In short, this rule change will be reducing an avenue toward licensure by eliminating the expanded effect of the current rule following APA's decision to accredit masters level programs. For example, an applicant who graduates from an APA accredited masters level program in school psychology would be eligible for licensure under this rule, despite the fact that his or her degree did not consist of at least 60 hours. This would not have been possible under our current rule prior to APA's decision to accredit masters level programs.

It should be noted that we have licensed LSSPs with masters degrees consisting of less than 60 hours in the past, but these individuals were grandfathered in to licensure when the LSSP was first created. That being said, the profession\* has typically viewed APA accreditation as the gold standard, thus if we are now going to take away the ability for an individual to qualify for the LSSP with a masters degree from an APA accredited program, we must be able to explain the public benefit that a 60 hour degree provides. This is not a simple task when you take into account our long track record of masters level LSSPs delivering services in this state and the profession's touting of APA accreditation. We need to be able to answer why a sub-60 hour masters degree from an APA accredited program will not suffice for public protection when LSSPs with masters degrees from non-APA accredited programs have been safely delivering services for decades.

*\*LSSPs would probably disagree with staff's characterization here, which is candidly based upon a generalization of the profession of psychology as whole. Instead, staff suspect LSSPs would say that NASP standards are the gold standard in the area of school psychology, not APA.*

463.9. Licensed Specialist in School Psychology.

- (a) License Requirements. An applicant for licensure as a specialist in school psychology must:
- (1) hold an appropriate graduate degree;
  - (2) provide proof of specific graduate level coursework
  - (3) provide proof of an acceptable internship;
  - (4) provide proof of passage of all examinations required by the Council; and
  - (5) meet the requirements imposed under §501.2525(a)(3) - (9) of the Occupations Code.
- (b) Applicants who hold active certification as a Nationally Certified School Psychologist (NCSP) are considered to have met all requirements for licensure under this rule except for passage of the Jurisprudence Examination. Applicants relying upon this subsection must provide the Council with their NCSP certification number.
- (c) Applicants who graduated from a training program approved by the National Association of School Psychologists or accredited in School Psychology by the American Psychological Association at the doctoral level are considered to have met all training and internship requirements for licensure under this rule. Applicants relying upon this subsection must submit an official transcript indicating the degree and date the degree was awarded or conferred.
- (d) Applicants who do not qualify under sections (b) or (c), ~~hold active NCSP certification, or who did not graduate from a training program approved by the National Association of School Psychologists or accredited in School Psychology by the American Psychological Association,~~ must have completed a graduate degree in psychology from a regionally accredited institution of higher education. Applicants applying under this subsection must have completed, either as part of their graduate degree program or after conferral of their graduate degree, at least 60 graduate level semester credit hours from a regionally accredited institution of higher education. A maximum of 12 internship hours may be counted toward this requirement. For purposes of this rule, a graduate degree in psychology means the name of the candidate's major or program of studies is titled psychology.
- (e) Applicants applying under subsection (d) of this section must submit evidence of graduate level coursework as follows:
- (1) Psychological Foundations, including:

- (A) biological bases of behavior;
- (B) human learning;
- (C) social bases of behavior;
- (D) multi-cultural bases of behavior;
- (E) child or adolescent development;
- (F) psychopathology or exceptionalities;
- (2) Research and Statistics;
- (3) Educational Foundations, including any of the following:
  - (A) instructional design;
  - (B) organization and operation of schools;
  - (C) classroom management; or
  - (D) educational administration;
- (4) Assessment, including:
  - (A) psychoeducational assessment;
  - (B) socio-emotional, including behavioral and cultural, assessment;
- (5) Interventions, including:
  - (A) counseling;
  - (B) behavior management;
  - (C) consultation;
- (6) Professional, Legal and Ethical Issues; and
- (7) A Practicum.

- (f) Applicants applying under subsection (d) of this section must have completed an internship with a minimum of 1200 hours and that meets the following criteria:
- (1) At least 600 of the internship hours must have been completed in a public school.
  - (2) The internship must be provided through a formal course of supervised study from a regionally accredited institution of higher education in which the applicant was enrolled; or the internship must have been obtained in accordance with Council §463.11(d)(1) and (d)(2)(C) of this section.
  - (3) Any portion of an internship completed within a public school must be supervised by a Licensed Specialist in School Psychology, and any portion of an internship not completed within a public school must be supervised by a Licensed Psychologist.
  - (4) No experience which is obtained from a supervisor who is related within the second degree of affinity or consanguinity to the supervisee may be utilized.
  - (5) Unless authorized by the Council, supervised experience received from a supervisor practicing with a restricted license may not be utilized to satisfy the requirements of this rule.
  - (6) Internship hours must be obtained in not more than two placements. A school district, consortium, and educational co-op are each considered one placement.
  - (7) Internship hours must be obtained in not less than one or more than two academic years.
  - (8) An individual completing an internship under this rule must be designated as an intern.
  - (9) Interns must receive no less than two hours of supervision per week, with no more than half being group supervision. The amount of weekly supervision may be reduced, on a proportional basis, for interns working less than full-time.
  - (10) The internship must include direct intern application of assessment, intervention, behavior management, and consultation, for children representing a range of ages, populations and needs.

- (g) Provision of psychological services in the public schools by unlicensed individuals.
  - (1) An unlicensed individual may provide psychological services under supervision in the public schools if:
    - (A) the individual is enrolled in an internship, practicum or other site based training in a psychology program in a regionally accredited institution of higher education; or
    - (B) the individual has completed an internship that meets the requirements of this rule, and has submitted an application for licensure as a Licensed Specialist in School Psychology to the Council that has not been denied or returned.
  - (2) An unlicensed individual may not provide psychological services in a private school setting unless the activities or services provided are exempt under §501.004 of the Psychologists' Licensing Act.
  - (3) An unlicensed individual may not engage in the practice of psychology under paragraph (1)(B) of this subsection for more than forty-five days following receipt of the application by the Council.
  - (4) The authority to practice referenced in paragraph (1)(B) of this subsection is limited to the first or initial application filed by an individual under this rule, but is not applicable to any subsequent applications filed under this rule