



## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Psychology, Department of Health Professions
<b>Virginia Administrative Code (VAC) citation</b>	18VAC125-20
<b>Regulation title</b>	Regulations Governing the Practice of Psychology
<b>Action title</b>	Clarify and update regulations pursuant to a periodic review; Allow certain pre-doctoral supervised experience to count toward residency requirement
<b>Date this document prepared</b>	3/31/10

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*In a short paragraph, please summarize all substantive provisions of new regulations or changes to existing regulations that are being proposed in this regulatory action.*

The proposed regulatory action will address: 1) criteria for licensure by endorsement by reducing the requirement of experience as a licensee in another state from 20 to 10 years; 2) acceptance of pre-internship supervised professional experience in lieu of all or part of the post-doctoral residency currently required; 3) consistency in requirements for a jurisprudence examination; 4) extension of the prohibition on sexual intimacies with clients from two years to five years following termination; and 5) clarification of existing regulations.

### Acronyms and Definitions

*Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.*

ASPPB – Association of State and Provincial Psychology Boards

EPPP - Examination for Professional Practice of Psychology  
 HIPDB – Healthcare Integrity and Protection Data Bank  
 NPDB – National Practitioner Data Bank

## Legal basis

*Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.*

---

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Psychology the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

...

*6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

In addition, the powers and duties of the Board are set forth in:

**§ 54.1-3605. Powers and duties of the Board.**

*In addition to the powers granted in other provisions of this title, the Board shall have the following specific powers and duties:*

*1. To cooperate with and maintain a close liaison with other professional boards and the community to ensure that regulatory systems stay abreast of community and professional needs.*

*2. To conduct inspections to ensure that licensees conduct their practices in a competent manner and in conformance with the relevant regulations.*

*3. To designate specialties within the profession.*

*4. To issue a temporary license for such periods as the Board may prescribe to practice psychology to persons who are engaged in a residency or pursuant to subdivision 7 of § [54.1-3601](#).*

*5. To promulgate regulations for the voluntary certification of licensees as sex offender treatment providers.*

*6. To administer the mandatory certification of sex offender treatment providers for those professionals who are otherwise exempt from licensure under subdivision 4 of §§ [54.1-3501](#), [54.1-3601](#) or § [54.1-3701](#) and to promulgate regulations governing such mandatory certification. The regulations shall include provisions for fees for application processing, certification qualifications, certification issuance and renewal and disciplinary action.*

7. To promulgate regulations establishing the requirements for licensure of clinical psychologists that shall include appropriate emphasis in the diagnosis and treatment of persons with moderate and severe mental disorders.

### Purpose

*Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.*

The agency has determined that the regulatory action is necessary to eliminate any impediments to licensure for psychologists. For licensure by endorsement, it should be possible to assure minimum competency through documentation of having the appropriate degree, passage of the national examination, a license in good standing with practice in another U. S. jurisdiction, and malpractice and disciplinary history as evidence that the applicant has not committed acts that would be cause for discipline in Virginia. A requirement for lengthy practice in another state does not ensure competency for clients receiving services by an endorsement applicant.

For licensure by examination, the hours of post-doctoral clinical experience may be an unnecessary extension of the supervised training and experience an applicant would have received in his educational program. By standardizing the requirements for pre-internship experience, the board may be able to count hours of supervised experience in a pre-doctoral program in lieu of hours of post-doctoral experience. That may allow a person to obtain a license and began providing clinical services after completing a doctorate without having to complete an additional 1,500 hours in a residency. With the oversight incorporated in an accredited educational program for the supervised professional experience, the board is confident that a licensee would be qualified to provide clinical services with safety and competency.

### Substance

*Please briefly identify and explain new substantive provisions (for new regulations), substantive changes to existing sections or both where appropriate. (More detail about all provisions or changes is requested in the "Detail of changes" section.)*

The substantive changes or provisions of this proposal are as follows:

1) Prerequisites for licensure by endorsement (Section 42) – The board has added a requirement for a report on malpractice and disciplinary history from the national data banks to ensure applicants from other states do not have a significant malpractice history or disciplinary actions that would represent grounds for denial of licensure in Virginia. To simplify the qualifications for endorsement and make the process less burdensome, the board proposes eliminating the 20-year practice regulation and replacing it with requirements for 10 years in practice with an appropriate degree evidence of holding the degree appropriate to the level of licensure sought,

passage of the national examination (EPPP), verification of a license in good standing, and no unresolved disciplinary or malpractice history.

**Education requirements for clinical psychologists** (Section 54) – The board has proposed changes or clarification to the requirements for graduate hours and practicum experiences in consultation and supervision. The proposed changes will allow an applicant to provide evidence of clinical experience that would a part of his doctoral experience. Provided the supervised experience in a pre-doctoral program is part of an organized sequence of training and meets the criteria for set out in regulation, those hours may be used to fulfill the supervised experience requirements for licensure.

**Supervised experience** (Section 65) – Subsection B is amended to eliminate the “one-year, full-time” language and provide that the residency (consisting of 1,500 hours of delivery of services) shall be completed in not less than one or more than three years. The board has added a hardship provision to allow approval of alternative supervision arrangements for geography or disability. The board proposes to allow the required 1,500 hours of supervised experience or some part thereof to be accomplished in pre-doctoral experiences as specified in subsection D of section 54. If the supervised experiences in the practicum do not total 1,500, the remaining hours may be accomplished in a residency, as currently specified in subsection B.

**Standards of practice** (Section 150) – The board has amended its prohibition on sexual intimacies from two years after cessation of professional services to five years, for consistency with other behavioral health professions.

**Issues**

- Please identify the issues associated with the proposed regulatory action, including:*
- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
  - 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
  - 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

*If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.*

- 
- 1) The primary advantage to the public is the likelihood of an increased supply of clinical psychologists available to provide clinical services to citizens and institutions. There are no disadvantages; the regulations are amended with appropriate safeguards for supervised experience and evidence of competency to practice.
  - 2) There are no disadvantages to the agency or the Commonwealth; mental health facilities may have more access to licensed psychologists as a result of less restrictive requirements for licensure by endorsement and examination.
  - 3) There are no other pertinent issues.

**Requirements more restrictive than federal**

*Please identify and describe any requirement of the proposal, which are more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

There are no applicable federal requirements.

**Localities particularly affected**

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

There are no localities particularly affected by the proposed regulation.

**Public participation**

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

In addition to any other comments, the board/agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments may do so via the Regulatory Townhall website, [www.townhall.virginia.gov](http://www.townhall.virginia.gov), or by mail, email or fax to Elaine Yeatts at Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233, or [Elaine.yeatts@dhp.virginia.gov](mailto:Elaine.yeatts@dhp.virginia.gov) or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last date of the public comment period.

A public hearing will be held and notice of the public hearing may appear on the Virginia Regulatory Town Hall website ([www.townhall.virginia.gov](http://www.townhall.virginia.gov)) and the Commonwealth Calendar. Both oral and written comments may be submitted at that time.

**Economic impact**

*Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.*

<p><b>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source, and (b) a delineation of one-time versus on-going expenditures.</b></p>	<p>a) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation; b) The agency will incur some one-time costs (less than \$1,000) for mailings to the Public Participation Guidelines mailing lists and conducting a public hearing. Every effort will be made to incorporate those into anticipated mailings and meetings already scheduled. On-going expenditures relating to licensure of this profession may be reduced if an applicant has fulfilled all practical experience in the pre-doctoral program versus in a post-doctoral residency, which the Board must approve and track.</p>
<p><b>Projected cost of the <i>new regulations or changes to existing regulations</i> on localities.</b></p>	<p>There are no costs to localities.</p>
<p><b>Description of the individuals, businesses or other entities likely to be affected by the <i>new regulations or changes to existing regulations</i>.</b></p>	<p>Persons who are students in doctoral programs who may be able to count all or a portion of their pre-doctoral experience towards the requirements for licensure.</p>
<p><b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>An estimate of 125 persons were licensed by examination in 2009 (There were a total of 159 newly licensed clinical psychologists, but the board does not note in the data system whether licensure was by examination or endorsement). All of those applicants would likely be able to count at least some of their pre-doctoral experience toward the 1,500 hours required for a residency. That would result in a cost-savings to applicants since most residents have to pay a supervisor for supervision (estimated to be approximately \$50-\$60 per hour for direct supervision). Additionally, applicants who are qualified for licensure based on their pre-doctoral experience will be able to forgo all or part of a year of residency and begin employment at an estimated salary in the mid-\$30,000 range for first year post-docs. There is no estimate of how many small businesses are affected since clinical psychologists work in private and public settings.</p>
<p><b>All projected costs of the <i>new regulations or changes to existing regulations</i> for affected individuals, businesses, or other entities. Please be specific and do include all costs. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses. Specify any costs related to the development of real estate for commercial or residential</b></p>	<p>As described above, there could be significant cost savings to applicants for licensure by examination. For applicants for licensure by endorsement, those with at least 10 years of experience will not incur costs associated with documentation of pre-licensure supervised experience. The NPDB report is automatically produced and sent with the HIPDB report for a total charge of \$16, so endorsement</p>

<b>purposes that are a consequence of the proposed regulatory changes or new regulations.</b>	applicants will have that additional cost.
<b>Beneficial impact the regulation is designed to produce.</b>	The beneficial impact will be a reduction in barriers to licensure for applicants by examination and endorsement, which could result in an increased supply of clinical psychologists to provide needed services in the Commonwealth.

**Alternatives**

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

In December of 2006, the board received a petition for rule-making from Dr. Jan Hembree on behalf of the Virginia Association of Clinical Psychologists proposing that applicants for licensure as Clinical Psychologists be given the option of fulfilling one year’s worth of the required two years of required supervisory experience through pre-internship training that met certain standards. The petition request would not affect the one year internship nor would it prohibit applicants from obtaining post-doctoral supervised experience as currently required. The board referred the petition request to the Regulatory Committee at its April 2007 meeting.

The Committee began discussion and research at its meeting in September 2007 and began to gather information and receive testimony about the proposal. Research was continued through 2008 and was extensive, encompassing pertinent articles in the professional literature, the disciplinary history of licensees based on years in practice, review of a national survey of the issue, and the experiences of selected states that have recently adopted similar regulatory changes or have never had a post-doctoral supervision requirement. The Committee also reviewed the recently released report from the Association of State and Provincial Psychology Board Task Force on Guidelines for Practicum Experience.

At its meeting on September 3, 2008, the Committee voted to initiate regulatory changes as part of the required periodic review to count up to one year of pre-internship practica experience toward the two years of supervisory experience currently required. The requirement of a one-year internship would remain and the option of acquiring experience post-doctorally would remain.

At the October 7, 2008 meeting of the Board, the Regulatory Committee summarized the background for the in-depth study which began in September 2007 as a result of a *petition for rule making* received in December 2006 from Dr. Jan Hembree on behalf of VACP proposing that applicants for licensure as clinical psychologists be given the option of fulfilling one year’s worth of the required two years of supervised experience through pre-internship training. The Committee’s recommendation was based on research, review of professional literature, review of discipline history relative to years of practice, review of the experience requirements of other

state boards’ supervision requirements, and review of the ASPPB Task Force on Guidelines for the Practicum Experience.

The Notice of Periodic Review was published by the Board on October 27, 2008 with comment until November 26, 2008. There were no comments during the comment period, but the Committee has continued to receive comment during its meeting as the development of recommendations and regulations on the pre-internship hours. The Board has reviewed every requirement in every section to ensure the continued need for the regulation and is recommending amendments to make it significantly less burdensome and time-consuming to obtain a psychologist license – while retaining requirements necessary to fulfill its obligation to assure minimal competency to protect the public.

**Regulatory flexibility analysis**

*Please describe the agency’s analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

There were no alternative methods considered; requirements for the residency are set out in regulations and may only be changed by amendments to regulation. Other changes are clarifications and are recommended as the result of a periodic review mandated by law.

**Public comment**

*Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.*

<b>Commenter</b>	<b>Comment</b>	<b>Agency response</b>
Cathleen A. Rea, Ph.D. Virginia Academy of Clinical Psychology (VACP)	VACP wishes to reiterate its support of this proposal as it will expedite and increase opportunities for clinical psychologists in under served areas of Virginia while still maintaining necessary and appropriate training requirements prior to licensure. This change has great potential for further standardizing a high quality predoctoral and internship experience, allowing the public more readily available access to appropriately-trained and licensed clinical psychologists.	The board concurs with the comment.
David B. Sacks, PsyD, Dir. Clinical Training, Argosy University DC campus	Our doctoral students currently serve at practicum sites in Virginia, Maryland, and the District of Columbia, as well as occasionally in Pennsylvania, New Jersey, New York, and other states. Upon graduation, our graduates seek to become licensed in Virginia, the District of Columbia, Maryland (often	The comment was based on language in the Notice of Intended Regulatory Action, which was altered in the adoption of



	<p>pursuing licensure in multiple jurisdictions), as well as other states. Because both students' practica and their post-doctoral plans cross jurisdictions so frequently, we at Argosy see it as essential that documentation of practicum experiences be consistent across jurisdictions to the extent possible.</p> <p>We recognize the Board's effort to accept pre-internship supervised professional experience in lieu of all or part of the post-doctoral residency currently required. We understand the Board's goal of eliminating any impediments to licensure for clinical psychologists. Unfortunately, the Board's draft standards for supervised experience are not consistent either with the ASPPB, or APPIC documentation systems. Given these discrepancies, it will be exceedingly difficult for students and doctoral programs to document practicum experiences which meet the requirements – unless several, in most cases minor, modifications to the details of the requirements are made.</p> <p>Accordingly, we offer the following suggested modifications to the draft regulations:</p> <ol style="list-style-type: none"> <li>1. Use the terms "Supervised professional experience" to refer to the overall practicum experience, comprising "Patient/client contact," "Service-related activities," and "Supervision."</li> <li>2. "Patient/client contact" should include the following activities: Treatment/intervention (direct service), Interviewing (direct service), Consultation with the client or agent of the client (direct service), and Assessment (administration and feedback) (direct service).</li> <li>3. In regards to "Patient/client contact": Please consider dropping the "face-to-face" requirement for direct services. The reality is that videoconference, telephone, and internet-based service delivery are becoming more and more common. Appropriately monitored and supervised at the site level, these practices are emerging best practices (e.g. in the military and in rural areas). If the supervisor approves of their use, the hours spent in these activities should be allowed.</li> <li>4. "Service-related activities" should include the following activities: Scoring of assessment; Report or treatment note writing; Case conferences/case presentations; Consultation with other professionals; Video/audio review of recorded sessions; Chart review; and Case management. These categories are legitimate, important service-related activities, and are recognized by APPIC for inclusion in practicum experiences.</li> <li>5. "Service-related activities" should also include the following: Didactic training held at the practicum site; Practicum-related case consultation provided in the trainee's academic department; and Practicum-related labs or classroom instruction. All of these activities are arguably service-related, but none of them meet the legal and ethical requirements of supervision, so they should not be termed supervision.</li> <li>6. Eliminate any reference to "Supporting activities." This sounds too much like APPIC's "Support Activities" but does not mean the same thing.</li> </ol> <p>In addition to the above concerns, there is a concern regarding supervision. I am curious as to the meaning of the statement</p>	<p>proposed regulations. The Board reviewed ASPPB Guidelines for Practicum Experience for Licensure, published in January 2009 and believes its proposed regulations are consistent with the guidelines. However, the comment will be considered as a comment on proposed regulations.</p>
--	--	--

	<p>(p. 4): “The Board may also add a requirement for the supervisor to hold a current unrestricted license in order to be registered with the Board to provide supervision....” This appears to imply that the Board envisions supervision of practicum trainees as only being conducted by a licensed psychologist, analagous to the current Virginia provision regarding postdoctoral training that “Supervision shall be provided by a psychologist licensed to practice in the licensure category in which the resident is seeking licensure” (18VAC125-20-65 Supervised experience). Is the Board’s intent to credit only 8 hours of supervised professional experience for each hour of supervision by a licensed psychologist? This would appear to discredit the valuable, and frequent, practice of psychology trainees receiving supervision from other categories of supervisors. Both ASPPB and APPIC envision that supervision may be provided by licensed allied mental health providers, or by psychology interns or postdocs who are under the supervision of a licensed psychologist. It would be preferable if the Board adopted this more inclusive view of practicum supervision.</p> <p>In conclusion, we at Argosy encourage the Board, as we have encouraged APPIC, ASPPB, and licensing boards in other jurisdictions, to adopt uniform, sensible standards for practicum training which will facilitate, not impede, trainees’ progress towards licensure. We welcome further discussion of these ideas, and eventual adoption of revised regulations.</p>	
--	---	--

**Family impact**

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family or family stability.

**Detail of changes**

*Please detail all changes that are being proposed and the consequences of the proposed changes. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact if implemented in each section. Please detail the difference between the requirements of the new provisions and the current practice or if applicable, the requirements of other existing regulations in place.*

*If the proposed regulation is intended to replace an emergency regulation, please list separately (1) all provisions of the new regulation or changes to existing regulations between the pre-emergency regulation and the proposed regulation, and (2) only changes made since the publication of the emergency regulation.*

Current section number	Proposed new section	Current requirement	Proposed change, rationale, and consequences
------------------------	----------------------	---------------------	--

10	n/a	Sets out the definition of words and terms used in regulation	A new definition for “practicum” is included to be used in standards for pre-doctoral training for clarity in its meaning.
30	n/a	Sets out fees for applicants and licensees	The fee for a continuing education provider is eliminated since the board has eliminated approval of individual providers, and the examination fee language is eliminated since the board does not administer examinations directly to applicants.
41	n/a	Establishes requirements for licensure by examination for all categories of psychology licenses.	The examinations listed in subsection B are outdated; the examination for all types of licensees is the Examination for Professional Practice of Psychology (EPPP). The board has proposed elimination of the jurisprudence examination and replacement with an attestation of having read and agreed to comply with current standards of practice and laws governing psychology in Virginia (current requirement for licensure by endorsement).
42	n/a	Establishes requirements for licensure by endorsement for all categories of psychology licenses.	<p>The board proposes to eliminate the prohibition of “not history of disciplinary action” as a barrier to licensure and to add a requirement for a current report from HIPDB and NPDB.</p> <p><i>Applicants will still be asked about disciplinary action in other states, and a HIPDB and NPDB report will ensure accuracy in that information and offer additional information about malpractice claims. If there are grounds to deny licensure, the board has the option to do so, but a prior disciplinary action should not be a total bar to licensure in Virginia. Disciplinary action might have been taken for an offense unrelated to patient care (failure to obtain the requisite number of CE hours).</i></p> <p>Currently, an applicant for licensure by endorsement may be licensure based on 20 years of active licensure and an official transcript indicating the appropriate degree was earned. Proposed regulations would reduce the years of licensure to 10, as an indication of qualification for licensure in Virginia.</p> <p><i>Currently, if an applicant does not have 20 years of licensure, he must provide documentation of education, experience and examination substantially equivalent to requirements in Virginia. Such a requirement is burdensome for someone who completed a residency many years ago. The board has</i></p>

			<p><i>determined that 10 years of practice should provide ample evidence of competency, particularly with the added safeguard of a HIPDB and HPDB report. There is a need to receive the NPDB report as well as the report from HIPDB because only the NPDB report contains the malpractice history, which is necessary to assess whether there may be grounds for denial of the applicant’s request for licensure. When a self-report is requested by a health practitioner from HIPDB, the applicant also receives the NPDB report</i></p>
43	n/a	Sets out requirements for licensure as a school psychologist-limited	To clarify the regulation, the Board will specify current employment by a school system under the Virginia Department of Education.
54	n/a	Sets out educational requirements for clinical licensure	<p>In order to ensure consistency and quality in those experiences, it is necessary to establish standards for pre-doctoral training. Those standards would include the following:</p> <ol style="list-style-type: none"> <li>1. The supervised professional experience must be part of an organized sequence of training within the applicant’s doctoral program, which meets the criteria specified in this section.</li> <li>2. The supervised experience must include face-to-face direct client services, service-related activities, and supporting activities. Those terms are defined as follows: <ol style="list-style-type: none"> <li>a. “Face-to-face direct client services” means treatment/intervention, assessment and interviewing of clients.</li> <li>b. “Service-related activities” means scoring, reporting or treatment note writing, and consultation related to face-to-face direct services.</li> <li>c. “Supporting activities” means time spent under supervision of face-to-face direct services and service-related activities provided on-site or in the trainee’s academic department, as well as didactic experiences, such as laboratories or seminars, directly related to such services or activities.</li> </ol> </li> <li>3. In order for pre-doctoral practicum hours to fulfill the all or part of the residency requirement, the following is required: <ol style="list-style-type: none"> <li>a. Not less than one-quarter of the hours must be spent in providing face-</li> </ol> </li> </ol>

			<p>to-face direct client services;</p> <p>a. Not less than one-half of the hours must be in a combination of face-to-face direct service hours and hours spent in service-related activities; and</p> <p>b. The remainder of the hours may be spent in a combination of face-to-face direct services, service-related activities and supporting activities.</p> <p>4. A minimum of one hour of individual face-to-face supervision must be provided for every eight hours of supervised professional experience spent in direct client contact and service-related activities.</p> <p>5. The hours of pre-doctoral supervised experience reported by an applicant must be certified by the program’s director of clinical training on a form provided by the board.</p> <p><i>The current regulations for supervised experience in section 65 would remain unchanged for those electing to obtain the entire second year of required supervised experience through a postdoctoral residency.</i></p>
65	n/a	Sets out the requirements for supervised experience	<p>Subsection B is amended to eliminate the “one-year, full-time” language and provide that the residency (consisting of 1,500 hours of delivery of services) shall be completed in not less than one or more than three years. The Board has added a hardship provision to allow approval of alternative supervision arrangements for geography or disability. The Board proposes to allow the required 1,500 hours of supervised experience or some part thereof to be accomplished in pre-doctoral experiences as specified in subsection D of section 54. If the supervised experiences in the practicum do not total 1,500, the remaining hours may be accomplished in a residency, as currently specified in subsection B.</p> <p><i>Revising regulations to specify that the 1,500 hours may be accomplished in no less than 12 months or more than 3 years (rather than one year, full time) allows a resident more flexibility to obtain the required hours. The opportunity for a waiver of requirements for a supervisor also allows more flexibility for an applicant seeking to meet requirements for</i></p>

			<i>licensure. The proposal to allow pre-doctoral supervised experiences to count toward the 1,500 hours will enable many applicants to obtain a full license a year earlier.</i>
80	n/a	Sets out requirements general examination requirements	<p>In subsection A, the requirement for a state examination is eliminated. The “jurisprudence” examination is not required for licensure by endorsement, so the change is consistent.</p> <p><i>Currently, the jurisprudence examination is open-book, has not been deemed psychometrically sound, and has not been routinely updated with changes in law and regulation. Other boards have eliminated such examination with no noticeable effect.</i></p>
120	n/a	Sets out requirements for annual renewal of licensure	Amendments will eliminate unnecessary dates and specify that the waiver of continuing education is only for those initially licensed by examination.
150	n/a	Sets out the standards of practice, a violation of which could subject a licensee to disciplinary action	<p>The prohibition on sexual intimacies by licensees is amended to include a romantic relationship, and the prohibition extended from two to five years after cessation or termination of services.</p> <p><i>The proposed language and time frame for the prohibition is consistent with standards of the other two behavioral health boards, social work and counseling. Psychologists should not have a lesser standard than their colleagues with regard to inappropriate relationships with clients, students, residents or others in a collateral therapeutic relationship.</i></p>